ETHIOPIAN PRIVATE HOSPITALS & HEALTH CENTERS ASSOCIATION

Members' Profile

I. Regarding the Facility

1. Name of the Hospital/ Health center _____
2. Acronym _____
3. Status of the Hospital

   3.1 property

   Own ☐ Rent ☐ Other ☐

   3.2 Name of the owner of the Hospital/Health center _____

_____

4. Date Established _____
5. Location and Address of the Hospital

   5.1. Region_____ City _____ Sub city _____

   Kebele _____ House No. _____

   5.2. Mailing Address _____

   Tel. _____ Fax _____

   E-mail _____ Website ----------

   5.3. Operational branches

   Region_____ City _____ Sub city _____

   Kebele _____ House No. _____

   Mailing Address _____

   Tel. _____ Fax _____

E-mail _____ Website ----------

6. How does FMACA (Food, Medicine and Healthcare Administration and Control) labeled your facility regarding fulfilling the standard requirements?

   Green ☐

   Yellow ☐

   Red ☐

7. Has your facility ever received a grant from the government or any organization?

   Yes ☐

   No ☐

   If yes, please mention

   7.1When_____

   7.2 The purpose_____

   _____

   7.3 Amount_____

   7.4 Mention if you encountered any problem while implementing?

   _____

   _____

8. How long has your facility been member of Ethiopian Private Hospitals/Health centers Association? _____

   8.1 Do your facility pay Association membership fee regularly?

   Yes ☐ No ☐

   If No, please explain why_____

   _____

Regarding Employees

9.Total number of employees in the hospital/ health center_____

9.1 Permanent_____

9.2 Contract_____

9.3-Part Time _____

10.Number of Medical Professionals

10.1 Sub Specialty Doctors Male____ Female_____ Total ____

10.2Specialist Doctors Male____ Female_____ Total ____

10.3 General Practitioners Male____ Female_____ Total ____

10.4 Nurses Male____ Female_____ Total ____

10.5 Laboratory Technicians Male____ Female_____ Total ____

10.6Other Medical Professionals Male____ Female_____ Total ____

11. Number of Supporting staffs

11.1 Administrative staff Male____ Female_____ Total ____

11.2 Other Supporting Staff

(Guards, Cleaners, Drivers, etc.) Male____ Female_____ Total ____

12. Average Salaries

12.1 Subspecialists and Professors (If any) _____birr/month or _____birr/hr

12.2 Specialist Doctors _____birr/month or _____birr/hr

12.3 General Practitioners _____birr/month or _____birr/hr

12.4 Nurses _____birr/month or _____birr/hr

12.5 Midwives _____birr/month or _____birr/hr

12.6 Health Officers _____birr/month or _____birr/hr

12.7 Laboratory Technicians _____birr/month or _____birr/hr

12.8 Others

II. Regarding Services

13.Type of health services or specialty of the Hospital _____

_____

14.Annual patient volume (total)_____

14.1 Out patient_____

14.2 In patient_____

14.3Emergency_____

15. Number of beds_____

15.1 Doctors per bed_____

15.2 Nurses per bed_____

15.3 Bed occupancy rate _____

16. Does your facility have CPD (continuing professional Development) provider accreditation?

Yes ☐ No ☐

17. As a private Hospital/ Health center Do you have an influential Clinical Governance and Quality Assurance Department?

Yes ☐ No ☐

If yes, what kind of support do you want from the Association in order to make the Department more influential?

_____
_____
_____
_____
_____

18. Special Laboratory services

1_____

2_____

3_____

4_____

5_____

6_____

7_____

8_____

9_____

19. Have you accredited your Laboratory Internationally?

Yes ☐ No ☐

20. Special Diagnostic Imaging investigations

1_____

2_____

3_____

4_____

5_____

21. Special Treatments/surgeries/procedures given at your Hospital/Health Center

1_____

2_____

3_____

4_____

5_____

6_____

7_____

8_____

9_____

10_____

Filled by Name ---------- Sign ---------- Date ----------

Approved by Name ---------- Sign ----------Date ----------