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1.3.9	Neurosurgery			
1.3.10	Obstetrics and Gynaecology	ANC + Other Gynae		ANC + Other Gynae
1.3.10.1	ANC	Total no. of ANC patients for the month		Total no. of ANC patients for the month
1.3.10.2	Other Gynae	Total no. of patients seen for gynae conditions other than ANC		Total no. of patients seen for gynae conditions other than ANC
1.3.11	Ophthalmology			
1.3.12	Orthopedics			
1.3.13	Paediatrics Total	( Female children under 5yrs) + (female children 5-12 years)	(Male children under 5yrs) + (Male children 5-12 years)	(total children under 5yrs) + (total children 5-12 years)
1.3.13.1	Children under 5 years	No. of Female children under 5yrs seen in the month	No. of Male children under 5yrs seen in the month	Male + Female children under 5 yrs
1.3.13.2	Children 5 - 12 years	No. of Female children 5 - 12 yrs seen in the month	No. of Male children 5 - 12 yrs seen in the month	Male + Female children 5 - 12 yrs
1.3.14	Psychiatry			
1.3.15	Pulmonology			
1.3.16	Surgery			
1.3.17	Urology			
1.3.18	Other Specialities (please list below)			
1.3.19				
1.3.20				
1.3.21	<b>Total No.of Outpatients by speciality &amp; Gender</b>			
1.4	<b>Total Casualty &amp; Emergency Department</b> MO's/GP's/Casualty Medical Officers/MBBS doctors			
<b>2. INPATIENTS</b>				
2.1	<b>Admissions by Specialty (please give no.s of patients admitted by specialty in the rows below)</b>			
2.1.1	Cardiology			
2.1.2	Dental			
2.1.3	Dermatology			
2.1.4	ENT			
2.1.5	Gastrology			
2.1.6	Internal Medicine			

2.1.7	Nephrology			
2.1.8	Neurology			
2.1.9	Neurosurgery			
2.1.10	Obstetrics & Gynaecology			
2.1.11	Ophthalmology			
2.1.12	Orthopaedics			
2.1.13	Paediatrics dept (Total)			
2.1.13.1	NICU			
2.1.13.2	Other paediatric admissions			
2.1.14	Psychiatry			
2.1.15	Pulmonology			
2.1.16	Surgery			
2.1.17	Urology			
2.1.18	Others <i>(please list below)</i>			
2.1.19				
2.1.20				
<b>2.1.21</b>	<b>Total Admissions</b>			
<b>2.2</b>	<b>Admissions - additional information</b>			
2.1.1	Children < 12 yrs:	<i>(Female Children admitted &lt; 12 yrs)</i>	<i>(Male Children admitted &lt; 12 yrs)</i>	<i>(Total Male and Female Children admitted &lt; 12 yrs)</i>
2.1.2	ICCU	<i>(Female patients admitted in ICCU)</i>	<i>(Male patients admitted in ICCU)</i>	<i>(Total male and Female patients admitted in ICCU)</i>
<b>2.1.3</b>	<b>Total Admissions - additional information</b>	<i>(Female Children &lt; 12 yrs)+ Female patients admitted in ICCU)</i>	<i>(Male Children &lt; 12 yrs)+ Male patients admitted in ICCU)</i>	<i>(Total Male and Female Children &lt; 12 yrs)+ Total Male and Female patients admitted in ICCU)</i>
<b>2.3</b>	<b>Observations without admissions</b>			
2.3.1	No. of patients kept for observation (ER & casualty)	<i>(No. of Patients kept for observation only. Patients kept in observation for &gt;04Hrs, should be considered for admissions by treating health provider.) However, if kept for more than 4hrs, in observation room and not admitted, count as observation cases.</i>		
2.3.2	Labour room (if admitted for at least 6 hours)			
<b>2.4</b>	<b>Total Discharges</b>			
<b>3. BED OCCUPANCY</b>				
3.1	Total Bed Occupancy for the month			<i>Sum of daily inpatient census for the month for facility, how to calculate</i>

			<i>provided separately</i>
3.2	No. of Beds		<i>count the total of beds that are regularly maintained and staffed for the accommodation and fulltime care of inpatients and are placed in a ward or part of the hospital where continuous medical care for inpatients is provided.</i>
3.3	Bed Occupancy Rate		<i>(Total bed occupancy for the month x100) / (No. of days in the Month x No. of Beds )</i>
3.4	Total length of Stay (Discharged & Dead patients)		<i>Sum of the duration of stay of all in patients who were discharged or died during the month, <b>how to calculate provided separately</b></i>
3.5	Average length of Stay( Discharge & Dead patients)		<i>total length of stay / (total no. of discharges + total no. of deaths)</i>
<b>4. OBSTETRIC STATISTICS</b>			
<b>4.1</b>	<b>Deliveries</b>		
4.1.1	Normal deliveries		
4.1.2	Lower Segment Caesarean Section (LSCS)		

4.1.3	Instrumental Deliveries			
4.1.4	Assisted Vaginal Deliveries			
4.1.5	Others - please specify			
<b>4.1.6</b>	<b>Total Deliveries</b>			
<b>4.2</b>	<b>Perinatal Emergencies</b>			
4.2.1	Post Partum Haemorrhage (PPH)			
4.2.2	Abortions			
4.2.3	Others (please list below)			
4.2.4				
4.2.5				
<b>4.2.6</b>	<b>Total Perinatal Emergencies</b>			
<b>4.3</b>	<b>Other Obstetric and Gynaecological Procedures</b>			
4.3.1	Tubal Ligation (TL)			
4.3.2	Dilatation & Curettage (D&C)			
4.3.3	Manual Removal of Placenta (MRP)			
4.3.4	Insertion of IUCD			
4.3.5	Other Obstetric & Gynaecology Procedures (please specify)			
4.3.6				
4.3.7				
4.3.8				
<b>4.3.9</b>	<b>Total Other Obstetric and Gynaecological Procedures</b>			
<b>5. DEATHS</b>				
5.1	Neonatal Deaths (< 28 days)			
5.2	Infant Deaths (28 days to < 1 years)			
5.3	Child Deaths (1 year to < 5 years)			
5.4	Maternal Deaths (while pregnant or within 42days of termination of pregnancy)			
5.5	Other Deaths			
<b>5.6</b>	<b>Total Deaths in the Health Facility</b>			
<b>6. SURGERIES</b>				
<b>6.1</b>	<b>Surgeries by Speciality</b>			
6.1.1	Cardiology			
6.1.2	Dental			
6.1.3	Dermatology			
6.1.4	ENT			
6.1.5	Gastrology			
6.1.6	Nephrology			
6.1.7	Neurosurgery			
6.1.8	Obstetrics and Gynaecology			
6.1.9	Ophthalmology			

6.1.10	Orthopedics			
6.1.11	Pulmonology			
6.1.12	Surgery			
6.1.13	Urology			
6.1.14	Other Specialities <i>(please list below)</i>			
6.1.15				
<b>6.1.16</b>	<b>Total no. of Surgeries in OT</b>			
<b>6.2</b>	<b>Major Surgeries in OT</b>			
6.2.1	Emergency Surgeries			
6.2.2	Elective Surgeries			
<b>6.2.3</b>	<b>Total no. Major Surgeries in OT</b>			
<b>6.3</b>	<b>Minor Surgeries in OT</b>			
6.3.1	Emergency Surgeries			
6.3.2	Elective Surgeries			
<b>6.3.3</b>	<b>Total no. of Minor Surgeries in OT</b>			
<b>7. MINOR PROCEDURES (outside the OT)</b>				
7.1	Total Number of Suturing done			
7.2	POP application			
7.3	Total Number of Injections given			
7.4	Total Number of Dressings done			
7.5	Other Procedures <i>(please list below)</i>			
7.6				
<b>7.7</b>	<b>Total Minor procedures (outside the OT)</b>			
<b>8. DENTAL SERVICES</b>				
8.1	Total number of consultations			
<b>8.2</b>	<b>Dental Procedures</b>			
8.2.1	Total number of Scaling			
8.2.2	Total number of Extractions			
8.2.3	Total number of Filling			
8.2.4	Total number of Dentures			
8.2.5	Other dental procedures			
<b>8.2.6</b>	<b>Total no. of dental procedures</b>			
<b>9. OPHTHALMIC SERVICES</b>				
<b>9.1</b>	<b>Total no. of ophthalmic procedures</b>			
<b>10. ENT SERVICES</b>				
<b>10.1</b>	<b>Total no. of ENT procedures</b>			
<b>11. DERMATOLOGY SERVICES</b>				
<b>11.1</b>	<b>Total no. of Dermatology procedures</b>			



<b>12. UROLOGY SERVICES</b>				
12.1	Total no. of Urology procedures			
<b>13. LABORATORY SERVICES</b>				
13.1	Laboratory investigations			
13.1.1	Out Patient Investigations			
13.1.2	In Patient Investigations			
13.1.3	Total no of investigations			
13.1.4	No. of x-matches ( <i>cross matches</i> )			
13.2	Patients for Laboratory Services			
13.2.1	No. of Out Patients			
13.2.2	No. of In Patients			
13.2.3	Total no of patients for laboratory investigations			
<b>14. BLOOD TRANSFUSION SERVICES</b>				
14.1	For Thalassemia Cases			
14.2	For Pregnancy Cases			
14.3	For Anaemia Cases			
14.4	Others ( <i>please list below</i> )			
14.5				
14.6				
14.7				
14.8	Total no. of Blood Transfusions			
<b>15. PHYSIOTHERAPY SERVICES</b>				
15.1	Out Patients			
15.2	In Patients			
15.3	Total Physiotherapy			
<b>16. OTHER DIAGNOSTIC SERVICES</b>				
16.1	Radiology			
16.1.1	X-Ray taken ( <i>Total No. of Exposures</i> )			
16.1.2	X-Ray taken ( <i>Total No. of Patients</i> )			
16.1.3	Ultra Sound Scan Done			
16.1.4	CT- Scan			
16.1.5	MRI Scan			
16.1.6	Total Radiology			
16.2	In-vivo lab			
16.2.1	Audiometry			
16.2.2	Bronchoscopy			
16.2.3	Colonoscopy			
16.2.4	Echocardiography			
16.2.5	Electrocardiogram (ECG) taken			

16.2.6	Electroencephalogram (EEG)		
16.2.7	EMG needle examination		
16.2.9	Endoscopy		
16.2.10	Holter monitoring		
16.2.11	Lung function test		
16.2.12	N.C.V.studies		
16.2.13	Sigmoidoscope		
16.2.14	Treadmill test		
16.2.15	Tympanometry		
16.2.16	Others (please list below)		
16.2.17			
16.2.18			
<b>16.2.19</b>	<b>Total In-vivo lab</b>		
<b>17. REFFERALS</b>			
17.1	No. of Emergency Referrals to IGMH		
17.2	No. of Emergency Referrals to ADK		
17.3	No. of emergency Referrals to other Hospital/HC (specify)		
17.4	No. of referrals to other private hospitals		
17.5	No. of referrals abroad		
<b>17.6</b>	<b>Total Refferals</b>		
<b>18. PUBLIC HEALTH ACTIVITIES</b>			
18.1	Workshops		
18.2	Seminars		
18.3	School Health Programs		
18.4	Health Education Sessions		
18.5	Others (please list below)		
18.6			
18.7			
18.8			
<b>19. OUT REACH SERVICES</b>			
19.1	No. of Islands visited		
19.2	No. of Patients seen		
<b>20. SERVICES UPGRADED</b>			
20.1	Name of the service	Date	
20.2			
<b>21. NEW SERVICES STARTED</b>			
21.1	Name of the Service	Date	
21.2			

**Complied by:**  
Signature:  
Name:  
Designation:

**Checked by:**  
Signature:  
Name:  
Designation:

- Cells that are not necessary to fill are highlighted in gray.

**Health Work force: Disaggregated Report**

Code	Category	Comments	Local/Expatriate	Sex	ATOLL			
					Facility Name	Facility Name	Facility Name	
Specialists Doctors								
X01	ANAESTHESIOLOGISTS		Local	M				
	<i>(Includes Senior Consultants, Consultants, Senior Registrar in anaesthesiologyetc...)</i>			F				
		Expatriate		M				
				F				
X01	CARDIOLOGISTS		Local	M				
	<i>(Includes Senior Consultants, Consultants, Senior Registrar in Cardiology etc...)</i>			F				
		Expatriate		M				
				F				
X07	DENTISTS		Local	M				
	<i>(Includes Senior dentists., orthodontists, with MBBS training plus dental training ...but excluding dental assistants, dental technicians and related occupations.)</i>			F				
		Expatriate		M				
				F				
X01	DERMATOLOGISTS		Local	M				
	<i>(Includes Senior Consultants, Consultants, Senior Registrar in Dermatology etc...)</i>			F				
		Expatriate		M				
				F				
X01	ENT Doctors (OTORHINOLARYNGOLOGISTS)		Local	M				
	<i>(Includes Senior Consultants, Consultants, Senior Registrar in ENT etc...)</i>			F				
		Expatriate		M				
				F				
X01	INTERNAL MEDICINE (PHYSICIANS)		Local	M				
	<i>(Includes Senior Consultants, Consultants, Senior Registrar in Internal Medicine etc...)</i>			F				
		Expatriate		M				

				F				
X01	NEUROSURGEONS / NEUROLOGISTS		Local	M				
	<i>(Includes Senior Consultants, Consultants, Senior Registrar Neurosurgery/ Neurology...)</i>			F				
			Expat.	M				
				F				
X01	OBSTETRICIANS AND GYNAECOLOGISTS		Local	M				
	<i>(Includes Senior Consultants, Consultants, Senior Registrar in Obstetrics and Gynecology...)</i>			F				
			Expat.	M				
				F				
X01	OPHTHALMOLOGISTS		Local	M				
	<i>(Includes Senior Consultants, Consultants, and Senior Registrar in Ophthalmology...)</i>			F				
			Expat.	M				
				F				
X01	ORTHOPAEDIC DOCTORS		Local	M				
	<i>(Includes Senior Consultants, Consultants, and Senior Registrar in Orthopedics...)</i>			F				
			Expat.	M				
				F				
X01	PAEDIATRICIANS		Local	M				
	<i>(Includes Senior Consultants, Consultants, Senior Registrar in Paediatrics...)</i>			F				
			Expat.	M				
				F				
X01	PSYCHIATRISTS		Local	M				
	<i>(Includes Senior Consultants, Consultants, Senior Registrar in Psychiatrists...)</i>			F				
			Expat.	M				
				F				
X01	PULMONOLOGISTS		Local	M				
	<i>(Includes Senior Consultants, Consultants, Senior Registrar in Pulmonology...)</i>			F				
			Expat.	M				
				F				
X01	SURGEONS		Local	M				
	<i>(Includes Senior Consultants, Consultants, Senior Registrar in Surgery/ General Surgery...)</i>			F				
			Expat.	M				

				F				
X01	UROLOGISTS		Local	M				
	<i>(Includes Senior Consultants, Consultants, Senior Registrar in Urology...)</i>			F				
		Expat.		M				
				F				
X02	General Doctors		Local	M				
	<i>Includes medical officers , Registrars, (senior &amp; junior as well with MBBS training)</i>			F				
		Expat.		M				
				F				
Nursing personnel								
X04	Registered Nurse Midwife		Local	M				
	<i>(Includes Senior Staff Nurse, Senior Staff Nurse Grade 2, Senior Registered Nurse, Registered Nurse, Clinical Nurse, Ward Sister etcwith midwifery training ...These staff will have atleast a diploma and midwifery/specialist training)</i>			F				
		Expat.		M				
				F				
X03	Registered Nurse		Local	M				
	<i>(Includes Senior Staff Nurse, Senior Staff Nurse Grade 1, Senior Registered Nurse, Registered Nurse, Clinical Nurse, Ward Sister etcwithout midwifery training ..These staff will have atleast a diploma in general nursing only.)</i>			F				
		Expat.		M				
				F				
X05	Enrolled Nurse Midwife		Local	M				
	<i>(Includes Senior Assistant Nurse Midwife, Senior Assistant Nurse, Assistant Nurse Midwife, Assistant Nurse - with midwifery training ..These staff will have advance certificate or below in nursing and midwifery.)</i>			F				
		Expat.		M				
				F				
X06	Enrolled Nurse		Local	M				
	<i>Includes Practical Nurse, Senior Assistant Nurse, Assistant Nurse, Junior Assistant Nurse - without midwifery training ..These staff will have advance certificate or below in general nursing only .)</i>			F				
		Expat.		M				
				F				
X08	Dental technicians/assistants		Local	M				
	<i>Includes dental hyegenists, dental assistants, dental technicians and</i>			F				
			Expat.	M				

	related occupations.			F				
X09	Laboratory scientists		Local	M				
	Includes laboratory scientists-degree holders (microbiologist, pathologist (only if the pathologist is not trained as a medical doctor,)), food technologist, etc)			F				
			Expat.	M				
	F							
X10	Laboratory technicians/assistants		Local	M				
	(diploma/certificate) Includes includes laboratory assistants, laboratory technicians and related occupations.			F				
			Expat.	M				
	F							
X11	Radiographers		Local	M				
	Includes radiographers and related occupations.			F				
			Expat.	M				
	F							
X12	Environmental and public health workers		Local	M				
	Includes environmental and public health officers, environmental and public health technicians, sanitarians, hygienists, public health inspectors, food inspectors, malaria inspectors and related occupations.			F				
			Expat.	M				
	F							
X13	Community health workers		Local	M				
	Includes community health officers, Public health officers, Regional health officers (Diploma / certificate holders in Community or public health or related feild)			F				
			Expat.	M				
	F							
X14	Family Health Workers		Local	M				
	Includes those working as Family Health Workers in the community			F				
			Expat.	M				
	F							
X15	Traditional medicine practitioners		Local	M				
	Includes traditional and complementary medicine practitioners and			F				

	associates.		Expat.	M					
				F					
X16	Traditional birth attendants		Local	M					
				F					
	Includes traditional birth attendants. ( trained only - Foolhuma's with Foshi)		Expat.	M					
				F					
X17	Medical assistants		Local	M					
				F					
	Includes Clinical assistants and others directly assisting doctors with medical care		Expat.	M					
				F					
X18	Personal care workers	<i>home for aged and disabled, kudakudhinge hiya, rehab &amp; detox centers</i>	Local	M					
				F					
	Includes institution-based personal care workers, home-based personal care workers, personal assistants and other categories of care attendants in health services.			Expat.	M				
					F				
X19	Other health workers		Local	M					
				F					
	Includes dieticians and nutritionists, occupational therapists, operators of medical and dentistry equipment, optometrists and opticians, podiatrists, respiratory therapists		Expat.	M					
				F					
X20	Physiotherapists		Local	M					
				F					
			Expat.	M					
				F					
X21	psychologists		Local	M					
				F					
			Expat.	M					
				F					
X22	speech pathologists		Local	M					
				F					



			Expat.	M				
				F				
X23	Nurse interns		Local	M				
				F				
	Nurse Trainees and students		Expat.	M				
				F				
X24	Health management		Local	M				
				F				
	Includes categories of health systems personnel in the senior management position and middle management position , such as managing directors, directors of medical administration, directors of nursing, etc...		Expat.	M				
				F				
X25	Admin & Support Staff		Local	M				
				F				
	Includes administrative officers, assistant administrative officers, receptionists, medical records and health information officers, ambulance drivers, building maintenance staff, and other general management and support staff.		Expat.	M				
				F				
X26	Pharmacists		Local	M				
				F				
	Includes pharmacists with a degree in Pharmacy or related field .		Expat.	M				
				F				
X27	Pharmaceutical technicians/assistants		Local	M				
				F				
	Includes pharmaceutical assistants, pharmaceutical technicians and related occupations with diploma or certificate training.		Expat.	M				
				F				
X28	Counsellors		Local	M				
				F				
	Either degree or diploma holders in Counselling, or related field		Expat.	M				
				F				
X29	Social Workers		Local	M				
				F				
	Either degree or diploma holders in a sociology or related field		Expat.	M				
				F				

**IMPORTANT NOTES**

## Note:

- Please fill the number of workers in the appropriate category and classify in the correct cell as local or expatriate, male or female
- The number of staffs entered should be the number working in that particular 6 months.
- Part Time workers SHOULD NOT be included as they will be counted where they are employed full time.
- A person included in one category SHOULD NOT be included in another category
- In the total column, enter the figure as a total for local (Male and Female) , total for expatriate (Male and Female) for that respective category
- If the appropriate category is not found, pls insert an additional row/column and provide a description of the category and the number of health personnel in that category (in the same format - local, expatriate, male, female)
- For further clarifications or information, pls contact via telephone: 332 8887 (142 / 158 / 183 /161 ) or email: [ppd@health.gov.mv](mailto:ppd@health.gov.mv)
- \*Please email the soft copy (in original format provided- Excel) to [ppd@health.gov.mv](mailto:ppd@health.gov.mv) (pls DO NOT change any part of the format)
- This data is an important data to assess the number employed in the health workforce and will be published in Health Statistics, Statistical Year Book of Maldives and other relevant publication

ATOLL		<b>BED REPORT (YEAR)</b>																												
FACILITY NAME		Number of Beds in the Ward [Total]	Total Sanctioned Beds [Total]	1	2	3	4	5	6	7	8	9	10	11	12	Beds in use (total of 1-12)	13	14	15	16	17	18	19	20	21	22	23	24	Other beds [Totals of 13-20]	
		Medical Ward	Surgical Ward	Maternity Ward / Gynae ward/ Gynae wardcots / Labour Induction Unit (LIU)	Nursery (NICU)	Paediatric Ward	Intensive Care Unit (ICU)	Isolation Ward	Private Ward	General Ward	ENT Ward	Paediatrics Ward	Feeding mothers Ward			Bassinets	Consultation Rooms	Dressing Room	Emergency Room	Labour Room	Operation Theatre	Physiotherapy	Bassinets	Physiotherapy	If others please specify				Other beds [Totals of 13-20]	
															0															0
															0															0
															0															0
															0															0
															0															0

### INPATIENT DIAGNOSIS REPORT

Name of the Health Facility:

Month:

Year:

						Final Diagnosis		Other Diagnoses				
S. no	IP Number	Hosp. Number	Date of Admission	Age	Sex	PRINCIPAL Diagnosis	ICD code 1	Co morbidity 1	ICD code 2	Cormorbidity 2	ICD code 3	Date of Discharge



މަސް 2 : ސަރުކާރުގެ ފަރާތްތަކުން ފުރިހަމަކުރަންޖެހޭ ފޯމްތައް

އެ ފޯމްތައް ފުރިހަމަކުރުމަށް ދަންނަވާ ގޮތްތައް

## Ministry of Health

MALE'

REPUBLIC OF MALDIVES.

### Guidelines for Filling up the Monthly Report of Activities

Please send the monthly reports to the Health Information & Research Section of Policy Planning & International Health before the 10th of the following month.

You are requested to follow the guidelines given herewith for filling up the Monthly Report of Activities of Health facilities; it is also requested to adhere to fill the form correctly. If required please contact us for further details and explanations.

		1.3.21 + 1.4
	1.1 =	(Total no. of Male & Female Outpatients by speciality & Gender seen during the month)
		+ (Total no. of Male and Female Casualty & Emergency patients seen during the month)
	1.2 =	1.1(total no.of Outpatients) / The number of days in the month reported.
	1.3.10 =	1.3.10.1 + 1.3.10.2 (ANC) + (Other Gynae)
	1.3.10.1 =	Total no. of ANC patients for the month
1	1.3.10.2 =	Total no. of patients seen for gynae conditions other than ANC
	1.3.13 =	1.3.13.1 + 1.3.13.2 (children under 5 years) + (children 5 - 12 years)
	1.3.13.1 =	Male + Female children under 5 yrs
	1.3.13.2 =	Male + Female children 5 - 12 yrs
	1.3.21 =	1.3.1 + 1.3.2 + 1.3.3 + 1.3.4 + 1.3.5 + 1.3.6 + 1.3.7 + 1.3.8 + 1.3.9 + 1.3.10 + 1.3.11+ 1.3.12 + 1.3.13 + 1.3.14 + 1.3.15 + 1.3.16 + 1.3.17 + 1.3.18 + 1.3.19 + 1.3.20
	1.4 =	Total no. of Male + Female outpatients seen in Casualty & Emergency Department
2	2.1.21 =	2.1.1 + 2.1.2 + 2.1.3 + 2.1.4 + 2.1.5 + 2.1.6 + 2.1.7 + 2.1.8 + 2.1.9 + 2.1.10 + 2.1.11 + 2.1.12 + 2.1.13 + 2.1.14 + 2.1.15 + 2.1.16 +

		2.1.17 + 2.1.18 + 2.1.19 + 2.1.20
	2.1.3 =	2.1.1 + 2.1.2 (Total no. of admitted children <12yrs) + (Total no. of patients admitted in ICU)
	2.3.1 =	(No. of Patients kept for observation only. Patients kept in observation for >04Hrs, should be considered as admissions.) However, if kept for more than 4hrs, in observation room and not admitted, count as observation cases.
	2.4 =	Total no. of inpatients discharged in the month.
3	3.1 =	Sum of daily inpatient census for the month for facility (How to calculate provided separately. Refer page 28)
	3.2 =	Count the total of beds that are regularly maintained and staffed for the accommodation and fulltime care of inpatients and are placed in a ward or part of the hospital where continuous medical care for inpatients is provided.
	3.3 =	$3.1 \times 100 / (\text{Number of days in the month} \times 3.2)$ (Total Bed Occupancy for the month x 100) / ( Number of days in the month x No. of beds)
	3.4 =	Sum of the duration of stay of all in patients who were discharged or died during the month. (How to calculate provided separately. Refer page 29)
	3.5 =	$3.4 / (2.4 + 5.6)$ total length of stay / (total no. of discharges + total no. of deaths)
4	4.1.6 =	4.1.1 + 4.1.2 + 4.1.3 + 4.1.4 + 4.1.5
	4.2.6 =	4.2.1 + 4.2.2 + 4.2.3 + 4.2.4 + 4.2.5
	4.3.9 =	4.3.1 + 4.3.2 + 4.3.3 + 4.3.4 + 4.3.5 + 4.3.6 + 4.3.7 + 4.3.8
5	5.6	5.1 + 5.2 + 5.3 + 5.4 + 5.5
6	6.1.16 =	6.1.1 + 6.1.2 + 6.1.3 + 6.1.4 + 6.1.5 + 6.1.6 + 6.1.7 + 6.1.8 + 6.1.10 + 6.1.11 + 6.1.12 + 6.1.13 + 6.1.14 + 6.1.15
	6.2.3 =	6.2.1 + 6.2.2 (Emergency surgeries + Elective surgeries)
	6.3.3 =	6.3.1 + 6.3.2 (Emergency surgeries + Elective surgeries)
7	7.7 =	7.1 + 7.2 + 7.3 + 7.4 + 7.5 + 7.6
8	8.2.6 =	8.2.1 + 8.2.2 + 8.2.3 + 8.2.4 + 8.2.5
13	13.1.3 =	13.1.1 + 13.1.2 (Total outpatient investigations + Total Inpatient Investigations)

	13.2.3	=	13.2.1 + 13.2.2 (Total no. of outpatients + Total no. of Inpatients)
14	14.8	=	14.1 + 14.2 + 14.3 + 14.4 + 14.5 + 14.6 + 14.7
15	15.3	=	15.1 + 15.2
16	16.1.6	=	16.1.1 + 16.1.2 + 16.1.3 + 16.1.4 + 16.1.5
17	16.2.19	=	16.2.1 + 16.2.2 + 16.2.3 + 16.2.4 + 16.2.5 + 16.2.6 + 16.2.7 + 16.2.8 + 16.2.9 + 16.2.10 + 16.2.11 + 16.2.12 + 16.2.13 + 16.2.14 + 16.2.15 + 16.2.16 + 16.2.17 + 16.2.18

This report may be filled from Hospitals or Health Centers or Health Posts. Please fill in data relevant to the health facility.

**Bed Occupancy** means the number of beds that were occupied in a hospital / health centre during a day. This count of heads or CENSUS is taken at the same time every day e.g. 12 am [midnight].

**For example**, if there were 5 inpatients at midnight on 1 April, the occupancy is said to be 5.

Likewise, note each day's occupancy.



Given below is the bed occupancy of a Health centre with 10 beds for the month of April.

	<i>Date</i>	<i>Bed Occupancy</i>
	1-Apr	5
	2-Apr	6
	3-Apr	7
	4-Apr	6
	5-Apr	5
	6-Apr	4
	7-Apr	5
	8-Apr	6
	9-Apr	7
	10-Apr	4
	11-Apr	5
	12-Apr	4
	13-Apr	3
	14-Apr	4
	15-Apr	5
	16-Apr	6
	17-Apr	5
	18-Apr	4
	19-Apr	5
	20-Apr	4
	21-Apr	5
	22-Apr	4
	23-Apr	5
	24-Apr	4
	25-Apr	5
	26-Apr	6
	27-Apr	5
	28-Apr	6
	29-Apr	5
	30-Apr	5
		<b>150</b>
Total occupancy for April		150
Total Number of days in April		30
Number of beds		10
Bed Occupancy Rate =	$\frac{\text{Total occupancy} \times 100}{\text{Total number of days} \times \text{No. of beds}}$	
	i.e.	$\frac{150 \times 100}{30 \times 10}$
	i.e.	<b>50</b>

**Duration of stay** means the number of days each patient stayed in the hospital/health centre and is calculated only when a patient is discharged or dies i.e. only when both the dates [admission/discharge/death] are known.

Given below is the admission and discharge register of a Hospital.

<i>Patient's Name</i>	<i>Date of Admission</i>	<i>Date of Discharge/Death</i>	<i>Duration of Stay</i>
A	1-Apr	4-Apr	3
B	2-Apr	8-Apr	6
C	2-Apr	5-Apr	3
D	3-Apr	10-Apr	7
E	4-Apr	5-Apr	1
Total duration of stay			<b>20</b>
No: of inpatients [Discharged/Died]			5
Average duration of Stay			$20/5=4$ <b>days</b>

If the durations of stay of each patient are added up then this will give the total duration of stay of the inpatients that were discharged or died. The total duration of stay divided by the number of inpatients that were discharged or died would give the average duration of stay.

In calculating the average duration of stay, do not include the duration of stay of patients who have not been discharged.



<http://apps.who.int/classifications/icd10/browse/2015/en>

<http://apps.who.int/classifications/en/>

45 : 45

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45 : 45



This guideline aims to guide doctors in filling out death certificates. Death certification is an important part of a doctor's duties as the information recorded in the death certificates helps decision makers in future planning and determines health priorities for prevention of preventable deaths due to similar causes in the future.

The diagnosis that doctors enter in the death certificate is used to establish the cause of death for that person. This information is used for various purposes, the main use been to inform policy-makers about the leading causes of death in the country in order to prioritize activities focusing on reducing burden of diseases and preventing deaths from these cause . The family gets the original death certificate which they use for funeral arrangements and other legal purposes. The information on the certificate is also important for family members so that they know what caused the death, and are aware of conditions that may occur or could be prevented in other family members.

The cause of death in the death certificate is coded by trained coders who have the expert knowledge in applying the *International Statistical Classification of Diseases and Related Health Problems*, of which Maldives uses its 10th revision (ICD-10). The ICD-10 is managed by the World Health Organization and classifies thousands of diseases as individual items and groups similar diseases together in a meaningful way.

The coded certificates are then analyzed and tabulated. This tabulation forms the basis for national mortality statistics. These are critical for establishing national health program priorities, for health planning and policy, and to inform debate about the allocation of health resources. Good-quality mortality statistics are fundamental for the prevention of premature deaths. By agreement, countries are obliged to report their mortality statistics to the World Health Organization. These statistics form the basis for international health statistics and for international program priorities. They also form the basis for national and global burden of disease estimates and for decisions about global priorities to improve health.

Since the cause of death data is important in health planning and establishing priority programs, it is imperative that good quality causes of death data are produced. For this purpose we need to improve death certification. Currently WHO classifies Maldives in the category, "low quality" cause of death data. This is because in the data we produce ill-defined codes appear on >20% of the deaths. In 2010 the percentage of ill-defined causes was 20.7% and in 2011 this percentage was 26.4%. Therefore, we need to put extra effort to improve death certification to improve quality of the cause of death data.

## Instructions for Completing the Cause-of-Death Section of the Death Certificate

The cause-of-death section consists of two parts.

**Part I** is for reporting a chain of events leading directly to death, with the **immediate cause** of death (the final disease, injury, or complication directly causing death) on Line (a) and the **underlying cause** of death (*the disease or injury that initiated the chain of morbid events that led directly and inevitably to death*) on the lowest used line.

**Part 2** is for reporting all other significant diseases, conditions, or injuries that contributed to death but which did not result in the underlying cause of death given in **Part I**. **The cause-of-death information should be YOUR best medical OPINION.** Report each disease, abnormality, injury, or poisoning that you believe led to that death. A condition can be listed as “probable” even if it has not been definitively diagnosed.

**Examples of properly completed medical certifications**

**Case history no. 1**

Shortly after dinner on the day prior to admission to the hospital, this 48-year-old male developed a cramping, epigastric pain, which radiated to his back, followed by nausea and vomiting. The pain was not relieved by positional changes or antacids. The pain persisted, and 24 hours after its onset, the patient sought medical attention. He had a 10-year history of excessive alcohol consumption and a 2-year history of frequent episodes of similar epigastric pain. The patient denied diarrhea, constipation, hematemesis, or melena. The patient was admitted to the hospital with a diagnosis of an acute exacerbation of chronic pancreatitis. Radiological findings included a duodenal ileus and pancreatic calcification. Serum amylase was 4,032 units per liter. The day after admission, the patient seemed to improve. However, that evening he became disoriented, restless, and hypotensive. Despite intravenous fluids and vasopressors, the patient remained hypotensive and died. Autopsy findings revealed many areas of fibrosis in the pancreas with the remaining areas showing multiple foci of acute inflammation and necrosis.

**TO BE COMPLETED BY THE CERTIFIER OF DEATH**

-----MALDIVES ----- Country of Death -----22:39 ----- Time of Death ----- 08/07/2009 ----- Date of Death  
 -----MALE ----- Atoll/Island of Death -----A hospital-----Place of Death -----15 Rajab 1430 ----- Arabic Date of Death

		Death Category						
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		Other Death	Maternal Death	Child Death	Infant Death	Neonatal Death	Still Birth	Miscarriage or Abortion (28 wks +)
<b>PART 1</b>							Approximate interval between	
onset and death								
Disease or condition directly Leading to death*		(a) ACUTE EXACARBATION OF CHRONIC PANCREATIS ----- Due to (or as a consequence of)					-----3 DAYS -----	
Antecedent causes: Morbid conditions, If any, giving rise to the above cause, Stating the underlying condition last		(b) CHRONIC PANCREATITISS ----- Due to (or as a consequence of)					-----2 YEARS -----	
		(c) CHRONIC ALCOHOLISM ----- Due to (or as a consequence of)					-----10 YEARS -----	
		(d) ----- Due to (or as a consequence of)					-----	
<b>PART 2</b>								
Other significant condition contributing To the death, but not related to the Disease or condition causing it		-----					-----	
		-----					-----	
		-----					-----	
		-----					-----	

*This does not mean the mode of dying e.g. heart failure, respiratory failure. It means the disease, injury or complication that caused death.*

Notes on death certification: Duodenal ileus and pancreatic calcification are nonspecific processes and neither could be listed as an underlying cause of death



**Case history no. 2**

A 30-year-old, gravida-six, para-five, with a history of gestational hyper-tension, reported to the emergency room at 36 weeks gestation with complaints of abdominal cramping and light vaginal bleeding during the past 12 hours. At time of first assessment, fetal heart tones were detected. The uterus was tense, irritable, and tender. The mother was hypotensive with tachycardia. A presumptive diagnosis of abruptio placenta was made, and an emergency cesarean section was performed under general anesthesia. The baby was stillborn. The mother continued to bleed from her uterus and phlebotomy sites and went into profound shock secondary to disseminated intravascular coagulation. Despite administration of blood and clotting factors, intravascular pressure could not be maintained, and the mother died on the operating table. Maternal autopsy confirmed the clinical diagnosis.

**TO BE COMPLETED BY THE CERTIFIER OF DEATH**

--- MALDIVES---	Country of Death	--23:55---	Time of Death	-09/07/2009-	Date of Death
---- MALE ----	Atoll/Island of Death	---A hospital-	Place of Death	16 Rajab 1430-	Arabic Date of Death

  

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Death	Maternal Death	Child Death	Infant Death	Neonatal Death	Still Birth	Death Category	
						Miscarriage or Abortion (28 wks +)	

<p><b>PART 1</b></p> <p>Disease or condition directly Leading to death*</p> <p><b>Antecedent causes:</b> Morbid conditions, If any, giving rise to the above cause, Stating the underlying condition last</p>	<p>(a) --- HEMORRHAGIC RIC SHOCK ----- Due to (or as a consequence of)</p> <p>(b) --- DISSEMINATED INTRAVASCULAR COAGULOPATHY --- Due to (or as a consequence of)</p> <p>(c) --- ABRUPTIO PLACENTA ----- Due to (or as a consequence of)</p> <p>(d) ----- Due to (or as a consequence of)</p>	<p style="text-align: center;">Approximate interval between onset and death</p> <p>----- MINUTES -----</p> <p>----- HOUR-----</p> <p>----- OVER 13 HOURS -----</p> <p>-----</p>
<p><b>PART 2</b></p> <p>Other significant condition contributing To the death, but not related to the Disease or condition causing it</p> <p style="font-size: small;">This does not mean the mode of dying e.g. heart failure, respiratory failure. It means the disease, injury or complication that caused death.</p>	<p>---GESTATIONAL HYPERTENSION 13 WEEKS INTO PREGNANCY --</p> <p>-----</p>	<p>-----</p> <p>-----</p>

*Notes on death certification: In this case, gestational hypertension would be considered a factor that contributed to the death. However, it would not be in the direct causal sequence of Part I, so it would be placed in Part II.*

**Case history no. 3**

This 24 year old male was admitted to the hospital 6 hours following a coconut falling on to his head. On admission he was confused and had nasal bleeding. About one hour after the admission, he went in to deep coma. The CT brain revealed a large sub dural haematoma and cerebral contusion. He died two hours after the admission to the hospital.

**TO BE COMPLETED BY THE CERTIFIER OF DEATH**

MALDIVES ----- Country of Death ----- Time of Death ----- Date of Death  
 MALE----- Atoll/Island of Death ----- Place of Death ----- Arabic Date of Death

Death Category

Other Death  Maternal Death  Child Death  Infant Death  Neonatal Death  Still Birth  Miscarriage or Abortion (28 wks +)

**PART 1**

Disease or condition directly Leading to death*  <b>Antecedent causes:</b> Morbid conditions, If any, giving rise to the above cause, Stating the underlying condition last	(a) --- COMA----- Due to (or as a consequence of)  (b) --- CEREBRAL CONTUSION----- Due to (or as a consequence of)  (c) --- SUBDURAL HEMATOMA----- Due to (or as a consequence of)  (d) ---COCONUT FALLING ON HEAD ----- Due to (or as a consequence of)	Approximate interval between onset and death  ---1 HR -----  --- HOURS -----  --- HOURS-----  --- 8 HRS -----
---	--	---

---

**PART 2**

Other significant condition contributing To the death, but not related to the Disease or condition causing it	----- -----
---	----------------

*This does not mean the mode of dying e.g. heart failure, respiratory failure. It means the disease, injury or complication that caused death.*

**Notes on death certification:** In this case of accidents the underlying cause of death would always be the circumstances of the accident that led to the fatal injury.

**Case history no. 4**

A 23-year-old man dies from traumatic shock after sustaining multiple fractures when he was hit by a car while walking.

**TO BE COMPLETED BY THE CERTIFIER OF DEATH**

MALDIVES ----- Country of Death ----- Time of Death ----- Date of Death

MALE ----- Atoll/Island of Death ----- Place of Death ----- Arabic Date of Death

Death Category

Other Death    
  Maternal Death    
  Child Death    
  Infant Death    
  Neonatal Death    
  Still Birth    
  Miscarriage or Abortion (28 wks +)

**PART 1**  
between onset and death

Disease or condition directly leading to death\*

(a) --- TRAUMATIC SHOCK -----  
Due to (or as a consequence of)

Approximate interval

---1 HR -----

**Antecedent causes:** Morbid conditions, If any, giving rise to the above cause, Stating the underlying condition last

(b) --- MULTIPLE FRACTURES -----  
Due to (or as a consequence of)

----- 5 HRS -----

(c) --- PEDESTRIAN HIT BY CAR -----  
Due to (or as a consequence of)

----- 5 HRS -----

(d) -----  
Due to (or as a consequence of)

-----

**PART 2**

Other significant condition contributing -----

-  
To the death, but not related to the Disease or condition causing it -----

-----

-----

*This does not mean the mode of dying e.g. heart failure, respiratory failure. It means the disease, injury or complication that caused death.*

**Notes on death certification:** In this case of accidents the underlying cause of death would always be the circumstances of the accident that led to the fatal injury.

**CAUSE OF DEATH**

Take care to make the entry legible. Use a computer printer or print legibly using permanent black ink in completing the cause-of-death section. **Do not abbreviate** conditions entered in section.

**PART 1** (Chain of events leading directly to death)

- Only one cause should be entered on each line. Line (a) **MUST ALWAYS** have an entry. **DO NOT** leave blank. Additional lines may be added if necessary.
- If the condition on Line (a) resulted from an underlying condition, put the underlying condition on Line (b), and so on, until the full sequence is reported. **ALWAYS** enter the underlying cause of death on the lowest used line in Part 1.
- For each cause indicate the best estimate of the interval between the presumed onset and the date of death. The terms “unknown” or “approximately” may be used. General terms, such as minutes, hours, or days, are acceptable, if necessary. **DO NOT** leave blank.
- **The terminal event (e.g., cardiac arrest or respiratory arrest) should not be used. If a mechanism of death seems most appropriate to you for Line (a), then you must always list its cause(s) on the line(s) below it (e.g., cardiac arrest due to coronary artery atherosclerosis or cardiac arrest due to blunt impact to chest).**
- If an organ system failure such as congestive heart failure, hepatic failure, renal failure, or respiratory failure is listed as a cause of death, always report its etiology on the line(s) beneath it (e.g., renal failure due to Type I diabetes mellitus).
- When indicating neoplasm as a cause of death, include the following: 1) primary site or that the primary site is unknown, 2) benign or malignant, 3) cell type or that the cell type is unknown, 4) grade of neoplasm, and 5) part or lobe of organ affected. Example: *a primary well-differentiated squamous cell carcinoma, lung, left upper lobe.*

**PART 2** (Other significant conditions)

- Enter all diseases or conditions contributing to death that were not reported in the chain of events in Part I and that did not result in the underlying cause of death. See examples.
- If two or more possible sequences resulted in death, or if two conditions seem to have added together, report in Part 1 the one that, in your opinion, most directly caused death. Report in Part 2 the other conditions or diseases.

### **CHANGES TO CAUSE OF DEATH**

If additional medical information or autopsy findings become available that would change the cause of death originally reported, the original death certificate should be amended by the certifying physician by immediately reporting the revised cause of death to Ministry of Health.

### **COMMON PROBLEMS IN DEATH CERTIFICATION**

The elderly decedent should have a clear and distinct etiological sequence for cause of death, if possible. Terms such as *senescence*, *infirmity*, *old age*, and *advanced age* have little value for public health or medical research. Age is recorded elsewhere on the certificate. When a number of conditions resulted in death, the physician should choose the single sequence that, in his or her opinion, best describes the process leading to death, and place any other pertinent conditions in Part II.

### **INFANT DECEDENT**

The infant decedent should have a clear and distinct etiological sequence for cause of death, if possible. "Prematurity" should not be entered without explaining the etiology of prematurity. Maternal conditions may have initiated or affected the sequence that resulted in infant death, and such maternal causes should be reported in addition to the infant causes on the infant's death certificate (e.g., *Hyaline membrane disease due to prematurity, 28 weeks due to placental abruption due to blunt trauma to mother's abdomen*).

**REFERENCES**

National Center for Health Statistics (2004)

*Instructions for Completing the Cause-of-Death Section of the Death Certificate*, Center for Disease Control and Prevention, National Center for Health Statistics, US department of Health and Human Services, viewed on 16 July 2009, <[http://www.cdc.gov/nchs/data/dvs/blue\\_form.pdf](http://www.cdc.gov/nchs/data/dvs/blue_form.pdf)>

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*Physicians Handbook on Medical Certification of Death*, Center for Disease Control and Prevention, National Center for Health Statistics, US department of Health and Human Services, viewed on 16 July 2009, <[http://www.cdc.gov/nchs/data/misc/hb\\_cod.pdf](http://www.cdc.gov/nchs/data/misc/hb_cod.pdf)>

WHO (2004)

*International Statistical Classification of Diseases and Related health Problems*, 10th Revision, Vol 2, 2nd Edition, World Health Organization, Geneva.



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**DAILY WARD CENSUS**

Hospital / Health Facility Name

Island Name

Ward: .....

Date: .....

No of Beds (*Inpatient Beds in the Ward*): .....

Previous Census: .....

**Admission**

S. no	Name	Address	Hosp no.	Age	Sex	P.Diagnosis	Obs.

**Discharge**

S. no	Name	Address	No. hosp days	Age	Sex	P.Diagnosis	Obs.

**Death**

S. no	Name	Address	No. hosp days	Age	Sex	IP. Folder No	Obs.

**Transfer IN**

S. no	Name	Address	Age	Sex	From	To	

**Transfer OUT**

S. no	Name	Address	Age	Sex	From	To	

\* If an Obstetrical patient please tick (✓)  **Obs**

**Total Census:** .....

\*\*\* Census is calculated from 12:00am to 11:59pm

**No of Beds:** = (Total no of **Inpatient Beds** in the Ward)

**Previous Census:**= (Total Inpatients for previous 24hrs(12:00am to 11:59pm).

**Transfer IN:** = (Transfer in from another ward or within facility/hospital. Does not involve admissions)

**Transfer OUT:**= (Transfer out to another ward or within facility /hospital. Does not include discharge or referral)



دے دیں اور دوسرے دنوں کے لیے بھی



پہلی شہر کے لیے - پانچ بجے سے نو بجے تک، 12:30 سے 1:00 بجے، رات 3:30 سے 4:00 بجے

دوسری شہر کے لیے - 11:00 سے 11:30 بجے، رات 3:30 سے 4:00 بجے

تیسری شہر کے لیے - رات 3:30 سے 4:00 بجے



چوتھی شہر کے لیے - 7:00 سے 7:45 بجے