

APKCPM HD Services Annual Survey 2014

Important:

1. If you prefer to complete the survey online, please go to <http://goo.gl/4RxDz2>
2. If you are submitting a hard copy form, please return the form via fax to 03-78426372 / email to apkcpm@gmail.com or mail to:

Association of Private Kidney Care Providers of Malaysia (APKCPM)
D7-3-1 Block D7, Pusat Perdagangan Dana 1,
Jalan PJU 1A/46, PJU 1A, 47301 Petaling Jaya,
Selangor Darul Ehsan
3. For any enquiries, kindly contact the APKCPM Secretariat at 03-78426322, or fax 03-78426372, or email apkcpm@gmail.com
4. Where a particular variable is not available or not applicable at your centre, please enter "0"

SECTION A : CENTRE INFORMATION

1. Centre name *				
2. Centre address *				
	Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	City / Town	<input type="text"/>
	District	<input type="text"/>		
	State	<input type="radio"/> Perlis <input type="radio"/> Selangor <input type="radio"/> Pahang <input type="radio"/> Sarawak <input type="radio"/> Kedah <input type="radio"/> Negeri Sembilan <input type="radio"/> Terengganu <input type="radio"/> Wilayah Persekutuan Kuala Lumpur <input type="radio"/> Pulau Pinang <input type="radio"/> Melaka <input type="radio"/> Kelantan <input type="radio"/> Wilayah Persekutuan Putrajaya <input type="radio"/> Perak <input type="radio"/> Johor <input type="radio"/> Sabah <input type="radio"/> Wilayah Persekutuan Labuan		
3. Contact numbers *	a. Office phone	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	b. Fax	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	c. Email	<input type="text"/>		

SECTION B : REGULATORY & LICENSING (if applicable)

1. License number *				
2. License expiry date *	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
3a. Has the introduction of regulation and formal licensing of HD facility led to improvement in patient care? <i>check only one</i>	<input type="radio"/> Much improved <input type="radio"/> Somewhat improved <input type="radio"/> Neither improved or worsen <input type="radio"/> Somewhat worsen <input type="radio"/> Much worsen			
3b. Has the introduction of regulation and formal licensing of HD facility led to improved operations of your centre? <i>check only one</i>	<input type="radio"/> Much improved <input type="radio"/> Somewhat improved <input type="radio"/> Neither improved or worsen <input type="radio"/> Somewhat worsen <input type="radio"/> Much worsen			
3c. Has regulatory compliance led to a significant increase in operating cost? <i>check only one</i>	<input type="radio"/> Much increased <input type="radio"/> Somewhat increased <input type="radio"/> Neither increased or decreased <input type="radio"/> Somewhat decreased <input type="radio"/> Much decreased			
3d. In the past year, have you encountered significant problem over regulatory compliance? <i>check only one</i>	<input type="radio"/> Very much so <input type="radio"/> Much problem <input type="radio"/> Bearable <input type="radio"/> Minimal problem <input type="radio"/> No problem at all <div style="border: 1px dashed black; padding: 5px; margin-top: 5px;"> <i>Please describe:</i> </div>			

SECTION C : HD SERVICES DELIVERED IN YEAR 2014

(if not applicable please enter Zero, 0)

1. Number of patients on chronic HD for ESRD at your centre at 31 December 2014 (exclude patients on Acute or short term temporary HD)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2. Number of chronic HD treatments performed in your centre in year 2014. A HD treatment refers to a HD procedure performed such as the usual 4-hour HD treatment session.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3a. Does your centre performed Acute or short term temporary HD?	<input type="radio"/> Yes <input type="radio"/> No
3b. If yes, Total number of Acute or short term temporary HD treatments performed in your centre in year 2014	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

APKCPM HD Services Annual Survey 2014

1. Centre name

SECTION C : HD SERVICES DELIVERED IN YEAR 2014 (cont.)

(if not applicable please enter Zero, 0)

4. Sources of funding in percentage for HD treatments performed in your centre in 2014 by the following categories

a. Patient out-of-pocket	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
b. Patient's employer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
c. Govt agencies (eg MOE, Armed forces, Police, etc)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
d. Private insurance	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
e. MOH subsidy	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
f. JPA	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
g. SOCSO	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
h. Charity (Contributions, gifts, and grants received)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
i. Others, specify:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
j. SUM	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 0 0 %

SECTION D : CENTRE PERSONNEL

(if not applicable please enter Zero, 0)

1. Name of Person in-charge (PIC)		
2. Name of Centre Dialysis Manager		
3. Name of Centre (resident) or Panel (visiting) Nephrologist		
4. Registered Nurses: Number with and without Renal Nursing Certificate	i. with Renal Nursing Certificate: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	ii. without Renal Nursing Certificate: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5. Registered Medical Assistants: Number with and without Renal Nursing Certificate	i. with Renal Nursing Certificate: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	ii. without Renal Nursing Certificate: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6. Dialysis Assistants (Nursing Aides): Number with or without certificate of haemodialysis training	i. with certificate of HD training: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	ii. without certificate of HD training: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7. Number of Biomedical Technicians/Technologists	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
8. Number of Administrative assistant/ Clerk	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

SECTION E : HD FACILITY (Report area in square metre, M²)

(if not applicable please enter Zero, 0)

1. Reception and Waiting room: (Floor area in M ²)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (M ²)
2. HD treatment room (Floor area in M ²)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (M ²)
2a. Total number of dialysis bays or designated areas for dialysis	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2b. How many of these dialysis bays are actually in use?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2c. Separate designated area for HBsAg and Anti-HCV positive cases	<input type="radio"/> Yes <input type="radio"/> No
3. HD preparation room (for preparing supplies for HD treatment) (Floor area in M ²)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (M ²)
4. Consulting/Counselling room (Floor area in M ²)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (M ²)
5. Medical treatment room/ pharmacy (Floor area in M ²)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (M ²)

APKCPM HD Services Annual Survey 2014

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SECTION E : HD FACILITY (Report area in square metre, M²) Cont. (if not applicable please enter Zero, 0)

(if not applicable please enter Zero, 0)

6. RO Water treatment room * (Floor area in M ²)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	(M ²)
7. Store (if you have separate stores, sum all areas) * (Floor area in M ²)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	(M ²)
8. Admin office * (Floor area in M ²)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	(M ²)
9. Pantry and Toilet * (Floor area in M ²)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	(M ²)
10. Other functional space not reported above * (Floor area in M ²)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	(M ²)
11. TOTAL floor area of HD centre in M², sum of above floor areas) * (Floor area in M ²)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	(M ²)

SECTION F : HD ASSETS (if not applicable please enter Zero, 0)

(if not applicable please enter Zero, 0)

1. Number of functioning haemodialysis machines in your centre *	<input type="text"/>
2. Number of RO water treatment systems in your centre *	<input type="text"/>
3. Number of Dialyzer Re-processors in your centre *	<input type="text"/>

SECTION G : OPERATING EXPENSES (if not applicable please enter Zero, 0)

(if not applicable please enter Zero, 0)

1. Personnel Costs	a. Gross annual payroll - Total annual salaries and wages for all employees * (Permanent and Temporary); exclude payment for professional services (eg visiting nephrologists, maintenance etc)	RM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
	b. Employer's cost for fringe benefits * (Health insurance, pension plan/EP, SOCSO etc)	RM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
	c. Cost allocated for personnel shared among several centre * (eg.admin, finance, marketing etc)	RM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
2. Expensed Materials, Parts, and Supplies	a. Medical supplies - Materials and supplies * (eg. dialyzers, blood lines, concentrates, epoetin other medicines etc) used in providing dialysis and medical services. Report medical equipment separately below	RM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
	b. Expensed equipment - Expensed computer hardware, software and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Report leased and rented equipment separately below under "Expensed Purchased Services" Exclude expenses for capital equipment used for providing dialysis services (HD machine, RO water treatment system etc) purchased in the past year. This is accounted for below under "Depreciation and amortization charges"	RM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
	c. Expensed purchases of other materials, parts, and supplies * (Materials and supplies used in providing services; materials and parts used in repairs; office and janitorial supplies; small tools; containers and other packaging materials; and motor fuels)	RM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
3. Expensed Purchased Services	a. Purchased professional and technical services * Include nephrologist, management consulting, accounting, auditing, bookkeeping, legal, actuarial, payroll processing, architectural, engineering, and other professional services. Exclude salaries paid to your own employees for these services	RM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
	b. Purchased water *	RM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
	c. Purchased electricity *	RM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

APKCPM HD Services Annual Survey 2014

1. Centre name *	
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SECTION G : OPERATING EXPENSES (if not applicable please enter Zero, 0)

3. Expensed Purchased Services <i>(continue)</i>	d. Sewer, refuse removal, and other utility payments * <i>(Include the cos of hazardous (clinical) waste removal)</i>	RM	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	
	e. Purchased communication services * <i>(Telephone, cellular, and fax services; computer-related communications (e.g., Internet, connectivity, online), and other wired and wireless communication services)</i>	RM	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	
	f. Lease and rental payments for land, buildings, structure store spaces, and offices * <i>(Include penalties incurred for broken leases)</i>	RM	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
	g. Purchased repairs and maintenance to buildings, structures, and offices * <i>(Include repair and maintenance to integral parts of buildings (e.g., elevators, heating systems))</i>	RM	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
	h. Lease and rental payments for machinery, equipment, and other tangible items * <i>(Include lease and rental of transportation equipment without operators and penalties incurred for broken leases. Exclude capital and financing lease agreements. This is accounted for under "Depreciation and amortization charges")</i>	RM	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
	i. Purchased repairs and maintenance to machinery and equipment * <i>(Expensed repair and maintenance services to machinery, vehicles, equipment, and computer hardware)</i>	RM	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
	j. Data processing and other purchased computer services * <i>(Include web hosting, computer facilities management services, computer input preparation, data storage, computer time rental, optical scanning services, and other computer-related advice and services)</i>	RM	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
	k. Purchased advertising and promotional services * <i>(Include marketing and public relations services)</i>	RM	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
4. Other Operating Expenses	l. Professional liability insurance * <i>(The cost of professional liability insurance, Premiums and amounts set aside for self-insurance)</i>	RM	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	
	a. Depreciation and amortization charges * <i>(Include depreciation charges taken against tangible assets (land, building, equipment, motor vehicles etc) owned and used by this firm, tangible assets and improvements owned by this firm within leaseholds, tangible assets obtained through capital lease agreements, and amortization charges against intangible assets (e.g., patents, copyrights). Exclude impairment)</i>	RM	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
	b. Governmental taxes and license fees * <i>(Payments to government agencies for taxes and licenses. Include business and property taxes, licensing fees paid to CKAPS/UKAPS. Exclude income taxes and sales and excise taxes collected from customers)</i>	RM	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
	c. All other operating expenses - * <i>(All other operating expenses not reported above. Include travel and entertainment; postage, shipping or delivery services; warehousing and storage services; royalties; security services; janitorial and grounds maintenance services; purchased transportation with operators; and other expenses not reported elsewhere)</i>	RM	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	
5. TOTAL OPERATING EXPENSES (sum of above) *		RM	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	
6. INTEREST EXPENSE *		RM	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	

Comment / Remarks (if any)	
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