

A NATIONAL FORM:  
HOSPITAL CAPACITY AND PATIENT THROUGHPUT

Form ID: HA01C



Version 2.0

For completion by Central and Tertiary hospitals only

<b>Section A</b>	<b><u>Hospital details</u></b>																																									
Hospital name										Province ID		Month(MMYYYY)																														
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td> <td style="width: 2.5%;"></td><td style="width: 2.5%;"></td> <td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td> </tr> </table>																												<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%;"></td><td style="width: 50%;"></td> </tr> </table>				<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>										

<b>Section B</b>				<b><u>Bed capacity and patient throughput</u></b>			
				<b>Inpatient outcomes</b>			
<b>Specialty</b>	<b>Useable beds</b>	<b>Transfers in<sup>1</sup></b>	<b>Day patients<sup>2</sup></b>	<b>Inpatient days</b>	<b>Inpatient discharges</b>	<b>Deaths</b>	<b>Transfers out<sup>1</sup></b>
<b>Medicine</b>							
<b>Surgery</b>							
<b>Orthopaedics</b>							
<b>Psychiatry</b>							
<b>Maternity</b>							
<b>Gynaecology</b>							
<b>Paediatrics</b>							
<b>Other – specify</b>							
<b>Hospital total</b>							

1. Transfers in are patients transferred from other hospitals. Transfers out are patients transferred to other hospitals. Do NOT include referrals from or to clinics and/or CHCs.
2. Day patients are patients who do not stay overnight (i.e. past midnight). These patients must be EXCLUDED from the figures entered under “Inpatient discharges”, as inpatients are defined as patients who do stay (at least) overnight.

Form HA01C continued

**Hospital name**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Province ID**

--	--

**Month(MMYYYY)**

--	--	--	--	--	--

**Section C      Maternity and Neonatal Services**

<b>Normal deliveries</b>	
<b>Assisted deliveries</b>	
<b>Cesarean sections</b>	
<b>Total deliveries</b>	

<b>Live births</b>	
<b>Still births</b>	
<b>Total births</b>	

<b>Early neonatal deaths</b>	
------------------------------	--

**Section D      Outpatient and Casualty Services**

	<b>Total Headcount</b>
<b>Outpatient department - General clinics</b>	
<b>Outpatient department - Specialist clinics</b>	

<b>Casualty department</b>	
----------------------------	--

**Section E      Form Completion details**

**Please print**

**Form completed by**

**Chief Executive's authorization**

Name	
Title	
Date	
Contact tel. number	
Contact fax number	

I confirm that the data on this form has been checked and has been verified to be accurate.	
.....	.....
Signature	Date