A NATIONAL FORM:
HOSPITAL CAPACITY AND PATIENT THROUGHPUT

Form ID: HA01S | DEPARTMENT OF HEALTH | Version 2.0

For completion by Specialised hospitals only

Section A **Hospital details**

Hospital name	Province ID	Month(MMYYYY)

Section B **Bed capacity and patient throughput**

Specialty	Useable beds	Transfers in[1]	Day patients[2]	Inpatient outcomes			
				Inpatient days	Inpatient discharges	Deaths	Transfers out[1]
Tuberculosis							
Psychiatry							
Maternity							
Paediatrics							
Other – specify							
Hospital total							

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 HA01S continued

Hospital name	Province ID	Month(MMYYYY)

Section C Maternity and Neonatal Services

Normal deliveries	
Assisted deliveries	
Cesarean sections	
Total deliveries	

Live births	
Still births	
Total births	

Early neonatal deaths	

Section D Outpatient and Casualty Services

	Total Headcount
Outpatient department	
Casualty department	

Section E Form Completion details

Please print	Form completed by
Name	
Title	
Date	
Contact tel. number	
Contact fax number	

Chief Executive's authorization

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

…………………………… …………..
Signature Date