

ACORN_®

Site Annual Admissions Form

1. Hospital details	
Hospital name	
Hospital code (country code – hospital ID)	_ _ _ - _ _ _ _

2. Annual hospital summary data			
Year		<input type="checkbox"/>	Unknown
Total admissions		<input type="checkbox"/>	Unknown
Community admissions		<input type="checkbox"/>	Unknown
Transfers in		<input type="checkbox"/>	Unknown
Patients		<input type="checkbox"/>	Unknown
Beds (all)		<input type="checkbox"/>	Unknown
Beds (acute only)*		<input type="checkbox"/>	Unknown
ICU beds		<input type="checkbox"/>	Unknown
Patient days		<input type="checkbox"/>	Unknown
Doctors (qualified, full FTE)		<input type="checkbox"/>	Unknown
Nurses (qualified, full FTE)		<input type="checkbox"/>	Unknown

*Exclude wards such as long-term care / rehabilitation / psychiatry