

# ACORN<sub>o</sub>

## Site Annual Admissions Form

1. Hospital details	
<b>Hospital name</b>	
<b>Hospital code</b> (country code – hospital ID)	_ _ _ - _ _ _ _ _

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

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