**FOI 6371:** **Questionnaire - Bed capacity and Covid admissions**

 1) **Bed Capacity – last 5 years:** Please provide average bed capacity for the previous five years as follows:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|   | **2016** | **2017** | **2018** | **2019** | **2020** |
| Total Bed Capacity  |   |   |   |   |   |
| Covid-19 Bed Capacity | n/a | n/a | n/a |   |   |

2) **Capacity for 2021:** Please provide bed capacity for the current year so far. For comparative purposes please use the following period each month:

**The first Wednesday of every month between the hours of 12 noon and 4.00 pm**.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|   | **Jan** | **Feb** | **Mar** | **Apr** | **May** | **Jun** | **Jul** | **Aug** | **Sept** | **Oct** |
| Total Bed Capacity  |   |   |   |   |   |   |   |   |   |   |
| Covid-19 Bed Capacity  |   |   |   |   |   |   |   |   |   |   |

3) **Hospital Admissions – last 5 years:** Please provide number of Admissions (all causes) for the previous five years as follows:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **2016** | **2017** | **2018** | **2019** | **2020** |
| All Admissions  |   |   |   |   |   |

 4) **Hospital Admissions for 2021:** Please provide total number of admissions (for all causes) by month for the current year so far.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|   | **Jan** | **Feb** | **Mar** | **Apr** | **May** | **Jun** | **Jul** | **Aug** | **Sept** | **Oct** |
|  All Admissions  |   |   |   |   |   |   |   |   |   |   |

5) **PCR Result of Hospital Admissions:** Please provide breakdown of number of patients testing positive/negative with a Covid-19 PCR Test 2019 and 2020

|  |  |  |
| --- | --- | --- |
|   | **2019** | **2020** |
| Number of Patients testing positive with a Covid-19 PCR Test |   |   |
| Number of Patients testing negative with a Covid-19 PCR Test  |   |   |

6) **PCR Result of Hospital Admissions for 2021:** Please provide breakdown of number of patients testing positive/negative with a PCR test for the current year

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| At the time of Admission | **Jan** | **Feb** | **Mar** | **Apr** | **May** | **Jun** | **Jul** | **Aug** | **Sept** | **Oct** |
| No of Patients testing positive |   |   |   |   |   |   |   |   |   |   |
| No of patients testing Negative  |   |   |   |   |   |   |   |   |   |   |

**7)**  **Covid-19 Specific Admissions:** Please provide total number of patients admitted where the primary reason for treatment was Covid-19 in 2019 and 2020.

|  |  |  |
| --- | --- | --- |
|   | **2019** | **2020** |
| Total number of Admissions where the primary treatment was for Covid-19 |   |   |

8) **Covid-19 Admissions for 2021:** Please provide number of Covid-19 admissions for 2021 where the primary reason for treatment was Covid-19

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|   | **Jan** | **Feb** | **Mar** | **Apr** | **May** | **Jun** | **Jul** | **Aug** | **Sept** | **Oct** |
| Total number of patients admitted where the primary reason for treatment was Covid-19 |   |   |   |   |   |   |   |   |   |   |