Appendix-1

Patient Data Collection Form

RN NO.	DATE DATE
Case Type: ICU	
GEN	ERAL WARDS □
Severity:	Mild □ Moderate □ Severe □
Asymptomatic:	Yes □
	No □
Ward Name:	Medical □ Surgical □ O&G □
	Orthopaedic □ Psychiatric □ Others □ (Please state):
SECTION ONE: S	OCIO DEMOGRAPHIC INFORMATION
 Patient ID Sex: 	Male Female
3. Age:	or Date of Birth: Day Month Year
4. Nationality:	
Kuwaiti □	Non-Kuwaiti □

5.	Marital status					
	Single □	Married □	Divorced	d 🗆		
	Others (Pleas	e state):				
6.	Level of Education	n				
	Primary school □	Secondary sch	nool 🗆	Diploma \square	l Degree	
	Others (Please	state):				
7.	Residence					
	Capital City □	Farwaniya	Hawally			
	Jahra □ Ahma	ıdi □ Mubarak Al	kabeer [
SE	CTION TWO: MEDIC	AL BACKGROUND				
8.	Date of admission to	Hospital:/_	/			
9.	Date of discharge fro	om Hospital:	<i>J</i> /			
10	. Symptoms on Adm	ission:				

Symptoms	Yes	No
Fever		
Cough		
Shortness of Breath/Breathing		
Difficulty		
Sore Throat		
Muscle Pain		
Running Nose		
Fatigue		
Abdominal Pain		
Headache		
Diarrhea		
Others: (Please State)		
Others: (Please State)		
Others: (Please State)		

11. Date of Admission	.o icu:/
12. Date of Discharge f	rom ICU:
13.Number of Days on	Mechanical Ventilator:
14. Discharge Status:	a) Recovered □
	b) Transfer to other hospital \square
	c) Died □
	d) Others: Please Specify

15. Diagnosis

No	Types of Diagnosis	Name of Diagnosis	ICD-10 codes (WHO)
1	Primary Diagnosis		
2	Secondary Diagnosis 1		
3	Secondary Diagnosis 2		
4	Secondary Diagnosis 3		
5	Secondary Diagnosis 4		
6	Secondary Diagnosis 5		
7	Secondary Diagnosis 6		
8	Secondary Diagnosis 7		
9	Secondary Diagnosis 8		
10	Secondary Diagnosis 9		
11	Secondary Diagnosis 10		

16. Procedures:

No	Procedure name	Procedure Codes (ICD-9-CM)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

17. Laboratory Investigations

	Type of laboratory investigations	Count [++++]
1	PCR for COVID-19	
2.	Elisa/RapidTest for COVID-19	
3.	General	
	Full blood count	
	Full blood picture	
	Haemoglobin	
	MCV or MCHC or MCH	
	PCV [haematocrit value]	
	Platelet count	

	Sedimentation rate [ESR]	
	Total White [TW]	
	Total white and differential count [TWBC]	
4	Blood	
	Albumin, blood	
	Glucose	
	Liver function tests	
	Renal profile	
	Thyroid Profile [Free T4, TSH]	
5	Urine	
	FEME	
	Morphine/Cannabis	
6	Cerebrospinal fluid	
	CSF Biochemistry	
	Cell count	
7	Pathological examinations	
	Cytological examination inclusive of collection specimen	
	Fine needle aspiration biopsy	
	Other laboratory investigations not listed above	
8	[specify below]	
		1

18. Radiology Investigation

	Type of imaging	Tally count	No.
		[###]	of imaging
1	Plain X Ray		
2	Ultrasound		
3	CT scan without contrast		
4	CT scan with contrast		
5	MRI scan with contrast		
6	MRI scan without contrast		
	Other diagnostic imaging not listed above		
7	[specify below]		
		ТОТА	L NO OF IMAGING

19. Other Investigations

No	Type of laboratory investigations	Tally count [††††]	Total no of investigation
1	EEG		
2	Electrocardiogram [ECG]		
3	Psychological Tests		
4	Others [specify]		

20. Treatment Oral:

Name of Drugs	Quantity [No. of tablet]	Frequenc y/day	Durati on [days]	Total given
1.				
2.				
3				
4				
5				
6				
7				
8				
9				
10				

21. Treatment Parenteral:

Name of drugs	Quantity [No. of tablet]	Frequenc y/day	Durati on [days]	Total given
1				
2				
3				
4				
5				
6				
7				
8				
9				

REMARKS								

Appendix-2: Costing Data Collection Tool

Cost Centre	No of Staff	No of Nurses	Inpatie nt Days	Number of Discharges	Nos. of Visits	ALOS	Operating Cost (Exc. Salary)	Annual Staff Salary	Equipment /furnitures /Vehicles purchased last 5 Years	Floor Area (m²)	Annual Total Cost (KD)
	2021	2021	2021	2021	2021	2021	2021	2021	2017-2021	2021	2021
A. Overhead Cost Centre											
1. Administration	х							х	х	х	х
2. Nursing Admin	х							х	х	х	х
3. Medical Welfare	х							х	х	х	х
4. Maintenance	х							х	х	х	х
5. Utility											х
6. Cleaning Services	х							х	х	х	х
7. Security	х							х	х	х	х
8. General Store & Consumable									.,		
9. IT Centre	Х							х	Х	х	Х
10. Library	х							Х	Х	х	Х
11. Tax and insurance	х							х	х	Х	х
12. Rent											х
13. CSSD											х
	Х							х	Х	Х	х
14. Dietetic	Х							х	Х	Х	х
15. Medical record	х							х	х	х	х
16. Laundry & Linen	х							х	х	х	х
17. Telephone and Fax											х
18. Others	х							х	х	х	х
Intermediate Cost Centers	No of Staff	No of Nurses	Inpatie nt Days	Number of Discharges	Nos. of Visits	ALOS	Operating Cost (Exc. Salary)	Annual Staff Salary	Equipment /furnitures /Vehicles purchased last 5 Years	Floor Area (m²)	Annual Total Cost (KD)
19. Pharmacy & Drug	х							х	х	х	х
20. Radiology	х							х	х	х	х
21. Laboratory	х							x	х	х	х
22. Physiotherapy	х							х	х	х	х
23. ICU	х	х	х	х		х	х	х	х	х	х
24. NICU/PICU	х	х	х	х		х	х	х	х	х	х
25. CCU & CRW	х	х	х	х		х	х	х	х	х	х
26. HDW-Medical	х	х	х	х		х	х	х	х	х	х
27. HDW-General	x	х	x	х		x	х	x	x	х	х
28. Operation Theatre	x	x						x	х	x	x
29. Operation Theatre (O&G)	x	x						х	x	x	x
30. Others	х	х	х	х		х	х	х	х	х	х

Final Cost Centers	No of Staff	No of Nurses	Inpatie nt Days	Number of Discharges	Nos. of Visits	ALOS	Operating Cost (Exc. Salary)	Annual Staff Salary	Equipment /furnitures /Vehicles purchased last 5 Years	Floor Area (m²)	Annual Total Cost (KD)
Inpatient Department											
31. Medicine	х	х	х	х		х	х	х	х	х	х
32. Surgical	х	х	х	х		х	х	х	х	х	х
33. Pediatric and Nursery	х	х	х	х		х	х	х	х	х	х
34. O & G	х	х	х	х		х	х	х	х	х	х
35. Orthopedic	х	х	х	х		х	х	х	х	х	х
36. Psychiatric	x	х	X	х		х	х	х	x	x	х
37. ENT	x	х	x	х		x	х	x	x	x	x
38. Ophthalmology	x	x	x	x		x	х	x	x	x	x
39. Neurology & Neuro	^	^	^	^		^	^	^	^	^	^
Surgical	х	х	х	х		х	х	х	х	х	х
40. Dermatology	х	х	х	х		х	х	х	х	х	х
41. Urology	х	х	х	х		х	х	х	х	х	х
42. Plastic Surgery	х	x	x	х		х	х	x	х	х	х
43. Radiotherapy &											
Oncology 44. Cardiothoracic	Х	х	х	х		х	Х	х	Х	Х	х
	Х	х	х	х		х	Х	х	х	Х	х
46. Respiratory	Х	х	х	х		Х	Х	Х	Х	Х	х
47. Rehabilitation	Х	х	х	х		х	Х	х	х	Х	х
48. Others	Х	х	х	х		х	Х	х	X	х	х
Outpatient Department	No of Staff	No of Nurses	Inpatie nt Days	Number of Discharges	Nos. of Visits	ALOS	Operating Cost (Exc. Salary)	Annual Staff Salary	Equipment /furnitures /Vehicles purchased last 5 Years	Floor Area (m²)	Annual Total Cost (KD)
49. A& E	х	х			х			х	х	х	х
50. Medicine Clinic	х	х			х			х	х	х	х
51. Surgical Clinic	х	х			х			х	х	х	х
52. Pediatric Clinic	х	х			х			х	х	х	х
53. O & G Clinic	х	х			х			х	х	х	х
54. Orthopedic Clinic	х	х			х			х	х	х	х
55. Psychiatric Clinic	х	х			х			х	х	х	х
56. ENT Clinic	х	х			х			х	х	х	х
57. Dermatology Clinic	х	х			х			х	х	х	х
58. Ophthalmology Clinic	x	х			x			x	x	x	x
59. Maxillo-facial Clinic	x	x			x			x	x	x	x
60. Neurosurgery Clinic	x	x			x			x	x	x	x
62. Hemodialysis											
63. Others	X	X			X			X	X	X	X
Total	X	X			X		.,	X	X	X	X
Notes: CSSD (Central Sterile Supply D	X (enartment)	X ICII (Intensiv	X Care Unit\ N	X	X sive Care Unit	X DICII (Dod	X iatric Intensive Care	X	X propary Care Unit)	X PW (Coron	X

Notes: CSSD (Central Sterile Supply Department), ICU (Intensive Care Unit), NICU (Neonatal Intensive Care Unit), PICU (Pediatric Intensive Care Unit), CCU (Coronary Care Unit), CRW (Coronary Recovery Ward), HDW (High Dependency Ward), O&G (Obstetric & Genecology), ENT (Ear, Nose & Throat), A&E (Accident & Emergency), ALOS (Average Length of Stay)