

Available bed—overnight-stay admitted care, average number of beds N[NNN.N]

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Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Average available beds for overnight-stay patients
METEOR identifier:	374151
Registration status:	Health! , Superseded 04/08/2016
Definition:	The number of beds available to provide overnight accommodation for patients (other than neonatal cots (non-special-care) and beds occupied by hospital-in-the-home patients), averaged over the counting period .
Context:	Public hospital establishments
Data Element Concept:	Available bed—overnight-stay admitted care
Value Domain:	Average number of beds N[NNN.N]

Value domain attributes

Representational attributes

Representation class:	Average
Data type:	Number
Format:	N[NNN.N]
Maximum character length:	5
Unit of measure:	Bed

Collection and usage attributes

Guide for use:	Average available beds, rounded to the nearest decimal or whole number.
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Data element attributes

Collection and usage attributes

Guide for use: The number of available beds should be collected at least monthly at the same time on the same day. To improve accuracy data could be collected more frequently (e.g. daily). If so it should be collected at the same time on each day. More frequent data collection is preferable if a single monthly count is likely to be significantly different from the monthly average.

Inclusions: Both occupied and unoccupied beds are included in the count as they are deemed as available beds.

The number of beds available to provide overnight accommodation is recorded, e.g. maternity ward beds are counted but beds in the delivery suite are not. However, if in a delivery suite patients are admitted, delivered and are discharged from the same bed, such beds should be included because these beds are available for use for overnight-stay patients.

Exclusions: surgical tables, recovery trolleys, delivery beds, discharge lounges for patients who have been formally discharged, medi-hotel beds, beds exclusively or predominantly for same-day admitted care, neonatal cots (non-special-care), hospital-in-the home beds, and beds exclusively or predominantly for non-admitted patients (e.g. emergency trolleys) or residential care. No adjustment should be made for contracted services, either provided by, or to this hospital.

Collection methods: Beds exclusively or predominantly for overnight-stay admitted care, beds exclusively or predominantly for same-day admitted care and, if required, non-special care neonatal cots are to be collected and reported in separate categories. Hospitals should establish clear recording and reporting practices. Criteria should exist to ensure that each available bed is counted once and only once. A bed should first be assessed as available and then categorised to its predominant use. For large hospitals, a reconciliation of the sum of the bed types and an unduplicated establishment bed count is advisable.

The assessment of availability must reflect the ability of the hospital to provide the necessary resources. This can be significantly impacted by seasonal demand or events such as a strike, clinical staff shortage, fire or renovation. This is illustrated by the following examples.

Example 1: A large hospital, which conducts a daily bed count, has a ward containing 20 beds suitably equipped for overnight admitted patient care. The funding for this ward would allow an average of 15 beds to be staffed over the year. Provided demand is constant and there are no circumstances which prevent these beds from being available for patients, such as a strike, clinical staff shortage, fire or renovation, the hospital would report 15 available beds for this ward.

Example 2: A small hospital, which conducts a monthly bed count, is located in a summer holiday area and has 30 beds suitably equipped for overnight admitted patient care. It manages its resources in such a way that 30 beds are fully staffed during the four months from December to March, but only 15 beds are staffed during the remaining eight months from April to November. The annual average number of available beds is the average of the twelve counts – i.e. $((30 \text{ beds} \times 4 \text{ months}) + (15 \text{ beds} \times 8 \text{ months}) \text{ divided by } 12 \text{ counting periods}) = 20 \text{ beds}$.

Example 3: A hospital conducts a monthly bed count. Ward A containing 20 beds is closed for six months for a planned renovation. During this period a temporary 10 bed ward (B) is established and the necessary resources are provided. The annual average number of available beds for Ward A is the average of the twelve counts i.e. $(20 \text{ beds} \times 6 \text{ months}) + (0 \text{ beds} \times 6 \text{ months}) \text{ divided by } 12 \text{ counting periods} = 10 \text{ beds}$. The annual average number of available beds for Ward B is $(0 \text{ beds} \times 6 \text{ months}) + (10 \text{ beds} \times 6 \text{ months}) \text{ divided by } 12 \text{ counting periods} = 5 \text{ beds}$.

Example 4: A hospital conducts a daily bed count. A 20 bed ward is closed during the first week of June because of a strike, but for the remainder of June it is fully staffed so that all 20 beds are available. So the average number of beds available for this ward in June is $((0 \text{ beds} \times 7 \text{ days}) + (20 \text{ beds} \times 23 \text{ days}) / 30 = 15.3$.

Comments: This data element is necessary to provide an indicator of the availability and type of service for an establishment.

Source and reference attributes

Submitting organisation: Victorian Department of Human Services

Relational attributes

Related metadata references:

Supersedes [Establishment—number of available beds for admitted patients/residents, average N\[NNN\]](#)
[Health!](#), Superseded 03/12/2008

Has been superseded by [Available bed—overnight-stay admitted care, average number of beds N\[N\(7\).N\]](#)
[Health!](#), Standard 04/08/2016

Implementation in Data Set Specifications:

[Mental health establishments NMDS 2009-10](#)
[Health!](#), Superseded 02/12/2009

Implementation start date: 01/07/2009
Implementation end date: 30/06/2010

[Mental health establishments NMDS 2010-11](#)
[Health!](#), Superseded 01/12/2010

Implementation start date: 01/07/2010
Implementation end date: 30/06/2011

[Mental health establishments NMDS 2011-12](#)
[Health!](#), Superseded 07/12/2011

Implementation start date: 01/07/2011
Implementation end date: 30/06/2012

[Mental health establishments NMDS 2012-13](#)
[Health!](#), Superseded 07/02/2013

Implementation start date: 01/07/2012
Implementation end date: 30/06/2013

[Mental health establishments NMDS 2013-14](#)
[Health!](#), Superseded 07/03/2014

Implementation start date: 01/07/2013
Implementation end date: 30/06/2014

[Mental health establishments NMDS 2014-15](#)
[Health!](#), Superseded 13/11/2014

Implementation start date: 01/07/2014
Implementation end date: 30/06/2015

[Mental health establishments NMDS 2015-16](#)
[Health!](#), Superseded 04/09/2015

Implementation start date: 01/07/2015
Implementation end date: 30/06/2016

[Mental health establishments NMDS 2016-17](#)
[Health!](#), Superseded 17/08/2017

Implementation start date: 01/07/2016
Implementation end date: 30/06/2017

[Mental health establishments NMDS 2017–18](#)
[Health!](#), Superseded 25/01/2018

Implementation start date: 01/07/2017
Implementation end date: 30/06/2018

[Public hospital establishments NMDS 2009-10](#)
[Health!](#), Superseded 05/01/2010

Implementation start date: 01/07/2009

[Public hospital establishments NMDS 2010-11](#)
[Health!](#), Superseded 18/01/2011

Implementation start date: 01/07/2010
Implementation end date: 30/06/2011

[Public hospital establishments NMDS 2011-12](#)
[Health!](#), Superseded 07/12/2011

Implementation start date: 01/07/2011
Implementation end date: 30/06/2012

[Public hospital establishments NMDS 2012-13](#)
[Health!](#), Superseded 07/02/2013

Implementation start date: 01/07/2012
Implementation end date: 30/06/2013

[Public hospital establishments NMDS 2013-14](#)

[Health!](#), Superseded 11/04/2014

Implementation start date: 01/07/2013

Implementation end date: 30/06/2014

[Public hospital establishments NMDS 2014-15](#)

[Health!](#), Superseded 04/02/2015

Implementation start date: 01/07/2014

Implementation end date: 30/06/2015

[Public hospital establishments NMDS 2015-16](#)

[Health!](#), Superseded 04/08/2016

Implementation start date: 01/07/2015

Implementation end date: 30/06/2016