

Available bed—overnight-stay admitted care, average number of beds N[N(7).N]

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Available bed—overnight-stay admitted care, average number of beds N[N(7).N]

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Average available beds for overnight-stay patients
METEOR identifier:	616014
Registration status:	HealthI , Standard 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[N(7).N]

Value domain attributes

Representational attributes

Representation class:	Average
Data type:	Number
Format:	N[N(7).N]
Maximum character length:	9
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 (for example, daily data collection). 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, deliver 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 (for example, 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: $((30 \text{ beds} \times 4 \text{ months}) + (15 \text{ beds} \times 8 \text{ months}) \text{ divided by } 12 \text{ counting periods}) = 20 \text{ beds}$.

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: $(20 \text{ beds} \times 6 \text{ months}) + (0 \text{ beds} \times 6 \text{ months}) \text{ divided by } 12 \text{ counting periods} = 10 \text{ beds}$. 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: Australian Institute of Health and Welfare

Relational attributes

Related metadata references:

Supersedes [Available bed—overnight-stay admitted care, average number of beds N\[NNN.N\]](#)
[Health!](#), Superseded 04/08/2016

Implementation in Data Set Specifications: [Local Hospital Networks/Public hospital establishments NMDS 2020–21](#)
[Health!](#), Superseded 05/02/2021

Implementation start date: 01/07/2020

Implementation end date: 30/06/2021

Conditional obligation:

This metadata item is only required for the **Public Hospital Establishments (PHE)** reporting level. It is collected once for each PHE.

[Local Hospital Networks/Public hospital establishments NMDS 2021–22](#)

[Health!](#), Superseded 17/12/2021

Implementation start date: 01/07/2021

Implementation end date: 30/06/2022

Conditional obligation:

This metadata item is only required for the **Public Hospital Establishments (PHE)** reporting level. It is collected once for each PHE.

[Local Hospital Networks/Public hospital establishments NMDS 2022–23](#)

[Health!](#), Standard 17/12/2021

Implementation start date: 01/07/2022

Implementation end date: 30/06/2023

Conditional obligation:

This metadata item is only required for the **Public Hospital Establishments (PHE)** reporting level. It is collected once for each PHE.

[Mental health establishments NMDS 2018–19](#)

[Health!](#), Superseded 12/12/2018

Implementation start date: 01/07/2018

Implementation end date: 30/06/2019

[Mental health establishments NMDS 2019–20](#)

[Health!](#), Superseded 16/01/2020

Implementation start date: 01/07/2019

Implementation end date: 30/06/2020

[Mental health establishments NMDS 2020–21](#)

[Health!](#), Superseded 20/01/2021

Implementation start date: 01/07/2020

Implementation end date: 30/06/2021

[Mental health establishments NMDS 2021–22](#)

[Health!](#), Superseded 17/12/2021

Implementation start date: 01/07/2021

Implementation end date: 30/06/2022

[Mental health establishments NMDS 2022–23](#)

[Health!](#), Standard 17/12/2021

Implementation start date: 01/07/2022

Implementation end date: 30/06/2023

[Public hospital establishments data element cluster](#)

[Health!](#), Superseded 25/01/2018

Implementation start date: 01/07/2017

[Public hospital establishments data element cluster](#)

[Health!](#), Superseded 17/10/2018

Implementation start date: 01/07/2018

[Public hospital establishments data element cluster](#)

[Health!](#), Standard 17/10/2018

Implementation start date: 01/07/2019

[Public hospital establishments NMDS 2016–17](#)

[Health!](#), Superseded 03/11/2016

Implementation start date: 01/07/2016

Implementation end date: 30/06/2017

