

Form A3: Hospital Beds—Public

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Reporting requirements

The number of available beds information is required for planning purposes and must also be provided to other agencies such as the Australian Institute of Health and Welfare and Australian Bureau of Statistics. The Australian Institute of Health and Welfare subsequently publishes the aggregate data.

The Department has decided to simplify reporting requirements to reduce the hospital and day procedure centres reporting workload involved in deriving average available bed data. Simplification of the reporting requirements can also expect to lead to improvements in the quality of data reported.

From July 2006, hospitals and day procedure centres will be asked to report the number of available beds as at the last Wednesday of each month, or the next working day if the last Wednesday falls on a public holiday or the agency is closed that day. The Department will calculate a simple average of the twelve months data.

A bed is immediately available for use if it is located in a suitable place for care with nursing and auxiliary staff available within a reasonable period.

Include both occupied and unoccupied beds designated for acute medical and surgical services, acute psychiatric care, sub-acute care including rehabilitation and palliative care, day surgery unit beds, dialysis, chemotherapy and dental chairs for admitted patients.

Exclude surgical tables, recovery trolleys, delivery beds, cots for normal neonates, emergency trolleys/stretchers/beds, beds or chairs designated for same-day non-admitted patient care, medical ambulatory care, medi-hotel beds, hospital in the home (HITH), rehabilitation in the home (RITH), residential nursing home, hostel and other non-acute residential beds.

Beds in wards that are closed or not staffed for any reason are excluded.

No adjustment should be made for contracted services (that is, a purchasing hospital should *not* add in beds purchased from a contracted hospital, *nor* should a contracted hospital delete beds contracted to a purchasing hospital).

The count of beds is to be taken at 12:00pm (noon) on the reference day. Include:

- Occupied beds
- + unoccupied but staffed beds
- + day procedure beds which were staffed and available that day.

A comments box is available to provide an explanation if the available beds on the reference day are not representative of the bed availability during the month. For example, variations due to availability of medical and nursing staff or restructuring of services.

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At the end of the financial year, once data for all twelve months have been provided by agencies, the Department will return the data to health service CEOs, requesting sign off on the twelve reported figures for their health service.

Acute services

Include beds immediately available for acute medical and surgical admitted patient services. The beds must be located in a suitable place for care and available for same day, overnight or multi-day stays. This includes day surgery unit beds, registered short stay unit beds (SOU) and emergency medical units (EMUs). Include a complete count of dialysis, chemotherapy and dental chairs for admitted patients, including chairs located in satellite or community settings.

See exclusion notes above. Also exclude acute mental health and sub-acute beds reported under separate categories.

Acute mental health beds

Include beds located in designated acute admission units dedicated to the treatment and care of admitted patients with psychiatric, mental or behavioural disorders funded by the Mental Health Program.

See exclusion notes above.

Sub-acute beds

Include beds dedicated for providing sub-acute services, including rehabilitation, geriatric evaluation and management, palliative care, geriatric respite and interim care. Include on-site beds only.

See exclusion notes above.

Return of forms

Hospitals are to submit data to the department via the AIMS OnLine Entry System by the 15th day following the end of each month. A tick in the *Completed* field indicates the form is complete with all validation rules satisfied and appropriate approvals for release obtained.

Printouts of the original signed forms are to be retained by the hospital and made available to officers of the Department upon request.

Correction of forms

Where an error is detected for any data item previously submitted to the department, then a correction must be submitted. A correction can be made at any time during the reporting year.