

# 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.

An available bed is a bed located in a suitable place for care with nursing and auxiliary staff.

Hospitals and day procedure centres are asked to report the number of available (staffed) 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.

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.

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 overnight beds is to be taken at 11:59 p.m. on the reference day. Include:

Occupied beds  
+ unoccupied but staffed beds

For same day beds count the maximum number of beds/chairs which were staffed and available on the reference 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.

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 (excluding mental health)—same day**

Beds or chairs immediately available for the specific intent of accommodating acute services admitted day only care or treatment. This includes day surgery unit beds, dialysis, chemotherapy and dental chairs for admitted patients, including chairs located in satellite or community settings for which VAED activity is reported.

In day surgery units, such as endoscopy suites, patients may remain on the same trolley throughout their stay. The trolley is moved between where they are accommodated to the

procedure room, onto the recovery room and back to where they are accommodated. In these cases, only count the number of ward spaces available to accommodate patients, do not count spaces in the procedure or recovery rooms.

Exclude beds or chairs designated for same-day non-admitted patient care, medical ambulatory care, discharge lounges, medi-hotel beds, hospital in the home (HITH), rehabilitation in the home (RITH), residential nursing home, hostel and other non-acute residential beds.

Also exclude acute services – overnight beds, mental health and sub-acute beds, which are reported under separate categories.

### **Acute services (excluding mental health)—overnight**

Beds immediately available for acute medical and surgical admitted patient services. The beds must be located in a suitable place for care and available to accommodate overnight stay patients. If beds can accommodate both same day and overnight patients e.g. registered short stay unit beds (SOU) and emergency medical units (EMU) record as Acute services—overnight.

Exclude surgical tables, recovery trolleys, delivery beds, emergency trolleys/stretchers/beds, cots for normal (unqualified) neonates, discharge lounges, medi-hotel beds, hospital in the home (HITH), rehabilitation in the home (RITH), residential nursing home, hostel and other non-acute residential beds.

NB: Delivery beds are excluded because patients are not accommodated there, rather they are accommodated in maternity wards. However, if in a birthing suite patients are admitted, delivered and are discharged from the same bed, such beds should be included.

Also exclude acute services—same day beds, mental health and sub-acute beds, which are 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.

Exclude acute services sameday and overnight beds and sub-acute beds which are reported under separate categories, community based and residential mental health beds, residential nursing home, hostel and other non-acute residential beds.

### **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.

Exclude acute services sameday and overnight beds and acute mental health beds which are reported under separate categories, hospital in the home (HITH), rehabilitation in the home (RITH), transition care beds, residential nursing home, hostel and other non-acute residential beds.

## Validation rules

Validation rules have been developed within the HealthCollect system to automatically require an explanation by hospitals if bed numbers display unusual variability from the previous month.

When the reported number of beds falls outside a certain tolerance hospitals are asked to check a reason for the variation, whether the variation was expected and an estimate of duration of the change. A short explanation of the reason for the variation is also sought.

Tolerances have been set to initiate this process when there is a monthly change of more than +/- 7 beds or +/-7.5% of total beds. This tolerance is increased to +/-15 beds or +/-15% of total beds during December and January.

## Return of forms

Hospitals are to submit data to the department via the HealthCollect website by the 15<sup>th</sup> day following the end of each month. A tick in the *Completed* box indicates the form is complete with all validation rules satisfied and appropriate approvals for release obtained. Failure to tick this field has a two-fold affect. Firstly, the agency's return is deemed non-compliant and is reported as such and secondly the data entered on the form is not included in any data extract or activity reports.

Before entering a new month, please check the prior month is correct and the *Completed* box is ticked. The last month's data entered (and saved/submitted) is the only data that can be amended. As soon as a new month's data is saved/submitted, the previous month's form is locked and cannot be edited. For example, prior to entering September data, the August form can be opened and edited. As soon as September data is saved/submitted, the August form is locked and cannot be opened.

At the end of the financial year, the collection requires a sign-off by health service CEOs of annual data and advice of reasons for variations.