

Form A3: Hospital Beds—Private

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Reporting requirements

The Health Services (Private Hospitals and Day Procedure Centres) Regulations 2002 require private hospitals and day procedure centres to report the average number of available beds to the Secretary on a monthly basis.

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 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.

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 overnight beds, 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, deliver and are discharged from the same bed, such beds should be included.

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

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.

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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).

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.

Return of forms

Agencies are to submit data to the department no later than 17 days after the end of the month to which the information relates. A tick in the *Completed* field 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.

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.