

Available bed—overnight-stay mental health hospital-in-the-home care

Exported from METEOR (AIHW's Metadata Online Registry)

© Australian Institute of Health and Welfare 2024

This product, excluding the AIHW logo, Commonwealth Coat of Arms and any material owned by a third party or protected by a trademark, has been released under a Creative Commons BY 4.0 (CC BY 4.0) licence. Excluded material owned by third parties may include, for example, design and layout, images obtained under licence from third parties and signatures. We have made all reasonable efforts to identify and label material owned by third parties.

You may distribute, remix and build on this website's material but must attribute the AIHW as the copyright holder, in line with our attribution policy. The full terms and conditions of this licence are available at <https://creativecommons.org/licenses/by/4.0/>.

Enquiries relating to copyright should be addressed to info@aihw.gov.au.

Enquiries or comments on the METEOR metadata or download should be directed to the METEOR team at meteor@aihw.gov.au.

Available bed—overnight-stay mental health hospital-in-the-home care

Identifying and definitional attributes

Metadata item type:	Data Element Concept
METEOR identifier:	646855
Registration status:	Health , Standard 25/01/2018
Definition:	A bed-equivalent where the necessary human and financial resources are provided to deliver mental health care to patients in hospital-in-the-home care .

Object Class attributes

Identifying and definitional attributes

Object class:	Available bed
Definition:	A suitably located and equipped bed chair, trolley or cot where the necessary financial and human resources are provided for admitted patient care.
Specialisation of:	Organisation

Collection and usage attributes

Comments:	<p>This item supports a number of metadata items developed during 2007-08 to replace Establishment – number of available beds for admitted patients, average. The new definitions improve on the counting rules, the definition of availability and provide for the separate reporting of overnight-stay beds, same-day beds, hospital-in-the-home beds and neonatal cots (non-special-care).</p>
------------------	---

During the development phase, it became clear that there are a multitude of bed descriptors, other than 'available', in use. In order to provide clarity in relation to 'available beds' other known terms are defined below:

- Active beds – alternative term for 'available beds'.
- Approved beds – the maximum number of beds that the hospital is authorised to have. This may exceed the number of physical beds.
- Base beds - alternative term for 'available beds'.
- Bed alternatives (QLD) – this term is used to describe furniture, other than beds in overnight wards, such as trolleys, chairs and cots, which provide accommodation for admitted patients – e.g. chairs/trolleys accommodating chemotherapy and dialysis patients.
- Bed Equivalents (NSW) – a method of equating same day beds to overnight beds – not necessary if counting overnight and same day beds separately.
- Capacity – term which can be used in conjunction with either available or physical beds, but more often the latter – to indicate the maximum number of beds that could be made available, given the appropriate level of funds and nursing and auxiliary staff.
- Designated beds – term used to describe beds set aside for specialist care, e.g. mental health.
- Flex beds – see 'surge/flex beds' below.
- Funded beds – may equate to 'available beds' unless the necessary human resources cannot be provided (e.g. due to a strike or nursing shortage).
- Licensed beds – this is an alternative term for 'approved beds', more commonly used for private hospitals where the maximum number of beds is often specified as part of the registration process.
- Medi-hotel bed – this term is used for beds in a non-ward residential service maintained and/or paid for by the hospital, as a substitute for traditional hospital ward accommodation. Residents may be accommodated in a medi-hotel overnight and be admitted as same-day patients or receive non-admitted patient services during the day. They may be accommodated in the medi-hotel before, during or after a multi-day admitted episode. Unlike hospital-in-the-home, however, no clinical services are provided in the medi-

hotel and a significant decline in medical condition would always necessitate return from the medi-hotel to the hospital's Emergency Department or other ward. Thus residents are not reported as admitted while in the medi-hotel (unless they are on leave) and the medi-hotel beds are not counted as available for admitted patients.

- Occupied/Unoccupied beds – categorisation of available beds – a bed is occupied if there is a patient physically in the bed or the bed is being retained for a patient (e.g. the patient is receiving treatment or is on leave). Beds may be available but not occupied, e.g. an 8 bed ward may be fully staffed, but only 7 beds are occupied. Also if a patient has left a bed to receive a different care type and will not be returning within 24 hours, the bed is not occupied.
- Occupancy Rate – calculated by dividing total bed days in a period by the product of the available beds and the days in the period – e.g. if in a non-leap year patients accumulated 33,000 bed days in a hospital with 100 overnight-stay beds, the occupancy rate = $33,000/(365*100) = 90.4\%$. N.B. Occupancy rates calculated for same-day beds could exceed 100%.
- Open beds - alternative term for 'available beds'.
- Operational beds - alternative term for 'available beds'.
- Physical beds – the maximum number of beds that could be made available, given the appropriate level of funds and nursing and auxiliary staff.
- Seasonal beds – describes the movement in the number of available beds due to seasonal factors.
- Staffed beds – may equate to 'available beds' or may be lower depending on demand.
- Surge/flex beds (NSW) or Flex beds (SA) – the increase in the number of available beds that could be made by making arrangements for additional nursing and auxiliary staff. In other words, the number of surge/flex beds is the difference between the number of physical beds and the number of available beds.
- Swing beds – beds that can alternate between different types of care. Depending on the context, swing beds can be thought of as a sub-category of physical beds or available beds.
- Virtual bed – this term is used to denote a nominal location which the patient is held against in the hospital's patient administration system. This is because in the patient administration system each admitted patient needs to be held against a bed whether or not they are in a physical bed. For example, if a neonate is sharing a bed with the mother (e.g. in a birth centre) a cot may not be set up. Hospital-in-the-home (HITH) patients may also be held in a virtual bed.

Property attributes

Identifying and definitional attributes

Property:	Overnight-stay mental health hospital-in-the-home care
Definition:	The delivery of mental health care to hospital admitted patients in their place of residence as a substitute for hospital accommodation. Place of residence may be permanent or temporary.
Property group:	Service provision event

Source and reference attributes

Submitting organisation: Mental Health Information Strategy Standing Committee

Data element concept attributes

Source and reference attributes

Submitting organisation: Mental Health Information Strategy Standing Committee

Relational attributes

**Data Elements
implementing this Data
Element Concept:**

[Available bed—overnight stay mental health hospital-in-the-home care, average
number of beds N\[NNN.N\]](#)
[Health](#), Standard 25/01/2018