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# Occupied bed days

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**Important note: This is an archived metadata standard from the AIHW Knowledgebase. For current metadata standards and related information please access METeOR, the AIHW's Metadata Online Registry at <http://meteor.aihw.gov.au>**

## *Identifying and Definitional Attributes*

Data Dictionary: NHDD  
Knowledgebase ID: 000207 Version number: 1  
Metadata type: DERIVED DATA ELEMENT  
Registration Authority: NHIMG Admin status: SUPERSEDED  
Effective date: 30-JUN-95

Definition: The number of occupied bed days is defined as the total number of days of stay for all patients/clients who were formally admitted for an episode of care and who underwent separation (item AI) during the financial year.

The number of days of stay for a patient is defined as the separation date minus the admission date except for patients/clients who are admitted and separated on the same day. These patients/clients are to be included with a stay of one day.

All leave days are to be excluded from the occupied bed days count, with the exception of overnight leave.

In determining the number of occupied bed days, patient lengths of stay are not to be truncated or trimmed.

Context: Admitted patient care: needed as the basic count of the number of services provided by an establishment.

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## *Relational and Representational Attributes*

Datatype: Numeric  
Representational form: QUANTITATIVE VALUE  
Representation layout: NNNNNNNN  
Minimum Size: 1  
Maximum Size: 8  
Data Domain: NOVAL Number of occupied bed days  
Related metadata: is derived from Admission date version 3  
is derived from Discharge date version 3

has been superseded by Patient days version 2  
is derived from Discharge date version 4

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### *Administrative Attributes*

Source Document:

Source Organisation: National minimum data set working parties

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Comments: The Morbidity Working Party considered that the problems associated with differences in definition between occupied bed days, as reported from the morbidity systems, and the financial/statistical returns (in some systems) needed to be overcome largely through improvement in the data collected on the discharge abstracts from which the morbidity collections are developed. The problem associated with individuals being admitted in one year and discharged in another was not seen as serious for acute hospitals, given the disaggregation into type of episode. The working party discussed and rejected the concept of statistical discharge at year end (see data element Discharge date).

### *Data Element Links*

#### *Information Model Entities linked to this Data Element*

NHIM Performance indicator

#### *Data Agreements which include this Data Element*

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