Available bed—neonatal admitted care (Non-special-care), average number of beds N[NNN.N]

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Available bed—neonatal admitted care (Non-special-care), average number of beds N[NNN.N]

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Average available neonatal cots (non-special-care)
METEOR identifier:	373640
Registration status:	Health, Standard 03/12/2008
Definition:	The number of cots available to provide neonatal accommodation, other than special care accommodation, **averaged over the counting period**.
Data Element Concept:	Available bed—neonatal admitted care (Non-special-care)
Value Domain:	Average number of beds N[NNN.N]

Value domain attributes

Representational attributes

Representation class:	Average
Data type:	Number
Format:	N[NNN.N]
Maximum character length:	5
Unit of measure:	Bed

Collection and usage attributes

Guide for use:	Average available beds, rounded to the nearest decimal or whole number.

Data element attributes

Collection and usage attributes

Guide for use:	Average available cots are the average of 12 monthly (or more frequent) counts of these available cots.
	The number of available cots should be collected at least monthly at the same time on the same day. To improve accuracy data could be collected more frequently (e.g. daily). If so, it should be collected at the same time on each day. More frequent data collection is preferable if a single monthly count is likely to be significantly different from the monthly average.
	Inclusions: neonatal cots which are not in an intensive care facility approved by the Commonwealth Health Minister for the purpose of the provision of special care. They accommodate unqualified newborns and may also accommodate qualified newborns who do not need to be treated in such a facility (e.g. healthy second twin).
	Exclusions: cots in intensive care facilities approved by the Commonwealth Health Minister for the purpose of the provision of special care. Also exclude cots intended to accommodate older (not newborn) babies when they are admitted to hospital. (These cots are reported as available overnight beds.)

Collection methods: Beds exclusively or predominantly for overnight stay admitted care, beds exclusively or predominantly for same-day admitted care and, if required, non-special care neonatal cots are to be collected and reported in separate categories. Hospitals should establish clear recording and reporting practices. Criteria should exist to ensure that each available bed is counted once and only once. A bed should first be assessed as available and then categorised to its predominant use. For large hospitals, a reconciliation of the sum of the bed types and an unduplicated establishment bed count is advisable.

The assessment of availability must reflect the ability of the hospital to provide the necessary resources. This can be significantly impacted by seasonal demand or events such as a strike, clinical staff shortage, fire or renovation. This is illustrated by the following examples.

Example 1: A large maternity hospital, which conducts a daily bed count, has a ward (not an approved intensive care facility) containing 20 cots used to accommodate newborns. The funding for this ward would allow an average of 15 cots to be staffed over the year. Provided demand is constant and there are no circumstances which prevent these cots from being available for patients, such as a strike, clinical staff shortage, fire or renovation, the hospital would report 15 available cots for this ward.

Example 2: A maternity hospital, which conducts a monthly bed count, has a ward (not an approved intensive care facility) containing 30 cots used to accommodate newborns. It manages its resources in such a way that it is staffed for 30 cots for four months of the year and staffed for 24 cots during the remaining eight months. The annual average number of available cots is the average of the twelve counts – i.e. (30 cots x 4 months) + (24 cots x 8 months) divided by 12 counting periods = (120 + 192)/12 = 26 cots.

Example 3: A hospital conducts a monthly bed count. Ward A containing 20 cots is closed for six months, for a planned renovation. During this period a temporary ward (B) containing 10 cots is established and the necessary resources are provided. The annual average number of available cots in Ward A is the average of the twelve counts, i.e. (20 cots X 6 months) + (0 cots X 6 months) divided by 12 counting periods = 10 cots. The annual average number of available cots for Ward B is (0 cots X 6 months) + (10 cots X 6 months) divided by 12 counting periods = 5 cots.

Example 4: A hospital conducts a daily bed count. A ward containing 20 cots is closed during the first week of June because of a strike, but for the remainder of June it is fully staffed so that all 20 cots are available. So the average number of cots available for this ward in June is ((0 cots X 7 days) + (20 cots X 23 days) = 460/30 = 15.3.

Comments: This data element is necessary to provide an indicator of the availability and type of service for an establishment.

Source and reference attributes

Origin: Victorian Department of Human Services