

Available bed—admitted contracted care

Metadata item type: Data Element Concept
METEOR identifier: 552332
Registration status:

- [Health](#), Standard 11/04/2014

Definition: Available beds used to care for admitted patients that an establishment provides via contractual arrangements with private hospitals.

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: 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).

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:	Admitted contracted care
Definition:	Care for admitted patients that an entity provides via contractual arrangements with private hospitals.
Property group:	Service provision event

Data element concept attributes

Relational attributes

Data Elements implementing this Data Element Concept:	Available bed—admitted contracted care, average number of beds N[N(7).N] <ul style="list-style-type: none">• ACT Health (retired), Candidate 10/08/2018• Health, Standard 04/08/2016
	Available bed—admitted contracted care, average number of beds N[NNN.N] <ul style="list-style-type: none">• Health, Superseded 04/08/2016

