

Available bed—same-day admitted care, average number of beds N[N(7).N]

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Available bed—same-day admitted care, average number of beds N[N(7).N]

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Average available beds for same-day patients
METEOR identifier:	616017
Registration status:	Health , Standard 04/08/2016
Definition:	The number of beds, chairs or trolleys available to provide accommodation for same-day patients, averaged over the counting period .

Data element concept attributes

Identifying and definitional attributes

Data element concept:	Available bed—same-day admitted care
METEOR identifier:	373963
Registration status:	Health , Standard 03/12/2008
Definition:	The number of beds available for same day admitted care.
Object class:	Available bed
Property:	Same-day admitted care

Value domain attributes

Identifying and definitional attributes

Value domain:	Average number of beds N[N(7).N]
METEOR identifier:	615996
Registration status:	Health , Standard 04/08/2016
Definition:	A numeric value representing an arithmetic mean of beds.

Representational attributes

Representation class:	Average
Data type:	Number
Format:	N[N(7).N]
Maximum character length:	9
Unit of measure:	Bed

Collection and usage attributes

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

Collection and usage attributes

Guide for use:

The number of beds, chairs or trolleys available to provide accommodation for same-day patients is recorded. Same-day patients are accommodated in the following ways:

1. Patients occupy a single bed or chair in a single location throughout their stay, for example, dialysis or chemotherapy chair. In this situation the bed or chair is counted as a bed available for same-day patients.
2. Patients occupy a trolley which is moved to different locations throughout their stay – for example, endoscopy suite, where patients move from the same-day ward to a procedure room, onto a recovery room and back to the same-day ward. In this situation the trolley is counted as a bed available for same-day patients.
3. Same-day patients are accommodated in a general ward after being transferred from another area of the hospital (for example, the emergency department or another ward, etc). In this situation the beds may be counted as either overnight-stay or same-day according to their predominant use.

The number of available same-day beds should be collected at least monthly at the same time on the same day. To improve accuracy data could be collected more frequently (for example, daily data collection) 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: Both occupied and unoccupied beds are included. Beds, chairs or trolleys available, exclusively or predominantly intended to accommodate same-day admitted care or treatment. This includes day surgery beds, dialysis, chemotherapy, electro-convulsive therapy (ECT) and dental chairs for admitted patients.

Exclusions: Exclude beds, chairs or trolleys designated exclusively for same-day non-admitted patient care or predominantly used by non-admitted patients (for example, emergency trolleys), medical ambulatory care, discharge lounges for patients who have been formally discharged, medi-hotel beds, hospital-in-the-home, neonatal cots (non-special-care), and beds for overnight-stay patients (even where overnight beds are used for unplanned same-day episodes, for example, patients who die or abscond on the day of admission). No adjustment should be made for contracted services, either provided by, or to this hospital.

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 the most appropriate accommodation category. 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, and 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 hospital, which conducts a daily bed count, has a ward containing 20 beds suitably equipped for same-day admitted patient care. The funding for this ward would allow an average of 15 beds to be staffed over the year. Provided demand is constant and there are no circumstances which prevent these beds from being available for patients, such as a strike, clinical staff shortage, fire or renovation, the hospital would report 15 available beds for this ward.

Example 2: A hospital located in a summer holiday area, which conducts monthly bed counts, has 12 beds suitably equipped for same-day admitted patient care. It manages its resources in such a way that 12 beds are fully staffed during the four months from December to March, but only 9 beds are staffed during the remaining eight months from April to November. The annual average number of available beds is the average of the twelve monthly averages: $((12 \text{ beds} \times 4 \text{ months}) + (9 \text{ beds} \times 8 \text{ months})) \div 12 \text{ counting periods} = 120/12 = 10 \text{ beds}$.

Example 3: A hospital conducts a monthly bed count. Ward A containing 20 beds is closed for six months, for a planned renovation. During this period a temporary 10 bed ward (B) is established and the necessary resources are provided. The annual average number of available beds for Ward A is the average of the twelve counts: $(20 \text{ beds} \times 6 \text{ months}) + (0 \text{ beds} \times 6 \text{ months}) \div 12 \text{ counting periods} = 120/12 = 10 \text{ beds}$. The annual average number of available beds for Ward B is: $(0 \text{ beds} \times 6 \text{ months}) + (10 \text{ beds} \times 6 \text{ months}) \div 12 \text{ counting periods} = 60/12 = 5 \text{ beds}$.

Example 4: A 20 bed ward 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 beds are available. So the average number of beds available for this ward in June is: $((0 \text{ beds} \times 7 \text{ days}) + (20 \text{ beds} \times 23 \text{ days})) \div 30 \text{ counting periods} = 460/30 = 15.3$.

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:**

Australian Institute of Health and Welfare

Relational attributes**Related metadata references:**

Supersedes [Available bed—same-day admitted care, average number of beds N\[NNN.N\]](#)
[Health](#), Superseded 04/08/2016

Implementation in Data Set Specifications:

[Local Hospital Networks/Public hospital establishments NMDS 2020–21](#)
[Health](#), Superseded 05/02/2021

Implementation start date: 01/07/2020

Implementation end date: 30/06/2021

Conditional obligation:

This metadata item is only required for the **Public Hospital Establishments (PHE)** reporting level. It is collected once for each PHE.

[Local Hospital Networks/Public hospital establishments NMDS 2021–22](#)
[Health](#), Superseded 17/12/2021

Implementation start date: 01/07/2021

Implementation end date: 30/06/2022

Conditional obligation:

This metadata item is only required for the **Public Hospital Establishments (PHE)** reporting level. It is collected once for each PHE.

[Local Hospital Networks/Public hospital establishments NMDS 2022–23](#)
[Health](#), Superseded 09/12/2022

Implementation start date: 01/07/2022

Implementation end date: 30/06/2023

Conditional obligation:

This metadata item is only required for the **Public Hospital Establishments (PHE)** reporting level. It is collected once for each PHE.

[Local Hospital Networks/Public hospital establishments NMDS 2023–24](#)
[Health](#), Superseded 06/12/2023

Implementation start date: 01/07/2023

Implementation end date: 30/06/2024

Conditional obligation:

This metadata item is only required for the **Public Hospital Establishments (PHE)** reporting level. It is collected once for each PHE.

[Local Hospital Networks/Public hospital establishments NMDS 2024–25](#)
[Health](#), Standard 06/12/2023

Implementation start date: 01/07/2024

Implementation end date: 30/06/2025

Conditional obligation:

This metadata item is only required for the **Public Hospital Establishments (PHE)** reporting level. It is collected once for each PHE.

[Public hospital establishments data element cluster](#)
[Health](#), Superseded 25/01/2018

Implementation start date: 01/07/2017

[Public hospital establishments data element cluster](#)
[Health](#), Superseded 17/10/2018

Implementation start date: 01/07/2018

[Public hospital establishments data element cluster](#)
[Health](#), Retired 09/12/2022

Implementation start date: 01/07/2019

[Public hospital establishments NMDS 2016–17](#)
[Health](#), Superseded 03/11/2016

Implementation start date: 01/07/2016

Implementation end date: 30/06/2017