

Bed Numbers Data Collection - NSW Procedures Policy

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Summary The Bed Numbers Data Collection supports patient flow management, infrastructure planning and mandatory performance reporting, both State and Commonwealth.

Key indicators derived from the Collection are 'average available beds' and 'occupancy rates'.

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Applies to

Audience Administration, Clinical, Nursing, Emergency Departments

Distributed to Public Health System, Community Health Centres, Public Health Units, Public Hospitals, Private Hospitals and Day Procedure Centres

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Policy Manual Not applicable

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Director-General

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is **mandatory** for NSW Health and is a condition of subsidy for public health organisations.

BED NUMBERS DATA COLLECTION - NSW PROCEDURES

PURPOSE

The Bed Numbers Data Collection supports patient flow management, infrastructure planning and mandatory performance reporting, both State and Commonwealth. Key indicators derived from the Collection are 'average available beds' and 'occupancy rates'. Particular uses of the data are:

- Local operations, for managing local bed resources and meeting patient demand;
- Planning data, for evidence-based decisions about infrastructure and resources;
- Performance monitoring under the NSW Health Performance Framework;
- Statutory reports of public hospital establishment;
- Information for Ministers and the Parliament;
- Deriving other indicators such as occupancy.

KEY PRINCIPLES

The Bed Numbers Data Collection draws on data definitions from the NSW Admitted Patient Data Dictionary and the National Health Data Dictionary.

In addition, there are terms with no formal definitions that are described in the Glossary listed in Table 1 of the Bed Numbers Data Collection - NSW Procedures Policy. The complete details of all glossary terms and definitions are included in the Bed Reporting System User Manual.

USE OF THE GUIDELINE

The scope of NSW Bed Numbers Data Collection is to enumerate daily all beds that are located in NSW public hospital facilities and those funded by the NSW Ministry of Health or Health Services including those located outside of public hospital facilities (e.g. contracted beds, hospital in the home beds).

The intent is to capture all beds and treatment spaces, both open and closed, under their correct Bed Type. The fifteen NSW Local Health Districts as well as Sydney Children's Hospital Network, St Vincent's Health Network, Justice Health and Forensic Mental Health Network will participate in the Bed Numbers Data Collection

REVISION HISTORY

Version	Approved by	Amendment notes
PD2012_054	Deputy Director-General, System Purchasing and Performance Division	New Policy

ATTACHMENTS

1. Bed Numbers Data Collection – NSW Procedures Policy
2. Key Changes to Bed Numbers Data Definitions and Procedures

NSW BED NUMBERS DATA COLLECTION PROCEDURE



Issue date: September 2012

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1 OVERVIEW

1.1 Background

Historically, hospital beds were literally 'beds' where patients spent their time as admitted patients over one or more nights. Advances in medical care and changes in models of service delivery have created a wide range of new bed types. These may not be hospital beds in the historical sense but 'treatment spaces' where services are administered to patients (for example, chemotherapy chairs and dialysis chairs).

The state-wide Bed Numbers Data Collection encompasses all beds in eligible facilities including those that have previously been exempt from bed reporting. For example, but not limited to: recovery rooms, bassinets and emergency department trolleys. All beds are expected to be assigned to their corresponding bed type so that they can be correctly reported as 'hospital beds', 'other beds' or 'treatment spaces'.

1.2 Purpose

The Bed Numbers Data Collection supports patient flow management, infrastructure planning and mandatory performance reporting, both State and National. Key indicators derived from the Collection are 'average available beds' and 'occupancy rates'. Particular uses of the data are:

- Local operations, for managing local bed resources and meeting patient demand;
- Planning data, for evidence-based decisions about infrastructure and resources;
- Performance monitoring under the NSW Health Performance Framework;
- Statutory reports of public hospital establishment;
- Information for Ministers and the Parliament;
- Deriving other indicators such as occupancy.

1.3 Key Definitions

The Bed Numbers Data Collection draws on data definitions from the NSW Admitted Patient Data Dictionary and the National Health Data Dictionary. In addition, there are terms with no formal definitions that are described in the Glossary listed in Table 1. The complete details of all glossary terms and definitions are included in the Bed Reporting System User Manual.

1.4 Table 1. Glossary

<p>Available Bed Definition (Counting Rule)</p>	<p>A bed that is staffed and available for immediate use or a bed or 'hospital in the home' bed that has been used anytime within the last 24 hours.</p> <p><i>Note additional criteria for counting 'Hospital in the Home', Swing Beds and Contract Beds</i></p> <p><i>Source: Performance Framework for Health Services: 2011/12 and METeOR identifier: 270133</i></p>
<p>Average Available Bed (Indicator)</p>	<p>The daily count of 'Available Beds' is averaged out over the reporting period (usually monthly).</p> <p><i>Source: Performance Framework for Health Services 2011/12 and Available bed: neonatal admitted care; overnight-stay admitted care, residential mental health care, same-day admitted care METeOR identifier: 373640, 373650, 374151, 373966</i></p>
<p>Beds (Physical Beds)</p>	<p>Beds are identified by Bed Type and for standardised reporting are collated into Bed Type Groups and then Bed Groups.</p> <p>The grouping hierarchy is:</p> <ul style="list-style-type: none"> • 80 Bed Types; as defined in the NSW Admitted Patient Data Dictionary • 25 Bed Type Groups; organise Bed Types into clinically coherent patient and care type groupings for reporting purposes • 3 Bed Groups; high level grouping for performance reporting and public reporting purposes <p>See Appendix 2 for details.</p> <p><i>Note: Bed Bays and Treatment Bays that are designed for service delivery but not furnished with a hospital bed, trolley or treatment chair represent potential capacity. Therefore in a given ward, an unfurnished bed bay or treatment bay is:</i></p> <ul style="list-style-type: none"> • <i>designed to deliver a service but not furnished with a hospital bed or treatment chair;</i> • <i>appropriately equipped to provide a service with functional infrastructure i.e. power, suction and gases;</i> • <i>allocated a bed type appropriate to the ward;</i> • <i>counted in the Physical Bed Capacity and considered as a closed bed(s).</i> <p><i>Source: Glossary term</i></p>

Bed Types	Categories of beds based on type of care or patient category that the bed is predominantly used for. For example; intensive care, rehabilitation or bassinets. There are 88 Bed Types currently in use. Bed Types are retired or added to keep pace with service and funding changes. See Appendix 2 <i>Source: PD2008_034 Bed Types Categories for Inpatient Units from 1 March 2008</i>
Bed Type Groups	Groups of bed types collated by patient and care type for reporting purposes. Grouping logic may change to keep pace with service and funding changes. There are currently 26 Bed Type Groups e.g. Day Only, Emergency, Acute Adult Overnight, Mental Health Other etc. See Appendix 2. <i>Source: Glossary term</i>
Bed Groups	<p>Bed Groups are used for performance reporting and public reporting purposes:</p> <p>There are three bed groups as follows:</p> <ul style="list-style-type: none"> • Hospital Beds, further broken down into: <ul style="list-style-type: none"> ○ <i>Beds available for admission from ED</i> (these are beds available for patient admission from the Emergency Department) ○ <i>Other hospital beds</i> (other acute hospital beds, which are not usually used for admissions from ED) • Treatment Spaces (predominantly used to provide an instance of specific treatment e.g. chemotherapy chair, theatre table, delivery suite, space in the emergency department etc.) • Other Beds (non-hospital beds, such as hospital in the home and residential/community aged care and respite beds) <p>See Appendix 2 <i>Source: Glossary term</i></p>
Closed Beds	For the purpose of the Bed Numbers Data Collection, a Closed Bed is a bed that is not available because of a local operational decision not to provide resources <u>or</u> it cannot be used because of unplanned staff shortages, is contaminated or requires maintenance. See Open Bed below. <i>Source: Glossary term</i>
Contract Beds	Beds that are contracted from an external organisation for the

	<p>purpose of delivery of specific services, for example a designated number of beds contracted for public patients in a private setting. For counting purposes, Contract Beds are always Open/Available Beds.</p> <p><i>Source: Glossary term</i></p>
Hospital in the Home Beds	<p>Enable provision of care to hospital admitted patients in their place of residence as a substitute for hospital accommodation. Place of residence may be permanent or temporary. For counting purposes Hospital in the Home beds are only counted as an Open Bed when occupied by an admitted patient.</p>
Physical Bed Capacity	<p>The concept: 'Physical Bed Capacity' is the total number of Beds within a Ward. This includes beds that are Open and Closed.</p> <p><i>Source: Glossary term</i></p>
Open Beds	<p>Open Bed - alternative term for 'Available Beds'. That is a Bed that is staffed and available for immediate use.</p> <p><i>A suitably located and equipped bed, chair, trolley or bassinet where the necessary financial and human resources are provided for admitted patient care Source: METeOR identifier 373634</i></p>
Swing Beds	<p>Swing beds are a second or third establishment of the same bed in a ward on the patient administration system and in the 'Bed Reporting System'. Common swing beds are ICU and HDU. The beds 'swing' according to patient care type. When counting swing beds attention is required to adjust counts up <u>and</u> down. For example: The Routine Ward Configuration is 10 ICU beds and 8 HDU beds. They may be configured as 8 ICU beds and 10 HDU beds or 14 ICU and 4 HDU. The Physical Bed Capacity of the ward (ICU+HDU) cannot exceed 18 beds. See Policy Directive PD2007_068</p> <p><i>Swing beds – beds that can alternate between different types of care. Source: METeOR identifier 373634</i></p>
Ward	<p>A ward is an administrative entity for beds and services. It may be a physical ward or virtual ward as for Hospital in the Home.</p> <p><i>Source: Glossary term</i></p>
Ward Category	<p>All Wards are categorised as either same day or other. Same day wards are staffed and managed predominantly for same-day patients and are flagged as such in the Bed Reporting System.</p>

2 SCOPE OF THE DATA COLLECTION

The scope of NSW Bed Numbers Data Collection is to enumerate daily all beds that are located in NSW public hospital facilities and those funded by the NSW Ministry of Health or Health Services including those located outside of public hospital facilities (e.g. contracted beds, hospital in the home beds).

The intent is to capture all beds and treatment spaces, both open and closed, under their correct Bed Type. The fifteen NSW Local Health Districts as well as Sydney Children's Hospital Network, St Vincent's Health Network, Justice Health and Forensic Mental Health will participate in the Bed Numbers Data Collection.

2.1 Inclusions

- Beds funded by the NSW Ministry of Health and located in a facility owned by NSW Health.
 - Public Hospital
 - Public Psychiatric Hospital
 - Public Multi-Purpose Service
- Beds funded by the NSW Ministry of Health and not located in a facility owned by NSW Health.
 - Hospital in the Home
 - Service contracts e.g. Hawkesbury District Health Service
- Beds not funded by the NSW Ministry of Health but located in a facility owned by NSW Health including community residential, transitional care and public residential aged care facility.
- Other – the NSW Ministry of Health may request on a 'case by case' basis that a facility participates in bed reporting.

2.2 Exclusions

- Beds not funded by the NSW Ministry of Health and not located in a facility owned by NSW Health i.e. Private Facilities.
- Waiting room chairs and ward chairs that are not designed or intended for providing clinical services.
- Spare beds/trolleys in storage and beds located in staff sick bays.
- Trolleys and chairs that are intended only for the provision of non-admitted patient service events (eg. specialist consultation clinics located within NSW health facilities).

3 THE BED REPORTING SYSTEM

3.1 Web Based Bed Reporting System

The Bed Reporting System is a web-based data collection system developed and administered by the Health System Information and Performance Reporting Branch, NSW Ministry of Health. Participation in Bed Numbers Data Collection is a requirement of the NSW Ministry of Health. Data must be submitted electronically using the web-based Bed Reporting System in accordance with the instructions and definitions detailed in the Bed Reporting System User Manual.

The Bed Reporting System has two main views:

- The Routine Ward Configuration and
- Edit Bed Count.

3.2 Bed Reporting System User Manual

A NSW Bed Reporting System User Manual is available to support local administrators and users with instructions to configure, capture and submit data. A link to the current version is located on the Home page of the Bed Reporting System:

<http://virtiiis-mws001.nswhealth.net/NSWBeds/>

3.3 Establish the Routine Ward Configuration

The Routine Ward Configuration for each Ward only needs to be established once in the Bed Reporting System. It may be adjusted from time to time (for example, seasonal opening of beds for the winter period). The selected Bed Type must be the most appropriate for the Ward and reflect the predominant care type in accord with PD2008_034 Bed Types Categories for Inpatient Units from 1 March 2008.

3.4 Sign Off and Data Submission

- It is the responsibility of the LHD Administrator to submit the data.
- Formal sign off at the executive level is not required for monthly data.
- Formal sign off at the executive level is required for the annual data by the LHD Chief Executive or their delegate.

3.5 Reporting Frequency

Monthly data must be submitted by the 10th day of the following month e.g. June data must be submitted by 10 July.

3.6 Reports

LHDs will have access to local data and standard reports can be generated as required.

4 BED COUNTING PROCESS

4.1 Available Bed Count

4.1.1 Counting Available (Open) Beds

The definition of an Available Bed is: 'Staffed and available for immediate use' or 'a bed that has been used anytime in the past 24 hours'. For the purpose of Bed Reporting:

- Beds are either Open Beds or Closed Beds.
 - Open Beds: Are all 'available beds' regardless if occupied by a patient or not i.e. they are staffed and available for immediate use.
 - Closed Beds: May be closed because of a LHD decision not to provide resources or other reasons such as staff shortages, contamination or a maintenance issue. Closed Beds represent potential future capacity.
 - If a Closed Bed has been occupied by a patient anytime in the last 24 hours it is counted as an Available Bed.

Note: The terms 'surge' and 'flex' have been removed from bed reporting as they have no formal definitions, are used interchangeably and are not consistently interpreted. Beds previously designated 'flex' or 'surge' will be treated as Closed Beds.

- Available Beds are counted daily
 - The count should capture the maximum number of Available Beds in the previous 24 hour reporting period.
- The Available Bed count cannot exceed the Physical Bed Capacity of the Ward.

4.1.2 Special Cases For Counting Available Beds

- **Contract Beds:** Facilities administering contract beds (Bed Type 29) should count these as 100% available i.e. they cannot close. The rationale is that purchased bed capacity is always available as per the contractual arrangement. *See glossary definition of Contract Beds.*
- **Hospital in the Home Beds:** These are counted as an available bed only when occupied by an admitted patient. *See glossary definition of Hospital in the Home Beds.*
- **Swing Beds:** Swing beds are a second or third establishment of the same physical bed on the patient administration system and in the 'Bed Reporting System'. e.g. ICU and HDU. The beds 'swing' according to patient care type. When counting swing beds attention is required to adjust counts up and down so not to exceed the Physical Bed Capacity of the ward. *See glossary definition of Swing Beds.*

5 REFERENCES

1. NSW Admitted Patient Data Dictionary (NSW APDD)
<http://internal.health.nsw.gov.au/im/ims/ap/ap-data-dictionary-current-public.html>
2. Australian Institute of Health and Welfare National Health Data Dictionary NHDD
<http://meteor.aihw.gov.au/content/index.phtml/itemId/377493>

6 LIST OF ATTACHMENTS

1. Appendix 1. Implementation Checklist
2. Appendix 2. Reporting Categories - Bed Groups, Bed Group Types and Bed Types

Appendix 1: Implementation checklist

LHD/Facility:			
Assessed by:		Date of Assessment:	
IMPLEMENTATION REQUIREMENTS	Not commenced	Partial compliance	Full compliance
1. Local Administrators Appointed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>Notes:</u> Completed		
2. Training of Local Administrator and Users	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>Notes:</u>		
3. All facilities, wards and bedtypes are entered into the Bed Reporting System. Ward identifier and bed type link between the PAS and the Bed Reporting System.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>Notes:</u>		
4. Process is in place to collect bed numbers data daily and submit it monthly using the Bed Reporting System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>Notes:</u>		
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>Notes:</u>		
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>Notes:</u>		

Appendix 2: List of Bed Groups, Bed Type Groups and Bed Types

BED GROUPS	BED TYPE GROUPS	BED TYPES	
HOSPITAL BEDS: Beds Available for Admission from Emergency Department	Adult acute overnight	01 General Mixed	
		46 Medical	
		47 Surgical	
		69 Stroke	
		79 Gynaecology	
		87 Medical Assessment Unit (MAU)	
	Paediatric acute overnight	SCH + CHW only	43 Paediatric
			01 General Mixed
			46 Medical
			47 Surgical
			48 Medical Oncology
	Mental health acute overnight		87 Medical Assessment Unit (MAU)
			04 Psychiatric Acute
			12 Psychiatric Intensive Care
	Adult ICU/HDU/CCU		85 Psychiatric Emergency Care Centre (PECC)
15 General Intensive Care			
33 Coronary Care			
Paediatric ICU (Children's Hospitals only)		34 High Dependency Care	
		15 General Intensive Care (SCH and CHW only)	
Medical oncology		48 Medical Oncology	
Other acute (EMU)		59 Emergency Medical Unit (EMU)	
HOSPITAL BEDS: Other Hospital Beds	Day only	75 Same Day Not Elsewhere Classified	
		80 Same Day Medical	
		81 Same Day Surgical	
		82 Extended Short Stay Surgical (< 24 hrs)	
	Mental Health - other		05 Psychiatric Rehabilitation
			06 Psychiatric Secure
			07 Drug and Alcohol
			13 Post Natal Depression
			20 Psychiatric Extended Care
			21 Neuro-Psychiatry

BED GROUPS	BED TYPE GROUPS	BED TYPES	
		22 Dual Diagnosis	
		30 Collaborative Care - Drug and Alcohol	
		32 Collaborative Care - Mental Health	
		61 Detoxification	
		62 CAMHSNET Supported Paediatric	
		63 CAMHSNET Supported Psychiatric	
		64 CAMHSNET Acute	
		65 CAMHSNET Non-Acute	
		73 Same Day Mental Health	
		74 Same Day Drug and Alcohol	
		89 Drug and Alcohol Involuntary Treatment	
	Palliative care	03 Palliative	
	Statewide specialist services	38 Transplant	
		40 Specialist Spinal Injury	
		41 Severe Burns	
	Dental service (beds)	42 Dental Service	
	Rehabilitation	02 Rehabilitation	
		08 Brain Injury Rehabilitation	
	Maternity acute overnight (obstetrics)	49 Obstetrics	
	Mother craft	18 Mother Craft	
	Neonatal	16 Neonate Special Care Nursery	
		37 Neonatal Intensive Care	
	Not assigned	29 Collaborative Care - General	
		72 Sleep Disorder (< 24 hour care)	
	OTHER BEDS	Hospital in the Home	26 Hospital in the Home - Drug and Alcohol
			28 Hospital in the Home - Mental Health
			25 Hospital in the Home - General
Residential, transitional and community care		14 Residential Aged Care - High Care	
		23 Residential Aged Care - Low Care	
		51 Respite - High: Federal Block Funded	
		52 Respite - Low: Federal Block Funded	
		53 Brain Injury Transitional Living Unit	
		54 Mental Health Community Residential 24 hour	

BED GROUPS	BED TYPE GROUPS	BED TYPES
		55 Mental Health Community Residential <24 staff
		70 Drug and Alcohol Community Residential
		77 Intermittent Transitional Care (In Hosp)
		78 Intermittent Transitional Care (In Comm)
		83 Residential Aged Care, Not Further Defined
		86 Respite – Not Further Defined
		99 Lodger / Boarder
TREATMENT SPACES	Treatment space - day only	56 Mental Health Social Day Program
		57 Aged & Disability Social Day Program
		68 Mobile Service
		71 Same Day Chemotherapy
		88 Justice Health Clinical Observation Bed
	Renal dialysis	39 Same Day Renal Dialysis
	Emergency Department	17 Emergency Department - Level 3 and Above
		58 Emergency Department - Level 1 and 2
	Maternity - other	66 Delivery Suite
		60 Bassinet
	Operating theatre / recovery	67 Operating Theatre / Recovery
Transit lounge	76 Transit Lounge	

Key Changes to Bed Numbers Data Definitions and Procedures

1. Simplification: Open beds and Closed beds

The terms 'surge' and 'flex' are a source of considerable confusion. A workshop convened with the Admitted Patient Data Collection Coordinators and the Bed Data Collection Coordinators agreed to discontinue the use of these terms for the purposes of bed number reporting.

The feedback was to reduce options to either 'Open Beds' or 'Closed Beds'. An Open Bed is an 'Available Bed' as per the National definition. Beds categorised as 'Flex' and 'Surge' are to be considered Closed Beds.

Open Bed	An alternative term for available beds. This is a bed staffed and available for immediate use. <i>A suitably located and equipped bed, chair, trolley or bassinet where the necessary financial and human resources are provided for admitted patient care. Source: METeOR identifier 373634</i>
Closed Bed	For the purpose of the Bed Numbers Data Collection, a Closed Bed is a bed that is not available because of a local operational decision not to provide resources <u>or</u> it cannot be used because of unplanned staff shortages, is contaminated or requires maintenance. <i>If a closed bed ends up being occupied by a patient, it is then considered an 'openbed' as per the definition of 'a bed that has been occupied anytime in the last 24 hours'.</i>

2. Extension to the scope of data collection

The intention of Bed Reporting is to capture all beds, both open and closed. Open Beds are available beds and Closed Beds represent potential or future capacity.

Scope	The scope of the collection includes all beds either funded by the Ministry of Health and /or located in a facility owned /operated by NSW Health and/or contracted from an external organisation for the purpose of delivery of services to public patients.
Inclusion	All beds and treatment spaces including those that have previously been exempt from bed reporting. For example but not limited to: recovery rooms, bassinets and delivery suite and emergency department trolleys. These are expected to be assigned to their corresponding bed type so that they can be correctly reported as either beds or treatment spaces.
Exclusion	Waiting room chairs and ward chairs that are not designed or intended for providing clinical services are not to be included in Bed Reporting.

3. Method and frequency of the collection

All facilities will conduct daily counts of beds and submit data monthly using the web based data collection system. This applies to District Hospitals and facilities formerly reporting quarterly. The spreadsheet designed for data collection currently still used by some LHDs will be phased out in early 2012.

Data Collection	Data is to be submitted electronically using the web-based Bed Reporting System. This will improve efficiency and accuracy. Bed data will be available for downloading from the Bed Reporting System for local use.
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4. Development of standardised reporting structure for Available Beds

A meaningful reporting structure that clearly separates patient populations, accommodation types and care types has been developed and agreed. Grouping numbers are added or retired to keep pace with service and funding changes. The grouping hierarchy is:

Bed Types	80 Bed Types - as defined in the NSW Admitted Patient Data Dictionary
Bed Type Groups	25 Bed Type Groups - organise Bed Types into clinically coherent patient and care type groupings for reporting purposes e.g. Day Only, Emergency, Acute Adult Overnight, Mental Health Other etc.
Bed Groups	3 Bed Groups - high level grouping for performance reporting and public reporting purposes The three bed groups are: <ul style="list-style-type: none"> • Hospital Beds, further broken down into: <ul style="list-style-type: none"> ○ Beds available for admission from ED (these are beds available for patient admission from the Emergency Department) ○ Other hospital beds (other acute hospital beds, which are not usually used for admissions from ED) • Treatment Spaces (predominantly used to provide a specific episode of care e.g. chemotherapy chair, theatre table, delivery suite, space in the emergency department etc.) • Other Beds (non-hospital beds, such as hospital in the home and residential/community aged care and respite beds)

Summary of changes to data definitions

Current	Original	Notes
Routine Ward Configuration	Bed Profile Name change Concept unchanged	A ward will have a 'Routine Ward Configuration' - that is a decision made by the LHD as to how many 'Open Beds' or 'Closed Beds' there are in the ward.
Ward	Bed Location Name change Concept unchanged	A 'ward' is an administrative entity for beds and services.
Physical Bed Capacity	Physical Beds Name change Concept unchanged	The total number of beds (open beds + closed beds) in the ward. The 'available bed' count cannot exceed the Physical Bed Capacity
Open Beds	Bed Available Deleted terms Surge Flex and Client Reduced to 'open bed' and 'closed bed'	Original dropdown list: Open, Surge, Flex, and Client has been removed No formal definition for 'surge' and 'flex:' the terms were used interchangeably and have been removed. Client (Hospital in the Home) is now to be captured by bed type. The concept 'open bed' is retained. Open is the number of beds classified as 'available' for the ward. 'Flex' and 'surge' are considered closed beds.
Closed Beds	New	The number of beds in the ward that are closed. Definition of a closed bed is a bed NOT available for any reason (a LHD decision not to make available, or due to staff shortage, contamination or maintenance issue)
Swing Beds	New	Flag to indicate this is a swing bed. The concept of 'Swing Beds' is where a ward has two or more possible Bed Types for the one 'Physical Bed'.
Ward Category	Ward Category Concept unchanged	Flag ONLY if same day
Financial Program	Financial Program No Change	Dropdown list: LHD information only

Bed Type	Bed Type No Change	Dropdown list: The Bed Type as defined in the NSW Admitted Patients Data Dictionary.
Total Funded Beds	Total Funded Beds No Change	Funding details for the ward. LHD information only.
Comments	Comments No Change	Comments about the Routine Ward Configuration.
Closed Days	Closed Days No Change	The days of the week this bed profile is closed.
Effective From	Effective From No Change	The date this Routine Ward Configuration is operational/ effective from.
Effective To	Effective To No Change	The date this Routine Ward Configuration is operational/ effective to.
Opened	Opened No Change	The date the bed type was opened in the selected ward.
Closed	Closed No Change	The date the bed type was closed in the selected ward.
Updated By	Updated By No Change	The user who modified the data. Foreign key to the Users table.
Updated	Updated No Change	The date the data was modified.
Is Current	Is Current No Change	Flag to indicate that the record is the most recent and therefore current. If a record is modified, a new copy is made, the copy becomes the current record and the old record is set to not current.
	Cot Delete	Captured by Bed Type #60
	Institution Type Delete	Duplicate information, captured elsewhere