

# Daily Bed Census- Bed Segmentation - Acute

## Tip Sheet

### Section 1 - Admissions, Discharges, and Deaths

1. Section 1 collects information on the following: Admissions, Discharges and Deaths.
2. The timing of this section of the form **has not** changed. This information in this section remains at midnight for the count from the previous day.

Example:

*When entering census data on November 1<sup>st</sup>, the admissions, discharges, and deaths should be counted and submitted for October 31<sup>st</sup> (from 00:00 to 23:59)*

### Section 2 - Beds – Conventional Spaces

1. This section is a snapshot in time of the bed count as of 11 a.m. on the reporting day.
2. The number of beds reported in Question 1 is the total number of beds that exist – occupied and not occupied.
3. The number of beds reported in Question 1 includes the number of Incremental beds (Question 3) and the number of Unbudgeted beds (Question 4) reported.
4. The number of beds reported in Question 1 DOES NOT include the number of Closed/Blocked beds (Question 2) reported.
5. If a hospital closes a short stay unit as there are no “elective cases” admissions during the weekend and therefore, these beds are closed Saturday and Sunday, report these closed beds for the unit in Question 2 – Closed/Blocked beds for the days the beds remain closed.
6. For hospitals that have received Ministry approval (via a letter) for incremental beds, only report the number of beds that are open and in operation and for which the funding has been received.

Note: The number of beds reported in Question 1 will change as funding is received for incremental beds and these beds are opened and put into operation.

7. Unbudgeted beds are not incremental beds.

## Section 3 – Admitted Patients – Conventional Spaces

1. This section is a snapshot in time of the count of patients admitted to their assigned service lines as of 11 a.m. on the reporting day.
2. If a hospital has the following:
  - Birthing Suite Beds
  - Cardiac Procedure Beds
  - Patients in the OR
  - Patients in the Post – Anesthetic Care Unit (PACU)
  - Patient in the Post-Anesthetic Recovery Room (PARR)

and if the admitted patient is in the interim bed (listed above) and has an assigned bed, then:

- Section 3: Count the patient under the appropriate service line
- Section 2: Count the patient assigned bed under the appropriate type

Otherwise, if a patient in an interim bed (listed above) is admitted and there is **no available bed** to assign to the patient, then:

1. Section 3: Count the patient under the appropriate service line
2. Section 2: No reporting requirement. Why? The goal is to capture actual hospital occupancy and patient flow and capacity pressures where they may exist. Identifying a bed in Section 2 when one is not available understates the occupancy.

*Example: If a mother is giving birth in the birthing unit and a bed is being held in the obstetrics unit for her to move to, please count the patient in Section 3 and the bed in Section 2*

**Note:** *The interim reporting numbers should be minimal. The goal is to capture actual hospital occupancy and patient flow and capacity pressures where they may exist. Identifying a bed in Section 2 when one is not available understates the occupancy and creates reporting complexity without any clear value.*

3. Acute Admitted Patients in other Bed Types in conventional spaces are patients admitted by the 11AM census count time for a specific acute line of service however, the patient remains in the Emergency Department and other bed types, these being Mental Health, Complex Continuing Care, General Rehabilitation and Special Rehabilitation. The patients reported in this area of Section 3 – Questions Q2 to Q6, should be excluded from Q1 in Section 3.

Hospitals are directed to contact AskHealthData@ontario.ca with the subject Line: **Daily Bed Census Bed Segmentation** when support is needed.