KH03A: Summary of Available Bed Days, Occupied Bed Days, Discharges and Deaths, and Day Cases

INTRODUCTION

1. This return relates to all beds within hospitals which are part of the Health and Social Care Trusts, in the Acute Services, Elderly Care, Maternity & Child Health, Mental Health, and Learning Disability Programmes of Care (POCs).
2. Discharges and deaths, and day cases are also collected for these POCs, except for Acute Services, where data is collected from the Admissions & Discharges universe within the Patient Administration System via the Business Objects' Data Warehouse, and the HSC IP Activity report on encompass.
3. Information is recorded per quarter, either at the POC or specialty level, as detailed in this guidance.

AVAILABLE BED DAYS

4. Available bed days is the measure of the number of commissioned beds available at 23:59 in each ward that is open overnight. Per the data dictionary definition, a hospital bed is a device that may be used to permit a patient to lie down when the need to do so is as a consequence of the patient's condition rather than the need for active intervention such as examination, diagnostic investigation, manipulation/treatment, or transport. A commissioned bed is one with full recurrent funding for all direct, indirect and overhead costs associated with the provision of the bed.
5. For the purposes of running the report on encompass, quarters should be run as follows:
   QE June: 1 April to 30 June
   QE September: 1 July to 30 September
   QE December: 1 September to 31 December
   QE March: 1 January to 31 March
   The time is preset in the report so that only dates need to be entered. The time is preset as 23:59.
6. Available beds include both occupied and unoccupied commissioned beds at the time of the count.
7. In encompass, available beds are measured using the Department Specialty. Department Specialty is based on the physical location of the beds. Each bed is tagged, mapped to a specialty by ward, and then aggregated up to the relevant POC. The number of available bed days is only collected at POC level within the Return.
8. For split wards, the number of beds designated to each POC is pre-set by each Trust.

9. Where a commissioned bed becomes unavailable, for reasons such as infection control purposes, reduction in staffing, damage, maintenance, or cleaning, the count of available beds should be reduced accordingly. Where an escalation space is used in place of a commissioned bed, it should not be counted in the available bed days count.
10. A cot is defined as a bed for statistical purposes.
11. Only beds which are used for consultant-led care should be included and therefore nurse-led, midwife-led, or multi-disciplinary team-led activity should be excluded. Independent sector beds should be excluded.
12. Beds reserved solely for day care admissions, or regular day admissions, should not be included as these patients do not stay overnight. Beds reserved for regular night admissions should also not be included.
13. Beds occupied by healthy persons, accompanying a patient, should still be included in the available count.

OCCUPIED BED DAYS

14. Occupied bed days is the measure of the total number of commissioned beds and escalation spaces occupied at 23:59 in each ward that is open overnight. Per the data dictionary definition, a hospital bed is a device that may be used to permit a patient to lie down when the need to do so is as a consequence of the patient's condition rather than the need for active intervention such as examination, diagnostic investigation, manipulation/treatment, or transport.
15. For the purposes of running the report on encompass, quarters should be run as follows:
    QE June: 1 April to 30 June
    QE September: 1 July to 30 September
    QE December: 1 September to 31 December
    QE March: 1 January to 31 March
    The time is preset in the report so that only dates need to be entered. The time is preset as 23:59.
16. In encompass, occupied beds are measured using the Treatment Function Code (TFC) that the patient was being treated for at the time of the count. This is then mapped up to the relevant POC. The number of occupied bed days is collected at both the TFC and POC level within the Return.
17. At the POC level, any number of occupied bed days which exceeds that of the available bed days in the period, should be designated as an escalation space. Per the data dictionary definition, an escalation space is a space in addition to the commissioned allocated bed complement that is used on a short-term temporary basis to cope with demand or increased pressures. An escalation space may also be known as an additional, contingency, flex or extra space. The term space is preferred as opposed to bed as it may not be a physical bed per se.

18. A cot is defined as a bed for statistical purposes.
19. Only beds which are used for consultant-led care should be included and therefore nurse-led, midwife-led, or multi-disciplinary team-led activity should be excluded. Beds being used solely for day care admissions, or regular day admissions, should not be included as these patients do not stay overnight. Beds occupied by regular night attenders should also not be included. Beds occupied by healthy persons, accompanying a patient, should not be included in the occupied count. Independent sector beds should be excluded.
20. A bed which is being used by a patient on home leave for up to 28 days or less, should be counted as occupied, under the TFC of the episode which is currently ongoing at the time of the leave.
21. Psychiatric patients on trial leave are treated as discharged, and therefore not counted as occupied, even if the beds are reserved by local management in case the patient returns. The expectation is that the patient will not return to the hospital.
22. A bed which is reserved for a patient on a temporary transfer should be counted as occupied, under the TFC of the episode prior to their temporary transfer, e.g. an inpatient going for chemotherapy/dialysis in another hospital.

DISCHARGES AND DEATHS (NON-ACUTE POC ONLY)

23. Discharges and deaths should no longer include transfers to other hospitals within the same HSCT, only those for which the patient moves to a different HSCT. Each discharge or death should be counted under the TFC that the patient was being treated for in their final inpatient episode.

DAY CASES (NON-ACUTE POC ONLY)

24. A day case admission is where a patient is admitted electively with the intention of receiving care, but who does not require the use of a hospital bed overnight, and who returns home as scheduled. If the patients stays overnight, they should not be counted as a day case, and instead counted under discharges and deaths when they leave hospital. Each day case should be counted under the TFC for which the patient was treated.