DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

(HOSPITALS)

SUBJECT: **BED AVAILABILITY REPORTING** REFERENCE NO. 1122

PURPOSE: To provide guidelines for determining and reporting of hospital bed availability.

AUTHORITY: Public Health Service Act, Section 2802(b)
Pandemic and All-Hazards Preparedness Act (Public Law 109-417)
Hospital Preparedness Program Basic and Expanded Agreements

DEFINITIONS:

Bed Types

Adult Intensive Care Unit (ICU): Beds that can support critically ill/injured patients, including ventilatory support.

Burn or Burn ICU: Applies to designated burn centers only. These beds are either approved by the American Burn Association or self-designated. Note: These beds should be excluded from other ICU bed counts.

Medical/Surgical: Otherwise referred to as "Ward" beds.

Negative Pressure/Isolation: Beds provided with negative airflow to provide respiratory isolation. Note: This value may represent available beds included in the counts of other types.

Neonatal ICU: Beds that can support critically ill/injured neonates. A neonate is a newborn infant up to one month of age.

OB/Gyn: Applies to all perinatal beds, including labor and delivery beds, antepartum and post-partum beds.

Operating Rooms: An operating room that is equipped, staffed, and could be made available for patient care in a short period.

Other: Other types of beds that are available in the facility, i.e., acute rehabilitation, transitional care, skilled nursing. Facility will define type of bed upon data entry.

Pediatric ICU: The same as adult ICU but for patients 17 years or younger.

Pediatric: Medical-surgical beds for patients 17 years or younger.

Psychiatric: Beds in a closed/locked psychiatric unit or medical-surgical beds where a patient will be attended by a sitter.

Telemetry: Includes all monitored beds excluding ICU beds. These beds are capable of continuous cardiac monitoring.

Trauma: Applies to designated Trauma Centers only. Beds that can support critically injured patients. Note: This value may represent available beds included in the counts of ICU beds.

Emergency Department (ED) Status: Applies to 9-1-1 receiving hospitals only. Diversion status of the ED.

HAvBED (Hospital Available Beds for Emergencies and Disasters): A national system for capturing bed availability data from divergent systems to create bed availability information based on standardized definitions.

Mass Decontamination Facility Availability: Available chemical/biological/radiological multiple patient decontamination capability.

Surge Capacity: The ability to quickly expand capacity and capability beyond normal operations to meet an increased demand for medical care in the event of a multiple casualty incident (MCI), bioterrorism or other large-scale public health emergencies.

Vacant/Available Beds: Beds that are vacant and to which patients can be transported immediately. These must include supporting space, equipment, medical material, ancillary and support services, and staff to operate under normal circumstances. These beds are licensed, physically available and have staff on duty to attend to the patient who will occupy the bed.

Ventilators: The number of ventilators that are present in the institution that are not currently in use and could be supported by currently available staff.

24 hour Beds Available: This value represents an informed estimate as to how many vacant (staffed and unoccupied) beds for each bed type above the current available beds could be made available within 24 hours. This would include created unlicensed surge beds as well as beds made available by discharging/transferring patients.

72 hour Beds Available: This value represents an informed estimate as to how many vacant (staffed and unoccupied) beds for each bed type above the current available beds could be made available within 72 hours. This would include created unlicensed surge beds as well as beds made available by discharging/transferring patients.

PRINCIPLES:

I. Accurate and rapid determination of bed availability is essential for effective coordination of patient transport and movement during an incident.

II. Hospitals using standardized definition of bed status will provide greater consistency in reporting bed availability information.

III. Bed availability assessment must be conducted by house supervision or bed control staff to provide accurate bed availability count for the entire facility.

POLICY:

I. Bed Availability Reporting

A. During an exercise or an actual event, the Medical Alert Center (MAC) will send a message to hospitals to complete or update their bed availability data in the ReddiNet system.

B. ED/hospital personnel responsible for monitoring the ReddiNet shall notify their house supervision or bed control staff to conduct a facility-wide bed availability assessment for each of the following type of beds and resources:

1. Adult ICU
2. Medical/Surgical
3. Burn
4. Pediatric ICU
5. Pediatric ward
6. Psychiatric
7. Negative pressure/Isolation
8. Obstetric/Gynecology
9. Trauma
10. Telemetry
11. Neonatal ICU
12. Operating rooms
13. Other
14. Number of available ventilators
15. Mass decontamination facility availability

C. Based on the type of incident, additional assessment polls may be conducted to gather the following information:

1. Number of beds available within 24 hours

2. Number of beds available within 72 hours

D. Hospitals without ReddiNet access will receive the message to conduct a bed availability assessment via facsimile or telephone. Non-ReddiNet hospital(s) shall submit their bed availability data by faxing the bed availability report form

(Reference No. 1122.1) to the MAC using the number indicated on the report form.

E. Hospitals must complete, update, or submit their bed availability data **within 60 minutes of the request.**

II. Bed Availability Reporting Exercise

To familiarize hospital staff with bed availability reporting procedures, the Emergency Medical Services (EMS) Agency will conduct regularly scheduled exercises.

III. Bed Availability Data Validation

A. The EMS Agency will monitor bed reporting activities and may contact any hospital to validate submitted information.

B. A quarterly report will be sent to each hospital's ReddiNet Coordinator and Disaster Coordinator.

CROSS REFERENCE:

Prehospital Care Manual:
Ref. No. 519, **Management of Multiple Casualty Incidents**
Ref. No. 1122.1, **Bed Availability Report Form**