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**CENSUS REPORTING/BED AVAILABILITY**

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**1. DEFINITIONS:**

- **Licensed Beds:** The number of licensed acute care beds stated on the hospital's license excluding nursery bassinets and licensed beds placed in suspension.
- **Total Operational Beds:** The complement of beds (excluding nursery bassinets) physically existing and actually available for overnight use, regardless of staffing levels, or whether the bed is currently occupied. Excludes beds placed in suspense or in nursing units converted to non-patient care uses, beds closed for construction, by hospital policy, and overflow beds.
- **Current Census:** The actual number of patients, including patients who are "admits waiting". This number may be higher than the total Licensed or Total Operational Beds numbers.
- **General Acute Beds:** Includes all adult medical/surgical, pediatric and OB beds where patients may be placed.
- **Intensive care**, which includes all types of intensive care units, except neonatal ICU
- **Monitored Beds:** These are a subset of the general acute licensed bed category, and do not include emergency department or intensive care beds. These beds have cardiac monitoring capabilities and may be identified as transitional, step-down, or intermediate care beds by different hospitals.
- **Admits Waiting:** Those patients, including those in overflow beds, who have not been placed in an appropriate licensed bed.

**2. CENSUS & BED AVAILABILITY INFORMATION:** Midnight census must be updated into the Reddinet system within a 24 hour period daily.

- **Intensive care**
- **Monitored beds**
- **General acute beds**
- **Admits waiting**
- **Total operational beds**
  - ✓ Intensive care.
  - ✓ General acute beds
  - ✓ Monitored beds excluding emergency department and intensive care units.
- **Licensed Beds**

**3. ALERT STATUS:** Report activity level as (ideally this should be done every few hours):

- **Normal**
- **Alert 1** - Hospital has mobilized internal mechanisms beyond normal operating status due to resource scarcity.
- **Alert 2** - Hospital has activated all internal mechanisms and there is continued concern about scarcity of resources.

**3.1 Criteria for determining alert status** are internally defined. The internal review of resources includes:

- Staffing resources
- Total operational beds
- Available critical equipment and supplies such as ventilators, portable monitors, medications, etc.

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**3.2 Key variables to consider include:**

- Surgery schedule
- Patients in overflow areas such as post anesthesia recovery unit
- Discharges anticipated
- Potential transfers to a lower level of inpatient care
- Anticipated weekend/holiday emergency department volume
- Consultation with medical staff

**4. DIVERSION STATUS** is reported following the normal reporting procedures specified in the current EMS Ambulance Diversion policy (Policy # 5700).

**5. REPORTING PRECEDURE:** The census data and bed availability information is to be updated into the Reddinet system every 24 hours.

**6. HAvBED:** All Receiving Hospitals shall participate in periodic “HAvBED” drills using Reddinet as directed by the Alameda County EMS Agency.