

Bed/Unit Type Categories for Virtual Wards & Beds for Reporting Purposes

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Summary The purpose of this policy is to direct those involved with the maintenance of inpatient Patient Administration Systems (PAS) to correctly set up Bed/Unit Type categories for Virtual Wards and Beds for reporting purposes. Definitions and guidelines on how to accurately code virtual ICU and HDU have been developed and are to be incorporated into the hospital Patient Administration Systems.

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Applies to Area Health Services/Chief Executive Governed Statutory Health Corporation, NSW Ambulance Service, NSW Dept of Health, Public Health Units, Public Hospitals

Audience Staff involved in the maintenance of PAS

Distributed to Public Health System, NSW Ambulance Service, NSW Department of Health, Public Health Units, Public Hospitals

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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This Policy Directive may be varied, withdrawn or replaced at any time.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.

CORRECT SET UP OF BED/UNIT TYPE CATEGORIES FOR VIRTUAL WARDS AND BEDS FOR REPORTING PURPOSES

1. Introduction:

This Policy Directive should be read in conjunction with the Bed Unit/Type NSW Health State-wide Data Standards Version 3 of the Admitted Patient Data Collection Dictionary and the Virtual Ward Bed Concept in the Admitted Patient Concepts & Derived Measures Library.

The purpose of this policy is to direct those involved with the maintenance of inpatient Patient Administration Services (PAS) to correctly set up Bed/Unit Type categories for Virtual Wards and Beds for reporting purposes.

This Policy Directive should be distributed to all staff involved in the maintenance of inpatient Patient Administration Systems (PAS). This includes those who manage and develop PAS statewide systems and those who manage the PAS at the hospital level (eg PAS managers and Medical Record Staff).

The Area Health Service and Hospital executive, and the intensive care clinical management staff, are to be advised and consulted on implementation of this Policy Directive to ensure there is an agreed virtual bed/ward configuration.

2. Purpose:

Inconsistencies have been found in the reporting of inpatient intensive care and high dependency care activity data in a number of facilities. In facilities with collocated intensive care and high dependency beds a long-standing problem has been the inability to separate the true intensive care activity from the high dependency activity for reporting purposes. Other reported discrepancies are the miscoding of activity in high dependency units as intensive care units. This misclassification has also become apparent at facilities reporting intensive care activity despite not having intensive care beds.

Accurately identifying and monitoring inpatient intensive care and high dependency activity data is essential for statewide planning for adult intensive care and high dependency services and for inclusion in resource distribution and benchmarking data for episode funding.

To eliminate any further inaccuracies the following definitions and guidelines, on how to accurately code virtual ICU and HDU beds, have been developed and are to be incorporated into the hospital Patient Administration Systems.

NB Mental Health ICU and HDU units/beds are excluded from the following guidelines.

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3. Definitions

3.1 Virtual Ward/Bed

A “Virtual Ward/Bed” is used when there is either:

- No physical bed in the hospital (for example contracted bed or hospital in the home bed); or
- A second or third establishment of the same physical bed on the patient administration system for use where the bed is used for more than one “Bed/Unit Type” category. These beds are also referred to as “swinging beds”.

3.2 Intensive Care Unit Ward / Bed

An Intensive Care Unit (ICU) is a specially staffed, and equipped, separate and self-contained section of the hospital for the management of patients with life threatening or potentially life threatening, and reversible or potentially reversible organ failure.

An ICU bed is staffed 24 hours a day, meets the NSW Intensive Care Unit role delineation of level 4 or higher, and is used to accommodate patients requiring intensive clinical care. ICU beds are serviced by staff with specific expertise to provide complex clinical management, supportive therapies, continuous monitoring and point of care diagnostics.

Beds classified as intensive care beds are specially staffed with a standard ratio of one Registered Nurse to one intensive care patient. A higher nurse to patient ratio may be required during critical events or specific clinical interventions as per unit protocol.

3.3 High Dependency Unit Ward/Bed

A High Dependency Unit (HDU) is a specially staffed and equipped section of a hospital that may be a stand alone unit or a component of an intensive care complex. The HDU provides a level of care intermediate between intensive care and general ward care. Patients may be admitted to the HDU:

- a) from the ICU as a step-down prior to transfer to the ward, or
- b) directly from the ward, operating theatre, recovery or emergency areas.

Typically patients in HDU will have single organ failure and are at high risk of developing complications.

A HDU bed is staffed 24 hours a day with a standard ratio of one Registered Nurse to two high dependency patients. This ratio may change as clinically indicated depending upon the status and dependency of the patient.

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4. Guidelines to establish a virtual ward/bed

To manage physical beds that change Bed/Unit Types between ICU and HDU bed types, virtual beds/units must be set up on PAS. The following is a guide of how to manage virtual beds in the hospital PAS.

Currently two rules exist in establishing the virtual wards/beds for the different PAS used in NSW Health. Section 4.1 is the guidelines that must be followed for facilities using Cerner, IPM and WinPAS as their PAS. Section 4.2 is the guidelines for facilities using HOSPAS. Sections 4.3 onwards are guidelines that must be followed by all PAS facilities.

4.1 Virtual Bed set up for Cerner, IPM and WINPAS

The Hospitals in NSW who are using Cerner, IPM and WinPAS as the administrating patient systems must assign unit/bed type to the bed not the ward.

The Cerner, IPM or WinPAS system administrators managing virtual beds must:

- not set up separate “virtual wards”. Only one ward needs to be established for each physical ward.
- ensure “virtual beds” are established within the ward.
- establish the maximum number of “physical” beds in the ward for each bed type on the PAS.

For example in the case of a physical ICU ward called “2/ICU” containing an eight “physical” bed capacity, but also incorporating “swinging” HDU beds, eight beds must be designated as ICU beds and eight beds must be set to HDU beds. In total the “2/ICU” ward will have sixteen beds set up in the PAS with eight beds set to an ICU bed type and eight beds set to HDU bed type. Please refer to Table 1 below.

Table 1: Example of establishing virtual beds in Cerner, IPM and WinPAS Patient Administration Systems.

Ward identifier	Bed/Unit type	Bed identifier
2/ICU	15	ICU_01
2/ICU	15	ICU_02
2/ICU	15	ICU_03
2/ICU	15	ICU_04
2/ICU	15	ICU_05
2/ICU	15	ICU_06
2/ICU	15	ICU_07
2/ICU	15	ICU_08

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Ward identifier	Bed/Unit type	Bed identifier
2/ICU	34	HDU_01
2/ICU	34	HDU_02
2/ICU	34	HDU_03
2/ICU	34	HDU_04
2/ICU	34	HDU_05
2/ICU	34	HDU_06
2/ICU	34	HDU_07
2/ICU	34	HDU_08

System Administrators using Cerner, IPM and WinPAS must take care when setting up the physical beds, which are used for two different Bed/Unit Types. Care must be taken on ensuring that the same bed number is used for the physical bed in each ward, which is “swinging” or changing bed types. For example, if a patient was treated as an ICU patient on day 1 of their stay and was occupying bed ‘ICU_01’ and on day 2 was clinically assessed to change to a HDU patient the clinical staff must inform the PAS staff to change the patient bed type to HDU and specifically to bed ‘HDU_01’ as this is the same bed number of the physical bed.

4.2 Virtual Ward set up for HOSPAS.

The Hospitals in NSW, which are using HOSPAS as the PAS, must assign the virtual “swinging” beds to the ward not the bed. HOSPAS system administrators must create two virtual wards for the one physical ward. For example the ICU ward would be set up in the system with eight beds and assigned to an ICU unit/bed type and a second virtual ward would be established with eight beds and that ward would be assigned to the unit/bed type of a HDU.

An example of how the HOSPAS administrators may set up the virtual wards are as follows:

- The Hospital’s ICU unit has collocated HDU and ICU beds in a physical ward called “2/ICU”. There are eight physical beds in this ward numbered 1 to 8.
- The HOSPAS administrator must set up two new wards on the PAS. The first ward would be called “2/ICU” and the second ward would be set up as “2/HDU”
- For the ward “2/ICU” the administrator must establish eight beds and label them from 1 to 8. The ward set up, as “2/HDU” must also have eight beds labelled 1 to 8.

Please refer to Table 2 below.

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Table 2: Example of establishing virtual wards in HOSPAS

Ward identifier	Unit type	Beds
2/ICU	15	Bed 01
2/ICU	15	Bed 02
2/ICU	15	Bed 03
2/ICU	15	Bed 04
2/ICU	15	Bed 05
2/ICU	15	Bed 06
2/ICU	15	Bed 07
2/ICU	15	Bed 08
2/HDU	34	Bed 01
2/HDU	34	Bed 02
2/HDU	34	Bed 03
2/HDU	34	Bed 04
2/HDU	34	Bed 05
2/HDU	34	Bed 06
2/HDU	34	Bed 07
2/HDU	34	Bed 08

- 4.3** Patients must always be admitted to the ward or bed that is set to the appropriate bed type and the appropriate care being received.
- 4.4** Clinical nursing and medical staff must receive training in regard to the designation of patients as ICU or HDU within the virtual unit or bed type to ensure the patients transition from HDU to ICU or ICU to HDU is captured.

When a clinical decision is made to re classify the patient from intensive care to high dependency or high dependency to intensive care the clinical nursing or medical staff must advise the system administrator immediately. This is to ensure that a bed/ward transaction is recorded in the PAS from one bed/ward type to the other even though the patient may not physically move beds/wards.

- 4.5** Advise accommodation services (i.e. catering, linen, CBORD administrator, etc) that a virtual bed or virtual ward has been established and inform them of the new virtual ward and bed names.
- 4.5** Hospitals who are using the patient administration system to monitor bed occupancy and availability must ensure that the same number of physical beds must be available at any point in time. All other “virtual” beds must be made unavailable. As the bed is designated to change to a different bed type, the bed with unit/bed type required must be made “available” and the bed with unit/bed type not required must be made “unavailable”.

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4.6 Rural Hospitals with Intensive care units, which combine ICU, HDU and Coronary Care Unit (CCU) patients, should follow the same guidelines above adding another virtual bed or ward for the CCU component.

5. Further Information

5.1 Detailed information on the Bed Unit/Type, NSW Health State-wide Data Standards Version 3 of the Admitted Patient Data Collection Dictionary is available on the NSW Health Intranet. See the URL below:

<http://internal.health.nsw.gov.au/im/ims/ap/ap-data-dictionary-current-public.html>

Information on the Virtual Ward Bed Concept in the Admitted Patient Concepts & Derived Measures Library is available on the NSW Health Intranet at the following URL:

<http://internal.health.nsw.gov.au/im/ims/ap/ap-concepts-and-derivations-library.html>

5.2 For further clarification on Intensive care and High Dependency services, contact:

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5.3 For clarification on all other instructions contact:

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