1. Master Bed Data Specification

BED TYPE	DEFINITION
Regular	All licensed inpatient beds.
Hallway/Overflow	Beds that can flex into a space when needed such as a hallway bed or overflow bed. These beds are only included in level of care capacity when occupied and not included in available or unoccupied bed counts.
Surge	Non-licensed beds that can be utilized in an emergency for surge locations. If active included in level of care capacity and active surge capacity. When inactive only included in inactive surge counts.

1.1 Level of Care Group

LEVEL OF GROUP CARE	DEFINITION
Adult ICU 3 Plus	Adult Intensive Care Unit aka Adult Critical Care Unit. Provides care and treatment for the highest acuity patients. Level 3 Plus: includes level 3 plus the capabilities of (VV-) ECMO and advanced organ support expertise.
Adult ICU 3	Adult Intensive Care Unit aka Adult Critical Care Unit. Provides care and treatment for the highest acuity patients. Level 3: including complex ventilator management, continuous renal replacement therapy and dedicated physician resources for critical care only - intensivist staffed or equivalent experience, consult services for nephrology, cardiology and infectious disease.
Adult ICU 2	Adult Intensive Care Unit aka Adult Critical Care Unit. Provides care and treatment for the highest acuity patients. Level 2: access to intermitted HD, basic support of failing organ function, routine use of invasive monitoring of blood pressure and central venous pressures.
Adult ICU 1	Adult Intensive Care Unit aka Adult Critical Care Unit. Provides care and treatment for the highest acuity patients. Level 1: short term support of mild organ dysfunction. Non-invasive or minimally invasive monitoring.
Adult PCU	Adult Progressive Care Unit aka Intermediate Care Unit or Step Down Unit. Provides care for adult moderate severity of illness and co-morbid patients.
Adult Telemetry	Adult Medical and Surgical Units that provide continuous electrocardiographic (ECG) monitoring of the adult patient's heart rhythm using specialized technology and equipment.

Peds ICU	Pediatric Intensive Care Unit (PICU) also known as Pediatric Critical Care Unit. Interventions may include ventilators, hemodynamic monitoring, IV drug therapies and a variety of procedures.
Peds PCU	Pediatric Progressive Care Unit also known as Intermediate Care Unit or Step-Down Unit. Provides care for adult moderate severity of illness and co-morbid patients.
Peds Telemetry	Pediatric units that provide continuous electrocardiographic (ECG) monitoring of the patient's heart rhythm using specialized technology and equipment.
Peds Med Surg	Pediatric general medicine units, surgery units or units with combination of both medical and surgical patients. Also known as general care or acute care units. Provides care for the least acute patients. Patient assessment and monitoring can range from 4-8 hours, floors have higher patient to nurse ratio than PCU/ICU.
Peds Obs	Pediatric Patient status is observation (outpatient status) and may be housed on observation unit.
NICU 4	Neonatal Intensive Care Units - specializes in the care of ill or premature newborn infants- Level 4: units include the capabilities of level 3 Plus with additional capabilities and considerable experience in the care of the most complex and critically ill newborn infants and should have pediatric medical and pediatric surgical specialty consultants continuously available 24 hours a day.
NICU 3 Plus	Neonatal Intensive Care Units - specializes in the care of ill or premature newborn infants- Level 3 Plus: includes level 3 care with general pediatric surgery
NICU 3	Neonatal Intensive Care Units - specializes in the care of ill or premature newborn infants- Level 3: should be reserved for infants who are born at <32 weeks' gestation, weigh <1500g at birth, or have medical or surgical conditions, regardless of gestational age.
NICU 2	Neonatal Intensive Care Units - specializes in the care of ill or premature newborn infants- Level 2: should be reserved for stable or moderately ill newborn infants who are born at ≥32 weeks' gestation or who weigh ≥1500g at birth with problems that are expected to resolve rapidly and who would not be anticipated to need subspecialty-level services on an urgent basis.
NICU 1	Neonatal Intensive Care Units - specializes in the care of ill or premature newborn infants- Level 1: facilities provide a basic level of care to neonates who are low risk. They have the capability to perform neonatal resuscitation at every delivery and to evaluate and provide routine postnatal care for healthy newborn infants.
Nursery	Also called a newborn or a well-baby nursery. Goal is to examine, treat and monitor the health of the newborn. The nursery houses healthy babies that do not have any complications.
OB	Just obstetrical or postpartum units. Provide care to low and high-risk pregnant women.

Adult Psych	Adult only. Psychiatric units specialize in the treatment of serious mental disorders. Care includes monitoring and providing appropriate interventions for behavioral or psychosocial issues.
Peds Psych	Peds only. Psychiatric units specialize in the treatment of serious mental disorders. Care includes monitoring and providing appropriate interventions for behavioral or psychosocial issues.
Rehab	Inpatient rehabilitation units provide services to people who have had an acute illness, injury, or accident resulting in significant functional decline. Intensive physical medicine therapies and treatment regimens are delivered by a multidisciplinary team of nurses, PT, OT and specially trained physicians.

1.2 Master Bed Data Extract FAQs

What if a unit can have multiple levels of care associated with it?

If beds on the same unit always have specific level of care assignments, indicate the appropriate level of care for each bed in the LevelofCareGroup column. If beds can switch between levels of care, identify the highest Level of Care that the bed is associated with.

Should I filter out inactive beds?

You can send all active and inactive beds. Inactive beds (i.e. isActive = False) will not be counted in the Oregon Capacity System unless their status is changed to active (i.e isActive = True)

How do we handle "swing" beds?

Associate the bed with its primary unit.

Why do I need to send empty beds in the file extract?

To calculate the occupancy, both occupied and unoccupied beds are needed. As occupancy changes via admission, transfers and discharges in the file will continue to update and be reflected on the Oregon Capacity System.

How do you define Suspected for COVID status?

Lab results are not yet completed for a patient that presented with symptoms or is believed to be at risk for having COVID-19. Please indicate Suspected based on your local protocol. This can include probable or patient under investigation (PUI) or rule outs. However, if you're organization's protocol is to test all patients for COVID-19, including those without symptoms, pending lab results should be assumed negative (rather than suspected), until results are returned, unless the patient is known to have symptoms or be at risk.

How do you specify age of patients older than 90?

Please provide patient age in years, unless the patient is 90 or older in which case mark the patient as "90+".

How do you specify age of infants less than 1 year?

Please provide patient age as "0".

1.3 Calculations

Column Group	Occupancy Calculation	Calculation Details
Adult, Peds, Specialty, Bed Attribute, Equipment Columns	*Occupancy = Census / Capacity*	There are two scenarios that can lead to Census being greater than Capacity (and therefore occ > 100%). Scenario 1 is by far the most common: 1. Scenario 1 is when hospitals reduce their physical capacity to account for staffed capacity using either the Unit Capacity Configurator or the Staffed Unit Capacity Extract but then fill beds beyond the staffed capacity anyway. 2. Scenario 2 is when hospitals place patients into Hallway/Overflow Bed Types. These Bed Types count in census when occupied, but do not count in capacity. This was a configuration decision made early on for this Bed Type.
Surge Columns	*Occupancy = Census / (Active Capacity + Inactive Capacity)*	This shows the % of ALL surge beds that are occupied. Note that scenario 1 above can apply to surge beds as well if a hospital activates surge beds but then adjusts capacity down for staffing levels.
ED Total, ED Adult, ED Peds Columns	*Occupancy = Census / Peak Census* *(where Peak Census calculated as 95th percentile census for current hour of day for a rolling 6-month period)*	Because ED capacity is difficult to define, we instead calculate a variation of occupancy that looks at census relative to peak periods of activity. This modified definition is reflected in the column header tooltips. Note that here too you can get occupancy greater than 100% whenever the 95th percentile census is exceeded. Note that for new hospitals, this percentage can look odd until more history is available. Note that ED Admitted Census reflects the census of all patients in the emergency department that have an admit to inpatient or observation order.
IP CV19 Census Columns	*Occupancy = CV19 Census / Capacity for that bed type*	For example, the Adult ICU column would calculate occupancy as census of CV19 patients in Adult ICU beds over all Adult ICU bed capacity. Here occupancy is intended to show the percentage of all beds of a certain type that are occupied by COVID-19 patients.
CV19 Admissions – 7 Day Avg. Column	*(Average daily admissions over last 7 days - Average daily admissions over prior 7 day period) / Average daily admissions over prior 7 day period*	The percentage in the 7-day average column is not an occupancy calculation at all but is instead the percent growth in COVID-19 admissions over the last seven days. That is why it is colored differently (orange) and this is reflected in the column header tooltip.