DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
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FALLS CHURCH, VA 22042

IN REPLY REFER TO
BUMEDINST 6321.3B
BUMED-M31
15 Nov 2016

BUMED INSTRUCTION 6321.3B

From: Chief, Bureau of Medicine and Surgery

Subj: BED CAPACITY

Ref: (a) DoD Instruction 6000.11 of May 4, 2012
(b) BUMEDINST 6320.1E

Encl: (1) Definitions
(2) Example of Fiscal Year Bed Capacity Report
(3) Example of Fiscal Year Staffed and Unstaffed Beds by Category Report

1. Purpose. To provide guidance in calculating, reporting, and monitoring bed capacity for inpatient services at Navy medical treatment facilities (MTF). To implement reference (a) by planning for hospital readiness to support patient movement, hospital destination, and bed availability. To develop a standardized and uniform method and process for collecting data on bed capacity. To ensure effective resource utilization. To assess capabilities and be responsive to emergent military requirements for patient evacuation, bed availability, and hospital designation per reference (b).

2. Cancellation. BUMEDINST 6321.3A.

3. Scope. This instruction applies to all Navy Medicine (NAVMED) MTFs providing inpatient clinical services.

4. Background. To meet the requirements of references (a) and (b) in preparing for emergencies and contingencies that may require patient movement or evacuation, accurate data concerning bed capacity for inpatient MTFs is essential to planning, programming, and resource allocation. Advancements in health care management and business operations demand increasing levels of accuracy and standardization in how bed capacity is reported in NAVMED. Enclosure (1) contains a list of definitions.

5. Policy

a. Each MTF must maintain current statistics on bed capacity by room and by medical service to support the requirements of reference (a) and the need to determine bed availability per references (a) and (b). MTF officials will conduct a comprehensive physical audit of their bed capacity based on the criteria set forth in this instruction and submit a report similar to enclosure (2) to their appropriate NAVMED region. MTFs reporting expanded bed capacity must ensure their numbers are supported by their NAVMED East or West Operations Requirements Manager or Plans, Operations, and Medical Intelligence Officer. MTFs will report

separately the total number of available bassinets in their facilities in the column marked "Bassinets." MTF officials will also report their bed capacity by medical service category similar to enclosure (3), including the number of emergency department beds and operating room beds. Do not include emergency department and operating room beds numbers in the Fiscal Year (FY) Bed Capacity Report. For those MTFs with multi-service units, the facility's case mix and specialties on staff may be used to help in determining the number of beds by category. NAVMED regions will incorporate their MTFs' bed capacity into reports similar to enclosures (2) and (3) and forward the reports to Assistant Deputy Chief, Healthcare Operations (BUMED-M3) on an annual FY basis. BUMED-M3 officials will provide excel spreadsheets of enclosures (2) and (3) to NAVMED East and West prior to the FY bed reports' due date.

b. BUMED adjusts bed capacity based on facility input, physical modifications, or significant changes in average daily patient workload. Modifications to patient bed space for other use that will change the bed capacity, requires prior written approval from BUMED-M3. MTF officials will forward conversion justifications via the appropriate NAVMED region to BUMED-M3 for review and processing. Requests affecting MTFs located outside the United States must also be forwarded via the appropriate Fleet or naval component commander.

6. Responsibilities

a. Assistant Deputy Chief, BUMED-M3:

(1) Establish and issue NAVMED bed capacity guidance to NAVMED East and West for implementation at Navy MTFs in their respective areas of responsibility (AOR).

(2) Adjust bed capacity based on NAVMED East and West, and MTF requests, physical modifications, and changes in average daily patient workload.

(3) Maintain bed capacity reports for use by BUMED officials and higher level commands and officials.

b. Commanders, NAVMED East and West:

(1) Disseminate guidance provided in this instruction to Navy MTFs in their respective AOR.

(2) Ensure MTFs maintain accurate bed capacity data and review and endorse requests to modify or adjust facility bed capacity.

(3) Provide to Healthcare Business and Administration (BUMED-M31), by 15 November of each FY, their MTFs' bed capacity and bed category information.

c. MTF commanding officers must:

(1) Ensure their facility maintains accurate bed capacity data.

(2) Submit requests to modify or adjust facility bed capacity via the proper chain of command.

(3) Conduct a comprehensive physical audit of their bed capacity on an annual basis and submit a bed capacity report and bed category report to the appropriate NAVMED region by 1 November of each FY.

7. Records Management. Records created as a result of this instruction, regardless of media and format, must be managed per SECNAV M-5210.1 of January 2012.

8. Review and Effective Date. Per OPNAVINST 5215.17A, this instruction will be reviewed annually on the anniversary of its effective date to ensure applicability, currency, and consistency with Federal, Department of Defense (DoD), Secretary of the Navy, and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will automatically expire 5 years after the effective date unless reissued or canceled prior to 5-year anniversary date, or an extension has been granted.

9. Reports. The reports required in this instruction, are exempt from reports control per DoD Instruction 6000.11.

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Acting

Releasability and distribution:
This instruction is cleared for public release and is available electronically only via the Navy Medicine Web site at: http://www.med.navy.mil/directives/Pages/BUMEDInstructions.aspx

DEFINITIONS

1. Bed Capacity. The number of inpatient beds a hospital can accommodate. Not included in determining bed capacity are:

a. Former ward or inpatient room space, altered to the extent that it cannot be readily reconverted for inpatient use.

b. Space for beds used only in connection with examinations or brief treatment periods, such as in examining rooms or in the emergency department.

c. Nursery space; however, it is accounted for separately based on the number of bassinets the nursery can accommodate.

2. Constructed Beds. Beds designed and set-up for the delivery of inpatient care and furnished with suction, medical gas, and nurse call capability, and that meet standards applied by common hospital accreditation bodies. Constructed beds include combined labor and delivery and recovery and postpartum beds, special and intensive care beds, and pediatric cribs set-up in patient rooms. They do not include transient patient beds, bassinets, incubators, combined labor and delivery and recovery beds not used for postpartum, external partnership or external Department of Veterans Affairs beds and non-DoD beds.

3. Staffed Beds. The TriService definition of a staffed bed is a constructed bed in an MTF that is currently staffed, equipped, set-up, and ready in all respects for peacetime inpatient care. This includes bassinets that are in the room with the mother, and excludes transient beds. Staffed beds must include supporting space, equipment, medical material, ancillary and support services, and staff to operate under normal peacetime staffing standards. Staffed bed counts are to exclude beds that are closed for any reason.

4. Unstaffed Beds. Constructed beds that are ready for inpatient care of patients to include supporting space and equipment, but for which staffing is not available under peacetime circumstances. Beds need not be physically set-up, but must be able to be set-up within a 72-hour period and become a staffed bed per this enclosure. Includes constructed bed space occupied by a function which could be relocated on a permanent basis and continue to operate assigned function (e.g., storage space, office space which could be consolidated, lounge, and locker space). Do not include former constructed bed space permanently altered for other use.

5. Expanded Beds. Some Navy MTFs, particularly in overseas facilities, have additional patient headwall units installed in some single and multi-patient bedrooms. These additional headwall units permit the provision of additional patient bed service connections which can be expanded during contingencies or medical emergencies. This expanded bed capacity is limited to the total number of available embedded headwall units with patient bed hookups. Please note expanded beds are pushed closer together to 6-feet centers and do not increase the number of

available patient bedrooms, just patient room occupancy level. Embedded headwalls deliver separate oxygen, gas, and electrical connectors for each bed. Unless set-up and fully staffed on a routine basis, expanded beds are considered a sub-category of unstaffed beds.

6. Total Beds. Total beds are the sum of staffed beds and unstaffed beds. This does not include external beds.

7. External Beds. Includes inpatient beds in non-DoD facilities that are available for the inpatient care of DoD patients in those facilities through sharing agreements with the local MTF. A memorandum of understanding or agreement must exist and comply with BUMEDINST 7050.1B.