

# AHRQ Releases Standardized Hospital Bed Definitions

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Hospital bed definitions that can provide uniform terminology for organizations tracking the availability of beds in the aftermath of a public health emergency or bioterrorist event have been released by the Agency for Healthcare Research and Quality (AHRQ). Developed by AHRQ-supported researchers at Denver Health in Colorado, the definitions will allow hospital systems and emergency responders seeking beds to speak the same language. Definitions currently in use vary among systems and even among hospitals.

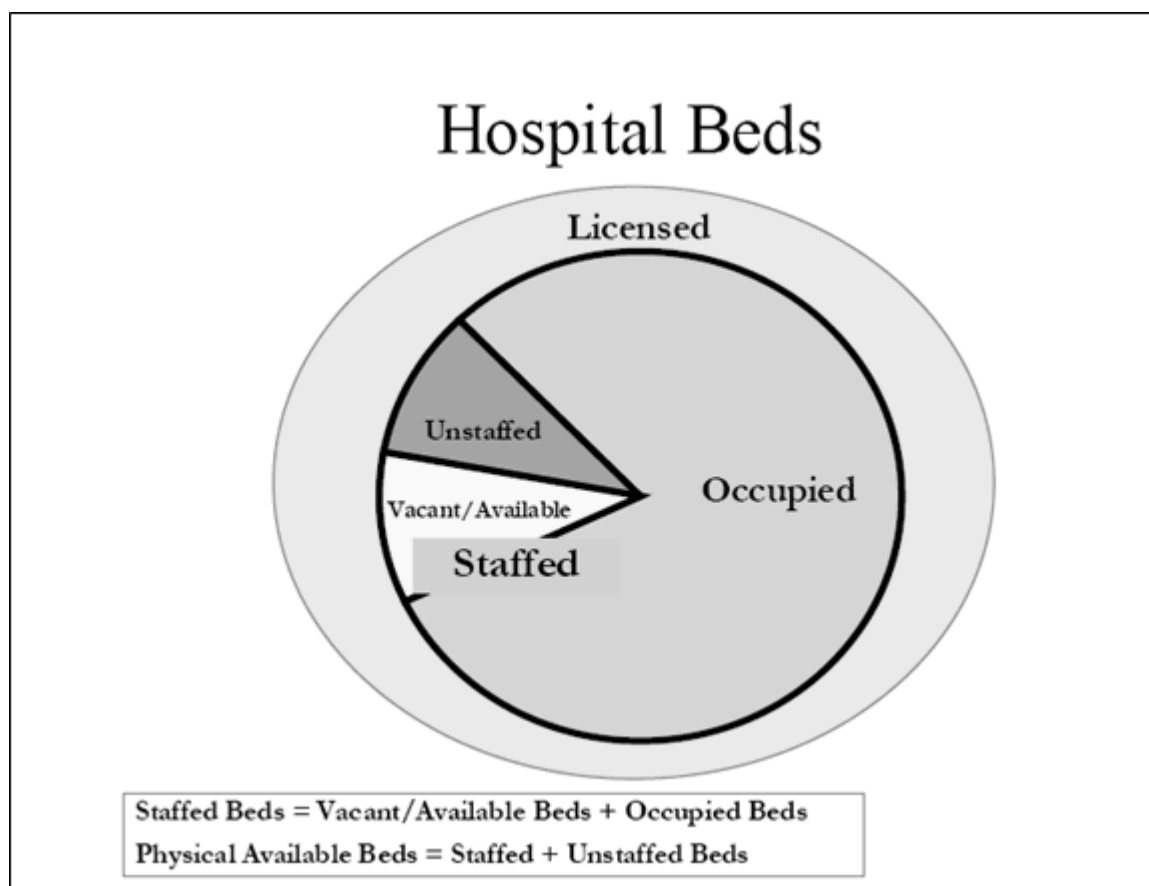
These standardized definitions were vetted by a working group assembled by Denver Health with members from Federal and State governments, hospitals around the Nation, and the private sector.

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- **Licensed Beds:** The maximum number of beds for which a hospital holds a license to operate. Many hospitals do not operate all of the beds for which they are licensed.
- **Physically Available Beds:** Beds that are licensed, physically set up, and available for use. These are beds regularly maintained in the hospital for the use of patients, which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available.
- **Staffed Beds:** Beds that are licensed and physically available for which staff is on hand to attend to the patient who occupies the bed. Staffed beds include those that are occupied and those that are vacant.
- **Unstaffed Beds:** Beds that are licensed and physically available and have no current staff on hand to attend to a patient who would occupy the bed.
- **Occupied Beds:** Beds that are licensed, physically available, staffed, and occupied by a patient.
- **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 hand to attend to the patient who occupies the bed.

The relationship between the different types of beds is shown below.

## Figure 1. Licensed Hospital Beds



Beds also can be categorized according to the type of patient they serve:

- **Adult Intensive Care (ICU):** Can support critically ill/injured patients, including ventilator support.
- **Medical/Surgical:** Also thought of as “Ward” beds.
- **Burn or Burn ICU:** Either approved by the American Burn Association or self-designated. (These beds should not be included in other ICU bed counts.)
- **Pediatric ICU:** The same as adult ICU, but for patients 17 years and younger
- **Pediatrics:** Ward medical/surgical beds for patients 17 and younger
- **Psychiatric:** Ward beds on a closed/locked psychiatric unit or ward beds where a patient will be attended by a sitter.
- **Negative Pressure/Isolation:** Beds provided with negative airflow, providing respiratory isolation. Note: This value may represent available beds included in the counts of other types.
- **Operating Rooms:** An operating room that is equipped and staffed and could be made available for patient care in a short period.

For purposes of estimating institutional surge capability in dealing with patient disposition during a large mass casualty incident, the following bed availability estimates also may be reported:

- **24-hour Beds Available:** An informed estimate of how many staffed, vacant beds for each category above could be made available above the current number within 24 hours. This would include created institutional surge beds as well as beds made available by discharging/transferring patients.

- **72-hour Beds Available:** An informed estimate of how many staffed, vacant beds for each category above could be made available above the current number within 72 hours. This would include created institutional surge beds as well as beds made available by discharging/transferring patients.

Use of these standardized definitions and estimates of future bed availability will provide greater consistency among hospitals in reporting bed availability information.

*Current as of September 2005*

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