

## Appendix A Evaluation of Bed Capacity

These worksheets have been designed to assist facilities in planning for an influenza pandemic. It can be used to complement centralized bed management systems, or used on their own to evaluate bed capacity and how to achieve maximum bed utilization. Facilities should determine the maximum number of beds available and the numbers of hours of care needed to staff the beds. During an influenza pandemic there would most likely be a change in acuity of beds.

Who has responsibility for collecting this information? (Check your facility's emergency plan.) Position Title			
Who will have authority and responsibility to apply this information during a Pandemic? Position Title			
1. What is the total number of non-ventilated beds, <b>without</b> oxygen supply, which are:			
a) Currently open and staffed?			
b) Which could be available during an emergency if extra resources were available in the short term?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border: 1px solid black; text-align: center;">In 72 hours</td> <td style="width: 50%; border: 1px solid black; text-align: center;">In 7 days</td> </tr> </table>	In 72 hours	In 7 days
In 72 hours	In 7 days		
What are the limiting factors (staffing, equipment, physical space, other)?			
2. What is the total number of non-ventilated beds, <b>with</b> oxygen supply, which are:			
a) Currently open and staffed?			
b) Which could be available during an emergency if extra resources were available in the short term?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border: 1px solid black; text-align: center;">In 72 hours</td> <td style="width: 50%; border: 1px solid black; text-align: center;">In 7 days</td> </tr> </table>	In 72 hours	In 7 days
In 72 hours	In 7 days		
What are the limiting factors (staffing, equipment, physical space, other)?			

3. What is the total number of ventilated beds which are:		
a) Currently open and staffed?		
b) Which could be available during an emergency if extra resources were available in the short term?	In 72 hours	In 7 days
What are the limiting factors (staffing, equipment, physical space, other)?		
4. If a directive came to stop all elective surgery/admission:		
	In 72 hours	In 7 days
a) How many beds would become available?		
b) How many beds, with oxygen supply, would become available?		
c) How many ventilated beds would become available?		
5. How many extra emergency ventilatory beds could your hospital create? [NB. Consider use of all ventilator capacity, including time-cycled ventilators, anaesthetic machines, CPAP, BiPAP, and the availability of oxygen/suction and air-supply, recovery and operating rooms and neuroscience beds.]		
	In 72 hours	In 7 days
a) Assuming current staffing levels (redeployment of staff permitted)		
b) Assuming additional resources for staffing:		
What are the limiting factors (staffing, equipment, physical space, other)?		
6. Does your hospital have any excess capacity to assist other health care facilities or the community, such as provisions of meals, sterilization capacity?		
7. Does your hospital have an affiliation with a Health Care Facility, which may have extra bed capacity?		
<b>Affiliation</b>	<b>Number of Beds</b>	
› Long-Term Care Facility		
› Acute Detoxification Unit		
› Rehabilitation Facility		
› Crisis Unit		
› Other Type		

Inventory of Beds (Work Sheet)									
Type of bed	Total number of physical beds in facility	Number of physical beds with oxygen supply	Number of currently operating beds (opened and staffed)	Number of currently operating beds with oxygen supply	Estimate current proportion of elective vs emergency cases/beds	Number of beds able to be staffed using current resources	Space for beds available, with oxygen outlet, no physical bed available	Space for beds available, no oxygen outlet no physical bed available	Comments (e.g., unique equipment, special purpose)
Medical									
Special medical/step-down									
Surgical									
Special surgical									
Coronary care*									
Intensive care*									
Paediatric									
Obstetric									
Special care nursery									
NICU									
Day ward									
Recovery room*									
Sleep laboratory									
Closed wards									
Other									
TOTAL									

\* denotes areas currently used for ventilation which could be used for emergency ventilation

Inventory of Ventilators (Work Sheet)											
Types of ventilators	Intensive care	Coronary care	Special medical/step-down	Recovery room	Operating room	Emergency department	Storage	In repair	Sleep study laboratory	Physiotherapy	Other
Oxylog											
Bird											
CPAP spont. breathing											
BIPAP spont. breathing											
TOTAL											

Emergency Ventilatory Capacity Considerations (Work Sheet)									
Property	Intensive care	Coronary care	High dependency	Recovery room	Operating room	Emergency department	Neuro-science	Sleep study laboratory	Other
Suction									
Oxygen outlet									
Medical air outlet									
Airflow (negative pressure)									
Airflow (positive pressure)									
Room monitoring									
Physical bed									
Space, but no physical bed									

