

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
ANNUAL BED REPORT 2015

CURRENT DATA REQUEST

Currently the Illinois Health Facilities and Services Review Board (IHFSRB) is requesting your hospital's bed status as of ***December 31, 2015***. To minimize the effort required to report these data, you have been provided with a Bed Report Spreadsheet (see link in email announcement sent to the facility **February 20, 2015**).

The Excel spreadsheet includes two tables for you to complete. The instructions for each table follow.

First, Save a Copy of the Bed Report / Excel file to Your System.

Bed Report (Sheet 2)

Table 1 –Summary

In Table 1 you will enter a summary of beds by category of service and by bed status category using the first four columns of the table. Based on the numbers of beds you enter in these columns, an automatically tabulated sum of beds by category of service is displayed in Column "F" and an automatically tabulated sum of beds by operational status in row "13" of the table. The far right column displays the number of currently authorized beds for your hospital by category of service.

1. Indicate the number of beds in each operational category (Physically Available Beds, Reserve Beds, CON Transitional Beds, and Non-CON Transitional Beds) as of ***December 31, 2015***. See below (Page 3) for complete definitions of each operational bed category.
2. Do not include storage beds in your reported bed numbers.
3. Note that "Total Reported Beds" cannot exceed the number of "Authorized Beds – 12/31/2015" shown in the far right column.
4. If the sum of your reported beds for a category of service does not equal the number of beds shown in the Authorized Beds column, you will see an Error message in red.

Table 2 - Detail Report of Hospital Beds by Patient Care Unit Location and Room Number

Table 2 displays the beds reported by your facility as of 12/31/2015. Corrections to the provided beds can be made using the drop list. A drop down selection is available for the Operational status, Category of service, PCU (Patient Care Unit) compliance and approved PoC (Plan of Correction) columns. Indicate whether the bed/bed unit that are listed have been Updated, or Added or Deleted in the appropriate columns ("Change," "No Change," "Added" and "Deleted") listed on the far right side of the table. The changes that you record should indicate beds in service as of ***December 31, 2015***.

1. ***For every bed:***
 - a. For every row in table 2, **only one** of the four options need to be marked (*Change, No Change, Added, Delete*)
 - b. If a bed has been added or deleted, mark an "x" in either the "Added" or "Deleted" column,
 - c. Review the data and if changes are necessary (other than deletion and addition of beds), mark an "x" under "Change" column.
 - d. No change is necessary please mark an "x" under "No Change" column.
2. ***To Change Bed Status/Unit location/Bed number or Room number:***
If the room location or PCU of a bed has been changed

- a. Make the change of room and/or PCU.
 - b. Mark “x” under “Change” column
3. **No change Scenario:**
- a. If no change needs to be made, simply mark “x” under “No Change”.
4. **To add a bed:**
- a. Select an unused line in the table.
 - b. Select the category of service of the bed to be added.
 - c. Be sure to identify the Patient Care Unit (PCU) and the room number to which the new bed belongs.
 - d. If the bed and PCU are both compliant with licensure requirements, answer “Yes,” otherwise, “No.” A Plan of Correction (PoC) must be submitted if either the PCU or bed is not compliant.
 - e. If there is an approved PoC on file, answer “Yes,” otherwise, answer “No.” Be sure to send in your PoCs
 - f. Mark an “x” in “Added” box.
5. **To delete a bed:**
- Simply mark an “x” under “Delete”.

Certification (Sheet 1)

1. Spreadsheet consists of Certification of Survey data (Sheet 1) and Bed Information (Sheet 2)
2. Certification of survey data is mandatory. Include the name of the person certifying, job title that he/she holds and date as part of certification.
3. Please **do not** fax or mail this certification page. The entire Bed Report Spreadsheet (certification and updated bed information) **is to be emailed** back.
4. **Email:** dph.facilitysurvey@illinois.gov

**Save the spreadsheet & return it via Email to
DPH.FacilitySurvey@illinois.gov to IHFSRB by 3/18/2016**

Questions?

Please call 217-782-3516 or send questions via email to DPH.FacilitySurvey@illinois.gov.

DEFINITIONS

1. **Physically Available Beds** - beds are physically set up, meet hospital licensure requirements, and are available for use. These beds are maintained in the hospital for the use of inpatients and that furnish accommodations with supporting services (such as food, laundry and housekeeping). These beds may or may not be staffed, but are physically available. Patient rooms and patient care units (PCUs) shall be compliant with applicable licensure codes and standards for hospital facilities, pursuant to the Hospital Licensing Requirements (77 Ill. Adm. Code 250: Subpart O, Subpart T and Subpart U) as determined by IDPH. If a patient room or a PCU is not compliant with the Hospital Licensing Requirements, an action plan of correction shall be in place, including a schedule for completion, approved by IDPH. The action plan shall be in the process of being implemented on schedule for the PCU and beds to be considered authorized and recorded as part of the inventory.

2. **Reserve Beds** - beds that are not set up for inpatients, but could be set up and made physically available for inpatient use within 72 hours, including equipment, furnishings and non-time-sensitive supplies. Patient rooms and patient care units (PCUs) shall be compliant with applicable licensure codes and standards for hospital facilities, as determined by IDPH. If a patient room or a PCU is not compliant with the Hospital Licensing Requirements, an action plan of correction shall be in place, including a schedule for completion, approved by IDPH. The action plan shall be in the process of being implemented on schedule for the PCU and beds to be considered authorized and recorded as part of the inventory. Patient room and PCU equipment, furnishings and supplies designated for reserve beds shall be maintained either on the hospital's campus or in a storage facility that is owned or operated by the hospital. The number of reserve beds shall not exceed 10% of the sum of physically available bed and transitional beds within each category of service. Hospitals with a total bed count of less than 100 beds, may report up to a total of ten (10) reserve beds.

3. **Transitional Beds** - beds for which a Certificate of Need (CON) has been issued, but that are not yet physically available, or beds that are temporarily unavailable due to modernization projects that do not require a CON. For transitional beds that are part of an approved CON project, the CON project is to be compliant with CON requirements. For transitional beds that are not part of a CON project, the individually identified beds can be designated transitional for no more than one reporting period.

THANK YOU