IDENTIFYING INFORMATION	
Name:	**Hospital occupancy**
Calculation:	Hospital occupancy = $\left(\frac{\text{Average number of acute care inpatients in hospital during the reporting period}}{\text{Average number of staffed beds in the hospital during the reporting period}}\right) \times 100$ Metric: Percentage of a facility's total staffed beds that are occupied by inpatients.
Description:	All patients admitted as inpatients are included in the numerator regardless of whether they are in day surgery areas, surgical suites, emergency, etc. Therefore, the hospital occupancy calculation can be over 100%. **Numerator** – Inclusions: ▪ Adult and child acute care inpatients ▪ Emergency inpatients (EIPs) (i.e., admitted patients in the emergency department waiting for an inpatient bed) ▪ Post-anesthetic recovery patients (PARs) ▪ Admitted day-of procedure patients (ADOPs) ▪ Patients in operating room (OR location as an inpatient) ▪ Patients in special care units (e.g., ICU, NICU, CCU, CVICU) ▪ Inpatients in all spaces (including holding beds) ▪ Patients on passes (out of hospital but still flagged as an inpatient) ▪ Maternity patients **Denominator** – Inclusions: ▪ Staffed beds (i.e., beds that have designated nursing staff). This is reported in the Bed Survey as "staffed and in operation." ○ Labour and delivery rooms ○ Special care units ○ Acute care units ○ Subacute units (transition/rehab)
Data source:	**Numerator:** Admit/Discharge/Transfer (ADT) source systems: ▪ Emergency Department Information System (EDIS) ▪ Regional Emergency Department Information System (REDIS) ▪ Sunrise Clinical Manager (SCM) ▪ Clinibase ▪ Tandem/Vax ▪ MediTech

	Denominator: ▪ AHS Bed Survey (bed tracker tool) The bed tracker data relies on bed count information recorded daily via the online AHS Bed Survey. Staff at each acute care facility are responsible for submitting the number of staffed beds in operation on a daily basis via this tool. Beds are counted as staffed and in operation unless they will be closed for more than 24 hours (i.e., beds are counted if they will be available at any point during a 24 hour period.
Assumptions:	1. There are different information systems capturing this data in different hospitals. It is assumed the data is comparable between the different ADT source systems. 2. Beds that will be open at some point during a 24 hour period are considered open for the entire 24 hour period.
Exclusions:	**Numerator:** ▪ Day procedures, day medicine ▪ Outpatient (ambulatory) registrations ▪ Newborns in bassinets (per above, all patients in the NICU are included) **Denominator:** ▪ Over complement/overcapacity/overflow spaces (e.g., beds located in lounges, shower rooms, hallways, etc. to handle surge capacity) ▪ Closed beds (i.e., permanent closures physically ready to open if staffing and funding were available) ▪ Operating rooms ▪ Blocked beds (i.e., beds closed temporarily for more than 24 hours due to staffing, isolation, weekends, holidays, maintenance, renovations, special patient care needs, etc.) ▪ Bassinets
Limitations:	The bed tracker data is updated on a daily basis, with no adjustments being made throughout the day. It is fairly common practice for beds to be opened and closed throughout the course of a day, as required to meet patient demand. Capturing bed counts once-a-day implies that the number of open beds for a given day is static, when in reality this may be fluid over the course of a day.

Alberta Health Services, Analytics. “Acute Care Occupancy.” (2024) [Dashboard of monthly and quarterly hospital occupancy by facility]. *AHS Tableau Reporting Platform.* Retrieved from https://tableau.ahs.ca