**HOSPITAL BED CAPACITY REVISION FORM**

Request Date: ___________ Requestor: ____________________________  
EXT. / PAGER: __________

DATE CHANGES TO BE IN PLACE : __________________ REASON : _________________________________________

☐ ADD  ☐ DELETE  CHANGE: ☐Permanent  ☐Temporary - Anticipated Date Of Return __________

IF NEW NURSE STATION, ENTER 2 or 3 Character Name: __________ (alpha and or numeric)

**REVISION DATA***SUBMIT 1 WEEK PRIOR TO EFF DATE***

Only Complete Fields if a change is to occur to those component

**IMPORTANT**: Hospital Information System Computers, Printers must not be moved to new locations without notifying Computer Services. If special document routing is involved with the printers, please indicate that also (i.e. MARS). Notify Laboratory and Radiology of moves.

<table>
<thead>
<tr>
<th>BED NAME (i.e. 9KE0301)</th>
<th>Patient Type***</th>
<th>PT TYPE PACKET CODES (A1BED1 indicates current code(s) assigned to beds. If a New Packet Code is to be created, indicated NEW, otherwise indicate which packet codes to associate if different from current beds in unit.)</th>
<th>Hospital Service Curr./Change</th>
<th>Overflow (Y, N) Curr./Change</th>
<th>Phone Ext. (Blank if same)</th>
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HOSPITAL ADMINISTRATION SIGNATURE: __________________________________________           ____________  
(Kim Green, Joe Miciotto, or Pam Simmons)  

MEDICAL RECORDS SIGNATURE: __________________________________________           ____________  
(Beverly Wallace)-Complete the HPPI Stats  

**MEDICAL RECORDS STATISTICS: HPPI Bed Count changes**

Hosp Svc Cnt Before _______ Cnt After _______
Nurse Sta Cnt Before _______ Cnt After _______

(Total Active Beds = Total - Overflow)  
Total Active Beds BEFORE: _______ Deleted _______ Added: _______ Total Active Beds AFTER _______
Total Overflow Beds Before _______ Deleted _______ Added _______ Total Overflow Beds AFTER _______ (Does not affect active bed count)

**IMPORTANT**: Changes CANNOT be made without signature. Requesting party must obtain signature BEFORE submitting to Computer Services.

BED CHANGE NOTIFICATIONS SHOULD BE SENT BY ADMINISTRATION TO ALL DEPARTMENTS/AREAS THAT WOULD BE AFFECTED BY THIS CHANGE.

Revised: 07/26/01  10:36 AM
HELP DESK: Ext. 5470, Option 1
INSTRUCTIONS:

1. Nursing Manager or Supervisor should call Computer Services for assistance when beginning process of bed capacity revisions. Request A1BED1 to assist with information concerning current bed information (i.e. packet codes (room rate), phone, pt type, assigned Hosp Svc).

2. Complete the information noted under Requestor: Name, Title, Nursing Unit, Phone, Pager. The DATE CHANGES TO BE IN PLACE should reflect the date you desire for the changes to be made available in Invision to accommodate relocation needs.

3. Place a ✔ mark in the desired revision box (ADD, DELETE, and CHANGE). If the notation is a change, please indicate if this is permanent or temporary.

4. If you are establishing a new nurse station, please define the nurse station name.

5. BED ADD: Indicate Bed Name. Indicate Patient Type(s), Packet Codes, Hospital Service for Bed Definition, Overflow Indicator, and Phone Ext. for the new bed. If the unit is a newly created one or the patient type is new for this area, then Computer Services will generate the packet code that should be used for the required patient type. New packet codes require at least 3 days for generation. All Beds that should allow patient type H should have patient type H included on the form. See again A1BED1 report for examples.

6. BED DELETIONS: Indicate the Bed Names to be deleted. All other columns should remain blank.

7. BED CHANGE: Value bed name and any data that will change for this particular bed. You cannot change the name of a bed. It must be deleted and added in as a new bed. Blank columns indicate no changes are to be made to that component.

8. The requestor delivers the form for Hospital Administration signature and approval. After Hospital Administration approval, Medical Records approval should be obtained.

9. Medical Records will complete the bed counts and note any Hospital Profile changes.

   Bed counts are entered in the TOTAL Beds, Beds Added and Deleted. Overflow beds are not counted in TOTAL BEDS.

   Total Beds Before 32 Beds Added 2 Deleted 5 Total Beds AFTER 29

   Medical Records must indicate any hospital profile (HPPI) changes when you obtain their signature.

10. Fax (8268) or hand carry to Computer Services-User Services Division (3010 Linwood) for review of request and data entry ONE WEEK PRIOR TO REQUESTED DATE TO BE AVAILABLE IN INVISION.

11. The requesting department and or Hospital Administration will notify the necessary personnel of any bed changes. If the bed count is increased or decreased, the notice should reflect the bed count change. The distribution list should include Hattie Abner in Reimbursements.

12. Call HELPDESK, 5470, Option 1 for assistance in completing this form.