

MedComm Secondary Data Collection Form

If time or need permits, request the following information from the donating Healthcare Facility.

Healthcare Facility Name: _____
 Facility Telephone #: _____ Facility Fax #: _____
 Person Completing Form (PRINT / SIGNATURE) _____
 Person Authorizing Assistance (PRINT / SIGNATURE) _____
 Incident Name: _____ Date & Time: _____

	Number of Beds		Total Available to	
	Open	Time	Donate	Time
Bedside Monitoring Devices				
Burn				
Cardiac ICU				
CT Scanner				
Designated Medications (specify)				
Dialysis Machines				
External Pacemakers				
General Medical (Adult)				
General Medical (Pediatric)				
General Surgical (Adult)				
General Surgical (Pediatric)				
HAZMAT Decon Equipment				
HAZMAT PPE				
Hyperbaric Chamber				
IV Infusion Pumps				
Monitors/Defibrillators				
MRI				
NICU				
Obstetrics				
OR Suites				
PICU				
Psychiatric				
Pulse OX/ETCO2				
Respirators/Ventilators (Adult/Pediatric)				
Skilled Nursing & Sub-Acute Care				
Transport Equipment (stretcher, wheelchairs)				
Trauma				

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Physician	Number of Personnel Currently Available to ¹		
	Loan/Donate	Partner Hospital	Time
Anesthesiology			
Emergency Medicine			
General Surgeon			
General Medicine			
OB-GYN			
Pediatrician			
Trauma Surgeon			
Other as indicated			
Registered Nurses			
Emergency			
Critical Care			
Operating Room			
Pediatrics			
Other as indicated			
Other Personnel			
Laboratory Personnel			
Maintenance Workers			
Mental Health Workers			
Nurse Anesthetists			
Nurse Practitioners			
Other Persons In Training			
Physician Assistants			
Radiology Personnel			
Residents			
Respiratory Therapists			
Plant Engineers			
Security Personnel			
Social Workers			

¹ During an actual disaster or disaster drill, hospitals should complete the above form with the most current information available and have this information ready for dissemination to local Fire, EMS, EOC, requesting hospitals, healthcare facilities and the HMAc MedComm. 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 ([AHRO](#)).

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

- **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.
- **Occupied Beds:** Beds that are licensed, physically available, staffed, and occupied by a patient.
- **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.
- **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.

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.
- **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.)
- **Medical/Surgical:** Also thought of as “Ward” beds.
- **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.
- **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.

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.