



HOSPITAL UNIT ROOM AND BED FORM

The Unit Room and Bed Form should be completed, signed and submitted for all Room and Bed changes. New and moving units require a minimum of **6 weeks** to process after the signed form is submitted to Information Services. Minor changes to existing Beds unrelated to a unit move, such as changes to bed types or closing a bed, require a minimum of **3 weeks** to process. There are three sections to the form. Fill out all sections that apply to the type of change you are requesting. Representatives of the unit may be asked to attend a meeting with IS analysts to address outstanding questions related to their request.

If you have received this form to complete and you are not sure how to properly do so, contact Yvette Dean.

SECTION ONE

This is a ____ new unit ____ moving unit ____ ROM/BED change unrelated to a new/moving unit.

What is the date this unit is expected to open/move? ____ / ____ / ____

*It is important that a firm opening/moving date be provided. If there are changes to this date contact Wayne Landry and Chris Ligon. There is system build depended on the effective date. Changes to the date may cause delays with the unit being ready in the Epic.

What is the specialty/service that should be assigned to this unit record? _____ (only one can be listed)

What is the phone number for this unit? _____

Will the unit utilize ____ new hardware ____ existing hardware ____ both existing and new hardware.

What is the cost center for this unit? _____ What is the People Soft for this unit? _____

Please list all lab locations the unit sends laboratory specimens? _____

Requestor's name: _____ Requestor's Contact number: _____

Reason for the change: _____

Requestor comments: _____



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Use the following information to fill out the next two sections. It is appropriate to use the alpha abbreviation when filling out the grid.

Inpatient Patient Classes and Accommodation Codes:

Patient Classes:

(I) Inpatient

(O) Observation

(E) Emergency

(X) Ancillary

(A) Surgery Admit

(Z) L&D Possible

(K) Holdover

(G) Hospital Outpt Surg (Day Surgery)

(F) Newborn

Only allowed with Accommodation Code (OP) Outpatient in Bed

Accommodation Codes:

(P) Private

(S) Semi-Private

(M) Intermediate ICU

(I) Intensive Care

(N) Telemetry

(OP) Outpatient in Bed

(NP) Nursery Level I

(NM) Nursery Level II

(NN) Nursery Level III

(NI) Nursery Level IV

Only allowed with patient class (F) Newborn.

(OP1) Waiting (Used for L&D Pool Room)

Bed Types: Regular vs. Overflow

Regular Bed = A bed that the unit is staffed to operate. Also called bed compliment or an in-census bed.

Overflow Bed = Beds that may be used should all regular beds be occupied. Overflow beds allow a unit to operate over 100% capacity.



If this is a unit move, complete the following section on the current state of the Rooms/ Beds in the unit. If this is a new unit or a BED revision not related to a unit move, go to Section Three.

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[illegible]



List all changes, additions, and deletions being requested. The information entered here is how the Rooms/Beds should look after your request is processed. If you are requesting a bed be deleted please enter deletion in the fourth column (you do not need to complete columns 5-7).

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APPROVALS

The following signatures are required prior to build changes being made. Once the signatures are obtained the form should be returned to Wayne Landry and Chris Ligon.

Approved: _____ Date: ____/____/____
Department Director of Requesting Unit

Approved: _____ Date: ____/____/____
Chief Nursing and Patient Care Services Officer (David Marshall)

Approved: _____ Date: ____/____/____
Asst. VP Clinical Info Systems (George Gaddie)

Processed: _____ Date: ____/____/____
Revenue Integrity/CDM (Wayne Landry)