Patient admission and bed management

Process Definition Document (PDD): template and worked example

Example company (fictional): St. Aldric Regional Hospital, a general hospital in Cork, Ireland (380 beds, 16 wards and an emergency department).

Document control

Field	Value
Process name	Patient admission and bed management
Process owner	[Name, role]
Prepared by	[Name]
Reviewed by	[Names of the people who do the work]
Approved by	[Name, date]
Version	1.0 (as-is)
Status	Draft

How to use this template

This is a complete process definition document (PDD) for patient admission and bed management, also called patient flow, bed allocation or the admissions-to-discharge bed cycle. It describes the operational path of a bed: from an admission request in the emergency department or the elective list to the bed request, the allocation, the cleaning turnaround, the transfer, the handover and the discharge that frees the bed again. The hospital is fictional, but the roles, systems and rules are those of a typical regional hospital.

The document looks at the process from an administrative and logistics view only. It does not describe clinical decisions about any individual patient, such as who needs admission or which treatment is given. Use it as a starting point: replace the hospital details, keep the sections, and walk through each step with the bed manager, ward staff, porters and cleaners who do the work. Most hospitals change the bed request deadline, the escalation thresholds and the cleaning standard. Clinical pathways and infection control rules need their own documents.

- Replace the hospital, the patient administration system and the task app with yours. If you track beds on a whiteboard, add the step where the board is copied into the system.
- Set your own escalation thresholds. The 4 hour limit and the meeting times at 08:30 and 14:30 are the values that most often differ between hospitals.
- Decide who may allocate beds out of hours and write it into the roles. This is a common gap.
- Check the percentages with real data. A month of requests normally shows how many are pending, escalated or delayed.
- Add separate documents for intensive care, maternity and paediatrics if their bed rules differ.
- Keep the as-is version after you redesign the process. It is your baseline for measuring the change.

1. Purpose and scope

This procedure describes how St. Aldric Regional Hospital moves a patient who has been admitted by a clinician into a suitable bed, from the moment an admission request is registered to the moment the bed is vacated, cleaned and available again. It gives the emergency department, the wards, the bed manager and the support services one shared description of who does what and by when, so that beds are used where they are needed, waiting times in the emergency department fall and every move is recorded.

In scope

- Admission requests from the emergency department and the elective admission list
- Bed requests and the bed manager's allocation
- Bed status updates in the bed management system
- Cleaning turnaround and bed readiness
- Porter transfer to the ward and handover of the administrative record
- Discharge planning steps that free the bed, including expected discharge dates and transport
- Escalation when no bed is available and daily bed reporting

Out of scope

- Clinical decisions about admission, treatment or discharge for an individual patient
- Infection control isolation rules
- Intensive care capacity planning
- Theatre scheduling
- Billing and insurance

2. Process at a glance

Item	Description
Trigger	A clinician decides that a patient needs an inpatient bed, or an elective admission date arrives.
Starts when	The Admissions Clerk registers the admission request and sends the bed request.
Ends when	The patient is handed over on the ward, and later the discharged bed is cleaned and set to available.
Inputs	Admission request, Elective admission list, Bed status board, Expected discharge dates from wards, Cleaning and porter task lists
Outputs	Bed request, Bed allocation, Cleaning task and bed ready status, Transfer record, Handover record, Discharge plan with expected date, Daily bed report
Volume	About 31,000 admissions a year, of which about 19,000 come through the emergency department
Working hours	Around the clock, every day. The bed manager is on duty 07:00 to 22:00, with the night coordinator covering the rest. Bed meetings take place at 08:30 and 14:30.

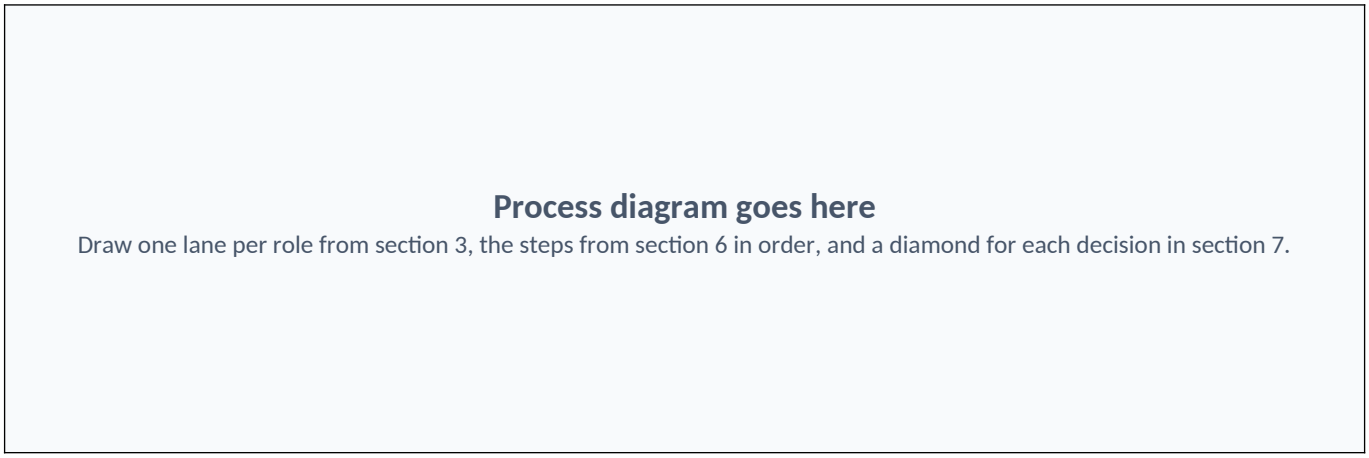
3. Roles and responsibilities

Role	Responsibilities
Admissions Clerk	Registers the admission, checks the administrative data, creates the bed request and updates the patient's location in the system.
Bed Manager	Owns the bed status board, allocates beds to requests by priority and ward fit, chairs the bed meetings and escalates when capacity is short.
Ward Nurse in Charge	Confirms bed readiness on the ward, accepts the incoming patient, records the expected discharge date and starts discharge planning for each bed.
Porter	Moves the patient and records from the emergency department or the day unit to the ward and confirms the move in the system.
Cleaning Supervisor	Assigns cleaning tasks to vacated beds, checks the turnaround time and marks the bed as clean.
Discharge Coordinator	Follows open discharges, arranges transport and community or social services handovers and chases the steps that hold up a discharge.
Duty Manager	Receives escalations when no bed is available, decides on temporary capacity and informs the executive on call.

4. Systems

- Bed management module in the hospital patient administration system
- Emergency department tracking board
- Porter and cleaning task app
- Shared bed meeting dashboard
- Excel: daily bed report for the executive team
- Hospital paging system and phone

5. Process map



6. Procedure, step by step

#	Step	Who	What happens	System	Output
1	Register the admission request	Admissions Clerk	Registers the request from the emergency department or the elective list, checks name, date of birth, insurance and next of kin fields and records the requested specialty and the clinician's priority. This takes 5 to 8 minutes.	Patient administration system	Registered admission
2	Send the bed request	Admissions Clerk	Creates the bed request with specialty, expected arrival time and any non-clinical needs such as a single room for a stated reason. The request appears on the bed manager's board.	Bed management module	Bed request on the board
3	Review the bed board	Bed Manager	Reads open requests, expected discharges and bed status every hour, and at 08:30 and 14:30 with the ward leads. This takes 10 to 15 minutes per cycle.	Bed management module	Updated view of demand and capacity
4	Allocate a bed	Bed Manager	Matches the request to a clean, available bed on a suitable ward, in order of clinician priority and waiting time. If a matching bed exists (about 78% of requests within 2 hours), the allocation is posted and the ward is told. If not, the request stays pending and moves to step 5.	Bed management module	Bed allocation, or pending request
5	Find capacity for pending requests	Bed Manager	Asks wards for planned discharges in the next hours and for beds that can be opened on another ward. Outliers are placed on a different ward only by agreement with its	Bed management module, phone	Capacity found, or escalation

#	Step	Who	What happens	System	Output
			nurse in charge. Requests older than 4 hours are escalated.		
6	Decide on escalation	Duty Manager	When no bed is available after 4 hours (about 9% of requests), decides whether to open surge capacity, delay elective admissions or move discharges forward, and informs the executive on call. Each decision is logged with its time.	Phone, paging	Escalation decision, logged
7	Confirm the bed is ready	Ward Nurse in Charge	Checks that the allocated bed is physically ready and staffed and confirms it in the system. If a bed is not ready (about 6% of allocations), tells the bed manager, who reallocates it.	Bed management module	Bed confirmed ready, or rejected allocation
8	Collect the patient and records	Porter	Receives the transfer task, collects the patient and the record from the emergency department or day unit and travels to the ward. The task is accepted within 10 minutes during the day. The porter scans in at pickup.	Porter task app	Transfer in progress
9	Accept the patient and hand over	Ward Nurse in Charge	Receives the patient, takes the handover of the record with the sending staff and confirms arrival in the system. The patient's location is updated immediately, so the board is correct.	Patient administration system	Patient arrived, location updated
10	Complete the administrative record	Admissions Clerk	Completes the admission record, prints the wristband if the ward needs it and closes the bed request. Any missing data are chased with the ward within the shift.	Patient administration system	Complete admission record
11	Record the expected discharge date	Ward Nurse in Charge	Enters an expected discharge date and time for each bed at the daily board round, based on what the treating team has stated. The date is updated whenever the team changes it. Beds without a date are highlighted at the bed meeting.	Bed management module	Expected discharge date
12	Start discharge planning	Discharge Coordinator	Reviews beds with an expected discharge date in the next 48 hours and checks the non-clinical dependencies: transport, medicines supply from the pharmacy, community care, equipment at home and family contact. Open items are listed on the dashboard.	Bed management module, phone	Discharge plan with open items
13	Chase open discharge items	Discharge Coordinator	Contacts transport, pharmacy and community services about items that hold up a discharge. About 14% of planned discharges are delayed by a non-clinical item, with transport and medicines supply the most common.	Phone, dashboard	Items resolved or escalated
14	Release the bed on discharge	Ward Nurse in Charge	Records that the patient has left, moves the bed to dirty status and requests cleaning. Discharges before noon are a target, since afternoon discharges rarely help the emergency department.	Bed management module	Bed set to dirty, cleaning requested
15	Assign and clean the bed	Cleaning Supervisor	Assigns the task to a cleaner, who cleans to the hospital standard and confirms in the app. The target is 45 minutes from request to clean. Beds that need a deep clean take longer and are marked on the board.	Porter and cleaning task app	Cleaning completed
16	Check and mark	Cleaning	Spot-checks beds, with every bed after a	Bed	Bed set to clean,

#	Step	Who	What happens	System	Output
	the bed clean	Supervisor	deep clean checked, and sets the status to clean. If the check fails (about 4%), the bed goes back to the cleaner.	management module	or sent back for cleaning
17	Reallocate the freed bed	Bed Manager	Sees the clean bed on the board and allocates it to the oldest suitable pending request, which restarts the cycle at step 4.	Bed management module	Bed allocated again
18	Publish the daily bed report	Bed Manager	Compiles occupancy, pending requests, delayed discharges, escalations and cleaning turnaround and sends the report to the executive team every morning. This takes about 20 minutes.	Excel, shared dashboard	Daily bed report

7. Decision points and business rules

- Is there a clean, available, suitable bed? No (about 22% of requests at first review): the request stays pending and the bed manager looks for capacity (steps 4 and 5).
- Has a request been pending for more than 4 hours? Yes (about 9%): escalate to the duty manager (step 6).
- Is the allocated bed physically ready and staffed? No (about 6% of allocations): the bed manager reallocates it (step 7).
- Does the discharge have an open non-clinical item? Yes (about 14%): the discharge coordinator chases it (step 13).
- Does the bed pass the cleaning check? No (about 4%): it returns to the cleaner (step 16).
- Is the patient discharged before noon? No: the bed will probably not help the morning demand from the emergency department (step 14).

8. Exceptions

- Mass casualty or major incident (very rare): the duty manager takes over bed allocation and normal elective admissions stop until capacity returns.
- Elective patient arrives and no bed is ready (about 3% of elective admissions): the patient waits in the day unit and the bed manager gives the request priority among the pending ones.
- A ward closes beds because of an outbreak or a staffing gap: the nurse in charge informs the bed manager at once and the beds are blocked on the board.
- A patient leaves without telling the ward: the nurse in charge reports it, the bed is released after the standard checks and the event is logged.
- The bed management system is unavailable: the board is kept on paper and updated in the system as soon as it returns.

9. Controls

- Only the bed manager and the night coordinator can allocate a bed. Wards confirm or reject an allocation, but do not allocate to their own requests.
- A bed changes status only through a named step: dirty, cleaning, clean, allocated, occupied. Every change records the user and the time.
- Escalations and surge decisions are logged with the time, the reason and the person who decided.
- The location of every patient in the system is updated at the time of the move, not at the end of the shift.
- Cleaning checks follow the written standard and the results are kept for audit.
- Patient data in the daily report are aggregated. No names appear in the reports for the executive team.

10. Known issues today

- Bed status on the board differs from the real status because wards update it late.
- Expected discharge dates are missing or never revised, so the bed manager cannot plan.
- Most discharges happen in the afternoon, and the emergency department waits for beds all morning.
- Porters get several tasks at once with no priority, so urgent transfers wait.
- The daily report is built by hand in Excel and is out of date when it is read.

11. RACI matrix

R = responsible (does the work), A = accountable (owns the outcome), C = consulted, I = informed.

Activity	Admissions Clerk	Bed Manager	Ward Nurse	Porter	Cleaning Supervisor	Discharge Coordinator
Register admission and send bed request	A/R	I				
Allocate beds	I	A/R	C			
Escalate when no bed is available		R	C			I
Confirm bed ready and accept patient	I	I	A/R	R		
Transfer patient to the ward		I	A	R		
Record expected discharge dates		I	A/R			C
Plan and chase discharges		I	C			A/R
Clean and release beds		I	R		A/R	
Publish the daily bed report		A/R	I		I	C

12. KPIs

KPI	Definition	Target
Bed request to allocation time	Median minutes from a bed request being created to the bed manager allocating a bed. The target is under 90 minutes.	[set]
Bed turnaround time	Median minutes from a bed being set to dirty to it being set to clean. The target is 45 minutes for a standard clean.	[set]
Discharges before noon	Share of discharges completed before 12:00. The target is 30% or more.	[set]
Delayed discharges for non-clinical reasons	Number and share of discharges that left later than planned because of transport, medicines supply or community services.	[set]
Escalations per week	Number of requests escalated after 4 hours, as a measure of capacity pressure.	[set]
Board accuracy	Share of beds whose status on the board matched the physical check in a daily sample.	[set]

13. Revision history

Version	Date	Author	Change
1.0	[date]	[name]	First as-is version

Free template from processfix.ai. You may copy and adapt it. The company in the example is fictional.