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California Department of Public Health

Hospital Bed and EMS Data System (HBEDS)

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System Overview

What is HBEDS?

- **H**ospital **B**ed and **E**MS **D**ata **S**ystem
- Single statewide system for **automated** real-time hospital bed availability
- Health and Safety Code sections 131400 to 131425 require General Acute Care Hospitals to participate
  - Behavioral health facilities will also have a similar system created by DHCS
- Data is displayed on privately accessible dashboard and is also reported to the National Healthcare Safety Network (NHSN) on behalf of hospitals
- No charge to participating facilities

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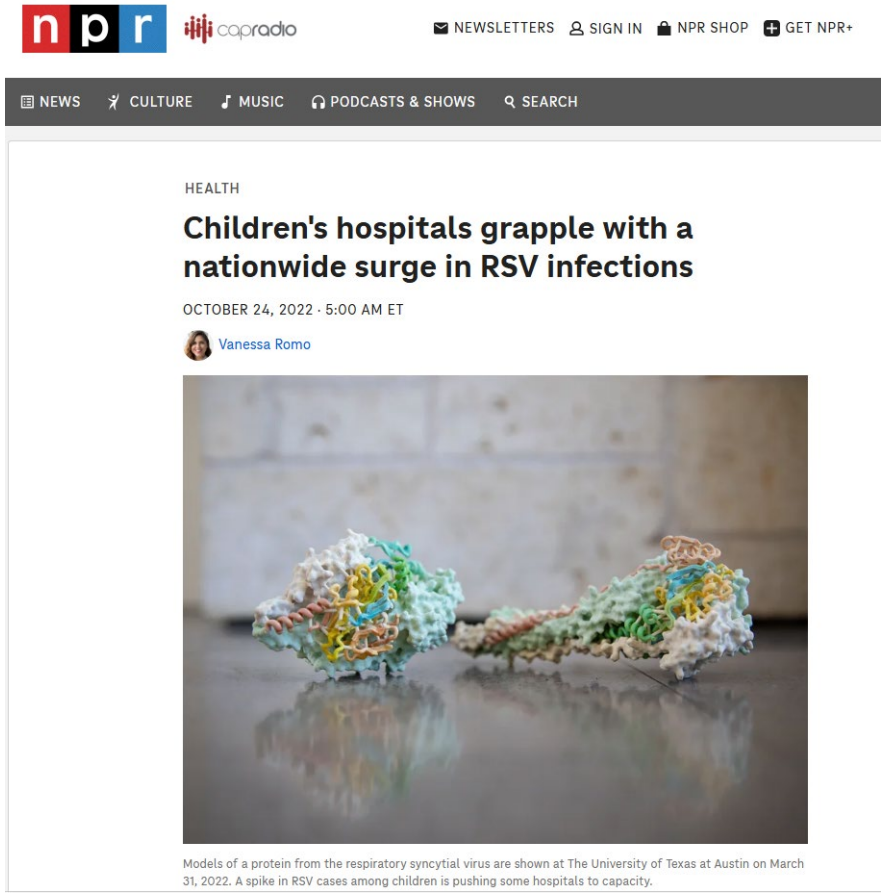
History and Status

- Covid pandemic demonstrated need for real-time, statewide bed system
- Pediatric respiratory surge in 2022-2023 further emphasized need
- California implemented pilot project in 2024
  - Project was paused in 2025
- Permanent solution launched in July 2026
  - Contract executed with ReddiNet



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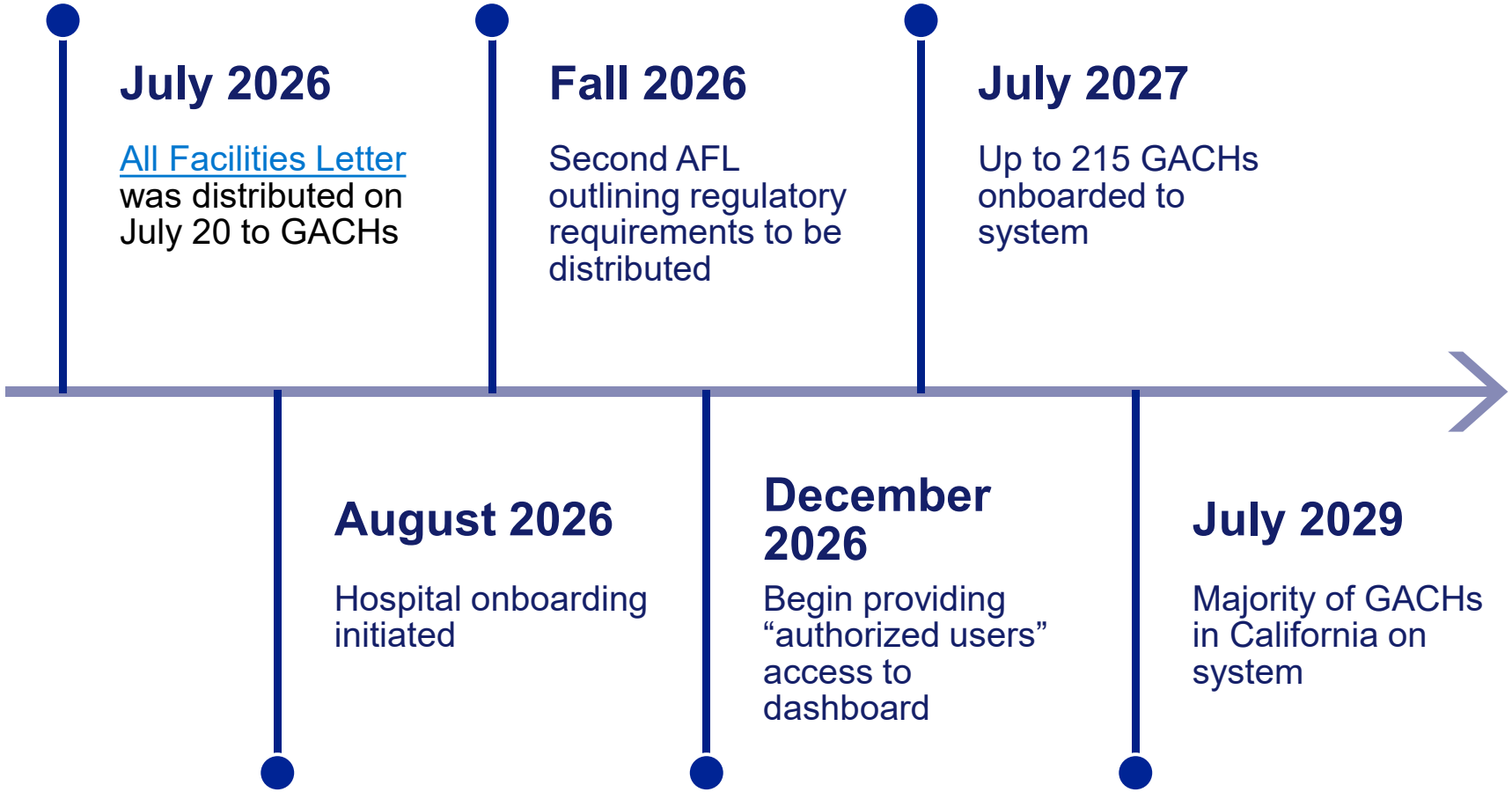
Timelines



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Benefits and Use

Day-to-day

- Improve statewide visibility for routine transfers
- Improve visibility on Emergency Department burden
- Monitor respiratory hospitalizations throughout the state
- Satisfies CMS bed reporting requirement

Emergencies

- Provides immediate visibility in mass casualty incidents
- Provides visibility on number of patients affected during facility evacuations
- Provides consistent statewide visibility during large-scale medical surge

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Data Collection and Access

- Automated based on EMR/EHR data
- Data is based on **staffed** beds
- Data collected for occupied and unoccupied beds
- Data transmitted from facilities to dashboard every 15 minutes
- Access provided to EMS, hospitals, regional partners, local health jurisdictions, and state partners
  - Additional authorized users will be determined by governance

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Data Elements – Part 1

- Facility name/ID
- All Beds
- Adult Total Beds
- Adult ICU Beds
- Adult ICU level of care
- Adult Non-ICU
- Adult PCU
- Adult Telemetry and Med/Surge
- Adult observation beds
- Pediatric Total Beds
- Pediatric ICU
- Pediatric ICU level of care
- Pediatric Non-ICU
- Pediatric PCU
- Pediatric Telemetry and Med/Surge
- Pediatric Observation
- Specialty Total
- Specialty Non-crib
- Specialty Obstetric

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Data Elements – Part 2

- Specialty NICU
- Specialty NICU 1
- Specialty NICU 2
- Specialty NICU 3
- Specialty NICU 3 Plus
- Specialty NICU 4
- Specialty Nursery
- Specialty Adult Psych
- Specialty Peds Psych
- Specialty Rehab
- Surge Beds
- Surge ICU Beds
- Surge Non-ICU
- Burn Beds
- Negative Pressure Beds
- Adult ED Total
- Adult ED Admitted
- Peds ED
- Peds ED Admitted
- Total ED
- Total ED Admitted

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Data Elements – Part 3

- Total COVID-19 Adult
- Total COVID-19 Peds
- Total COVID-19 Adult ICU
- Total COVID-19 Peds ICU
- Total Influenza Adult
- Total Influenza Peds
- Total Influenza Adult ICU
- Total Influenza Peds ICU
- Total RSV Adult
- Total RSV Peds
- Total RSV Adult ICU
- Total RSV Peds ICU
- COVID, RSV, Influenza Admissions by age
  - 0-4
  - 5-17
  - 18-49
  - 50-64
  - 65-74
  - Unknown Age

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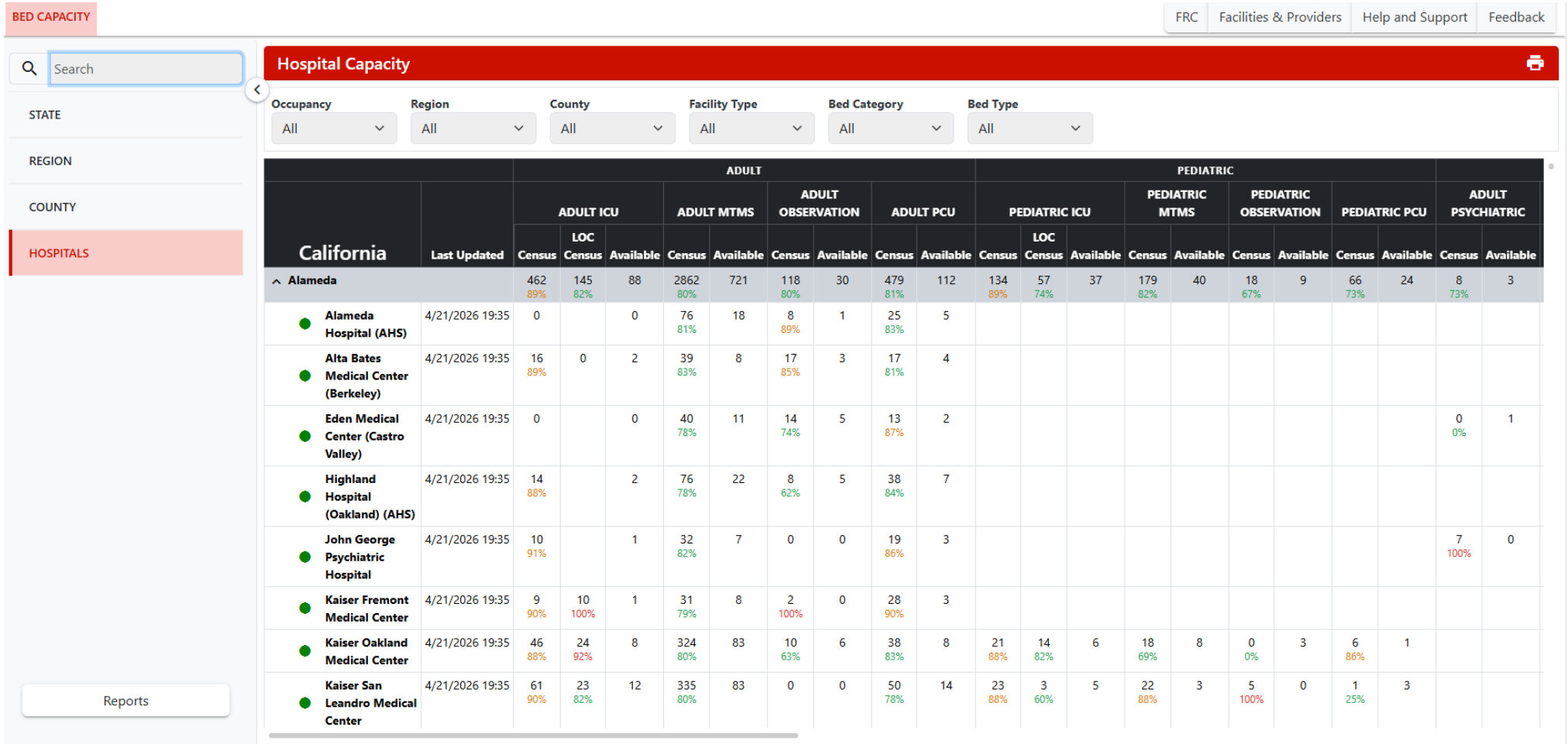
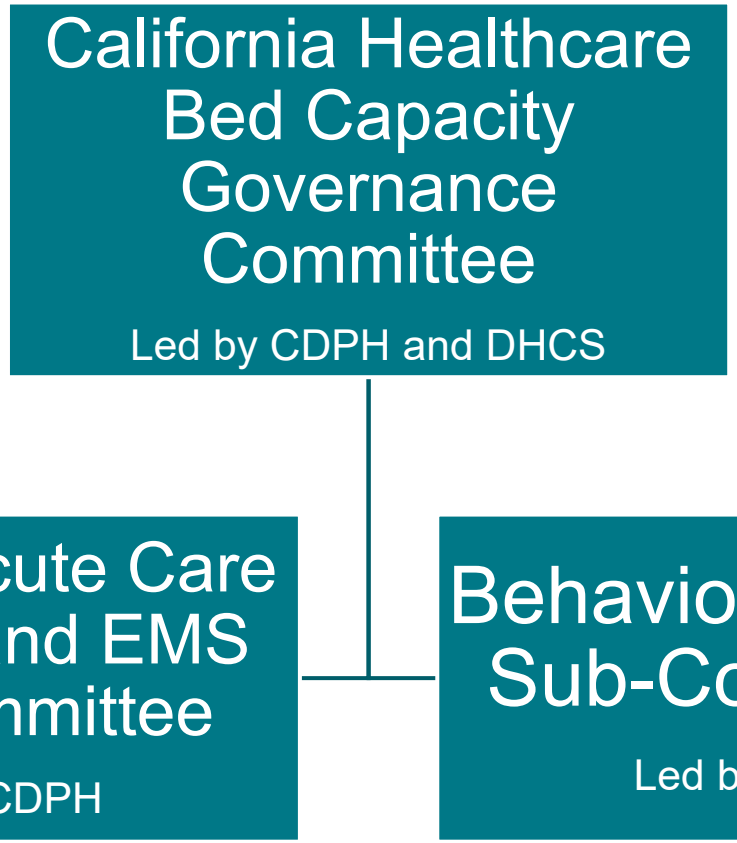
Visit ReddiNet in Exhibit Hall for a Demonstration



		ADULT									PEDIATRIC										
		ADULT ICU			ADULT MTMS		ADULT OBSERVATION		ADULT PCU		PEDIATRIC ICU			PEDIATRIC MTMS		PEDIATRIC OBSERVATION		PEDIATRIC PCU		ADULT PSYCHIATRIC	
California	Last Updated	Census	LOC Census	Available	Census	Available	Census	Available	Census	Available	Census	LOC Census	Available	Census	Available	Census	Available	Census	Available	Census	Available
Alameda		462 89%	145 82%	88	2862 80%	721	118 80%	30	479 81%	112	134 89%	57 74%	37	179 82%	40	18 67%	9	66 73%	24	8 73%	3
Alameda Hospital (AHS)	4/21/2026 19:35	0		0	76 81%	18	8 89%	1	25 83%	5											
Alta Bates Medical Center (Berkeley)	4/21/2026 19:35	16 89%	0	2	39 83%	8	17 85%	3	17 81%	4											
Eden Medical Center (Castro Valley)	4/21/2026 19:35	0		0	40 78%	11	14 74%	5	13 87%	2										0 0%	1
Highland Hospital (Oakland) (AHS)	4/21/2026 19:35	14 88%		2	76 78%	22	8 62%	5	38 84%	7											
John George Psychiatric Hospital	4/21/2026 19:35	10 91%		1	32 82%	7	0	0	19 86%	3										7 100%	0
Kaiser Fremont Medical Center	4/21/2026 19:35	9 90%	10 100%	1	31 79%	8	2 100%	0	28 90%	3											
Kaiser Oakland Medical Center	4/21/2026 19:35	46 88%	24 92%	8	324 80%	83	10 63%	6	38 83%	8	21 88%	14 82%	6	18 69%	8	0 0%	3	6 86%	1		
Kaiser San Leandro Medical Center	4/21/2026 19:35	61 90%	23 82%	12	335 80%	83	0	0	50 78%	14	23 88%	3 60%	5	22 88%	3	5 100%	0	1 25%	3		

Governance

Statewide Governance Structure



Purpose: Ensure coordination and effective use of the two systems between GACHs and Behavioral Health

Purpose: Discuss stakeholder topics specific to HBEDS system, EMS, and GACHs

Purpose: Discuss stakeholder topics specific to DHCS system and Behavioral Health facilities

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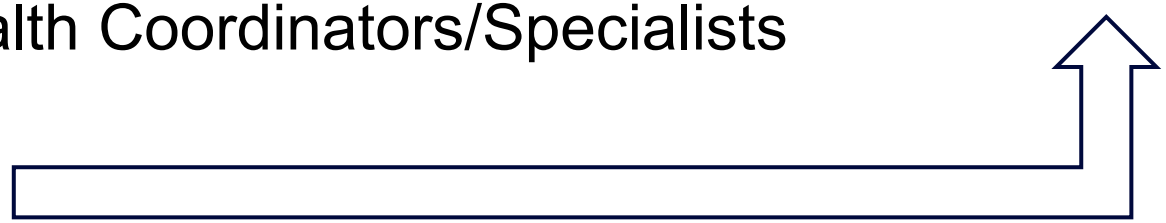
GACH Sub-Committee Meetings

- First meeting held in late August
- Monthly meetings initially, transition to quarterly
- Members include:
  - California Department of Public Health
  - Emergency Medical Services Authority
  - Department of Health Care Access and Information
  - Department of Health Care Services
  - Representatives from CCLHO and CHEAC
  - Regional Disaster Medical Health Coordinators/Specialists
  - California Hospital Association
  - General Acute Care Hospitals

- Contra Costa Regional Medical Center
- Cottage Health
- Kaiser Permanente
- Kern Medical
- Plumas District Hospital
- Sharp Healthcare



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Governance Topics

- Creation of statewide guidelines for use
  - Day-to-day use
  - Emergency use
  - Criteria and access level for authorized partners
- Procedural improvements
- Suggestion of new data elements
- Discuss ongoing issues
- Encourage adoption among GACHs

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Discussion and Closing Remarks

Discussion Scenario

- January 2028
- Majority of GACHs are on HBEDS
- Major pediatric respiratory surge
- Multiple critical access hospitals across the state are at maximum capacity and are looking to place patients in other hospitals
  - Pediatric ICU beds are particularly overburdened

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Discussion

- Perspectives
  - Overburdened hospitals transferring patients
  - Receiving hospitals
  - Local EMS Authorities and Medical Health Operational Area Coordinators
  - Regional Disaster Medical Health Program
- How might HBEDS be used from your organization's perspective in this scenario?
  - Who would use HBEDS?
  - What can HBEDS do to improve timeliness?
  - What actions need to take place outside of viewing the HBEDS data?

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Contact Information

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