

**BED MANAGEMENT SOLUTION (BMS) FOR TRACKING BEDS AND PATIENT  
MOVEMENT WITHIN AND ACROSS VHA FACILITIES**

**1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) directive establishes the requirement for the full implementation and use of the Bed Management Solution (BMS), a near real-time, Web-based VistA interface for tracking patient movement and bed availability. The goal for BMS utilization is to expedite safe patient flow/transfers within, between, and among VA medical facilities and community care medical facilities nationally, to include patient flow/transfers across Veterans Integrated Service Networks (VISNs) as clinically appropriate.

**2. SUMMARY OF CONTENTS:** This VHA directive provides policy to guide the implementation and use of the Bed Management Solution (BMS). The goal for mandated BMS utilization is to ensure a consistent VHA-wide approach to expedite safe inpatient (admitted patient) transitions and transfers across the enterprise and with community partners to support Veteran needs, daily operations, and emergency management requirements.

**3. RELATED ISSUES:** VHA Handbook 1000.01, Inpatient Bed Change Program and Procedures, VHA Handbook 1004.01, Informed Consent for Clinical Treatments and Procedures, VHA Directive 1094, Inter-facility Transfer Policy, VHA Handbook 1101.11, Coordinated Care for Traveling Veterans, VHA Directive 1117, Utilization Management Program, VHA Directive 0320.01, Veterans Health Administration Comprehensive Emergency Management (CEMP) Procedures.

**4. RESPONSIBLE OFFICE:** The Director of the VHA Office of Systems Redesign and Improvement (10E2C1) is responsible for the contents of this VHA directive. Questions may be referred to the Director, VHA Office of Systems Redesign and Improvement, at 727-366-3200 or the VHA National Patient Flow Coordinator at 727-415-3616.

**5. RESCISSIONS:** None.

**6. RECERTIFICATION:** This VHA directive is scheduled for recertification on or before the last working day of November 2022. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

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**CONTENTS**

**BED MANAGEMENT SOLUTION (BMS) FOR TRACKING BEDS AND PATIENT  
MOVEMENT WITHIN AND ACROSS VHA FACILITIES**

1. PURPOSE.....	1
2. BACKGROUND.....	1
3. POLICY .....	2
4. RESPONSIBILITIES .....	2
5. REFERENCE .....	8



## BED MANAGEMENT SOLUTION (BMS) FOR TRACKING BEDS AND PATIENT MOVEMENT WITHIN AND ACROSS VHA FACILITIES

### 1. PURPOSE

This Veterans Health Administration (VHA) directive establishes policy that governs the implementation and use of the Bed Management Solution (BMS) system, with a goal of expediting safe patient flow/transfers within, between, and among VA medical facilities and community care medical facilities. **AUTHORITY:** Title 38 United States Code (U.S.C.) 7301(b).

### 2. BACKGROUND

Use of the BMS system's features for viewing, creating, maintaining, and providing decision support for key inpatient flow activities provides the capacity for expedited patient movement to the care setting most appropriate for meeting the Veteran's needs, thus potentially decreasing Veteran morbidity and mortality. BMS supports key objectives related to optimization of inpatient flow processes and supports the flow coordination center concept, structure and implementation at multiple levels of the VHA organization. This directive supports the following VHA objectives:

- a. Compliance with VA's commitment to maintain a real-time inventory of VHA inpatient beds, their respective statuses, and a list of all patients waiting for beds at the VA medical facility, VISN, and National levels.
- b. Enhancement of efficiency-related processes and procedures for inter and intra facility inpatient flow and VISN transfers, to facilitate timely placement at VA medical facilities and community healthcare facilities.
- c. Improvement of VHA Office of Emergency Management (VHA OEM) capabilities to respond to a mass evacuation or relocation of patients resulting from a natural, man-made, or other disaster, including a sudden influx of patients due to a pandemic or other type of infectious disease.
- d. Goals and objectives of the former Transformation (T21) initiatives, specifically the Enhancing Veterans Experience and Access to Healthcare and New Models of Healthcare major indicatives through integration and process improvement with automation tools.
- e. BMS serves as an operational tool displaying near real-time status of all inpatient beds, and lists patients needing placement in beds that are not immediately available. The National Bed Control System is the official VHA inventory of beds.
- f. Promoting patient safety.
- g. Assuring patient privacy and confidentiality are maintained.

h. This directive applies to all VHA inpatient services, as identified in VHA data systems by Treating Specialty. Some examples include, but are not limited to, Medical-Surgical, Mental Health care, Mental Health Residential Rehabilitation Treatment Programs (including Domiciliaries), Hospice/Palliative Care Programs, Spinal Cord Injury, and Community Living Centers (CLCs). The entire list of treating inpatient services is located in the Treating Specialty Definition Table and maintained on the HIM SharePoint at the following link:

[https://vawww.vha.vaco.portal.va.gov/sites/HDI/HIM/vaco\\_HIM/subsite5/subsite3/General%20HIM%20References/TREATING%20SPECIALTY%20DESCRIPTIONS%20Final%20Version%20For%20Release%20December%202016.docx](https://vawww.vha.vaco.portal.va.gov/sites/HDI/HIM/vaco_HIM/subsite5/subsite3/General%20HIM%20References/TREATING%20SPECIALTY%20DESCRIPTIONS%20Final%20Version%20For%20Release%20December%202016.docx). **NOTE:** This is an internal VA Web site that is not available to the public.

### 3. POLICY

It is VHA policy that all facilities implement and use the BMS software application for tracking bed utilization, patient movement, flow management and its inclusion in emergency operations plans. This directive applies to all VHA inpatient services, as identified in VHA data systems by Treating Specialty.

### 4. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring VHA compliance with this directive.

b. **Assistant Deputy Secretary for Quality, Safety, and Value.** The Assistant Deputy Under Secretary for Quality, Safety, and Value (QSV) is responsible for:

(1) Ensuring this policy is incorporated into QSV strategic and support planning for national use of the BMS in operations and emergencies.

(2) Consideration of related training and links to national improvement initiatives.

(3) Supporting BMS consultation activities and communication of usage.

(4) Support for development and sustainment efforts (technology).

c. **Program Director, VHA Office of Systems Redesign and Improvement.** The Program Director, VHA Office of Systems Redesign and Improvement is responsible for:

(1) Providing subject matter expertise regarding questions and implementation of this directive, including optimization of patient flow and transfers through VA medical facility adoption.

(2) Coordinating needed process revisions and application development based upon stakeholder input and VHA requirements.

(3) Troubleshooting BMS configuration issues in collaboration with VA medical facility points of contact (POCs) to ensure accuracy and transparency of wards/beds.

(4) Collecting performance data regarding BMS adoption and bed reconciliation.

(5) Providing mechanisms for communication with key stakeholders to identify opportunities for improvement, needed application enhancements, and to apply systems redesign/improvement principles to enhance related processes.

(6) Providing national training on BMS application and updates to users regarding system use and key application changes.

d. **VHA Office of Emergency Management Director (OEM)**. The OEM Director is responsible for:

(1) Evaluating the integration of BMS emergency management features into VA medical facility and VISN emergency operations plans through the Emergency Management Capabilities Assessment Program (EMCAP) assessments.

(2) Overseeing the implementation of BMS during exercises and emergency response and recovery operations.

e. **Veterans Integrated Service Network Director**. The VISN Director is responsible for:

(1) Ensuring that BMS is fully utilized to track bed availability, patient movements and data capture at each medical facility within the network.

(2) Certifying that BMS data is current, complete, and accurate.

(3) Designating a clinical staff member to serve as the VISN Patient Flow Coordinator for patient flow/transfer coordination at the VISN level, including the use of BMS for VISN and national patient transfers.

(4) Designating a Point of Contact for VISN-level BMS communications. **NOTE:** *This is preferred to be the same individual as the designated VISN-level Patient Flow Coordinator.*

(5) Ensuring that VISN normal operational protocols and emergency operations plans address BMS-supported management and coordination of patient movement.

(6) Ensuring VISN and medical facility level policies and procedures support the full BMS usage.

f. **VISN Chief Information Officer (CIO)**. The VISN CIO is responsible for overseeing, providing technical support for the BMS software package and coordinating with the medical facility CIOs to ensure BMS functionality.

g. **VISN Flow Coordinator.** The VISN Flow Coordinator is responsible for:

(1) Assuming a leadership role at the VISN level to manage VISN flow by assisting facilities in addressing barriers to flow and developing needed solutions to improve timely Veteran acute care access.

(2) Utilize BMS for transparency and identification of all inpatient beds including CLC and Domiciliary to facilitate transfers and emergency management processes within the VISN and nationally based on Veterans' clinical needs and preferences.

(3) Provide oversight and support of VISN flow practices including collaboration with Utilization Management to ensure compliance with applicable VHA directives and other guidelines for safe, clinically appropriate, and efficient transfers and access to care.

(4) Support the facilitation and coordination of improvement activities to optimize patient flow and access to care.

***NOTE:*** VHA Directive 1101.05(2), *Emergency Medicine*, dated September 2, 2016, or subsequent policy, requires a Bed Flow Coordinator, a staff member with clinical background, to coordinate inpatient admissions and bed assignments. It is recommended, but not required, based on the guidance provided at the facility level that the VISN Flow Coordinator also has a clinical background to assist in management of VISN flow and the provision of support to VISN facilities.

h. **VISN BMS POC.** The VISN BMS POC is responsible for:

(1) Receiving and communicating to medical facility BMS ADPAC information regarding BMS.

(2) Ensuring accurate and current information found in the medical facility settings under site options.

(3) Granting VISN access for users and communicating requests to the BMS team.

(4) Ensuring a BMS trainer has been designated by each medical facility.

(5) Ensuring sufficient backup and contingency procedures are in place when BMS is offline or during system outages.

i. **VA Medical Facility Director.** The VA medical Facility Director is responsible for:

(1) Ensuring that all mandatory actions are fully implemented within BMS VHA medical facility compliance. These include consistent use of the following five core BMS features (a-e below), in addition to the requirements listed in items f-g below.

a. Assessment and placement of Emergency Management Icons as appropriate for all admitted inpatients.



b. Use of VA medical facility-level “Patient Pending Bed Placement” function in accordance with national guidance. **NOTE:** *Reference BMS Toolkit and BMS Talent Management System (TMS) training and other national guidance documents.*

c. Use of the VISN-level “Patient Pending Bed Placement” functions in collaboration with applicable VISN in accordance with national guidance to accurately reflect Veterans that are pending transfer to another facility within the same VISN. **NOTE:** *Reference BMS Toolkit and BMS TMS training and other guidance materials.*

d. Presence of an accurate count and status of all inpatient beds as identified by VHA treating specialties, including but not limited to, Medical-Surgical, Mental Health care, Mental Health Residential Rehabilitation Treatment Programs (includes Domiciliaries (DOMs), inpatient Hospice/Palliative Care Programs, Spinal Cord Injury, and CLC. beds.

e. Documentation within BMS of accurate reasons that any authorized and operational bed is “Out of Service,” such as identification of a bed as being out of service due to “Staffing” or other identified reasons.

f. Designation of medical facility Bed Flow Coordinators, sufficient numbers of alternates, and personnel throughout the medical facility, available 24 hours a day, who are competent in the use and functions of BMS, to ensure effective management of patient movement within BMS for normal transfers and admissions, and for patient movements in response to a possible disaster. The designated personnel are displayed on the BMS SharePoint site, <https://vaww.bms.va.gov>. **NOTE:** *This is an internal VA Web site that is not available to the public.*

g. Inclusion of BMS capability, checklists, and SOPs in the organization’s Emergency Operations Plan (EOP), i.e., evacuation procedures and designating BMS roles on the incident management team, to ensure smooth implementation of plans, and management of patient movement in real-life emergencies and disasters.

(2) Completing an inventory of all medical facility inpatient beds, and reconciling the inventory, on an ongoing basis, across all VHA bed management and inventory systems, e.g., VHA National Bed Control System/VISN Support Services Center (VSSC), VistA bed files, BMS, Nursing Unit Mapping Application (NUMA). **NOTE:** *Once reconciled, certifying the accuracy of the audit and reconciliation, including submitting “Bed Letters” as a part of the reconciliation for adjustment to inventory, if needed, following the process defined in the most recent version of VHA Handbook 1000.01, Inpatient Bed Change Program and Procedures, or subsequent policy document, as required by the Deputy Under Secretary for Health for Operations and Management (10N). Instructions and definitions for the BMS bed reconciliation are detailed within the BMS Toolkit, <http://go.va.gov/d47n>. **NOTE:** *This is an internal VA Web site that is not available to the public.**

(3) Designating both a BMS and a Transfer Point(s) of Contact/Coordinator to assist in facilitating internal, external, business and after hours' patient flow to/from the medical facility.

(4) Directing, resourcing (staffing, technology, etc.), and ensuring that training occurs for staff in the use of BMS to validate that all patient movement, both routine and emergent, can be effectively managed. **NOTE:** *Training resources are available on the BMS Resources SharePoint Site and within the VA TMS.*

(5) Ensuring BMS usage by all clinical/administrative staff in appropriate departments, including but not limited to, the Bed Flow Coordinator, Transfer Coordinator, Admissions staff, ward/unit clerks, floor nursing staff, Utilization Management staff, Emergency Management staff, and Environmental Management staff.

(6) Ensuring VA medical facility level BMS policies and procedures identify the processes for managing and monitoring the daily manual entries in BMS (bed icons, patient pending bed placement lists, beds out of service, and comments added in the application, etc.) to ensure that practices meet standards for patient privacy and confidentiality. The BMS application also allows for enhanced patient privacy as a part of the admission process for those patients opting out of the hospital registry. If desired, the patient's name is replaced with a series of X's to block, from public view, the patient identifier. Comments posted to the whiteboards in areas visible to the public are to be limited to information that is non-sensitive and should not reference patient diagnosis. To protect patient safety, BMS must not be used to communicate a patient's life sustaining treatment (LST) status (e.g., DNR, DNI, full code, no invasive mechanical ventilation). Guidance and details regarding the above are contained within the BMS User Guide:

[https://www.va.gov/vdl/documents/Financial\\_Admin/Bed\\_Management\\_Solution\\_\(BMS\)/bms\\_2\\_0 Ug\\_2\\_3.pdf](https://www.va.gov/vdl/documents/Financial_Admin/Bed_Management_Solution_(BMS)/bms_2_0 Ug_2_3.pdf), [Patient Safety Brief PB004](#), Bed Management Solution: Preventing inaccurate Life Sustaining Treatment Status [http://vawww.va.gov/CHIO/IPS/docs/PB004\\_BMS\\_FINAL.pdf](http://vawww.va.gov/CHIO/IPS/docs/PB004_BMS_FINAL.pdf) and/or the BMS Toolkit, <http://go.va.gov/d47n>. **NOTE:** *This is an internal [VA Website](#) not available to the public.*

(7) Ensuring the VA medical facility emergency operations plan includes use of BMS to help manage patient evacuation and mass movement operations in or out of the facility.

(8) Ensuring personnel are competent in the use of the emergency functions in BMS. They must have VISN-level "write" access to BMS to assist other facilities in their networks.

(9) Ensuring the protection of patient privacy and confidentiality with the use of BMS.

(10) Ensuring that contingency procedures are developed in the event that BMS is not available due to technical or other identified concerns.

(11) Ensuring that BMS icon legends are not displayed in areas accessible to the public and are not provided to patients and visitors and ensuring that patient diagnosis or sensitive patient information is not referenced.

j. **VA Medical Facility Chief Information Officer (CIO)**. The VA medical facility CIO is responsible for overseeing and providing technical support to ensure full usability of the BMS application, its supporting applications and applicable hardware. The BMS functionality, to include troubleshooting configuration issues must be completed to guarantee transparency of wards/beds.

k. **VA Medical Facility Bed Management Solution Automatic Data Processing Application Coordinator (ADPAC)**. The VA medical facility Bed Management Solution Administrator is responsible for:

- (1) Receiving and communicating to medical facility staff information regarding BMS.
- (2) Maintaining medical facility settings under site options.
- (3) Adding and removing units.
- (4) Adding and editing users and ensuring appropriate application access.
- (5) Serving as or designating a BMS trainer for their medical facility.
- (6) Ensuring sufficient backup and contingency procedures are in place when BMS is offline or during system outages.

l. **VA Medical Facility Bed/Patient Flow Coordinator**. The VA medical facility Bed Flow Coordinator is responsible for:

- (1) Ensuring effective management of routine patient movement using BMS for normal transfers and admissions.
- (2) Ensuring competency and readiness to manage patient movement during emergency and disaster scenarios including full-scale medical facility evacuations using BMS and its emergency management features: Evacuation Roster, Patient Regulation (e.g. transportation planning), and Transport Manifest Report.
- (3) In coordination with the VA medical facility Director, ensuring a sufficient number of alternates, competent in BMS, are assigned and available within the medical facility to ensure applicable daily, operational and emergency usage.
- (4) The Bed Flow Coordinator(s) must maintain their current point of contact information on the BMS SharePoint site.

**NOTE:** VHA Directive 1101.05(2), *Emergency Medicine*, requires a Bed Flow Coordinator, a staff member with clinical background, to coordinate inpatient admissions and bed assignments.

m. **VA Medical Facility Transfer Coordinator.** The VA medical facility Transfer Coordinator is responsible for:

(1) Utilizing BMS to identify bed availability and documenting/updating inter-facility transfer requests, including monitoring timely Veteran access, through use of the BMS “Patient Pending Bed Placement” list.

(2) Assisting with facilitation of physician/clinical consultations, as needed, to render timely clinical decisions to expedite care.

(3) Utilizing the Computerized Patient Record System (CPRS) to document details regarding transfer requests, decisions made, and recommendations including consultation with community care staff and community hospitals, referencing Community Care guidelines as applicable. Regarding informed consent from patient or surrogate and needed documentation, reference Directive 1094, Inter-Facility Transfer Policy, dated January 11, 2017, or subsequent policy document, and VHA Handbook 1004.01, Informed Consent for Clinical Treatments and Procedures, dated August 14, 2009, or subsequent policy document.

(4) Coordinating with the VA medical facility Director to ensure a sufficient number of alternates competent in BMS, are assigned and available within the medical facility to ensure consistent daily operational and emergency usage.

(5) Ensuring the primary Transfer Coordinators maintain their current point of contact information on the BMS SharePoint site.

***NOTE:*** *It is strongly preferred that, based upon the nature of its responsibilities, that this role is covered by a clinically trained staff member or, at minimum, the medical facility ensures easy access to clinical staff for consultation to fulfill the requirements of VHA Directive 1094. Based upon the size and complexity of the medical facility, this role may be combined with the Bed/Patient Flow Coordinator role. For larger, more complex medical facilities, this shared role is not recommended.*

## 5. REFERENCES

a. VHA Directive 1094, Inter-Facility Transfer Policy, dated January 11, 2017, or subsequent policy document VHA Directive 1101.05 (2), Emergency Medicine, dated September 2, 2016, or subsequent policy document.

b. Bed Management Solution (BMS) application link: <https://vaww.bms.va.gov>.  
***NOTE:*** *This is an internal VA Web site that is not available to the public.*

c. Bed Management Solution (BMS) SharePoint:  
<https://vaww.rtp.portal.va.gov/OQSV/10A4C/SRD/cfmprogram/BMSII/BMSImplement/default.aspx>. ***NOTE:*** *This is an internal VA Web site that is not available to the public.*

- d. Bed Management Solution (BMS) User Guide:  
[https://www.va.gov/vdl/documents/Financial\\_Admin/Bed\\_Management\\_Solution\\_\(BMS\)/bms\\_2\\_0\\_ug\\_2\\_3.pdf](https://www.va.gov/vdl/documents/Financial_Admin/Bed_Management_Solution_(BMS)/bms_2_0_ug_2_3.pdf)
- e. Bed Management Solution Technical Manual,  
[https://www.va.gov/vdl/documents/Financial\\_Admin/Bed\\_Management\\_Solution\\_\(BMS\)/bms\\_2\\_0\\_tm\\_2\\_3.pdf](https://www.va.gov/vdl/documents/Financial_Admin/Bed_Management_Solution_(BMS)/bms_2_0_tm_2_3.pdf)
- f. Bed Management Solution (BMS) Toolkit: <http://go.va.gov/d47n>
- g. NVCC Process Guides & Standard Operating Procedures (SOP's),  
<http://nonvacare.hac.med.va.gov/nvcc/sop-and-guides.asp>
- h. VHA Directive 1117, Utilization Management Program, dated July 9, 2014, or subsequent policy.
- i. VHA Handbook 1004.01, Informed Consent for Clinical Treatments and Procedures, dated August 14, 2009 or subsequent policy document.
- j. VHA Directive 0320.01, Veterans Health Administration Comprehensive Emergency Management Program (CEMP) Procedures, dated April 6, 2017, or subsequent policy.
- k. VHA Handbook 1000.01, Inpatient Bed Change Program and Procedures, dated December 22, 2010, or subsequent policy.
- l. VHA Handbook 1101.11, Coordinated Care for Traveling Veterans, dated April 22, 2015, or subsequent policy.