NEW YORK STATE | Department of Health

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Executive Deputy Commissioner

October 29, 2026

DHDTC DAL 26-13
Subject: Hospital Capacity
Direct Access

Dear Chief Executive Officer:

The New York State Department of Health (the Department) is continuing its phased implementation of the Hospital Capacity Direct Access data dictionary. These updates are intended to improve the clarity, consistency, and usefulness of hospital-reported information while establishing a standardized framework for current and future data collection.

As part of this work, data elements will be organized into five broad categories: Capacity, Census, Syndromic Data, Inventory, and Emergency Management. These categories are intended to create a more clear and consistent structure for reporting information related to health care space and bed availability, patient populations, illness activity, medical supplies and equipment, and facility preparedness and response capabilities.

The Department anticipates publishing and implementing the following data dictionary releases:

Release	Focus	Dictionary Release Date	Implementation Date
3.0	Census and Capacity Data Elements	October 30, 2026	December 30, 2026
3.1	Respiratory Illness Syndromic Data Elements	December 30, 2026	March 3, 2027
3.2	Inventory Data Elements	March 3, 2027	May 5, 2027

Release 3.0 includes finalized updates to hospital census and bed-capacity reporting requirements and will take effect on December 30, 2026. Releases 3.1 and 3.2 remain under development, and the information provided for those releases is intended to support advance planning. Final element titles, definitions, response options, reporting frequencies, submission requirements, and implementation details for Releases 3.1 and 3.2 may change before publication.

Summary information regarding each release is included in the release notes below. Hospitals should review the Release 3.0 data dictionary and supporting materials promptly upon publication and begin any operational, technical, or workflow changes needed to meet the implementation date. Hospitals should also review the anticipated scope of Releases 3.1 and 3.2 to identify departments, systems, and workflows that may be affected by the forthcoming requirements.

Upon publication, the Version 3.0 Hospital Capacity Direct Access data dictionary and supporting materials will be available on the Department's Hospital and Dear Administrator Letter webpages at:

https://www.health.ny.gov/statistics/facilities/hospital/

Please share this notice and the release notes below with staff responsible for reporting, bed management, emergency management, infection prevention, respiratory care, supply chain, information technology, and other affected clinical or operational functions.

Additional implementation guidance and final data dictionary materials will be distributed as each release is published.

Thank you for your continued cooperation and partnership.

If you have any questions, please contact OCProjectTeam@health.ny.gov.

Sincerely,

Stephanie Shuman
Director
Center for Provider Services and Oversight and
Division of Hospitals and Diagnostic &
Treatment Centers

Release 3.0: Census and Bed Element Updates	
Dictionary Release Date:	**October 30, 2026**
Implementation Date:	**December 30, 2026**

Release 3.0 includes significant updates to hospital census and bed-capacity reporting requirements. The release simplifies the existing bed-capacity structure, adds new census and psychiatric reporting elements, standardizes key definitions, and increases the required reporting frequency.

Major changes include:

- **Simplification of bed-capacity reporting.** Within Medical/Surgical, Critical Care/Intensive Care, and Intermediate/Step-Down care, 84 specialty-specific elements will be deprecated and 18 new elements will be added. The structure will decrease from 96 existing elements to 30 elements while retaining the General bed elements currently used for operational reporting.
- **Addition of Total capacity reporting.** New Total elements will distinguish the physical number of beds or treatment spaces designated for a purpose from the number that are currently operational and occupied.
- **Separate Burn capacity reporting.** Burn will be established as a separate bed type with Adult and Pediatric Total, Operational, and Occupied elements for Burn General and Burn ICU capacity.
- **Expanded emergency department and inpatient census reporting**, including adult and pediatric census, admitted patients boarding in the emergency department, psychiatric patients receiving care in the emergency department, psychiatric boarding, and selected extended-length-of-stay measures.
- **New and revised psychiatric and CPEP elements and definitions**, including reporting related to services licensed under Article 31 of the Mental Hygiene Law and Comprehensive Psychiatric Emergency Programs.
- **Separate pediatric emergency department capacity reporting** for facilities that operate a separately designated pediatric emergency department.
- **Standardization of age classifications for specified census elements**, with adult defined as age 18 or older and pediatric defined as younger than age 18 where standardized age groupings are required.
- **Increase in required reporting frequency from once every two hours to once every hour.**
- **Clarification and standardization of definitions and reporting instructions**, including inclusion and exclusion criteria, patient-location requirements, and zero-reporting expectations.

Upcoming Release 3.1: Respiratory Illness Syndromic Data Elements	
Dictionary Release Date:	**December 30, 2026**
Implementation Date:	**March 3, 2027**

Release 3.1 is anticipated to introduce the initial standardized Syndromic Data Elements for respiratory illness, including hospital reporting related to laboratory-confirmed influenza, respiratory syncytial virus (RSV), and COVID-19.

The planned elements will support collection of aggregate information regarding:

- New hospitalizations associated with influenza, RSV, and COVID-19 during a defined daily reporting period.
- Influenza-, RSV-, and COVID-19-associated deaths occurring among hospitalized patients, including qualifying deaths occurring in the emergency department.
- Hospitalizations and deaths reported by standardized age groups.
- Selected point-in-time measures of patients currently hospitalized or receiving observation services with confirmed respiratory illness.

The Release 3.1 implementation period is intended to establish and validate this standardized reporting structure in preparation for the 2027-2028 influenza and RSV season.

For the current 2026-2027 respiratory illness season, hospitals should continue to follow Department instructions for respiratory illness reporting through the HERDS or SMART Survey and HCDA, once the applicable HCDA reporting is implemented. Release 3.1 should not be interpreted as replacing current-season reporting requirements unless specifically directed by the Department.

Release 3.1 remains under development. Final element titles, definitions, reporting criteria, frequency, submission requirements, and implementation details may change before publication. The respiratory illness elements are intended to establish the initial foundation for the Syndromic Data category, which may be expanded in future releases to include other epidemiologically significant illnesses or public health conditions.

Upcoming Release 3.2: Inventory Data Elements	
Dictionary Release Date:	**March 3, 2027**
Implementation Date:	**May 5, 2027**

Release 3.2 is anticipated to introduce standardized Inventory Data Elements for healthcare supplies, medical equipment, and other resources needed to support patient care and maintain facility operations. The release is also expected to begin standardizing selected facility service and capability information so that applicable clinical services can be represented separately from bed-capacity reporting.

The release is expected to include standardized reporting elements related to:

- Personal protective equipment, including respirators, masks, gloves, gowns, face shields, and other face protection.
- PPE quantities, reusable supplies, estimated days on hand, and current or anticipated shortage conditions.
- Adult and pediatric mechanical ventilators, including equipment that is operational and available for patient care and equipment currently in use.
- Other respiratory support equipment, including BiPAP devices, CPAP devices, high-flow nasal cannula devices, and equipment used to support patient transport.
- Critical care equipment, including ECMO systems, continuous renal replacement therapy machines, hemodialysis machines, infusion pumps, and other specialized patient-care resources.
- Facility oxygen supplies, including estimated days remaining, current supply status, available cylinders or tanks, and vendor or delivery disruptions.
- IV fluid supplies, including current availability, estimated days on hand, and current or anticipated shortages.
- Selected facility services and capabilities, where appropriate, to distinguish whether a service is provided by a facility from the facility's current bed capacity or census.

Depending on the resource, Inventory elements may collect the number of units on hand, the number operational and available, the number currently in use, estimated days of supply remaining, or the facility's overall supply or shortage status.

Release 3.2 remains under development. Final element titles, definitions, response options, reporting frequencies, submission requirements, service and capability elements, and implementation details may change before publication. The release is intended to establish a standardized framework for facility-level information regarding healthcare supplies, medical equipment, operational resources, and selected services and capabilities.