

Analysis Method Notice

Postponed Admitted Procedures

This notice describes an Analysis Method that has been developed for use in the production of published national outcome indicators, performance measures and/or currencies, which are derived directly from NHS Wales data.

The Analysis Method has been reviewed by the Analysis Methodologies Group and its output submitted to the Welsh Information Standards Board (WISB) for potential accreditation.

*It should be noted that, where the data flow on which the analysis is being undertaken has not been reviewed by WISB (see 'Status of WISB Data Standards Assurance' below), accreditation of the analysis method **cannot** be interpreted as an approval of the underlying data standards or the quality of the data used.*

It is recognised that formal review and/or assurance of the data flow may have been undertaken by other bodies, where those data are being formally published; for example, as 'Official Statistics'. In such circumstances, users of this method are advised to contact the relevant organisations should they require further information on the underlying quality of the specified data source.

For further details about the group, including Terms of Reference and membership, please visit the following website:

<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=742&pid=56696>

WISB Reference: ISRN 2011/03

Please address enquiries about this Analysis Method the NHS Wales Informatics Service Data Standards Team.

E-mail: data.standards@wales.nhs.uk / Tel: 029 2050 2539

WISB Analysis Method Appraisal Assessment	Accredited This Analysis Method has been appraised by WISB and is felt to: <ul style="list-style-type: none"> • Meet the specified indicator requirement, in that it is suitable for its calculation / derivation; • Is reproducible by organisations, where appropriate.
WISB Analysis Method Appraisal Outcome(s)	Outcome

Status of Data Standards Assurance	WISB Reviewed The data used in this Analysis Method are based on data item standards that have been through the Information Standards Assurance Process.
WISB Decision	Conditionally Approved
Data Standards Assurance Outcome(s)	Outcome

Indicator

The percentage of procedures postponed on more than one occasion by the LHB for non-clinical reasons with less than eight days' notice that are subsequently carried out within 14 calendar days or at the patient's earliest convenience.

Target:

100%

Rationale / Context

Postponing operations are a waste of resources and time. They bring the additional administrative burden of re-scheduling appointments or a blank theatre slot. They are distressing and inconvenient for patients, and when the patients themselves postpone operations, they can also be problematic for the hospital. Identifying the different type of postponements, understanding the reasons and then tackling them appropriately, improves the throughput of patients along the patient pathway.

Data Source(s)

Postponed Admitted Procedures data set (PAP ds)

Definitions:

Definitional Guidance:

The latest (second or more) postponement 14 days start date is either:

- the date on which the procedure was due to be carried out for the second (or more) time; or
- the date on which the procedure was postponed by the LHB for the second (or more) time;
- whichever date is the later.

For the purposes of this measure, "within 14 days" means up to **and including** 14 days following the date of the last postponed procedure.

Examples of how data are reported can be found in the 'additional information' section.

HBs report number of multiple cancelations to WG and if a patient has been postponed on 4 or more occasions then the HB will be contacted and asked to provide WG with the number of these that have now been carried out.

Monthly official data have been supplied by Health Boards to NWIS since 1st April 2013 onwards.

The complete scope of the data set, including all inclusion / exclusions is described via [DSCN 2013 / 03](#) and [DSCN 2013 / 04](#)

Data Items:

[Cancellation Date](#)

[Organisation Code \(Code of Provider\)](#)

[Reason for Cancellation](#)

See [DSCN 2013 / 03](#) and [DSCN 2013 / 04](#) for more information.

Terms:

n/a

Detailed Specification

Each month, Health Boards submit a file to NWIS by the 28th (calendar) day (or next working day if a weekend / bank holiday) of the month, containing all postponed admitted procedures for the previous month (i.e. based on the 'cancellation date' of the postponement). The scope of the data collection relates to the submission of **elective inpatient (IP) and daycase (DC)** activity only. The submission of data relating to the postponed elective IP and DC *admissions* is recognised to be a proxy for the reporting of postponed procedures.

Postponed and/or cancelled Regular Day / Night Attendance (RDA / RNA) procedures are excluded, as is all maternity activity (i.e. Admission Method '31' and '32') is excluded.

A cancellation should be reported for the month that the cancellation occurred. For example, if a procedure was due to take place on the 19th June 2013 but was cancelled on the 17th April 2013, the cancellation in April 2013 should be included in April 2013 data submitted to NWIS in May 2013.

The HBs receive 2 monthly extracts to enable them to validate their Postponed Admitted Procedure. The data extracts include patient identifiers, provider details, cancellation date, intended admission date, reason for cancellation, speciality, time between intended admission and cancellation. The extracts contain the following:

1. The latest record that breaches the Ministerial commitment. This will contain 1 record per pathway.
2. All postponement records for any pathway in which a breach occurs regardless of the reason for postponement or time between postponements. The record identified as the latest breach (as in extract 1) is also highlighted in this extract. This can contain a number of records per pathway.

On receipt of the data, NWIS extracts those patients that fall into the Ministerial commitment (denominator), and create a file to be sent back to the Head of Information (or a nominated information lead) in each Health Board. This is usually done no later than five working days after the monthly submission deadline. At the same time, an aggregated set of these data will be sent to the Welsh Government, who will then write to Directors of Performance to ascertain whether the patients contained within the extract have received their procedure within 14 days of the postponement date, or at their earliest convenience (numerator).

Calculation:**Numerator**

Number of procedures carried out within 14 days or at the patient's earliest convenience, following a second (or more) postponed procedure for non-clinical reasons on the same patient pathway.

Denominator

Number of procedures postponed by the LHB on more than one occasion for non-clinical reasons on the same clinical pathway with less than 8 days' notice.

Reporting Format / Frequency

Monthly

Discussion Points / Areas for Future Development

The following points reflect considerations raised by either the Analysis Methodologies Group or WISB in terms of aspects of the Analysis Method that require further investigation or development.

For a full breakdown of the issues considered, please refer to the formal WISB Outcome for this Analysis Method, which can be access via the Information Standards Assurance website:

<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=742&pid=52532>

This section details any areas the Analysis Methodologies Group felt needed further consideration / review by the 'sponsor' of the method.

The following observations / recommendations were made during the initial review by the Analysis Methodologies Group on Monday 22nd June 2015:

- The group felt additional information could be provided in the AM in relation to the scope of the data set (and thus the analysis method itself). In particular, clarification around the counting of cancelled elective admissions (as a proxy for procedures) should be made clearer. Additional information from the DSCN and associated definitions, scope etc. within the NHS Wales Data Dictionary have therefore been incorporated into the methodology.
- The group sought clarification as to the handling of multiple cancellations / postponements – it was suggested that the Welsh Government policy lead / sponsor (Martyn Rees) should provide.
- The group sought clarification as to what data were provided to Health Boards (by NWIS) to enable them to validate their PAPs activity.
- The group welcomed the inclusion of a number of examples, which show how reporting of PAPs data takes place. These were moved to the 'additional information' section of the document. References to 'second postponement' were changed to "second (or more) postponement..."
- The group felt some of the detailed description of the indicator could more helpfully be presented in the 'detailed specification' section.
- The group requested additional information be included in the methodology to describe the month in which patients are reported within the PAPs return – i.e. the month in which the postponement takes place, not the month in which they are eventually treated.
- The group noted that the 'reporting' section was largely describing the timescales associated with the provision of data by Health Boards to NWIS. They requested that this be amended to reflect the timetable for WG reporting of performance in the CEO report etc.

Appendix A – Additional Information

Example 1

Original procedure scheduled for 26 June 2013, postponed on 24 June by LHB and rescheduled for 3 July 2013.

Patient comes into hospital on 3 July for procedure, but the procedure doesn't take place and is postponed by the LHB. The date of the 2nd postponement is 3 July 2013.

The LHB has 14 days to treat the patient from 3 July 2013.

Example 2

Original procedure scheduled for 26 June 2013, postponed on 24 June by LHB and rescheduled for 10 July 2013.

Patient comes into hospital on 10 July for procedure, but due to unforeseen circumstances, the procedure doesn't take place on 10 July but is rearranged for 11 July, still within the same admitted spell. Unfortunately, the procedure does not go ahead on 11 July and is postponed by the LHB. The date of the 2nd postponement is therefore 11 July 2013.

Even though the 2nd procedure date was originally 10 July, the LHB has 14 days to treat the patient from 11 July 2013, the date it was postponed.

If there are any subsequent delays to this procedure, the HB would still only have the 14 days from 11 July 2013 to carry out this procedure.

Non Clinical Reasons (for Postponements)

Non-clinical reasons are those covered by reasons 201 – 208 in the DSCN. These are:

201	Intensive Care Unit / High Dependency Unit Beds Unavailable	No Intensive Care Unit / High Dependency Unit beds are available for patient recovery
202	Ward Beds Unavailable	No ward beds are available for the patient admission.
203	Emergency Admission	An emergency admission takes priority over the patient's elective procedure.
204	List Overrun	The previous procedure(s) takes longer than originally planned, meaning the procedure is cancelled due to insufficient session time.
205	Clinical Staff Unavailable	A key member of clinical staff is unavailable.
206	Equipment Unavailable	A key piece of equipment is unavailable.
207	Administrative Error	An administrative error has occurred. For example, the patient has received the wrong date / time for their admission.
208	Other –Non Clinical	All other non clinical cancellation reasons. For example, cancellations due to inclement weather.

Appendix B – SQL Code (where applicable)

Important: The following code is intended for information purposes only. It will contain references to specific references (servers, data item descriptions etc.) that are applicable within the NHS Wales Informatics Service only and therefore will not be suitable for direct application to local (LHB) data.

```
-- Number of procedures cancelled more than once by the hospital within 8 days by
month and LHB (Provider)
```

```
select ProviderCode, PathwayID, COUNT(*) as HospitalCancellationsWithin8Days
into #ttt
from dw_outputs.app.[RR_CAP_Reporting] as cap
-- clinical and non-clinical reasons for cancellation
where cap.ReasonForCancellationSubmittedCode in
('201', '202', '203', '204', '205', '206', '207', '208')
-- includes records where cancellation date > intended admission date
and CancellationIntendedAdmissionDurationDays < 8
and CancellationFinancialYear >= '2013'
group by ProviderCode, PathwayID
having COUNT(*) > 1
```

```
-- Create index on #t
```

```
CREATE CLUSTERED INDEX Ind1 ON #ttt (ProviderCode, PathwayID)
```

```
-- Extract data
```

```
select cap1.NHSNo
, cap1.CaseRecordNo
, cap1.ProviderCode
, cap1.ProviderDescription
, cap1.TreatmentSiteOrganisationCode
, cap1.TreatmentSiteOrganisationSubmittedDescription
, cap1.PatientID
, cap1.PathwayID
, cap1.TreatmentSpecialtySubmittedCode
, cap1.TreatmentSpecialtySubmittedDescription
, cap1.IntendedAdmissionDate
, cap1.CancellationDate
, cap1.CancellationCalendarYear
, cap1.CancellationFinancialYear
, cap1.CancellationMonthOfYearName
, cap1.ReasonForCancellationSubmittedCode
, cap1.ReasonForCancellationSubmittedDescription
, cap1.ProcedureDateStyle
, cap1.CancellationIntendedAdmissionDurationDays
, #ttt.HospitalCancellationsWithin8Days
```

```
into #ttt1
```

```
from dw_outputs.app.[RR_CAP_Reporting] as cap1
```

```
join #ttt
on #ttt.ProviderCode = cap1.ProviderCode
and #ttt.PathwayID = cap1.PathwayID
```

```
where ReasonForCancellationSubmittedCode in
('201', '202', '203', '204', '205', '206', '207', '208')
-- includes records where cancellation date > intended admission date
and CancellationIntendedAdmissionDurationDays < 8
and CancellationFinancialYear >= '2013'
```

```
-- Look at max cancellation date
```



```

Select *
into #ttt2
from #ttt1 t1
where IntendedAdmissionDate = (select MAX(IntendedAdmissionDate)
                                from #ttt1 m
                                where t1.ProviderCode =
m.ProviderCode
                                and t1.PathwayID = m.PathwayID)

Insert into dw_outputs.app.CAPS_Summary_Report

Select
'Number of procedures cancelled more than once by the hospital in eight days' as
Indicator_Title
, #ttt2.ProviderDescription
, #ttt2.CancellationCalendarYear
, #ttt2.CancellationMonthOfYearName
, datepart(month, #ttt2.CancellationDate) CancellationMonthOfYearNumber
, COUNT(#ttt2.PathwayID) as Pathways

from #ttt2

group by #ttt2.ProviderDescription
, #ttt2.CancellationCalendarYear
, #ttt2.CancellationMonthOfYearName
, datepart(month, #ttt2.CancellationDate)

order by 1,2,4

```