

DSC Notice: 11/2001 (W)
English Equivalent: N/A

Date of Issue: August 2001

IRSS Information Requirements and Standards Sub Committee	Subject: Changes to the definitions of Day Case, Bed, Out Patient Attendance, Out Patient Discharge and Date Decided to Admit.
Implementation date: 1 st September 2001	

DATA SET CHANGE CONTROL PROCEDURE

This paper gives notification of changes to be included in the NHS Wales Data Dictionary.

Summary of change:

Following the agreement of IRSS committee further clarification of the above definitions were agreed to be in-corporated in the Data Dictionary for Wales Version 2.3.

<i>Change Proposal</i> <i>Reference No:</i> <i>IRSS/00/04 (W)</i>
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Please address enquiries about this DSCN to the Data Standards and Information Quality Team, HSW, Brunel House, 2 Fitzalan Road, Cardiff CF24 0FLA Tel: 029 20502463 .

Data Set Change Notices are available at request from the above address. In the near future they will be available on the Intranet Service HOWIS.

DSCN numbering format = sequence number/year of issue, (W) for Welsh DSCN's.

DATA SET CHANGE NOTICE 11/2001 (W)

Reference: IRSS/00/04 (W)

Version No: 1

Subject: Definitional Changes to Day Case, Bed, Out Patient Attendance, Out Patient Discharge and Date Decided to Admit

Type of Change: Word changes to the definitions

Reason for Change: Clarification of the recording of Day Cases and Outpatients

Effective Date: 1st September 2001

Effect on NHS Data Dictionary: Version 2.3 will reflect the changes to the enclosed definitions.

DATE DECIDED TO ADMIT (APCm99)

The date upon which the clinician decides to admit the patient to a hospital provider. This date is important as the calculation of the patients wait for elective treatment is calculated from this date to the date of admission in the case of Method of Admission 11 and 12. An elective admission is an admission, which the health care provider has known about at least 24hours in advance.

Where the (ADMISSION METHOD) 21,22,23,24,25,27, 28, 31,32, 81,82,82,83, indicates an emergency, maternity or other admission the (DATE DECIDED TO ADMIT) will equal the same date the clinician decides to admit the patient for urgent care which will be equal to the admission date.

Where the (ADMISSION METHOD) 11, indicates an elective admission from a waiting list the (DATE DECIDED TO ADMIT) should equal the date the clinician decided to place the patient on the waiting list. A patient is placed on the waiting list when the facilities to carry out the treatment are not currently available and a bed can not be booked at that time.

Where the (ADMISSION METHOD) 12, indicates a booked elective admission the (DATE DECIDED TO ADMIT) should equal the same date on which the patient was informed by the consultant of his intention to book a bed for the patient admission. A patient is a booked admission when the date for admission is given at the time of consultation and the bed is booked at the same time for the patient.

Where the (ADMISSION METHOD) 13, indicates a planned admission the (DATE DECIDED TO ADMIT) is equal to the date the clinician confirms the patient is for medical reasons now able to receive the further planned treatment. This method is used following a

first elective treatment, or an emergency treatment, if further planned elective treatment is required e.g. check cystoscopies, check endoscopies, laser treatments.

DAY CASE **(APCm99, General, KO36, QS1, WOCI)**

Patients who are admitted **electively** during the course of a day for treatment or care, which will not require an overnight stay in hospital and return **home** as scheduled.

If this original intention is not fulfilled and the patient stays overnight, such patients should be then counted as ordinary in patient admissions.

For an episode to qualify as a day case the following criteria must apply:

- a) The episode must be an **elective** one i.e. (ADMISSION METHOD) must be 11,12 or 13.
- b) Not an overnight stay with intended management code (2)
- c) Treatment is supervised by a medical practitioner

In addition **one** of the following **must** also apply

- a) **Use of a bed** (BED) for **recovery** purposes that is, as a result of the patient condition, or following sedation or general anesthesia.
- b) **Minor Surgical Procedure**- these are procedures, which are defined as the following:
 - i) Invasive- that is the introduction of an **instrument** or **device** not a needle into the body or a body cavity
 - ii) Therapeutic endoscopic- the introduction of a scope into the body or body cavity for therapeutic treatment
 - iii) An extracorporeal operations- shock wave treatment i.e. lithotripsy and as defined in the OPCS Classification of Surgical Operations and Procedures, Fourth revision.

Simple injections, biopsies, or simple dental extractions do not qualify according to these criteria where recovery of the patient on a (BED) has not taken place. Such procedures are regarded as (OUT PATIENT TREATMENTS).

Revised following agreement of IRSS/00/04 (W) 31/10/00 and minutes agreed 5/12/00.

BED

A piece of furniture that may be used to permit a patient to lie down when the need to do so results from the patient condition and not as a result of needing an active intervention or treatment.

Couches and trolleys can also be counted as beds where:

- a) They are **not** used for transport from one dept to another or examination purposes only but that **recovery** of the patient takes place after sedation.
- b) Used for procedures as defined in section Minor Surgical procedures of the (DAY CASE) definition.
- c) Used regularly as a means of support for patients needing lengthy procedure such as renal dialysis and chemotherapy.

A device solely for the purposes of delivery should not be counted as a bed.

OUT PATIENT ATTENDANCE

Out Patient Attendance: an attendance to enable a patient to see a consultant (or GP acting as a consultant employed by the trust as a hospital practitioner) or clinical assistant, a member of his medical team or a locum for such a member in respect of one referral.

It includes:

- a) An attendance at a hospital out patient department clinic for the purpose of consultation, examination or treatment by a **doctor**.
- b) A visit made to the home of the patient made at the insistence of the Trust for either of the following:
 - i) To review the urgency of a proposed admission to hospital.
 - ii) To continue to supervise treatment initiated or prescribed at a hospital or clinic.
- c) Attendance that occurs off the hospital premises- those which are **hospital consultant led** clinics either in the community or at a GP surgery.
- d) Attendance by the patient at a ward (where the use of a bed is not made) for the purpose of examination or treatment by a **doctor**.

It excludes:

- a) Any visit made to the home of the patient for which a fee is payable under paragraph 140 of the terms and conditions of service.
- b) Any attendance to a hospital ward where a **nurse** (see WARD ATTENDERS) undertakes the examination, treatment or care.
- c) Any consultations, which occur during an inpatient consultant episode (hospital provider) with the consultant responsible for the patients' care. I.e. Ward Rounds. (See CONSULTANT EPISODE), (HOSPITAL PROVIDER).

- d) Any attendance where the patient does not see a **doctor**. Other clinic attendance's may count as contacts with a paramedical service or community nurses

Counting Out Patient Attendance

A patient may undergo a series of outpatient consultations with a given consultant for a particular health care provider. The series may begin with a new or follow up attendance according to the circumstances described below:

1. Each attendance is counted in a series of attendances provided that the consultant, locum, GP acting as a consultant or a member of the medical team sees the patient.
2. An appointment can not be counted unless the patient actually attends.
3. A person attending clinics run by different consultants (whether for the same or different condition) would have two separate series of attendance.
4. If a second consultant is consulted for advice or specialist treatment a separate attendance (new series) is counted only if a separate appointment is made to see the second consultant.
5. Where a patient is seen at one clinic and then seen by the same consultant at a different location the subsequent attendance is a follow up unless it does not relate to the original referral.
6. An attendance is counted as a follow up attendance if it follows an inpatient or day case hospital spell with the same consultant who treated the patient during the hospital spell.
7. Post- natal out- patient attendances are counted as follow-ups if the mother sees the same consultant who provided the antenatal care.
8. If a consultant sees more than one person during a consultation e.g. a family, then each attendance is counted only if there is an identifiable individual record maintained for each of the attendees.
9. If a consultant sees a member of the patients family for a consultation regarding the treatment or care for that patient and a record is kept in the patients case notes and a specific appointment has been made.
10. A count should be made for each subsequent attendance by the patient who having seen the consultant at the clinic returns for treatment or surgical dressings unless:
 - i) The nurse's attention is in effect the completion of the attendance with the consultant.
 - ii) The patient is sent to another department before returning for the completion of the consultation.
11. A count for each attendance should be made for an in patient attending an outpatients department for any treatment by another consultant or doctor e.g. dental or optical treatment.
12. Count any treatment carried out during a pre arranged visit to the hospital by a consultant not responsible for the care owing to immobility of the patient or lack of out patient facilities.
13. A count can be made for all attendances made by the patient where clinical care and physiotherapy is given during the same or subsequent visit but only when such care is supervised by the clinician.

OUT PATIENT ATTENDANCE TYPE (NEW)

An outpatient attendance initiated from a new referral to a consultant in a hospital provider. This referral is initiated under the following circumstances:

- a) A referral from a GP.
- b) A referral from an A/E Consultant within the same or different hospital provider to different consultant.
- c) A different Consultant to the one receiving the referral either from the same hospital provider or a different hospital provider.
- d) Self referral by the patient
- e) Other referral from a prosthetist, dentist or optician
- f) Referral following a domiciliary visits by the consultant in charge of the Clinic.
- g) A referral following a private consultation with a Consultant in charge of the clinic.

OUT PATIENT ATTENDANCE TYPE (FOLLOW UP)

An attendance initiated by the consultant in charge of the clinic under the following conditions

- a) Following an emergency in patient hospital spell under the care of the consultant in charge of the clinic.
- b) Following a non-emergency in patient hospital spell (elective or maternity) under the care of the consultant in charge of the clinic.
- c) Following an A/E attendance to an A/E clinic for the continuation of treatment.
- d) At an earlier attendance at a clinic run by the same consultant in any NHS trust, community or GP surgery.
- e) Following return of the patient within the timescale agreed by the consultant in charge of the clinic for the same condition or effects resulting from the same condition.

OUT PATIENT DISCHARGE

The end of a series of attendance when one of the following occurs:

- a) The patient is not given any further appointments by the consultant or member of his medical team and is not expected to return within twelve months for the same complaint as the reason for referral or effect resulting from the same complaint.
- b) The patient was given an invitation to return to the clinic should his original condition worsen and has not done so by the timescale originally agreed with the consultant at the time of the last attendance.
- c) Six months has passed since the patient failed to attend their last offered appointment and no further requests for a appointment has been made.