

Glossary of Terms for *Acute Episode-Based Activity Statistics*

Finished Consultant Episode (FCE)

A period of continuous admitted patient treatment under the care of a consultant. An episode may be finished through death, discharge or transfer to the care of another consultant or hospital. If the patient is transferred from one consultant to another, a new FCE commences.

Admissions

Total admissions has been taken to be the sum of all day cases, inpatients (elective and non elective) and regular attenders. Deaths and discharges have been used as an approximation for admissions.

Day Case

A patient admitted electively during the course of a day with the intention of receiving care, who does not require the use of a hospital bed overnight and who returns home as scheduled. If this original intention is not fulfilled and the patient stays overnight, such a patient should be counted as an inpatient.

Elective Inpatient

A patient for whom the decision to admit could be separated in time from the actual admission. This excludes emergency admissions and maternity or delivery episodes.

Non-elective Inpatient

A patient for whom admission is unpredictable and at short notice, due to clinical need.

Emergency Admission

An emergency admission may be by various routes, including through an Emergency Care Department and via a General Practitioner.

Waiting List Admission

A patient is admitted electively from a waiting list having been given no date of admission at a time a decision was made to admit.

Bed day

A day of bed occupation by an admitted inpatient (beds used for day case admissions and regular day / night attenders are not included). For example, if there are 100 inpatients who each remain in hospital for 5 days, the bed days figure will be 500.

The total number of bed days in *Acute Episode-Based Activity Statistics* has been calculated using the episode duration field within the Hospital Inpatient System; this is in contrast to the *Inpatient and Day Case Activity Statistics* publication which uses specialty-level bed occupancy data from the KH03a aggregate return.

Primary Diagnosis

The condition established as the main reason for admission after all investigations, diagnostic examinations and procedures have been carried out.

ICD-10

The International Classification of Diseases 10th Revision (ICD-10) is used to translate the diagnoses of diseases and other health problems into an alphanumeric code. The International Classification of Diseases is published and maintained by the World Health Organization, Geneva.

OPCS

OPCS (Office of Population Censuses and Surveys) coding is the classification of surgical operations and procedures. OPCS-4 codes consist of a letter followed by 3 figures. The letters denote the 22 Chapters of the classification, each chapter dealing with a different part, or 'system,' of the body.

Specialty

A specialty is a particular branch of medicine or surgery. Each consultant is assigned a main specialty from a list recognised by the Royal Colleges and Faculties. Information is recorded against the specialty of the treating consultant.

HRG

Healthcare Resource Groups (HRGs) are standard groupings of clinically similar treatments which use common levels of healthcare resource.

Procedure/Intervention

A procedure or series of procedures aimed at restoring or improving the health of a patient, as by correcting a malformation, removing diseased parts, implanting new parts, etc. Defined by an OPCS code recorded in any of the procedure fields in the Hospital Inpatient System excluding codes Y80, Y81, Y82, Y84, Y90 and all Z codes.

Operation

An OPCS code recorded in any of the procedure fields the Hospital Inpatient System excluding all Y and Z codes.

Chapters/Blocks

The diagnosis and operations tables group associated diagnosis/procedure codes into chapters and blocks (i.e. sub chapters) in line with those designated by the World Health Organisation/OPCS respectively.