

Guidance for Inpatient and Day Case Activity Statistics

General guidance on using the data

The data contained in the publication are presented on an annual basis. They represent inpatient and day case activity at inpatient services at Health and Social Care (HSC) hospitals in Northern Ireland and Independent Sector providers. Data are presented on a financial year basis.

Inpatient Activity by Admission Method, Specialty, Hospital, HSC Trust, Programme of Care

Description of data

Data are presented on the number of available and occupied beds and inpatient admissions to HSC Hospitals in Northern Ireland. Data are presented by the HSC hospital of admission, which are then aggregated up to HSC Trust, in Northern Ireland. Acute data are split by admission method into elective inpatient, non elective inpatient, day case and regular attenders. The sum of the elective inpatients and non elective inpatients totals the number of inpatients. Similarly, the sum of the day cases and the regular attenders equals the total number of day cases within the acute POC. Non-acute data are split by admission method into inpatient and day case admissions. Patients who are treated at an accident and emergency department but are not subsequently admitted are not included.

Data provider

Data relating to available and occupied beds for all programmes of care and non-acute activity data are sourced directly from HSC Trusts, via the Departmental Return KH03a. Acute activity data are sourced from the Hospital Inpatient System.

Data quality assessment

Data are derived from a range of administrative systems. Data providers have been given in-depth guidance providing instructions for recording, collection and submission of data. In addition, variance checks are employed as an integral part of the production process, with large discrepancies between the current year, and the previous year being queried with the data provider.

Guidance on using data

Average Available/Occupied Beds – this is the number of available and occupied beds during the year in wards that are open overnight. These data can provide insight into available

resources within different hospital sites and treatment specialties and can be used together with number of inpatient admissions to determine average length of stay.

Specialty – this is the number of admissions within each medical speciality. Medical speciality is determined by the consultant in charge of the treatment of the patient. Each consultant employed by a HSC Trust will have an allocated speciality of employment, and it will be this speciality against which the patient's admission will be reported. These data provide a useful insight into the demand for certain types of procedures and the type of diagnosis especially in acute specialties where it is possible to see how many elective and non elective admissions occur within each speciality.

Programme of Care – this relates to the number of admissions within each Programme of Care, which is a classification that aggregates specialties on the basis of the type of healthcare they provide, into a higher level classification. For example, the Acute Programme of Care relates to specialties in which patients require medical care for an acquired physical condition; the Maternity and Child Health Programme of Care relates to specialties in which patients receive treatment associated with child birth and aftercare; the Elderly Care Programme of Care relates to treatments specifically required in later life, such as Geriatric Medicine; the Mental Health Programme of Care relates to treatment for Mental Health issues and the Learning Disability Programme of Care relates to treatments for patients specifically relating to a Learning Disability.

Use of Operating Theatres, by Session Type, Hospital, HSC Trust, Programme of Care

Description of data

Data on the number of cases operated on within Theatres. These are split by hospital site.

Data provider

Data are sourced directly from HSC Trusts, via the KH08 Departmental Return.

Data quality assessment

Data are derived from a range of administrative systems. Data providers have been given in-depth guidance providing instructions for recording, collection and submission of data. In addition, variance checks are employed as an integral part of the production process, with large discrepancies between the current year, and the previous year being queried with the data provider.

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Cases Operated On – These data provide insight into the usage of theatre resources by different specialties.

Acute Independent Sector Inpatient Admissions by Appointment Type, Specialty and HSC Trust

Description of data

This relates to the number of health service patients who were admitted for an acute inpatient procedure with an Independent Sector provider. Data are presented by specialty and commissioning HSC Trust (the HSC Trust responsible for the patient's waiting time), in Northern Ireland. Data are split by admission method into inpatient and day case admissions.

Data provider

Data on HSC patients treated by an Independent Sector provider are provided on the Departmental Return IS1 Part 2 by the HSC Board, which is responsible for the regional commissioning of independent sector provision.

Data quality assessment

HSC Trusts are provided with in-depth guidance, detailing how they should record details of patients transferred to the Independent Sector for assessment, on their Patient Administrative System. Following assessment, the Independent Sector provider informs the transferring HSC Trust who records the patient's inpatient wait as being complete. These records are then validated against financial invoices received by the HSC Trust from the Independent Sector provider for each transferred patient. HSC Trusts then submit these data to the HSC Board. These are not National Statistics.

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Independent Sector provision is introduced when the demand for certain types of inpatient service is greater than the capacity within HSC hospitals. When this situation results in increases in both the number of patients waiting and the length of time waiting, patients may be admitted for a procedure undertaken by an Independent Sector provider. The cost of treating these patients is met by the transferring HSC Trust.

Appointment type – this is the number of (i) inpatient and (ii) day case admissions within the Independent Sector.

Specialty – this is the number of admissions within each medical specialty. Medical specialty is determined by the consultant in charge of the treatment of the patient. Each consultant employed by a Independent Sector provider will have an allocated specialty of employment, and it will be this specialty against which the patient's admission will be reported. These data provide a useful insight into the demand for certain types of procedures and the type of diagnosis especially in acute specialties where it is possible to see how many elective and non-elective admissions occur within each specialty.

HSC Trust – this relates to admissions in the Independent Sector, by the commissioning HSC Trust.

Programme of Care – this relates to the number of appointments attended within each Programme of Care, which is a classification that aggregates specialties on the basis of the type of health care they provide, into a higher level classification. For example, the Acute Programme of Care relates to specialties in which patients require medical care for an acquired physical condition; the Maternity and Child Health Programme of Care relates to specialties in which patients receive treatment associated with child birth and aftercare; the Elderly Care Programme of Care relates to treatments specifically required in later life, such as that provided in the Geriatric Medicine specialty; the Mental Health Programme of Care relates to treatment for Mental Health issues and the Learning Disability Programme of Care relates to treatments for patients specifically relating to a learning disability.

Number of Live and Still Births in Hospital and Type of Delivery by Hospital, HSC Trust.

Description of data

Data on the number of births in HSC Hospitals in Northern Ireland. Data are split by both live and still births and method of delivery and presented by hospital and type of unit.

Data provider

Data are sourced directly from HSC Trusts, via the KP19 Departmental Return.

Data quality assessment

Data are derived from a range of administrative systems. Data providers have been given in-depth guidance providing instructions for recording, collection and submission of data. In addition, variance checks are employed as an integral part of the production process, with large discrepancies between the current year, and the previous year being queried with the data provider.

Guidance on using data

This relates to the number of births in hospital, (home births are not included) and provides information on which HSC Trusts have the highest numbers of births. Comparison with other years can highlight changes in demand in different HSC Trust areas. In April 2011, the KP19 Return was changed to include information on the method of delivery. These data can be used to calculate caesarean section rates and to compare predominant methods of delivery.