

**DSC Notice: 21/04(W) - Amendment**  
**English DSCN Equivalent: None**  
**Date of Issue: 7 January 2005**

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| <b>IRSS<br/>Information Requirements and<br/>Standards Sub Committee</b> | <b>Subject:</b><br>To improve the data definitions of the QS1<br>Data Items & Terms |
|  | <b>Implementation date:</b><br>Immediately  |

### DATA SET CHANGE CONTROL PROCEDURE

#### Summary of change:

To improve data definitions and remove out of date definitions in the NHS Wales Data Dictionary for the QS1 (Quality Indicators) data items and terms.

The changes have been included in Version 2.6 of the Data Dictionary.

This was initiated under Request Change Notification (04) 04.

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| <b><i>Change Proposal Reference No:<br/>IRSS 20041215/01/OCC</i></b> |
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The Information Requirements and Standards Sub Committee (IRSS), is responsible for approving information standards.

*Please address enquiry's about this DSCN to the Data Standards and Information Quality Team, HSW, Brunel House, 2 Fitzalan Road, Cardiff CF24 0HA Tel: 029 20502539 or E-mail [Data.Standards@hsw.wales.nhs.uk](mailto:Data.Standards@hsw.wales.nhs.uk)*

*Data Set Change Notices are available via the Intranet Service HOWIS <http://howis.wales.nhs.uk/> or by contacting the above address.*

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

## **DATA SET CHANGE NOTICE 21/04(W)**

**Reference:** IRSS 20021215/01/OCC

**Subject:** To improve the data definitions of the QS1 (Quality Indicators) Data Items & Terms

**Effective Date:** Immediately

**Reason of Change:** To remove some ambiguity of certain QS1 definitions and to remove out of date definitions.

### **Background:**

QS1 definitions had not been revised since 1996. Many of the definitions lacked clarity for users and are out of date with the current service delivery in NHS Wales.

To improve the overall information quality and provide greater clarity for users, it was agreed that there was a need to improve data definitions and remove out of date definitions. Consequently, a Task and Finish Group was established in May 2002, resulting in an agreed set of revised definitions. These definitions were incorporated into version 2.4 of the dictionary, prior to formal approval by IRSS.

Further revision of some specific indicators have been made following a review of the definitions at the IRSS Meeting, held on 23rd June 2004.

This amended version to the original DSCN has been issued to avoid possible confusion between QueSt1, the application which processes and displays the Comparative Indicators from the Bed Use Statistics database, and QS1, which is the raw data submitted and used to populate the database.

### **Impact in Wales:**

The revised definitions will provide improved clarity and understanding for the providers and users of the QS1 Indicators across NHS Wales.

### **Changes To The NHS Wales Data Dictionary:**

Appendix A shows the changes to version 2.6 of the NHS Wales Data Dictionary.

**Contact:**

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## Appendix A: Revised Dictionary Entry

Definitions of the QS1 indicators are listed below. The existing definitions in version 2.5 of the NHS Wales Data Dictionary that have been revised for version 2.6 are highlighted in bold below - new text is underlined; text being deleted is striked through.

| QS1 Ind.   | New Data Item  | Definition  |
|--|--|---|
| <b>HOSPITAL/CLINIC INDICATORS – BEDS</b>                     |  |   |
| HA02   | Staffed Beds Allocated   | <b>The total number of "available" and "temporarily unavailable" staffed beds.</b><br>Staffed beds allocated = HA03 + HA04  |
| HA03   | Available Staffed Beds   | Available staffed beds occupied or ready for occupation on the last day of the quarter.   |
| HA04   | Temporarily Unavailable Staffed Beds                                 | Beds unavailable for not more than one month due to redecoration, quarantine or lack of staff on the last day of the quarter. Should not include beds in wards regularly closed for a portion of the week   |
| HA05   | Beds Unused for Lack of Staff  | Beds unused for more than one month for lack of staff.  |
| <b>HA06</b>  | <b>Unstaffed Beds Out of Use for Reason other than Lack of Staff</b> | <b>Beds out of use, for more than one month, for reasons other than because of lack of staff. <u>Reasons may include redecoration or quarantine.</u></b>  |
| HA07   | Bed Complement   | The total number of available staffed beds, temporarily unavailable staffed beds, beds unused for lack of staff and beds out of use for any other reason.   |
| HA08   | Cots   | Number of cots in maternity departments other than those allocated to special care babies or intensive therapy units for babies.  |
| HA09   | Cot Days   | Cot Days are the number of cots defined in <b>Cots</b> that are occupied on any given day. To calculate this for a quarter each day's occupancy is added together.  |
| <b>HOSPITAL/CLINIC INDICATORS – AMENITY BEDS AND PAYBEDS</b> |  |   |
| HB01   | Amenity Beds Authorised  | Number of amenity beds authorised. This should be the number authorised on the last day of the quarter, irrespective of actual use. Amenity beds are those where the patient pays for a bed in single room or in a small ward and the associated hotel services (food & laundry). |
| HB02   | Pay Beds Authorised  | Pay beds are those where the patient has paid for all services during their stay. i.e. the cost of the bed, cost of treatment, nursing costs and all hotel services. (Private Patient).   |
| HB03   | Average Daily Occupation of Amenity Beds by Paying Patients.         | Average = total daily occupation for quarter divided by number of days in quarter.<br>Amenity beds are those where the patient pays for a bed in single room or in a small ward and the associated hotel services (food & laundry).   |
| HB04   | Average daily occupation of pay beds by private patients.            | Average = total daily occupation for quarter divided by number of days in quarter.<br>Pay beds are those where the patient has paid for all services during their stay. i.e. the cost of the bed, cost of treatment, nursing costs and all hotel services. (Private Patient).     |

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| HB05   | Discharges and Deaths of Paying Patients using Amenity Beds | Amenity beds are those where the patient pays for a bed in single room or in a small ward and the associated hotel services (food & laundry).  |
| HB06   | Discharges and Deaths of Private Patients using Pay Beds.   | Number of discharges and deaths of private patients using pay beds. Pay beds are those where the patient has paid for all services during their stay. i.e. the cost of the bed, cost of treatment, nursing costs and all hotel services. (Private Patient).                          |
| HB07   | Outpatient Attendances by Private Patient                   | Number of outpatient attendances by private patients.  |
| HB08   | Daycase Attendances by Private Patients                     | Number of daycase attendances by private patients.   |
| HB09   | Regular Day Patients Attendances by Private Patients        | Number of attendances by private regular day patients. Regular day admissions are patients admitted electively and regularly for a planned sequence of days who return home for the remainder of the 24 hour period. Eg. Dialysis or regular chemotherapy/radiotherapy.              |
| <b>HOSPITAL/CLINIC INDICATORS – MATERNITY</b>                        |   |  |
| HC01   | Live Birth  | Number of live births.   |
| HC05   | Ante-natal Beds   | Number of beds specifically set aside for ante-natal care.   |
| HC06   | Still Birth   | Number of still births.  |
| HC07   | Deaths within 7 days  | <b>Number of deaths within 1- 7 days inclusive of birth</b>  |
| HC08   | Deaths between 8 and 28 days                                | <b>Number of deaths between 8 and 28 days inclusive of birth</b>   |
| <b>HOSPITAL/CLINIC INDICATORS – REGAULR DAY AND NIGHT ADMISSIONS</b> |   |  |
| HD01   | New Day Patients  | Number of new regular day admission patients during period. Regular day admissions are patients admitted electively and regularly for a planned sequence of days who return home for the remainder of the 24 hour period. Eg. Dialysis or regular chemotherapy/radiotherapy.         |
| HD02   | Day Patient Attendances                                     | Total number of regular day attendances in quarter. Regular day admissions are patients admitted electively and regularly for a planned sequence of days who return home for the remainder of the 24 hour period. Eg. Dialysis or regular chemotherapy/radiotherapy.                 |
| HD04   | New Night Patients  | Number of new regular night admission patients during period. Regular night admissions are patients admitted electively and regularly for a planned sequence of nights who return home for the remainder of the 24 hour period. Eg. Dialysis or regular chemotherapy/radiotherapy.   |
| HD05   | Night Patient Attendances                                   | Total number of regular night admission attendances in quarter. Regular night admissions are patients admitted electively and regularly for a planned sequence of nights who return home for the remainder of the 24 hour period. Eg. Dialysis or regular chemotherapy/radiotherapy. |

| <b>INPATIENT/DAY CASES INDICATORS - ACTIVITY INDICATORS</b> |  |  |
|---|--|--|
| IA01  | Deaths and Discharges  | Number of patients discharged or died in quarter.<br>If a patient dies or is transferred to another hospital (except where the patient's bed is kept vacant) it is counted as a discharge. Babies are only discharged if they have been patients. (i.e. nursed in special care or intensive therapy units.)  |
| IA04  | Consultant Episodes  | Number of consultant episodes.<br>Consultant episode is time a patient spends in the continuous care of one consultant (or GP acting as consultant / or two or more consultants with equal responsibility) where the patient has been admitted as an inpatient. An episode ends when responsibility passes to another consultant or the patient is discharged.   |
| IA06  | DNAs - Inpatients  | Number of patients who were not admitted because of failure to attend and who failed to give notice at any time prior to the arranged time of admission. Should not include patients who were admitted as emergencies prior to the scheduled admission time or those where the health care provider cancelled or postponed the admission.  |
| IA09  | Transfers Out of Intensive Care and High Dependency Care Units | The number of Transfers out of Intensive Care and High Dependency Care units.<br>This indicator is only appropriate for Specialties 9993 and 9998. Otherwise, it is the same as IA04 "number of Consultant Episodes", which is the column used to hold the Transfer data.  |
| <b>INPATIENT/DAY CASES INDICATORS - CAPACITY INDICATORS</b> |  |  |
| IC01  | Average Daily Number of Available Beds                         | Average daily number of available beds.<br>Should be based on a count taken between midnight and 9am. Beds are those in which patients are being or could be treated without changes in facilities or staff being made. Temporary and private beds should be included.<br>Average = Total of daily counts divided by number of days in quarter.<br>The figures should be the same or greater than the average daily number of occupied beds. |
| IC02  | Average Daily Number of Occupied beds                          | Should be based on a count taken between midnight and 9am. Count should include private patients.<br>Day case patients should not be counted.<br>Average = Total of daily counts divided by number of days in quarter.   |

| <b>OUTPATIENT INDICATORS – ACTIVITY INDICATORS</b> |                                   |  |
|--|-----------------------------------|--|
| OA01   | <b>New Outpatient Attendances</b> | <p>Number of new outpatient attendances during quarter.</p> <p>A new outpatient is one where this is the first visit to this department for this ailment, <u>either as a new attendance or as a follow up.</u></p> <p><b><u>A new attendance is initiated other than by the consultant in charge of the clinic in the circumstances described below:</u></b></p> <ol style="list-style-type: none"> <li><b>1. Referral from a GP</b></li> <li><b>2. Referral from an A&amp;E Department</b></li> <li><b>3. Referral from a consultant, other than in the A&amp;E department</b></li> <li><b>4. Self Referral</b></li> <li><b>5. Referral from prosthetist</b></li> <li><b>6. Other</b></li> </ol> <p><b><u>A follow up attendance is initiated by the consultant in charge of the clinic.</u></b></p>  |
| OA02   | Outpatient Attendances            | Total number of outpatient attendances during quarter. New and follow up attendance should be counted.   |
| OA04   | DNAs - New Outpatients            | Number of new patients who did not attend a first outpatient clinic session and who failed to give notice at any time prior to the arranged time of the clinic session. Should not include patients where the health care provider cancelled or postponed the clinic session.  |
| OA07   | DNAs – Follow up Outpatients      | Number of follow-up patients who did not attend an outpatient clinic session and who failed to give notice at any time prior to the arranged time of the clinic session. Should not include patients where the health care provider cancelled or postponed the clinic session.   |
| <b>OUTPATIENT INDICATORS – CAPACITY INDICATORS</b> |                                   |  |
| OC01   | <b>Outpatient Clinic Sessions</b> | <p><b>An Outpatient Clinic is defined as a Consultant Clinic. Patients may see a consultant, a member of his firm or associated health professional. Also, covers GPs acting as consultants by arrangement of the health care provider. It does not include clinics not controlled by a consultant. (e.g. run by midwives or GPs in their own right).</b></p> <p><b>Number of outpatient clinic sessions held during quarter. Sessions must be held, not merely scheduled.</b></p> <p><b>The following clinics should count as a single session:-</b></p> <ol style="list-style-type: none"> <li><b>a. One consultant present, however many other doctors are assisting.</b></li> <li><b>b. No consultant present but held specifically on behalf of a consultant.</b></li> <li><b>c. Held jointly by consultants in different specialties; these should be recorded as a single unit under joint consultant clinic (code 9900)</b></li> <li><b>d. Any combination of joint ante-natal, post-natal and gynaecology sessions; recorded as an ante-natal session.</b></li> </ol> |

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| OC02 | Cancelled<br>Outpatient Clinics | Number of outpatient clinic sessions cancelled during quarter.<br>One which was intended to be available, but which was not held by any specialty, classified by the last specialty scheduled to the session. <u>If a multi-specialty session, it will be counted against the last specialty scheduled in the session.</u> |
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