Appedix B - Definitions

Reducing length of stay

General Description
This indicator shows the percentage of all bed days in the trust that could be saved by reducing the number of days spent in hospital by patients below the median length of stay (LOS). This is expressed as a percentage of all bed days in the trust. In general, the lower the percentage, the better the performance in terms of avoiding above average hospital stays. Data is for the quarter shown at the top of the screen.

Details
This indicator for potential bed days saved is 25% of the total number of days spent in hospital by patients below the median length of stay (LOS). This is expressed as a percentage of all bed days in the trust. The figure for “potential bed days saved” is 25% of the total number of days spent in hospital by patients below the median length of stay (LOS) for all patients. The figure for one quarter has been assessed by the National Institute as an appropriate level of such bed days that could be avoided.

The median LOS is calculated by determining the value for which one-half (50%) of the LOS (when ranked) will lie below that value and one-half will lie below that value. When the number of values is even the median LOS is calculated as the average of the two middle values when the LOS values are ordered.

Age is defined in the case-mix adjustment as 5-year bands (0, 1-4, 5-9, 10-14, >15+). Depression is based on the Index of Multiple Deprivation (IMD) 2004 for each lower output area Statistical Output Area (SOA).

How Ranges are Determined
The ranges in the system (Green, Amber, and Red) represent the relative position of the organisation in respect to the target set by the Department of Health. This indicator’s ranges are created based on the information below:

Reducing pre-operative bed days

General Description
This indicator shows the percentage of all bed days for patients undergoing a procedure in hospital who were able to avoid an in-hospital bed by being discharged as a day case. This indicator is the percentage of all activity so trusts that perform well on the indicator may still have scope for significant potential improvement. In general, the lower the percentage, the better. Data is for the quarter shown at the top of the screen.

Details
This Audit Commission has identified 25 procedures which can in most cases be carried out safely as a day case as defined by the Audit Commission basket of 25 procedures performed per quarter. Operations included in this indicator are those that are actually carried out as day cases - operations.

The calculation is the total number of elective admissions where the patient is classified as a day case, and where the dominant operation episode is one of the twenty listed below as a percentage of the total number of elective admissions for the Trust.

The day case rate is the percentage of all operations from the Audit Commission basket of 25 procedures performed per quarter. The percentage is calculated by taking the number of patients who perform the procedure and those that perform poorly, if they have significantly more activity of this type.

The 25 procedures are: orchidopexy, circumcision, inguinal hernia repair, excision of breast lump, and fissure dilation or excision, haemorrhoidectomy, liposuction, cholecystectomy, varicose vein stripping or ligation, transurethral resection of bladder tumour; excision of Dupuytren’s contracture, percutaneous decompression, excision of ganglion, arthroscopy, bronchoscopic, removal of mole, excision of caesarean without implant, correction of strabismus, myringoplasty, breast biopsy, lipoma excision, arthroscopy, laparoscopic cholecystectomy, extraction of foreign body, sub-mucous resection, reduction of nasal, operation for bat ears, dilation and curettage/hysteroscopy, liposcopy and termination of pregnancy.

How Ranges are Determined
The ranges in the system (Green, Amber, and Red) represent the relative position of the organisation in respect to the target set by the Department of Health. This indicator’s ranges are created based on the information below:

Increasing day case surgery rates

General Description
This indicator is the percentage of all operations from the Audit Commission basket of 25 procedures performed per quarter. The percentage is calculated by taking the number of patients who perform the procedure and those that perform poorly, if they have significantly more activity of this type.

Details
This Audit Commission has identified 25 procedures which can in most cases be carried out safely as a day case as defined by the Audit Commission basket of 25 procedures performed per quarter. Operations included in this indicator are those that are actually carried out as day cases - operations.

The calculation is the total number of elective admissions where the patient is classified as a day case, and where the dominant operation episode is one of the twenty listed below as a percentage of the total number of elective admissions for the Trust.

The day case rate is the percentage of all operations from the Audit Commission basket of 25 procedures performed per quarter. The percentage is calculated by taking the number of patients who perform the procedure and those that perform poorly, if they have significantly more activity of this type.

The 25 procedures are: orchidopexy, circumcision, inguinal hernia repair, excision of breast lump, and fissure dilation or excision, haemorrhoidectomy, liposuction, cholecystectomy, varicose vein stripping or ligation, transurethral resection of bladder tumour; excision of Dupuytren’s contracture, percutaneous decompression, excision of ganglion, arthroscopy, bronchoscopic, removal of mole, excision of caesarean without implant, correction of strabismus, myringoplasty, breast biopsy, lipoma excision, arthroscopy, laparoscopic cholecystectomy, extraction of foreign body, sub-mucous resection, reduction of nasal, operation for bat ears, dilation and curettage/hysteroscopy, liposcopy and termination of pregnancy.

How Ranges are Determined
The ranges in the system (Green, Amber, and Red) represent the relative position of the organisation in respect to the target set by the Department of Health. This indicator’s ranges are created based on the information below:

Reducing DNA4s

General Description
This indicator shows the percentage of all outpatient appointments where the patient did not attend. A high level of DNAs indicates a system that might be making unnecessary appointments or failing to communicate clearly with patients. The data is for the quarter shown at the top of the screen.

Details
Potential savings are defined as the number of excess DNAAs multiplied by the PbR tariff. The final result is multiplied by hour to give the annualised savings. The first to follow up ratio is calculated by dividing the number of outpatient follow up attendances by the number of outpatient first attendances.

The number of follow up attendances that would be expected, based on the 25th percentile first to follow up rate for each specialty multiplied by the PbR tariff. The final result is multiplied by hour to give the annualised savings. The first to follow up rate is calculated by dividing the number of outpatient follow up attendances by the number of outpatient first attendances.

Where a saving is negative, this value has been set to zero so there cannot be a negative saving.

How Ranges are Determined
The ranges in the system (Green, Amber, and Red) represent the relative position of the organisation in respect to the target set by the Department of Health. This indicator’s ranges are created based on the information below:

New to Follow Up

General Description
First is follow up ratio is defined as the number of outpatient follow up attendances that took place against the number of outpatient first attendances that took place. This indicator can be used to highlight providers that have a relatively high ratio, which could indicate that too many follow up appointments are taking place. It can assist trusts in ensuring that they achieve best practice in the level of follow up appointments. Higher savings reflect a higher first to follow up rate, and therefore a greater potential saving.

Details
Potential savings is defined as the excess follow up attendances (based on the 25th percentile of all trusts for each specialty) multiplied by the PbR tariff. The final result is multiplied by hour to give the annualised savings. The first to follow up ratio is calculated by dividing the number of outpatient follow up attendances by the number of outpatient first attendances.

The number of follow up attendances that would be expected, based on the 25th percentile first to follow up rate for each specialty multiplied by the PbR tariff. The final result is multiplied by hour to give the annualised savings. The first to follow up rate is calculated by dividing the number of outpatient follow up attendances by the number of outpatient first attendances.

Where a saving is negative, this value has been set to zero so there cannot be a negative saving.

How Ranges are Determined
The ranges in the system (Green, Amber, and Red) represent the relative position of the organisation in respect to the target set by the Department of Health. This indicator’s ranges are created based on the information below: