



INVESTIGATION OF ANOMALIES HIGHLIGHTED BY COPPISH

(Core Patient Profile Information in Scottish Hospitals)

FINAL REPORT Executive Summary

Anomalies Project Team

Data Quality Assurance Team, (SMR and Standards Unit)
Hospital and Community Information Unit
Workplace and Comparative Information Unit

Information enquiries

Sophie Houston
Anomalies Project Leader – 0131 551 8005
Val Borland
Data Quality Advisor – 0131 551 8005
Margaret Conway
Senior Health Information Scientist – 0131 551 8451

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Introduction

The project investigated the reasons for differences in volumes in the recording of activity at specialty level in ISD(S)1 and SMR returns. This report makes recommendations to improve the accuracy and completeness of the returns.

Main Aims/Objectives

- To compare the number of new outpatient attendances and inpatient/day case episodes recorded on ISD(S)1 and SMR00/SMR01 at specialty level
- To investigate the reasons for differences between the datasets in the numbers of attendances/episodes recorded by acute trusts/DMUs
- To identify reasons for differences in levels of transfers recorded by trusts/DMUs
- To make recommendations to improve the accuracy and completeness of ISD(S)1 and SMR00/SMR01 returns.

A summary of recommendations from the investigations carried out with 31 acute hospitals for acute specialties across Scotland is given in the next two pages.

The hospitals comprise about 93% of the national figure for inpatients and day cases episodes, and 92% for new outpatient attendances.

Recommendations

The recommendations refer to the section and page number within the full report.

1. **Timing of returns, page 10.** Trusts/DMUs which use data from a PAS/HISS statistics report are recommended, at quarter end, to rerun the ISD(S)1 reports for the previous 3 months data to ensure that all SMR amendments are incorporated in the ISD(S)1 figures.
2. **PAS/HISS problem areas, page 10.** We recommend that a detailed investigation on the discrepancies on the number of transfers between SMR01 and ISD(S)1 is carried out separately for each PAS/HISS system. This could be a joint investigation by ISD with representatives from the service for each PAS/HISS system. We would advise that this should be followed up by correction of the fault wherever possible.
3. In order to assist trusts installing new PAS/HISS systems to ensure the correct generation of SMR01 returns and ISD(S)1 statistics, we suggest the creation of a joint ISD/trust group to establish a standard set of scenarios.
4. We suggest the creation of a small 'help team' of trust and ISD staff working together to help correct existing data recording problems.
5. **Outreach clinics, page 11.** We suggest that working groups are set up between groups of ISD/trust/health board staff to resolve the problems.
6. **Domiciliary locations, page 11.** We would recommend that firm guidance be given by ISD on which of two methods should be used for recording domiciliary visits on the SMR00.
7. **Definitional issues, pages 11 and 12.** We would suggest that ISD should address the following areas:
 - **Direct access facilities, and how to record the activity.**
 - **One Stop clinics, and how to record the activity.**
 - **Nurse-led clinics, and how to record the clinics** in a standard return.
 - **Health Care Professional (HCP)** in SMR returns – extension of definition is required.
 - **Outpatient/day case definitions** - ISD should clarify which SMR should record the activity, if possible, for various procedures and activity settings.
 - **ISD and the service should consider simplifying some of the data items on SMR01** that have a wide range of codes, such as *Admission/Transfer From, Discharge/Transfer To*.

- **Inconsistent use of the significant facility code** We suggest that the use of the code for children' wards should be discussed further by the DLG with a view to standardisation across Scotland, to achieve consistency in recording for children transferring from Day Bed Units to an inpatient ward. Use of significant facility codes in children's hospitals should be more clearly defined in the SMR Data Manual, page 7-6.
8. **Multidisciplinary working practices, page 12.** We would recommend that there should be a review carried out of SMR00 and SMR01, with a view to capturing the activity carried out by a wider range of health care professional than are currently covered in standard SMR data definitions.
9. **Operational issues, page 12.**
- Discrepancies in PCT/Acute trust mapping of location code should continue to be addressed as they arise.
 - ISD should clarify how midwife and other senior nursing staff registration PIN numbers are maintained on reference files.
 - ISD should consider issuing trusts with guidance for timescales to aim for when sending SMR00 and SMR01 returns to ISD.
10. **Monitoring actions, page 13.** In order to continue the momentum generated by this project it is suggested that there is an annual rerun of simplified comparison tables of the differences in numbers between ISD(S)1 and SMR00/01 returns for discussions with trusts.
11. **Other areas for consideration, page 13.** In order not to loose the raised awareness, nor the momentum to improve the accuracy of ISD(S)1 data, it is suggested that ISD should consider how it would be possible to raise the profile within the trusts of ISD(S)1.