

PAEDIATRIC ADMISSION PROJECT DATA DEFINITIONS

For the purpose of the Paediatric Admissions Project a child shall be defined as being of age less than 18 years.

Percentage of children attending ED admitted

Calculated as

- Number of children attending ED whose ACCIDENT AND EMERGENCY ATTENDANCE DISPOSAL is 01 - Admitted to a [Hospital Bed](#) /became a **LODGED PATIENT** of the same [Health Care Provider](#)

Divided by

- Total number of children attending ED

Percentage of children referred by GP who are admitted

Calculated as

- Number of children attending ED whose ACCIDENT AND EMERGENCY ATTENDANCE DISPOSAL is 01 - Admitted to a [Hospital Bed](#) /became a **LODGED PATIENT** of the same [Health Care Provider](#) and whose SOURCE OF REFERRAL FOR A and E is 00 - **GENERAL MEDICAL PRACTITIONER**

Divided by

- Total number of children attending ED whose SOURCE OF REFERRAL FOR A and E is 00 - **GENERAL MEDICAL PRACTITIONER**

Percentage of children referred by ED who are admitted

Calculated as

- Number of children attending ED whose ACCIDENT AND EMERGENCY ATTENDANCE DISPOSAL is 01 - Admitted to a [Hospital Bed](#) /became a **LODGED PATIENT** of the same [Health Care Provider](#) and whose SOURCE OF REFERRAL FOR A and E is **not** 00 - **GENERAL MEDICAL PRACTITIONER**

Divided by

- Total number of children attending ED whose SOURCE OF REFERRAL FOR A and E is **not** 00 - **GENERAL MEDICAL PRACTITIONER**

Total number of unplanned admissions

Calculated as

- Number of children whose ADMISSION METHOD is one of the following

- 21 Accident and emergency or dental casualty department of the [Health Care Provider](#)
- 22 **GENERAL PRACTITIONER**: after a request for immediate admission has been made direct to a [Hospital Provider](#), i.e. not through a Bed bureau, by a **GENERAL PRACTITIONER** or deputy
- 23 Bed bureau
- 24 [Consultant Clinic](#), of this or another [Health Care Provider](#)
- 25 Admission via Mental Health Crisis Resolution Team *
- 2A [Accident and Emergency Department](#) of another provider where the **PATIENT** had not been admitted **

- 2B Transfer of an admitted **PATIENT** from another **Hospital Provider** in an emergency **
- 2C Baby born at home as intended **
- 2D Other emergency admission **
- 28 Other means, examples are: ***
 - admitted from the **Accident and Emergency Department** of another provider where they had not been admitted
 - transfer of an admitted **PATIENT** from another **Hospital Provider** in an emergency
 - baby born at home as intended

Length of stay of unplanned admissions

Calculated as

- Discharge Date minus Admission Date for all children whose ADMISSION METHOD is one of the following

- 21 Accident and emergency or dental casualty department of the **Health Care Provider**
- 22 **GENERAL PRACTITIONER**: after a request for immediate admission has been made direct to a **Hospital Provider**, i.e. not through a Bed bureau, by a **GENERAL PRACTITIONER** or deputy
- 23 Bed bureau
- 24 **Consultant Clinic**, of this or another **Health Care Provider**
- 25 Admission via Mental Health Crisis Resolution Team *
- 2A **Accident and Emergency Department** of another provider where the **PATIENT** had not been admitted **
- 2B Transfer of an admitted **PATIENT** from another **Hospital Provider** in an emergency **
- 2C Baby born at home as intended **
- 2D Other emergency admission **
- 28 Other means, examples are: ***
 - admitted from the **Accident and Emergency Department** of another provider where they had not been admitted
 - transfer of an admitted **PATIENT** from another **Hospital Provider** in an emergency
 - baby born at home as intended

Age of child who is an unplanned admission

Calculated as

- **AGE ON ADMISSION** is derived as the number of completed years between the **PERSON BIRTH DATE** of the **PATIENT** and the **START DATE (HOSPITAL PROVIDER SPELL)**
- Into categories: (0-1/2-5/6-10/11-15/16-18)

Readmission rate of children seen in PAU

This will have to be undertaken locally by information teams within the Trusts

Calculated as

- The number of children seen in PAU who have an admission in the following 2 days whose ADMISSION METHOD is one of the following
- 21 Accident and emergency or dental casualty department of the **Health Care Provider**
 - 22 **GENERAL PRACTITIONER**: after a request for immediate admission has been made direct to a **Hospital Provider**, i.e. not through a Bed bureau, by a **GENERAL PRACTITIONER** or deputy
 - 23 Bed bureau
 - 24 **Consultant Clinic**, of this or another **Health Care Provider**
 - 25 Admission via Mental Health Crisis Resolution Team *
 - 2A **Accident and Emergency Department** of another provider where the **PATIENT** had not been admitted **

- 2B Transfer of an admitted **PATIENT** from another [Hospital Provider](#) in an emergency **
- 2C Baby born at home as intended **
- 2D Other emergency admission **
- 28 Other means, examples are: ***
 - admitted from the [Accident and Emergency Department](#) of another provider where they had not been admitted
 - transfer of an admitted **PATIENT** from another [Hospital Provider](#) in an emergency
 - baby born at home as intended

Divided by

- The number of children seen in PAU

Readmission rate of children admitted to a ward and discharged

This will have to be undertaken locally by information teams within the Trusts

Calculated as

- The number of children discharged from the hospital following an admission whose ADMISSION METHOD is in the following table and who have an admission in the following 2 days whose ADMISSION METHOD is in the following table

- 21 Accident and emergency or dental casualty department of the [Health Care Provider](#)
- 22 **GENERAL PRACTITIONER**: after a request for immediate admission has been made direct to a [Hospital Provider](#), i.e. not through a Bed bureau, by a **GENERAL PRACTITIONER** or deputy
- 23 Bed bureau
- 24 [Consultant Clinic](#), of this or another [Health Care Provider](#)
- 25 Admission via Mental Health Crisis Resolution Team *
- 2A [Accident and Emergency Department](#) of another provider where the **PATIENT** had not been admitted **
- 2B Transfer of an admitted **PATIENT** from another [Hospital Provider](#) in an emergency **
- 2C Baby born at home as intended **
- 2D Other emergency admission **
- 28 Other means, examples are: ***
 - admitted from the [Accident and Emergency Department](#) of another provider where they had not been admitted
 - transfer of an admitted **PATIENT** from another [Hospital Provider](#) in an emergency
 - baby born at home as intended

Divided by

- The number of children discharged from the hospital following an admission whose ADMISSION METHOD is in the following table

- 21 Accident and emergency or dental casualty department of the [Health Care Provider](#)
- 22 **GENERAL PRACTITIONER**: after a request for immediate admission has been made direct to a [Hospital Provider](#), i.e. not through a Bed bureau, by a **GENERAL PRACTITIONER** or deputy
- 23 Bed bureau
- 24 [Consultant Clinic](#), of this or another [Health Care Provider](#)
- 25 Admission via Mental Health Crisis Resolution Team *
- 2A [Accident and Emergency Department](#) of another provider where the **PATIENT** had not been admitted **
- 2B Transfer of an admitted **PATIENT** from another [Hospital Provider](#) in an emergency **
- 2C Baby born at home as intended **
- 2D Other emergency admission **
- 28 Other means, examples are: ***
 - admitted from the [Accident and Emergency Department](#) of another provider where they had

- not been admitted
- transfer of an admitted **PATIENT** from another [Hospital Provider](#) in an emergency
- baby born at home as intended

ADMISSION METHOD

The method of admission to a [Hospital Provider Spell](#).

Note: see [ELECTIVE ADMISSION TYPE](#) for a full definition of [Elective Admission](#).

National Codes:

Elective Admission, when the **DECISION TO ADMIT** could be separated in time from the actual admission:

- 11 Waiting list
- 12 Booked
- 13 Planned

Note that this does not include a transfer from another [Hospital Provider](#) (see 81 below).

Emergency Admission, when admission is unpredictable and at short notice because of clinical need:

- 21 Accident and emergency or dental casualty department of the [Health Care Provider](#)
- 22 **GENERAL PRACTITIONER**: after a request for immediate admission has been made direct to a [Hospital Provider](#), i.e. not through a Bed bureau, by a **GENERAL PRACTITIONER** or deputy
- 23 Bed bureau
- 24 [Consultant Clinic](#), of this or another [Health Care Provider](#)
- 25 Admission via Mental Health Crisis Resolution Team *
- 2A [Accident and Emergency Department](#) of another provider where the **PATIENT** had not been admitted **
- 2B Transfer of an admitted **PATIENT** from another [Hospital Provider](#) in an emergency **
- 2C Baby born at home as intended **
- 2D Other emergency admission **
- 28 Other means, examples are: ***
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 - transfer of an admitted **PATIENT** from another [Hospital Provider](#) in an emergency
 - baby born at home as intended

Maternity Admission, of a pregnant or recently pregnant woman to a maternity ward (including delivery facilities) except when the intention is to terminate the pregnancy

- 31 Admitted ante-partum
- 32 Admitted post-partum

Other Admission not specified above

- 82 The birth of a baby in this [Health Care Provider](#)
- 83 Baby born outside the [Health Care Provider](#) except when born at home as intended.
- 81 Transfer of any admitted **PATIENT** from other [Hospital Provider](#) other than in an emergency

Note: The classification has been listed in logical sequence rather than alphanumeric order.

***Note - National Code 25 'Admission via Mental Health Crisis Resolution Team' is only valid for use in the [Mental Health and Learning Disabilities Data Set](#) and the Commissioning Data Set schema version 6-2. This value is not permitted to flow in Commissioning Data Set schema version 6-1-1. Users of Commissioning Data Set version 6-1 must map National Code**

25 to another appropriate **ADMISSION METHOD** code for the purposes of flowing data through the Commissioning Data Set schema version 6-1-1.

**** Note - National Codes 2A, 2B, 2C and 2D have been introduced to replace National Code 28 'Other means'. Health Care Providers should use these codes locally for collection of data as soon as possible. However the codes are only enabled to flow in the Commissioning Data Set schema version 6-2, and this must NOT be done until Secondary Uses Service Release 13 (April 2013) as the Payment Grouper will not be updated to use the codes until then. Users should map locally collected new codes to old value 28 until notified by the Information Centre that they are accepted by the Payment Grouper. Records containing these codes prior to April 2013 will U group and will consequently not attract tariff. Also, users of Commissioning Data Set schema 6-1-1 should map these values to National Code 28 for submission in these data sets, until they are able to migrate to Commissioning Data Set version 6-2.**

***** Note - National Code 28 should only be used in Commissioning Data Set version 6-1, and in Commissioning Data Set version 6-2 until advised by the Health and Social Care Information Centre (as per note ** above). Otherwise it should only be used after April 2013 in Commissioning Data Set Version 6-2 where Health Care Providers have not yet updated their systems to collect National Codes 2A, 2B, 2C and 2D, or for submission of historical data which was not collected using the new National Codes. National Code 28 will be retired when Commissioning Data Set version 6-1 is superseded.**

ACCIDENT AND EMERGENCY ATTENDANCE DISPOSAL

A code to identify how an [Accident and Emergency Attendance](#) might end.

National Codes:

- 01 Admitted to a [Hospital Bed](#) /became a **LODGED PATIENT** of the same [Health Care Provider](#)
- 02 Discharged - follow up treatment to be provided by **GENERAL PRACTITIONER**
- 03 Discharged - did not require any follow up treatment
- 04 Referred to A&E Clinic
- 05 Referred to Fracture Clinic
- 06 Referred to other [Out-Patient Clinic](#)
- 07 Transferred to other [Health Care Provider](#)
- 10 Died in **DEPARTMENT**
- 11 Referred to other health **CARE PROFESSIONAL**
- 12 Left **DEPARTMENT** before being seen for treatment
- 13 Left **DEPARTMENT** having refused treatment
- 14 Other

For the Accident and Emergency Clinical Quality Indicators, further guidance on National Code 'Left **DEPARTMENT** before being seen for treatment' is available on the [Health and Social Care Information Centre website](#).

SOURCE OF REFERRAL FOR A and E

The source of referral of each [Accident and Emergency Episode](#).

National Codes:

- 00 GENERAL MEDICAL PRACTITIONER
- 01 Self referral
- 02 Local Authority Social Services
- 03 Emergency services
- 04 Work
- 05 Educational Establishment
- 06 Police
- 07 Health Care Provider: same or other
- 08 Other
- 92 GENERAL DENTAL PRACTITIONER
- 93 Community Dental Service

References:

National Purchasing Unit for Dental Service Increment For Teaching (SIFT), 1996.
Dental SIFT: Proposals for Minimum Data Set (MDS) requirements