



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

National Casemix Programme  
CASEMIX / HIPE UNIT  
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To: -

- National Director for Finance
- National Director of the National Hospital Office
- Assistant National Director, Decision Support
- Assistant National Director, Contracts and Utilisation
- Each Network Manager
- Each Casemix hospital C.E.O. / Manager / Administrator
  - For CC to each Casemix hospital:
    - Cost Accountant
    - I.T. Manager
    - HIPE / Casemix Coordinator

**Re: Urgent – Clarification regarding Outpatients – dual reporting for both Casemix & the Public-Private ‘mix’ as part of the new consultant contract:**

**Dear CEO / Manager / Administrator:**

Two separate Outpatient Projects are presently underway:-

- Casemix related outpatient activity in Group 1 hospitals and
- Outpatient information required in all hospitals as part of the measurement of the public / private mix related to the new consultant contract.

Attached please find detailed clarification on both these projects which is being issued to ensure that the appropriate staff in your hospital are adequately informed. We are endeavouring to streamline the process to help avoid duplication of effort, while still facilitating both projects. Data being sought is ‘electronic’ (as a Patient Administration System download), rather than manual, although initially it may require linking internal I.T. ‘systems’ within hospitals. It is intended however, as an electronic rather than a manual system.

Please note that discussions are ongoing between this Unit, the National Hospitals Office and Decision Support / HealthStats, in order to establish whether this system

could be further developed in time so that it becomes a single electronic O.P.D. 'return', encompassing the requirements of the four separate projects<sup>1</sup>. If so, then we would review whether it is technically feasible to establish a central repository for such data, in order that data can be transferred monthly. This will greatly reduce duplication of effort, endeavour to eliminate manual inputting of data, and facilitate the ongoing move towards more 'live' or current reporting. We shall be in contact with you at a later stage in this regard.

Please bring this matter to the attention of the relevant officers in your organisation.

For further information please contact this unit.

Yours sincerely,

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Claude Grealy  
**Manager**  
National Casemix Programme  
**Casemix/HIPE Unit**

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<sup>1</sup> (1) Casemix, (2) the Public / Private Project, (3) the N.H.O. and (4) HealthStats

# **1. Inclusion of Outpatients in the Casemix model**

As announced at the Casemix Conference in April the Outpatient area is being included in Casemix. It will form an essential part of the strategy to prospectively fund hospitals through Casemix. The following are the main points specific to outpatients.

1. This year the cost and activity information in respect of 2007 for the 8 Group 1 hospitals is being included at an initial blend rate of 1%.
2. In 2009 cost and activity data from all Casemix hospitals in respect of 2008 (excluding Maternity and Paediatric Hospitals) will be included at a blend rate of 2.5%. This blend rate will then double each subsequent year until it reaches parity with the inpatient/daycase blend rate.
3. The Outpatient data reported should correspond with the sessions and clinics costed to Outpatients by the hospital's Specialty Costing Officers in the Casemix costing return.
  - i) It will be necessary for the Specialty Costing Officers to correspond with the relevant staff in the ICT department to detail these areas.
  - ii) If hospitals do not report activity in these areas it will result in costs being reported without matching activity which will negatively impact on the hospital's financial result.
4. The technical specifications of the data required are detailed in Appendix 1. In summary what is required are the relevant OPD attendances and the details of any diagnostic tests, drugs or paramedical episodes relating to outpatients.
5. This data will be initially requested once a year by the Casemix/HIPE Unit. The data required will be a full calendar year data for the previous year. The preferred format at this stage is either .CSV or .TXT delimited.
6. Price lists for tests or item costings are also requested where available.

## **2. Measurement of public/private mix as part of the new consultant contract**

As part of the new consultant contract outpatient activity will be one of the measurement streams where the public/private mix of consultant activity will be measured. The data to be measured will be all consultant activity, public or private, taking place on the hospital campus. In the longer term it is envisaged that all of this activity is captured by PAS but in the short term, while IT issues are addressed, it may be necessary to append private data held electronically or manually to PAS. Please see Appendix 2 for additional information on the system requirements (this document should have been previously sent to your hospital through the Network Managers) and for a detailed technical specification for the information on PAS. The data extract for this purpose could be the same as the data extracts for the OPD Casemix project, (Appendix 1). The reasoning behind this format is that the data set can be applied to both processes and avoid duplication of work for the IT departments.

1. Reports should be run monthly containing a rolling period of 3 months data.
2. Measuring the Consultants private/public ratio, it is essential that the following data elements are included in the calculation.
3. This data can then be overwritten in the database used to do the calculation for measuring the Private/Public mix
4. Date, MRN, Episode Sequence Number, Insurance status, Specialty Clinic, First or Return status.
5. The Private Consultants Patients to be added to above data will need to be saved and appended each month.

# APPENDIX 1A

## DATA FORMAT REQUIRED FOR OPD ATTENDANCES

Data item name	Format	Length Values-Notes
Facility Identifier	A4	The alpha/numeric identifier assigned to facility reporting the episode of care.
Stay Number	A10	The alpha/numeric identifier assigned to the episode of care.
Episode Sequence Number	A2	The alpha/numeric identifier assigned to the episode of care.
Medical Record Number	A10	The alpha/numeric identifier assigned to the episode of care.
First Visit or Return visit	A20	To indicate if patient is new or return.
Admission Date	A10	Format DD/MM/YYYY
Admission Time	A10	Format MM:HH (minutes:hours)
Discharge Date	A10	Format DD/MM/YYYY
Discharge Time	A10	Format MM:HH (minutes:hours)
Outpatient Clinic Type Code	A6	The alpha/numeric identifier assigned to the episode of care.
Specialised Clinics	A10	The alpha/numeric identifier assigned to the episode of care.
Consultant	A10	The alpha/numeric identifier assigned to the episode of care.
Specialty	A10	The alpha/numeric identifier assigned to the episode of care.
Referral Internal	A10	The alpha/numeric identifier assigned to the episode of care.
Referral External	A10	The alpha/numeric identifier assigned to the episode of care.
Insurance Status	A10	The alpha/numeric identifier assigned to the episode of care.
Date of Birth	A8	Format DD/MM/YYYY
Sex	A1	M-F

## DATA FORMAT REQUIRED FOR OPD PATHOLOGY TESTS

Data item name	Format	Length Values-Notes
Facility Identifier	A4	The alpha/numeric identifier assigned to facility reporting the episode of care.
Medical Record Number	A10	The alpha/numeric identifier assigned to the episode of care.
Admission Date	A10	Format DD/MM/YYYY
Discharge Date	A10	Format DD/MM/YYYY
Pathology	A6	The alpha/numeric identifier assigned to the episode of care.
Consultant	A10	The alpha/numeric identifier assigned to the episode of care.
Insurance Status	A10	The alpha/numeric identifier assigned to the episode of care.

## DATA FORMAT REQUIRED FOR OPD RADIOLOGY TESTS

Data item name	Format	Length Values-Notes
Facility Identifier	A4	The alpha/numeric identifier assigned to facility reporting the episode of care.
Medical Record Number	A10	The alpha/numeric identifier assigned to the episode of care.
Admission Date	A10	Format DD/MM/YYYY
Discharge Date	A10	Format DD/MM/YYYY
Imaging	A6	The alpha/numeric identifier assigned to the episode of care.
Consultant	A10	The alpha/numeric identifier assigned to the episode of care.
Insurance Status	A10	The alpha/numeric identifier assigned to the episode of care.

## DATA FORMAT REQUIRED FOR OPD ALLIED HEALTH EPISODES

Data item name	Format	Length Values-Notes
Facility Identifier	A4	The alpha/numeric identifier assigned to facility reporting the episode of care.
Medical Record Number	A10	The alpha/numeric identifier assigned to the episode of care.
Admission Date	A10	Format DD/MM/YYYY
Discharge Date	A10	Format DD/MM/YYYY
Allied Health	A6	The alpha/numeric identifier assigned to the episode of care.
Consultant	A10	The alpha/numeric identifier assigned to the episode of care.
Insurance Status	A10	The alpha/numeric identifier assigned to the episode of care.

## DATA FORMAT REQUIRED FOR OPD PHARMACY DRUG ISSUES

Data item name	Format	Length Values-Notes
Facility Identifier	A4	The alpha/numeric identifier assigned to facility reporting the episode of care.
Medical Record Number	A10	The alpha/numeric identifier assigned to the episode of care.
Admission Date	A10	Format DD/MM/YYYY
Discharge Date	A10	Format DD/MM/YYYY
Pharmacy	A6	The alpha/numeric identifier assigned to the episode of care.
Consultant	A10	The alpha/numeric identifier assigned to the episode of care.
Insurance Status	A10	The alpha/numeric identifier assigned to the episode of care.

### OTHER DATA REQUESTED IF AVAILABLE

Please forward price lists or item level costings if available. For example if cost per test information or the price per test charged to external agencies is available please forward to the Casemix/HIPE Unit.

# APPENDIX 1B

## Reference notes for data extraction

Data item name	Format- maximum no of alpha/numeric chars	Length Values-Notes
Facility Identifier	A4	This represents the hospital Identifier- it may consist of text and/or number- preference is for 4 digits
Stay Number	A10	The stay Number is sometimes substituted for the episode sequence Number it may be consist of text and/or Number.
Episode Sequence Number	A2	The ESN is the number assigned with each Stay Number normally 1,2,3 or a,b,c
Medical Record Number	A10	The alpha/numeric identifier assigned to the episode of care.
Admission Date	A10	Format DD/MM/YYYY
Admission Time	A10	Format MM:HH (minutes:hours)
Discharge Date	A10	Format DD/MM/YYYY
Discharge Time	A10	Format MM:HH (minutes:hours)
Outpatient Clinic Type Code	A6	This is the number assigned to the clinic it can also be in either text or numeric e.g. up to 6 Characters CAR001=6
Specialized Clinics	A10	This is the number assigned to the clinic it can also be in either text or numeric e.g. up to 10 Characters CAR101James=10
Consultant	A10	This is the number assigned to the Consultant it can also be in either text or numeric up to 10 Characters e.g. Prof12345=10
Specialty	A10	This is the number assigned to the speciality it can also be in either text or numeric e.g. up to 10 Characters Cardiology=10
Referral Internal	A10	This is the number assigned to the Consultant referring the patient can also be in either text or numeric up to 10 Characters e.g. Prof12345=10
Referral External	A10	This is the number assigned to the external Consultant it can also be in either text or numeric up to 10 Characters e.g. Prof12345=10
Insurance Status	A10	This is the number assigned to indicate if the patient is being treated as a public or private patient. It can be in either text or numeric up to 10 Characters e.g. PRVMBF001
Date of Birth	A8	Format DD/MM/YYYY
Sex	A1	M-F

## **APPENDIX 2**

### **Guidance for Hospital CEOs/Managers on Consultant Public/Private Measurement System**

#### **Requirements for OPD**

1. Activity to be counted is the Consultant led OPD activity on the hospital campus. Activity on the following on site private clinics is excluded from the measurement process for existing consultants only – Cork University Hospital, Beaumont Hospital, St. James's Hospital.
2. All attendances at public OPD clinics are to be counted as public attendances and no billing is to take place in respect of such patients.
3. A Common Registration System for all patients is to be set up. Relevant staff in private clinics will input patient details onto PAS system. All patients whether public or private are to have a unique hospital number.
4. Each OPD clinic is to have a separate code. It is required that each private clinic be set up on the PAS system with a separate code.
5. Because of Data Protection issues the PAS system will need to be modified so that secretaries in private clinics will only have input access on PAS and will not have access to public data.
6. In the interim while PAS systems are being modified to allow input only access from private clinics, outpatient activity by patient unique hospital number is to be collected in the private clinics and sent to the public hospitals by spreadsheet or other means to be amalgamated with public data to determine the public/private ratio.
  - If the patients attending at the private clinic already have a hospital number this number is to be used in the private clinics.
  - For new patients the hospitals are to give batches of hospital numbers to the private clinics. These numbers should be attached to the patients by the private clinic for the current episode and used by the hospital for all subsequent episodes whether public or private.
  - The minimum data set for the Private Clinics should be the same as the Public Clinics on PAS.
  - The private activity and the processes used to capture this activity will be subject to audit.
7. All attendances are to be counted by consultant with new attendances, both private and public, receiving a weighting of 3 times that of a return attendance. Please note that this weighting is an interim measure which will be replaced as a more accurate weighting becomes available.
8. Reporting system is to detail attendances and weighted attendances by consultant – example attached. The report should detail percentages of public to private weighted attendances totalling to 100%.

9. Where hospitals have more than one Clinical Director monitoring the public/private mix it will be necessary for each Clinical Director to be provided with reports for the consultants in their directorate.
10. Reports are to be produced based on PAS information or on the interim methods outlined above on a monthly basis from 1<sup>st</sup> September 2008.

## **Guidance for Hospital CEOs/Managers on Consultant Public/Private Measurement System**

### **Requirements for Diagnostics**

1. Hospitals are to report via the PAS system total Radiology and Pathology activity by public/private status and split this activity between public and private.
2. If the public/private status is not available, the consultant groups are to provide the volume and patient status of such tests. The public activity will be the total activity less the private activity identified. The private activity and the processes used to capture this private activity will be subject to audit.
3. Reports are to be produced per consultant by volume of activity and the percentage of public and private activity.
4. Reports are to be produced based on PAS information or on the methods outlined above on a monthly basis from 1<sup>st</sup> September 2008.