

GLOSSARY OF TERMS

Acceptability

Refers to consistency with the values of communities.

Access

The capacity or potential to obtain a quality service. Access incorporates notions of geographical access, cultural access, service appropriateness, affordability and so on.

Activity Projections Plus Interventions (APPI) Model

A forecasting tool to 2001 and 2006 developed by NSW Health that provides information that approximates future realities for acute hospital services.

Acute

Acute care is where the principal clinical intent is to do one or more of the following: manage labour (obstetric); cure illness or provide definitive treatment of injury; perform surgery; relieve symptoms of illness or injury (excluding palliative care); reduce the severity of an illness or injury; protect against exacerbation and/or complications of an illness and/or injury which could threaten life or normal function; perform diagnostic or therapeutic procedures.

Hospitals are grouped into "acute" and "non acute" on the basis of the types of patients treated and the type of care delivered. Psychiatric hospitals and nursing homes are considered to be "non-acute" by definition, since the majority of patients in these institutions are receiving types of care other than acute. The type of care delivered in rehabilitation and aged care hospitals or hospices is usually considered to be "sub acute".

Programs are service delivery areas, which are identified and separately funded in budgets. These can be also be classified as acute, non acute and sub acute.

Admissions

The number of patients who underwent admission, that is, the administrative process by which a hospital records the commencement of an episode of care, whether is be same day or overnight.

Admissions can be planned or unplanned or via the emergency department.

Adjusted Daily Average

A comprehensive measure of the average daily patient workload of a hospital. It comprises the daily average of inpatient activities plus an equivalent conversion factor for non inpatient occasions of service.

Ambulatory Care

Non inpatient care provided in settings such as outpatient, community care and the home.

AN-DRG

See Australian National Diagnosis Related Groups.

Annual Throughput per Bed

A measure of the number of patients treated per bed in the year. This is also known as the "caseflow rate". It is calculated as (Admissions/Available Bed days) x 365.

Australian National Diagnosis Related Groups

A variation of the DRG system designed for use in Australia.

Available Beds and Bed Days

A bed or a treatment chair (e.g. dialysis, endoscopy, chemotherapy) which is immediately available to be used for treatment of admitted patients in a hospital, that is, resourced with services and staff and is located in a suitable place for care.

Available bed days are the assessed number of bed days, which were available for inpatient care during the year. Same day inpatients are recorded as one inpatient bed day.

Average Acute AN-DRG Weight

A measure of the average resource consumption of acute patients in the hospital. It is calculated as Total Acute AN-DRG Weight/Total Acute Separations.

Average Cost

The total cost of a service/facility/program divided by the number of products in a given time, also known as full average cost.

Average Length of Stay (ALOS)

The average (or mean) length of stay for a group of inpatients, less leave days and excluding same-day patients.

Bed Occupancy Rate

The percentage of available beds which have been occupied over the year. The bed occupancy rate is a measure of the intensity of the use of hospital resources by inpatients. It is calculated as Occupied Bed Days- Unqualified Babies Bed Days/Available Bed Days x 100.

Benchmark

A process of comparison of like processes, outputs or outcomes.

Best Practice

The care which will lead to the maximum benefit for an individual or a population after balancing cost, equity and outcomes.

Capacity

Refers to the ability of SWSAHS to meet current and forecast demand. There can be physical capacity, which is not utilised fully, for example, beds which are not open, or capacity which can be created through greater efficiency (such as higher occupancy or shorter length of stays) or by redirecting existing resources to more effective services.

Capital Costs

Costs related to producing outputs over a period of time; includes costs associated with buildings, equipment and land.

Casemix

Casemix is a method of describing the different types of patients treated by the health system and recognising that different types of patients require different levels of resources.

Chargeable Separations

An admitted patient for whom a charge can be raised by the hospital or Area Health Service for the provision of health care. In Australia, this includes people who are privately insured, workers compensation cases, motor vehicle accident case, veteran affairs and defence force patients, those ineligible for Medicare and those who are self-insured.

Compensable Separations

An admitted patient who is eligible to claim compensation or damages from a third party in respect of their illness, disease or injury.

Cost Modelling

An approach to product costing which aims to estimate mean costs for classes of patients.

Cost per Inpatient

The total cost of inpatient care divided by the number of inpatients.

Cost Weight

One of the most useful aspects of DRGs is the ability to determine the relative resource requirements of patient across the different groups. This is achieved through the development of cost weights. Cost weights aim to describe the average cost (and complexity) of patients within particular ANDRGs as compared to the average for all ANDRGs which is 1.

Demand

Refers to the requirement for health services from the community. Demand for health services is increasing due to population growth and ageing, technology, community expectations and changing clinical practice. Population factors are the most significant driver of demand. Growth in demand varies between Area Health Services due to variations in population growth and ageing affects. SWS residents' demand can be met through access to services provided within SWSAHS, elsewhere in NSW or in some cases, interstate.

Equity

Is defined as equal opportunity for access to services for equal or similar need.

Effectiveness

Is the benefit achieved as a result of a service, intervention or process.

Efficiency

Generally means best value for money and making the best use of limited resources.

Episode of Care

A phase of treatment during which the patient receives a particular type of care (e.g. acute, rehabilitation etc). When that type of care is concluded the episode of care is ended and the patient undergoes either a type change separation to a different type of care or a formal separation and leaves the hospital.

Fixed Costs

The costs of producing a service which is unaffected by volume.

Health Outcome

Is a change in health that is due to a health service intervention program of some type. This change can refer to individuals, or groups of people, or a population. Health outcome/gain indicators are specific, measurable indicators related to each goal and allow monitoring of change occurring.

High Cost Complex DRGs

A list of high cost and complex DRG's developed on empirical grounds with clinical input. In general these DRGs are concentrated within major teaching and referral hospitals.

Incidence

The rate of occurrence of health problems/disease in a population.

Inpatient

A patient admitted to a hospital or health service facility.

Inflows

People who are not residents of the Area Health Service who receive care within the Health Service.

Morbidity

Refers to illness episodes. Morbidity data is data on illness/health problems in a community/group. In Australia this usually refers to data on hospital separations and health centre usage.

Mortality

Refers to death. Mortality data is data on the numbers and causes of death, collected in each state.

Non-Inpatient

A patient who receives services from a health service facility without being admitted e.g. outpatient, accident and emergency service or community health services.

Non-Inpatient Occasions of Service (NIOOS)

The number of occasions on which health care services are delivered to non-inpatients. An occasion of service may be an examination, consultation, diagnostic test, treatment or other service provided to a patient in each functional unit of a health service. Services may be provided to an individual or a group. A group occasion of service would typically show the number of participants.

Outflows

People resident of the Area Health Service which who receive service outside their Health Service.

Relative Stay Index

Is an index, which compares different hospital's lengths of stay after adjusting for casemix. It is the ratio of the actual number of bed days to the expected number of bed days adjusted for age and casemix.

Role Delineation

Is a process, which determines the support services, staff profile, minimum safety standards and other requirements to ensure that clinical services are provided safely and appropriately.

Same Day

A same day separation results when an inpatient is admitted and separated on the same calendar day. It includes inpatients that are transferred to another hospital or inpatients that have died.

Self sufficiency

Refers to the number of SWS residents treated within SWSAHS as a proportion of SWS resident demand. This is usually expressed as a percentage.

Supply

Refers to the total amount of services provided by SWSAHS to both SWS residents and out-of-Area residents

Separations

A separation is a death, transfer or discharge of a patient.

Standardised Separation Rates (SSRs)

SSRs are hospital separation rates, which are standardised for the age and sex profile of the area. Separations, that is discharges, deaths and transfers, are used instead of admissions because the information is compiled at separation rather than at admission.

Unqualified Neonates

A baby is "qualified" if it is accommodated in an intensive care nursery, or where there are more than one baby (i.e. multiple births), or if the baby remains in hospital after the mother has separated. Unqualified babies are also termed "well babies".