**FOI Ref: 6311**

**Category(ies): Clinical – Service Activity**

**Subject: Admissions**

**Date Received: 28/03/2022**

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| **Your request:** | **Our response:** |
| Under the FOI act please can you share for the period **March 2021 to Feb 2022**: | |
| 1a. The total number of admissions | 35,367 Non-Elective Admissions |
| 1b. The total number of admissions with ICD10 codes U07.1 or U07.2 as the primary diagnosis in the First FCE, | 867 NE Admissions |
| 1c. The total number of admissions with a sign or symptom in the First FCE and with ICD10 codes U07.1 or U07.2 as the primary diagnosis in the second FCE. | 0 |
| 2a. The number of admissions coded with ICD10 code Z51.5 – specialist palliative care in a secondary position with a narrative explanation of the following: | 32 in a secondary diagnosis position |
| 2b. Which job roles are identified (for coding purposes of being able to code Z51.5) as being able to deliver specialist palliative care or give specialist palliative care support or advice? Please use actual role titles, not just ‘palliative care team’ | Consultant in Palliative Medicine  Clinical Nurse Specialists  Clinical Co-ordinator |
| 2c. What sources of information are used to confirm a patient has received specialist palliative care? Please include all paper and electronic sources including lists that have been compiled from other departments where applicable i.e. a list of patients seen by the specialist palliative care team. | Specialist palliative care is recorded on the Palliative Care Review document in Meditech. |
| 2d. What types of contact do you code? Please include direct contact either in person or by telephone or indirect contact such as receiving clinician to clinician advice or nurse to nurse advice. | Telephone and face to face contact. |
| 2e. Do you use any generic care records (paper or electronic) which by default if they are in use indicates specialist palliative care support can be coded?  Please supply the name of the document such as ‘end of life care plan’ or ‘palliative care proforma’ or any other document electronic or paper. | Last days of life care plan. |
| 3a. The number of admissions coded with ICD10 code Z51.8 – non specialist palliative care in a secondary position with a narrative explanation of the following: | 5 |
| 3b. Which job roles are identified (for coding purposes of being able to code Z51.8) as being able to deliver non-specialist palliative care or give general palliative care support or advice? Please use actual role titles, not just ‘end of life care team’ | Consultant in Palliative Medicine  Clinical Nurse Specialists  Clinical Co-ordinator  All nursing and medical staff in the Trust. |
| 3c. What sources of information are used to confirm a patient has received non-specialist palliative care? Please include all paper and electronic sources including lists that have been compiled from other departments where applicable i.e. a list of patients seen by the job roles identified in 3b. | Non-specialist palliative care is recorded on the Palliative Care Review document in Meditech. |
| 3d. What types of contact do you code? Please include direct contact either in person or by telephone or indirect contact such as receiving clinician to clinician advice or nurse to nurse advice. | Direct and indirect |
| 3e. Do you use any generic care records (paper or electronic) which by default if they are in use indicates non-specialist palliative care support can be coded?  Please supply the name of the document such as ‘end of life care plan’ or ‘palliation proforma’ or any other document electronic or paper. | Last days of life care plan. |