



Reference : Definitions of Hospital Utilisation indicators for Statutory Return Data Collection Tool  
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## **Circular 39 of 2012: Definitions of Hospital Utilisation Indicators for Statutory Return Data Collection Tool**

### **Background**

The Council for Medical Schemes (CMS) would like to invite comments on the selected list of hospital indicators that are collected through the annual statutory data collection tool. The CMS reviews this data on an annual basis and this current initiative is to strengthen this process by applying standardised definitions that are consistent throughout the industry.

### **Proposed list of indicators**

Below is the list of nine (9) selected indicators with proposed definitions. We kindly request that you provide input on these to ensure an improved reporting of consistent and standardised utilisation of data.

1. **Outpatient** – Any patient visiting a hospital who is not admitted to a bed. This would include patients visiting for follow up care and prescription renewals. Most outpatients entail hospital visits at public hospitals (practice number 56).
2. **Inpatient** – Any patient admitted to a hospital bed for more than 23 hours (includes date of admission – date of discharge >23 hours).
3. **Same day patient** – Any patient admitted to a hospital bed for 23 hours or less (includes date of admission – date of discharge =<23 hours). Practice types applicable are 49, 55, 57, 58, and 77.
4. **Surgical case** – Any case where theatre tariff code 061, 071 and/or 081 was billed (per minute).
5. **Medical case** - Any case where no theatre tariff code is billed.
6. **ICU** – A hospital unit or facility in which is concentrated with special equipment and specially trained personnel for the care of seriously ill patients requiring immediate and continuous attention. Nurse - patient ratio is 1:1 or 1:2. To include tariff codes 200, 201, and 202.

7. **High care** - A hospital unit or facility where patients need continuous monitoring but are not critically ill. Nurse - patient ratio is 1:4. To include tariff codes 215, 216, and 217.
8. **General ward** – Include the following codes 001, 002, 003, 004, 005, 218, 020, and 021.
9. **Day ward** – A day admission which includes all patients discharged by 23h00 on date of admission includes tariff code 007.

### **Concluding remarks**

The input and comments on the above set of indicators will be taken into account when concluding the 2012 annual statutory returns data collection process. The set of indicators will further be considered and discussed at the forthcoming Industry Technical Advisory Panel (ITAP) meeting in relation to the Inflation Utilisation Project ( see **Circular 12 of 2012**).

Kindly send your comments to Michael Willie on [m.willie@medicalschemes.com](mailto:m.willie@medicalschemes.com) before **30 October 2012**.

Your input would be highly appreciated.

Yours sincerely



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