

## Glossary

The following terms are listed alphabetically

**Term:** **Active Caseload EI**

**Definition:** This is the number of patients of the Early Intervention Service that are receiving active care interventions.

**Use:** Used to measure the number of patients being provided an Early Intervention Service at a point in time

**Data Type:** Whole number

**Term:** **Admission (acute Inpatients)**

**Definition:** This is when a person becomes an inpatient on an acute mental health ward and is an event that can be defined as happening at a specific date.  
The word "admission" is sometimes used to mean the period during which a person is an inpatient, though this is referred to as the "length of stay" in this tool.

**Use:** It is important to note that one patient may have more than one admission and that a count of admissions is not a count patients.  
Furthermore some admissions may also be classed as "re-admissions" where a patient is re-admitted to a mental health acute hospital within a given period since their last discharge.

**Term:** **Bed Day**

**Definition:** This is the fundamental unit of measurement of the capacity of a hospital ward. One bed day is defined as "one bed multiplied by one day".

**Example:** If a ward had 20 beds its capacity would be 7305 bed days per year, which is  $20 \times 365.25$  (allowing for leap years).

**Use:** A "bed day" is the unit of measurement used in this tool, rather than a "bed", because this allows more accurate analyses in relation to the number of patients being admitted to wards compared with other data such as length of stay and time used for leave. The annual capacity of one "bed" is therefore 365.25 "bed days" - allowing for leap years.

"Commissioned bed days" is a measurement of the actual inpatient capacity that is commissioned. Some Trusts provide inpatient services to more than one Commissioner, therefore, it is important to understand the commissioned capacity per PCT, rather than only the number of beds in a given hospital.

**Data Type:** Whole number

**Term:** **Commissioned Bed Day**

**Definition:** This is the unit of measurement of how much hospital capacity has been commissioned. One Commissioned bed day is defined as one bed that has been purchased by a commissioner for one day.

**Example:** if a ward had 20 beds and 18 of them are purchased by a commissioner then the commissioned bed days are 6575 commissioned bed days per year, which is  $18 \times 365.25$  (allowing for leap years) rounded up to the nearest whole number

**Use:** To quantify the amount the capacity of a hospital service that is actually commissioned.

**Term:** **Commissioned Capacity**  
**Definition:** This is the amount of hospital capacity that is actually commissioned, measure in commissioned bed days (see above)  
**Example:** If a ward had 20 beds and 18 of them are purchased by a commissioner then the commissioned bed days are 6575 commissioned bed days per year, which is 18 x 365.25 (allowing for leap years) rounded up to the nearest whole number

**Term:** **Commissioning for Quality and Innovation - CQUIN**  
**Definition:** CQUIN's aim to embed quality improvement and innovation as part of the commissioner-provider discussion. It was introduced from April 2009, requiring a proportion of provider contract value to be linked to the achievement of locally agreed ambitious quality improvement goals. Locally agreed CQUIN schemes are required to include goals in the three domains: safety, effectiveness and patient experience.

**Example:** The CQUINS for 2010 - 11 written by NHS West Midlands that are most relevant to Mental Health are:

- Assessing patients accommodation and employment status: Supporting Social Inclusion Opportunities by assessing patients accommodation and employment status and security
- Minimising Broken Engagement by Assertive Outreach Teams: Reducing the incidents of broken engagement with service users of Assertive Outreach Teams
- CRHT Gatekeeping: All Patients have the opportunity to be treated in their own home.
- CRHT Facilitated Discharge from hospital: Crisis Resolution Home Treatment Teams supporting reduced hospital length of stay through facilitated "early" discharge.
- Reduce the Duration of Untreated Psychosis: Reducing the duration of untreated psychosis (DUP) by providing effective Early Intervention Services
- Managing leave as a part of Hospital Admission: Ensuring that use of leave from hospital admission is a clinically managed part of all patients' in-patient length of stay
- Understanding and Improving the experience of Service users: Improving the experience of Patients receiving community mental health services and patients receiving hospital based mental health services

**Term:** **Duration of Untreated Psychosis**  
**Definition:** The DOH guidance states the following:-

The Duration of Untreated Psychosis is determined by calculating the delay between the onset of positive psychotic symptoms and the client receiving effective treatment; this requires operational definitions of both time points. Systems need to be able to measure:

- i) Date of Onset of Positive Psychotic Symptoms
- ii) Effective Treatment

**Use:** Early Intervention in Psychosis focuses on the early treatment of psychosis during the formative years of the illness. The first three to five years are believed to be a critical period. The duration of untreated psychosis (DUP) has been shown as an indicator of more positive prognoses, with a longer DUP associated with increased likelihood of long term disability. EIS aims to reduce delays to treatment for those in their first episode of psychosis.

Birchwood M; Tood P; Jackson C (1988). "Early intervention in psychosis: the critical period hypothesis". British Journal of Psychiatry

Term: **Facilitated Discharge**

Definition: A function of CRHT is to support "early discharge" from mental health hospital, that is, where a patient can be discharged home earlier than may have otherwise been clinically advisable, because of the provision of intensive domiciliary acute care by the CRHT.

In order to offer home treatment to those patients whose CRHT "gatekeeping" assessments led to admission rather than home treatment, those patients can be offered home treatment to facilitate early discharge and shorten their in-patient appropriately.

However, it is NOT appropriate to use a CRHT to provide non-intensive domiciliary support; therefore, any patient who does not clinically requires a "face to face" follow-up within 48 hours of discharge should not be referred to the CRHT for that function.

Term: **Gate keeping**

Definition: When mental health hospital admissions are assessed ("gate kept") by their local Crisis Resolution Home Treatment team patients have the opportunity to be treated in their own home .

By using an actual sample of inpatient admission as the denominator, cross referred to the CRHT assessment data as the denominator, provides an accurate Gatekeeping rate. This reflects the fact the Gatekeeping is an "inter team" measure which requires data from both sources to be compared.

Denominator: The total number of hospital admissions in a given period

Numerator: The number of admissions where the admissions arose as a result of assessment by the CRHT prior to admission

Term: **Length of Stay**

Definition: This is there period of time, measured in days, that a person is inpatient in a hospital ward. It starts on the day of admission and ends of the day of discharge.

Data Type Whole number

Term: **Non- professionally qualified practitioners**

Definition: This term is used to cover a range of staff roles that work in direct contact with patents but do not need a professional qualification or registration to practice.

Example: Care Support Workers, Support Time and Recovery Workers etc.

Term: **Non-practitioners (admin and clerical staff)**

Definition: These are the staff roles such as reception staff and secretaries that provide administrative support within teams and do not provide care support to clients.

**Term: Occupancy Rate**

**Definition:** This is the amount of acute hospital capacity that is actually used by patients in hospital, usually expressed as a rate by showing the proportion of the commissioned capacity that has actually been occupied.

**Example:** If a PCT commissions 6576 bed days per year and 5983 bed days are used for patients in hospital then the occupancy rate is 91%, that is, 5983 divided by 6576 = 0.91.

**Use:** Often used as an indicator of performance it shows the relationship between the commissioned capacity and occupied capacity

**Denominator:** Number of commissioner bed days per period

**Numerator:** Number of Occupied bed days per period

**Data Type** Typically presented as a percentage

**Term: Occupied Bed Day**

**Definition:** Where one hospital bed has been used by one patient for one day

**Example:** A patient who has been in hospital for a 28 day length of stay will have occupied 28 bed days, two patients admitted for the same period will have occupied 56 bed days ( 28 x 2 = 56).

**Data Type** Whole number

**Term: Patient Leave (acute Inpatients)**

**Definition:** This is the period when an inpatient leaves their ward and a bed is retained for them in the hospital (often known as a "leave bed").

**Example:** When an inpatient leaves their ward to go home for a period and returns to the ward, typically as part of planning their effective discharge for hospital.

Other examples can include when a patient admitted under the Mental Health Act is given leave in accordance with Section 17 of the Act.

A patient who is in hospital for a length of stay of 28 days (from the date of admission to the date of discharge) may accrue up to 7 days of leave as part of their planned discharge. Their leave period is 25% of their length of stay, whereas if the patient had been in hospital for 35 days, then their leave is 20% of their length of stay.

**Use:** In this tool leave is analysed as a proportion of the occupied capacity.

Also, the range of 20% to 25% has been used in the NHSWM CQUIN for managed patients leave which is consistent with the Operational Standards developed by the former West Midlands Regional Development Centre's Acute Programme in consultation with Trusts.

**Denominator:** Number of occupied bed days per period

**Numerator:** number of bed days where the patients have been away from the ward on leave

**Term: Professionally qualified practitioners**

**Definition:** This term is used to cover a range of staff roles that work in direct contact with patients and are required to have a professional qualification or registration to practice.

**Example:** Mental Health Nurses, Occupational Therapists, Psychologists, Doctors, Social Workers.

**Term: Re-admission (acute Inpatients)**

**Definition:** Any patient who is admitted to acute mental health hospital within a pre-determined number of days since they were last discharged from hospital is considered to have been "re-admitted".

**Example:** In the example in the Guidance sheet of this tool, any patient who is admitted to acute mental health hospital within 28 days or less since they were last discharged from hospital is considered a "re-admission".

**Term: Trajectory**

**Definition:** A direction, used here to refer to qualitative data such as the number of new cases for a given period. This can be an expected number, or an actual number of new cases.

**Example:** If a team is expected to take 100 new cases per year to meet local needs then that is an average of 25 new cases per quarter. An analysis of data by each quarter will show whether or not that team's rate of taking on new cases is progressing towards the expectation for the end of year.

A trajectory can be a target - showing what is expected of a given team - or it can be an actual trajectory - showing the actual activity of a team that can be compared with the expected or target trajectory.

**Use:** This tool uses compares the rate at which an Early Intervention team takes on new patients with the commissioner expectations per year and gives an quarterly analysis as shown below.

Year	Local Target for New EI Cases per Year	Quarter	Quarterly Average Target (rounded)	Cumulative Total of New EI Cases per Quarter	Estimated Trajectory for achieving Annual Targets for New EI cases
2010 - 2011	90	2010 to 2011 Q1	23	18	Below trajectory
		2010 to 2011 Q2	23	36	Below trajectory
		2010 to 2011 Q3	23	55	Below trajectory
		2010 to 2011 Q4	23	76	Annual Target for new EI cases NOT
2011 - 2012	90	2011 to 2012 Q1	23	24	Exceeding trajectory
		2011 to 2012 Q2	23	47	Exceeding trajectory
		2011 to 2012 Q3	23	77	Exceeding trajectory
		2011 to 2012 Q4	23	103	Annual Target for new EI cases achieved