

<b>Data and Business Rules – Avoiding Unplanned Admissions ES</b>					
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## **New GMS Contract Implementation**

### **Dataset and Business Rules - Avoiding Unplanned Admissions ES**

**Amendment History:**

<b>Version</b>	<b>Date</b>	<b>Amendment History</b>
3.0	18-July-2014	Signed off following review and negotiations. Changes made to incorporate new enhanced services terminology and align date syntax with QOF. Document version set at v3.0 in line with other 2014/15 ES business rules.
4.0	28-July-2014	Updated following April 2014 code release

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## **Dataset and business rules – Avoiding Unplanned Admissions ES**

### Notes

- 1) Dates used:
  - a. ACHIEVEMENT\_DAT: The date up to which patient information is considered when determining the output for each extraction.
  - b. PAYMENTPERIODSTART\_DAT: The start date of the period for which payments are made for a given Quality Service. For any given Quality Service there will be one or more payment periods.
  - c. PAYMENTPERIODEND\_DAT: The end date of the period for which payments are made for a given Quality Service. For any given Quality Service there will be one or more payment periods.
  - d. QUALITY\_SERVICE\_START\_DAT (QSSD): The start of the period during which a GP Practice provides the Quality Service.
  - e. QUALITY\_SERVICE\_END\_DAT (QSED): The end of the period during which a GP Practice provides the Quality Service.

**The QUALITY\_SERVICE\_START\_DAT (QSSD) for this ES is 01.07.2014**

**The QUALITY\_SERVICE\_END\_DAT (QSED) for this ES is 31.03.2015**

- 2) Clinical codes quoted are (where known) from the April 2014 release of Read codes version 2 and clinical terms version 3 (CTV3). The codes are shown within the document as a 5 character value to show that the Read Code is for a 5-Byte system.
  - i) Where a '%' wildcard is displayed, the Read Code is filled to 5 characters with full-stops. When implementing a search for the Read Code, only the non full-stop values should be used in the search, For example, a displayed Read Code of c1...% should be implemented as a search for c1%, i.e. should find c1 and any of it's children.
  - ii) Where a range of read codes are displayed, the Read Code is filled to 5 characters with full-stops. When implementing the search, only the non full-stop values should be used in the search, For example, a displayed Read Code range of G342. – G3z.. should find all codes between G342 and G3z (including any children where applicable).
- 3) Where Rulesets are specified as multiple rules they are to be processed sequentially. Processing of rules should terminate as soon as a 'Reject' or 'Select' condition is encountered. A count should be returned for each Select statement. **Unless explicitly stated** there is no need to return a count for the Reject statements.
- 4) Rules are expressed as logical statements that evaluate as either 'true' or 'false'. The following operators are required to be supported:
 

a) > (greater than)	e) AND
b) < (less than)	f) OR
c) = (equal to)	g) NOT
d) ≠ (not equal to)	
- 5) Where date criteria are specified with intervals of multiples of months or years these should be interpreted as calendar months or calendar years.
- 6) If a Data item has a NULL value and is used in the Qualifying Criteria (in section 2 – Clinical Data Extraction Criteria) of another Data item then the dependant data item fields will also be NULL as dates cannot be checked against a NULL value. For example, if the Qualifying Criteria is looking for an intervention to have taken place after a test and the patient has an intervention date but no test date it is not possible to check the

intervention has taken place after the test (as there is no test date to check against).  
This means the data items for the intervention will also be NULL.

**Dataset Specification**

**1) Patient selection criteria:**

a) Registration status

<u>Current registration status</u>	<u>Qualifying criteria</u>
Currently registered for GMS	Most recent registration date <= (ACHIEVEMENT_DAT)
Previously registered for GMS	Any sequential pairing of registration date and deregistration date where both of the following conditions are met: registration date <= (ACHIEVEMENT_DAT); and deregistration date > (ACHIEVEMENT_DAT)

b) Diagnostic/case management register code status

<i>Code criteria</i>	<i>Qualifying codes</i>		<i>Time criteria</i>
<i>Included</i>	<i>Read codes v2</i>	<i>CTV3</i>	<i>Latest &gt;= 01.04.2014 AND &gt;= Most recent registration date AND &lt;= ACHIEVEMENT_DAT</i>
	8CV4.	XaYD1	
	<i>(Admission avoidance care started codes)</i>		
<i>Excluded</i>	<i>Read codes v2</i>	<i>CTV3</i>	<i>Latest &lt;= (ACHIEVEMENT_DAT) AND &gt; Date of code above</i>
	8CT2.	XaYD2	
	<i>(Admission avoidance care ended codes)</i>		

**2) Clinical data extraction criteria**

<u>Field Number</u>	<u>Field name</u>	<u>Data item</u>		<u>Qualifying criteria</u>
1	PAT_ID	Patient ID number		Unconditional
2	REG_DAT	Date of patient registration		Latest <= ACHIEVEMENT_DAT
3	PAT_AGE	Patient age (years) at PAYMENTPERIODSTART_DAT		Unconditional
4	AACARESTART_COD	<i>Read codes v2</i>	CTV3	Latest >= 01.04.2014 AND >= REG_DAT AND <= ACHIEVEMENT_DAT
		8CV4.	XaYD1	
		<i>(Admission avoidance care started codes)</i>		
5	AACARESTART_DAT	Date of AACARESTART_COD		Chosen record
6	NAMEDACGP_COD	<i>Read codes v2</i>	CTV3	Latest >= 01.04.2014 AND >= REG_DAT AND <= ACHIEVEMENT_DAT
		67DJ.	Xab9D	
		<i>(Informing patient of named accountable general practitioner codes)</i>		
7	NAMEDACGP_DAT	Date of NAMEDACGP_COD		Chosen record
8	AACPAGREED_COD	<i>Read codes v2</i>	CTV3	Latest >= AACARESTART_DAT AND <= ACHIEVEMENT_DAT
		8CSB.	XabFm	
		<i>(Admission avoidance care plan agreed codes)</i>		
9	AACPAGREED_DAT	Date of AACPAGREED_COD		Chosen record
10	AACPDEC_COD	<i>Read codes v2</i>	CTV3	Latest >= AACARESTART_DAT AND <=
		8IAe1	XabFn	

		<i>(Admission avoidance care plan declined codes)</i>		ACHIEVEMENT_DAT
11	AACPDEC_DAT	Date of AACPDEC_COD		Chosen record
12	AACPREVIEW_COD	<i>Read codes v2</i>	<i>CTV3</i>	Latest >= AACPAGREED_DAT AND <= ACHIEVEMENT_DAT
		8CMG3	XabFo	
		<i>(Review of admission avoidance care plan codes)</i>		
13	AACPREVIEW_DAT	Date of AACPREVIEW_COD		Chosen record
14	EMHOSPAD_COD	<i>Read codes v2</i>	<i>CTV3</i>	Latest >= AACARESTART_DAT AND <= ACHIEVEMENT_DAT
		8H2..%	8H2..%	
		<i>(Emergency hospital admission codes)</i>		
15	EMHOSPAD_DAT	Date of EMHOSPAD_COD		Chosen record



## ES count rulesets

The following section shows how the various counts used within this ES are defined. In some instances the cohort counts (list of eligible patients) are used to derive multiple counts. In this instance CohortCount\_PUPACC001 forms the cohort for the derived counts ManagementInformationCount\_PUPAMI001 to PUPAMI009 and CohortCount\_PUPACC002 forms the cohort for the derived counts ManagementInformationCount\_PUPAMI010 to PUPAMI018.

Where a count is to be used for payment it is listed as a PaymentCount i.e. PaymentCount\_PUPA001 and where a count is used to support management information reporting it is listed as a ManagementInformationCount i.e. ManagementInformationCount\_PUPAMI001.

For an explanation of the dates in this section used please refer to Point 1 of the [Notes](#) section above.

### 1. Cohort Counts

Both cohort counts are based on the patients that are selected in the [diagnostic/case management register](#).

**CohortCount\_PUPACC001:** The number of patients aged 18 and over at [PAYMENTPERIODSTART\\_DAT](#).

<i>Rule number</i>	<i>Rule</i>	<i>Action if true</i>	<i>Action if false</i>
1	If <a href="#">PAT_AGE</a> >= 18	Select	Reject

**Rule 1:** The aim of this rule is to identify if the patient is aged 18 or over at the [PAYMENTPERIODSTART\\_DAT](#). If the patient is aged 18 or over on this date they are added to the cohort, otherwise they are rejected and not included in this cohort.

**CohortCount\_PUPACC002:** The number of patients aged under 18 at [PAYMENTPERIODSTART\\_DAT](#).

<i>Rule number</i>	<i>Rule</i>	<i>Action if true</i>	<i>Action if false</i>
1	If <a href="#">PAT_AGE</a> < 18	Select	Reject

**Rule 1:** The aim of this rule is to identify if the patient is aged under 18 at the [PAYMENTPERIODSTART\\_DAT](#). If the patient is aged under 18 on this date they are added to the cohort, otherwise they are rejected and not included in this cohort.

## 2. Payment Counts

**PaymentCount\_PUPA001:** The total number of patients aged 18 or over on the avoiding unplanned admissions case management register, at the end of the reporting period.

PaymentCount\_PUPA001: To be applied to the above [CohortCount\\_PUPACC001](#) population, however in this instance PaymentCount\_PUPA001 will return the same count as the [CohortCount\\_PUPACC001](#)

<i>Rule number</i>	<i>Rule</i>	<i>Action if true</i>	<i>Action if false</i>
1	If <a href="#">PAT AGE</a> >= 18	Select	Reject

### This count will be used to determine payment

**Rule 1:** The aim of this rule is to identify if the patient is aged 18 years or over on the first day of the quarter. If the patient is aged 18 years or over on the first day of the quarter they are selected and added to the count, otherwise they are rejected and not included in the count.

### 3. Management Information Counts

**ManagementInformationCount\_PUPAMI001:** The total number of patients aged 18 or over on the avoiding unplanned admissions case management register, who have been informed of their named accountable GP up to the end of the reporting period.

ManagementInformationCount\_PUPAMI001: To be applied to the above [CohortCount\\_PUPACC001](#) population

<i>Rule number</i>	<i>Rule</i>	<i>Action if true</i>	<i>Action if false</i>
1	If <a href="#">NAMEDACGP_DAT</a> <= <a href="#">PAYMENTPERIODEND_DAT</a>	Select	Reject

**Rule 1:** The aim of this rule is to identify if the patient has been informed of their named accountable GP up to the end of the reporting period. If the patient has been informed of their named accountable GP they are selected and added to the count, otherwise they are rejected and not included in the count.

*NOTE: This count will be used to support management information reporting and will not be used for payment*

ManagementInformationCount\_PUPAMI002: The total number of patients aged 18 or over on the avoiding unplanned admissions case management register, who have not been informed of their named accountable GP up to the end of the reporting period.

ManagementInformationCount\_PUPAMI002: To be applied to the above CohortCount\_PUPACC001 population

<i>Rule number</i>	<i>Rule</i>	<i>Action if true</i>	<i>Action if false</i>
1	If <u>NAMEDACGP_DAT</u> <= <u>PAYMENTPERIODEND_DAT</u>	Reject	Select

**Rule 1:** The aim of this rule is to identify if the patient has not been informed of their named accountable GP up to the end of the reporting period. If the patient has been informed of their named accountable GP they are rejected and not included in the count, otherwise they are selected and added to the count.

*NOTE: This count will be used to support management information reporting and will not be used for payment*

ManagementInformationCount\_PUPAMI003: The total number of patients aged 18 or over on the avoiding unplanned admissions case management register, who have received an avoiding unplanned admissions care plan up to the end of the reporting period.

ManagementInformationCount\_PUPAMI003: To be applied to the above CohortCount\_PUPACC001 population

<i>Rule number</i>	<i>Rule</i>	<i>Action if true</i>	<i>Action if false</i>
1	If <u>AACPAGREED_DAT</u> <= <u>PAYMENTPERIODEND_DAT</u>	Select	Reject

**Rule 1:** The aim of this rule is to identify if the patient has received an avoiding unplanned admissions care plan up to the end of the reporting period. If the patient has received an avoiding unplanned admissions care plan they are selected and added to the count, otherwise they are rejected and not included in the count.

*NOTE: This count will be used to support management information reporting and will not be used for payment*

ManagementInformationCount\_PUPAMI004: The number of patients aged 18 or over on the avoiding unplanned admissions case management register, who declined an avoiding unplanned admissions care plan up to the end of the reporting period.

ManagementInformationCount\_PUPAMI004: To be applied to the above CohortCount\_PUPACC001 population

<i>Rule number</i>	<i>Rule</i>	<i>Action if true</i>	<i>Action if false</i>
1	If <u>AACPAGREED_DAT</u> <= <u>PAYMENTPERIODEND_DAT</u>	Reject	Next rule
2	If <u>AACPDEC_DAT</u> <= <u>PAYMENTPERIODEND_DAT</u>	Select	Reject

**Rule 1:** The aim of this rule is to identify if the patient has received an avoiding unplanned admissions care plan up to the end of the reporting period. If the patient has received an avoiding unplanned admissions care plan they are rejected and not included in the count, otherwise they are passed on to the next rule.

**Rule 2:** The aim of this rule is to identify if the patient has declined an avoiding unplanned admissions care plan up to the end of the reporting period. If the patient has declined an avoiding unplanned admissions care plan they are selected and added to the count, otherwise they are rejected and not included in the count.

*NOTE: This count will be used to support management information reporting and will not be used for payment*

ManagementInformationCount\_PUPAMI005: The number of patients aged 18 or over on the avoiding unplanned admissions case management register, who have no record of receiving or declining a care plan at the end of the reporting period.

ManagementInformationCount\_PUPAMI005: To be applied to the above CohortCount\_PUPACC001 population

<i>Rule number</i>	<i>Rule</i>	<i>Action if true</i>	<i>Action if false</i>
1	If <u>AACPAGREED_DAT</u> <= <u>PAYMENTPERIODEND_DAT</u> <b>OR</b> If <u>AACPDEC_DAT</u> <= <u>PAYMENTPERIODEND_DAT</u>	Reject	Select

**Rule 1:** The aim of this rule is to identify if the patient has either received or declined an avoiding unplanned admissions care plan up to the end of the reporting period. If the patient has received or declined an avoiding unplanned admissions care plan they are rejected and not included in the count, otherwise the patient is selected and added to the count.

*NOTE: This count will be used to support management information reporting and will not be used for payment*

ManagementInformationCount\_PUPAMI006: The total number of patients aged 18 or over on the avoiding unplanned admissions case management register, who have received an avoiding unplanned admissions care plan review in the quarter of the reporting period.

ManagementInformationCount\_PUPAMI006: To be applied to the above CohortCount\_PUPACC001 population

<i>Rule number</i>	<i>Rule</i>	<i>Action if true</i>	<i>Action if false</i>
1	If <u>AACPVIEW_DAT</u> >= <u>PAYMENTPERIODSTART_DAT</u> AND If <u>AACPVIEW_DAT</u> <= <u>PAYMENTPERIODEND_DAT</u>	Select	Reject

**Rule 1:** The aim of this rule is to identify if the patient has received an avoiding unplanned admissions care plan review within the reporting period. If the patient has received an avoiding unplanned admissions care plan review within the reporting period they are selected and added to the count, otherwise they are rejected and not included in the count.

*NOTE: This count will be used to support management information reporting and will not be used for payment*



ManagementInformationCount\_PUPAMI007: The total number of patients aged 18 or over on the avoiding unplanned admissions case management register, who have not received an avoiding unplanned admissions care plan review in the quarter of the reporting period.

ManagementInformationCount\_PUPAMI007: To be applied to the above CohortCount\_PUPACC001 population

<i>Rule number</i>	<i>Rule</i>	<i>Action if true</i>	<i>Action if false</i>
1	If <u>AACPVIEW_DAT</u> >= <u>PAYMENTPERIODSTART_DAT</u> AND If <u>AACPVIEW_DAT</u> <= <u>PAYMENTPERIODEND_DAT</u>	Reject	Select

**Rule 1:** The aim of this rule is to identify if a patient has not received an avoiding unplanned admissions care plan review within the reporting period. If the patient has received an avoiding unplanned admissions care plan review within the reporting period they are rejected and not included in the count, otherwise they are selected.

*NOTE: This count will be used to support management information reporting and will not be used for payment*

ManagementInformationCount\_PUPAMI008: The total number of patients aged 18 or over on the avoiding unplanned admissions case management register, who have not received an avoiding unplanned admissions care plan review up to the end of the reporting period.

ManagementInformationCount\_PUPAMI008: To be applied to the above CohortCount\_PUPACC001 population

<i>Rule number</i>	<i>Rule</i>	<i>Action if true</i>	<i>Action if false</i>
1	If <u>AACPVIEW_DAT</u> <= <u>PAYMENTPERIODEND_DAT</u>	Reject	Select

**Rule 1:** The aim of this rule is to identify if a patient has not received an avoiding unplanned admissions care plan review up to the end of the reporting period. If the patient has received an avoiding unplanned admissions care plan review up to the end of the reporting period they are rejected and not included in the count, otherwise they are selected.

*NOTE: This count will be used to support management information reporting and will not be used for payment*

ManagementInformationCount\_PUPAMI009: The total number of patients aged 18 or over on the avoiding unplanned admissions case management register, who have a record of one or more hospital emergency admissions in the quarter of the reporting period.

ManagementInformationCount\_PUPAMI009: To be applied to the above CohortCount\_PUPACC001 population

<i>Rule number</i>	<i>Rule</i>	<i>Action if true</i>	<i>Action if false</i>
1	If <u>EMHOSPAD_DAT</u> >= <u>PAYMENTPERIODSTART_DAT</u> AND If <u>EMHOSPAD_DAT</u> <= <u>PAYMENTPERIODEND_DAT</u>	Select	Reject

**Rule 1:** The aim of this rule is to identify if the patient has had an emergency admission to hospital within the reporting period. If the patient has had an emergency admission to hospital within the reporting period they are selected and added to the count, otherwise they are rejected and not included in the count.

*NOTE: This count will be used to support management information reporting and will not be used for payment*

ManagementInformationCount\_PUPAMI010: The total number of patients aged under 18 on the avoiding unplanned admissions case management register, who have been informed of their named accountable GP up to the end of the reporting period.

ManagementInformationCount\_PUPAMI010: To be applied to the above CohortCount\_PUPACC002 population

<i>Rule number</i>	<i>Rule</i>	<i>Action if true</i>	<i>Action if false</i>
1	If <u>NAMEDACGP_DAT</u> <= <u>PAYMENTPERIODEND_DAT</u>	Select	Reject

**Rule 1:** The aim of this rule is to identify if the patient has been informed of their named accountable GP up to the end of the reporting period. If the patient has been informed of their named accountable GP they are selected and added to the count, otherwise they are rejected and not included in the count.

*NOTE: This count will be used to support management information reporting and will not be used for payment*

ManagementInformationCount\_PUPAMI011: The total number of patients aged under 18 on the avoiding unplanned admissions case management register, who have not been informed of their named accountable GP up to the end of the reporting period.

ManagementInformationCount\_PUPAMI011: To be applied to the above CohortCount\_PUPACC002 population

<i>Rule number</i>	<i>Rule</i>	<i>Action if true</i>	<i>Action if false</i>
1	If <u>NAMEDACGP_DAT</u> <= <u>PAYMENTPERIODEND_DAT</u>	Reject	Select

**Rule 1:** The aim of this rule is to identify if the patient has not been informed of their named accountable GP up to the end of the reporting period. If the patient has been informed of their named accountable GP they are rejected and not included in the count, otherwise they are selected and added to the count.

*NOTE: This count will be used to support management information reporting and will not be used for payment*

ManagementInformationCount\_PUPAMI012: The total number of patients aged under 18 on the avoiding unplanned admissions case management register, who have received an avoiding unplanned admissions care plan up to the end of the reporting period.

ManagementInformationCount\_PUPAMI012: To be applied to the above CohortCount\_PUPACC002 population

<i>Rule number</i>	<i>Rule</i>	<i>Action if true</i>	<i>Action if false</i>
1	If <u>AACPAGREED_DAT</u> <= <u>PAYMENTPERIODEND_DAT</u>	Select	Reject

**Rule 1:** The aim of this rule is to identify if the patient has received an avoiding unplanned admissions care plan up to the end of the reporting period. If the patient has received an avoiding unplanned admissions care plan they are selected and added to the count, otherwise they are rejected and not included in the count.

*NOTE: This count will be used to support management information reporting and will not be used for payment*

ManagementInformationCount\_PUPAMI013: The number of patients aged under 18 on the avoiding unplanned admissions case management register, who declined an avoiding unplanned admissions care plan up to the end of the reporting period.

ManagementInformationCount\_PUPAMI013: To be applied to the above CohortCount\_PUPACC002 population

<i>Rule number</i>	<i>Rule</i>	<i>Action if true</i>	<i>Action if false</i>
1	If <u>AACPAGREED_DAT</u> <= <u>PAYMENTPERIODEND_DAT</u>	Reject	Next rule
2	If <u>AACPDEC_DAT</u> <= <u>PAYMENTPERIODEND_DAT</u>	Select	Reject

**Rule 1:** The aim of this rule is to identify if the patient has received an avoiding unplanned admissions care plan up to the end of the reporting period. If the patient has received an avoiding unplanned admissions care plan they are rejected and not included in the count, otherwise they are passed on to the next rule.

**Rule 2:** The aim of this rule is to identify if the patient has declined an avoiding unplanned admissions care plan up to the end of the reporting period. If the patient has declined an avoiding unplanned admissions care plan they are selected and added to the count, otherwise they are rejected and not included in the count.

*NOTE: This count will be used to support management information reporting and will not be used for payment*

ManagementInformationCount\_PUPAMI014: The number of patients aged under 18 on the avoiding unplanned admissions case management register, who have no record of receiving or declining a care plan at the end of the reporting period.

ManagementInformationCount\_PUPAMI014: To be applied to the above CohortCount\_PUPACC002 population

<i>Rule number</i>	<i>Rule</i>	<i>Action if true</i>	<i>Action if false</i>
1	If <u>AACPAGREED_DAT</u> <= <u>PAYMENTPERIODEND_DAT</u> <b>OR</b> If <u>AACPDEC_DAT</u> <= <u>PAYMENTPERIODEND_DAT</u>	Reject	Select

**Rule 1:** The aim of this rule is to identify if the patient has either received or declined an avoiding unplanned admissions care plan up to the end of the reporting period. If the patient has received or declined an avoiding unplanned admissions care plan they are rejected and not included in the count, otherwise the patient is selected and added to the count.

*NOTE: This count will be used to support management information reporting and will not be used for payment*



ManagementInformationCount\_PUPAMIO15: The total number of patients aged under 18 on the avoiding unplanned admissions case management register, who have received an avoiding unplanned admissions care plan review in the quarter of the reporting period.

ManagementInformationCount\_PUPAMIO15: To be applied to the above CohortCount\_PUPACC002 population

<i>Rule number</i>	<i>Rule</i>	<i>Action if true</i>	<i>Action if false</i>
1	If <u>AACPVIEW_DAT</u> >= <u>PAYMENTPERIODSTART_DAT</u> AND If <u>AACPVIEW_DAT</u> <= <u>PAYMENTPERIODEND_DAT</u>	Select	Reject

**Rule 1:** The aim of this rule is to identify if the patient has received an avoiding unplanned admissions care plan review within the reporting period. If the patient has received an avoiding unplanned admissions care plan review within the reporting period they are selected and added to the count, otherwise they are rejected and not included in the count.

*NOTE: This count will be used to support management information reporting and will not be used for payment*

ManagementInformationCount\_PUPAMIO16: The total number of patients aged under 18 on the avoiding unplanned admissions case management register, who have not received an avoiding unplanned admissions care plan review in the quarter of the reporting period.

ManagementInformationCount\_PUPAMIO16: To be applied to the above CohortCount\_PUPACC002 population

<i>Rule number</i>	<i>Rule</i>	<i>Action if true</i>	<i>Action if false</i>
1	If <u>AACPVIEW DAT</u> >= <u>PAYMENTPERIODSTART DAT</u> AND If <u>AACPVIEW DAT</u> <= <u>PAYMENTPERIODEND DAT</u>	Reject	Select

**Rule 1:** The aim of this rule is to identify if a patient has not received an avoiding unplanned admissions care plan review within the reporting period. If the patient has received an avoiding unplanned admissions care plan review within the reporting period they are rejected and not included in the count, otherwise they are selected.

*NOTE: This count will be used to support management information reporting and will not be used for payment*

ManagementInformationCount\_PUPAMI017: The total number of patients aged under 18 on the avoiding unplanned admissions case management register, who have not received an avoiding unplanned admissions care plan review up to the end of the reporting period.

ManagementInformationCount\_PUPAMI017: To be applied to the above CohortCount\_PUPACC002 population

<i>Rule number</i>	<i>Rule</i>	<i>Action if true</i>	<i>Action if false</i>
1	If <u>AACPVIEW DAT</u> <= <u>PAYMENTPERIODEND DAT</u>	Reject	Select

**Rule 1:** The aim of this rule is to identify if a patient has not received an avoiding unplanned admissions care plan review up to the end of the reporting period. If the patient has received an avoiding unplanned admissions care plan review up to the end of the reporting period they are rejected and not included in the count, otherwise they are selected.

*NOTE: This count will be used to support management information reporting and will not be used for payment*

ManagementInformationCount\_PUPAMI018: The total number of patients aged under 18 on the avoiding unplanned admissions case management register, who have a record of one or more hospital emergency admissions in the quarter of the reporting period.

ManagementInformationCount\_PUPAMI018: To be applied to the above CohortCount\_PUPACC002 population

<i>Rule number</i>	<i>Rule</i>	<i>Action if true</i>	<i>Action if false</i>
1	If <u>EMHOSPAD_DAT</u> >= <u>PAYMENTPERIODSTART_DAT</u> AND If <u>EMHOSPAD_DAT</u> <= <u>PAYMENTPERIODEND_DAT</u>	Select	Reject

**Rule 1:** The aim of this rule is to identify if the patient has had an emergency admission to hospital within the reporting period. If the patient has had an emergency admission to hospital within the reporting period they are selected and added to the count, otherwise they are rejected and not included in the count.

*NOTE: This count will be used to support management information reporting and will not be used for payment*