International Finance Corporation

Healthcare Benchmarking Service

Instructions and Definitions

28th March 2025

1 Introduction 2
1.1 General Instructions for completion of the Data-Table 2
1.2 Common Errors 4
1.3 Help and support 5

2 Definitions 6
2.1 General Information and Financial Metrics 7
2.2 Operational Metrics 16
2.3 Quality Assurance Metrics 33
2.4 Day-case Procedure Rates 38

3 Optional Module - Maternity Outcomes 43

4 Abbreviations 48

1 Introduction

1.1 General Instructions for completion of the Data-Table

This document is accompanied by a MS Excel Data-Table.

1.1.1 Structure

The Data-Table is structured are follows:

- **Tab 1** is the Home page. This contains summary instructions and IFC contact details for support.
- **Tab 2** sets out summary definitions for each metric requested.
- Tabs 3 - 6 are the Data-Entry Sheets.
  - **Tab 3**: General Information and Financial metrics.
  - **Tab 4**: Operational metrics.
  - **Tab 5**: Quality Assurance (including Patient Safety) metrics.
  - **Tab 6**: Clinical practice (Day-case Procedures).

  Please enter the requested data in ALL these sheets.
- **Tab 7** is for entering data relating to Maternity Outcomes. This data is optional for organisations wishing to compare performance in this area.

1.1.2 Data entry

There are separate columns for entering overall Consolidated (or Company) data and for individual Facility data.

You may enter data for up to five facilities. Single facility companies will likely enter Consolidated data only. Please contact us if you would like to submit more than five.

There is a maximum number of 202 metrics to provide per company/facility.

Hold your cursor over the Data Names (in Column B) to view a short definition for each item. Several people may be involved in providing the required input data - eg Finance Manager, QA Manager, HR Manager etc. The tables in Section 2 below set out the usual source for each data item).

Please enter data for the most recent 12-months period available, likely the most recent financial year.

Please enter as much data as possible. Organizations with the highest completion rates receive the valuable insights and comparisons.

For consistency, please use the same financial currency ("local currency unit" or LCU) throughout the table.

1.1.3 Number entry

Enter numbers only in the number cells, NOT text or abbreviations. E.g. do not enter "two" or "approximately 56%" or "2.7 million" or "4.8k" etc.

Percentages:

- With some exceptions, most percentage entries will be in the range of: -100% to +100% (i.e. -1.0 to +1.0),
- Do NOT multiply percentage entries by 100. Therefore 27% should be entered as 0.27, and NOT 27 (which would be interpreted as 2,700%)

Numeral system: Companies based in South Asia, please use the international numeral system, i.e. please do NOT use Lakhs and Crores.

Table 1: Numerical cells – Dos and Don'ts

Metric (examples)	✓	✘
No of Inpatient Admissions	13,240	13.24 k 13,200 approx
Total Revenue (LCU)	12,400,000	12.4 m 12,400,000 approx
Net Income	150,000	1.5 Lakh 1,50,000
Total Assets	30,000,000	3 Crore 3,00,00,000
Net Profit margin	-0.274 -27.4%	27.4 27.4 percent Minus 27.4% 27% approx
Zero	0	Zero
Not applicable / Not available	NA	0

Where number of facilities is requested (eg no of hospitals, no of CT scanners etc), if these have changed during the year please provide the number at the year-end.

If some data is not known exactly, we suggest approximating within +/-5% certainty.

If the number is Not Known (not applicable or not available), please enter "NA". Do NOT enter "0" (Zero).

1.2 Common Errors

1.2.1 Totals and Sub-totals

Some metrics request Total numbers and breakdowns by sub-categories. These include:

- Total Income, which then broken down by payor types; and
- Total Inpatient Admissions, which is then broken down by specialty type (Medical, Surgical etc)

Please ensure that the totals and sub-totals reconcile.

1.2.2 Financial Ratios

To ensure the overall "integrity" of data, some financial metrics require both absolute and percentage entries, e.g. Total Revenue, Net Profit and Net Profit Margin (%). Please ensure that the numbers reconcile with each other.

Common errors relate to calculation of Net Income (and Net Income Margin), EBITDA (and EBITDA Margin), Return on Assets (which is derived from Net Income and Total Assets), and Return on Equity (which is derived from Net Income and Total Equity).

1.2.3 Bed Utilization data

It is useful to understand the (approximate) relationship between:

- No of Beds,
- No of Inpatient Admissions (Hospitalizations),
- Occupied Bed Days (OBDs),
- Bed Occupancy Rate (BOR), and
- Average Length of Stay (AvLOS).

Thus, for example:

BOR = (No of Admissions x AvLOS) / (No of Beds x 365)

Similarly:

AvLOS = (No of Beds x BOR x 365) / No of Admissions

Please check that numbers reconcile (approximately) before submitting.

1.2.4 Day-case rates

Enter rate for each procedure between 0 – 100%.

1.2.5 Consolidated data

Please take care entering Consolidated data, e.g. that it is not calculated as the simple average of the facilities' data.

1.3 Help and support

If you have any questions or need any help completing the table, please contact:

Jenny Zhao, IFC Healthcare Benchmarking Analyst, czhao5@ifc.org

2 Definitions

While all the metrics surveyed are widely used, there is no universally accepted definition for many of them, especially non-financial. Definitions differ from country to country, and even within countries. Financial accounting standards and definitions also vary between countries.

Therefore, we have developed these definitions in partnership with participating healthcare companies around the world, supported by various experts. Thus, we aim to ensure as much consistency as possible, so that we compare "apples with apples".

To help you to complete the data entry process, the tables below list all data items required, including commonly used definitions and usual data sources. For the more complex metrics we include Formulae and brief Instructions, including what to include or exclude.

Whenever you are still in doubt, we recommend that you take a "common sense" view, considering the specifics of your local market.

2.1 General Information and Financial Metrics

Ref	Metrics/Information	Unit	Notes & Definitions	Usual Source
1.1.	***General Information***			
1.1.1.	Time period of data (year start-date)	DD/MM/YYYY	Usually most recent financial year start.	
1.1.2.	Time period of data (year end-date)	DD/MM/YYYY	Usually most recent financial year end.	
1.1.3.	Full years of operation at end of period	#		
1.1.4.	Reporting Currency	Text	Local Currency Unit (LCU) e.g. USD, EUR, INR, SAR etc Use common/reporting currency in case facilities/subsidiaries use different currencies	
1.1.5.	Accounting standard used	Text	IFRS, national etc	
1.1.6.	Accreditation(s) obtained	Text	List all current accreditations obtained Eg JCI, NABH, SafeCare, Cohsasa, ISO etc.	
1.2.	***Consolidated Company Information [For Consolidated/Company Data Column(s) Only]***			
1.2.1.	Name of Company	Text	Provide full name of Company	
1.2.2.	Country(s) of operation	Text	Provide names of country(s) of operation. - Include only those where the Company has a physical presence.	
1.2.3.	Number of stand-alone hospitals	#	Provide number of hospitals at the end of the period	
1.2.4.	Number of stand-alone polyclinics/outpatient facilities	#	Include satellite and other stand-alone facilities located away from the main hospital facilities. Include general and specialist (e.g. fertility/IVF, eye-care, cosmetic etc) clinics. Exclude stand-alone clinics located within the main hospital facilities.	
1.2.5.	Number of other stand-alone health facilities - e.g. labs	#	Include: laboratories, diagnostic centers, dialysis centers, pharmacies, rehab units, etc located away	

Ref	Metrics/Information	Unit	Notes & Definitions	Usual Source
			from the main hospital facility. Exclude stand-alone facilities located within the main facility.	
1.3.	***Facility-Level Information [For Hospital Facility Data Column(s) Only]***			
1.3.1.	Facility name	Text	Provide name of hospital facility	
1.3.2.	Facility location	Text	Provide location (city and country) of hospital facility	
1.3.3.	Main specialties	Text	Name the top 3-5 high-volume (or "flagship") specialties at the hospital	
1.4.	***General Financial Information***			
1.4.1.	Total Enterprise Value (EV)	LCU	For public companies only. Private companies may use Equity Book Value if known.	Annual Accounts
1.4.2.	Market Capitalization	LCU	For public companies only	Annual Accounts
1.4.3.	Fixed Assets	LCU	Book value of fixed assets	Annual Accounts
1.4.4.	Current Assets	LCU	Book value of current assets	Annual Accounts
1.4.5.	Total Assets	LCU	Total book value of assets	Annual Accounts
1.5.	***Revenue Profile***			
1.5.1.	Revenue from companies and private insurance	LCU	Include revenue received from Private (or Voluntary) Health Insurance and Corporate payors (including companies and professional associations).	Management Accounts Dept.
1.5.2.	Revenue from self-pay/cash	LCU	Revenue from patients' (including their families') own funds. Include cash and credit payments. Include all revenues paid directly from patients, even if	Management Accounts Dept.

Ref	Metrics/Information	Unit	Notes & Definitions	Usual Source
			some later claim reimbursement from insurers or employers.	
1.5.3.	Revenue from government	LCU	Include Revenue from government agencies – including Social Health Insurance and Public-Private Partnerships (PPPs).	Management Accounts Dept.
1.5.4.	Revenue from other sources	LCU	Includes non-patient income such as rental, retail sales, and other. Last 12 months (LTM). Insert % if actual not known precisely	Management Accounts Dept.
1.5.5.	Total Revenue	LCU	Total revenue from operations. Note: Please ensure that Total Revenue equates to the sum of 1.5.1 to 1.5.4	Annual Accounts
1.5.6.	IP/OP Revenue split: Enter % of revenue from Inpatient services only.	%	Calculation: Revenue from Inpatient Services / Total Revenue. Range: 0 – 100% Include all Revenue derived from Inpatient activity, including related procedures, tests, drugs etc.	Annual Accounts
1.5.7.	Medical travel: Revenue from Foreign patients as % of all revenue	%	Calculation: Revenue derived from Foreign Patients / Total Revenue Range: 0 – 100%. Foreign patients are people who are normally resident in other countries (e.g. tourists and patients who have travelled specifically for medical treatment).	Management Accounts Dept.
1.6.	***Profitability***			
1.6.1.	Gross Profit	LCU	Calculation: Total Revenue minus Cost of Goods Sold (COGS)	Annual Accounts
1.6.2.	Gross Profit Margin (%)	%	Calculation: Gross Profit / Total Revenue	
1.6.3.	EBITDA	LCU	Earnings Before Interest, Taxes, Depreciation, and Amortization	Annual Accounts

Ref	Metrics/Information	Unit	Notes & Definitions	Usual Source
1.6.4.	EBITDA Margin (%)	%	Calculation: EBITDA / Revenue	Derive from Annual Accounts data
1.6.5.	Net Income	LCU	Also called "Net Earnings" or "Net Profit". Calculation: Total Revenue minus Total Expenses (including cost of goods sold, selling, general and administrative expenses, operating expenses, depreciation, interest, taxes, and other expenses).	Annual Accounts (Income Statement)
1.6.6.	Net Income Margin (%)	%	Calculation: Net Income / Total Revenue	Derive from Annual Accounts data
1.6.7.	EV / EBITDA	#	See definitions of EV and EBITDA above.	Derive from Annual Accounts data
1.6.8.	P / E (Price/Earnings) ratio	#	For public-listed companies only.	Derive from Annual Accounts data
1.6.9.	Total Debt	LCU	Total long term and current debt liabilities.	Annual Accounts
1.6.10.	Net Debt	LCU	Calculation: Total Debt minus Cash & Cash Equivalents. (Cash Equivalents are normally liquid investment with a maturity of 90 days or less. They include Certificates of Deposit, Treasury Bills and Commercial Paper).	Annual Accounts
1.6.11.	Total Equity	LCU	Calculation: Total Assets minus Total Liabilities	Annual Accounts

Ref	Metrics/Information	Unit	Notes & Definitions	Usual Source
1.6.12.	Total Debt / EBITDA	#	Total long term and current debt liabilities/Earnings Before Interest, Taxes, Depreciation, and Amortization	Derive from Annual Accounts data
1.6.13.	Total Debt / Equity	#	Total long term and current debt liabilities/ Total Assets minus Total Liabilities	Derive from Annual Accounts data
1.6.14.	Current Ratio	#	Calculation: Current Assets / Current Liabilities	Derive from Annual Accounts data
1.6.15.	Return on Assets %	%	Calculation: Net Income / Total Assets	Derive from Annual Accounts data
1.6.16.	Return on Equity %	%	Calculation: Net Income / Total Equity	Derive from Annual Accounts data
1.6.17.	Receivable Days	#	Also called “Debtor Days” or “Days Sales Outstanding” (DSO) is the average time for customers (debtors) to pay their bills. Calculation: (Average Accounts Receivable / Total Revenue) x 365	Management Accounts Dept
1.6.18.	Inventory Days	#	Also called “Days Sales in Inventory” (DSI) is the average time (days) for a business to convert its inventory into sales. Goods that are considered “work in progress” (WIP) are included in the Inventory for	Management Accounts Dept,

Ref	Metrics/Information	Unit	Notes & Definitions	Usual Source
			calculation purposes. Calculation: (Average Inventory / Cost of Goods Sold) x 365	Supplies Dept.
1.6.19.	Payable Days	#	Also called "Days Payable Outstanding" (DPO) is the average time (days) that a company takes to pay its bills and invoices to its trade creditors. Calculation: (Accounts Payable / Cost of Goods Sold) x 365	Management Accounts Dept
1.7.	***Sample Prices***		For all below, estimate the average "blended" price paid – i.e. considering that different prices may be applied depending on different payers, locations, case-mix, VIP/non-VIP, time-slot, etc. Include doctors' fees. Unless otherwise stated, price should be for the entire "package", including relevant medical fees, rooms fees, procedures costs, tests, drugs, prosthesis and consumables.	Price lists, Billing Dept.
1.7.1.	Average price of Normal Delivery package	LCU	Provide total average package price.	
1.7.2.	Average price of C-Section Delivery package	LCU	Provide total average package price.	
1.7.3.	Average price of Abdominal Hernia	LCU	ICD 10 code T20	
1.7.4.	Average price of Hip replacement (unilateral, non-trauma)	LCU	Provide total average price including hip prosthesis	
1.7.5.	Average price of Cholecystectomy	LCU	Includes ICD 10 codes: J18.1 + Y75.2 J18.3 + Y75.2, J18.2	
1.7.6.	Average price for medical outpatient consultation	LCU	Consultation fee only. Exclude any associated medications, tests etc.	
1.7.7.	Average nightly room rate: Single room	LCU	Provide average nightly fee a standard adult single room only. Exclude nursing fees, daily treatment fees, and fees for any other services.	

Ref	Metrics/Information	Unit	Notes & Definitions	Usual Source
1.7.8.	Average nightly rate: Ward/multiple share room	LCU	Provide average nightly fee for staying in a standard adult ward or multiple-bed room (ie rooms with 3 beds or more). Exclude nursing fees, daily treatment fees, and fees for any other services.	
1.7.9.	Average price of CT scan	LCU	Include price of contrast Include price of pre-scan work-up and reporting	
1.7.10.	Average price of MRI scan	LCU	Include price of pre-scan work-up and reporting	
1.7.11.	Average price of Chest X-ray	LCU	Provide average price charged.	
1.7.12.	Average total revenue (or cheque size) per inpatient admission	LCU	Include all inpatient fees, eg including room/bed charges, procedures, tests, drugs and other related services.	
1.7.13.	Average total revenue (or cheque size) per outpatient visit	LCU	Include all Outpatient fees, e.g. tests, prescribed drugs and any other related services.	
1.8.	***Expenditure/Cost Profile***			
1.8.1.	Total Staff costs	LCU	Include all payroll costs including: salaries, social security payments, bonuses, benefits, pensions etc during the period. Exclude externally contracted staff and outsourced services.	Finance Dept
1.8.1.1.	Total Medical Staff costs	LCU	Include all Medical Staff costs including: - Payroll and related costs - Other fees paid to Medical Staff. - Employed and contracted Medical Staff. - Nurses who work in clinical and non-clinical roles - eg medical leadership, training etc.	Finance Dept
1.8.1.2.	Total Nursing Staff costs	LCU	Include all Nursing Staff costs: - All Nursing payroll costs including: salaries, social security payments, bonuses, benefits, pension	Finance Dept

Ref	Metrics/Information	Unit	Notes & Definitions	Usual Source
			contributions etc. during the period. - All Nursing grades including Registered/Qualified Nurses and Nurse Assistants. - Nurses who work in clinical and non-clinical roles - eg nurse administration, training, QA etc.	
1.8.2.	Total Drugs costs	LCU	Total expenditure on Drugs & Medications Use actual cost to company, eg net of any discounts. Exclude non-pharmaceutical products such as dietary supplements.	Finance Dept
1.8.3.	Total Supplies costs	LCU	Enter total expenditure on supplies. Include for example: medical & surgical equipment and furniture supplies, clothing; also non-clinical supplies. Exclude capital expenditure items, including major equipment purchases.	Finance Dept
1.8.4.	Replacement Capital Expenditure (CapEx)	LCU	Replacement CapEx (sometime called "Maintenance CapEx") is cash expenditure for replacement and improvement of the assets owned by the company – in order to protect the current business. CapEx does not go through a company's P&L statement. Rather, the expenditure goes through the cash-flow statement and is capitalized as an asset on the Balance Sheet, with wear-and-tear periodically recognized as depreciation expense in the P&L. Replacement Capex = Current Year PP&E – Previous Year's PP&E + Depreciation. (PP&E = Property, Plant, and Equipment). Exclude "Growth CapEx" which is investment made for the purpose of increasing revenue and profits,	Finance Dept

Ref	Metrics/Information	Unit	Notes & Definitions	Usual Source
			organically (i.e. not through acquisitions). Examples include the construction of a new clinic or facility.	

2.2 Operational Metrics

Ref	Metric	Unit	Notes & Definitions	Usual Source
2.1.	***Bed Capacity & Utilization***			
2.1.1.	Total Number of Available Beds	#	Average number of Available Beds during the year. Include all actual available staffed beds, whether the bed is occupied or not. Exclude: - Beds which were closed for any reason, - Temporary beds. Definition: - Hospital beds are those beds which are regularly maintained and staffed and available for patients who are formally admitted (hospitalized) for inpatient treatment and/or care, and who may stay over-night. - Include beds for both general and specialist care/treatment - eg ICU, HDU, CCU and NICU beds. - Exclude surgical tables, recovery beds/trolleys, observations beds, endoscopy beds, emergency stretchers, dedicated day-case (or day-only) beds, dialysis beds, chemotherapy couches, and baby cots for healthy infants.	MIS or PAS
2.1.2.	Total Number of Inpatient Admissions (ordinary admissions)	#	Total number of ordinary inpatient admissions during the year. Include all patients who are admitted to an available staffed hospital bed (either elective or emergency) and either: remain overnight whatever the original intention; or are expected to remain overnight but are discharged earlier. Exclude patients who are specifically admitted as Day-cases (see definition below). Note: Total Number reported must equal the sum of the 5 sub-categories below (Medical, Surgical, O&G, Pediatric and Other).	

Ref	Metric	Unit	Notes & Definitions	Usual Source
2.1.2.1.	Number of Medical inpatient admissions	#	Total number of patients primarily admitted for Medical Care. (Exclude Day-case admissions).	MIS or PAS
2.1.2.2.	Number of Surgical inpatient admissions	#	Total number of patients primarily admitted for Surgical treatment. (Exclude Day-case admissions).	MIS or PAS
2.1.2.3.	Number of O&G inpatient admissions	#	Total number of patients primarily admitted for Obstetrics & Gynecology services. (Exclude Day-case admissions).	MIS or PAS
2.1.2.4.	Number of Pediatric inpatient admissions	#	Total number of patients primarily admitted for Pediatric care. (Exclude Day-case admissions).	MIS or PAS
2.1.2.5.	Number of other inpatient admissions	#	Total number of patients primarily admitted for other reasons not listed above. (Exclude Day-case admissions).	MIS or PAS
2.1.2.6.	Gender: Percentage of inpatients/hospitalization that are female	%	Provide % of inpatients who are Female Calculation: Number of Female Inpatients / Total number of Inpatient admissions during the period x 100 Use approximation if not recorded	MIS or PAS
2.1.3.	Total number of Occupied Bed-Days (OBDs)	#	Provide total number of OBDs for all specialties during the period An Occupied Bed-Day is usually defined as a bed which is occupied by a patient at midnight. Alternatively it may be defined as a bed which at least one patient has used during a 24 hour day. If more than one patient has used the bed during a day it should be counted as only one Occupied Bed-Day. Therefore Bed Occupancy Rates (see below) should not exceed 100%. Note: Day-cases (see definition above) are usually recorded as zero OBDs.	MIS or PAS

Ref	Metric	Unit	Notes & Definitions	Usual Source
2.1.4.	Average Bed Occupancy Rate (BOR)	%	Provide BOR percentage between 0 - 100% Definition: Bed occupancy is the percentage of available staffed beds occupied by inpatients over the period of time. Derived as follows: Percentage occupancy = Occupied bed days x 100 /Available staffed bed days Note: This metric does not take account of the use of beds by day-cases. (See day-case definition above)	MIS or PAS
2.1.5.	Average Length of Stay (AvLOS) in Days	#	Provide AvLOS for the year, measured in Days. Definition: Average Length of Stay (AvLOS) is an estimate of the average length of stay of inpatients within the organization during the most recent year. If AvLOS is not routinely recorded it may be (approximately) calculated as: AvLOS = Occupied Bed-days / Inpatient Admissions Note: This metric does not take into account the use of beds by day-cases, as day-case activity is not included in calculations of average length of stay in hospital. (See day-case definition).	
2.1.6.	Total number of Day-Case patients	#	Definition: - A Day-Case is an episode of care that is pre-planned and successfully expedited with admission and discharge on the same day. - Day-case procedures are often (but not always) carried out in a dedicated Day-Case Unit, including a Day-Case Theatre.	MIS or PAS

Ref	Metric	Unit	Notes & Definitions	Usual Source
2.1.7.	Emergency admissions as % of all inpatient admissions	%	Provide percentage between 0 - 100% Calculation: Emergency Admissions / Total Admissions during period Definition: An Emergency Admission is usually defined as a patient who is admitted to the hospital through the hospital Emergency Department (ED) - sometimes called Emergency Room (ER) or Accident & Emergency (A&E). Patients admitted through the Emergency Department may go to: - An operating theatre, - A bed in a ward, or - A diagnostic test or other treatment while en-route to a bed or operating room.	MIS, PAS or Billing Dept
2.1.8.	Medical travel: Foreign patients as % of all inpatient admissions	%	Provide percentage between 0 - 100% Calculation: Number of foreign/international patients admitted / Total Number of Admissions Definition: Foreign patients are those originating from and normally resident abroad.	
2.1.9.	**Intensive Care Unit**		Notes: Include all adult ICU and Critical Care wards. Exclude High Dependency Unit (HDU). Exclude specialist pediatric ICU and neonatal ICU (NICU)	MIS or PAS
2.1.9.1	Total number of Available ICU Beds	#	Provide average number of available Adult ICU Beds during the year. - Include all actual available staffed ICU beds, irrespective of whether the bed is occupied or not. - Exclude ICU beds which were closed for any reason, provisional and temporary beds.	MIS or PAS

Ref	Metric	Unit	Notes & Definitions	Usual Source
2.1.9.2.	Total number of Inpatient ICU Admissions	#	Total number of Inpatient ICU Admissions. Patients may be admitted directly to ICU (e.g. as an emergency admission) or transferred from an Operating Theatre or other ward/department.	MIS or PAS
2.1.9.3.	Total number of Occupied ICU Bed-Days (OBDs)	#	An Occupied Bed-Day is usually defined as a bed which is occupied by a patient at midnight. Alternatively, it may be defined as a bed which at least one patient has used during a 24 hour day. If more than one patient has used the bed during a day it should be counted as only one Occupied Bed-Day. Therefore, Bed Occupancy Rates (see below) should not exceed 100%.	MIS or PAS
2.1.9.4.	Average ICU Bed Occupancy Rate (BOR)	%	Provide BOR percentage between 0 - 100% Definition: Bed occupancy is the percentage of available staffed beds occupied by inpatients over the period of time. Derived as follows: Percentage occupancy = Occupied bed days x 100 /Available staffed bed days.	MIS or PAS
2.1.9.5.	Average Length of Stay (AvLOS) in ICU	#	Provide AvLOS in ICU for the year, measured in Days. Definition: Average Length of Stay (AvLOS) is an estimate of the average length of stay of inpatients in ICU during the most recent year. If ICU AvLOS is not routinely recorded it may be (approximately) calculated as: ICU AvLOS = Occupied ICU bed days / Number of ICU Admissions (approximately)	
2.1.10.	**Inpatient Payer Profile**		[Note: Total for all should equal 100%]	MIS or Billing Dept
2.1.10.1.	- % of all inpatients funded by private medical insurance (PMI) or corporate payor	%	Calculation: Number of Inpatients funded by PMI or corporate payor / Total inpatient admissions for the period x 100	MIS or Billing Dept

Ref	Metric	Unit	Notes & Definitions	Usual Source
2.1.10.2.	- % of all inpatients funded by self/cash	%	Calculation: Number of Inpatients funded by Self/Cash / Total inpatient admissions for the period x 100	MIS or Billing Dept
2.1.10.3.	- % of all inpatients funded by government (eg social/obligatory health insurance schemes)	%	Calculation: Number of Inpatients funded by Government schemes / Total inpatient admissions for the period x 100	MIS or Billing Dept
2.1.10.4.	- % of all inpatients funded by other sources (eg charitable, free).	%	Calculation: Number of Inpatients funded by Other sources / Total inpatient admissions for the period x 100	
2.2.	***Dialysis & Chemotherapy***			
2.2.1	**Dialysis**		Note: Chronic dialysis only; exclude acute dialysis.	MIS or PAS
2.2.1.1.	Number of dialysis machines	#	No of dialysis machines available for use.	
2.2.1.2.	Number of dialysis sessions	#	Total number of Dialysis sessions (treatments) during the period.	MIS or PAS
2.2.2.	**Chemotherapy**			
2.2.2.1.	Number of Chemotherapy couches	#	No of Chemotherapy couches available for use.	MIS or PAS
2.2.2.2.	Number of Chemotherapy sessions	#	Total number of Chemotherapy sessions (treatments) during the period.	
2.3.	***Outpatient Care***		An Out-Patient Attendance (or visit) is an attendance at which a patient has a face to face (or via telephone/telemedicine) contact with a doctor. If an outpatient is seen by a doctor, sent elsewhere for a test or X-ray, and then seen again during the same clinic session, it should be recorded as one consultation - not two. If a patient sees the same doctor again during a different clinic session, this is counted as an additional consultation.	MIS or PAS
2.3.1.	Number of outpatient consultation rooms	#	Include only rooms used for doctor consultations. Exclude: - Emergency Dept rooms - Rooms designated for nursing and paramedical purposes - eg phlebotomy, observation, dietician, physiotherapy etc.	MIS or PAS

Ref	Metric	Unit	Notes & Definitions	Usual Source
2.3.2.	Total Number of outpatient consultations	#	Include all consultations with doctors, including new and follow-up (whether charged for or not). Exclude: - Visits to Emergency Department - Visits with nurses and paramedical staff - eg phlebotomists, dieticians, physiotherapists etc. - Visits to laboratory and radiology. Total must be equal to sum of New and Follow up (see below).	
2.3.2.1.	Number of new outpatient consultations	#	Enter number of outpatients attending for the first time. This usually equates to the number of new Outpatient case-files opened during the year. (See definitions above)	MIS or PAS
2.3.3.	Number of Emergency Department rooms	#	Include all patient treatment and observation rooms located within the Emergency Department. Exclude rooms not used for patient treatment/observation, such as offices, storage rooms etc.	MIS or PAS
2.3.4.	Number of Emergency Room (ER) visits	#	Include all patient visits to dedicated Emergency Department (ED or ER). Exclude unplanned visits to Outpatient Department.	MIS or PAS
2.4.	***Surgical & Interventional***			MIS or PAS
2.4.1.	Number of Operating Rooms/Theatres (OR/OTs)	#	An Operating Theatre, or Operating Room (OR), is a facility within a hospital where surgical operations are carried out in an aseptic environment. - Exclude dedicated Day-case theatres, Cardiac cath labs, dedicated Labor-delivery rooms, Endoscopy rooms, and Ophthalmic operating rooms. - Exclude Procedure Rooms: A procedure room is normally used for the performance of minor procedures that do not require an aseptic field, but may require use of sterile	MIS or PAS

Ref	Metric	Unit	Notes & Definitions	Usual Source
			instruments or supplies. Access to procedure rooms is usually less restricted compared with ORs.	
2.4.2.	Number of Operating Theatre cases	#	Definition: An Operating Theatre Case is one visit of a patient to an Operating Theatre to undergo one or more operative procedures. (May be under general or local anesthetic).	MIS or PAS
2.4.3.	Elective OR utilization % (based on open hours)	%	Because staffing costs are the largest component of OR expenses, efficient use of OR time requires that the ORs be used fully when staffed (and used as little as possible when staffing relies on overtime or on-call staff]. Calculation: Elective Operating Room utilization = Total time OR is occupied during period / Total time OR is available for use during the same period Notes: - Include elective ORs only. - Exclude 24 hour emergency ORs. - Occupied time includes turnaround time.	
2.4.4.	Number of dedicated Day-case theatres/operating rooms	#	Definition: A Day-Case Operating Theatre/Operating Room is specifically designed and designated for day-case procedures only. Note: Exclude Procedure Rooms: A procedure room is normally used for the performance of minor procedures and may not require an aseptic field, but does require use of sterile instruments or supplies. Access to procedure rooms is usually less restricted compared with operating theatres/ORs.	
2.4.5.	Number of surgical day cases	#	Definition: - A surgical Day-Case is a surgical episode of care that is pre-planned and successfully expedited with admission and discharge on the same day.	

Ref	Metric	Unit	Notes & Definitions	Usual Source
			- Surgical Day-case procedures are often (but not always) carried out in a dedicated Day-Case Surgery Unit, including a Day-Case Theatre. However they may also be carried out in general ORs (and sometimes in procedure rooms).	
2.4.6.	**Interventional Cardiology (IC)**			
2.4.6.1.	Number of interventional cardiology rooms	#	No of Interventional Cardiology rooms (or Catheterization Laboratories "cath labs") and Angiography rooms.	
2.4.6.2.	Number of interventional cardiology cases	#	Definition: An IC Case is one visit of a patient to a Cath Lab to undergo one or more invasive procedures.	
2.4.7.	**Maternity**			
2.4.7.1.	Number of dedicated labor/delivery rooms	#	Provide total number of labor/delivery rooms including dedicated C-Section operating rooms/theatres	
2.4.7.2.	Total number of deliveries	#	Total number of all maternal deliveries during period (including normal/vaginal and C-Section).	
2.4.7.3.	% C-section rate	%	Calculation: Number of caesarean deliveries / Total number of deliveries during the period x 100	
2.4.8	**Endoscopy Unit**			
2.4.8.1	Number of dedicated Endoscopy Rooms	#	Enter number of rooms exclusively dedicated to Endoscopy. Exclude Surgical/Operating Rooms where other (i.e. non-endoscopy) procedures are also performed.	
2.4.8.2	Number of Endoscopy procedures performed in Endoscopy Rooms	#	Enter number of procedures performed in dedicated Endoscopy Rooms only. Exclude endoscopy procedures performed in other room such as Surgical/Operating Rooms.	
2.5.	***Diagnostic Services***			
2.5.1.	Number of MRI scanners	#	Provide total number of MRI scanners.	
2.5.2.	Number of MRI scans	#	Provide total number of MRI scans performed during period.	

Ref	Metric	Unit	Notes & Definitions	Usual Source
2.5.3.	MRI scanner utilization rate %	%	Calculation: Total time MRI scanner is actually in use during period / Total time MRI scanner is available for use during the same period x 100	
2.5.4.	Number of CT scanners	#	Provide total number of CT scanners.	
2.5.5.	Number of CT scans	#	Provide total number of CT scans performed during period.	
2.5.6.	CT scanner utilization rate %	%	Calculation: Total time MRI scanner is actually in use during period / Total time MRI scanner is available for use during the same period x 100	
2.5.7.	Number of PET scanners	#	Provide total number of PET scanners. Include PET and PET-CT scanners.	
2.5.8.	Number of PET scans	#	Provide total number of PET scans performed during period.	
2.5.9.	PET scanner utilization rate %	%	Calculation: Total time MRI scanner is actually in use during period / Total time MRI scanner is available for use during the same period x 100	
2.5.10.	Number of fixed X-ray machines	#	Total number of fixed X-ray machines. Exclude: - Portable X-ray units, - C-Arms.	
2.5.11.	Number of X-rays	#	Provide total number of X-rays performed during period (excluding portable X-ray units)	
2.5.12.	Number of laboratory tests	#	Provide total number of laboratory tests performed during period. Include test for all lab modalities - eg Clinical Biochemistry, Hematology, Cytology, Microbiology etc. Include new and follow-up tests. Note: No of tests not to be confused with no of patients requiring tests or no of lab requests.	
2.6.	***Radiotherapy***			

Ref	Metric	Unit	Notes & Definitions	Usual Source
2.6.1.	Number of linear accelerators	#	Provide total number of linear accelerator ("linac") machines. Exclude radiotherapy simulation machines	
2.6.2.	Number of radiotherapy fractions delivered	#	Provide total number of radiotherapy fractions delivered during period.	
2.6.3.	Linear accelerator utilization rate %	%	Linear accelerator utilization rate utilization = Total time Linear Accelerator is in use during period / Total time Linear Accelerator is available for use during the same period x 100.	
2.7.	***Human Resources & Staffing***		Notes: Healthcare staff often follow different employment practices and may work full-time, part-time, or overtime. There are 2 main approaches to counting staff: - Headcount means each individual person counts as one employee whether their appointment is full time or part time; - Full Time Equivalent (FTE) measures staff working hours as a proportion of a standard full time contract. This means that a part-time staff who worked 20 hours of a standard (say) 40 hour contract would count as 0.5 FTE and somebody who worked 40 hours would count as 1.0 Exclude outsourced staff.	
2.7.1.	**Total staff employed**			
2.7.1.1.	Staff Headcount	#	Provide average Staff Headcount for the year. Definition: Each individual employee counts as one "head", whether their appointment is full time or part time. So, for example, 100 full-time staff + 30 part-time staff = 130 headcounts.	
2.7.1.2.	FTEs	#	A full-time equivalent (FTE) is a unit to measure employees in a way that makes them comparable when some work full-time and others work part-time. Calculation: FTEs are calculated by comparing an employee's	

Ref	Metric	Unit	Notes & Definitions	Usual Source
			average number of hours worked compared with a full-time employee. A full-time employee is counted as 1.0 FTE, while a part-time employee is counted in proportion to the hours they work. E.g., a part-time employee working 20 hours per week, where full-time work is 40 hours, is counted as 0.5 FTE.	
2.7.1.3.	Gender: Percentage of Staff who are female	%	Calculation: Female staff headcount / Total staff head-count	
2.7.1.4.	Gender: Percentage of senior "C-Suite" Staff who are female	%	Definition: "C-suite" refers to the most senior executive-level managers within a company. Common examples include Chief Executive Officer (CEO), Chief Financial Officer (CFO), Chief Operating Officer (COO), and Chief Information Officer (CIO).	
2.7.1.5.	% of foreign staff	%	Calculation: Staff originating and qualified abroad / Total number of staff employed x 100	HR Dept
2.7.1.6.	Staff vacancy rate %	%	% of all staff posts vacant at year-end.	HR Dept
2.7.1.7.	Staff turnover rate during year percentage	%	% of employed staff who left employment during the year (e.g. resigned or dismissed).	HR Dept
2.7.1.8.	Staff sickness/absence rate percentage	%	% of working days lost due to sickness and unplanned absence during the year.	HR Dept
2.7.2.	**Medical Staff**			HR Dept
2.7.2.1.	Number of full-time doctors employed	#	Provide head-count number. Definition: These are doctors who are formally employed full-time on the company payroll.	HR Dept
2.7.2.2.	Number of part-time doctors employed	#	Provide headcount number. Definition: These are doctors who are formally employed part-time on the company payroll.	HR Dept
2.7.2.3.	Number of active visiting doctors	#	Provide headcount number. Definition: Visiting doctors (including "privileged physicians") are not employed by the company but have been awarded rights to admit, consult, diagnose or treat patients within its	HR Dept

Ref	Metric	Unit	Notes & Definitions	Usual Source
			facilities. They are often senior doctors, such as consultants and professors. These doctors often work "freelance" at multiple facilities. They invoice for services provided, either to the company or direct to the patient. Exclude doctors who may be formally registered as visiting/privileged but never (or rarely, e.g. less than 1 once per month) work at the company/facility.	
2.7.2.4	Number of clinical officers	#	Definition: In some countries Clinical Officers perform some of the roles of doctors. The role and training of Clinical Officers varies between countries. There are usually separate qualifications for Clinical Officers and these qualifications generally require fewer years training compared with doctors. Other names for Clinical Officers commonly include: Medical Officers, Resident Medical Officers, Anesthetic Officers, Ophthalmic Officers and other cadres. Provide number of FTEs.	
2.7.3.	**Nursing staff**			HR Dept
2.7.3.1.	Number of FTE Registered and Enrolled Nurses employed (registered/qualified)	#	Definition: These include formally licensed nurses. They hold formally recognized nursing qualifications. Common duties include: : - Monitoring and administering medications/drugs and intravenous infusions. - Taking patient samples, pulses, temperatures and blood pressures; and - Writing patients' records. Provide number of FTEs. Include: - Various cadres of enrolled and registered nurses, including children's nurses, ICU nurses, OR nurses etc.	HR Dept

Ref	Metric	Unit	Notes & Definitions	Usual Source
			- Qualified midwives. - Nurses who work in non-clinical roles - eg nurse administration, training, QA etc.	
2.7.3.2.	Number of FTE Nursing Assistants employed	#	Definition: Precise definitions, qualifications and titles vary. However, Nurse Assistants generally provide support to nursing staff. They usually perform routine patient care under the supervision of doctors or licensed nurses. Common duties include bathing and grooming patients, serving meals and taking basic vital sign measurements, like pulse rate and temperature. They may also prepare hospital rooms, clean bedding, and help patients to walk around. They usually do not administer medications/drugs. Provide number of FTEs. Also include Nursing Assistants, Healthcare Assistants, and Nursing Auxiliaries.	HR Dept
2.7.3.3.	Nurse/bed ratio in adult general wards	#	Calculation: Average number of licensed Nurses on duty in adult wards / Average number of occupied adult ward beds Exclude nurse assistants. (See definitions above)	HR Dept
2.7.3.4.	Nurse/bed ratio in ICU	#	Calculation: Average number of licensed Nurses on duty in ICU / Average number of occupied ICU beds Exclude nurse assistants (See definitions above)	
2.7.4.	**Para-medical and Scientific staff**			HR Dept

Ref	Metric	Unit	Notes & Definitions	Usual Source
2.7.4.1.	Number of pharmacy staff	#	Provide number of FTEs. Include formally qualified/registered/licensed pharmacists only. Exclude pharmacy technicians, pharmacy assistants and other staff working in the pharmacy (e.g. admin, stores etc.)	HR Dept
2.7.4.2.	Number of laboratory staff	#	Provide number of FTEs. Include formally qualified/registered/licensed Lab Doctors and Lab Technicians only. Exclude lab assistants and other staff working in the lab (eg admin, stores etc)	Chief Nurse
2.7.4.3.	Number of radiography staff	#	Provide number of FTEs. Include formally qualified/registered/licensed Radiographers only. Exclude: - Radiologists, - Radiology assistants and other staff working in the radiology department (e.g. admin, stores etc.).	Chief Nurse
2.7.4.4.	Number of other para-medical & scientific staff	#	Provide number of FTEs. Other Paramedical staff include (but are not limited to): Ambulance Paramedics, Art Therapists, Drama therapists, Music therapists, Chiropodists/podiatrists, Dieticians, Occupational therapists, Operating Department Practitioners, Orthoptists, Osteopaths, Physiotherapists, Prosthetists and Orthotists, and Speech & Language therapists. Note: In some places some such cadres are considered to be Doctors, and hold similar qualifications. In such cases include as Medical Staff (above).	
2.7.5.	**Technical and Engineering staff**			

Ref	Metric	Unit	Notes & Definitions	Usual Source
2.7.5.1.	Facility engineers	#	Provide number of FTEs. Include mechanical, electrical, HVAC and other engineers who maintain the buildings/facilities/infrastructure.	HR Dept / Pharmacy Dept
2.7.5.2.	Biomedical engineers	#	Provide number of FTEs. Include engineers who maintain clinical equipment.	HR Dept / Laboratory Dept
2.7.5.3.	Other technical staff	#	Provide number of FTEs. Include (for example): plumbers, carpenters, etc.	HR Dept / Radiology Dept
2.7.6.	**Management and Administration staff**			
2.7.6.1.	Total number of management and administration staff	#	Provide number of FTEs. Include all management and administrative staff including General Management, Finance, HR, Marketing, Secretarial and Receptionists.	
2.7.7.	**Other staff**			
2.7.7.1.	Total other staff	#	Provide number of FTEs. Include (for example): Ancillary, Cleaning, Catering, Laundry, Security, Gardening staff etc. Exclude: - Outsourced staff. - Staff already counted in the categories above.	
2.7.7.2.	Provide list of outsourced services	Text	Examples include Cleaning, Security, Maintenance (grounds, buildings, equipment), Financial (payroll, internal audit, debt collection), IT support, Catering, Pest control, Laundry & linen, Document management, Radiology (MRI, CT), Laboratory (histopathology), Blood bank/blood supply, Infection control, Sterilization services (HSDU/CSSD), Ambulance/patient transport.	

2.3 Quality Assurance Metrics

Ref	Metric	Unit	Notes & Definitions	Usual Source
3.1.	***Mortality***			
3.1.1.	Total Number of Deaths	#	Total Number of Deaths across all departments	Quality Dept
3.1.2.	Total Number of ICU Deaths	#	Total Number of Deaths in ICU	Quality Dept / ICU
3.2.	***Infection***			
3.2.1.	Healthcare Associated Infections (HAIs)	#	Enter total number of HAIs during the year. HAIs include ALL healthcare associated infections that occur while receiving healthcare. Include ALL types of HAI, including urinary tract infections, surgical site infections (SSIs), respiratory infections and others. Well-known HAIs include Methicillin-Resistant Staphylococcus Aureus (MRSA) and Chloridoids difficile (C. difficile).	Quality Dept
3.2.1.1	Surgical Site Infections (SSIs)	#	Enter the Total No of SSIs during the year. A surgical site infection is an infection that occurs after surgery in the part of the body where the surgery took place.	Quality Dept
3.2.2.	Total Number of Surgeries performed	#	Enter Total Number of Surgeries performed during the year.	Quality Dept
3.2.3.	Catheter-associated Urinary Tract Infections (CAUTIs)	#	Enter number of Catheter-associated Urinary Tract Infections (adults only) for the year. CAUTI is one of the most common infections a person can contract in the hospital. A Urinary Tract Infection (UTI) is an infection involving any part of the urinary system, including urethra, bladder, ureters, and	Quality Dept

Ref	Metric	Unit	Notes & Definitions	Usual Source
			kidney. A CAUTI is a UTI that develops within 48 hours of a catheter being inserted.	
3.2.3.1.	Catheter days (adults only)	#	Insert number of Catheter-Days for the year. (Note: for adults only) Definition: Each day a patient has a urinary catheter in place is a "Catheter Day". To be accurate, the number of patients with a urinary catheter should be counted at the same time each day.	Quality Dept
3.2.4.	Central line-associated Bloodstream Infections (CLABSIs)	#	Enter number of CLABSIs for the year. CLABSI is a common healthcare-associated infection and is a significant cause of morbidity and mortality. Definition: A CLABSI is a bloodstream infection (not related to an infection at another site) that develops within 48 hours of Central Line placement.	Quality Dept
3.2.4.1.	Central Line Days	#	Enter number of Central Line Days for the year. Definition: Each day a patient has a central line (also called central venous line, central venous catheter and C-line) in place is a "Central Line Day".	Quality Dept
3.2.5.	Ventilator-Associated Pneumonia (VAP)	#	Enter total number of cases of VAP during the year. Ventilator-associated pneumonia (VAP) is pneumonia that develops >48 hours after mechanical ventilation is given by means of an endotracheal tube or tracheostomy. Ventilator-associated pneumonia (VAP) is the most common healthcare-associated infection in adult critical care units.	Quality Dept / Critical Care Dept
3.2.5.1.	Ventilator Days		Enter number of Ventilator-Days for the year. Definition: Each day a patient is on a mechanical ventilator is a "Ventilator Day".	Quality Dept / Critical

Ref	Metric	Unit	Notes & Definitions	Usual Source
				Care Dept
3.3.	***Other Preventable Harm***			
3.3.1.	Reported Incidents	#	Enter total number of Incidents formally reported.	Incident Reporting System / Quality Dept
3.3.1.1.	Closed Incidents	#	Enter total number of reported Incidents that were formally closed/resolved.	Incident Reporting System / Quality Dept
3.3.1.2.	Near Misses	#	A "near-miss" is a potentially harmful event which occurs but does not reach the patient, through either chance or by active recovery.	Incident Reporting System / Quality Dept
3.3.2.	Pressure ulcers (HAPIs)	#	Enter number of HAPIs (Hospital Acquired Pressure Injuries, Stage 1 and above) recorded during the year. Definition: HAPIs (also known as pressure ulcers, pressure sores or bedsores) are injuries to the skin and underlying tissue, primarily caused by prolonged pressure on the skin. Includes all categories, starting from when the skin is not broken to worse cases. Hospital-Acquired Pressure Injury (HAPI) is one of the most common preventable complications of hospitalization.	Nursing/ Quality Dept

Ref	Metric	Unit	Notes & Definitions	Usual Source
3.3.3.	Enter total number of Falls recorded during the year (including both inpatient and outpatient falls).	#	Definition: An Inpatient Fall is an unexpected event in which a hospital inpatient comes to rest on the ground. Inpatient Falls are among the most common hospital adverse events. If Inpatient and Outpatient falls are not recorded separately, please enter the overall total number here.	Quality Dept
3.3.3.1.	Enter total number of Inpatient Falls recorded during the year.	#	An Inpatient Fall is an unexpected event in which a hospital inpatient comes to rest on the ground.	Quality Dept
3.3.3.2.	Number of outpatient falls	#	See definitions above.	Quality Dept
3.3.4.	Unplanned returns to Operating Room (OR)	#	Enter total number of unplanned returns to OR. Definition: An unplanned return to the OR is a readmission to the OR within 30 days of surgery, because of a complication (e.g. bleeding) or an untoward outcome related to the initial surgery.	Quality Dept / Surgical Dept
3.3.5.	Returns to ICU within 48 hours	#	Enter the total number of patients discharged from ICU who return (are readmitted) there within 48 hours.	Quality Dept / ICU Dept
3.3.6.	Number of Medication Errors	#	Medication harm accounts for more than half of the overall preventable harm in medical care globally. Enter total number of Medication Errors recorded during the year. Definition: A Medication Error is an unintended failure in the drug treatment process that leads to, or has the potential to lead to, harm to the patient. (Medication errors include administrative errors, dispensing errors, errors enroute, error of dose, etc.).	Quality Dept
3.4.	***Patient Experience and Other Metrics***			

Ref	Metric	Unit	Notes & Definitions	Usual Source
3.4.1.	Net Promoter Score (NPS)	#	Enter NPS between -100 and 100. NPS is usually based on the question: "On a scale of 0-10, how likely is it that you would recommend [company name] to your friends and family?" Customers that give you a 6 or below are Detractors, a score of 7 or 8 are called Passives, and a 9 or 10 are Promoters. To calculate NPS, subtract the percentage of Detractors from the percentage of Promoters. (So, if 50% of respondents were Promoters and 10% were Detractors, the NPS score would be 40).	Quality Dept
3.4.2.	Average waiting time in Outpatient Department	#	Provide average waiting time in minutes for the period. Waiting time is the time interval between the patient registering in the Outpatient Dept and seeing a clinician.	Quality Dept
3.4.3.	Average Door-to-Needle time (DNT) for stroke patients	#	Provide average DNT time in minutes for the period. DNT is the time interval between the moment a stroke patient first enters the door of the facility (and for patients already hospitalized, the moment of first consultation of a neurologist) and administration of the intravenous thrombolytic medication (rt-PA).	Quality Dept
3.4.4.	Door-to-Balloon (DTB) time for cath lab	#	Provide average DTB time in minutes for the period. DTB time is the time interval between hospital arrival and the time of the first balloon inflation during PCI (Percutaneous Coronary Intervention) for patients with STEMI (ST-Segment Elevation Myocardial Infarction).	Quality Dept

2.4 Day-case Procedure Rates

For each procedure below, enter the percentage performed as a day-case (ie admitted and discharged on the same day).

Ref	Metric	Unit	Notes & Definitions	Usual Source
4.1.	***General surgery***			
4.1.1.	Laparoscopic cholecystectomy	%	ICD 10 codes: K81.0; K81.1; K81.8; K81.9 CPT codes: 47562; 47563; 47564 % of surgeries performed as Day-case	PAS / Surgery Dept
4.1.2.	Primary repair of inguinal hernia	%	ICD 10 codes: K40.0; K41.1; K41.2; K41.3; K41.4; K41.9 CPT codes: 49650; 49651; 49659 % of surgeries performed as Day-case	PAS / Surgery Dept
4.2.	***Gynecology***			
4.2.1.	Myomectomy (incl laparoscopically)	%	ICD 10 codes: D25.0 D25.1; D25.2; D25.9 CPT codes: Open - 58140; 58145; 58146 Laparoscopic -58545; 5846 % of surgeries performed as Day-case	PAS / Surgery Dept
4.2.2.	Therapeutic endoscopic operations on uterus (incl endometrial ablation)	%	ICD 10 codes: N80.0; N80.1; N80.2; N80.4; N80.8; N80.9; N92.0; N92.1; N92.2; N92.4; N992.5; N92.6; N93.8; N93.9 CPT codes: 58353; 58356; 58563; 58555; 58559; 58560; 58561; 58562; 58563; 58565 % of surgeries performed as Day-case	PAS / Surgery Dept

Ref	Metric	Unit	Notes & Definitions	Usual Source
4.2.3.	Laparoscopic oophorectomy and salpingectomy (incl bilateral)	%	ICD 10 codes: N70.0; N70.1; N70.9; N80.1; N83.3; N83.4; N83.5; N83.8; N83.9 CPT codes: 58940; 58943 % of surgeries performed as Day-case	PAS / Surgery Dept
4.2.4.	Therapeutic laparoscopic procedures incl laser, diathermy, and destruction (e.g. endometriosis, adhesiolysis, tubal surgery)	%	ICD 10 codes: N87.0; N87.1; N87.2; N87.9; N88.3; N88.8; N88.9; N92.0; N92.1; N92.2; N92.4; N992.5; N92.6; N93.8; N93.9; Z30.2 CPT codes: 58600; 586105; 58611; 58615; 58670; 58671; 58353; 58356; 58563 % of surgeries performed as Day-case	PAS / Surgery Dept
4.2.5.	Posterior colporrhaphy	%	ICD 10 codes: N81.2; N81.3; N81.4; N1.5; N81.6; N81.9 CPT codes: 57250; 57267 % of surgeries performed as Day-case	PAS / Surgery Dept
4.3.	***Urology***			
4.3.1.	Uteroscopic extraction of calculus of ureter	%	ICD 10 codes: N20.0; N20.1; N20.2; N20.9; N21.0; N21.1; N21.8; N21.9 CPT codes: 52310; 52352; 52353; 52356 % of surgeries performed as Day-case	PAS / Surgery Dept
4.3.2.	Endoscopic insertion of prosthesis into ureter	%	ICD 10 codes: N20.0; N20.1; N20.2; N20.9; N21.0; N21.1; N21.8; N21.9; N30.0; N30.1; N30.9N31.9; N32.9; N35.0; N35.1; N35.8; N35.9; N36.9; N39.0; N39.8; N39.9 CPT codes:	PAS / Surgery Dept

Ref	Metric	Unit	Notes & Definitions	Usual Source
			52332; 50693; 52332 % of surgeries performed as Day-case	
4.3.3.	Endoscopic resection/destruction of lesion of the bladder	%	ICD 10 codes: D30.3; D41.4; N32.6; N32.9; N33.8* CPT codes: 52214; 52224; 52234; 52235; 52240 % of surgeries performed as Day-case	PAS / Surgery Dept
4.3.4.	Diagnostic endoscopic examination of bladder (incl any biopsy)	%	ICD 10 codes: D30.3; D41.4; N32.6; N32.9; N33.8*; N39.0 N39.8; N39.9 CPT codes: 52005; 52204 % of surgeries performed as Day-case	PAS / Surgery Dept
4.4.	***Pediatric surgery***			
4.4.1.	Tonsillectomy	%	ICD 10 codes: J35.0; J35.1; J35.3; J35.8; J35.9; J36 CPT codes: 42820; 42821; 42825; 42826 % of surgeries performed as Day-case	PAS / Surgery Dept
4.5.	***Vascular surgery***			
4.5.1.	Transluminal operations on iliac and femoral artery	%	ICD 10 codes: I70.2; I70.8; I70.9; I73.0; I73.1; I73.8; I73.9; I74.3; I74.5 CPT codes: 36245; 36246; 36247; 36248; 37220; 37221; 37222; 37223; 37224; 37225; 3226; 37227; 37246; 37247;37248; 37249 % of surgeries performed as Day-case	PAS / Surgery Dept
4.6.	***Medical***			

Ref	Metric	Unit	Notes & Definitions	Usual Source
4.6.1.	ERCP	%	ICD 10 codes: K80.0; K80.1; K80.2; K80.3; K80.4; K80.5; K80.8; K81.0; K81.1; K81.8; K81.9; K82.0; K82.1; K82.2; K82.3; K82.4; K82.8; K82.9; K83.0; K83.1; K83.2; K83.3; K83.5; K83.9; K85.0; K86.1; K86.2; K863; K86.8; K86.9. CPT codes: 43260 % of surgeries performed as Day-case	PAS / Surgery Dept
4.6.2.	Implantation of cardiac pacemaker	%	ICD 10 codes: I47.0; I47.1; I47.2; I47.9; I48; I49.0; I49.5; I49.8; I49.9; R00.0 CPT codes: 33202; 33203; 33206; 33207; 33208; 33210; 33211; 33212; 33213; 33221 % of surgeries performed as Day-case	PAS / Surgery Dept
4.7.	***Emergency***			
4.7.1.	MUA fracture and application of plaster cast	%	ICD 10 codes: Fractures - S42.00; S42.10; S42.20; S42.30; S42.40; S42.70; S42.80; S52.00; S52.10; S52.20; S52.30; S52.40; S52.50; S52.60; S52.70; S52.80; S52.90; S62.00; S62.10; S62.20; S62.30; S62.40; S62.50; S62.60; S62.70; S62.80; S62.90; S72.00; S72.10; S72.20; S72.30; S72.40; S72.70; S72.80; S72.90; S82.00; S82.10; S82.20; S82.30; S82.40; S82.50; S82.60; S82.70; S82.80; S82.90S92.00; S92.10; S92.20; S92.0; S92.40; S92.50; S9270; S92.70T10.0; T12.0 CPT codes: MUA fracture - 23505; 23525; 23545; 23575; 23605; 23625; 23655; 23665; 23675; 24300; 24505; 24535; 24565; 24566; 24577; 24582; 24640; 24655; 24675; 25520; 25535; 25565; 25624; 25660; 25675; 25680; 25690; 26605; 26607; 26641; 26645; 26670; 266705; 27232; 27240; 27268; 2503; 27510;	PAS / Surgery Dept

Ref	Metric	Unit	Notes & Definitions	Usual Source
			27517; 27532; 27538; 27762; 27781; 27788; 28495; 28455; 28475 Application of plaster cast - 29058; 29065; 29075; 29085; 29086; 29105; 29125; 29126; 29345; 29355; 29358; 29405; 29425; 29505; 29515; 29799 % of surgeries performed as Day-case	
4.7.2.	Incision and drainage of skin abscess	%	ICD 10 codes: L02.0; L02.1; L02.2; L02.3; L02.4; L02.8; L02.9 CPT codes: 10060; 10061 % of surgeries performed as Day-case	PAS / Surgery Dept
4.8.	***Breast surgery***			
4.8.1.	Wide local excision of breast, including wire-guided	%	ICD 10 codes: C50.9; D05.0; D05.1; D05.7; D05.9; D24; D48.6; N60.0; N60.1; N60.2; N60.3; N60.4; N60.8; N60.9; N63 CPT codes: 19081; 19082; 19083; 19085; 19086 19086; 19120 % of surgeries performed as Day-case	PAS / Surgery Dept
4.8.2.	Simple mastectomy (without axillary surgery)	%	ICD 10 codes: C50.9; D05.0; D05.1; D05.7; D05.9; D24; D48.6 CPT codes: 19180; 19182; 19303; 19304 % of surgeries performed as Day-case	PAS / Surgery Dept

3 Optional Module - Maternity Outcomes

This year we have included an optional set of indicators relating to Maternity Outcomes. For organization wishing to participate in this module, see the proposed Indicators and Explanations below. The usual source of this data would be Maternity or Quality Assurance Department.

Ref	Name of Indicator	Unit	Definitions & Notes	Exclusions
5.1	**Primary Cesarean Section**		Nulliparous women with a term, singleton baby in a vertex position delivered by cesarean birth	
5.1.1	**Numerator:** Number of cesareans ≥ 37 weeks for nulliparas with a singleton pregnancy in cephalic presentation.	#		
5.1.2	**Denominator:** Total number of deliveries ≥ 37 weeks for nulliparas with a singleton pregnancy in cephalic presentation.	#		
5.2	**Induction of labor**		The proportion of women with a singleton baby in the cephalic position between 37+0 and 42+6 weeks of gestation, whose birth commenced with an induction of labor.	
5.2.1	**Numerator:** Number of women with a singleton baby in the cephalic position between 37+0 and 42+6 weeks of gestation, whose birth commenced with an induction of labor.	#		
5.2.2	**Denominator:** Total number of deliveries with a singleton baby in the cephalic position between 37+0 and 42+6 weeks of gestation	#		

Ref	Name of Indicator	Unit	Definitions & Notes	Exclusions
5.3	**Maternal Mortality**		Women deaths from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes) during pregnancy and childbirth or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy. *Maternal deaths include the death of a woman during pregnancy, childbirth, or within 42 days of termination of pregnancy from any cause related to the pregnancy or its management, excluding deaths due to accidental or incidental causes.*	Exclusion - Deaths due to accidental or incidental causes.
5.3.1	**Numerator**: Number of maternal deaths in a health facility during a specified time period.	#		
5.3.2	**Denominator:** Total number of live births in the health facility during the same specified time period.	#		
5.4	**Unplanned maternal readmission**		Women giving birth, those who have an unplanned, overnight readmission to hospital within 42 days of giving birth.	Exclusions - Those accompanying an unwell infant Those who were not delivered in the hospital
5.4.1	**Numerator:** Number of women with unplanned, overnight readmission to hospital within 42 days of giving birth.	#		
5.4.2	**Denominator:** Total number of women delivered in the hospital	#		

Ref	Name of Indicator	Unit	Definitions & Notes	Exclusions
5.5	**Unexpected Complications in Term Newborns**		Unexpected complications among full term newborns with no preexisting conditions. *Moderate to Severe complications include - Neonatal death,* *Transfer to another hospital for higher level of care,* *Moderate to Severe Birth Trauma e.g. intracranial hemorrhage* *Moderate to Severe Hypoxia/Asphyxia* *Moderate to Severe Shock and Resuscitation* *Moderate to Neonatal Severe Respiratory Complications* *Moderate to Neonatal Severe Infection* *Moderate to Neonatal Severe Neurological Complications* *Moderate complications include diagnoses or procedures that raise concern but at a lower level than the list for severe e.g. use of CPAP or bone fracture. Examples include less severe respiratory complications e.g. Transient Tachypnea of the Newborn, or infections with a longer length of stay not including sepsis, infants who have a prolonged length of stay of > 5 days.*	Exclusion - multifetal pregnancies, low birthweight, congenital anomalies, genetic conditions, fetal growth restriction, maternal drug use, certain other conditions.
5.5.1	**Numerator:** Percentage of term newborns with specified moderate or severe complications	#		
5.5.2	**Denominator:** Number of liveborn single term newborns 2,500g or over in birth weight.	#		

Ref	Name of Indicator	Unit	Definitions & Notes	Exclusions
5.6	**Five-minute Apgar score (Live Singleton)**		Proportion of liveborn, singleton babies born between 37+0 and 42+6 weeks of gestation who are assigned an Apgar score of less than 7 at five minutes of age.	Exclusion - Still births.
5.6.1	**Numerator:** Number of live-born infants between 37+0 and 42+6 weeks of gestation with Apgar score < 7 at 5 min	#		
5.6.2	**Denominator:** Total number live-born infants between 37+0 and 42+6 weeks of gestation	#		
5.7	**3rd and 4th degree perineal tears (all vaginal births)**		*1st degree: tears affecting the skin or the vaginal mucosa* *2nd degree: tears affecting the muscle of the perineum but not the sphincter* *3rd degree: tears affecting the anal sphincter* *4th degree: tears involving the anal sphincter and tears into the rectal mucosa*	
5.7.1	**Numerator:** Number of women with 3rd- and 4th-degree perineal tears in vaginal delivery	#		
5.7.2	**Denominator:** Total number of vaginal deliveries	#		
5.8	**Maternal blood transfusion Maternal blood transfusion during the birth episode of care**			
5.8.1	**Numerator:** Number of women who received blood transfusion during the birth episode of	#		
5.8.2	**Denominator:** Total number of deliveries	#		
5.9	**Rate of complications resulting from CS including surgical site infections, including endometritis, headaches induced by spinal or epidural anesthesia, anesthesia-related pulmonary aspiration, Postpartum pulmonary embolism**			

Ref	Name of Indicator	Unit	Definitions & Notes	Exclusions
5.9.1.	Post-cesarean surgical site infections, including endometritis	#		
5.9.1.1	**Numerator:** Number of women with post-cesarean surgical site infections, including endometritis	#		
5.9.1.2	**Denominator:** Total number of women delivered by caesarean section	#		
5.9.2.	**Post-caesarean anesthesia complication**			
5.9.2.1	**Numerator:** Number of women with post-cesarean complications related to anesthesia - headaches induced by spinal or epidural anesthesia, anesthesia-related pulmonary aspiration	#		
5.9.2.2	**Denominator:** Total number of women delivered by caesarean section	#		

4 Abbreviations

Abbreviation	Meaning
AvLOS	Average Length of Stay
BOR	Bed Occupancy Rate
CapEx	Capital Expenditure
CAUTI	Catheter-associated Urinary Tract Infections
CCU	Coronary Care Unit
CLABSI	Central line-associated Bloodstream Infections
COGS	Cost of Goods Sold
CPT	Current Procedural Terminology
CT	Computed Tomography
DSI	Days Sales in Inventory
DTB	Door-to-Balloon
DNT	Door-to-Needle time
ER	Emergency Room
ERCP	Endoscopic Retrograde Cholangio Pancreatography
FTE	Full-time Equivalent
HAI	Healthcare Associated Infections
HAPI	Hospital-Acquired Pressure Injury
HDU	High Dependency Unit
HR	Human Resources
IC	Interventional Cardiology
ICD-10	International Classification of Diseases, 10th Revision
ICU	Intensive Care Unit
IP	Inpatient
LCU	Local Currency Unit
MIS	Management Information System
MRI	Magnetic resonance imaging
MUA	Manipulation Under Anaesthetic
NICU	Neonatal Intensive Care Unit
NPS	Net Promoter Score
OBD	Occupied Bed-day
OP	Outpatient
OR	Operating Room
P&L	Profit and Loss
PAS	Patient Administration System
PET	Positron Emission Tomography
PP&E	Property, Plant, and Equipment
SSI	Surgical Site Infection

Abbreviation	Meaning
VAP	Ventilator-Associated Pneumonia