



Freedom of Information Team
De La Court House
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PO6 3LY

Name:
Email:
Date: 10/07/2023
Ref: 23-24 154

Dear

RE: Freedom of Information request

Thank you for your request for information under the Freedom of Information Act 2000, which was received by the Trust on 08/06/2023. Please see responses to your requests below.

1. For the period from the 1st of March 2022 to the 28th of February 2023,

(a) how many patients were admitted to your hospitals with the following SNOMED codes,

Please see the attachment to this letter.

Please note

- The patient count is based on the OPCS codes that were provided by the requestor after we informed them that we do not use SNOMED codes.
- Number of wards has been based on spell admission wards.
- Average LOS has been based on spell length of stay.
- Number of readmissions has been based on national readmission rules.

Standard criteria used

- Spell discharge date between 01 Mar 2022 and 28 Feb 2023
- Not private patients
- Dominant FCE only
- Based on primary diagnosis
- Data source is the CDS APC data.

We are unable to provide precise figures when these are five or less due to the risk that individuals could be identified, as we are required to protect their identity under the Data Protection Act 2018. In such circumstances sections 40(2) and (3) of the Freedom of Information Act apply. In this case, our view is that disclosure would breach the first data protection principle. This states that personal data should be processed fairly and lawfully. It is the fairness aspect of this principle which, in our view, would be breached by disclosure.

(b) how long did they stay in the hospital in terms of the average length of stay,

Please see attachment in question 1a.

(c) how many were readmitted within 30, 60 and 90 days,

Please see attachment in question 1a.

(d) how many wards were they admitted to during their stay?

Please see attachment in question 1a.

2. How was their respiratory rate incorporated into the NEWS2 record and EHR or similar system for the patients admitted with these codes? Please describe as closely as possible the process and systems used.

The Trust follows the Royal College of Physicians open access resources on the components and calculation of NEWS2 for details of how respiratory rate forms part of NEWS2. Vital signs including respiratory rate are entered onto the Trust electronic observation system (Care Flow Vitals Clinical) which automatically calculates a NEWS2 score for that set of observations.

3. Was any digital or remote patient monitoring of respiratory rate used to monitor these patients?

No digital or remote patient monitoring systems were used to monitor these patients.

If yes, what form did this monitoring take, and who was the supplier or manufacturer?

Not applicable.

Please accept this letter as completion of your request. Please note that copies of this request will be held on file for three years before being confidentially destroyed.

If you are dissatisfied with the outcome of your request, please contact our Head of Information Governance on Information.Governance@porthosp.nhs.uk or write to the above address and we will conduct an internal review. Upon review, if you are still dissatisfied, you may appeal our decision by contacting the Information Commissioner's Office; for more information, please visit the [ICO's website](#).

Please be aware, if we do not receive an appeal within 30 days of you receiving this letter, we will assume that you are satisfied with our response. If you have any further queries, please do not hesitate to contact us.

Yours sincerely

Freedom of Information Team

SNOMED-CT	SNOMED-CT Description	ICD-10 Code Mapped to (TRUE)	Category	Admissions	Average Length of stay	30 day readmission	60 day readmission	90 day readmission	Number of wards
54150009	Upper respiratory infection (disorder)	J069	Respiratory	491	0	30	41	53	19 admission wards
50417007	Lower respiratory tract infection (disorder)	J22X	Respiratory	850	3	37	55	72	39 admission wards
195967001	Asthma (disorder)	J459	Respiratory	439	2	28	37	49	24 admission wards
2.76191E+14	Viral wheeze (disorder)	B349 + R062 (JUDGEMENT AS COULDN'T SEARCH BY THIS CODE)	Respiratory	B349 = 701 R062 = 39	B349 = 0 R062 = 0	B349 = 50 R062 = <5	B349 = 68 R062 = <5	B349 = 90 R062 = <5	B349 = 15 admission wards R062 = 6 admission wards
1.24075E+15	Coronavirus disease 19 caused by severe acute respiratory syndrome coronavirus 2 (disorder)	U071 (JUDGEMENT AS COULDN'T SEARCH BY THIS CODE)	Respiratory	3255	3	29	44	60	50 admission wards
13645005	Chronic obstructive lung disease (disorder)	J449	Respiratory	55	2	6	6	6	13 admission wards
4120002	Bronchiolitis (disorder)	J219	Respiratory	229	0	27	31	37	7 admission wards
59282003	Pulmonary embolism (disorder)	I269	Respiratory	3	32	32	35	36	32 admission wards
233604007	Pneumonia (disorder)	J189	Respiratory	780	9	19	34	46	43 admission wards
278516003	Lobar pneumonia (disorder)	J181	Respiratory	1411	8	69	93	112	43 admission wards
7520000	Pyrexia of unknown origin (finding)	NO MAP TO ICD-10 Try R508 and R509	Respiratory	R508 = 15 R509 = 334	R508 = 2 R509 = 0	R508 = 0 R509 = <5	R508 = <5 R509 = 9	R508 = <5 R509 = 12	R508 = 9 admission wards R509 = 26 admission wards
60046008	Pleural effusion (disorder)	J90X	Respiratory	304	3	8	10	10	28 admission wards
422588002	Aspiration pneumonia (disorder)	J690	Respiratory	312	11	19	26	32	29 admission wards
1.32517E+15	Acute disease caused by severe acute respiratory syndrome coronavirus 2 infection (disorder)	U071 (JUDGEMENT AS COULDN'T SEARCH BY THIS CODE)	Respiratory	3255	3	29	44	60	50 admission wards
195951007	Acute exacerbation of chronic obstructive airways disease (disorder)	J441	Respiratory	374	4	49	72	90	14 admission wards
6142004	Influenza (disorder)	J111	Respiratory	15	0	<5	<5	<5	5 admission wards
40541001	Acute pulmonary edema (disorder)	J81X	Respiratory	7	3	0	0	0	5 admission wards
262599003	Foreign body in respiratory tract (disorder)	T179	Respiratory	8	0	0	<5	<5	4 admission wards
398447004	Severe acute respiratory syndrome (disorder)	U049	Respiratory	No Activity	No Activity	No Activity	No Activity	No Activity	No Activity
709109004	Hypercapnic respiratory failure (disorder)	J9691	Respiratory	118	10	10	16	16	17 admission wards
371043007	Toxic inhalation injury (disorder)	T599	Respiratory	No Activity	No Activity	No Activity	No Activity	No Activity	No Activity
233765002	Respiratory failure without hypercapnia (disorder)	J9699	Respiratory	<5	5	0	0	<5	1 admission ward
1.32518E+15	Ongoing symptomatic disease caused by severe acute respiratory syndrome coronavirus 2 (disorder)	U071 (JUDGEMENT AS COULDN'T SEARCH BY THIS CODE)	Respiratory	3255	3	29	44	60	50 admission wards
262784001	Contusion of lung (disorder)	S2730	Respiratory	No Activity	No Activity	No Activity	No Activity	No Activity	No Activity
42434002	Pneumothorax due to trauma (disorder)	S2720	Respiratory	8	16	0	0	0	5 admission wards
212962007	Drowning and non-fatal immersion (disorder)	T751	Respiratory	<5	3	0	0	0	2 admission wards
205237003	Pneumonitis (disorder)	J189	Respiratory	780	9	19	34	46	43 admission wards
12295008	Bronchiectasis (disorder)	J47X	Respiratory	86	3	<5	5	5	14 admission wards
233703007	Interstitial lung disease (disorder)	J849	Respiratory	25	0	<5	<5	<5	6 admission wards
284188001	Burn of respiratory tract (disorder)	T273	Respiratory	No Activity	No Activity	No Activity	No Activity	No Activity	No Activity
195889001	Legionella pneumonia (disorder)	A481	Respiratory	No Activity	No Activity	No Activity	No Activity	No Activity	No Activity
233658003	Pleural plaque (disorder)	J929	Respiratory	5	0	0	0	0	1 admission ward
40122008	Pneumoconiosis (disorder)	M051D +J990A/J64X (TWO TRUE MAPS)	Respiratory	No Activity	No Activity	No Activity	No Activity	No Activity	No Activity
443980004	Neutropenic sepsis (disorder)	A419+D70X	Sepsis	A419 = 1,007 D70X = 94	A419 = 11 D70X = 2	A419 = 25 D70X = <5	A419 = 43 D70X = <5	A419 = 50 D70X = <5	A419 - 53 admission wards D70X = 16 admission wards
2858002	Puerperal sepsis (disorder)	O85X	Sepsis	18	2	0	0	0	5 admission wards
42343007	Congestive heart failure (disorder)	I500	CHF	567	11	20	35	41	34 admission wards

