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INFORMATION SYSTEMS DESIGN FOR THE COMMUNITY HEALTH SERVICES

Volume 2

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Doctor of Philosophy

THE UNIVERSITY OF ASTON IN BIRMINGHAM

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Appendix 3 - Methodology Documentation Forms

| <u>Form Code</u> | <u>Description of Form</u> |
|------------------|---|
| ISD1 | Entity Type Specification |
| ISD2 | Relationship Type Specification |
| ISD3 | Attribute Type Specification |
| ISD4 | Functional Specification |
| ISD5 | Entity Model |
| ISD6 | Data Flow Diagram |
| ISD7 | Decision Table |
| ISD8 | Decision Tree |
| ISD9 | Structured Walkthrough Review Action List |
| ISD10 | Structured English Specification |
| ISD11 | Function Hierarchy Chart |
| ISD12 | Entity Life Cycle |
| ISD13 | Function / Entity Usage Chart |
| ISD14 | State / Event Transition Chart |
| ISD15 | Valid Entity State Chart |
| ISD16 | List Table |
| ISD17 | User Characteristics Definition |
| ISD18 | Interaction Method Specification |
| ISD19 | Data Usage Diagram and Relations |
| ISD20 | Rich Picture Chart |
| ISD21 | Access Path Analysis Chart |
| ISD22 | Interview Results |

Note

On many of the forms, a status field is included. The values this field may take are 'preliminary' (P), 'verified' (V) and 'implemented' (I). These values indicate the level that the particular item being defined has reached in the methodology.

ENTITY TYPE SPECIFICATION FORM

System: CHIS

Entity Name |

Description

Synonyms |

Identifier(s) |

Date Specified |

Status (P/V/I) |

Minimum Occurrences |

Maximum Occurrences |

Average Occurrences |

Growth Rate (%) |

Create Authority |

Delete Authority |

Access Authority |

Relationships Involved XRef:

Attributes Involved XRef:

Functions Involved XRef:

Entity Sub Types:

Comments:

Ref: ISD1/

RELATIONSHIP TYPE SPECIFICATION FORM

System: CHIS

Relationship Name |

Description

Time State |

Synonyms |

Date Specified | Status (P/V/I) |

Entities Involved (Owner):

(Members):

| | |
|----------------------|---------------------------------------|
| Degree (1:1,1:m,m:n) | Optional, Contingent, Mandatory |
|----------------------|---------------------------------------|

If Contingent, state Optional Entity |

If Exclusive, state paired relationship name |

If Inclusive, state paired relationship name
and first existence relationship name

Create Authority |

Delete Authority |

Access Authority |

Comments

Ref: ISD2/

ATTRIBUTE TYPE SPECIFICATION FORM

System: CHIS

Attribute Name |

Description

Synonyms |

Date Specified |

Status (P/V/I) |

Length (Characters) |

Format (A,X,9) |

Range for Validation |

Entity XRef

Create Authority |

Delete Authority |

Access Authority |

Functions Involved XRef:

Comments:

Ref: ISD3/

FUNCTIONAL SPECIFICATION

System: CHIS

Name |

Description

Synonyms |

Date Specified || **Status (P/V/I)** |

Minimum Frequency of Use || **Maximum Frequency of Use** |

Average Frequency of Use || **Growth Rate in Usage** |

Maximum Response Time || **Average Response Time** |

Entities Involved XRef:

Attributes Involved XRef:

Relationships Involved XRef:

Comments:**Ref: ISD4/**

ENTITY MODEL

System: CHIS

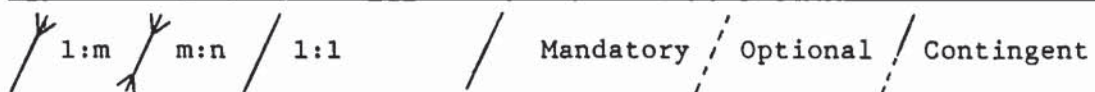
Name

Description

Entity XRef Names:

Entity Model
XRef:

Relationship XRef names:

 1:m / m:n / 1:1 / Mandatory / Optional / Contingent

Ref: ISDS/

DATA FLOW DIAGRAM

System: CHIS

Name |

Description |

 File Store  External Entity  Flow of Data  Process

Ref: ISD6/

DECISION TABLE

System: CHIS

| | |
|--------------------------|--|
| Name | |
| Description | |
| Consolidated or Original | |

| CONDITION STUB | Rules: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
|----------------|--------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | | |
| ACTION STUB | | | | | | | | | | | | | | | | | |
| 1 | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | | | | | |

Ref: ISD7/

DECISION TREE

System: CHIS

Name

Description

Name :

Ref: ISD8/

STRUCTURED WALKTHROUGH REVIEW ACTION LIST

System: CHIS

Date |

Documentation being Reviewed |

Walkthrough Members:

| Action Points | For Action | Date Completed |
|---------------|---------------|-------------------|
|---------------|---------------|-------------------|

1

2

3

4

5

6

7

8

9

10

11

12

Ref: ISD9/

Name |

Description |

Keywords: IF....THEN....ELSE....SO....
REPEAT....UNTIL
CASE.....OF.... [conds:stmts]....OTHERWISE....ENDCASE

Ref: ISD10/

FUNCTION HIERARCHY CHART

System: CHIS

Name

Description



Event



Function

Ref: ISD11/

ENTITY LIFE CYCLE

System: CHIS

Name

Description



Ref: ISD12/

FUNCTION / ENTITY USAGE CHART

System: CHIS

| Function Name | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|---------------|---|---|---|---|---|---|---|---|---|----|----|----|
| 1 | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | |
| 16 | | | | | | | | | | | | |
| 17 | | | | | | | | | | | | |
| 18 | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | |

Ref: ISD13/

STATE / EVENT TRANSITION CHART

System: CHIS

| State Name | E v e n t | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|------------|-----------------------|---|---|---|---|---|---|---|---|---|----|----|----|
| 1 | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | | |
| 16 | | | | | | | | | | | | | |
| 17 | | | | | | | | | | | | | |
| 18 | | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | | |

Note:

Indicate at intersections the state entered into when an event occurs.
Place an 'E' to indicate error or invalid states.

Ref: ISD14/

VALID ENTITY STATE CHART

System: CHIS

| State Name | Entity Types | 1 | 2 | 3 | 4 | 5 | 6 | Invalid |
|------------|--------------|---|---|---|---|---|---|---------|
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| 7 | | | | | | | | |
| 8 | | | | | | | | |
| 9 | | | | | | | | |
| 10 | | | | | | | | |
| 11 | | | | | | | | |
| 12 | | | | | | | | |
| 13 | | | | | | | | |
| 14 | | | | | | | | |
| 15 | | | | | | | | |
| 16 | | | | | | | | |
| 17 | | | | | | | | |
| 18 | | | | | | | | |
| 19 | | | | | | | | |
| 20 | | | | | | | | |

Ref: ISD15/

USER CHARACTERISTICS DEFINITION

System: CHIS

User Job Title:

Nature of Job:

Level of Computing Knowledge:

Resultant Characteristics:

Recommendation of Interaction Methods:

Ref: ISD17/

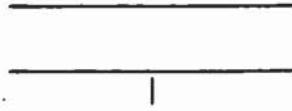
Form of Interaction:

Template Screen Layout:

| | 1 | 2 | 3 | 4 | 5 | 6 |
|----|----|----|----|----|----|----|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 20 | 21 | 22 | 23 | 24 | 25 | |
| 21 | 22 | 23 | 24 | 25 | | |
| 22 | 23 | 24 | 25 | | | |
| 23 | 24 | 25 | | | | |
| 24 | 25 | | | | | |
| 25 | | | | | | |

Ref: ISD18/

Title:







First Cut Relations:

Ref: ISD19/

RICH PICTURE CHART







System: CHIS

Name |

 Conflict Areas  Relationship between things  Major Worries
External Interested Parties  in 'think
bubbles'

Ref: ISD20/

Title:

| | | | | | |
|---|------------------------|---|-------------------------|---|------------------------|
|  | Create New Entity |  | Delete Entity |  | Modify Entity |
|  | Access Entity Directly |  | Access through Relation |  | Process all or a Range |

Ref: ISD21/

INTERVIEW RESULTS FORM

System: CHIS

Date:

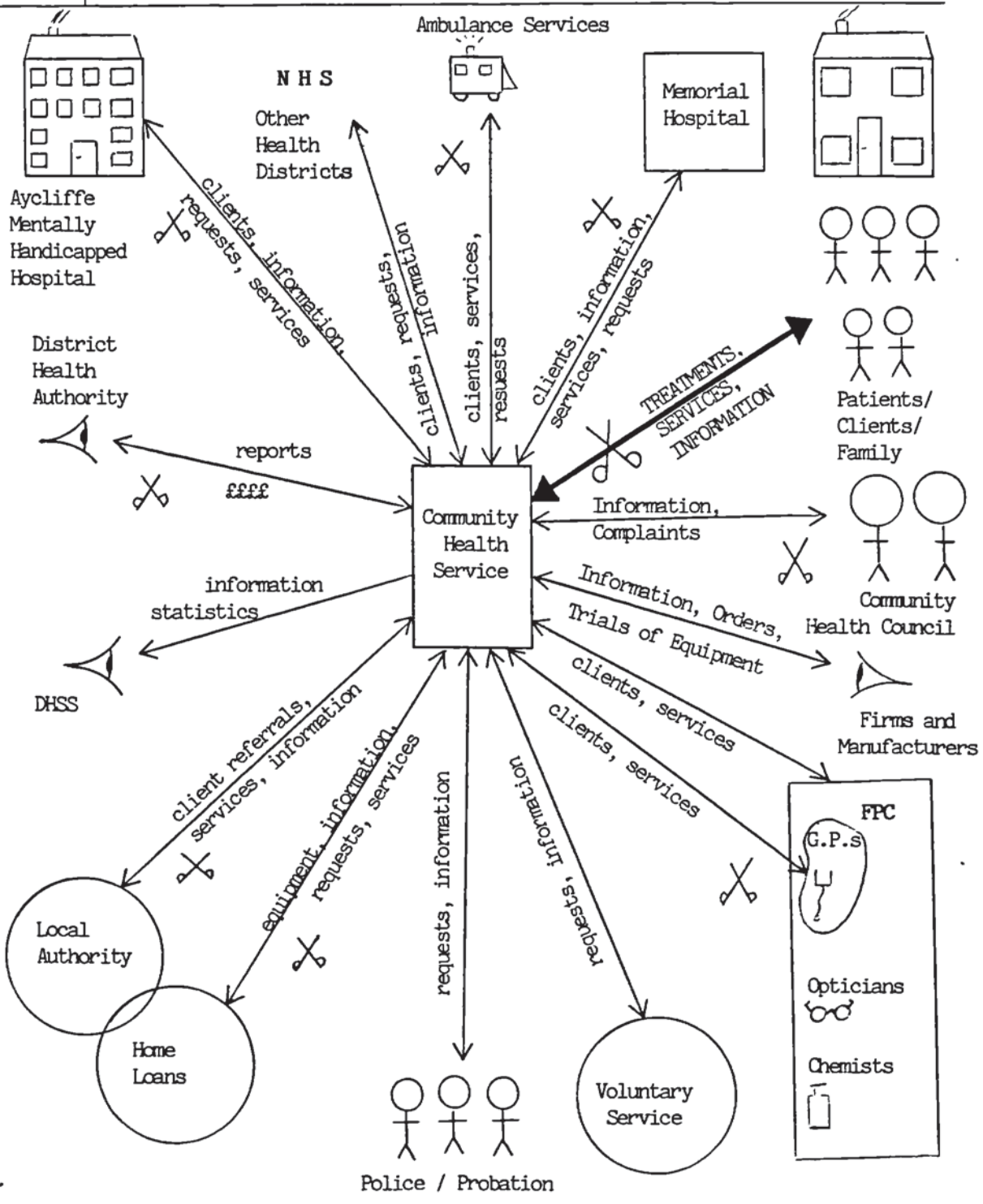
Participants:

Results:

Ref: ISD22/

Appendix 4 - Analysis of Current System Forms

Name Community Health Services Organisation in Perspective

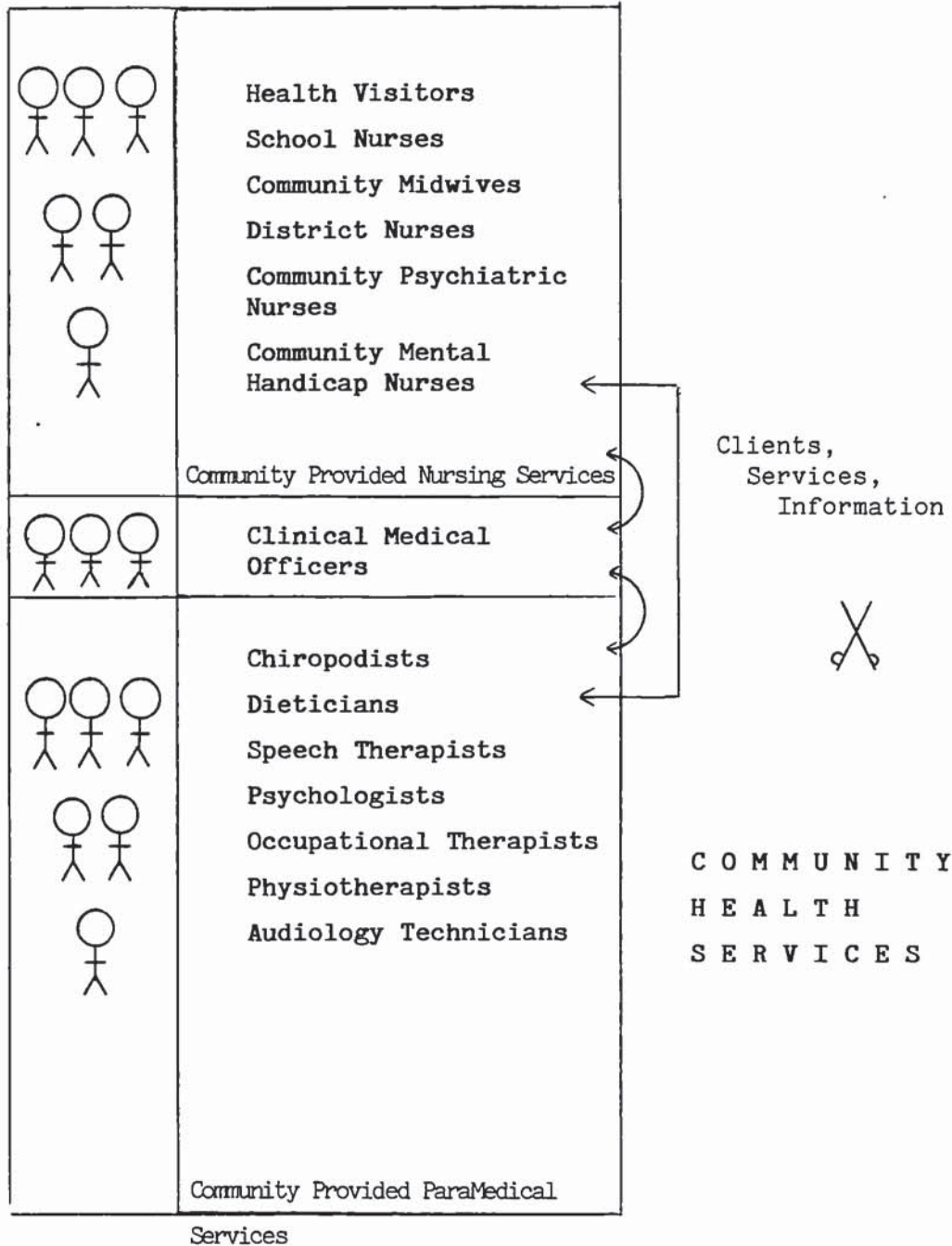





✂ Conflict Areas ↑ Relationship between things ☁ Major Worries in 'think bubbles'


External Interested Parties 📡

Ref: ISD20/ CH1

| | |
|------|--|
| Name | Overall Service Coverage of Information System |
|------|--|

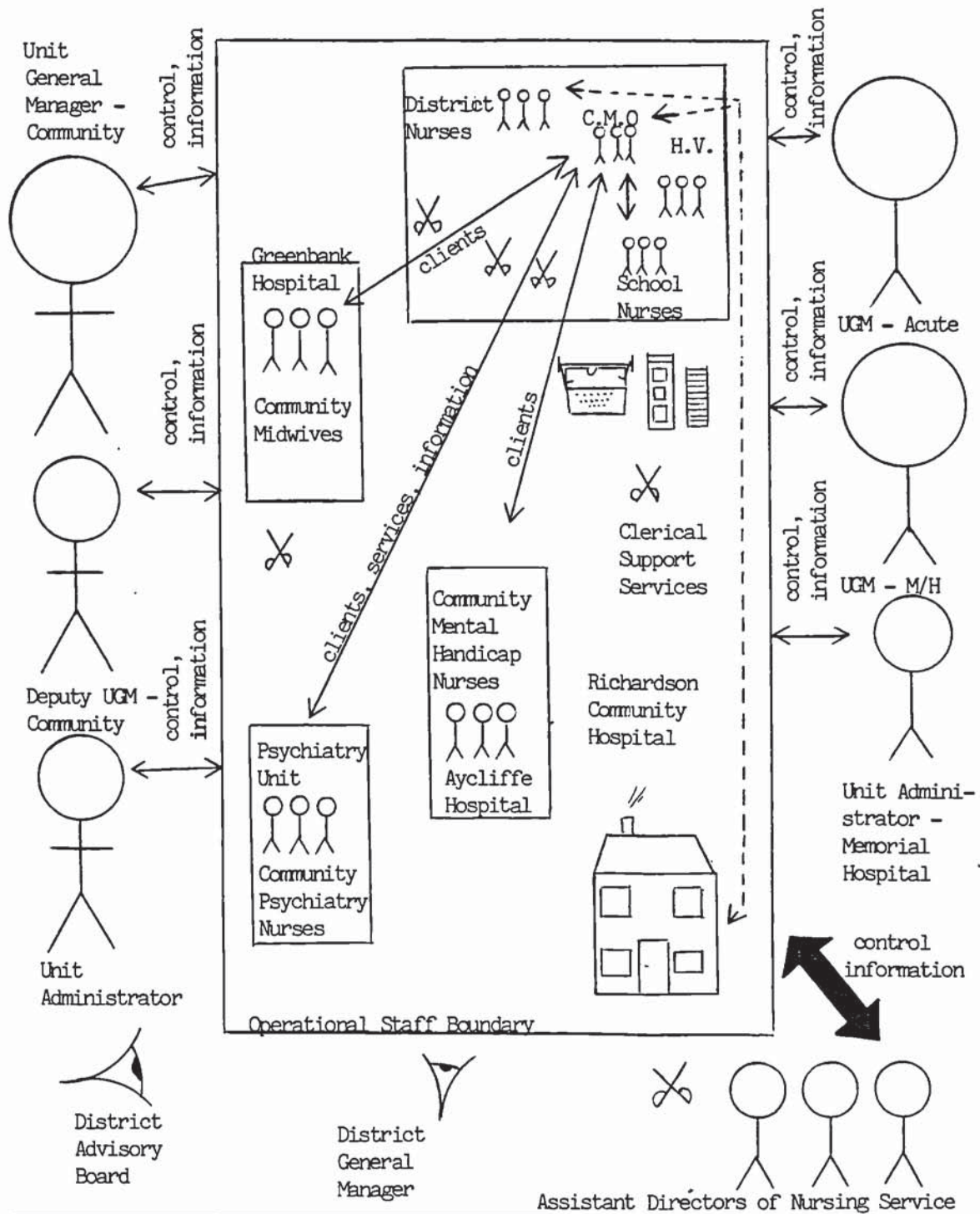


 Conflict Areas
  Relationship between things
  Major Worries in 'think bubbles'

External Interested Parties
 

Ref: ISD20/CH2

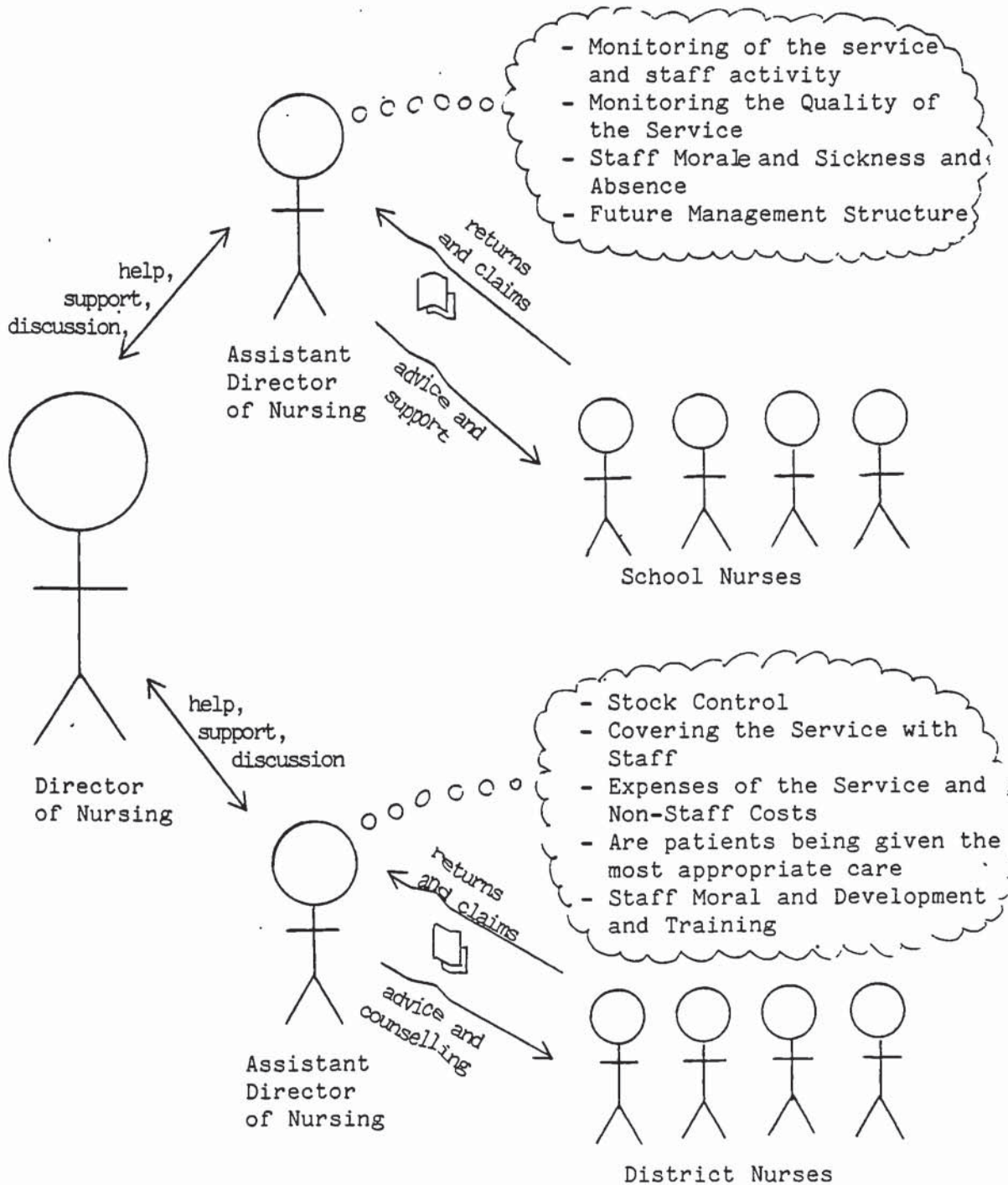
| | |
|------|--|
| Name | Community Nursing and Medical Service Boundaries |
|------|--|



Conflict Areas
 Relationship between things
 Major Worries in 'think bubbles'
 External Interested Parties

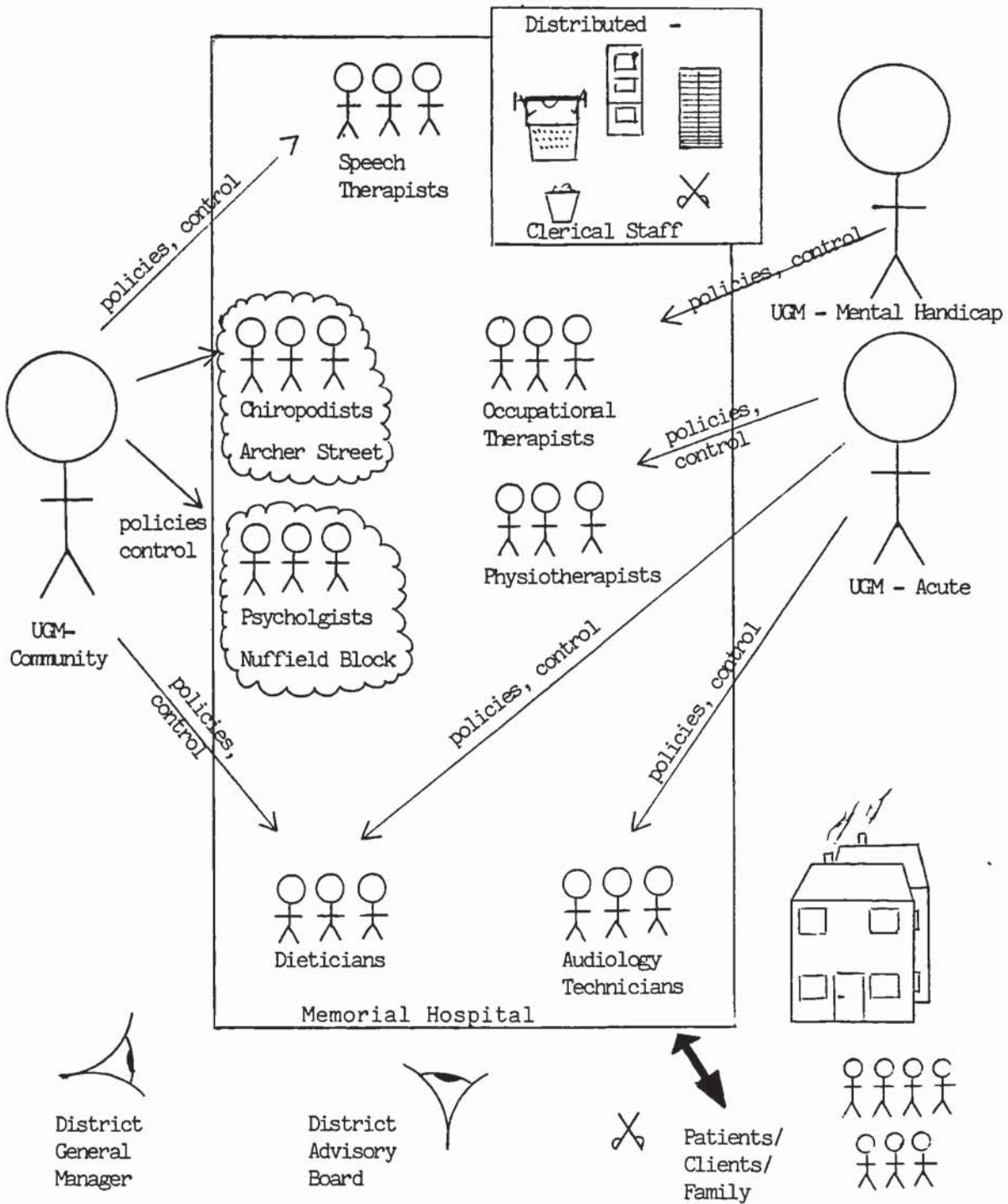
Ref: ISD20/CN1

| | |
|------|--|
| Name | Community Nursing Services based at Archer Street Clinic |
|------|--|



Conflict Areas
 Relationship between things
 Major Worries in 'think bubbles'
 External Interested Parties

| | |
|------|--------------------------------|
| Name | Paramedical Service Boundaries |
|------|--------------------------------|

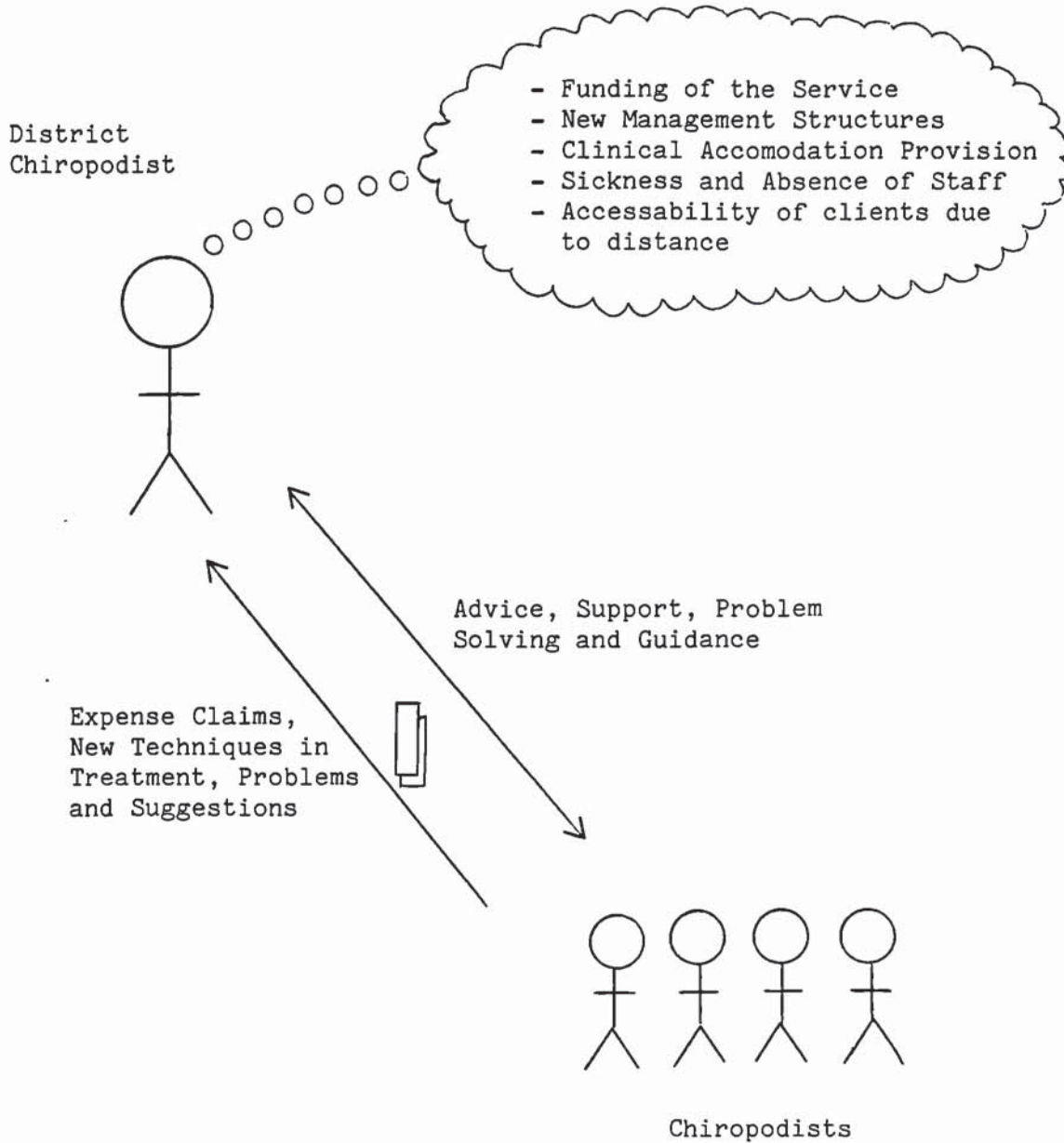


✂ Conflict Areas ↑ Relationship between things ☁ Major Worries in 'think bubbles'

External Interested Parties 📣

Ref: ISD20/PA1

| | |
|------|--|
| Name | Paramedical Services based at Archer Street Clinic |
|------|--|

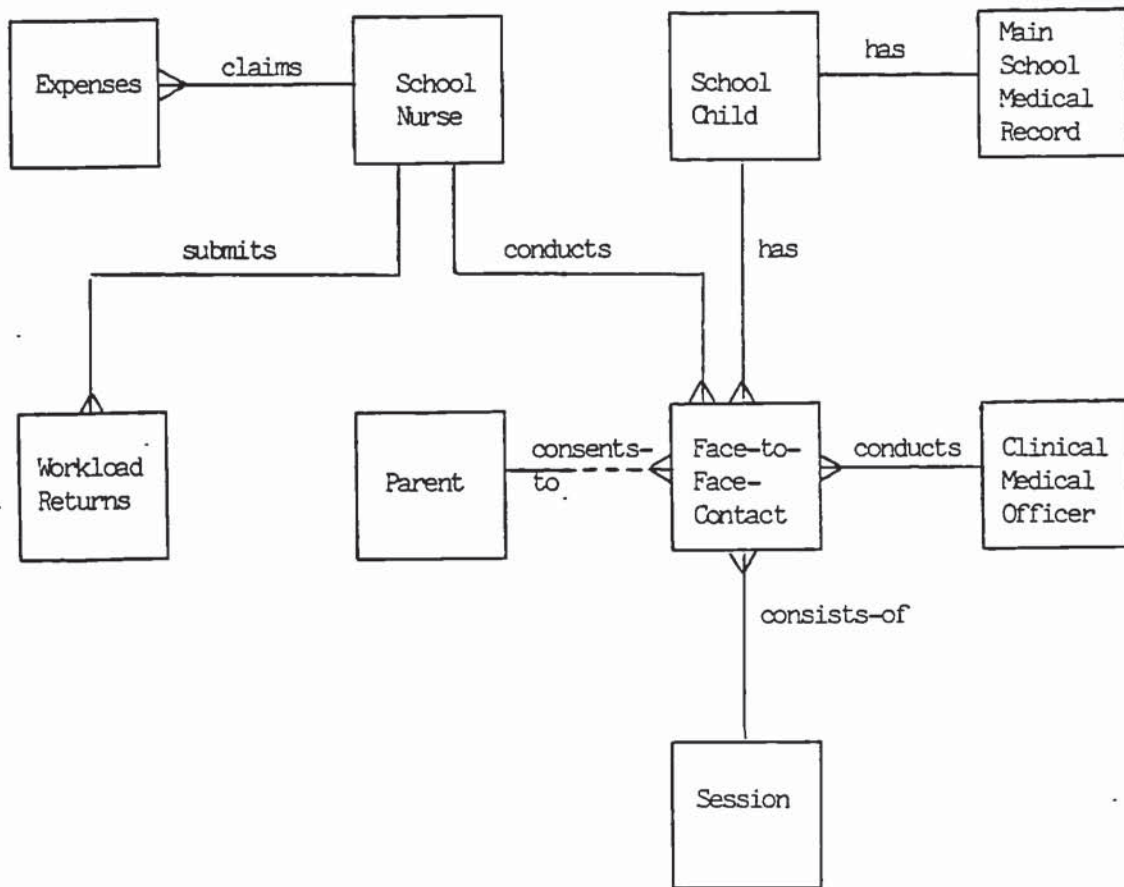


Conflict Areas Relationship between things Major Worries in 'think bubbles'

External Interested Parties

Ref: ISD20/PA5

| | |
|-------------|---|
| Name | School Nursing Service Conceptual Model |
| Description | Current System Analysis Model |



Entity XRef Names:

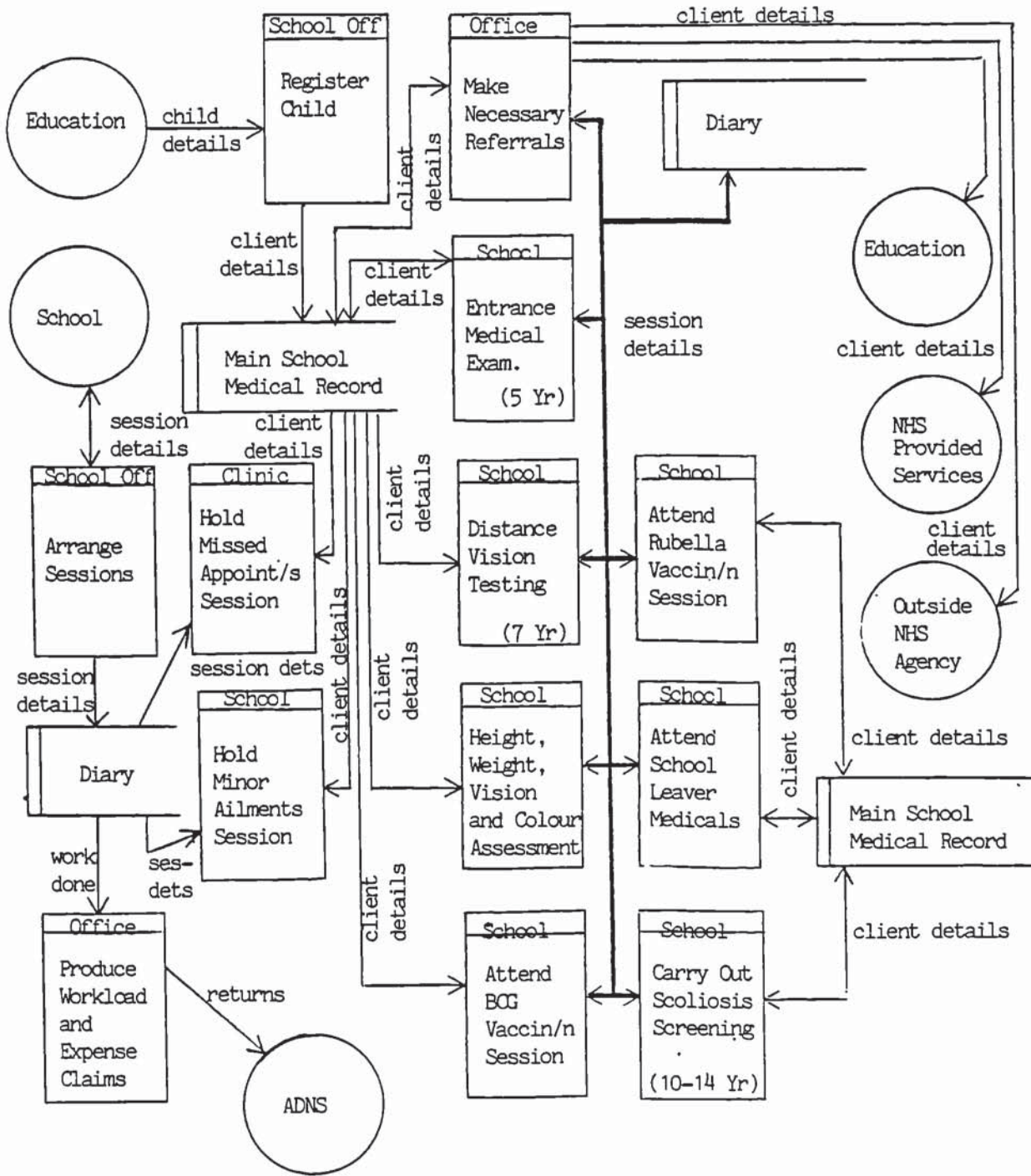
Entity Model XRef:

Relationship XRef names:



Ref: ISD5/ SN1

| | |
|-------------|---|
| Name | School Nursing Service Conceptual Model |
| Description | Current System Analysis Model |



File Store
 External Entity
 ↑ Flow of Data
 Process

Ref: ISD6/ SN1

Describing:

OBJECTIVES OF THE SCHOOL NURSING SERVICE

1. THE PREVENTION OF MENTAL, PHYSICAL AND EMOTIONAL ILL HEALTH

AND IT'S CONSEQUENCES AMONGST THE SCHOOL POPULATION.

2. EARLY DETECTION OF ILL HEALTH AND SURVEILLANCE OF HIGH RISK

GROUPS AND EARLY DETECTION OF DEVIATIONS FROM NORMAL IN THE

SCHOOL POPULATION.

3. HEALTH TEACHING.

4. RECOGNITION AND IDENTIFICATION OF NEEDS, AND MOBILISATION OF

THE APPROPRIATE RESOURCES WHERE NECESSARY.

5. MAINTAINING ACCURATE HEALTH RECORDS FOR ALL SCHOOL CHILDREN.

6. PROVISION OF INFORMATION AND STATISTICS TO MANAGERS.

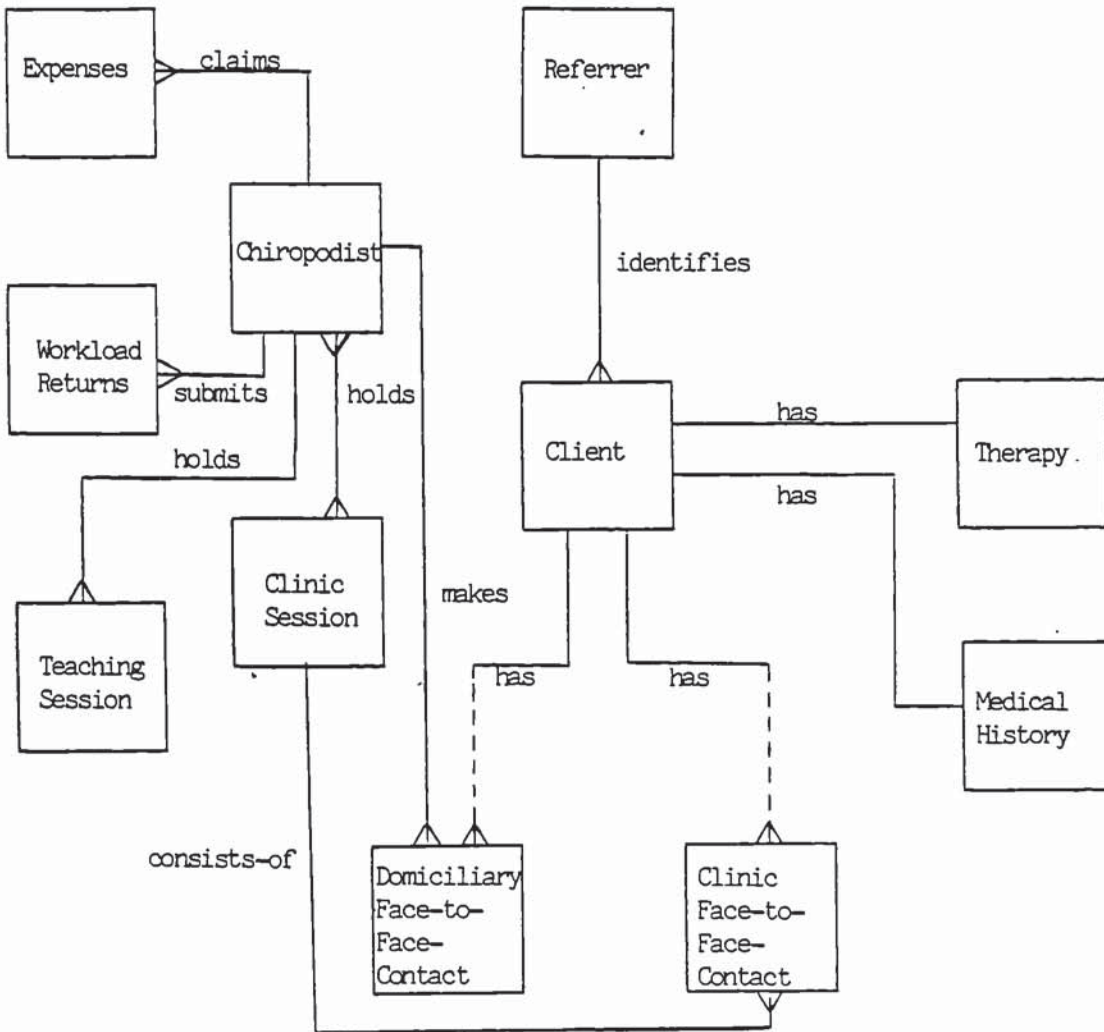
7. MAINTAINING EFFECTIVE COMMUNICATION WITH ALL OTHER DISCIPLINES.

8. TO MONITOR ACTIVITY IN TERMS OF WORK DONE, TIME SPENT, POINT OF

TREATMENT AND SOURCE OF REFERRAL.

Ref: ISD16/SN1

| | |
|-------------|------------------------------------|
| Name | Chiropody Service Conceptual Model |
| Description | Current System Analysis Model |



Entity XRef Names:

Entity Model XRef:

Relationship XRef names:

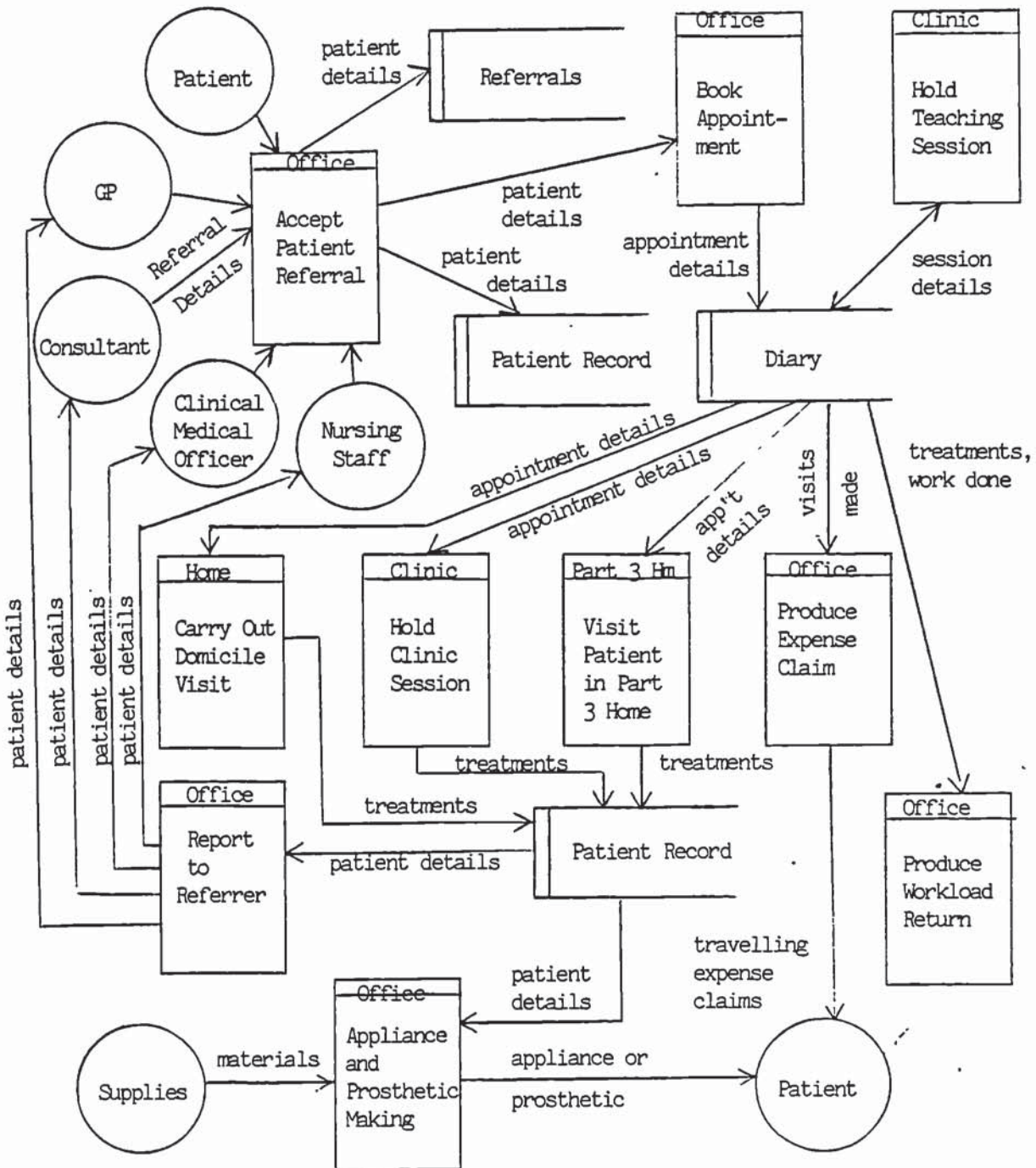


Ref: ISD5/CI1

DATA FLOW DIAGRAM

System: CHIS

| | |
|-------------|------------------------------------|
| Name | Chiropody Service Conceptual Model |
| Description | Current System Analysis Model |

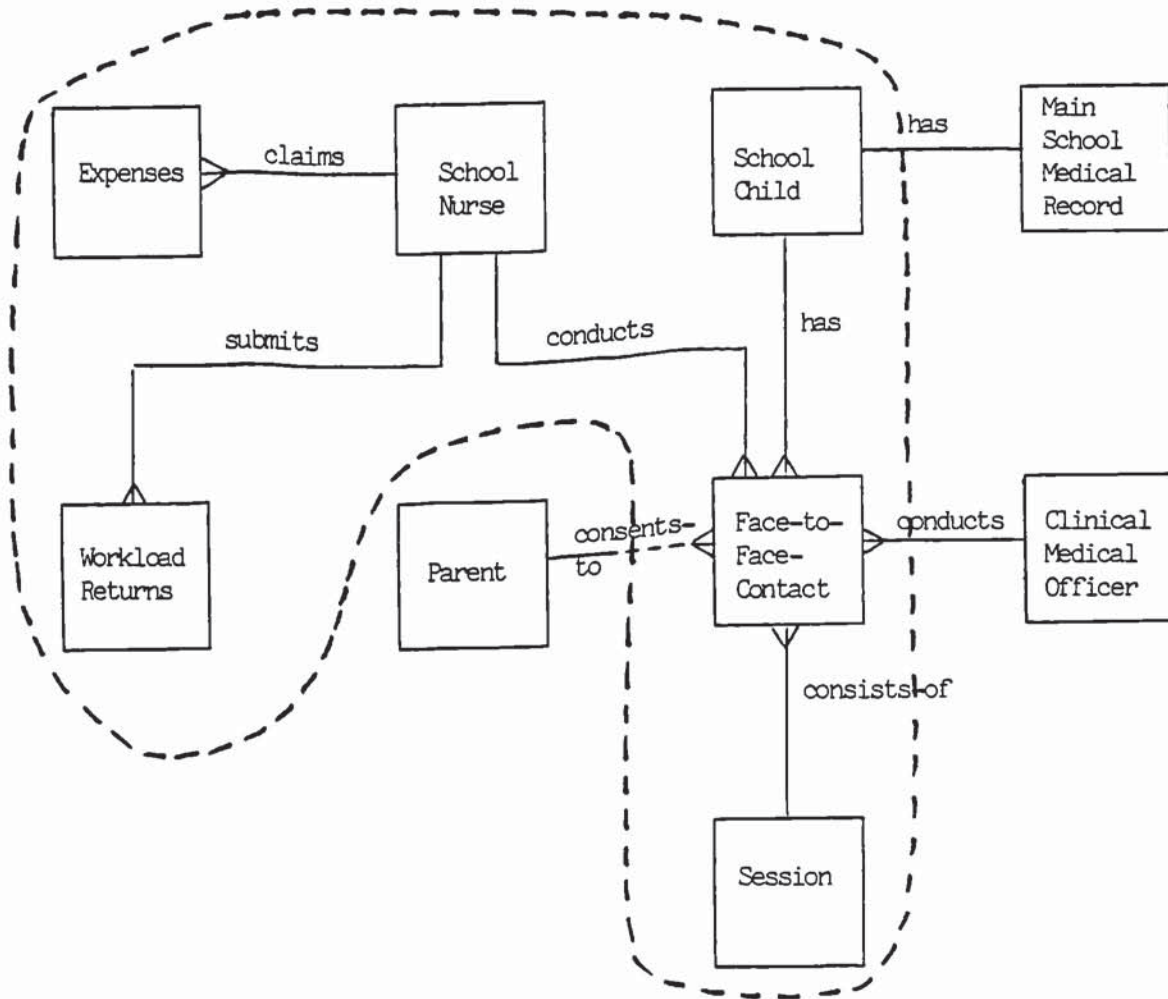


File Store
 External Entity
 ↗ Flow of Data
 Process

Ref: ISD6/CI1

Appendix 5 - Information System Boundary Definition Forms

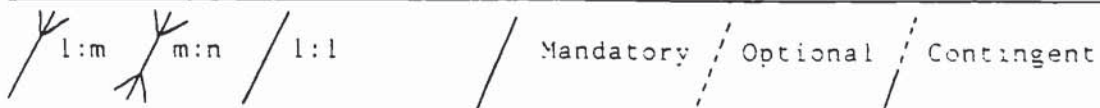
| | |
|-------------|---|
| Name | School Nursing Service Conceptual Model |
| Description | Automation Boundary Definition Model |



Entity XRef Names:

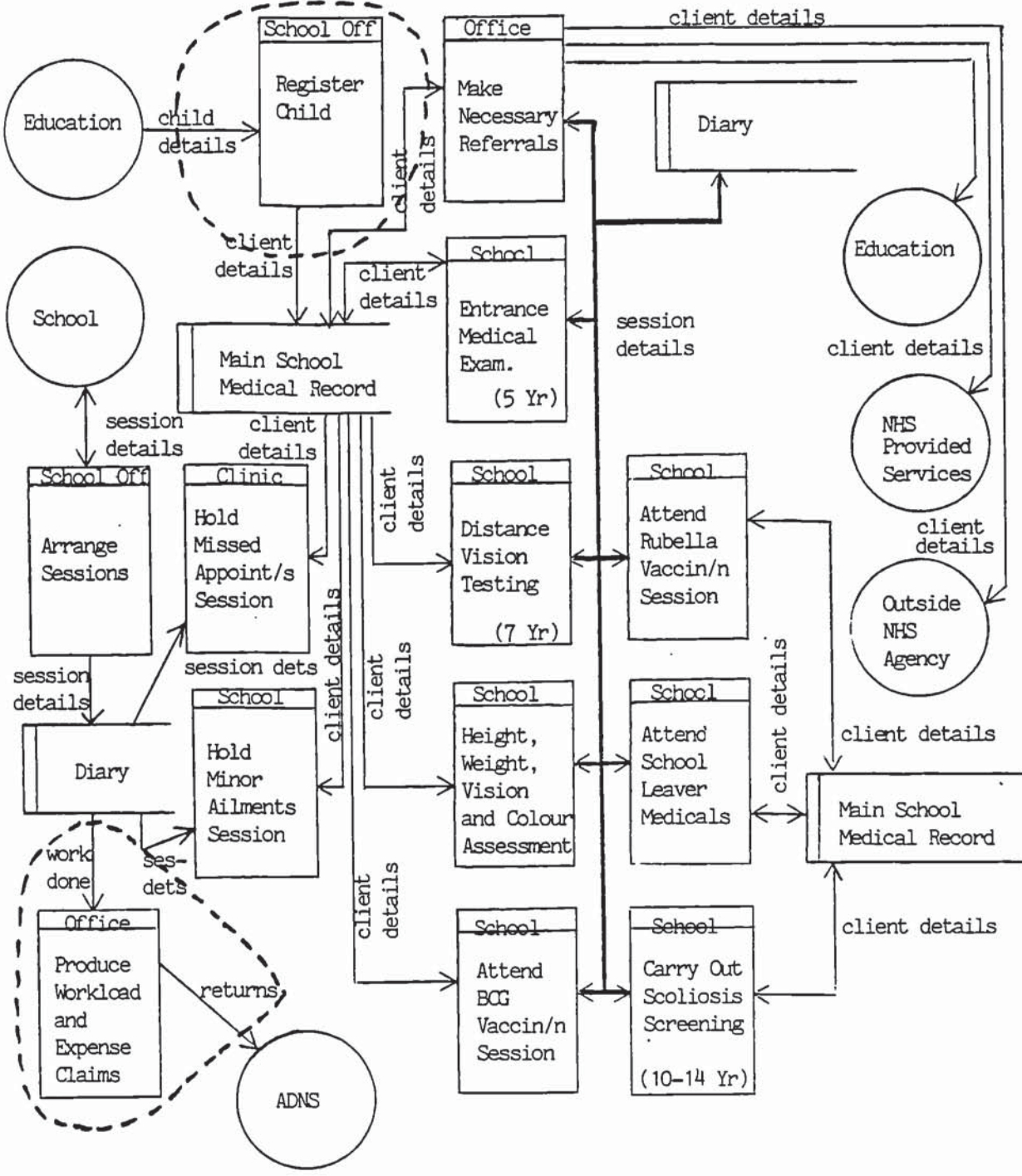
Entity Model XRef:

Relationship XRef names:



Ref: ISD5/SN2

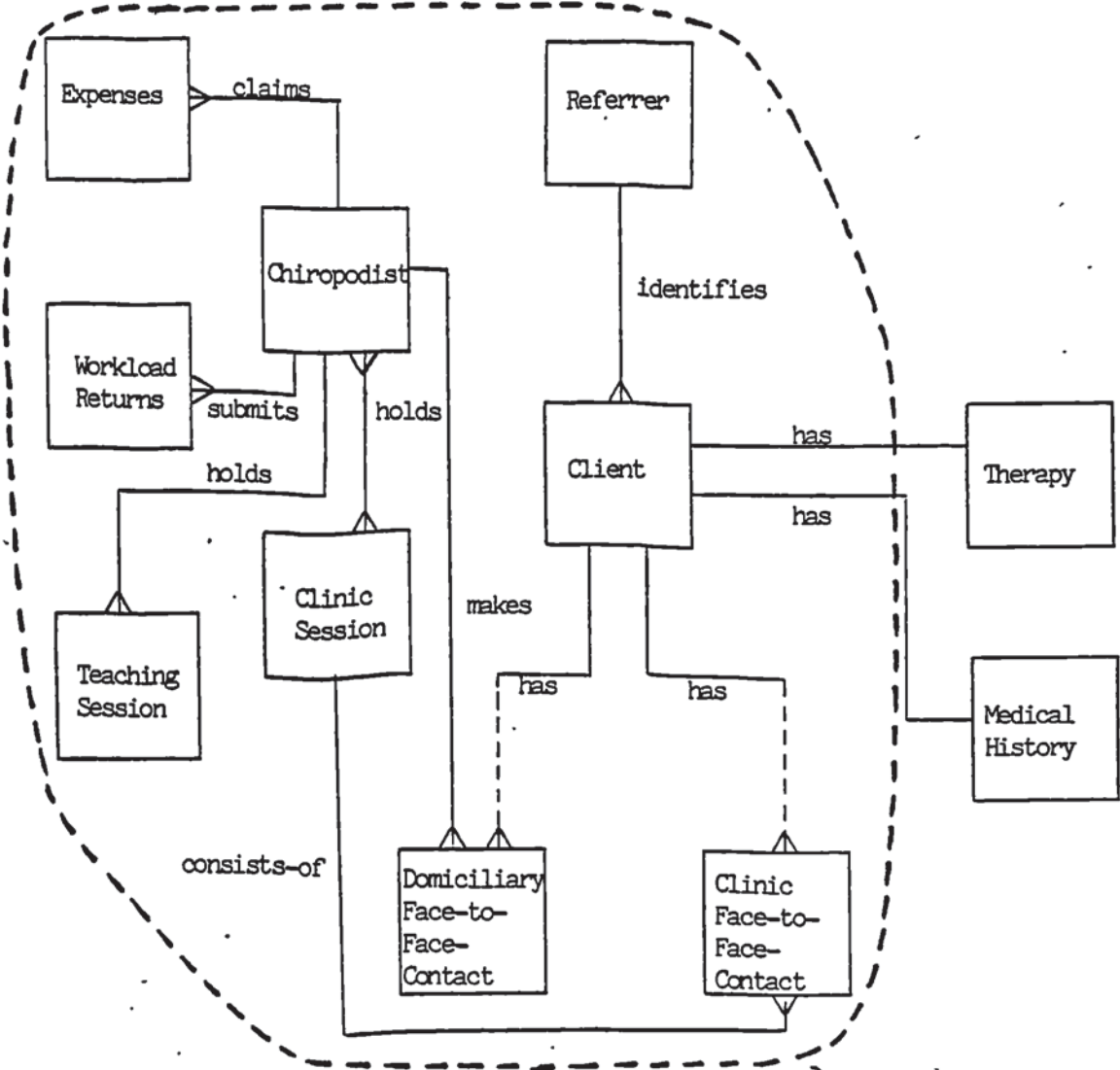
| | |
|-------------|---|
| Name | School Nursing Service Conceptual Model |
| Description | Automation Boundary Definition Model |



File Store
 External Entity
 ↑ Flow of Data
 Process

Ref: ISD6/ SN2

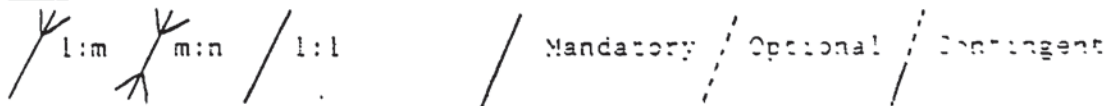
| | |
|-------------|--------------------------------------|
| Name | Chiropody Service Conceptual Model |
| Description | Automation Boundary Definition Model |



Entity XRef Names:

Entity Model XRef:

Relationship XRef names:

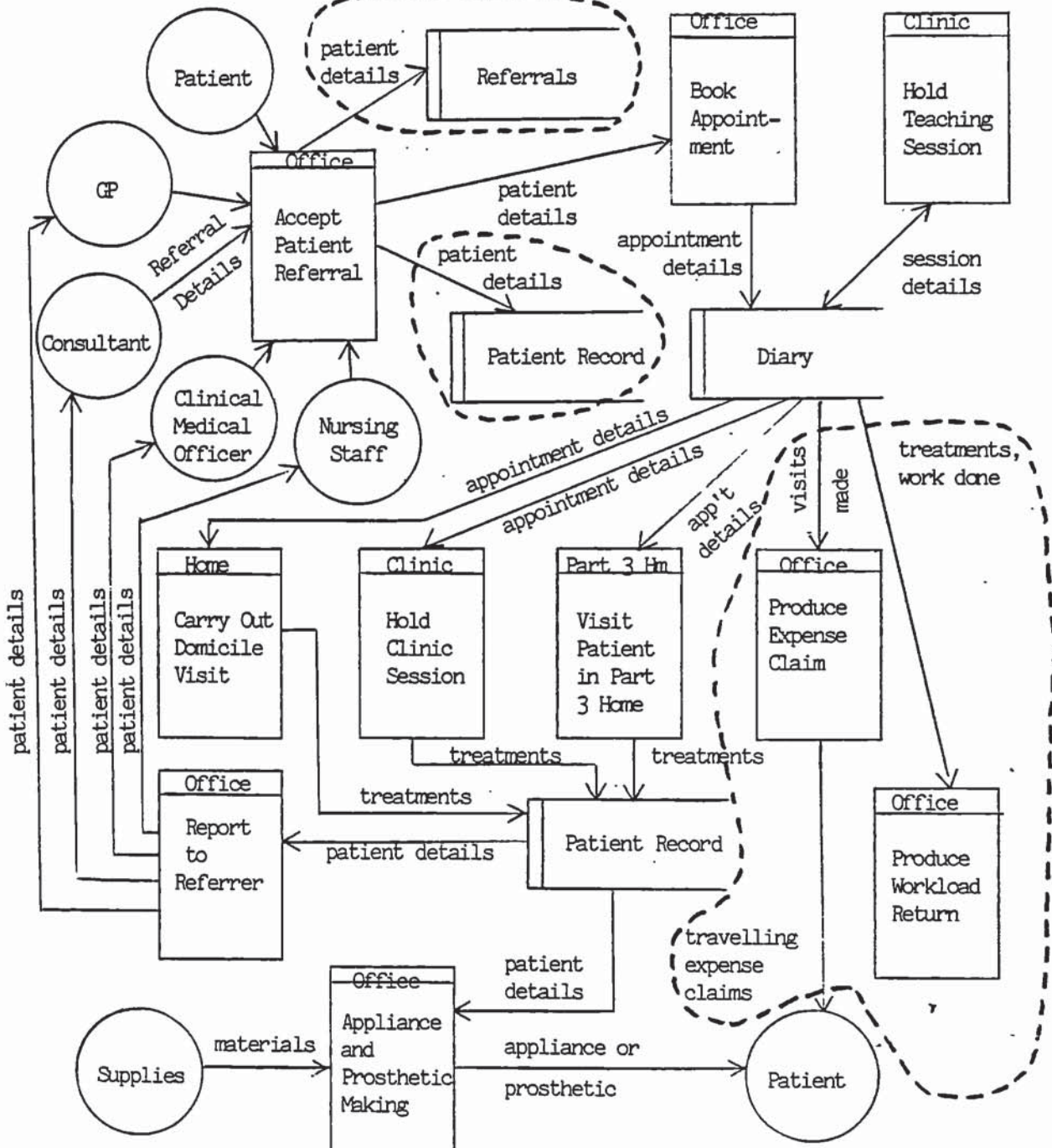


Ref: ISD5/ CI2

DATA FLOW DIAGRAM

System: CHIS

| | |
|-------------|--------------------------------------|
| Name | Chiropody Service Conceptual Model |
| Description | Automation Boundary Definition Model |



File Store
 External Entity
 ↑ Flow of Data
 Process

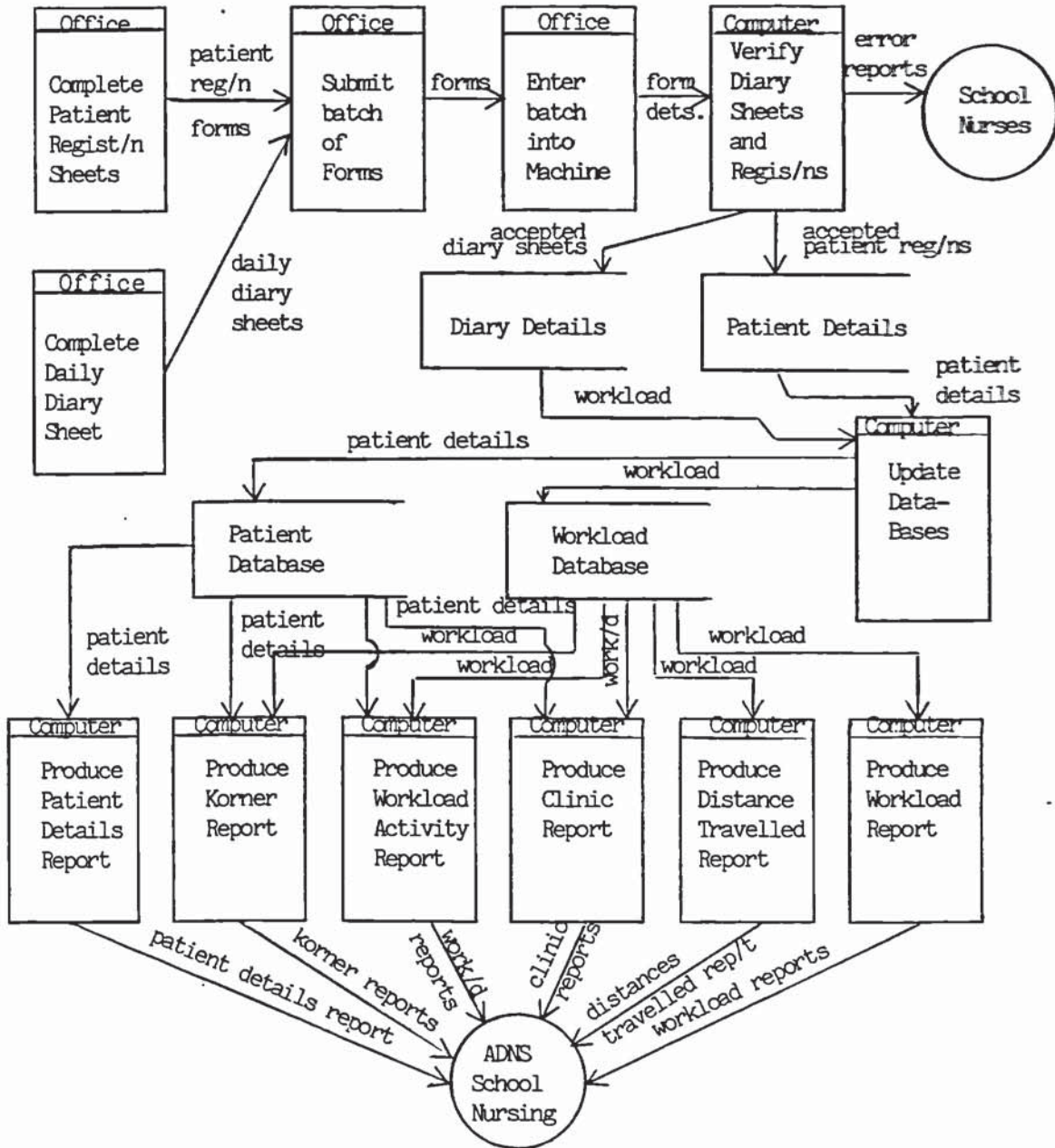
Ref: ISD6/CI2

Appendix 6 - Information System Requirements Forms

DATA FLOW DIAGRAM

System: CHIS

| | |
|-------------|---------------------------------|
| Name | School Nursing Service Model |
| Description | Information System Requirements |



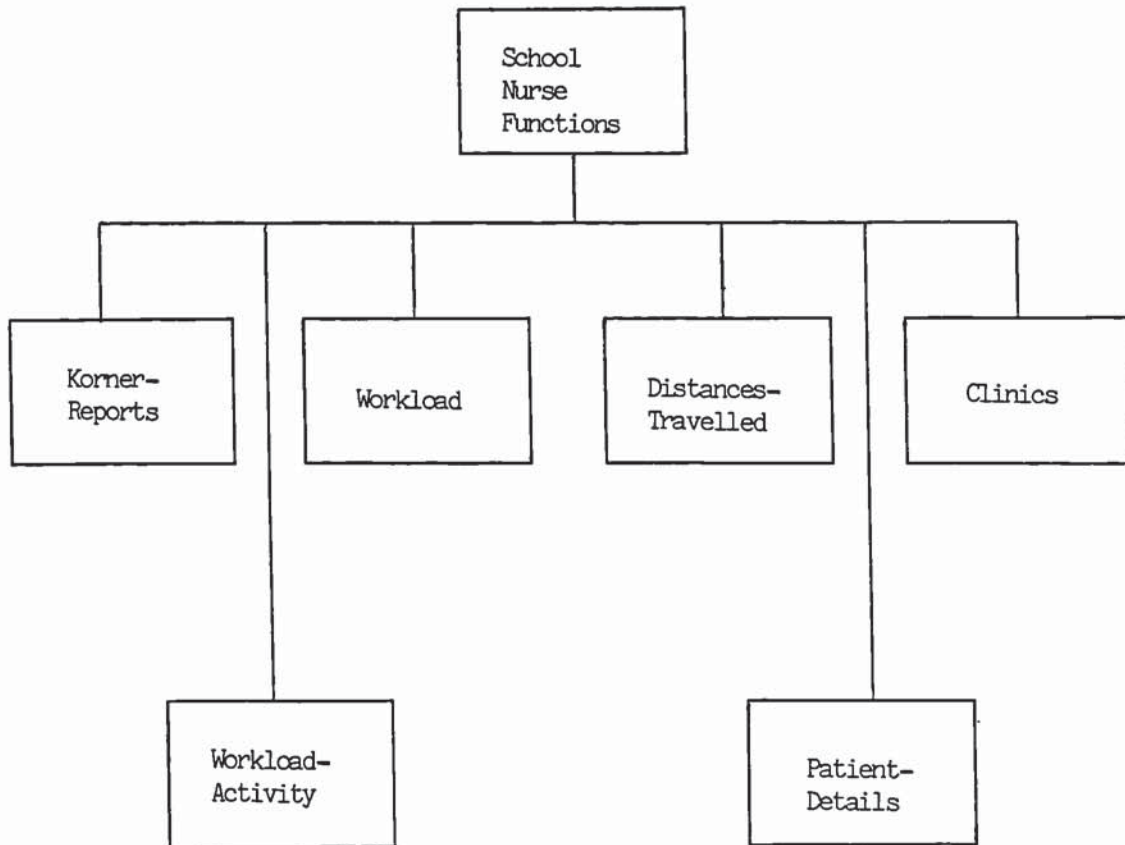
File Store
 External Entity
 ↑ Flow of Data
 Process

Ref: ISD6/ SN3

FUNCTION HIERARCHY CHART

System: CHIS

| | |
|-------------|---------------------------------|
| Name | School Nursing Service Model |
| Description | FUNCTIONS OF INFORMATION SYSTEM |



Ref: ISD11/ SN1

Describing:

INFORMATION SYSTEM OBJECTIVES FOR SCHOOL NURSING SERVICE

-
1. TO MEET THE KORNER REQUIREMENTS.

 2. TO AVOID THE STORAGE OF DUPLICATE INFORMATION.

 3. TO PROVIDE ON-LINE ACCESS TO BASIC PATIENT DETAILS AND RECENT CONTACTS.

 4. TO SAVE TIME IN ACCESSING INFORMATION.

 5. TO PROVIDE AN UP-TO-DATE PATIENT REGISTER.

 6. TO DECREASE THE TIME SPENT BY STAFF ON FORM FILLING.

 7. TO REMOVE THE NEED TO MANUALLY AGGREGATE STATISTICS.

 8. TO PROVIDE MORE MEANINGFUL STATISTICS TO STAFF AND MANAGEMENT.

 9. TO PROVIDE BETTER INFORMATION FOR STRATEGIC, MANPOWER AND SERVICE PLANNING; EDUCATION; EPIDEMIOLOGY AND DEMOGRAPHY.

 10. TO PROVIDE A SCHEDULING SYSTEM FOR WORKLOAD.

 11. TO PROVIDE A BETTER CONTROLLED STOCK SYSTEM FROM WORKLOAD.
-
-
-

Ref: ISD16/SN4

FUNCTIONAL SPECIFICATION

System: CHIS

NameKORNER-REPORTS

Description

PRODUCES REPORTS REQUIRED TO MEET KORNER, COVERING
THE MINIMUM DATA SET REQUIREMENTS.

Synonyms

Date Specified

13 MARCH 1986

Status (P/V/I)

V

Minimum Frequency of Use

YEARLY

Maximum Frequency
of Use

WEEKLY

Average Frequency of Use

MONTHLY

Growth Rate
in Usage

Maximum Response Time

1 DAY

Average Response
Time

3 DAYS

Entities Involved XRef:

Attributes Involved XRef:

Relationships Involved XRef:

Comments:

REPORTS COVERING AGE, SEX, LOCATION OF TREATMENT, SOURCE
OF REFERRAL, TREATMENTS, CLINIC ATTENDANCES, INITIAL AND
SUBSEQUENT FACE-TO-FACE CONTACTS AND EPISODE DETAILS
ARE NEEDED.

Ref: ISD4/SN1

FUNCTIONAL SPECIFICATION

System: CHIS

| | |
|------|----------|
| Name | WORKLOAD |
|------|----------|

Description

PRODUCES A REPORT SHOWING THE CURRENT WORKLOAD, BY
MEMBER OF STAFF OR TEAM.

Synonyms

| | | | |
|--------------------------|---------------|--------------------------|--------|
| Date Specified | 13 MARCH 1986 | Status (P/V/I) | V |
| Minimum Frequency of Use | YEARLY | Maximum Frequency of Use | WEEKLY |
| Average Frequency of Use | MONTHLY | Growth Rate in Usage | |
| Maximum Response Time | 1 DAY | Average Response Time | 3 DAYS |

Entities Involved XRef:

Attributes Involved XRef:

Relationships Involved XRef:

Comments:

Ref: ISD4/SN2

FUNCTIONAL SPECIFICATIONSystem: CHIS

Name | DISTANCES-TRAVELLED

Description

PRODUCES A REPORT SHOWING THE DISTANCES TRAVELLED BY
MEMBER OF STAFF OR TEAM.

Synonyms

| | | | |
|--------------------------|---------------|--------------------------|--------|
| Date Specified | 13 MARCH 1986 | Status (P/V/I) | V |
| Minimum Frequency of Use | YEARLY | Maximum Frequency of Use | WEEKLY |
| Average Frequency of Use | MONTHLY | Growth Rate in Usage | |
| Maximum Response Time | 1 DAY | Average Response Time | 3 DAYS |

Entities Involved XRef:

Attributes Involved XRef:

Relationships Involved XRef:

Comments:

Ref: ISD4/SN3

FUNCTIONAL SPECIFICATION

System: CHIS

| | |
|------|---------|
| Name | CLINICS |
|------|---------|

Description

PRODUCES A REPORT SHOWING ATTENDANCES AT CLINICS OR SURGERY SESSIONS BY AGE, TREATMENT, AND MEMBER OF STAFF ATTENDING.

Synonyms

| | | | |
|--------------------------|---------------|--------------------------|--------|
| Date Specified | 13 MARCH 1986 | Status (P/V/I) | V |
| Minimum Frequency of Use | YEARLY | Maximum Frequency of Use | WEEKLY |
| Average Frequency of Use | MONTHLY | Growth Rate in Usage | |
| Maximum Response Time | 1 DAY | Average Response Time | 3 DAYS |

Entities Involved XRef:

Attributes Involved XRef:

Relationships Involved XRef:

Comments:

Ref: ISD4/SN4

FUNCTIONAL SPECIFICATION

System: CHIS

Name | WORKLOAD-ACTIVITY**Description**

PRODUCES A REPORT SHOWING WORKLOAD BY NURSING ACTIVITY,
BY MEMBER OF STAFF OR TEAM.

Synonyms |

| | | | |
|---------------------------------|---------------|---------------------------------|--------|
| Date Specified | 13 MARCH 1986 | Status (P/V/I) | V |
| Minimum Frequency of Use | YEARLY | Maximum Frequency of Use | WEEKLY |
| Average Frequency of Use | MONTHLY | Growth Rate in Usage | |
| Maximum Response Time | 1 DAY | Average Response Time | 3 DAYS |

Entities Involved XRef:

Attributes Involved XRef:

Relationships Involved XRef:

Comments:

Ref: ISD4/SN5

FUNCTIONAL SPECIFICATION

System: CHIS

| | |
|------|-----------------|
| Name | PATIENT-DETAILS |
|------|-----------------|

Description

PROVIDES ON-LINE ACCESS TO BASIC PATIENT DETAILS AND RECENT CONTACTS.

Synonyms

| | | | |
|--------------------------|---------------|--------------------------|---------|
| Date Specified | 13 MARCH 1986 | Status (P/V/I) | V |
| Minimum Frequency of Use | | Maximum Frequency of Use | |
| Average Frequency of Use | MONTHLY | Growth Rate in Usage | |
| Maximum Response Time | 1 MINUTE | Average Response Time | 10 SECS |

Entities Involved XRef:

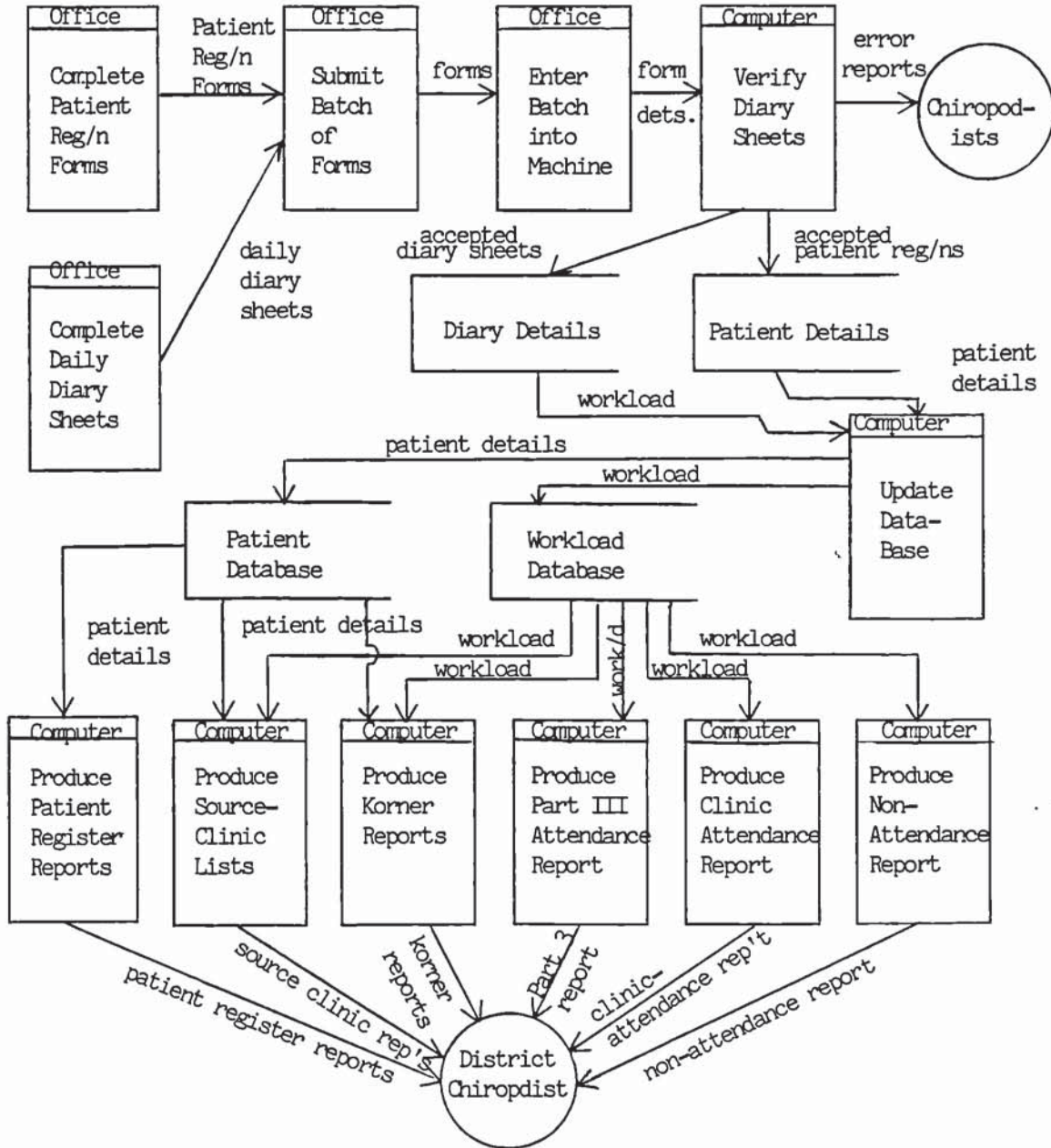
Attributes Involved XRef:

Relationships Involved XRef:

Comments:

Ref: ISD4/SN6

| | |
|-------------|---------------------------------|
| Name | Community Chiropody Service |
| Description | Information System Requirements |



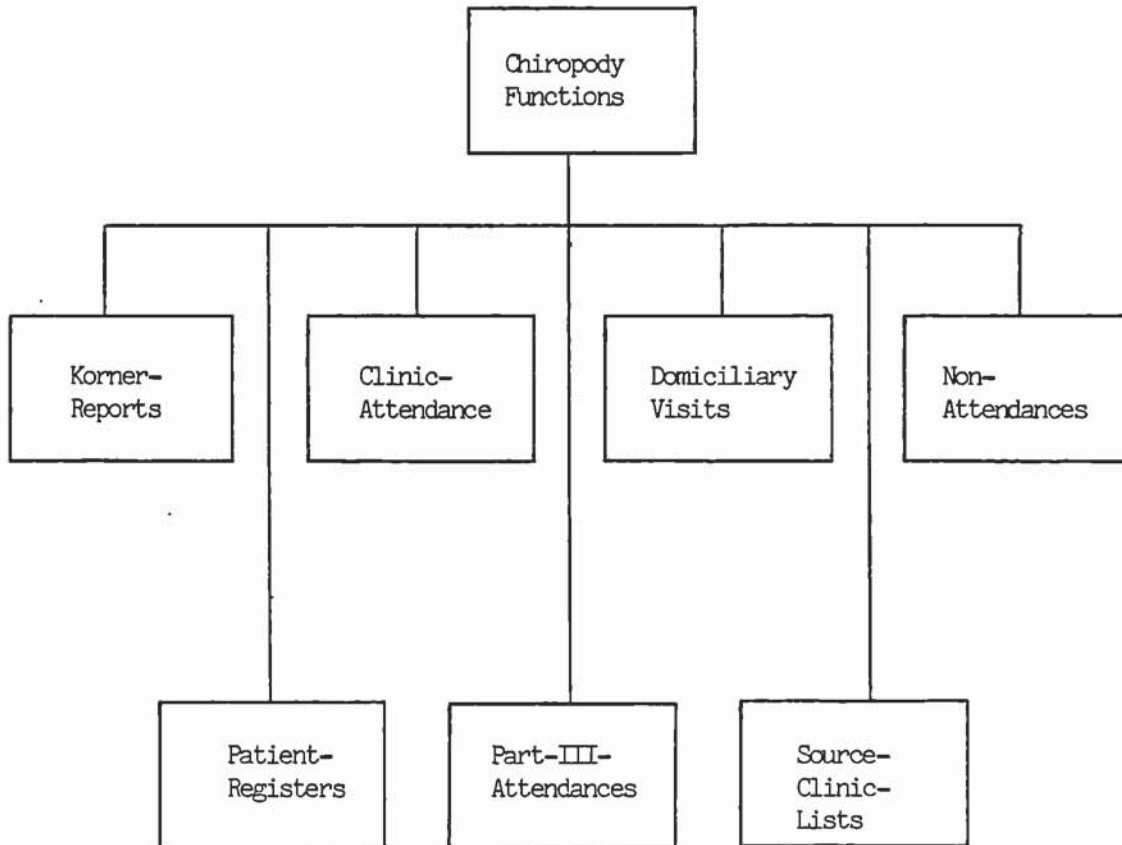
File Store
 External Entity
 ↑ Flow of Data
 Process

Ref: ISD6/CI3

FUNCTION HIERARCHY CHART

System: CHIS

| | |
|-------------|-----------------------------------|
| Name | Community Chiropody Service Model |
| Description | FUNCTIONS OF INFORMATION SYSTEM |



Ref: ISD11/ CI1

FUNCTIONAL SPECIFICATION

System: CHIS

| | |
|------|----------------|
| Name | KORNER-REPORTS |
|------|----------------|

Description

PRODUCES REPORTS REQUIRED TO MEET KORNER, COVERING
THE MINIMUM DATA SET REQUIREMENTS.

Synonyms

| | | | |
|--------------------------|---------------|--------------------------|--------|
| Date Specified | 07 MARCH 1986 | Status (P/V/I) | V |
| Minimum Frequency of Use | MONTHLY | Maximum Frequency of Use | WEEKLY |
| Average Frequency of Use | WEEKLY | Growth Rate in Usage | |
| Maximum Response Time | 1 WEEK | Average Response Time | 1 WEEK |

Entities Involved XRef:

Attributes Involved XRef:

Relationships Involved XRef:

Comments:

REPORTS COVERING AGE, SEX, LOCATION OF TREATMENT, SOURCE OF REFERRAL, TREATMENTS, CLINIC ATTENDANCES, INITIAL AND SUBSEQUENT FACE-TO-FACE CONTACTS AND EPISODE DETAILS ARE NEEDED.

Ref: ISD4/CI1

FUNCTIONAL SPECIFICATION

System: CHIS

| | |
|------|--------------------|
| Name | CLINIC-ATTENDANCES |
|------|--------------------|

| | |
|-------------|--|
| Description | A REPORT WILL BE PRODUCED SHOWING CLINIC ATTENDANCES BROKEN DOWN BY EXPECTANT MOTHERS, HANDICAPPED OR DISABLED PERSONS, CHILDREN, AND THOSE ATTENDING FOR NAIL SURGERY. |
|-------------|--|

| | |
|----------|--|
| Synonyms | |
|----------|--|

| | | | |
|--------------------------|---------------|--------------------------|--------|
| Date Specified | 07 MARCH 1986 | Status (P/V/I) | V |
| Minimum Frequency of Use | MONTHLY | Maximum Frequency of Use | WEEKLY |
| Average Frequency of Use | WEEKLY | Growth Rate in Usage | |
| Maximum Response Time | 1 WEEK | Average Response Time | 1 WEEK |

Entities Involved XRef:

Attributes Involved XRef:

Relationships Involved XRef:

Comments:

Ref: ISD4/CI2

FUNCTIONAL SPECIFICATION

System: CHIS

Name | DOMICILIARY-VISITS

Description

A REPORT WILL BE PRODUCED SHOWING VISITS MADE ON A DOMICILIARY BASIS. HANDICAPPED OR DISABLED PERSONS, AND PERSONS OVER 65 YEARS WILL BE SPECIFICALLY IDENTIFIED.

Synonyms

| | | | |
|--------------------------|---------------|--------------------------|--------|
| Date Specified | 07 MARCH 1986 | Status (P/V/I) | V |
| Minimum Frequency of Use | MONTHLY | Maximum Frequency of Use | WEEKLY |
| Average Frequency of Use | WEEKLY | Growth Rate in Usage | |
| Maximum Response Time | 1 WEEK | Average Response Time | 1 WEEK |

Entities Involved XRef:

Attributes Involved XRef:

Relationships Involved XRef:

Comments:

Ref: ISD4/CI3



FUNCTIONAL SPECIFICATION

System: CHIS

| | |
|------|----------------------|
| Name | PART-III-ATTENDANCES |
|------|----------------------|

| | |
|-------------|---|
| Description | A REPORT WILL BE PRODUCED SHOWING ATTENDANCES FOR PATIENTS IN PART III ACCOMMODATION. |
|-------------|---|

| | |
|----------|--|
| Synonyms | |
|----------|--|

| | | | |
|--------------------------|---------------|--------------------------|--------|
| Date Specified | 07 MARCH 1986 | Status (P/V/I) | V |
| Minimum Frequency of Use | MONTHLY | Maximum Frequency of Use | WEEKLY |
| Average Frequency of Use | WEEKLY | Growth Rate in Usage | |
| Maximum Response Time | 1 WEEK | Average Response Time | 1 WEEK |

Entities Involved XRef:

Attributes Involved XRef:

Relationships Involved XRef:

Comments:

Ref: ISD4/CI4

FUNCTIONAL SPECIFICATION

System: CHIS

NameNON-ATTENDANCES

Description

A REPORT WILL BE PRODUCED SHOWING NUMBERS OF NON-ATTENDERS AND THE NUMBER OF DISCHARGES IDENTIFIED BY INDIVIDUAL PERSONS.

Synonyms

Date Specified

07 MARCH 1986

Status (P/V/I)

V

Minimum Frequency of Use

MONTHLY

Maximum Frequency of Use

WEEKLY

Average Frequency of Use

WEEKLY

Growth Rate in Usage

Maximum Response Time

1 WEEK

Average Response Time

1 WEEK

Entities Involved XRef:

Attributes Involved XRef:

Relationships Involved XRef:

Comments:

Ref: ISD4/CI5

FUNCTIONAL SPECIFICATIONSystem: CHIS

Name |
| PATIENT-REGISTERS

Description

PATIENT REGISTER LISTS WILL BE PRODUCED FOR ACTIVE AND NON-ACTIVE PATIENTS, AND FOR PATIENTS ON THE WAITING LIST FOR TREATMENT.

Synonyms |

| | | | |
|--------------------------|---------------|--------------------------|--------|
| Date Specified | 07 MARCH 1986 | Status (P/V/I) | V |
| Minimum Frequency of Use | MONTHLY | Maximum Frequency of Use | WEEKLY |
| Average Frequency of Use | WEEKLY | Growth Rate in Usage | |
| Maximum Response Time | 1 WEEK | Average Response Time | 1 WEEK |

Entities Involved XRef:

Attributes Involved XRef:

Relationships Involved XRef:

Comments:

ACTIVE PATIENTS WILL BE CLASSIFIED AS CLINIC OR DOMICILIARY, AND TWO SEPARATE REGISTERS WILL BE AVAILABLE FOR EACH.

Ref: ISD4/CI6

FUNCTIONAL SPECIFICATIONSystem: CHIS

Name | SOURCE-CLINIC-LISTS

Description
LISTS OF PATIENTS WILL BE PRODUCED BY SOURCE OF
REFERRAL AND BY CLINIC ATTENDED.

Synonyms |

| | | | |
|--------------------------|---------------|--------------------------|--------|
| Date Specified | 07 MARCH 1986 | Status (P/V/I) | V |
| Minimum Frequency of Use | MONTHLY | Maximum Frequency of Use | WEEKLY |
| Average Frequency of Use | WEEKLY | Growth Rate in Usage | |
| Maximum Response Time | 1 WEEK | Average Response Time | 1 WEEK |

Entities Involved XRef:

Attributes Involved XRef:

Relationships Involved XRef:

Comments:

Ref: ISD4/CI7

STRUCTURED WALKTHROUGH REVIEW ACTION LIST

System: CHIS

| | |
|------------------------------|---|
| Date | 13 MARCH 1986 |
| Documentation being Reviewed | INFORMATION SYSTEM REQUIREMENTS DEFINITION |
| Walkthrough Members: | M. HUTCHINSON, DISTRICT CHIROPODIST |

| Action Points | For Action | Date Completed |
|--|------------|----------------|
| 1 THE NON-ATTENDERS AT CLINIC REPORT SHOULD IDENTIFY INDIVIDUAL NAMES, NOT JUST GIVE NUMBERS OF NON-ATTENDERS. (REF: ISD4/CI5) | CPC | 14/03/86 |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |
| 9 | | |
| 10 | | |
| 11 | | |
| 12 | | |

Ref: ISD9/CI1

Appendix 7 - Korner Analysis Forms

Describing:

KORNER RECOMMENDATIONS - FIFTH REPORT (COMMUNITY)
(A MODEL INFORMATION SYSTEM FOR SERVICES TO THE COMMUNITY)

1. INFORMATION ABOUT SERVICES TO THE COMMUNITY SHOULD BE COLLECTED UNDER INDIVIDUAL PROGRAMMES. THESE PROGRAMMES ARE TO BE GROUPED INTO TYPES OF PROGRAMME AND THEN FURTHER INTO CATEGORIES OF PROGRAMME. FOR EXAMPLE:

| CATEGORY: | TYPE: | INDIVIDUAL PROGRAMME: |
|---|--------------------|---|
| HEALTH SURVEILLANCE AND THE EARLY DETECTION OF DISEASE | a) SURVEILLANCE | a1) VISION TESTING a2) AUDIOMETRY a3) CHILD DEVELOPMENT |
| | b) SCREENING | b1) CERVICAL CYTOLOGY b2) HYPERTENSION |
| | c) CONTACT TRACING | c1) TUBERCULOSIS |

----- (PARA 2.1)

2. FOR EACH PROGRAMME, AN ANNUAL RETURN OF THE FOLLOWING DATA ITEMS IS REQUIRED:

- a) STATEMENT OF LOCAL POLICY AND OBJECTIVES INCLUDING TARGET COVERAGE
- b) ESTIMATED TARGET POPULATION
- c) PROJECTED EXPENDITURE
- d) LEVEL OF SERVICE PROVIDED
- e) COVERAGE ACTUALLY ACHIEVED, FOR COMPARISON WITH TARGET
- f) ESTIMATED ACTUAL EXPENDITURE

----- (PARA 2.5)

Describing:

KORNER RECOMMENDATIONS - FIFTH REPORT (COMMUNITY)
(A MODEL INFORMATION SYSTEM FOR SERVICES TO THE COMMUNITY)

-
3. FACE-TO-FACE CONTACTS ARE A MEASURE OF PATIENT ACTIVITY AND SHOULD BE RECORDED AND CLASSIFIED BY PROGRAMME ON THE BASIS OF THEIR PRINCIPAL PURPOSE. ONLY ONE CONTACT SHOULD BE RECORDED IN CASES WHERE MORE THAN ONE HEALTH PROFESSIONAL IS PRESENT.
-

----- (PARA 2.16-7)

-
4. THE LOCATIONS OF ALL CONTACTS SHOULD BE RECORDED AND CLASSIFIED AS:
-

- a) PATIENT'S HOME
 - b) HEALTH CENTRE
 - c) OTHER PREMISES OCCUPIED BY G.P.
 - d) DAY CARE FACILITIES
 - e) OTHER CLINIC PREMISES
 - f) ELSEWHERE ON A HOSPITAL SITE
 - g) RESIDENTIAL ACCOMMODATION PROVIDED BY LOCAL AUTHORITY
 - h) SCHOOL
 - i) OTHER LOCAL AUTHORITY PREMISES
 - j) RESIDENTIAL OR OTHER FACILITIES PROVIDED BY VOLUNTARY OR PRIVATE AGENCY
-

----- (PARA 2.19)

Describing:

KORNER RECOMMENDATIONS - FIFTH REPORT (COMMUNITY)
(INFORMATION ABOUT IMMUNISATION)

FOR IMMUNISATION PROGRAMMES A NOMINAL ROLE REGISTER SHOULD BE
1. AVAILABLE CONTAINING THE FOLLOWING DATA:

-
- a) NAME
 - b) ADDRESS
 - c) DATE OF BIRTH
 - d) SEX
-

AND THEN ALLOWING THE FOLLOWING DATA TO BE RECORDED:

-
- a) PROGRAMME
 - b) DATE OF TEST OF IMMUNITY
 - c) RESULT OF IMMUNITY TEST
 - d) WHETHER COURSE STARTED
 - e) WHETHER COURSE COMPLETED
 - f) REASON FOR NOT STARTING OR COMPLETING
 - g) DATE OF COMPLETION OR TERMINATION
 - h) LOCATION
-

----- (PARA 3.5, 8)

2. THE RESULT OF IMMUNITY TESTS SHOULD BE CLASSIFIED AS:

-
- a) IMMUNE
 - b) NOT IMMUNE
-

----- (PARA 3.6)

Describing:

KORNER RECOMMENDATIONS - FIFTH REPORT (COMMUNITY)
(INFORMATION ABOUT IMMUNISATION)

THE REASON FOR NOT STARTING OR COMPLETING SHOULD BE CLASSIFIED
3. AS:

- a) COURSE CONSIDERED UN-NECESSARY
 - b) CONTRA-INDICATION TO ADMINISTRATION OF COURSE
 - c) REFUSAL TO START OR COMPLETE COURSE
 - d) ADVERSE REACTION TO DOSE
 - e) CONTACT LOST BECAUSE TRANSFERRED
 - f) CONTACT LOST FOR OTHER REASON
-

----- (PARA 3.7)

THE FORM OF NOTIFICATION OF INFECTIOUS DISEASES SHOULD INDICATE
4. THE PERSON'S DATE OF BIRTH RATHER THAN AGE.

----- (PARA 3.10)

Describing:

KORNER RECOMMENDATIONS - FIFTH REPORT (COMMUNITY)
(HEALTH SURVEILLANCE AND THE EARLY DETECTION OF DISEASE)

THE FOLLOWING DATA SHOULD BE COLLECTED FOR EACH STAGE IN A
1. CHILD HEALTH SURVEILLANCE PROGRAMME AS FOLLOWS:

-
- a) AGE OF CLIENT
 - b) SEX OF CLIENT
 - c) LOCATION
 - d) PROGRAMME OR STAGE OF PROGRAMME IN EACH SURVEILLANCE
CARRIED OUT
 - e) RESULT OF SURVEILLANCE
-

THE ABOVE NEEDS TO BE RECORDED FOR EACH CONTACT

----- (PARA 4.5-6)

2. THE RESULT OF SURVEILLANCE IS TO BE CLASSIFIED AS:

-
- a) NO FURTHER ACTION REQUIRED
 - b) ACTION REQUIRED BY HEALTH SERVICE
 - c) ACTION REQUIRED BY OTHER AGENCY
-

----- (PARA 4.7)

3. FOR ALL CHILDREN ASSESSED FOR SPECIAL EDUCATIONAL NEEDS, THE
AGE AND SEX SHOULD BE RECORDED.

----- (PARA 4.11)

Ref: ISD16/K05

Describing:

KORNER RECOMMENDATIONS - FIFTH REPORT (COMMUNITY)
(HEALTH SURVEILLANCE AND THE EARLY DETECTION OF DISEASE)

FOR ALL CHILDREN GIVEN A MULTI-DISCIPLINARY ASSESSMENT, THE
4. AGE, SEX AND RESULT OF THE ASSESSMENT SHOULD BE RECORDED.

----- (PARA 4.12)

THE RESULT OF A MULTI-DISCIPLINARY ASSESSMENT SHOULD BE
5. RECORDED AS:

- a) NO HEALTH SERVICE SUPPORT REQUIRED
 - b) STATEMENT NOT COMPLETED, BUT SUPPORT REQUIRED FROM NHS
 - c) STATEMENT OF SPECIAL EDUCATIONAL NEEDS COMPLETED BY
EDUCATION AUTHORITY WHICH INCLUDES NHS SUPPORT
-

----- (PARA 4.13)

FOR SCREENING TESTS CARRIED OUT, THE FOLLOWING IS TO BE RECORDED:
6.

- a) AGE OF CLIENT
 - b) SEX OF CLIENT
 - c) PROGRAMME IN WHICH CARRIED OUT
 - d) LOCATION
 - e) RESULT OF TEST
-

----- (PARA 4.16)

Describing:

KORNER RECOMMENDATIONS - FIFTH REPORT (COMMUNITY)
(HEALTH SURVEILLANCE AND THE EARLY DETECTION OF DISEASE)

THE RESULT OF SCREENING TESTS IS TO BE CLASSIFIED AS:

7.

- a) NEGATIVE
 - b) POSITIVE CONFIRMED
 - c) POSITIVE UN-CONFIRMED
-

----- (PARA 4.17)

8. FOR SCREENING TESTS CARRIED OUT ON A RECALL BASIS, THE
FOLLOWING SHOULD BE RECORDED:

- a) AGE OF CLIENT
 - b) SEX OF CLIENT
 - c) PROGRAMME
 - d) WHETHER SCREENING TEST WAS CARRIED OUT
 - e) RESULT OF SCREENING TEST
-

----- (PARA 4.18)

9. FOR CONTACT TRACING, THE FOLLOWING IS TO BE RECORDED:

- a) AGE OF CLIENT
- b) SEX OF CLIENT
- c) PROGRAMME
- d) WHETHER CONTACT TRACED
- e) IF TRACED, WHETHER FOUND TO HAVE THE DISEASE

(PARA 4.20)

Ref: ISD16/K07

Describing:

KORNER RECOMMENDATIONS - FIFTH REPORT (COMMUNITY)
(HEALTH PROMOTION AND EDUCATION, ADVICE AND SUPPORT)

FOR GROUP SESSIONS, THE FOLLOWING INFORMATION SHOULD BE
1. COLLECTED:

- a) PROGRAMME
 - b) STAFF GROUP PROVIDING
 - c) NUMBER OF CLIENTS ATTENDING
 - d) LOCATION
-

----- (PARA 5.4)

STAFF GROUPS PROVIDING GROUP SESSIONS SHOULD BE CLASSIFIED AS:
2.

- a) HEALTH EDUCATION DEPARTMENT
 - b) HEALTH VISITORS
 - c) OTHER COMMUNITY HEALTH STAFF
-

----- (PARA 5.5)

3. SUPPORTIVE CONTACTS NOT FORMING PART OF A STRUCTURED SURVEILLANCE
PROGRAMME SHOULD BE RECORDED UNDER A PROFESSIONAL ADVICE AND
SUPPORT PROGRAMME.

----- (PARA 5.8)

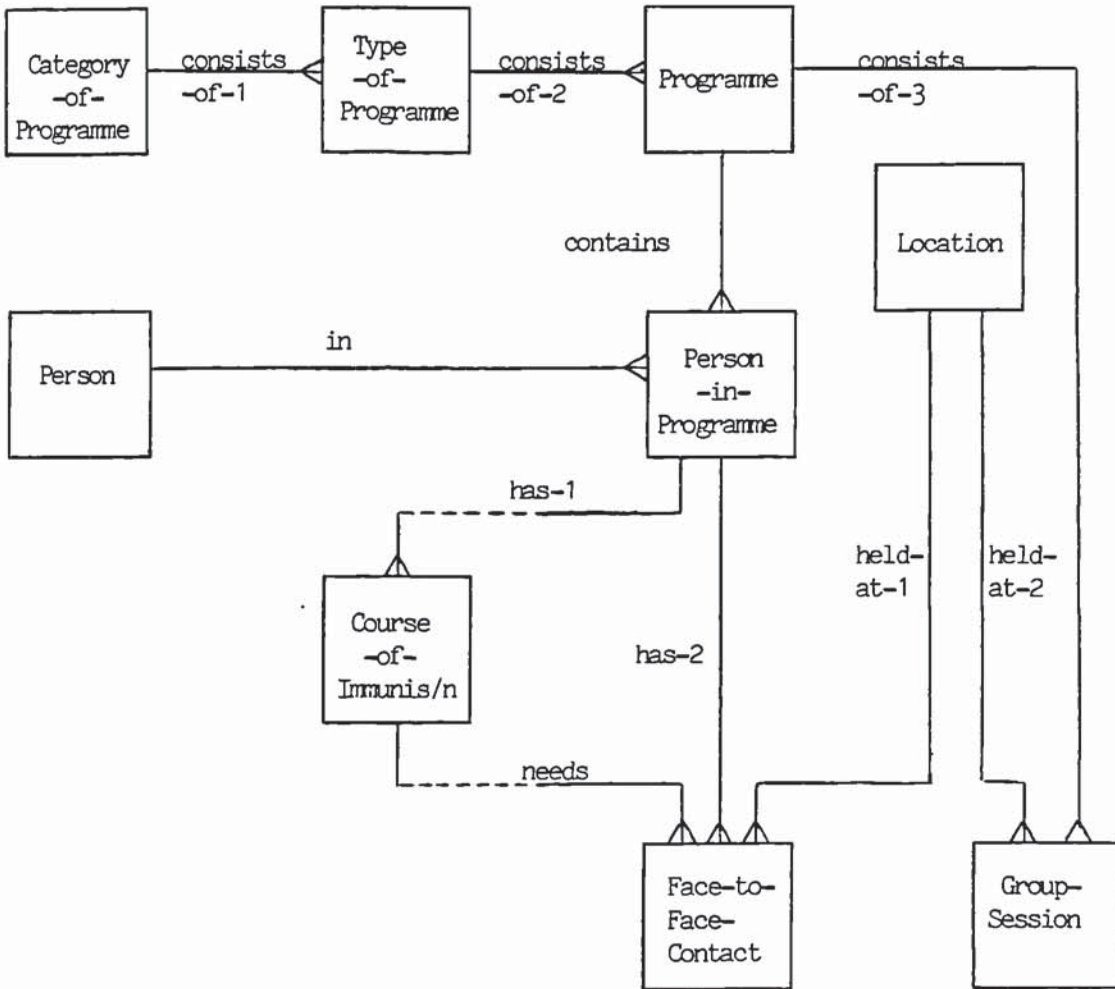
4. POST-NATAL CARE PROVIDED BY MIDWIVES AND HEALTH VISITORS SHOULD
BE CLASSIFIED AS PROFESSIONAL ADVICE AND SUPPORT.

----- (PARA 5.10)

5. THE AGE RANGE OR CLIENT GROUP SHOULD BE SPECIFIED EXPLICITLY FOR
EACH PROGRAMME AS FAR AS APPROPRIATE.

----- (PARA 5.11)

| | |
|-------------|--|
| Name | Korner Data Model |
| Description | Korner Recommendations - Fifth Report (Community) Services TO the Community (Chapters 1 to 5) |



| | | | |
|---------------------|-----------------------|----------------------|--------------|
| Entity XRef Names: | Category-of-Programme | Location | Entity Model |
| Person-in-Programme | Type-of-Programme | Group-Session | XRef: |
| | Programme | Face-to-Face-Contact | |
| | Person | Course-of-Immunis/n | |

| | | | | |
|--------------------------|---------------|----------|-----------|-----------|
| Relationship XRef names: | Consists-of-1 | Contains | Has-2 | Held-At-2 |
| | Consists-of-2 | In | Needs | |
| | Consists-of-3 | Has-1 | Held-At-1 | |



Ref: ISD5/K01

ENTITY TYPE SPECIFICATION FORM

System: CHIS

Entity Name | CATEGORY-OF-PROGRAMME

Description | A BROAD CATEGORY OF COMMUNITY HEALTH PROGRAMME
SUCH AS HEALTH SURVEILLANCE AND THE EARLY
DETECTION OF DISEASE.

Synonyms |

Identifier(s) | CATEGORY-NAME

| | | | |
|----------------|---------------|----------------|---|
| Date Specified | 19 MARCH 1986 | Status (P/V/I) | V |
|----------------|---------------|----------------|---|

| | | | |
|---------------------|---|---------------------|----|
| Minimum Occurrences | 1 | Maximum Occurrences | 10 |
|---------------------|---|---------------------|----|

| | | | |
|---------------------|---|-----------------|--|
| Average Occurrences | 3 | Growth Rate (%) | |
|---------------------|---|-----------------|--|

Create Authority | HEAD OF DEPARTMENT

Delete Authority | HEAD OF DEPARTMENT

Access Authority | ANY AUTHORISED OPERATIONAL STAFF

Relationships Involved XRef:
CONSISTS-OF-1

Attributes Involved XRef:
CATEGORY-NAME

Functions Involved XRef:

Entity Sub Types:

Comments:

Ref: ISD1/K01

ENTITY TYPE SPECIFICATION FORM

System: CHIS

Entity Name | TYPE-OF-PROGRAMME

Description | A BROAD TYPE OF COMMUNITY HEALTH PROGRAMME PROVIDING SERVICES TO THE COMMUNITY OR NURSING CARE IN THE COMMUNITY. FOR EXAMPLE, SCREENING PROCEDURES.

Synonyms |

Identifier(s) | TYPE-NAME

| | | | |
|----------------|---------------|----------------|---|
| Date Specified | 19 MARCH 1986 | Status (P/V/I) | V |
|----------------|---------------|----------------|---|

| | | | |
|---------------------|---|---------------------|----|
| Minimum Occurrences | 1 | Maximum Occurrences | 10 |
|---------------------|---|---------------------|----|

| | | | |
|---------------------|---|-----------------|--|
| Average Occurrences | 5 | Growth Rate (%) | |
|---------------------|---|-----------------|--|

Create Authority | HEAD OF DEPARTMENT

Delete Authority | HEAD OF DEPARTMENT

Access Authority | ANY AUTHORISED OPERATIONAL STAFF

Relationships Involved XRef:
 CONSISTS-OF-1
 CONSISTS-OF-2

Attributes Involved XRef:
 TYPE-NAME

Functions Involved XRef:

Entity Sub Types:

Comments:

Ref: ISD1/K02

ENTITY TYPE SPECIFICATION FORM

System: CHIS

Entity Name | PROGRAMME

Description | A COMMUNITY PROGRAMME RUN TO PROVIDE GENERAL PREVENTATIVE OR ADVISORY SERVICES TO GROUPS OF THE POPULATION, OR SPECIFIC SERVICES TO PATIENTS.

Synonyms |

Identifier(s) | PROGRAMME-NAME

| | | | |
|----------------|---------------|----------------|---|
| Date Specified | 19 MARCH 1986 | Status (P/V/I) | V |
|----------------|---------------|----------------|---|

| | | | |
|---------------------|---|---------------------|----|
| Minimum Occurrences | 1 | Maximum Occurrences | 50 |
|---------------------|---|---------------------|----|

| | | | |
|---------------------|----|-----------------|----|
| Average Occurrences | 15 | Growth Rate (%) | 30 |
|---------------------|----|-----------------|----|

Create Authority | HEAD OF DEPARTMENT

Delete Authority | HEAD OF DEPARTMENT

Access Authority | ANY AUTHORISED OPERATIONAL STAFF

Relationships Involved XRef:
 CONSISTS-OF-2
 CONSISTS-OF-3
 CONTAINS

Attributes Involved XRef:
 PROGRAMME-NAME LOCAL-POLICY-OBJECTIVES
 TARGET-POPULATION ACTUAL-EXPENDITURE
 COVERAGE-ACHIEVED PROJECTED-EXPENDITURE
 LEVEL-OF-SERVICE-PROVIDED

Functions Involved XRef:

Entity Sub Types:

Comments:

Ref: ISD1/K03

ENTITY TYPE SPECIFICATION FORM

System: CHIS

Entity Name | PERSON

Description | SOMEONE WITH NO IDENTIFIED DISEASE OR CONDITION
WHO MAY TAKE PART IN COMMUNITY PROGRAMMES RUN
AS PART OF SERVICES TO THE COMMUNITY.

Synonyms |

Identifier(s) | PERSON-ID

| | | | |
|----------------|---------------|----------------|---|
| Date Specified | 19 MARCH 1986 | Status (P/V/I) | V |
|----------------|---------------|----------------|---|

| | | | |
|---------------------|---|---------------------|-------|
| Minimum Occurrences | 1 | Maximum Occurrences | 75000 |
|---------------------|---|---------------------|-------|

| | | | |
|---------------------|-------|-----------------|----|
| Average Occurrences | 45000 | Growth Rate (%) | 25 |
|---------------------|-------|-----------------|----|

Create Authority | ANY AUTHORISED OPERATIONAL STAFF

Delete Authority | ANY AUTHORISED OPERATIONAL STAFF

Access Authority | ANY AUTHORISED OPERATIONAL STAFF

Relationships Involved XRef:
IN

Attributes Involved XRef:
PERSON-ID DATE-OF-BIRTH
NAME
ADDRESS
SEX

Functions Involved XRef:

Entity Sub Types:

Comments:

Ref: ISD1/KO4

ENTITY TYPE SPECIFICATION FORM

System: CHIS

Entity Name | PERSON-IN-PROGRAMME

Description | A PERSON RECEIVING A SERVICE UNDER A SPECIFIC COMMUNITY PROGRAMME FALLING IN SERVICES TO THE COMMUNITY.

Synonyms |

Identifier(s) | PERSON-ID, PROGRAMME-NAME

| | | | |
|----------------|---------------|----------------|---|
| Date Specified | 19 MARCH 1986 | Status (P/V/I) | V |
|----------------|---------------|----------------|---|

| | | | |
|---------------------|---|---------------------|--------|
| Minimum Occurrences | 1 | Maximum Occurrences | 150000 |
|---------------------|---|---------------------|--------|

| | | | |
|---------------------|-------|-----------------|----|
| Average Occurrences | 90000 | Growth Rate (%) | 25 |
|---------------------|-------|-----------------|----|

Create Authority | ANY AUTHORISED OPERATIONAL STAFF

Delete Authority | ANY AUTHORISED OPERATIONAL STAFF

Access Authority | ANY AUTHORISED OPERATIONAL STAFF

Relationships Involved XRef:

| | |
|----------|-------|
| CONTAINS | HAS-2 |
| IN | |
| HAS-1 | |

Attributes Involved XRef:

| | |
|------------------|--------------------|
| PERSON-ID | ASSESSMENT-RESULT |
| PROGRAMME-NAME | PERSON-TRACED |
| AGE | PERSON-HAS-DISEASE |
| MULTI-DISCIPLINE | |

Functions Involved XRef:

Entity Sub Types:

Comments:

Ref: ISD1/K05

RELATIONSHIP TYPE SPECIFICATION FORM

System: CHIS

| | |
|-------------------|---------------|
| Relationship Name | CONSISTS-OF-1 |
|-------------------|---------------|

| | |
|-------------|--|
| Description | A SINGLE CATEGORY OF PROGRAMME CONSISTS OF ONE OR MORE TYPES OF PROGRAMME. |
|-------------|--|

| | |
|------------|---------------------------|
| Time State | VALID OVER ANY TIME SCALE |
|------------|---------------------------|

| | |
|----------|--|
| Synonyms | |
|----------|--|

| | | | |
|----------------|---------------|----------------|---|
| Date Specified | 20 MARCH 1986 | Status (P/V/I) | V |
|----------------|---------------|----------------|---|

| | |
|----------------------------|-----------------------|
| Entities Involved (Owner): | CATEGORY-OF-PROGRAMME |
| (Members): | TYPE-OF-PROGRAMME |

| | | | |
|----------------------|-----|---------------------------------------|-----------|
| Degree (1:1,1:m,m:n) | 1:M | Optional, Contingent, Mandatory | MANDATORY |
|----------------------|-----|---------------------------------------|-----------|

| | |
|--------------------------------------|--|
| If Contingent, state Optional Entity | |
|--------------------------------------|--|

| | |
|--|--|
| If Exclusive, state paired relationship name | |
|--|--|

| | |
|---|--|
| If Inclusive, state paired relationship name and first existence relationship name | |
|---|--|

| | |
|------------------|--------------------|
| Create Authority | HEAD OF DEPARTMENT |
|------------------|--------------------|

| | |
|------------------|--------------------|
| Delete Authority | HEAD OF DEPARTMENT |
|------------------|--------------------|

| | |
|------------------|----------------------------------|
| Access Authority | ANY AUTHORISED OPERATIONAL STAFF |
|------------------|----------------------------------|

| | |
|----------|--|
| Comments | |
|----------|--|

Ref: ISD2/K01

RELATIONSHIP TYPE SPECIFICATION FORM

System: CHIS

| | | | |
|---|---|---------------------------------------|-----------|
| Relationship Name | CONSISTS-OF-2 | | |
| Description | A SINGLE TYPE OF PROGRAMME CONSISTS OF ONE OR MORE INDIVIDUAL PROGRAMMES. | | |
| Time State | VALID OVER ANY TIME SCALE | | |
| Synonyms | | | |
| Date Specified | 20 MARCH 1986 | Status (P/V/I) | V |
| Entities Involved (Owner): | TYPE-OF-PROGRAMME | | |
| (Members): | PROGRAMME | | |
| Degree (1:1,1:m,m:n) | 1:M | Optional, Contingent, Mandatory | MANDATORY |
| If Contingent, state Optional Entity | | | |
| If Exclusive, state paired relationship name | | | |
| If Inclusive, state paired relationship name and first existence relationship name | | | |
| Create Authority | HEAD OF DEPARTMENT | | |
| Delete Authority | HEAD OF DEPARTMENT | | |
| Access Authority | ANY AUTHORISED OPERATIONAL STAFF | | |
| Comments | | | |

Ref: ISD2/K02

RELATIONSHIP TYPE SPECIFICATION FORM

System: CHIS

| | |
|-------------------|---------------|
| Relationship Name | CONSISTS-OF-3 |
|-------------------|---------------|

| | |
|-------------|---|
| Description | AN INDIVIDUAL PROGRAMME CONSISTS OF ONE OR MORE GROUP SESSIONS. |
|-------------|---|

| | |
|------------|--------|
| Time State | 1 YEAR |
|------------|--------|

| | |
|----------|--|
| Synonyms | |
|----------|--|

| | | | |
|----------------|---------------|----------------|---|
| Date Specified | 20 MARCH 1986 | Status (P/V/I) | V |
|----------------|---------------|----------------|---|

| | |
|----------------------------|---------------|
| Entities Involved (Owner): | PROGRAMME |
| (Members): | GROUP-SESSION |

| | | | |
|----------------------|-----|---------------------------------|-----------|
| Degree (1:1,1:m,m:n) | 1:M | Optional, Contingent, Mandatory | MANDATORY |
|----------------------|-----|---------------------------------|-----------|

| | |
|--------------------------------------|--|
| If Contingent, state Optional Entity | |
|--------------------------------------|--|

| | |
|--|--|
| If Exclusive, state paired relationship name | |
|--|--|

| | |
|---|--|
| If Inclusive, state paired relationship name and first existence relationship name | |
|---|--|

| | |
|------------------|----------------------------------|
| Create Authority | ANY AUTHORISED OPERATIONAL STAFF |
|------------------|----------------------------------|

| | |
|------------------|----------------------------------|
| Delete Authority | ANY AUTHORISED OPERATIONAL STAFF |
|------------------|----------------------------------|

| | |
|------------------|----------------------------------|
| Access Authority | ANY AUTHORISED OPERATIONAL STAFF |
|------------------|----------------------------------|

| | |
|----------|--|
| Comments | |
|----------|--|

Ref: ISD2/K03

RELATIONSHIP TYPE SPECIFICATION FORM

System: CHIS

| | |
|-------------------|----------|
| Relationship Name | CONTAINS |
|-------------------|----------|

| | |
|-------------|--|
| Description | AN INDIVIDUAL PROGRAMME CONTAINS ONE OR MORE PERSONS INVOLVED IN THAT PROGRAMME. |
|-------------|--|

| | |
|------------|--------|
| Time State | 1 YEAR |
|------------|--------|

| | |
|----------|--|
| Synonyms | |
|----------|--|

| | | | |
|----------------|---------------|----------------|---|
| Date Specified | 20 MARCH 1986 | Status (P/V/I) | V |
|----------------|---------------|----------------|---|

| | |
|----------------------------|---------------------|
| Entities Involved (Owner): | PROGRAMME |
| (Members): | PERSON-IN-PROGRAMME |

| | | | |
|----------------------|-----|---------------------------------------|-----------|
| Degree (1:1,1:m,m:n) | 1:M | Optional, Contingent, Mandatory | MANDATORY |
|----------------------|-----|---------------------------------------|-----------|

| | |
|--------------------------------------|--|
| If Contingent, state Optional Entity | |
|--------------------------------------|--|

| | |
|--|--|
| If Exclusive, state paired relationship name | |
|--|--|

| | |
|---|--|
| If Inclusive, state paired relationship name and first existence relationship name | |
|---|--|

| | |
|------------------|----------------------------------|
| Create Authority | ANY AUTHORISED OPERATIONAL STAFF |
|------------------|----------------------------------|

| | |
|------------------|----------------------------------|
| Delete Authority | ANY AUTHORISED OPERATIONAL STAFF |
|------------------|----------------------------------|

| | |
|------------------|----------------------------------|
| Access Authority | ANY AUTHORISED OPERATIONAL STAFF |
|------------------|----------------------------------|

| | |
|----------|--|
| Comments | |
|----------|--|

Ref: ISD2/K04

RELATIONSHIP TYPE SPECIFICATION FORM

System: CHIS

Relationship Name | IN

Description | A PERSON IS INVOLVED IN ONE OR MORE PROGRAMMES.

Time State | 1 YEAR

Synonyms |

Date Specified | 20 MARCH 1986 | Status (P/V/I) | V

Entities Involved (Owner): PERSON
(Members): PERSON-IN-PROGRAMME

| | | | |
|----------------------|-----|---------------------------------------|-----------|
| Degree (1:1,1:m,m:n) | 1:M | Optional, Contingent, Mandatory | MANDATORY |
|----------------------|-----|---------------------------------------|-----------|

If Contingent, state Optional Entity

If Exclusive, state paired relationship name

If Inclusive, state paired relationship name
and first existence relationship name

Create Authority | ANY AUTHORISED OPERATIONAL STAFF

Delete Authority | ANY AUTHORISED OPERATIONAL STAFF

Access Authority | ANY AUTHORISED OPERATIONAL STAFF

Comments

ATTRIBUTE TYPE SPECIFICATION FORM

System: CHIS

| | |
|----------------|---------------|
| Attribute Name | CATEGORY-NAME |
|----------------|---------------|

| | |
|-------------|--|
| Description | NAME OF THE PROGRAMME CATEGORY THAT TYPES OF PROGRAMME ARE DIVIDED INTO. |
|-------------|--|

| | |
|----------|--|
| Synonyms | |
|----------|--|

| | | | |
|----------------|---------------|----------------|---|
| Date Specified | 20 MARCH 1986 | Status (P/V/I) | V |
|----------------|---------------|----------------|---|

| | | | |
|---------------------|----|----------------|---|
| Length (Characters) | 80 | Format (A,X,9) | X |
|---------------------|----|----------------|---|

| | |
|----------------------|------|
| Range for Validation | NONE |
|----------------------|------|

| | |
|-------------|-----------------------|
| Entity XRef | CATEGORY-OF-PROGRAMME |
|-------------|-----------------------|

| | |
|------------------|--------------------|
| Create Authority | HEAD OF DEPARTMENT |
|------------------|--------------------|

| | |
|------------------|--------------------|
| Delete Authority | HEAD OF DEPARTMENT |
|------------------|--------------------|

| | |
|------------------|----------------------------------|
| Access Authority | ANY AUTHORISED OPERATIONAL STAFF |
|------------------|----------------------------------|

Functions Involved XRef:

Comments:

Ref: ISD3/K01

ATTRIBUTE TYPE SPECIFICATION FORM

System: CHIS

| | |
|----------------|-----------|
| Attribute Name | TYPE-NAME |
|----------------|-----------|

Description

NAME OF THE PROGRAMME TYPE THAT INDIVIDUAL PROGRAMMES ARE DIVIDED INTO:

a) IMMUNISATION d) CONTACT TRACING
 b) SURVEILLANCE e) HEALTH EDUCATION
 c) SCREENING f) PROFESSIONAL ADVICE

| | |
|----------|--|
| Synonyms | |
|----------|--|

| | | | |
|----------------------|---------------|----------------|---|
| Date Specified | 20 MARCH 1986 | Status (P/V/I) | V |
| Length (Characters) | 80 | Format (A,X,9) | X |
| Range for Validation | NONE | | |

| | |
|-------------|-------------------|
| Entity XRef | TYPE-OF-PROGRAMME |
|-------------|-------------------|

| | |
|------------------|--------------------|
| Create Authority | HEAD OF DEPARTMENT |
|------------------|--------------------|

| | |
|------------------|--------------------|
| Delete Authority | HEAD OF DEPARTMENT |
|------------------|--------------------|

| | |
|------------------|----------------------------------|
| Access Authority | ANY AUTHORISED OPERATIONAL STAFF |
|------------------|----------------------------------|

Functions Involved XRef:

Comments:

Ref: ISD3/K02

ATTRIBUTE TYPE SPECIFICATION FORM

System: CHIS

| | |
|----------------|----------------|
| Attribute Name | PROGRAMME-NAME |
|----------------|----------------|

Description

A DESCRIPTION OF THE PROGRAMME WILL BE RECORDED.
 FOR EXAMPLE, IN AN IMMUNISATION TYPE OF PROGRAMME
 THE DISEASE BEING IMMUNISED AGAINST WILL BE
 GIVEN. FOR CONTACT TRACING, THE NAME OF THE
 DISEASE BEING TRACED WILL BE GIVEN.

| | |
|----------|--|
| Synonyms | |
|----------|--|

| | | | |
|----------------|---------------|----------------|---|
| Date Specified | 20 MARCH 1986 | Status (P/V/I) | V |
|----------------|---------------|----------------|---|

| | | | |
|---------------------|----|----------------|---|
| Length (Characters) | 80 | Format (A,X,9) | X |
|---------------------|----|----------------|---|

| | |
|----------------------|------|
| Range for Validation | NONE |
|----------------------|------|

| | | |
|-------------|--|---|
| Entity XRef | PROGRAMME PERSON-IN-PROGRAMME COURSE-OF-IMMUNISATION | FACE-TO-FACE-CONTACT GROUP-SESSION COMMUNITY-EPIISODE |
|-------------|--|---|

| | |
|------------------|--------------------|
| Create Authority | HEAD OF DEPARTMENT |
|------------------|--------------------|

| | |
|------------------|--------------------|
| Delete Authority | HEAD OF DEPARTMENT |
|------------------|--------------------|

| | |
|------------------|----------------------------------|
| Access Authority | ANY AUTHORISED OPERATIONAL STAFF |
|------------------|----------------------------------|

Functions Involved XRef:

Comments:

Ref: ISD3/K03

ATTRIBUTE TYPE SPECIFICATION FORM

System: CHIS

Attribute Name | TARGET-POPULATION

Description

THIS WILL RECORD THE ESTIMATED NUMBER OF PEOPLE
TO BE COVERED BY THE PROGRAMME.

Synonyms

| | | | |
|----------------|---------------|----------------|---|
| Date Specified | 20 MARCH 1986 | Status (P/V/I) | V |
|----------------|---------------|----------------|---|

| | | | |
|---------------------|---|----------------|---|
| Length (Characters) | 6 | Format (A,X,9) | 9 |
|---------------------|---|----------------|---|

| | |
|----------------------|---------|
| Range for Validation | NUMERIC |
|----------------------|---------|

Entity XRef
PROGRAMME

| | |
|------------------|--------------------|
| Create Authority | HEAD OF DEPARTMENT |
|------------------|--------------------|

| | |
|------------------|--------------------|
| Delete Authority | HEAD OF DEPARTMENT |
|------------------|--------------------|

| | |
|------------------|----------------------------------|
| Access Authority | ANY AUTHORISED OPERATIONAL STAFF |
|------------------|----------------------------------|

Functions Involved XRef:

Comments:

Ref: ISD3/K04

ATTRIBUTE TYPE SPECIFICATION FORM

System: CHIS

| | |
|----------------|-------------------|
| Attribute Name | COVERAGE-ACHIEVED |
|----------------|-------------------|

Description

THIS IS A PERCENTAGE OF THE TARGET POPULATION SHOWING THE EXTENT TO WHICH A PROGRAMME IS REACHING IT'S TARGET POPULATION.

| | |
|----------|--|
| Synonyms | |
|----------|--|

| | | | |
|----------------|---------------|----------------|---|
| Date Specified | 20 MARCH 1986 | Status (P/V/I) | V |
|----------------|---------------|----------------|---|

| | | | |
|---------------------|---|----------------|---|
| Length (Characters) | 3 | Format (A,X,9) | 9 |
|---------------------|---|----------------|---|

| | |
|----------------------|---------|
| Range for Validation | NUMERIC |
|----------------------|---------|

| | |
|-------------|-----------|
| Entity XRef | PROGRAMME |
|-------------|-----------|

| | |
|------------------|--------------------|
| Create Authority | HEAD OF DEPARTMENT |
|------------------|--------------------|

| | |
|------------------|--------------------|
| Delete Authority | HEAD OF DEPARTMENT |
|------------------|--------------------|

| | |
|------------------|----------------------------------|
| Access Authority | ANY AUTHORISED OPERATIONAL STAFF |
|------------------|----------------------------------|

Functions Involved XRef:

Comments:

Ref: ISD3/K05

Describing:

KORNER RECOMMENDATIONS - FOURTH REPORT (PARA-MEDICS)
(A MODEL MINIMUM DATA SET FOR PARA-MEDICAL AND SIMILAR SERVICES)

AN UP-TO-DATE INVENTORY SHOULD BE MAINTAINED SHOWING THE
1. FACILITIES MAINTAINED BY EACH SERVICE. EXAMPLE FACILITIES ARE
GYMNASIA, HYDROTHERAPY OR SWIMMING POOLS, WORKSHOPS AND OTHER
EXPENSIVE SPECIALIST EQUIPMENT USED BY PARA-MEDICAL DEPARTMENTS.

----- (PARA 3.6)

A SAMPLE ENQUIRY SHOULD BE CARRIED OUT AT LEAST ONCE A YEAR ON
2. A SELF-REPORTING BASIS TO ASCERTAIN THE TIME DEVOTED TO THE
FOLLOWING TYPES OF ACTIVITY:

- a) FACE-TO-FACE CONTACTS
- b) TELEPHONE CONTACTS WITH PATIENTS OR RELATIVES
- c) HOME ASSESSMENT VISITS
- d) OTHER PROFESSIONAL ACTIVITIES:

- 1) WARD ROUNDS
- 2) CASE CONFERENCES
- 3) TEACHING SESSIONS, DISTINGUISHED BETWEEN THE TEACHING OF
STUDENTS OF THE DISCIPLINE, OTHER HEALTH PROFESSIONALS,
AND THE GENERAL PUBLIC
- 4) ATTENDANCES AT TRAINING COURSES
- 5) LIAISON WITH OTHER SERVICES
- 6) ADMINISTRATIVE ACTIVITIES
- 7) OTHER ACTIVITIES

----- (PARA 3.10)

Describing:

KORNER RECOMMENDATIONS - FOURTH REPORT (PARA-MEDICS)
(A MODEL MINIMUM DATA SET FOR PARA-MEDICAL AND SIMILAR SERVICES)

- A COUNT OF THE TOTAL NUMBER OF FACE-TO-FACE CONTACTS MADE
3. DURING A SPECIFIED PERIOD SHOULD BE RECORDED AS AN INDICATOR OF THE VOLUME OF SERVICE PROVIDED.
-

----- (PARA 3.11)

- FOR STATISTICAL PURPOSES, CONTACTS SHOULD BE RECORDED AS FOLLOWS:
- 4.
- a) IF ONE OR MORE MEMBERS OF THE SAME DISCIPLINE ARE IN CONTACT WITH ONE PATIENT AT THE SAME TIME, THIS SHOULD BE RECORDED AS ONE CONTACT.
 - b) IF ONE OR MORE MEMBERS OF THE SAME DISCIPLINE ARE IN CONTACT WITH A GROUP OF PATIENTS AT THE SAME TIME, EACH PATIENT SHOULD BE RECORDED AS ONE CONTACT.
 - c) IF MEMBERS OF MORE THAN ONE DISCIPLINE ARE IN CONTACT WITH ONE PATIENT AT THE SAME TIME, THIS SHOULD BE RECORDED AS ONE CONTACT FOR EACH DISCIPLINE.
 - d) IF MEMBERS OF MORE THAN ONE DISCIPLINE ARE IN CONTACT WITH A GROUP OF PATIENTS AT THE SAME TIME, EACH PATIENT SHOULD BE RECORDED AS ONE CONTACT FOR EACH DISCIPLINE.
-

----- (PARA 3.12)

- A SAMPLE ENQUIRY SHOULD BE USED TO IDENTIFY THE FREQUENCY
5. WITH WHICH MORE THAN ONE MEMBER OF A DISCIPLINE IS IN CONTACT WITH AN INDIVIDUAL OR GROUP OF PATIENTS, AND THE EXTENT TO WHICH FACE-TO-FACE CONTACTS OCCUR AS PART OF GROUP ACTIVITY.
-

----- (PARA 3.13)

Ref: ISD16/K017

Describing:

KORNER RECOMMENDATIONS - FOURTH REPORT (PARA-MEDICS)
(A MODEL MINIMUM DATA SET FOR PARA-MEDICAL AND SIMILAR SERVICES)

6. A COUNT OF THE NUMBER OF INITIAL FACE-TO-FACE CONTACTS MADE
DURING A SPECIFIED PERIOD SHOULD BE RECORDED.

----- (PARA 3.14)

7. A COUNT SHOULD BE RECORDED OF THE NUMBER OF FIRST FACE-TO-FACE
CONTACTS MADE DURING THE FINANCIAL YEAR.

----- (PARA 3.15)

8. THE FOLLOWING INFORMATION SHOULD BE RECORDED ABOUT FACE-TO-FACE
CONTACTS:

- a) THE LOCATION AT WHICH THE CONTACT TOOK PLACE
 - b) THE SOURCE OF REFERRAL
 - c) THE SEX OF THE PATIENT
 - d) THE AGE OF THE PATIENT
-

----- (PARA 3.17)

9. THE LOCATION OF THE CONTACT SHOULD BE RECORDED AS:

a) HOSPITAL SITE:

- 1) PARA-MEDICAL DEPARTMENT
 - 2) WARD
 - 3) DAY CARE FACILITY
 - 4) ELSEWHERE ON A HOSPITAL SITE
-

b) NHS PREMISES OTHER THAN A HOSPITAL SITE:

- 1) DAY CARE FACILITY
 - 2) HEALTH CENTRE OR OTHER PREMISES OCCUPIED BY A G.P.
 - 3) OTHER PREMISES
-
-

Describing:

KORNER RECOMMENDATIONS - FOURTH REPORT (PARA-MEDICS)
(A MODEL MINIMUM DATA SET FOR PARA-MEDICAL AND SIMILAR SERVICES)

c) LOCAL AUTHORITY PREMISES:

- 1) SCHOOLS
- 2) PREMISES RUN BY SOCIAL SERVICES DEPARTMENTS

d) OTHER LOCATIONS:

- 1) PATIENT'S HOME
- 2) RESIDENTIAL ACCOMMODATION PROVIDED BY VOLUNTARY OR PRIVATE AGENCIES

----- (PARA 3.18)

10. THE SOURCE OF REFERRAL ON THE INITIAL CONTACT SHOULD BE RECORDED AS:

- a) THE HOSPITAL CLINICAL SPECIALTY, IF APPLICABLE
- b) GENERAL PRACTITIONER
- c) OTHER MEDICAL REFERRAL, E.G., CLINICAL MEDICAL OFFICER
- d) SELF-REFERRAL OR REFERRAL BY PARENT OR RELATION
- e) OTHER, E.G., COMMUNITY NURSE OR EDUCATION SERVICE

----- (PARA 3.10)

11. AGE AND SEX MUST BE RECORDED FOR ALL INITIAL AND FIRST FINANCIAL YEAR CONTACTS. AGE MUST BE CLASSIFIED INTO BANDS:

- | | | |
|------------|------------|------------|
| a) 0 - 4 | b) 5 - 16 | c) 17 - 54 |
| d) 55 - 64 | e) 65 - 74 | f) 75 - 84 |
| g) 85 + | | |

----- (PARA 3.20)

Describing:

KORNER RECOMMENDATIONS - FOURTH REPORT (PARA-MEDICS)
(A MODEL MINIMUM DATA SET FOR PARA-MEDICAL AND SIMILAR SERVICES)

12. THE NUMBER OF HOME ASSESSMENTS MADE TO ASSESS THE NEED FOR
EQUIPMENT OR STRUCTURAL ALTERATIONS NEEDS TO BE RECORDED.

- - - - - (PARA 3.21)

13. THE MODEL MINIMUM DATA SET SHOULD PROVIDE INFORMATION ON:

- a) AN INVENTORY OF RESOURCES
- b) A SAMPLE ENQUIRY CONSTRUCTED AT LEAST ANNUALLY
- c) FACE-TO-FACE CONTACTS:
 - 1) NUMBER OF CONTACTS SUB-DIVIDED BY LOCATION
 - 2) NUMBER OF INITIAL CONTACTS DIVIDED BY SOURCE OF REFERRAL
 - 3) NUMBER OF INITIAL CONTACTS DIVIDED BY AGE AND SEX
 - 4) NUMBER OF FIRST CONTACTS IN FINANCIAL YEAR SUB-DIVIDED BY AGE AND SEX

d) DATA ABOUT HOME ASSESSMENT VISITS

- - - - - (PARA 3.22)

14. INFORMATION TECHNOLOGY SHOULD BE USED TO DEVELOP OPERATIONAL
SYSTEMS TO ASSIST IN THE DELIVERY OF PARA-MEDICAL SERVICES AND
TO PROVIDE MANAGEMENT INFORMATION.

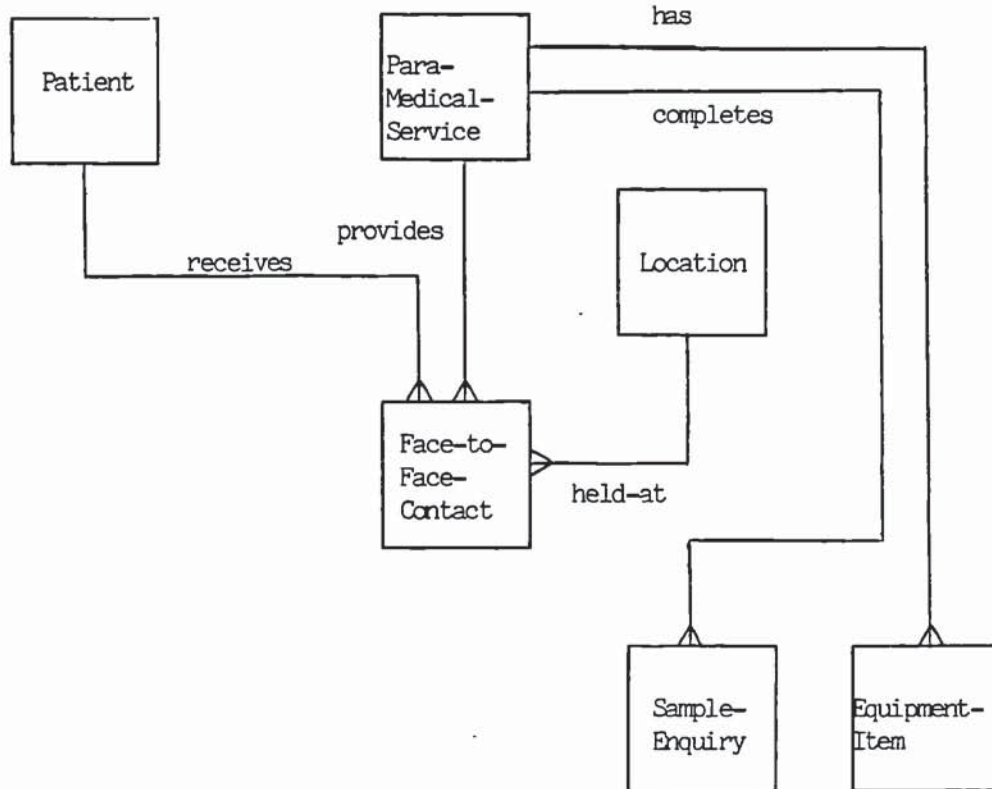
- - - - - (PARA 3.23)

15. EACH DISCIPLINE SHOULD SEND A RETURN AT LEAST ANNUALLY, BASED
ON THE DATA SETS WHICH ARE DESCRIBED.

- - - - - (PARA 4.20)

Ref: ISD16/K020

| | |
|-------------|--|
| Name | Korner Data Model |
| Description | <u>Korner Recommendations - Fourth Report (Paramedics)</u> Basic <u>Common</u> Paramedical Services Model |



| | | | |
|--------------------|----------------------|----------------|--------------|
| Entity XRef Names: | Patient | Sample-Enquiry | Entity Model |
| | Paramedical-Service | Location | XRef: |
| | Face-to-Face-Contact | Equipment-Item | |

| | | |
|--------------------------|-----------|---------|
| Relationship XRef names: | Receives | Has |
| | Provides | Held-At |
| | Completes | |



Ref: ISD5/ K04

ENTITY TYPE SPECIFICATION FORM

System: CHIS

Entity Name | PARA-MEDICAL-SERVICE

Description | A SERVICE PROVIDED BY HEALTH PROFESSIONALS OTHER THAN DOCTORS OR NURSES.

Synonyms |

Identifier(s) | NAME-OF-SERVICE

| | | | |
|----------------|---------------|----------------|---|
| Date Specified | 26 MARCH 1986 | Status (P/V/I) | V |
|----------------|---------------|----------------|---|

| | | | |
|---------------------|---|---------------------|----|
| Minimum Occurrences | 1 | Maximum Occurrences | 10 |
|---------------------|---|---------------------|----|

| | | | |
|---------------------|---|-----------------|--|
| Average Occurrences | 7 | Growth Rate (%) | |
|---------------------|---|-----------------|--|

Create Authority | HEAD OF DEPARTMENT

Delete Authority | HEAD OF DEPARTMENT

Access Authority | ANY AUTHORISED OPERATIONAL STAFF

Relationships Involved XRef:
 HAS
 COMPLETES
 PROVIDES

Attributes Involved XRef:
 NAME-OF-SERVICE

Functions Involved XRef:

Entity Sub Types:

Comments:

Ref: ISD1/K019

ENTITY TYPE SPECIFICATION FORM

System: CHIS

Entity Name | PATIENT

Description | A PERSON WITH A SPECIFIC DISEASE OR CONDITION WHO RECEIVES TREATMENT WITHIN THE DISTRICT.

Synonyms |

Identifier(s) | PERSON-ID

| | | | |
|----------------|---------------|----------------|---|
| Date Specified | 26 MARCH 1986 | Status (P/V/I) | V |
|----------------|---------------|----------------|---|

| | | | |
|---------------------|---|---------------------|-------|
| Minimum Occurrences | 1 | Maximum Occurrences | 15000 |
|---------------------|---|---------------------|-------|

| | | | |
|---------------------|-------|-----------------|--|
| Average Occurrences | 10000 | Growth Rate (%) | |
|---------------------|-------|-----------------|--|

Create Authority | ANY AUTHORISED OPERATIONAL STAFF

Delete Authority | ANY AUTHORISED OPERATIONAL STAFF

Access Authority | ANY AUTHORISED OPERATIONAL STAFF

Relationships Involved XRef: RECEIVES

Attributes Involved XRef: PERSON-ID
DATE-OF-BIRTH
SEX

Functions Involved XRef:

Entity Sub Types:

Comments:

Ref: ISD1/KO20

ENTITY TYPE SPECIFICATION FORM

System: CHIS

Entity Name | LOCATION

Description | A PHYSICAL LOCATION WHERE PATIENTS ARE SEEN OR WHERE SERVICES ARE PROVIDED FROM. LOCATIONS ARE PLACES WHERE FACE-TO-FACE CONTACTS OCCUR.

Synonyms |

Identifier(s) | NAME-OF-LOCATION

| | | | |
|----------------|---------------|----------------|---|
| Date Specified | 26 MARCH 1986 | Status (P/V/I) | V |
|----------------|---------------|----------------|---|

| | | | |
|---------------------|---|---------------------|-----|
| Minimum Occurrences | 1 | Maximum Occurrences | 100 |
|---------------------|---|---------------------|-----|

| | | | |
|---------------------|----|-----------------|--|
| Average Occurrences | 50 | Growth Rate (%) | |
|---------------------|----|-----------------|--|

Create Authority | ANY AUTHORISED OPERATIONAL STAFF

Delete Authority | ANY AUTHORISED OPERATIONAL STAFF

Access Authority | ANY AUTHORISED OPERATIONAL STAFF

Relationships Involved XRef:
HELD-AT

Attributes Involved XRef:
NAME-OF-LOCATION

Functions Involved XRef:

Entity Sub Types:

Comments:

Ref: ISD1/K022

ENTITY TYPE SPECIFICATION FORM

System: CHIS

Entity Name | EQUIPMENT-ITEM

Description | AN ITEM OF CAPITAL EQUIPMENT WHICH IS PURCHASED AND REPLACED OUT OF A REGIONAL CAPITAL PROGRAMME.

Synonyms |

Identifier(s) | ITEM-NAME

| | | | |
|----------------|---------------|----------------|---|
| Date Specified | 26 MARCH 1986 | Status (P/V/I) | V |
|----------------|---------------|----------------|---|

| | | | |
|---------------------|---|---------------------|------|
| Minimum Occurrences | 1 | Maximum Occurrences | 2000 |
|---------------------|---|---------------------|------|

| | | | |
|---------------------|------|-----------------|--|
| Average Occurrences | 1000 | Growth Rate (%) | |
|---------------------|------|-----------------|--|

Create Authority | ANY AUTHORISED OPERATIONAL STAFF

Delete Authority | ANY AUTHORISED OPERATIONAL STAFF

Access Authority | ANY AUTHORISED OPERATIONAL STAFF

Relationships Involved XRef: HAS

Attributes Involved XRef: ITEM-NAME

Functions Involved XRef:

Entity Sub Types:

Comments:

Ref: ISD1/K023

RELATIONSHIP TYPE SPECIFICATION FORM

System: CHIS

| | |
|-------------------|-----|
| Relationship Name | HAS |
|-------------------|-----|

| | |
|-------------|---|
| Description | A PARA-MEDICAL SERVICE HAS ONE OR MORE ITEMS OF EQUIPMENT IN USE. |
|-------------|---|

| | |
|------------|--------|
| Time State | 1 YEAR |
|------------|--------|

| | |
|----------|--|
| Synonyms | |
|----------|--|

| | | | |
|----------------|---------------|----------------|---|
| Date Specified | 27 MARCH 1986 | Status (P/V/I) | V |
|----------------|---------------|----------------|---|

| | |
|----------------------------|----------------------|
| Entities Involved (Owner): | PARA-MEDICAL-SERVICE |
| (Members): | EQUIPMENT-ITEM |

| | | | |
|----------------------|-----|---------------------------------|-----------|
| Degree (1:1,1:m,m:n) | 1:M | Optional, Contingent, Mandatory | MANDATORY |
|----------------------|-----|---------------------------------|-----------|

| | |
|--------------------------------------|--|
| If Contingent, state Optional Entity | |
|--------------------------------------|--|

| | |
|--|--|
| If Exclusive, state paired relationship name | |
|--|--|

| | |
|--|--|
| If Inclusive, state paired relationship name and first existence relationship name | |
|--|--|

| | |
|------------------|----------------------------------|
| Create Authority | ANY AUTHORISED OPERATIONAL STAFF |
|------------------|----------------------------------|

| | |
|------------------|----------------------------------|
| Delete Authority | ANY AUTHORISED OPERATIONAL STAFF |
|------------------|----------------------------------|

| | |
|------------------|----------------------------------|
| Access Authority | ANY AUTHORISED OPERATIONAL STAFF |
|------------------|----------------------------------|

| | |
|----------|--|
| Comments | |
|----------|--|

Ref: ISD2/K017a

RELATIONSHIP TYPE SPECIFICATION FORM

System: CHIS

Relationship Name | COMPLETES

Description | A PARA-MEDICAL SERVICE COMPLETES ONE OR MORE
SAMPLE ENQUIRIES BASED ON A SELF-REPORTING
BASIS.

Time State | 1 YEAR

Synonyms |

Date Specified | 27 MARCH 1986 | Status (P/V/I) | V

Entities Involved (Owner): | PARA-MEDICAL-SERVICE
(Members): | SAMPLE-ENQUIRY

| | | | |
|----------------------|-----|---------------------------------------|-----------|
| Degree (1:1,1:m,m:n) | 1:M | Optional, Contingent, Mandatory | MANDATORY |
|----------------------|-----|---------------------------------------|-----------|

If Contingent, state Optional Entity |

If Exclusive, state paired relationship name |

If Inclusive, state paired relationship name
and first existence relationship name

Create Authority | ANY AUTHORISED OPERATIONAL STAFF

Delete Authority | ANY AUTHORISED OPERATIONAL STAFF

Access Authority | ANY AUTHORISED OPERATIONAL STAFF

Comments

Ref: ISD2/K018

RELATIONSHIP TYPE SPECIFICATION FORM

System: CHIS

Relationship Name | PROVIDES

Description | A PARA-MEDICAL SERVICE PROVIDES MANY FACE-TO-FACE CONTACTS WITH PATIENTS AND PARA-MEDICAL DEPARTMENT STAFF.

Time State | 1 YEAR

Synonyms |

Date Specified | 27 MARCH 1986 | Status (P/V/I) | V

Entities Involved (Owner): | PARA-MEDICAL-SERVICE
(Members): | FACE-TO-FACE-CONTACT

| | | | |
|----------------------|-----|---------------------------------|-----------|
| Degree (1:1,1:m,m:n) | 1:M | Optional, Contingent, Mandatory | MANDATORY |
|----------------------|-----|---------------------------------|-----------|

If Contingent, state Optional Entity |

If Exclusive, state paired relationship name |

If Inclusive, state paired relationship name
and first existence relationship name

Create Authority | ANY AUTHORISED OPERATIONAL STAFF

Delete Authority | ANY AUTHORISED OPERATIONAL STAFF

Access Authority | ANY AUTHORISED OPERATIONAL STAFF

Comments

Ref: ISD2/K019

RELATIONSHIP TYPE SPECIFICATION FORM

System: CHIS

Relationship Name | RECEIVES

Description | A PATIENT RECEIVES ONE OR MORE FACE-TO-FACE CONTACTS WITH PARA-MEDICAL STAFF.

Time State | 1 YEAR

Synonyms |

Date Specified | 27 MARCH 1986 | Status (P/V/I) | V

Entities Involved (Owner): | PATIENT
(Members): | FACE-TO-FACE-CONTACT

| | | | |
|----------------------|-----|---------------------------------------|-----------|
| Degree (1:1,1:m,m:n) | 1:M | Optional, Contingent, Mandatory | MANDATORY |
|----------------------|-----|---------------------------------------|-----------|

If Contingent, state Optional Entity |

If Exclusive, state paired relationship name |

If Inclusive, state paired relationship name
and first existence relationship name

Create Authority | ANY AUTHORISED OPERATIONAL STAFF

Delete Authority | ANY AUTHORISED OPERATIONAL STAFF

Access Authority | ANY AUTHORISED OPERATIONAL STAFF

Comments

RELATIONSHIP TYPE SPECIFICATION FORM

System: CHIS

| | |
|-------------------|---------|
| Relationship Name | HELD-AT |
|-------------------|---------|

| | |
|-------------|---|
| Description | A FACE-TO-FACE CONTACT IS HELD AT A LOCATION. ONE LOCATION IS USED FOR MANY FACE-TO-FACE CONTACTS. |
|-------------|---|

| | |
|------------|--------|
| Time State | 1 YEAR |
|------------|--------|

| | |
|----------|--|
| Synonyms | |
|----------|--|

| | | | |
|----------------|---------------|----------------|---|
| Date Specified | 27 MARCH 1986 | Status (P/V/I) | V |
|----------------|---------------|----------------|---|

| | |
|----------------------------|----------------------|
| Entities Involved (Owner): | LOCATION |
| (Members): | FACE-TO-FACE-CONTACT |

| | | | |
|----------------------|-----|---------------------------------------|-----------|
| Degree (1:1,1:m,m:n) | 1:M | Optional, Contingent, Mandatory | MANDATORY |
|----------------------|-----|---------------------------------------|-----------|

| | |
|--------------------------------------|--|
| If Contingent, state Optional Entity | |
|--------------------------------------|--|

| | |
|--|--|
| If Exclusive, state paired relationship name | |
|--|--|

| | |
|---|--|
| If Inclusive, state paired relationship name and first existence relationship name | |
|---|--|

| | |
|------------------|----------------------------------|
| Create Authority | ANY AUTHORISED OPERATIONAL STAFF |
|------------------|----------------------------------|

| | |
|------------------|----------------------------------|
| Delete Authority | ANY AUTHORISED OPERATIONAL STAFF |
|------------------|----------------------------------|

| | |
|------------------|----------------------------------|
| Access Authority | ANY AUTHORISED OPERATIONAL STAFF |
|------------------|----------------------------------|

| | |
|----------|--|
| Comments | |
|----------|--|

Ref: ISD2/K021

ATTRIBUTE TYPE SPECIFICATION FORM

System: CHIS

Attribute Name | PARA-MEDICAL-REFERRAL-SOURCE

Description

THE SOURCE OF REFERRAL TO A SERVICE CLASSIFIED AS:

- a) HOSPITAL CLINICAL SPECIALTY
- b) GENERAL PRACTITIONER
- c) OTHER MEDICAL REFERRAL
- d) SELF-REFERRAL, OR REFERRAL BY RELATION
- e) EDUCATION SERVICE - TEACHERS
- f) SOCIAL SERVICES
- g) PSYCHOLOGIST
- h) HEALTH VISITOR
- i) COMMUNITY NURSE

Synonyms |

Date Specified | 27 MARCH 1986 | Status (P/V/I) | V

Length (Characters) | 1 | Format (A,X,9) | A

Range for Validation | "A" TO "I" (SEE ABOVE)

Entity XRef | FACE-TO-FACE-CONTACT

Create Authority | ANY AUTHORISED OPERATIONAL STAFF

Delete Authority | ANY AUTHORISED OPERATIONAL STAFF

Access Authority | ANY AUTHORISED OPERATIONAL STAFF

Functions Involved XRef:

Comments:

Ref: ISD3/K045a

ATTRIBUTE TYPE SPECIFICATION FORM

System: CHIS

| | |
|----------------|-----------------|
| Attribute Name | NAME-OF-SERVICE |
|----------------|-----------------|

Description

THE NAME OF A PARA-MEDICAL SERVICE IN THE DISTRICT.

| | |
|----------|--|
| Synonyms | |
|----------|--|

| | | | |
|----------------|---------------|----------------|---|
| Date Specified | 27 MARCH 1986 | Status (P/V/I) | V |
|----------------|---------------|----------------|---|

| | | | |
|---------------------|----|----------------|---|
| Length (Characters) | 30 | Format (A,X,9) | X |
|---------------------|----|----------------|---|

| | |
|----------------------|------|
| Range for Validation | NONE |
|----------------------|------|

| | |
|-------------|----------------------|
| Entity XRef | PARA-MEDICAL-SERVICE |
|-------------|----------------------|

| | |
|------------------|--------------------|
| Create Authority | HEAD OF DEPARTMENT |
|------------------|--------------------|

| | |
|------------------|--------------------|
| Delete Authority | HEAD OF DEPARTMENT |
|------------------|--------------------|

| | |
|------------------|----------------------------------|
| Access Authority | ANY AUTHORISED OPERATIONAL STAFF |
|------------------|----------------------------------|

Functions Involved XRef:

Comments:

Ref: ISD3/K046

ATTRIBUTE TYPE SPECIFICATION FORM

System: CHIS

| | |
|----------------|-----------|
| Attribute Name | ITEM-NAME |
|----------------|-----------|

Description

RECORDS THE TYPE OF THE PARA-MEDICAL SERVICE EQUIPMENT ITEM.

| | |
|----------|--|
| Synonyms | |
|----------|--|

| | | | |
|----------------|---------------|----------------|---|
| Date Specified | 27 MARCH 1986 | Status (P/V/I) | V |
|----------------|---------------|----------------|---|

| | | | |
|---------------------|----|----------------|---|
| Length (Characters) | 40 | Format (A,X,9) | X |
|---------------------|----|----------------|---|

| | |
|----------------------|------|
| Range for Validation | NONE |
|----------------------|------|

| | |
|-------------|----------------|
| Entity XRef | EQUIPMENT-ITEM |
|-------------|----------------|

| | |
|------------------|----------------------------------|
| Create Authority | ANY AUTHORISED OPERATIONAL STAFF |
|------------------|----------------------------------|

| | |
|------------------|----------------------------------|
| Delete Authority | ANY AUTHORISED OPERATIONAL STAFF |
|------------------|----------------------------------|

| | |
|------------------|----------------------------------|
| Access Authority | ANY AUTHORISED OPERATIONAL STAFF |
|------------------|----------------------------------|

Functions Involved XRef:

Comments:

Ref: ISD3/KO48

ATTRIBUTE TYPE SPECIFICATION FORM

System: CHIS

| | |
|----------------|----------------|
| Attribute Name | DATE-OF-SAMPLE |
|----------------|----------------|

Description

THE DATE ON WHICH A COLLECTION OF DATA IS RECORDED IN A SAMPLE ENQUIRY.

| | |
|----------|--|
| Synonyms | |
|----------|--|

| | | | |
|----------------|---------------|----------------|---|
| Date Specified | 27 MARCH 1986 | Status (P/V/I) | V |
|----------------|---------------|----------------|---|

| | | | |
|---------------------|---|----------------|---|
| Length (Characters) | 8 | Format (A,X,9) | 9 |
|---------------------|---|----------------|---|

| | |
|----------------------|-------------------|
| Range for Validation | VALIDATE FOR DATE |
|----------------------|-------------------|

| | |
|-------------|----------------|
| Entity XRef | SAMPLE-ENQUIRY |
|-------------|----------------|

| | |
|------------------|----------------------------------|
| Create Authority | ANY AUTHORISED OPERATIONAL STAFF |
|------------------|----------------------------------|

| | |
|------------------|----------------------------------|
| Delete Authority | ANY AUTHORISED OPERATIONAL STAFF |
|------------------|----------------------------------|

| | |
|------------------|----------------------------------|
| Access Authority | ANY AUTHORISED OPERATIONAL STAFF |
|------------------|----------------------------------|

Functions Involved XRef:

Comments:

Ref: ISD3/K049

Describing:

KORNER RECOMMENDATIONS - FOURTH REPORT (PARA-MEDICS)
(CHIROPODY SERVICE REQUIREMENTS - SPECIFIC)

-
1. ALL FACE-TO-FACE CONTACTS SHOULD BE RECORDED BY THE SOURCE OF REFERRAL AS WELL AS THE LOCATION OF THE CONTACT, AND COMMUNITY BASED CONTACTS SHOULD BE RECORDED SEPARATELY TO HOSPITAL BASED CONTACTS.
-

----- (PARA 4.3)

-
2. THE AGE AND SEX OF ALL PATIENTS SEEN ON COMMUNITY BASED CONTACTS SHOULD BE RECORDED.
-

----- (PARA 4.4)

-
3. THE DATA COLLECTED ABOUT FACE-TO-FACE CONTACTS SHOULD COMPRISE:

- a) NUMBER OF CONTACTS SUB-DIVIDED BY LOCATION
 - b) NUMBER OF CONTACTS SUB-DIVIDED BY SOURCE OF REFERRAL
 - c) NUMBER OF COMMUNITY BASED CONTACTS SUB-DIVIDED BY THE AGE AND SEX OF THE PATIENTS
 - d) NUMBER OF INITIAL CONTACTS SUB-DIVIDED BY SOURCE OF REFERRAL
 - e) NUMBER OF INITIAL CONTACTS SUB-DIVIDED BY AGE AND SEX
 - f) NUMBER OF FIRST CONTACTS IN THE FINANCIAL YEAR SUB-DIVIDED BY THE AGE AND SEX OF THE PATIENTS.
-

----- (PARA 4.6)

Ref: ISD16/KO21

ATTRIBUTE TYPE SPECIFICATION FORM

System: CHIS

| | |
|----------------|-----------------|
| Attribute Name | COMMUNITY-BASED |
|----------------|-----------------|

Description

INDICATES WHETHER A CHIROPODY CONTACT IS COMMUNITY BASED. IF THE CONTACT DOES NOT TAKE PLACE ON HOSPITAL PREMISES IT IS COMMUNITY BASED.

| | | | |
|----------------------|---------------|----------------|---|
| Synonyms | | | |
| Date Specified | 27 MARCH 1986 | Status (P/V/I) | V |
| Length (Characters) | 1 | Format (A,X,9) | A |
| Range for Validation | "Y" OR "N" | | |

Entity XRef

FACE-TO-FACE-CONTACT

| | |
|------------------|----------------------------------|
| Create Authority | ANY AUTHORISED OPERATIONAL STAFF |
| Delete Authority | ANY AUTHORISED OPERATIONAL STAFF |
| Access Authority | ANY AUTHORISED OPERATIONAL STAFF |

Functions Involved XRef:

Comments:

Ref: ISD3/K053

Describing:

KORNER THIRD NORMAL FORM RELATIONS -
(SERVICES TO THE COMMUNITY)

CATEGORY-OF-PROGRAMME (CATEGORY-NAME)

TYPE-OF-PROGRAMME (CATEGORY-NAME, TYPE-NAME)

PROGRAMME (CATEGORY-NAME, TYPE-NAME, PROGRAMME-NAME,
TARGET-POPULATION, COVERAGE-ACHIEVED, LEVEL-
OF-SERVICE-PROVIDED, LOCAL-POLICY-OBJECTIVES,
ACTUAL-EXPENDITURE, PROJECTED-EXPENDITURE)

PERSON (PERSON-ID, NAME, ADDRESS, SEX, DATE-OF-BIRTH)

PERSON-IN-PROGRAMME (PERSON-ID, PROGRAMME-NAME, AGE, MULTI-
DISCIPLINE, ASSESSMENT-RESULT, PERSON-TRACED,
PERSON-HAS-DISEASE)

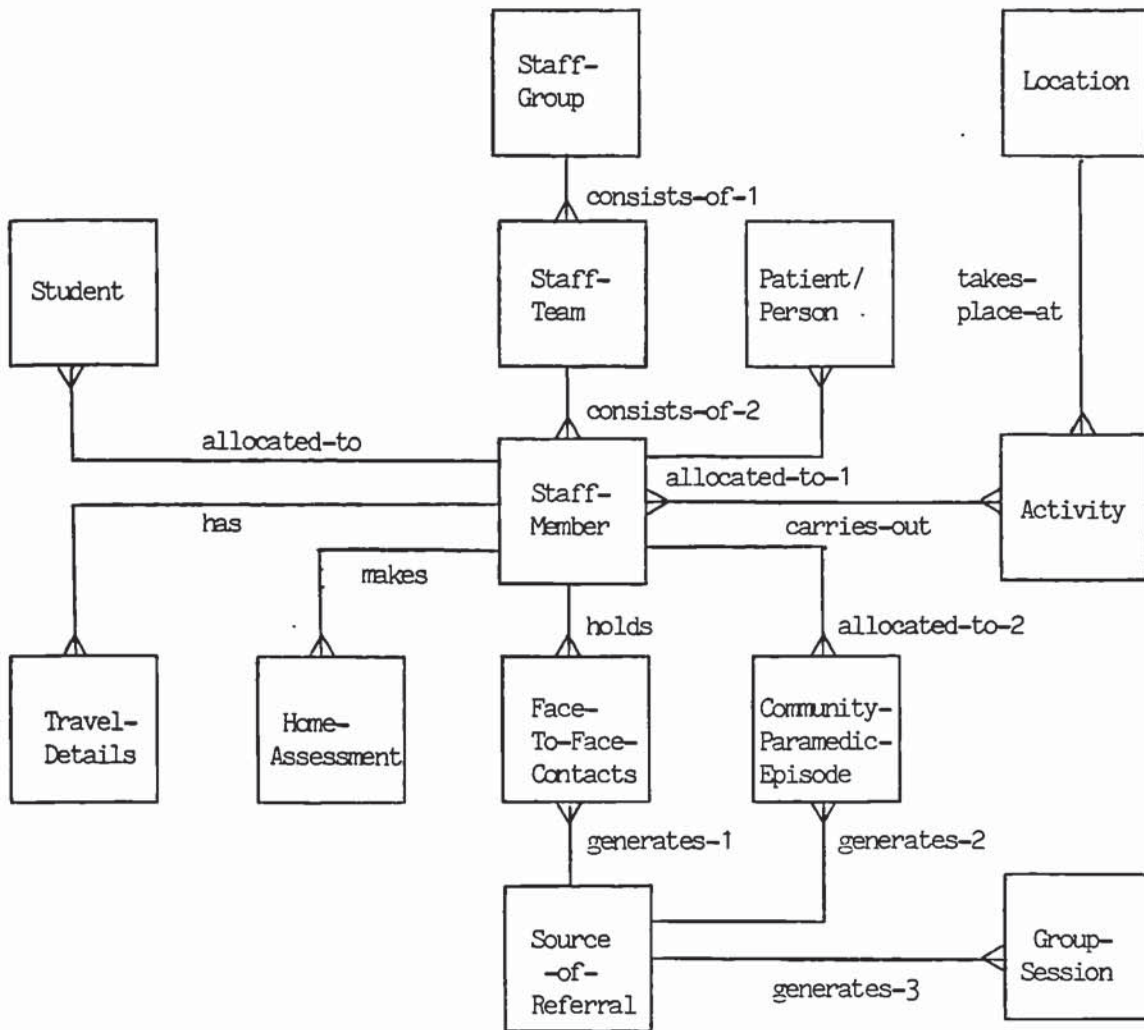
COURSE-OF-IMMUNISATION (PERSON-ID, PROGRAMME-NAME, COURSE-NAME,
COURSE-STARTED, COURSE-COMPLETED, DATE-
COMPLETED, DATE-IMMUNITY-TEST, REASON-NOT-S-C,
RESULT-IMMUNITY-TEST)

LOCATION (LOCATION-NAME)

GROUP-SESSION (PROGRAMME-NAME, LOCATION-NAME, NUMBER-
ATTENDING, STAFF-GROUP)

Appendix 8 - Local Data Requirements Analysis

| | |
|-------------|---|
| Name | Data Analysis Additional Data Definitions |
| Description | Data Analysis Stage Model |



Entity XRef Names:

Entity Model XRef:

Relationship XRef names:



Ref: ISD5/DA1

ENTITY TYPE SPECIFICATION FORM

System: CHIS

Entity Name | STUDENT

Description | A LEARNER OR TRAINEE ATTACHED TO A STAFF MEMBER FOR THE PURPOSES OF TRAINING AND INSTRUCTION.

Synonyms |

Identifier(s) | PAYROLL-NUMBER, STAFF-MEMBER-PAYROLL-NUMBER

| | | | |
|----------------|---------------|----------------|---|
| Date Specified | 25 APRIL 1986 | Status (P/V/I) | V |
|----------------|---------------|----------------|---|

| | | | |
|---------------------|---|---------------------|-----|
| Minimum Occurrences | 1 | Maximum Occurrences | 200 |
|---------------------|---|---------------------|-----|

| | | | |
|---------------------|----|-----------------|--|
| Average Occurrences | 50 | Growth Rate (%) | |
|---------------------|----|-----------------|--|

Create Authority | ANY AUTHORISED OPERATIONAL STAFF

Delete Authority | ANY AUTHORISED OPERATIONAL STAFF

Access Authority | ANY AUTHORISED OPERATIONAL STAFF

Relationships Involved XRef: | ALLOCATED-TO

Attributes Involved XRef:

| | |
|------------------|-----------------------------|
| PAYROLL-NUMBER | DATE-OF-LEAVING |
| NAME | STAFF-MEMBER-PAYROLL-NUMBER |
| GRADE | |
| DATE-OF-STARTING | |

Functions Involved XRef:

Entity Sub Types:

Comments:

Ref: ISD1/DA1

ENTITY TYPE SPECIFICATION FORM

System: CHIS

Entity Name | TRAVEL-DETAILS

Description | THE DAILY TRAVEL DETAILS SHOWING THE MILEAGE COVERED BY A STAFF MEMBER.

Synonyms |

Identifier(s) | DATE-OF-DETAILS, STAFF-MEMBER-PAYROLL-NUMBER

| | | | |
|----------------|---------------|----------------|---|
| Date Specified | 28 APRIL 1986 | Status (P/V/I) | V |
|----------------|---------------|----------------|---|

| | | | |
|---------------------|---|---------------------|------|
| Minimum Occurrences | 1 | Maximum Occurrences | 5000 |
|---------------------|---|---------------------|------|

| | | | |
|---------------------|------|-----------------|--|
| Average Occurrences | 3000 | Growth Rate (%) | |
|---------------------|------|-----------------|--|

Create Authority | ANY AUTHORISED OPERATIONAL STAFF

Delete Authority | ANY AUTHORISED OPERATIONAL STAFF

Access Authority | ANY AUTHORISED OPERATIONAL STAFF

Relationships Involved XRef: HAS

Attributes Involved XRef: DATE-OF-DETAILS
STAFF-MEMBER-PAYROLL-NUMBER
MILEAGE-TRAVELLED
TRAVEL-TIME-BREAKDOWN

Functions Involved XRef:

Entity Sub Types:

Comments:

Ref: ISD1/DA2

ENTITY TYPE SPECIFICATION FORM

System: CHIS

Entity Name | HOME-ASSESSMENT

Description | A VISIT BY ONE OR MORE MEMBERS OF A PARA-MEDICAL OR COMMUNITY STAFF GROUP TO ASSESS WHETHER A PERSON'S HOME REQUIRED SPECIAL EQUIPMENT OR STRUCTURAL ALTERATIONS.

Synonyms |

Identifier(s) | STAFF-MEMBER-PAYROLL-NUMBER, DATE-OF-ASSESSMENT

| | | | |
|----------------|---------------|----------------|---|
| Date Specified | 28 APRIL 1986 | Status (P/V/I) | V |
|----------------|---------------|----------------|---|

| | | | |
|---------------------|---|---------------------|-----|
| Minimum Occurrences | 1 | Maximum Occurrences | 200 |
|---------------------|---|---------------------|-----|

| | | | |
|---------------------|-----|-----------------|--|
| Average Occurrences | 100 | Growth Rate (%) | |
|---------------------|-----|-----------------|--|

Create Authority | ANY AUTHORISED OPERATIONAL STAFF

Delete Authority | ANY AUTHORISED OPERATIONAL STAFF

Access Authority | ANY AUTHORISED OPERATIONAL STAFF

Relationships Involved XRef: |
MAKES

Attributes Involved XRef: |
STAFF-MEMBER-PAYROLL-NUMBER
DATE-OF-ASSESSMENT
TYPE-OF-ASSESSMENT
RESULT-OF-ASSESSMENT

Functions Involved XRef: |

Entity Sub Types: |

Comments: |

Ref: ISD1/DA3

ENTITY TYPE SPECIFICATION FORM

System: CHIS

Entity Name | STAFF-GROUP

Description | A GROUP OF STAFF OF THE SAME DISCIPLINE DEFINED BY PROFESSIONAL OR LOCALLY DETERMINED DEFINITIONS.

Synonyms |

Identifier(s) | NAME-OF-STAFF-GROUP

| | | | |
|----------------|---------------|----------------|---|
| Date Specified | 28 APRIL 1986 | Status (P/V/I) | V |
|----------------|---------------|----------------|---|

| | | | |
|---------------------|---|---------------------|----|
| Minimum Occurrences | 1 | Maximum Occurrences | 30 |
|---------------------|---|---------------------|----|

| | | | |
|---------------------|----|-----------------|--|
| Average Occurrences | 15 | Growth Rate (%) | |
|---------------------|----|-----------------|--|

Create Authority | HEAD OF DEPARTMENT

Delete Authority | HEAD OF DEPARTMENT

Access Authority | ANY AUTHORISED OPERATIONAL STAFF

Relationships Involved XRef:
CONTAINS-1

Attributes Involved XRef:
NAME-OF-STAFF-GROUP

Functions Involved XRef:

Entity Sub Types:

Comments:

Ref: ISD1/DA4

ENTITY TYPE SPECIFICATION FORM

System: CHIS

Entity Name | STAFF-TEAM

Description | A NUMBER OF STAFF MEMBERS WORKING TOGETHER IN ONE LOCATION AS A TEAM.

Synonyms |

Identifier(s) | NAME-OF-STAFF-GROUP, NAME-OF-STAFF-TEAM

| | | | |
|----------------|---------------|----------------|---|
| Date Specified | 28 APRIL 1986 | Status (P/V/I) | V |
|----------------|---------------|----------------|---|

| | | | |
|---------------------|---|---------------------|-----|
| Minimum Occurrences | 1 | Maximum Occurrences | 500 |
|---------------------|---|---------------------|-----|

| | | | |
|---------------------|-----|-----------------|--|
| Average Occurrences | 150 | Growth Rate (%) | |
|---------------------|-----|-----------------|--|

Create Authority | HEAD OF DEPARTMENT

Delete Authority | HEAD OF DEPARTMENT

Access Authority | ANY AUTHORISED OPERATIONAL STAFF

Relationships Involved XRef:

CONTAINS-1
CONTAINS-2

Attributes Involved XRef:

NAME-OF-STAFF-GROUP
NAME-OF-STAFF-TEAM

Functions Involved XRef:

Entity Sub Types:

Comments:

Ref: ISD1/DA5

RELATIONSHIP TYPE SPECIFICATION FORM

System: CHIS

| | | | |
|---|---|---------------------------------------|-----------|
| Relationship Name | ALLOCATED-TO | | |
| Description | A STUDENT IS ALLOCATED TO ONE STAFF MEMBER. MANY STUDENTS CAN BE ALLOCATED TO ONE STAFF MEMBER. | | |
| Time State | 1 YEAR | | |
| Synonyms | | | |
| Date Specified | 28 APRIL 1986 | Status (P/V/I) | V |
| Entities Involved (Owner): | STAFF-MEMBER | | |
| (Members): | STUDENT | | |
| Degree (1:1,1:m,m:n) | 1:M | Optional, Contingent, Mandatory | MANDATORY |
| If Contingent, state Optional Entity | | | |
| If Exclusive, state paired relationship name | | | |
| If Inclusive, state paired relationship name and first existence relationship name | | | |
| Create Authority | ANY AUTHORISED OPERATIONAL STAFF | | |
| Delete Authority | ANY AUTHORISED OPERATIONAL STAFF | | |
| Access Authority | ANY AUTHORISED OPERATIONAL STAFF | | |
| Comments | | | |

Ref: ISD2/DA1

RELATIONSHIP TYPE SPECIFICATION FORM

System: CHIS

| | |
|-------------------|-----|
| Relationship Name | HAS |
|-------------------|-----|

| | |
|-------------|---|
| Description | A STAFF MEMBER HAS MANY SETS OF TRAVEL DETAILS PERTAINING TO THEIR DAILY MILEAGE. |
|-------------|---|

| | |
|------------|--------|
| Time State | 1 YEAR |
|------------|--------|

| | |
|----------|--|
| Synonyms | |
|----------|--|

| | | | |
|----------------|---------------|----------------|---|
| Date Specified | 28 APRIL 1986 | Status (P/V/I) | V |
|----------------|---------------|----------------|---|

| | |
|----------------------------|----------------|
| Entities Involved (Owner): | STAFF-MEMBER |
| (Members): | TRAVEL-DETAILS |

| | | | |
|----------------------|-----|---------------------------------------|-----------|
| Degree (1:1,1:m,m:n) | 1:M | Optional, Contingent, Mandatory | MANDATORY |
|----------------------|-----|---------------------------------------|-----------|

| | |
|--------------------------------------|--|
| If Contingent, state Optional Entity | |
|--------------------------------------|--|

| | |
|--|--|
| If Exclusive, state paired relationship name | |
|--|--|

| | |
|---|--|
| If Inclusive, state paired relationship name and first existence relationship name | |
|---|--|

| | |
|------------------|----------------------------------|
| Create Authority | ANY AUTHORISED OPERATIONAL STAFF |
|------------------|----------------------------------|

| | |
|------------------|----------------------------------|
| Delete Authority | ANY AUTHORISED OPERATIONAL STAFF |
|------------------|----------------------------------|

| | |
|------------------|----------------------------------|
| Access Authority | ANY AUTHORISED OPERATIONAL STAFF |
|------------------|----------------------------------|

| | |
|----------|--|
| Comments | |
|----------|--|

Ref: ISD2/DA2

RELATIONSHIP TYPE SPECIFICATION FORM

System: CHIS

| | | | |
|---|--|---------------------------------------|-----------|
| Relationship Name | MAKES | | |
| Description | A STAFF MEMBER MAKES ONE OR MORE HOME ASSESSMENTS. | | |
| Time State | 1 YEAR | | |
| Synonyms | | | |
| Date Specified | 28 APRIL 1986 | Status (P/V/I) | V |
| Entities Involved (Owner): | STAFF-MEMBER | | |
| (Members): | HOME-ASSESSMENT | | |
| Degree (1:1,1:m,m:n) | 1:M | Optional, Contingent, Mandatory | MANDATORY |
| If Contingent, state Optional Entity | | | |
| If Exclusive, state paired relationship name | | | |
| If Inclusive, state paired relationship name and first existence relationship name | | | |
| Create Authority | ANY AUTHORISED OPERATIONAL STAFF | | |
| Delete Authority | ANY AUTHORISED OPERATIONAL STAFF | | |
| Access Authority | ANY AUTHORISED OPERATIONAL STAFF | | |
| Comments | | | |

Ref: ISD2/DA3

RELATIONSHIP TYPE SPECIFICATION FORM

System: CHIS

| | | | |
|---|--|---------------------------------------|-----------|
| Relationship Name | CONTAINS-1 | | |
| Description | A STAFF GROUP CONSISTS OF ONE OR MORE STAFF TEAMS. | | |
| Time State | 1 YEAR | | |
| Synonyms | | | |
| Date Specified | 28 APRIL 1986 | Status (P/V/I) | V |
| Entities Involved (Owner): | STAFF-GROUP | | |
| (Members): | STAFF-TEAM | | |
| Degree (1:1,1:m,m:n) | 1:M | Optional, Contingent, Mandatory | MANDATORY |
| If Contingent, state Optional Entity | | | |
| If Exclusive, state paired relationship name | | | |
| If Inclusive, state paired relationship name and first existence relationship name | | | |
| Create Authority | HEAD OF DEPARTMENT | | |
| Delete Authority | HEAD OF DEPARTMENT | | |
| Access Authority | ANY AUTHORISED OPERATIONAL STAFF | | |
| Comments | | | |

Ref: ISD2/DA4

RELATIONSHIP TYPE SPECIFICATION FORM

System: CHIS

| | |
|-------------------|------------|
| Relationship Name | CONTAINS-2 |
|-------------------|------------|

| | |
|-------------|---|
| Description | A STAFF TEAM CONSISTS OF ONE OR MORE STAFF MEMBERS. |
|-------------|---|

| | |
|------------|--------|
| Time State | 1 YEAR |
|------------|--------|

| | |
|----------|--|
| Synonyms | |
|----------|--|

| | | | |
|----------------|---------------|----------------|---|
| Date Specified | 28 APRIL 1986 | Status (P/V/I) | V |
|----------------|---------------|----------------|---|

| | |
|----------------------------|--------------|
| Entities Involved (Owner): | STAFF-TEAM |
| (Members): | STAFF-MEMBER |

| | | | |
|----------------------|-----|---------------------------------------|-----------|
| Degree (1:1,1:m,m:n) | 1:M | Optional, Contingent, Mandatory | MANDATORY |
|----------------------|-----|---------------------------------------|-----------|

| | |
|--------------------------------------|--|
| If Contingent, state Optional Entity | |
|--------------------------------------|--|

| | |
|--|--|
| If Exclusive, state paired relationship name | |
|--|--|

| | |
|---|--|
| If Inclusive, state paired relationship name and first existence relationship name | |
|---|--|

| | |
|------------------|----------------------------------|
| Create Authority | ANY AUTHORISED OPERATIONAL STAFF |
|------------------|----------------------------------|

| | |
|------------------|----------------------------------|
| Delete Authority | ANY AUTHORISED OPERATIONAL STAFF |
|------------------|----------------------------------|

| | |
|------------------|----------------------------------|
| Access Authority | ANY AUTHORISED OPERATIONAL STAFF |
|------------------|----------------------------------|

| | |
|----------|--|
| Comments | |
|----------|--|

Ref: ISD2/DAS

ATTRIBUTE TYPE SPECIFICATION FORM

System: CHIS

| | |
|----------------|----------------|
| Attribute Name | PAYROLL-NUMBER |
|----------------|----------------|

Description

THE PERSONAL PAY NUMBER OF THE EMPLOYEE
ALLOCATED ON JOINING THE AUTHORITY.

| | |
|----------|--|
| Synonyms | |
|----------|--|

| | | | |
|----------------|---------------|----------------|---|
| Date Specified | 29 APRIL 1986 | Status (P/V/I) | V |
|----------------|---------------|----------------|---|

| | | | |
|---------------------|---|----------------|---|
| Length (Characters) | 5 | Format (A,X,9) | 9 |
|---------------------|---|----------------|---|

| | |
|----------------------|------------|
| Range for Validation | 0 TO 99999 |
|----------------------|------------|

| | |
|-------------|---------|
| Entity XRef | STUDENT |
|-------------|---------|

| | |
|------------------|----------------------------------|
| Create Authority | ANY AUTHORISED OPERATIONAL STAFF |
|------------------|----------------------------------|

| | |
|------------------|----------------------------------|
| Delete Authority | ANY AUTHORISED OPERATIONAL STAFF |
|------------------|----------------------------------|

| | |
|------------------|----------------------------------|
| Access Authority | ANY AUTHORISED OPERATIONAL STAFF |
|------------------|----------------------------------|

Functions Involved XRef:

Comments:

Ref: ISD3/DA1

ATTRIBUTE TYPE SPECIFICATION FORM

System: CHIS

| | |
|----------------|------|
| Attribute Name | NAME |
|----------------|------|

Description

THE NAME OF THE EMPLOYEE.

| | |
|----------|--|
| Synonyms | |
|----------|--|

| | | | |
|----------------|---------------|----------------|---|
| Date Specified | 29 APRIL 1986 | Status (P/V/I) | V |
|----------------|---------------|----------------|---|

| | | | |
|---------------------|----|----------------|---|
| Length (Characters) | 40 | Format (A,X,9) | A |
|---------------------|----|----------------|---|

| | |
|----------------------|------------|
| Range for Validation | ALPHABETIC |
|----------------------|------------|

| | |
|-------------|-------------------------|
| Entity XRef | STUDENT STAFF-MEMBER |
|-------------|-------------------------|

| | |
|------------------|----------------------------------|
| Create Authority | ANY AUTHORISED OPERATIONAL STAFF |
|------------------|----------------------------------|

| | |
|------------------|----------------------------------|
| Delete Authority | ANY AUTHORISED OPERATIONAL STAFF |
|------------------|----------------------------------|

| | |
|------------------|----------------------------------|
| Access Authority | ANY AUTHORISED OPERATIONAL STAFF |
|------------------|----------------------------------|

Functions Involved XRef:

Comments:

ATTRIBUTE TYPE SPECIFICATION FORM

System: CHIS

| | |
|----------------|-------|
| Attribute Name | GRADE |
|----------------|-------|

| | |
|-------------|----------------------------|
| Description | THE GRADE OF THE EMPLOYEE. |
|-------------|----------------------------|

| | |
|----------|--|
| Synonyms | |
|----------|--|

| | | | |
|----------------|---------------|----------------|---|
| Date Specified | 29 APRIL 1986 | Status (P/V/I) | V |
|----------------|---------------|----------------|---|

| | | | |
|---------------------|----|----------------|---|
| Length (Characters) | 20 | Format (A,X,9) | X |
|---------------------|----|----------------|---|

| | |
|----------------------|------|
| Range for Validation | NONE |
|----------------------|------|

| | |
|-------------|-------------------------|
| Entity XRef | STUDENT STAFF-MEMBER |
|-------------|-------------------------|

| | |
|------------------|----------------------------------|
| Create Authority | ANY AUTHORISED OPERATIONAL STAFF |
|------------------|----------------------------------|

| | |
|------------------|----------------------------------|
| Delete Authority | ANY AUTHORISED OPERATIONAL STAFF |
|------------------|----------------------------------|

| | |
|------------------|----------------------------------|
| Access Authority | ANY AUTHORISED OPERATIONAL STAFF |
|------------------|----------------------------------|

Functions Involved XRef:

Comments:

Ref: ISD3/DA3

ATTRIBUTE TYPE SPECIFICATION FORM

System: CHIS

| | |
|----------------|------------------|
| Attribute Name | DATE-OF-STARTING |
|----------------|------------------|

Description

THE DATE A STUDENT STARTED THEIR PLACEMENT WITH A MEMBER OF STAFF.

| | |
|----------|--|
| Synonyms | |
|----------|--|

| | | | |
|----------------|---------------|----------------|---|
| Date Specified | 29 APRIL 1986 | Status (P/V/I) | V |
|----------------|---------------|----------------|---|

| | | | |
|---------------------|---|----------------|---|
| Length (Characters) | 8 | Format (A,X,9) | 9 |
|---------------------|---|----------------|---|

| | |
|----------------------|-------------------|
| Range for Validation | VALIDATE FOR DATE |
|----------------------|-------------------|

| | |
|-------------|---------|
| Entity XRef | STUDENT |
|-------------|---------|

| | |
|------------------|----------------------------------|
| Create Authority | ANY AUTHORISED OPERATIONAL STAFF |
|------------------|----------------------------------|

| | |
|------------------|----------------------------------|
| Delete Authority | ANY AUTHORISED OPERATIONAL STAFF |
|------------------|----------------------------------|

| | |
|------------------|----------------------------------|
| Access Authority | ANY AUTHORISED OPERATIONAL STAFF |
|------------------|----------------------------------|

Functions Involved XRef:

Comments:

ATTRIBUTE TYPE SPECIFICATION FORM

System: CHIS

| | |
|----------------|-----------------|
| Attribute Name | DATE-OF-LEAVING |
|----------------|-----------------|

Description

THE DATE A STUDENT FINISHED THEIR PLACEMENT WITH
A MEMBER OF STAFF.

| | |
|----------|--|
| Synonyms | |
|----------|--|

| | | | |
|----------------|---------------|----------------|---|
| Date Specified | 29 APRIL 1986 | Status (P/V/I) | V |
|----------------|---------------|----------------|---|

| | | | |
|---------------------|---|----------------|---|
| Length (Characters) | 8 | Format (A,X,9) | 9 |
|---------------------|---|----------------|---|

| | |
|----------------------|-------------------|
| Range for Validation | VALIDATE FOR DATE |
|----------------------|-------------------|

| | |
|-------------|---------|
| Entity XRef | STUDENT |
|-------------|---------|

| | |
|------------------|----------------------------------|
| Create Authority | ANY AUTHORISED OPERATIONAL STAFF |
|------------------|----------------------------------|

| | |
|------------------|----------------------------------|
| Delete Authority | ANY AUTHORISED OPERATIONAL STAFF |
|------------------|----------------------------------|

| | |
|------------------|----------------------------------|
| Access Authority | ANY AUTHORISED OPERATIONAL STAFF |
|------------------|----------------------------------|

Functions Involved XRef:

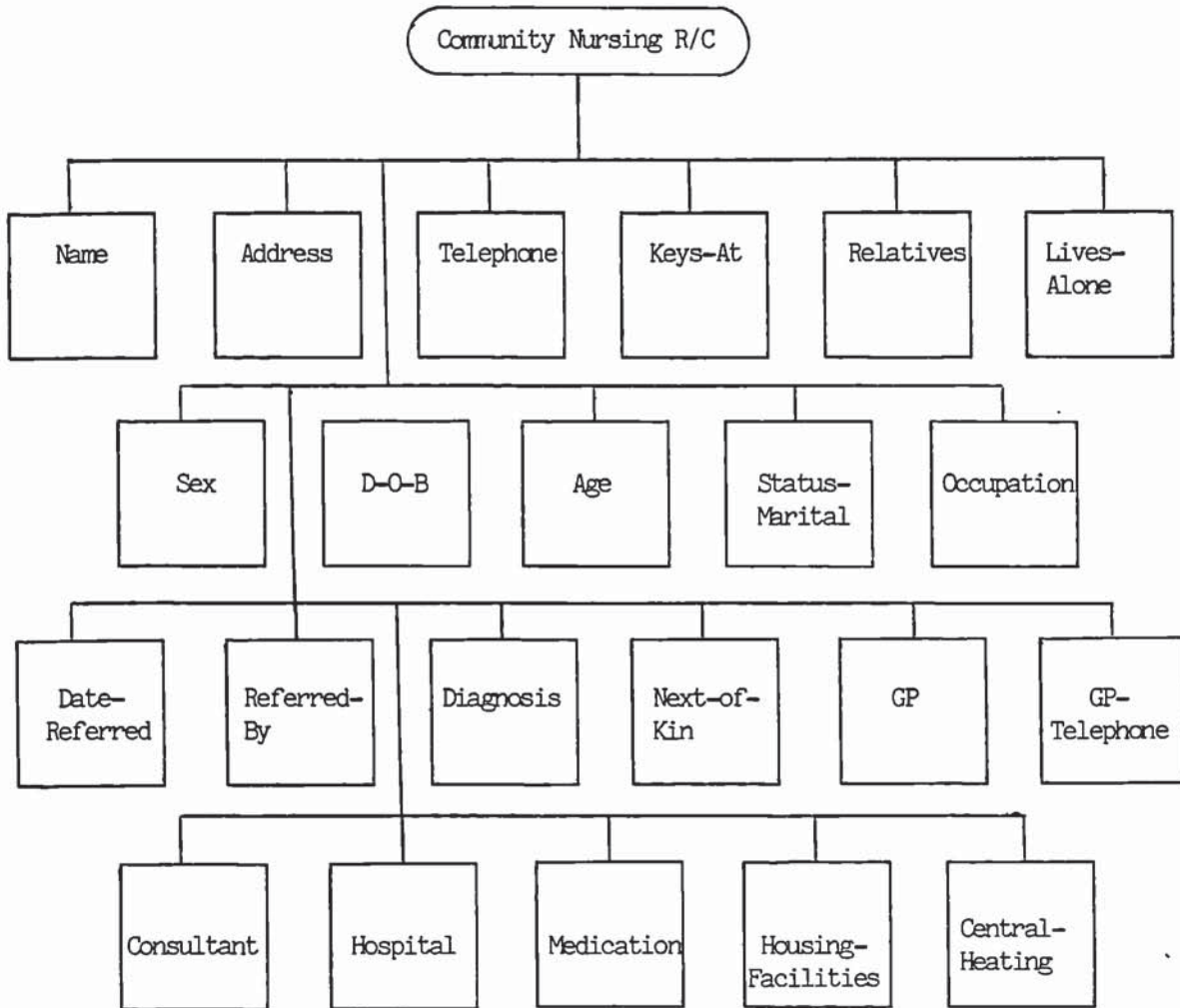
Comments:

Ref: ISD3/DA5

Page removed for copyright restrictions.

Title:

Community Nursing Record Card Model



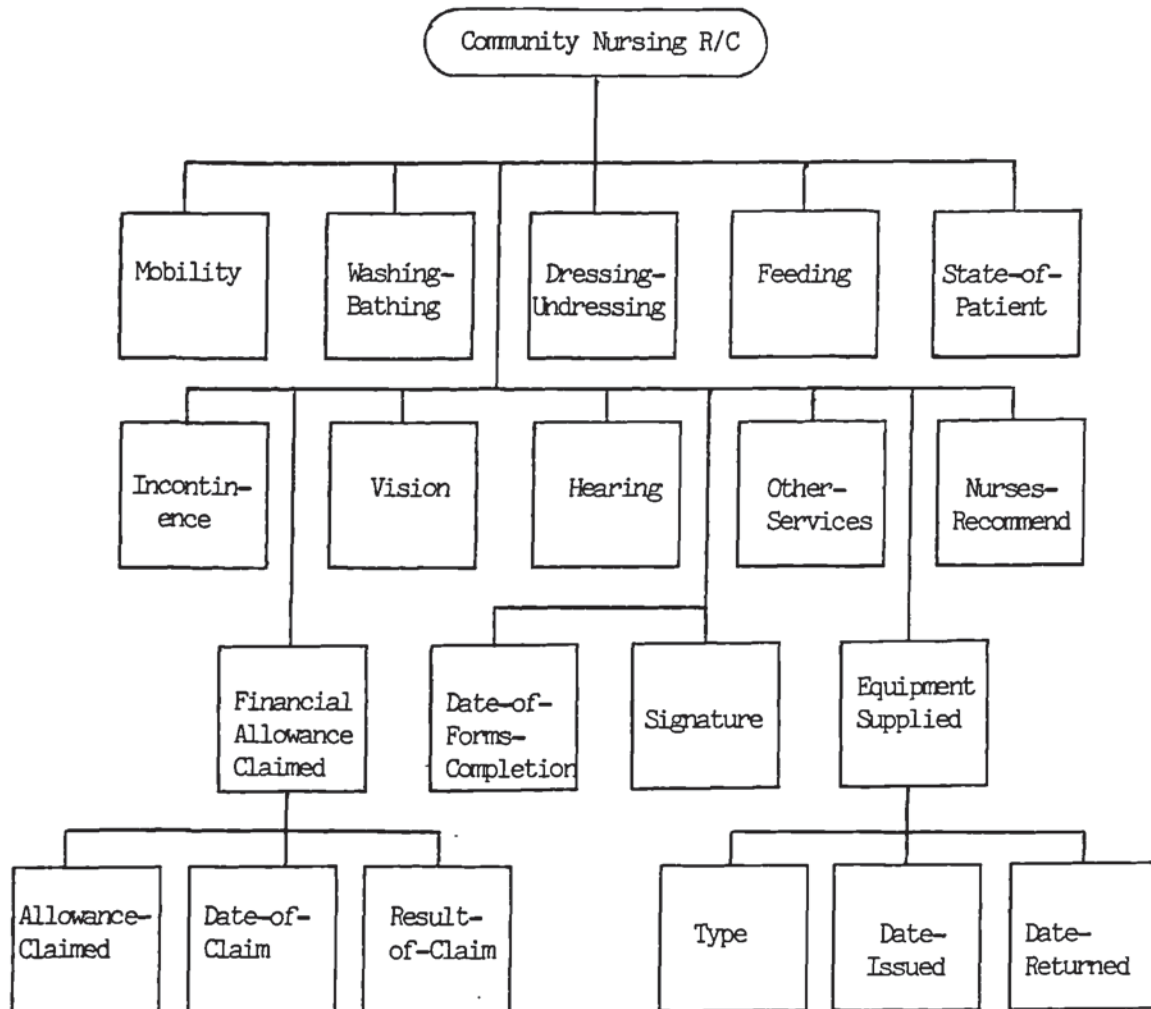
First Cut Relations:

community-nursing-r/c (name, address, telephone, keys-at, relatives, lives-alone, sex, d-o-b, age, status-marital, occupation, date-referred, referred-by, diagnosis, next-of-kin, gp, gp-telephone, consultant, hospital, medication, housing-facilities, central-heating)

Ref: ISD19/ K01

Title:

Community Nursing Record Card Model



First Cut Relations:

community-nursing-r/c (name, mobility, washing-bathing, dressing-undressing, feeding, state-of-patient, incontinence, vision, hearing, other-services, nurses-recommend, date-of-forms-completion, signature)

fin-allowances-claimed (name, allowance-claimed, date-of-claim, result-of-claim)

equipment-supplied (name, type, date-issued, date-returned)

Ref: ISD19/ K02

LIST TABLE

System: CHIS

Describing:

DATA ANALYSIS THIRD NORMAL FORM RELATIONS

STUDENT (STAFF-MEMBER-PAYROLL-NUMBER, PAYROLL-NUMBER,

NAME, GRADE, DATE-OF-STARTING,

DATE-OF-LEAVING)

TRAVEL-DETAILS (STAFF-MEMBER-PAYROLL-NUMBER, DATE-OF-DETAILS,

MILEAGE-TRAVELLED, TRAVEL-TIME-BREAKDOWN)

HOME-ASSESSMENT (STAFF-MEMBER-PAYROLL-NUMBER,

DATE-OF-ASSESSMENT, TYPE-OF-ASSESSMENT,

RESULT-OF-ASSESSMENT)

STAFF-GROUP (NAME-OF-STAFF-GROUP)

STAFF-TEAM (NAME-OF-STAFF-GROUP, NAME-OF-STAFF-TEAM)

STAFF-MEMBER (NAME-OF-STAFF-GROUP, NAME-OF-STAFF-TEAM,

STAFF-MEMBER-PAYROLL-NUMBER, NAME, GRADE)

Ref: ISD16/DA1

LIST TABLE

System: CHIS

Describing:

DATA ANALYSIS THIRD NORMAL FORM RELATIONS

FACE-TO-FACE-CONTACT (STAFF-MEMBER-PAYROLL-NUMBER, DATE-OF-
CONTACT, NAME-OF-SOURCE,
DURATION-OF-CONTACT)

SOURCE-OF-REFERRAL (NAME-OF-SOURCE)

PATIENT-DETAILS (PERSON-ID, STAFF-MEMBER-PAYROLL-NUMBER,
NAME-OF-PERSON, ADDRESS, POST-CODE,
TELEPHONE-NO, OCCUPATION, GP, CONSULTANT,
SPECIALTY, RELIGION, HOUSING-TYPE, KEYS-AT,
LIVES-ALONE, SOCIAL-SUPPORT, PATIENT-CATEGORY,
IMPAIRMENT, SCHOOL, DATE-OF-BIRTH,
NEXT-OF-KIN, FAMILY-SITUATION, MARITAL-STATUS,
VISION-STATE, HEARING-STATE, FIRST-LANGUAGE, .
HANDICAP, SPECIAL-EDUC-NEEDS, RESEARCH-SPACE)

COMMUNITY-PARA-MEDIC- (STAFF-MEMBER-PAYROLL-NUMBER, START-DATE-OF-
EPISODE EPISODE, NAME-OF-SOURCE)

LOCATION (NAME-OF-LOCATION)

ACTIVITY (ACTIVITY-NAME, NAME-OF-LOCATION,
STAFF-MEMBER-PAYROLL-NUMBER,
ACTIVITY-DESCRIPTION, USUAL-DURATION)

Ref: ISD16/DA2

INTERVIEW RESULTS FORMSystem: CHIS

| | |
|-------|--------------|
| Date: | 1ST MAY 1986 |
|-------|--------------|

| | |
|---------------|--|
| Participants: | DR. J. M. BAINBRIDGE, DISTRICT MEDICAL OFFICER DR. S. ACQUILLA, SPECIALIST IN COMMUNITY MEDICINE DR. E. PUGH, SENIOR REGISTRAR |
|---------------|--|

Results:

IT WAS DECIDED THAT THE SYSTEM SHOULD PROVIDE ONLY THE NECESSARY KORNER INFORMATION FOR CONTACT TRACING. AS THIS IS SUCH A LARGE AREA, IT WAS DECIDED A SEPARATE DISCRETE COMPUTER SYSTEM WILL NEED TO BE DEVELOPED TO HANDLE THE MONITORING SIDE AND THE OUTBREAK SIDE OF CONTACT TRACING.

IT WAS DETERMINED THAT THE NAMES AND ADDRESSES OF ALL CONTACTS NEED TO BE STORED FOR ADMINISTRATIVE AND EPIDEMIOLOGICAL WORK IN SUCH A SEPARATE SYSTEM. THE NEED WAS IDENTIFIED FOR LINKS TO BE AVAILABLE BETWEEN A CONTACT TRACING SYSTEM, THE NATIONAL CHILD HEALTH SYSTEM, AND THIS COMMUNITY HEALTH INFORMATION SYSTEM IF POSSIBLE. THIS WOULD ALLOW COMPARISON BETWEEN INFECTIOUS DISEASE OUTBREAKS AND IMMUNISATION RATES IN THE AUTHORITY.

IT WAS AGREED NOT TO DEVELOP CONTACT TRACING ANY FURTHER WITHIN THIS SYSTEM DESIGN, BUT TO PURSUE THE DEVELOPMENT OF A SEPARATE SYSTEM SPECIFICALLY FOR CONTACT TRACING.

Ref: ISD22/DA1

Appendix 9 - Process Analysis Forms

FUNCTIONAL SPECIFICATION

System: CHIS

| | |
|------|-------------------|
| Name | CONTACTS-LOCATION |
|------|-------------------|

| | |
|-------------|--|
| Description | PRODUCES THE NUMBER OF FACE-TO-FACE CONTACTS BY LOCATION BY STAFF TEAM WITHIN STAFF GROUP. |
|-------------|--|

| | |
|----------|--|
| Synonyms | |
|----------|--|

| | | | |
|--------------------------|--------------|--------------------------|---------|
| Date Specified | 4 APRIL 1986 | Status (P/V/I) | V |
| Minimum Frequency of Use | YEARLY | Maximum Frequency of Use | MONTHLY |
| Average Frequency of Use | MONTHLY | Growth Rate in Usage | |
| Maximum Response Time | 1 DAY | Average Response Time | 1/2 DAY |

Entities Involved XRef:

Attributes Involved XRef:

Relationships Involved XRef:

Comments:

REPLACES CONCEPTUAL FUNCTIONS DESCRIBED ON ISD4,
REFERENCES: HV1, SN1, CM1, CH1, CP1, DN1, CL1, OT1,
PS1, PH1, CI1, DI1, AU1, ST1

Ref: ISD4/K01

Darlington Health Authority

Community Health Services

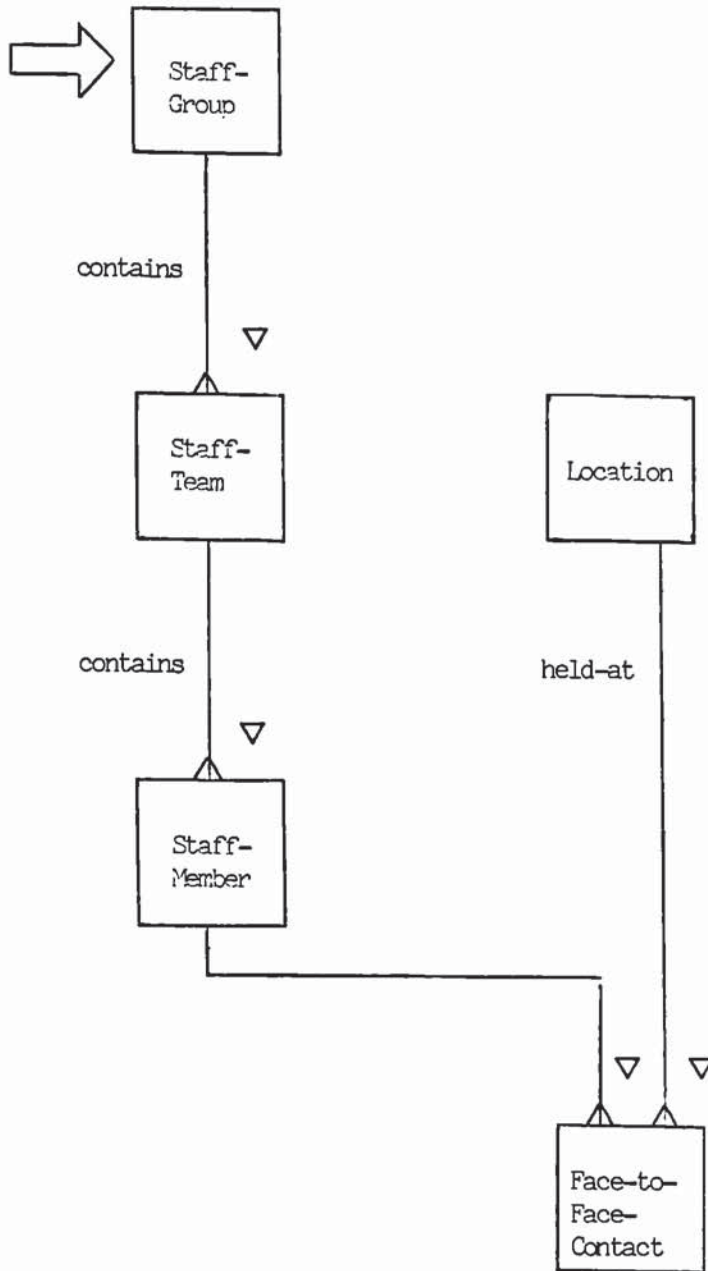
Date: 99/99/99

Report: K01 Face-to-Face Contacts by Location Page: 999

| Location | Total Number of Contacts | % |
|------------------------------------|-----------------------------|-----|
| XXXX Staff Group XXX | | |
| XXXX Staff Team XXXX | | |
| XXXXXXXXXXXX Location XXXXXXXXXXXX | 999 | 999 |
| XXXXXXXXXXXX Location XXXXXXXXXXXX | 999 | 999 |
| XXXXXXXXXXXX Location XXXXXXXXXXXX | 999 | 999 |
| XXXXXXXXXXXX Location XXXXXXXXXXXX | 999 | 999 |
| XXXXXXXXXXXX Location XXXXXXXXXXXX | 999 | 999 |
| XXXXXXXXXXXX Location XXXXXXXXXXXX | 999 | 999 |
| XXXX Staff Team XXXX Total: | 9999 | 999 |
| XXXX Staff Group XXX Total: | 9999 | 999 |

End of Report: K01

Title: Contacts-Location Model



- | | | |
|------------------------|-------------------------|------------------------|
| Create New Entity | Delete Entity | Modify Entity |
| Access Entity Directly | Access through Relation | Process all or a Range |

Ref: ISD21/ K01

| | |
|-------------|--------------------------|
| Name | CONTACTS-LOCATION REPORT |
| Description | LOGIC OUTLINE |

produce report-headings

REPEAT {for each staff group}

access staff group record
print staff group

REPEAT {for each staff team within group}

access staff team record
print staff team

REPEAT {for each staff member within team}

access staff member record

REPEAT {access all contacts for that record}

access contact record
cumulate by locations specified

UNTIL all contacts accessed

UNTIL all staff members accessed

REPEAT {for each location identified}

print report-line

UNTIL all locations printed

print staff team totals

UNTIL all staff teams accessed

print staff group totals

UNTIL all staff groups accessed

Keywords: IF....THEN....ELSE....SO....
REPEAT....UNTIL
CASE.....OF....[conds:stmts]....OTHERWISE....ENDCASE

Ref: ISD10/P01

FUNCTIONAL SPECIFICATION

System: CHIS

| | |
|------|-------------------|
| Name | CONTACTS-REFERRAL |
|------|-------------------|

| | |
|-------------|--|
| Description | PRODUCES THE NUMBER OF FACE-TO-FACE CONTACTS BY SOURCE OF REFERRAL BY STAFF TEAM WITHIN STAFF GROUP. |
|-------------|--|

| | |
|----------|--|
| Synonyms | |
|----------|--|

| | | | |
|--------------------------|--------------|--------------------------|---------|
| Date Specified | 4 APRIL 1986 | Status (P/V/I) | V |
| Minimum Frequency of Use | YEARLY | Maximum Frequency of Use | MONTHLY |
| Average Frequency of Use | MONTHLY | Growth Rate in Usage | |
| Maximum Response Time | 1 DAY | Average Response Time | 1/2 DAY |

Entities Involved XRef:

Attributes Involved XRef:

Relationships Involved XRef:

Comments:

REPLACES CONCEPTUAL FUNCTIONS DESCRIBED ON ISD4,

REFERENCES: HV1, SN1, CM1, CH1, CP1, CP3, DN1, DN5,

CL1, OT1, OT4, PS1, PS2, PH1, PH4, CI1,

DI1, AU1, ST1

Ref: ISD4/K02

Darlington Health Authority

Community Health Services

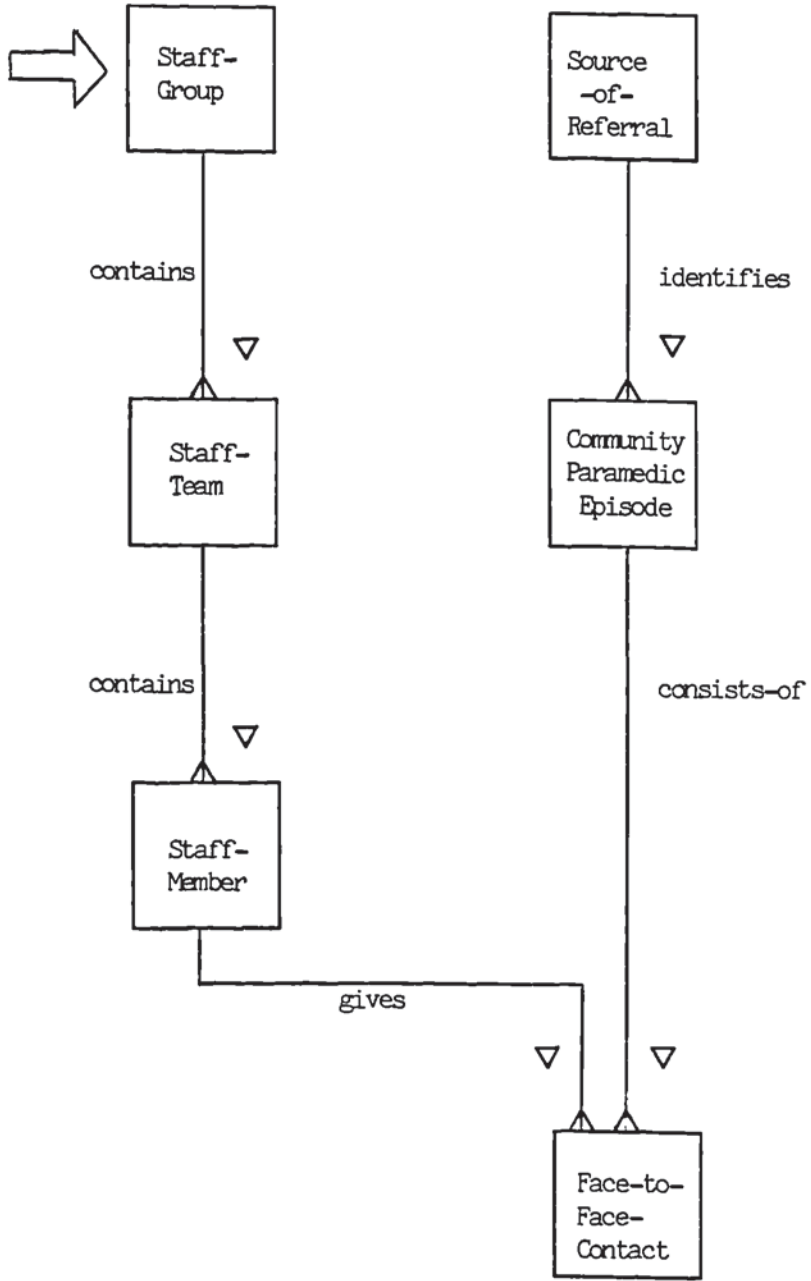
Date: 99/99/99







Report: K02 Face-to-Face Contacts by Source of Referral Page: 999

| Source of Referral | Total Number of Contacts | % |
|--------------------------------|-----------------------------|-----|
| XXXX Staff Group XXX | | |
| XXXX Staff Team XXXX | | |
| XXXXX Source of Referral XXXXX | 999 | 999 |
| XXXXX Source of Referral XXXXX | 999 | 999 |
| XXXXX Source of Referral XXXXX | 999 | 999 |
| XXXXX Source of Referral XXXXX | 999 | 999 |
| XXXXX Source of Referral XXXXX | 999 | 999 |
| XXXXX Source of Referral XXXXX | 999 | 999 |
| XXXX Staff Team XXXX | Total: 9999 | 999 |
| XXXX Staff Group XXX | Total: 9999 | 999 |

End of Report: K02

Title: Contacts-Referral Model



-  Create New Entity
-  Delete Entity
-  Modify Entity
-  Access Entity Directly
-  Access through Relation
-  Process all or a Range

Ref: ISD21/ K02

| | |
|-------------|--------------------------|
| Name | CONTACTS-REFERRAL REPORT |
| Description | LOGIC OUTLINE |

produce report-headings

REPEAT {for each staff group}

access staff group record
print staff group

REPEAT {for each staff team within group}

access staff team record
print staff team

REPEAT {for each staff member within team}

access staff member record

REPEAT {access all contacts for that record}

access contact record
access episode record
cumulate by source of referral

UNTIL all contacts accessed

UNTIL all staff members accessed

REPEAT {for each source of referral identified}

print report-line

UNTIL all sources of referral printed

print staff team totals

UNTIL all staff teams accessed

print staff group totals

UNTIL all staff groups accessed

Keywords: IF....THEN....ELSE....SO....
REPEAT....UNTIL
CASE.....OF....[conds:stmts]....OTHERWISE....ENDCASE

Ref: ISD10/PO2

FUNCTIONAL SPECIFICATIONSystem: CHIS

| | |
|------|------------------|
| Name | CONTACTS-AGE-SEX |
|------|------------------|

| | |
|-------------|---|
| Description | PRODUCES THE NUMBER OF FACE-TO-FACE CONTACTS BY AGE AND SEX BY STAFF TEAM WITHIN STAFF GROUP. |
|-------------|---|

| | |
|----------|--|
| Synonyms | |
|----------|--|

| | | | |
|--------------------------|--------------|--------------------------|---------|
| Date Specified | 4 APRIL 1986 | Status (P/V/I) | V |
| Minimum Frequency of Use | YEARLY | Maximum Frequency of Use | MONTHLY |
| Average Frequency of Use | MONTHLY | Growth Rate in Usage | |
| Maximum Response Time | 1 DAY | Average Response Time | 1/2 DAY |

Entities Involved XRef:

Attributes Involved XRef:

Relationships Involved XRef:

Comments:

REPLACES CONCEPTUAL FUNCTIONS DESCRIBED ON ISD4,
REFERENCES: HV1, SN1, CM1, CH1, CP1, DN1, CL1, OT1,
PS1, PH1, CI1, DI1, AU1, ST1

Ref: ISD4/K03

Darlington Health Authority

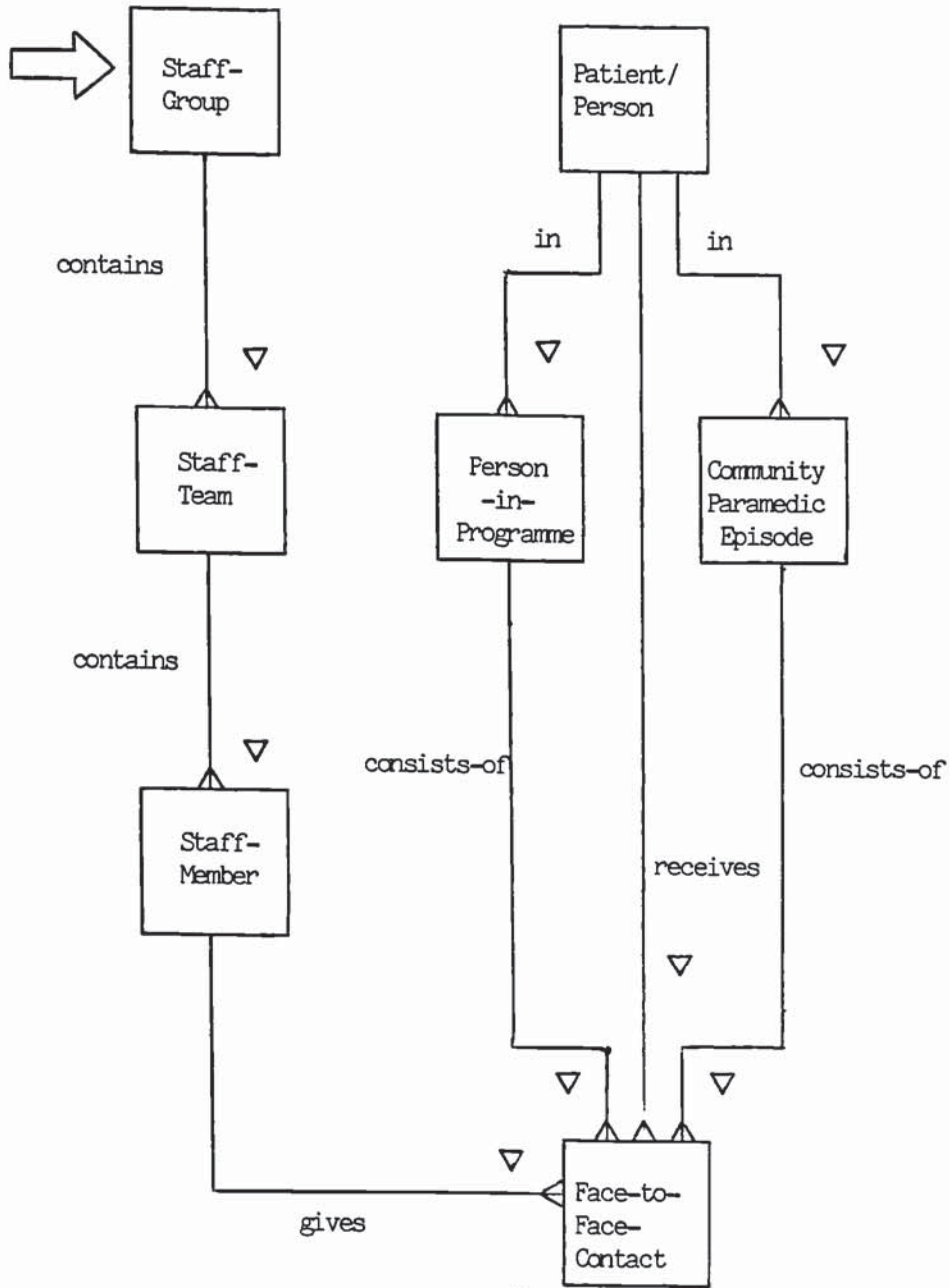
Community Health Services Date: 99/99/99

Report: K03 Face-to-Face Contacts by Age and Sex Page: 999

| Age | Total Male Contacts | % | Total Female Contacts | % | Total Of All Contacts | % |
|-----------------------------|---------------------------|-----|-----------------------------|-----|-----------------------------|-----|
| ----- | | | | | | |
| XXXX Staff Group XXX | | | | | | |
| XXXX Staff Team XXXX | | | | | | |
| 0 - 4 | 999 | 99 | 999 | 99 | 999 | 99 |
| 5 - 16 | 999 | 99 | 999 | 99 | 999 | 99 |
| 17 - 54 | 999 | 99 | 999 | 99 | 999 | 99 |
| 55 - 64 | 999 | 99 | 999 | 99 | 999 | 99 |
| 65 - 74 | 999 | 99 | 999 | 99 | 999 | 99 |
| 75 - 84 | 999 | 99 | 999 | 99 | 999 | 99 |
| 85 + | 999 | 99 | 999 | 99 | 999 | 99 |
| XXXX Staff Team XXXX Total: | 999 | 999 | 999 | 999 | 999 | 999 |
| XXXX Staff Group XXX Total: | 999 | 999 | 999 | 999 | 999 | 999 |

End of Report: K03

Title: Contacts-Age-Sex Model



- Create New Entity
- Access Entity Directly
- Delete Entity
- Access through Relation
- Modify Entity
- Process all or a Range

Ref: ISD21/ K03

| | |
|-------------|-------------------------|
| Name | CONTACTS-AGE-SEX REPORT |
| Description | LOGIC OUTLINE |

produce report-headings

REPEAT {for each staff group}

access staff group record
print staff group

REPEAT {for each staff team within group}

access staff team record
print staff team

REPEAT {for each staff member within team}

access staff member record

REPEAT {access all contacts for that record}

access contact record
access corresponding patient record
cumulate by age and sex

UNTIL all contacts accessed

UNTIL all staff members accessed

REPEAT {for each age cohort}

print report-line

UNTIL all age cohorts printed

print staff team totals

UNTIL all staff teams accessed

print staff group totals

UNTIL all staff groups accessed

Keywords: IF....THEN....ELSE....SO....
REPEAT....UNTIL
CASE.....OF....[conds:stmts]....OTHERWISE....ENDCASE

Ref: ISD10/P03

FUNCTIONAL SPECIFICATION

System: CHIS

Name | FIRST-CONTACTS-FIN-YEAR-LOCATION

Description | PRODUCES THE NUMBER OF FIRST FACE-TO-FACE CONTACTS
IN THE FINANCIAL YEAR BY LOCATION BY STAFF TEAM
WITHIN STAFF GROUP.

Synonyms |

| | | | |
|--------------------------|--------------|--------------------------|---------|
| Date Specified | 4 APRIL 1986 | Status (P/V/I) | V |
| Minimum Frequency of Use | YEARLY | Maximum Frequency of Use | MONTHLY |
| Average Frequency of Use | MONTHLY | Growth Rate in Usage | |
| Maximum Response Time | 1 DAY | Average Response Time | 1/2 DAY |

Entities Involved XRef:

Attributes Involved XRef:

Relationships Involved XRef:

Comments:

REPLACES CONCEPTUAL FUNCTIONS DESCRIBED ON ISD4,
REFERENCES: HV1, SN1, CM1, CH1, CP1, DN1, CL1, OT1,
PS1, PH1, CI1, DI1, AU1, ST1

Ref: ISD4/K04

Darlington Health Authority

Community Health Services

Date: 99/99/99

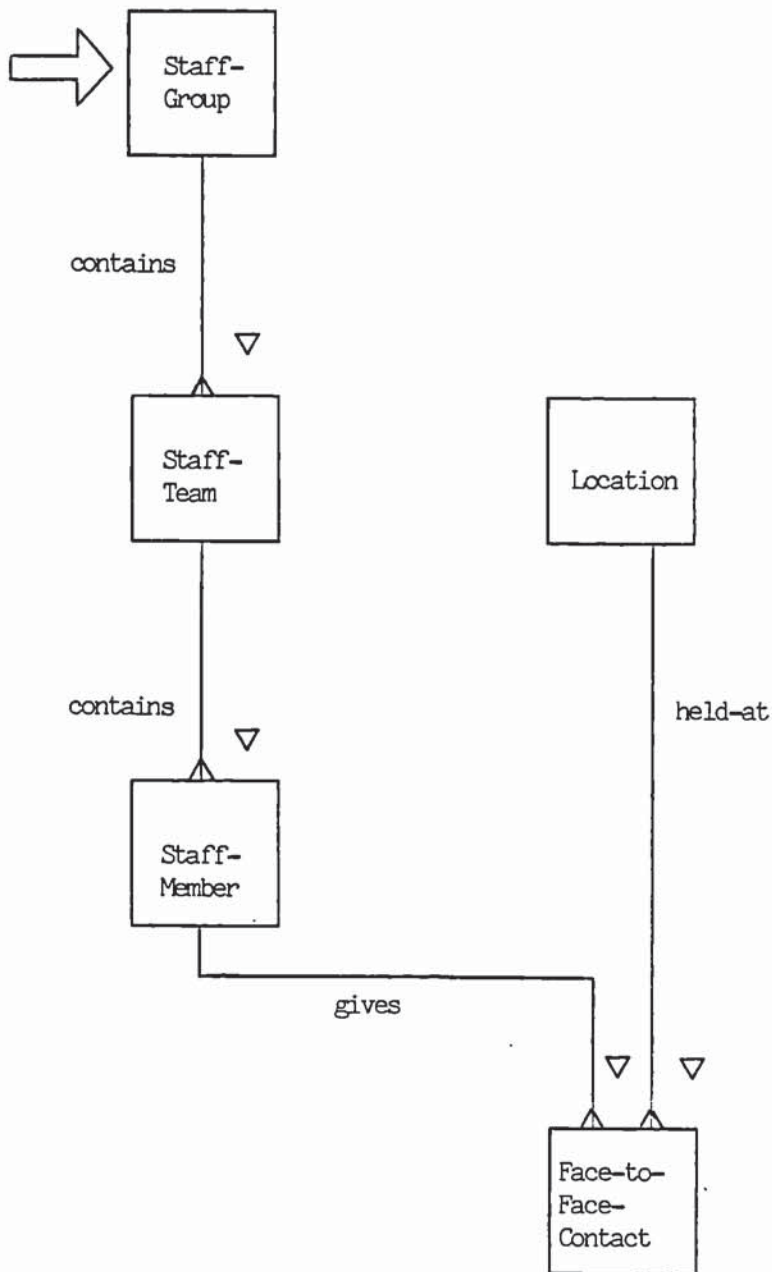
Report: K04 First Face-to-Face Contacts in Page: 999
the Financial Year by Location

| Location | Total Number of First Contacts | % |
|----------------------------------|-----------------------------------|-------|
| ----- | ----- | ----- |
| XXXX Staff Group XXX | | |
| XXXX Staff Team XXXX | | |
| XXXXXXXXXX Location XXXXXXXXXXXX | 999 | 999 |
| XXXXXXXXXX Location XXXXXXXXXXXX | 999 | 999 |
| XXXXXXXXXX Location XXXXXXXXXXXX | 999 | 999 |
| XXXXXXXXXX Location XXXXXXXXXXXX | 999 | 999 |
| XXXXXXXXXX Location XXXXXXXXXXXX | 999 | 999 |
| XXXXXXXXXX Location XXXXXXXXXXXX | 999 | 999 |
| XXXX Staff Team XXXX | Total: 9999 | 999 |
| XXXX Staff Group XXX | Total: 9999 | 999 |

End of Report: K04

Title:

First-Contacts-Fin-Year-Location Model



- | | | |
|------------------------|-------------------------|------------------------|
| Create New Entity | Delete Entity | Modify Entity |
| Access Entity Directly | Access through Relation | Process all or a Range |

Ref: ISD21/ K04

| | |
|-------------|---|
| Name | FIRST-CONTACTS-FIN-YEAR-LOCATION REPORT |
| Description | LOGIC OUTLINE |

produce report-headings

REPEAT {for each staff group}

access staff group record
print staff group

REPEAT {for each staff team within group}

access staff team record
print staff team

REPEAT {for each staff member within team}

access staff member record

REPEAT {access all contacts for that record}

access contact record
cumulate by locations specified

UNTIL all contacts accessed

UNTIL all staff members accessed

REPEAT {for each location identified}

print report-line

UNTIL all locations printed

print staff team totals

UNTIL all staff teams accessed

print staff group totals

UNTIL all staff groups accessed

Keywords: IF...THEN...ELSE...SO...
REPEAT...UNTIL
CASE.....OF....[conds:stmts]...OTHERWISE...ENDCASE

Ref: ISD10/P04

FUNCTIONAL SPECIFICATION

System: CHIS

| | |
|------|---------------------------------|
| Name | FIRST-CONTACTS-FIN-YEAR-AGE-SEX |
|------|---------------------------------|

| | |
|-------------|--|
| Description | PRODUCES THE NUMBERS OF FIRST FACE-TO-FACE CONTACTS IN THE FINANCIAL YEAR BY AGE AND SEX BY STAFF TEAM WITHIN STAFF GROUP. |
|-------------|--|

| | |
|----------|--|
| Synonyms | |
|----------|--|

| | | | |
|--------------------------|--------------|--------------------------|---------|
| Date Specified | 4 APRIL 1986 | Status (P/V/I) | V |
| Minimum Frequency of Use | YEARLY | Maximum Frequency of Use | MONTHLY |
| Average Frequency of Use | MONTHLY | Growth Rate in Usage | |
| Maximum Response Time | 1 DAY | Average Response Time | 1/2 DAY |

Entities Involved XRef:

Attributes Involved XRef:

Relationships Involved XRef:

Comments:

REPLACES CONCEPTUAL FUNCTIONS DESCRIBED ON ISD4,
REFERENCES: HV1, SN1, CM1, CH1, CP1, DN1, CL1, OT1,
PS1, PH1, CI1, DI1, AU1, ST1

Ref: ISD4/K05

Darlington Health Authority

Community Health Services

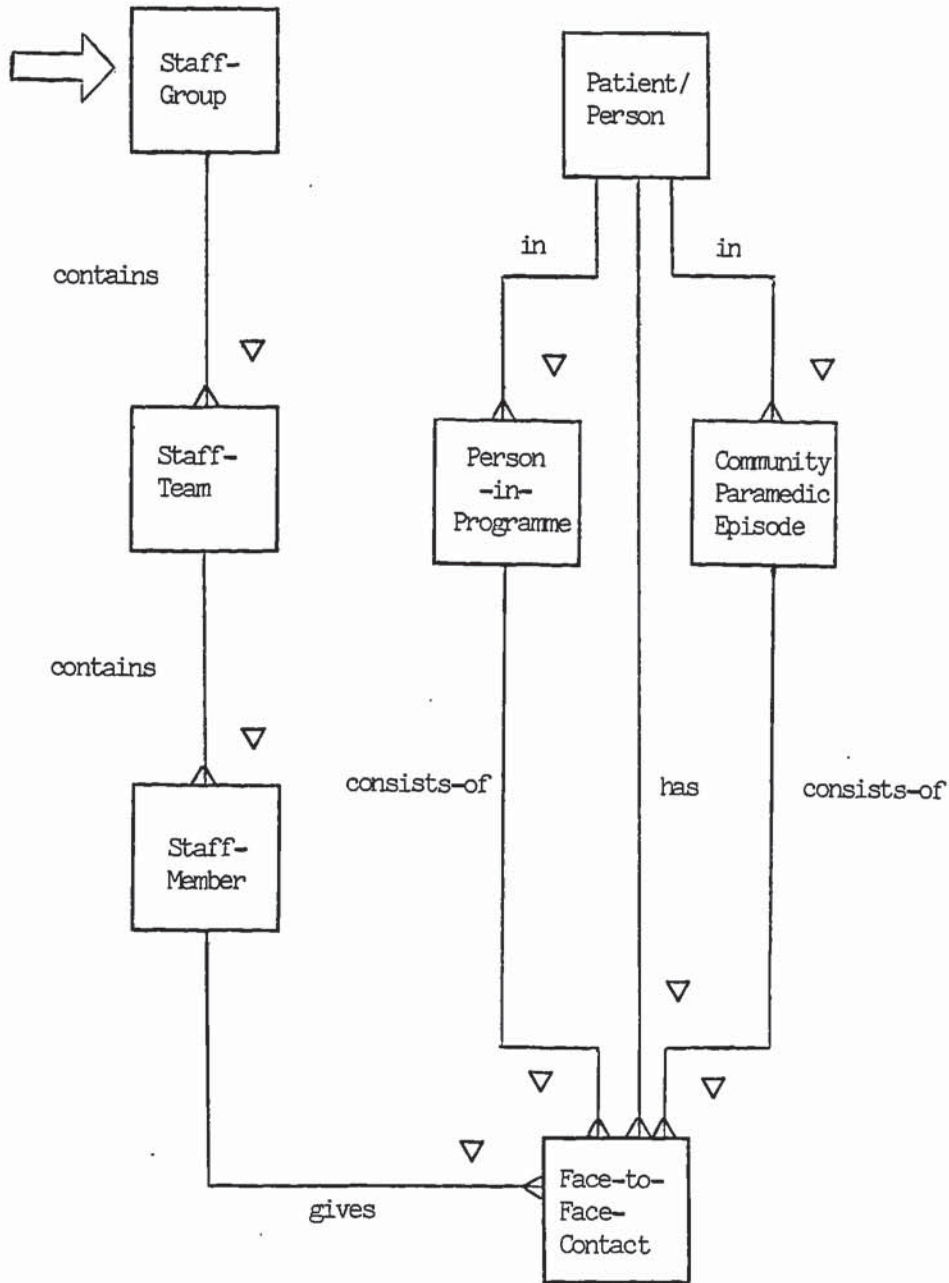
Date: 99/99/99

Report: K05 First Face-to-Face Contacts in the Financial Year by Age and Sex Page: 999

| Age | Total Male Contacts | % | Total Female Contacts | % | Total Of All Contacts | % |
|-----------------------------|---------------------|-----|-----------------------|-----|-----------------------|-----|
| XXXX Staff Group XXX | | | | | | |
| XXXX Staff Team XXXX | | | | | | |
| 0 - 4 | 999 | 999 | 999 | 999 | 999 | 999 |
| 5 - 16 | 999 | 999 | 999 | 999 | 999 | 999 |
| 17 - 54 | 999 | 999 | 999 | 999 | 999 | 999 |
| 55 - 64 | 999 | 999 | 999 | 999 | 999 | 999 |
| 65 - 74 | 999 | 999 | 999 | 999 | 999 | 999 |
| 75 - 84 | 999 | 999 | 999 | 999 | 999 | 999 |
| 85 + | 999 | 999 | 999 | 999 | 999 | 999 |
| XXXX Staff Team XXXX Total: | 999 | 999 | 999 | 999 | 999 | 999 |
| XXXX Staff Group XXX Total: | 999 | 999 | 999 | 999 | 999 | 999 |

End of Report: K05

Title: First-Contact-Fin-Year-Age-Sex Model



- | | | |
|------------------------|-------------------------|------------------------|
| Create New Entity | Delete Entity | Modify Entity |
| Access Entity Directly | Access through Relation | Process all or a Range |

Ref: ISD21/ K05

| | |
|-------------|--|
| Name | FIRST-CONTACTS-FIN-YEAR-AGE-SEX REPORT |
| Description | LOGIC OUTLINE |

produce report-headings

REPEAT {for each staff group}

access staff group record
print staff group

REPEAT {for each staff team within group}

access staff team record
print staff team

REPEAT {for each staff member within team}

access staff member record

REPEAT {access all contacts for that record}

access contact record
cumulate by age and sex

UNTIL all contacts accessed

UNTIL all staff members accessed

REPEAT {for each age cohort}

print report-line

UNTIL all age cohorts printed

print staff team totals

UNTIL all staff teams accessed

print staff group totals

UNTIL all staff groups accessed

Keywords: IF....THEN....ELSE....SO....
REPEAT....UNTIL
CASE.....OF....[conds:stmts]....OTHERWISE....ENDCASE

Ref: ISD10/P05

FUNCTION / ENTITY USAGE CHART

System: CHIS

| Function Name | E | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|--|-------------------------------|--------------------------------------|--------------------------------------|--|---|--|--------------------------------------|--------------------------------------|--|--|--|----|----|
| | n N t a i m t e y | S G T R A O F U F P - | S T R T A A U F P P - | S M T E A A M F F E - R | F C O O T N B O T T A A F C | C R O E N S T U A L C T | L C S T U I O N | O P A T I E N T | P P T R M I S I O N | E O E M P I R E A D R E F E R R A L | S R A C T I V I T Y | | |
| 1 CONTACTS-LOCATION | | X | X | X | X | | X | | | | | | |
| 2 CONTACTS-REFERRAL | | X | X | X | X | | | | X | X | | | |
| 3 CONTACTS-AGE-SEX | | X | X | X | X | | | X | X | | | | |
| 4 FIRST-CONTACTS-FIN -YEAR-LOCATION | | X | X | X | X | | X | | | | | | |
| 5 FIRST-CONTACTS-FIN -YEAR-AGE-SEX | | X | X | X | X | | | X | X | | | | |
| 6 EPISODES-LOCATION | | X | X | X | | | X | | X | | | | |
| 7 EPISODES-REFERRAL | | X | X | X | | | | | X | X | | | |
| 8 CONTACT-RESULTS | | X | X | X | X | X | | | X | X | | | |
| 9 CONTACT-DURATIONS- LOCATION | | X | X | X | X | | X | | | | | | |
| 10 CONTACT-DURATIONS- AGE-SEX | | X | X | X | X | | | X | X | | | | |
| 11 COMMUNITY-CONTACTS -AGE-SEX | | X | X | X | X | | | X | X | | | | |
| 12 HOME-ASSESSMENTS | | X | X | X | | | | | | | | | |
| 13 PATIENT-REGISTER | | | | | | | | X | | | | | |
| 14 EPISODE-LENGTHS | | X | X | X | | | | | X | | | | |
| 15 CONTACT-DURATION | | X | X | X | X | | | X | X | | | | |
| 16 DISCHARGES | | X | X | X | | | | X | X | | | | |
| 17 MILEAGE-SUMMARY | | X | X | X | | | | | | | | | |
| 18 EPISODE-CATEGORY | | X | X | X | | | | X | X | | | | |
| 19 ON-LINE-PATIENT- REGISTER | | X | X | X | X | | | X | X | | | | |
| 20 REFERRALS-CATEGORY | | X | X | X | | | | X | X | X | | | |

Ref: ISD13/P01

FUNCTION / ENTITY USAGE CHART

System: CHIS

| Function Name | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|--|---|---|---|---|---|---|---|---|---|----|----|----|
| 1 CONTACTS-LOCATION | | | | | | | | | | | | |
| 2 CONTACTS-REFERRAL | | | | | | | | | | | | |
| 3 CONTACTS-AGE-SEX | | X | | | | | | | | | | |
| 4 FIRST-CONTACTS-FIN -YEAR-LOCATION | | | | | | | | | | | | |
| 5 FIRST-CONTACTS-FIN -YEAR-AGE-SEX | | X | | | | | | | | | | |
| 6 EPISODES-LOCATION | | | | | | | | | | | | |
| 7 EPISODES-REFERRAL | | | | | | | | | | | | |
| 8 CONTACT-RESULTS | | | | | | | | | | | | |
| 9 CONTACT-DURATIONS- LOCATION | | | | | | | | | | | | |
| 10 CONTACT-DURATIONS- AGE-SEX | | X | | | | | | | | | | |
| 11 COMMUNITY-CONTACTS -AGE-SEX | | X | | | | | | | | | | |
| 12 HOME-ASSESSMENTS | | | X | X | | | | | | | | |
| 13 PATIENT-REGISTER | | | | | | | | | | | | |
| 14 EPISODE-LENGTHS | | | | | | | | | | | | |
| 15 CONTACT-DURATION | | X | | | | | | | | | | |
| 16 DISCHARGES | | | | | | | | | | | | |
| 17 MILEAGE-SUMMARY | X | | | | | | | | | | | |
| 18 EPISODE-CATEGORY | | | | | | | | | | | | |
| 19 ON-LINE-PATIENT- REGISTER | | X | | | | | | | | | | |
| 20 REFERRALS-CATEGORY | | | | | | | | | | | | |

Ref: ISD13/P02

FUNCTION / ENTITY USAGE CHART

System: CHIS

| Function Name | Entity | | | | | | | | | | | |
|------------------------------|--------|---|---|---|---|---|---|---|---|----|----|----|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| | X | X | X | X | X | | | | | | | |
| 1 GROUP-SESSION-ATTENDANCES | X | X | X | X | X | | | | | | | |
| 2 PROGRAMMES | X | X | X | | | X | X | X | X | X | | |
| 3 CONTACTS-TRACED | X | X | X | | | X | | | X | X | | |
| 4 ASSESSMENTS | X | X | X | | | X | | | X | X | | |
| 5 ACTIVITY-SUMMARY | X | X | X | X | | | | | | | | |
| 6 ACTIVITY-SUMMARY-OTHER | X | X | X | | | | | | | | | |
| 7 PROGRAMME-COSTING | X | X | X | X | | X | X | X | X | | | |
| 8 VOLUNTARY-SERVICES | X | X | X | | | | | | | X | | |
| 9 OTHER-SERVICES | X | X | X | | | | | | | X | | |
| 10 ACTIVITY-SUMMARY-REFERRAL | X | X | X | X | | | | | | | | |
| 11 ACTIVITY-SUMMARY-LOCATION | X | X | X | X | X | | | | | | | |
| 12 GROUP-SESSION-ATTENDANCES | X | X | X | X | | | | | X | X | | |
| 13 CONTACT-ACTIVITY | X | X | X | | | | | | | | | |
| 14 NON-ATTENDANCES-REFERRAL | X | X | X | X | | | | | | | | |
| 15 SOCIAL-SUPPORT | X | X | X | | | | | | | X | | |
| 16 FUNCTIONAL-IMPAIRMENT | X | X | X | | | | | | | X | | |
| 17 | | | | | | | | | | | | |
| 18 | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | |

Ref: ISD13/P03

FUNCTION / ENTITY USAGE CHART

System: CHIS

| Function Name | E | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|------------------------------|-------------------------------|---|---|---|---|---|---|---|---|---|----|----|----|
| | n N t a i m t e y | T D R E A T V A E I L L - S | F C O T T N O T A R F C T | O C T T H I E V A R - T Y | A R S E U E R R I C T E - L | | | | | | | | |
| 1 GROUP-SESSION-ATTENDANCES | | | | | | | | | | | | | |
| 2 PROGRAMMES | | | | | | | | | | | | | |
| 3 CONTACTS-TRACED | | | | | | | | | | | | | |
| 4 ASSESSMENTS | | | | | | | | | | | | | |
| 5 ACTIVITY-SUMMARY | | X | X | X | | | | | | | | | |
| 6 ACTIVITY-SUMMARY-OTHER | | | X | X | | | | | | | | | |
| 7 PROGRAMME-COSTING | | X | X | | | | | | | | | | |
| 8 VOLUNTARY-SERVICES | | | | | | | | | | | | | |
| 9 OTHER-SERVICES | | | | | | | | | | | | | |
| 10 ACTIVITY-SUMMARY-REFERRAL | | X | X | X | X | | | | | | | | |
| 11 ACTIVITY-SUMMARY-LOCATION | | X | X | X | | | | | | | | | |
| 12 GROUP-SESSION-ATTENDANCES | | | | | | | | | | | | | |
| 13 CONTACT-ACTIVITY | | | X | | | | | | | X | | | |
| 14 NON-ATTENDANCES-REFERRAL | | | | | X | | | | | | | | |
| 15 SOCIAL-SUPPORT | | | | | | | | | | | | | |
| 16 FUNCTIONAL-IMPAIRMENT | | | | | | | | | | | | | |
| 17 | | | | | | | | | | | | | |
| 18 | | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | | |

Ref: ISD13/P04

FUNCTION / ENTITY USAGE CHART

System: CHIS

| Entity Name | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|------------------------------|---|---|---|---|---|---|---|---|---|----|----|----|
| Function Name | | | | | | | | | | | | |
| 1 DISCHARGES-REASON-REFERRAL | X | X | X | X | X | | | | | | | |
| 2 REFERRALS-AGE-SEX | X | X | X | X | X | X | | | | | | |
| 3 | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | |
| 16 | | | | | | | | | | | | |
| 17 | | | | | | | | | | | | |
| 18 | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | |

Ref: ISD13/PO5

VALID ENTITY STATE CHART

System: CHIS

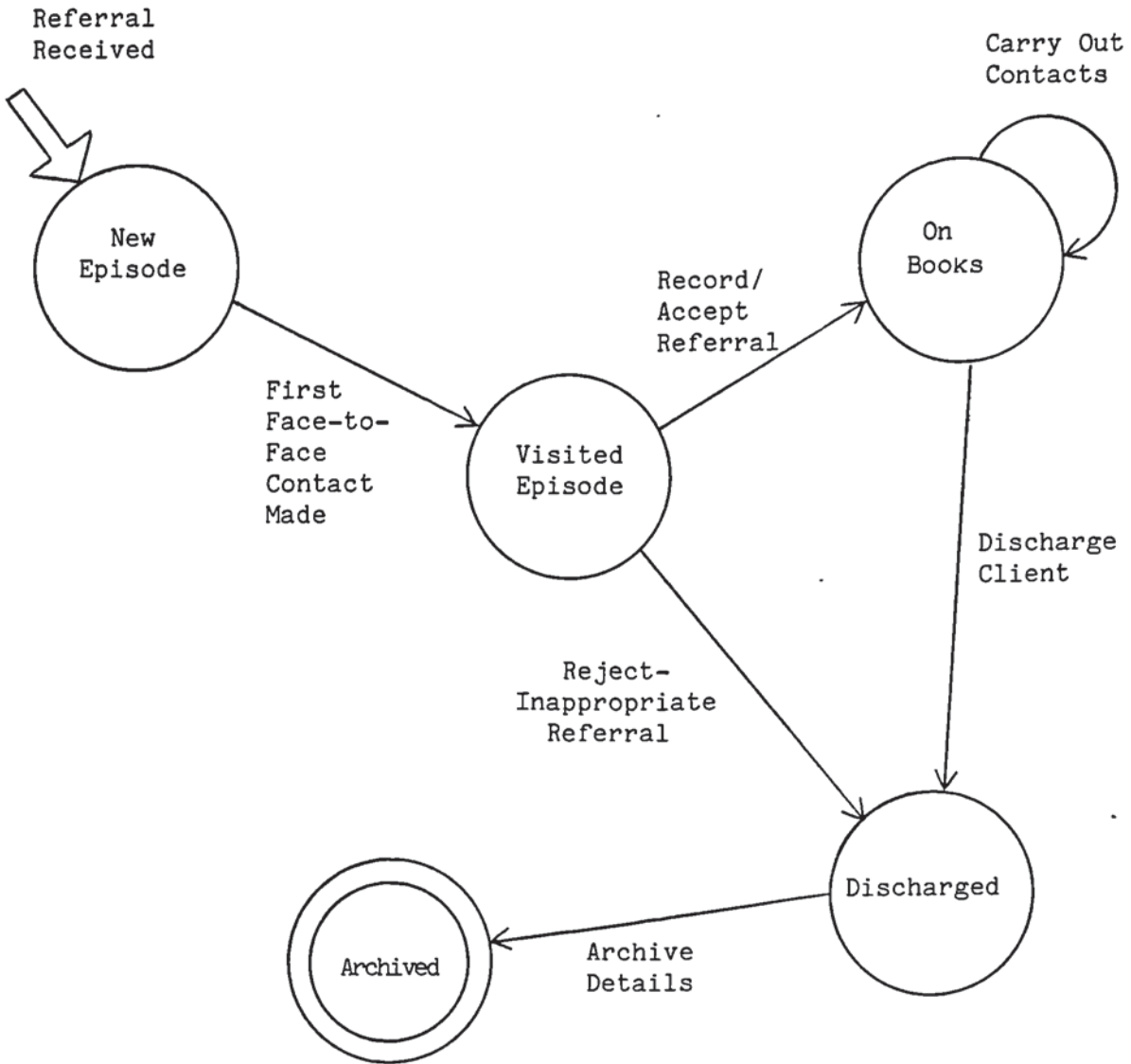
| State Name | E n t i t y | T S y s t e m | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---------------------------------|----------------------------|---------------------------------|--------------------------------------|---------------------------------|--|---|---|---|---|
| | | | C O M M E N T S | P E R I O D S | P I P E N R O G R A M S | | | | |
| 1 NEW-EPISODE | | | X | - | | | | | |
| 2 VISITED-EPISODE | | | X | - | | | | | |
| 3 DISCHARGED | | | X | - | | | | | |
| 4 ON-BOOKS | | | X | - | | | | | |
| 5 NOT-CONTACTED | | | - | X | | | | | |
| 6 UNDERGOING-PROGRAMME-ACTIVITY | | | - | X | | | | | |
| 7 COMPLETED | | | - | X | | | | | |
| 8 ARCHIVED | | | X | X | | | | | |
| 9 | | | | | | | | | |
| 10 | | | | | | | | | |
| 11 | | | | | | | | | |
| 12 | | | | | | | | | |
| 13 | | | | | | | | | |
| 14 | | | | | | | | | |
| 15 | | | | | | | | | |
| 16 | | | | | | | | | |
| 17 | | | | | | | | | |
| 18 | | | | | | | | | |
| 19 | | | | | | | | | |
| 20 | | | | | | | | | |

Ref: ISD15/P04

ENTITY LIFE CYCLE

System: CHIS

| | |
|-------------|------------------------------------|
| Name | Community/Paramedic Episode Entity |
| Description | Episode Life Cycle |



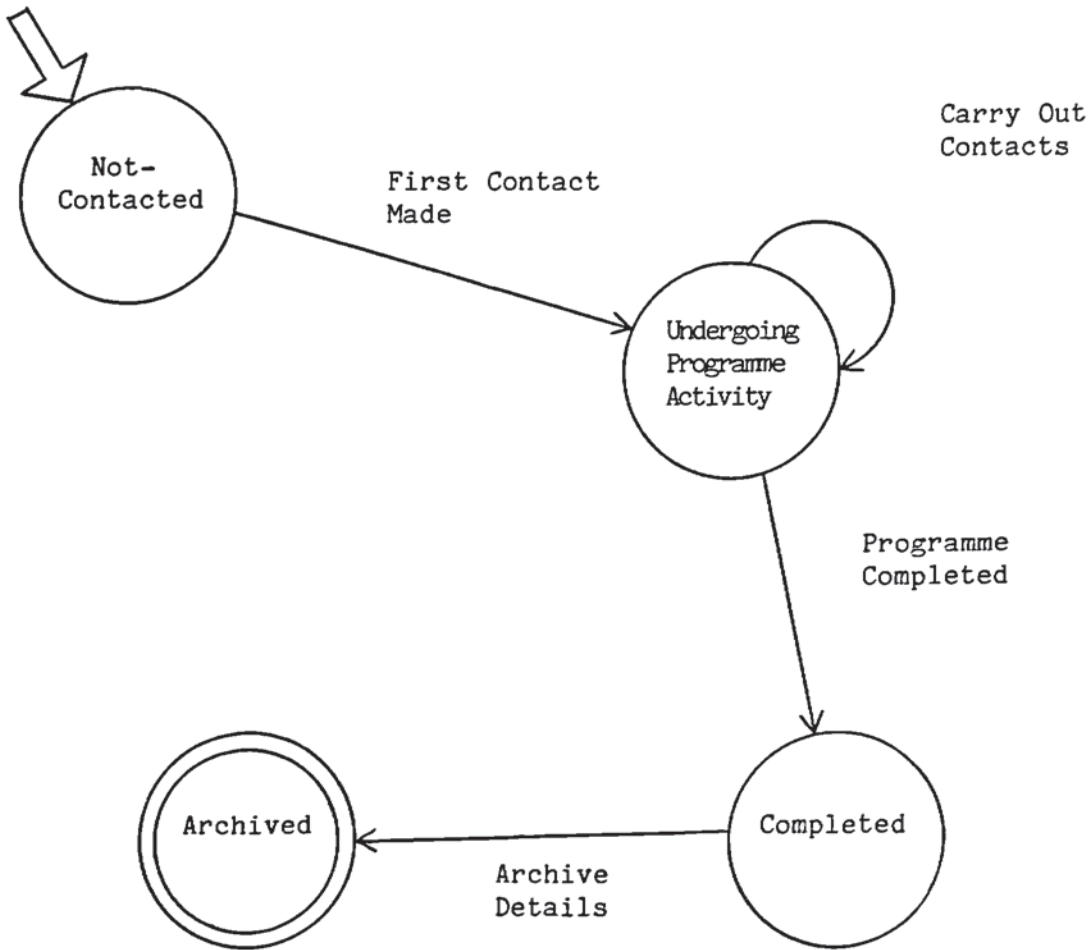
Ref: ISD12/ P05

ENTITY LIFE CYCLE

System: CHIS

| | |
|-------------|--------------------------------|
| Name | Person-in-Programme Entity |
| Description | Person-in-Programme Life Cycle |

Client Enters
Into Programme



Ref: ISD12/ P06

STATE / EVENT TRANSITION CHART

System: CHIS

| State Name | E | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|-----------------------|-----|-----|-----|-----|-----|-----|-----|-----|---|---|----|----|----|
| | v N | R R | F C | R R | A D | D C | R R | C C | | | | | |
| | e a | E E | O E | E E | R E | I L | E E | A O | | | | | |
| | n m | F C | T N | J F | C T | S I | C F | R N | | | | | |
| | t e | E / | O / | E H | A / | E O | E R | T | | | | | |
| | | R D | M I | R / | I G | N R | R Y | S | | | | | |
| | | - | F D | N | V L | E T | D | - | | | | | |
| 1 NEW-EPISODE | | E | 2 | E | E | E | E | E | | | | | |
| 2 VISITED-EPISODE | | E | E | 3 | E | E | 5 | E | | | | | |
| 3 DISCHARGED | | E | E | E | 4 | E | E | E | | | | | |
| 4 ARCHIVED | | E | E | E | E | E | E | E | | | | | |
| 5 ON-BOOKS | | E | E | E | E | 3 | E | 5 | | | | | |
| 6 NOT KNOWN TO SYSTEM | | 1 | E | E | E | E | E | E | | | | | |
| 7 | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | | |
| 16 | | | | | | | | | | | | | |
| 17 | | | | | | | | | | | | | |
| 18 | | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | | |

Note:

Indicate at intersections the state entered into when an event occurs. Place an 'E' to indicate error or invalid states.

Ref: ISD14/P07

STATE / EVENT TRANSITION CHART

System: CHIS

| State Name | E | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|---------------------------------|--------------------------|---------------------------------|---------------------------------|--|--|-------------------------------|---|---|---|---|----|----|----|
| | v N e a n m t e | C P L R I O E G N T | F M R / O C O E N T | A D R E C D H A / I V L | P C R O O M G / - L T - | C C A O R N R T S | | | | | | | |
| 1 NOT KNOWN TO SYSTEM | | 1 | E | E | E | E | | | | | | | |
| 2 NOT-CONTACTED | | E | 5 | E | E | E | | | | | | | |
| 3 COMPLETED | | E | E | 4 | E | E | | | | | | | |
| 4 ARCHIVED | | E | E | E | E | E | | | | | | | |
| 5 UNDERGOING-PROGRAMME-ACTIVITY | | E | E | E | 3 | 5 | | | | | | | |
| 6 | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | | |
| 16 | | | | | | | | | | | | | |
| 17 | | | | | | | | | | | | | |
| 18 | | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | | |

Note:

Indicate at intersections the state entered into when an event occurs. Place an 'E' to indicate error or invalid states.

Appendix 10 - Report Layout Definitions

Darlington Health Authority

Community Health Services

Date: 99/99/99

Report: K01 Face-to-Face Contacts by Location Page: 999

| Location | Total Number of Contacts | % |
|-----------------------------------|-----------------------------|-----|
| XXXX Staff Group XXX | | |
| XXXX Staff Team XXXX | | |
| XXXXXXXXXXXXX Location XXXXXXXXXX | 999 | 999 |
| XXXXXXXXXXXXX Location XXXXXXXXXX | 999 | 999 |
| XXXXXXXXXXXXX Location XXXXXXXXXX | 999 | 999 |
| XXXXXXXXXXXXX Location XXXXXXXXXX | 999 | 999 |
| XXXXXXXXXXXXX Location XXXXXXXXXX | 999 | 999 |
| XXXXXXXXXXXXX Location XXXXXXXXXX | 999 | 999 |
| XXXX Staff Team XXXX | Total: 9999 | 999 |
| XXXX Staff Group XXX | Total: 9999 | 999 |

End of Report: K01

Darlington Health Authority

Community Health Services Date: 99/99/99

Report: K02 Face-to-Face Contacts by Source of Referral Page: 999

| Source of Referral | Total Number of Contacts | % |
|-------------------------------|--------------------------|-----|
| XXXX Staff Group XXX | | |
| XXXX Staff Team XXXX | | |
| XXXX Source of Referral XXXXX | 999 | 999 |
| XXXX Source of Referral XXXXX | 999 | 999 |
| XXXX Source of Referral XXXXX | 999 | 999 |
| XXXX Source of Referral XXXXX | 999 | 999 |
| XXXX Source of Referral XXXXX | 999 | 999 |
| XXXX Source of Referral XXXXX | 999 | 999 |
| XXXX Staff Team XXXX Total: | 9999 | 999 |
| XXXX Staff Group XXX Total: | 9999 | 999 |

End of Report: K02

Darlington Health Authority

Community Health Services

Date: 99/99/99

Report: K03 Face-to-Face Contacts by Age and Sex Page: 999

| Age | Total Male Contacts | % | Total Female Contacts | % | Total Of All Contacts |
|-----------------------------|---------------------------|-----|-----------------------------|-----|-----------------------------|
| ----- | | | | | |
| XXXX Staff Group XXX | | | | | |
| XXXX Staff Team XXXX | | | | | |
| 0 - 4 | 999 | 99 | 999 | 99 | 999 |
| 5 - 16 | 999 | 99 | 999 | 99 | 999 |
| 17 - 54 | 999 | 99 | 999 | 99 | 999 |
| 55 - 64 | 999 | 99 | 999 | 99 | 999 |
| 65 - 74 | 999 | 99 | 999 | 99 | 999 |
| 75 - 84 | 999 | 99 | 999 | 99 | 999 |
| 85 + | 999 | 99 | 999 | 99 | 999 |
| XXXX Staff Team XXXX Total: | 999 | 999 | 999 | 999 | 999 |
| XXXX Staff Group XXX Total: | 999 | 999 | 999 | 999 | 999 |

End of Report: K03

Darlington Health Authority

Community Health Services

Date: 99/99/99

Report: K04 First Face-to-Face Contacts in Page: 999
 the Financial Year by Location

| Location | Total Number of First Contacts | % |
|----------------------------------|-----------------------------------|-----|
| ----- | | |
| XXXX Staff Group XXX | | |
| XXXX Staff Team XXXX | | |
| XXXXXXXXXX Location XXXXXXXXXXXX | 999 | 999 |
| XXXXXXXXXX Location XXXXXXXXXXXX | 999 | 999 |
| XXXXXXXXXX Location XXXXXXXXXXXX | 999 | 999 |
| XXXXXXXXXX Location XXXXXXXXXXXX | 999 | 999 |
| XXXXXXXXXX Location XXXXXXXXXXXX | 999 | 999 |
| XXXXXXXXXX Location XXXXXXXXXXXX | 999 | 999 |
| XXXX Staff Team XXXX Total: | 9999 | 999 |
| XXXX Staff Group XXX Total: | 9999 | 999 |

End of Report: K04

Darlington Health Authority

Community Health Services

Date: 99/99/99

Report: K05 First Face-to-Face Contacts in the Page: 999
 Financial Year by Age and Sex

| Age | Total Male Contacts | % | Total Female Contacts | % | Total Of All Contacts |
|----------------------|---------------------------|-----|-----------------------------|-----|-----------------------------|
| ----- | | | | | |
| XXXX Staff Group XXX | | | | | |
| XXXX Staff Team XXXX | | | | | |
| 0 - 4 | 999 | 999 | 999 | 999 | 999 |
| 5 - 16 | 999 | 999 | 999 | 999 | 999 |
| 17 - 54 | 999 | 999 | 999 | 999 | 999 |
| 55 - 64 | 999 | 999 | 999 | 999 | 999 |
| 65 - 74 | 999 | 999 | 999 | 999 | 999 |
| 75 - 84 | 999 | 999 | 999 | 999 | 999 |
| 85 + | 999 | 999 | 999 | 999 | 999 |
| XXXX Staff Team XXXX | Total: 999 | 999 | 999 | 999 | 999 |
| XXXX Staff Group XXX | Total: 999 | 999 | 999 | 999 | 999 |

End of Report: K05

Darlington Health Authority

Date: 99/99/99

Community Health Services

Page: 999

Completed Episodes by Location

Report: K06

Location

Total Number
of Episodes

%

XXXX Staff Group XXX

XXXX Staff Team XXXX

| | | | |
|---------------------|---------|-----|-----|
| XXXXXXXXXX Location | XXXXXXX | 999 | 999 |
| XXXXXXXXXX Location | XXXXXXX | 999 | 999 |
| XXXXXXXXXX Location | XXXXXXX | 999 | 999 |
| XXXXXXXXXX Location | XXXXXXX | 999 | 999 |
| XXXXXXXXXX Location | XXXXXXX | 999 | 999 |
| XXXXXXXXXX Location | XXXXXXX | 999 | 999 |

XXXX Staff Team XXXX Total: 9999 999

XXXX Staff Group XXX Total: 9999 999

End of Report: K06

Darlington Health Authority

Community Health Services

Date: 99/99/99

Report: K07

Page: 999

Completed Episodes by Length of
Episode and Source of Referral

| Source of Referral | Up to 1 Week | | Up to 2 Weeks | | Up to 3 Months | | Up to 6 Months | | Up to 1 Year | | Up to 2 Years | | Up to 3 Years | | Up to 4 Years | | Up to 5 Years | | TOTAL |
|--------------------------------|--------------|-----|---------------|-----|----------------|-----|----------------|-----|--------------|-----|---------------|-----|---------------|-------|---------------|-------|---------------|-------|-------|
| | 1 | 2 | 1 | 2 | 1 | 2 | 3 | 6 | 1 | 2 | 3 | 4 | 5 | Years | Years | Years | Years | Years | |
| XXXX Staff Group XXX | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 9999 |
| XXXX Staff Team XXXX | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 9999 |
| XXXXX Source of Referral XXXXX | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 9999 |
| XXXXX Source of Referral XXXXX | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 9999 |
| XXXXX Source of Referral XXXXX | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 9999 |
| XXXXX Source of Referral XXXXX | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 9999 |
| XXXXX Source of Referral XXXXX | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 9999 |
| XXXX Staff Team XXX | Total: 999 | | 999 | | 999 | | 999 | | 999 | | 999 | | 999 | | 999 | | 999 | | 9999 |
| XXXX Staff Group XXX | Total: 999 | | 999 | | 999 | | 999 | | 999 | | 999 | | 999 | | 999 | | 999 | | 9999 |

End of Report: K07

Darlington Health Authority

Community Health Services

Date: 99/99/99

Report: K08

First Face-to-Face Contact Results
by Source of Referral

Page: 999

| Source of Referral | Total First Contacts | % | ***** R E S U L T S ***** | | No Action Required | % |
|-------------------------------|----------------------------|----|---------------------------|-----------------------------|--------------------------|----|
| | | | NHS Action Required | Other Agency Required | | |
| XXXX Staff Group XXX | 999 | 99 | 999 | 999 | 999 | 99 |
| XXXX Staff Team XXXX | 999 | 99 | 999 | 999 | 999 | 99 |
| XXXX Source of Referral XXXXX | 999 | 99 | 999 | 999 | 999 | 99 |
| XXXX Source of Referral XXXXX | 999 | 99 | 999 | 999 | 999 | 99 |
| XXXX Source of Referral XXXXX | 999 | 99 | 999 | 999 | 999 | 99 |
| XXXX Source of Referral XXXXX | 999 | 99 | 999 | 999 | 999 | 99 |
| XXXX Source of Referral XXXXX | 999 | 99 | 999 | 999 | 999 | 99 |
| XXXX Staff Team XXXX | 999 | 99 | 999 | 999 | 999 | 99 |
| XXXX Staff Group XXX | 999 | 99 | 999 | 999 | 999 | 99 |

End of Report: K08

Darlington Health Authority

Community Health Services Date: 99/99/99

Report: K09 Face-to-Face Contact Durations Page: 999

by Location

AVERAGE TIME
PER CONTACT

| Location | Total Contact Time | AVERAGE TIME PER CONTACT | |
|----------|--------------------------|-----------------------------|--------------------------|
| | | This Month | Last Month Cumulative |

XXXX Staff Group XXX

XXXX Staff Team XXXX

| | | | |
|------------------------|-----|----|----|
| XXXXXXXXXXXXX Location | 999 | 99 | 99 |
| XXXXXXXXXXXXX Location | 999 | 99 | 99 |
| XXXXXXXXXXXXX Location | 999 | 99 | 99 |
| XXXXXXXXXXXXX Location | 999 | 99 | 99 |
| XXXXXXXXXXXXX Location | 999 | 99 | 99 |
| XXXXXXXXXXXXX Location | 999 | 99 | 99 |

XXXX Staff Team XXXX

XXXX Staff Group XXX

End of Report: K09

Darlington Health Authority

Community Health Services

Date: 99/99/99

Report: K010

Face-to-Face Contact Durations by Age and Sex

Page: 999

| Age | AVERAGE TIME PER MALE CONTACT | | | AVERAGE TIME PER FEMALE CONTACT | | |
|----------------------|-------------------------------|------------|------------|---------------------------------|------------|------------|
| | Total Contact Time | This Month | Last Month | Total Contact Time | This Month | Last Month |
| XXXX Staff Group XXX | | | | | | |
| XXXX Staff Team XXXX | | | | | | |
| 0 - 4 | 999 | 99 | 99 | 999 | 99 | 99 |
| 5 - 16 | 999 | 99 | 99 | 999 | 99 | 99 |
| 17 - 54 | 999 | 99 | 99 | 999 | 99 | 99 |
| 55 - 64 | 999 | 99 | 99 | 999 | 99 | 99 |
| 65 - 74 | 999 | 99 | 99 | 999 | 99 | 99 |
| 75 - 84 | 999 | 99 | 99 | 999 | 99 | 99 |
| 85 + | 999 | 99 | 99 | 999 | 99 | 99 |
| XXXX Staff Team XXXX | Total: | 99 | 99 | 999 | 99 | 99 |
| XXXX Staff Group XXX | Total: | 99 | 99 | 999 | 99 | 99 |

End of Report: K010

Darlington Health Authority

Community Health Services

Date: 99/99/99

Report: K011

Community Based Face-to-Face Contacts
by Age and Sex and Patient Category

Page: 999

| Patient Category | 0-4 | 5-16 | 17-54 | 55-64 | 65-74 | 75-84 | 85+ | ***** | M | A | L | E | ***** | F | E | M | A | L | E | ***** | Male & Female Total | |
|--------------------------------|-----|------|-------|-------|-------|-------|-----|-------|----|----|----|----|-------|----|----|----|----|----|----|-------|---------------------|-----|
| XXXX Staff Group XXX | | | | | | | | | | | | | | | | | | | | | | |
| XXXX Staff Team XXXX | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX Patient Category XXXXXX | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 999 |
| XXXXXX Patient Category XXXXXX | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 999 |
| XXXXXX Patient Category XXXXXX | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 999 |
| XXXXXX Patient Category XXXXXX | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 999 |
| XXXXXX Patient Category XXXXXX | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 999 |
| XXXX Staff Team XXXX Total: | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 999 |
| XXXX Staff Group XXX Total: | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 999 |

End of Report: K011

Darlington Health Authority

Community Health Services Date 99/99/99

Report: K012 Home Assessments Carried out by Page 999
 Type of Assessment

| Type of Assessment | Total Number of Assessments | % |
|-------------------------------|-----------------------------|-----|
| XXXX Staff Group XXX | | |
| XXXX Staff Team XXXX | | |
| XXXXX Type of Assessment XXXX | 999 | 999 |
| XXXXX Type of Assessment XXXX | 999 | 999 |
| XXXXX Type of Assessment XXXX | 999 | 999 |
| XXXXX Type of Assessment XXXX | 999 | 999 |
| XXXXX Type of Assessment XXXX | 999 | 999 |
| XXXXX Type of Assessment XXXX | 999 | 999 |
| XXXX Staff Team XXXX | 9999 | 999 |
| XXXX Staff Group XXX | 9999 | 999 |

End of Report: K012

Darlington Health Authority

Community Health Services Date. 99/99/99

Report: K014 Group Session Attendances by Location Page 999

| Location | Total Number of Attendances | % |
|-----------------------------------|-----------------------------|-----|
| XXXX Staff Group XXX | | |
| XXXX Staff Team XXXX | | |
| XXXXXXXXXX Location XXXXXXXXXXXXX | 999 | 999 |
| XXXXXXXXXX Location XXXXXXXXXXXXX | 999 | 999 |
| XXXXXXXXXX Location XXXXXXXXXXXXX | 999 | 999 |
| XXXXXXXXXX Location XXXXXXXXXXXXX | 999 | 999 |
| XXXXXXXXXX Location XXXXXXXXXXXXX | 999 | 999 |
| XXXXXXXXXX Location XXXXXXXXXXXXX | 999 | 999 |
| XXXX Staff Team XXXX | Total: 9999 | 999 |
| XXXX Staff Group XXX | Total: 9999 | 999 |

End of Report: K014

Darlington Health Authority

Community Health Services

Date: 99/99/99

Report: K015

Programme Analysis by Age and Sex

Page. 999

| Programme | 0-4 | 5-16 | 17-54 | 55-64 | 65-74 | 75-84 | 85+ | 0-4 | 5-16 | 17-54 | 55-64 | 65-74 | 75-84 | 85+ | Male & Female Total |
|----------------------------------|-----|------|-------|-------|-------|-------|-----|-----|------|-------|-------|-------|-------|-----|---------------------|
| | | | | | | | | | | | | | | | |
| XXXX Staff Group XXX | | | | | | | | | | | | | | | |
| XXXX Staff Team XXXX | | | | | | | | | | | | | | | |
| XXXX Programme Category XXXXXX | | | | | | | | | | | | | | | |
| XXXX Programme Type XXXXXXXXXXXX | | | | | | | | | | | | | | | |
| XXXXXX Programme XXXXXXXXXXXX | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 999 |
| XXXXXX Programme XXXXXXXXXXXX | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 999 |
| XXXXXX Programme XXXXXXXXXXXX | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 999 |
| XXXXXX Programme XXXXXXXXXXXX | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 999 |
| XXXX Programme Type XXXXXXXXXXXX | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 999 |
| XXXX Programme Category XXXXXX | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 999 |
| XXXX Staff Team XXXX Total: | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 999 |
| XXXX Staff Group XXX Total: | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 999 |

End of Report: K015

Darlington Health Authority

Community Health Services

Date: 99/99/99

Report K016 Episodes of Care by Length of Episode Page: 999

 Episode Length Total Number of Completed Episodes %

XXXX Staff Group XXX

XXXX Staff Team XXXX

| | | |
|----------------|-----|-----|
| Up to 1 Week | 999 | 999 |
| Up to 2 Weeks | 999 | 999 |
| Up to 1 Month | 999 | 999 |
| Up to 2 Months | 999 | 999 |
| Up to 3 Months | 999 | 999 |
| Up to 6 Months | 999 | 999 |
| Up to 1 Year | 999 | 999 |
| Up to 2 Years | 999 | 999 |
| Up to 3 Years | 999 | 999 |
| Up to 4 Years | 999 | 999 |
| Up to 5 Years | 999 | 999 |
| Over 5 Years | 999 | 999 |

XXXX Staff Team XXXX

Total:

9999 999

XXXX Staff Group XXX

Total:

9999 999

End of Report: K016

Darlington Health Authority

Community Health Services

Date: 99/99/99

Report: K017 Contacts Traced by Programme and Age Page: 999

| Age | Total Contacts Traced | % | Total Carrying Disease | % | Total Not Carrying Disease | % |
|----------------------|-----------------------------|-----|------------------------------|-----|----------------------------------|-----|
| ----- | | | | | | |
| XXXX Staff Group XXX | | | | | | |
| XXXX Staff Team XXXX | | | | | | |
| XXXXXXXX Programme | XXXXXXXXXXXX | | | | | |
| 0 - 4 | 999 | 999 | 999 | 999 | 999 | 999 |
| 5 - 16 | 999 | 999 | 999 | 999 | 999 | 999 |
| 17 - 54 | 999 | 999 | 999 | 999 | 999 | 999 |
| 55 - 64 | 999 | 999 | 999 | 999 | 999 | 999 |
| 65 - 74 | 999 | 999 | 999 | 999 | 999 | 999 |
| 75 - 84 | 999 | 999 | 999 | 999 | 999 | 999 |
| 85 + | 999 | 999 | 999 | 999 | 999 | 999 |
| XXXXXXXX Programme | XXXXXXXXXXXX | 999 | 999 | 999 | 999 | 999 |
| XXXX Staff Team XXXX | Total: | 999 | 999 | 999 | 999 | 999 |
| XXXX Staff Group XXX | Total: | 999 | 999 | 999 | 999 | 999 |

End of Report: K017

Darlington Health Authority

Community Health Services

Date: 99/99/99

Report: K018

Assessments Made and Results by Age

Page: 999

| Age | Total Assessments Made | % | Multi-Disciplinary Assessments | % | ***** R E S U L T S ***** | | NHS Action Required % | ***** | |
|----------------------|---------------------------------|-----|--------------------------------|-----|--------------------------------|----------------------|-----------------------|-------|-----|
| | | | | | Other Agency Action Required % | No Action Required % | | | |
| 0 - 4 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 |
| 5 - 16 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 |
| 17 - 54 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 |
| 55 - 64 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 |
| 65 - 74 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 |
| 75 - 84 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 |
| 85 + | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 |
| XXXX Staff Team XXX | XXXX Staff Team XXX Total: 999 | | | | | | | | |
| XXXX Staff Team XXX | XXXX Staff Team XXX Total: 999 | | | | | | | | |
| XXXX Staff Group XXX | XXXX Staff Group XXX Total: 999 | | | | | | | | |

End of Report: K018

Darlington Health Authority

Community Health Services Date: 99/99/99

Report: K019 Face-to-Face Contact Durations by Patient Category Page 999

A V E R A G E T I M E
P E R C O N T A C T

| Patient Category | Total Contact Time | Total Number of Contacts | Average Time per Contact (This Month) | Average Time per Contact (Last Month) | Cumulative |
|-------------------------------|--------------------|--------------------------|---------------------------------------|---------------------------------------|------------|
| XXXX Staff Group XXX | | | | | |
| XXXX Staff Team XXXX | | | | | |
| XXXXXX Patient Category XXXXX | 999 | 999 | 99 | 99 | 99 |
| XXXXXX Patient Category XXXXX | 999 | 999 | 99 | 99 | 99 |
| XXXXXX Patient Category XXXXX | 999 | 999 | 99 | 99 | 99 |
| XXXXXX Patient Category XXXXX | 999 | 999 | 99 | 99 | 99 |
| XXXXXX Patient Category XXXXX | 999 | 999 | 99 | 99 | 99 |
| XXXXXX Patient Category XXXXX | 999 | 999 | 99 | 99 | 99 |
| XXXXXX Patient Category XXXXX | 999 | 999 | 99 | 99 | 99 |
| XXXX Staff Team XXXX | Total: 999 | 999 | 99 | 99 | 99 |
| XXXX Staff Group XXX | Total: 999 | 999 | 99 | 99 | 99 |

End of Report: K019

Darlington Health Authority

Community Health Services

Date: 99/99/99

Report: K020

Discharge Analysis by Age

Page 999

| Reason for Discharge | 0-4 | 5-16 | 17-54 | 55-64 | 65-74 | 75-84 | 85+ | Number of Discharges | % |
|--------------------------------|-----|------|-------|-------|-------|-------|-----|----------------------|----|
| XXXX Staff Group XXX | | | | | | | | | |
| XXXX Staff Team XXXX | | | | | | | | | |
| XXXX Reason for Discharge XXXX | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 999 | 99 |
| XXXX Reason for Discharge XXXX | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 999 | 99 |
| XXXX Reason for Discharge XXXX | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 999 | 99 |
| XXXX Reason for Discharge XXXX | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 999 | 99 |
| XXXX Reason for Discharge XXXX | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 999 | 99 |
| XXXX Reason for Discharge XXXX | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 999 | 99 |
| XXXX Staff Team XXXX Total: | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 999 | 99 |
| XXXX Staff Group XXX Total: | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 999 | 99 |

End of Report: K020

Darlington Health Authority

Community Health Services

Date 99/99/99

Report: K021

Daily Mileage Summary

Page: 999

Staff Member 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 Total

XXXX Staff Group XXX

XXXX Staff Team XXXX

XXXXX Staff Member XXXXXX
XXXXX Staff Member XXXXXX
XXXXX Staff Member XXXXXX
XXXXX Staff Member XXXXXX
XXXXX Staff Member XXXXXX
XXXXX Staff Member XXXXXX
XXXXX Staff Member XXXXXX
XXXXX Staff Member XXXXXX

XXXX Staff Team XXXX

XXXX Staff Group XXX

Total Mileage: 99999

End of Report: K021

Darlington Health Authority

Community Health Services

Date: 99/99/99

Report: K022

Activity Summary

Page: 999

***** Face-to-Face Contacts ***** **** Group Sessions ****

| Staff Member | Total Contacts | Total Duration | Average Time | Travel Time | Abortive Calls | Total Sessions | Total Duration | Travel Time | 'Other' Activities | TOTAL TIME |
|--------------|-------------------|-------------------|-----------------|----------------|-------------------|-------------------|-------------------|----------------|-----------------------|---------------|
|--------------|-------------------|-------------------|-----------------|----------------|-------------------|-------------------|-------------------|----------------|-----------------------|---------------|

XXXX Staff Group XXX

XXXX Staff Team XXXX

| | | | | | | | | | | |
|---------------------------|-----|------|-----|-----|----|-----|-----|-----|-----|------|
| XXXXX Staff Member XXXXXX | 999 | 9999 | 999 | 999 | 99 | 999 | 999 | 999 | 999 | 9999 |
| XXXXX Staff Member XXXXXX | 999 | 9999 | 999 | 999 | 99 | 999 | 999 | 999 | 999 | 9999 |
| XXXXX Staff Member XXXXXX | 999 | 9999 | 999 | 999 | 99 | 999 | 999 | 999 | 999 | 9999 |
| XXXXX Staff Member XXXXXX | 999 | 9999 | 999 | 999 | 99 | 999 | 999 | 999 | 999 | 9999 |
| XXXXX Staff Member XXXXXX | 999 | 9999 | 999 | 999 | 99 | 999 | 999 | 999 | 999 | 9999 |
| XXXXX Staff Member XXXXXX | 999 | 9999 | 999 | 999 | 99 | 999 | 999 | 999 | 999 | 9999 |

XXXX Staff Team XXXX Total:

XXXX Staff Group XXX Total:

End of Report: K022 Total:

Darlington Health Authority

Community Health Services

Date: 99/99/99

Report: K023

'Other' Activity Summary

Page. 999

| Staff Member | Abortive Call | Clerical/ Admin | Case Conf. | Car Maint. | Super-vision | Travel | Teaching | Course/ Conf. | Planning | Attending Meetings |
|-----------------------------|---------------|-----------------|------------|------------|--------------|--------|----------|---------------|----------|--------------------|
| XXXX Staff Group XXX | | | | | | | | | | |
| XXXX Staff Team XXXX | | | | | | | | | | |
| XXXXX Staff Member XXXXXX | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 |
| XXXXX Staff Member XXXXXX | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 |
| XXXXX Staff Member XXXXXX | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 |
| XXXXX Staff Member XXXXXX | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 |
| XXXXX Staff Member XXXXXX | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 |
| XXXXX Staff Member XXXXXX | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 |
| XXXX Staff Team XXXX Total: | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 |
| XXXX Staff Group XXX Total: | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 |
| End of Report: K023 Total: | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 | 999 |

Darlington Health Authority

Community Health Services

Date: 99/99/99

Report: K024 Completed Episodes by Patient Category Page: 999

| Patient Category | Total Number of Episodes | % |
|---------------------------------|-----------------------------|-----|
| XXXX Staff Group XXX | | |
| XXXX Staff Team XXXX | | |
| XXXXX Patient Category XXXXXXXX | 999 | 999 |
| XXXXX Patient Category XXXXXXXX | 999 | 999 |
| XXXXX Patient Category XXXXXXXX | 999 | 999 |
| XXXXX Patient Category XXXXXXXX | 999 | 999 |
| XXXXX Patient Category XXXXXXXX | 999 | 999 |
| XXXXX Patient Category XXXXXXXX | 999 | 999 |
| XXXX Staff Team XXXX | Total: 9999 | 999 |
| XXXX Staff Group XXX | Total: 9999 | 999 |

End of Report: K024

Darlington Health Authority

Community Health Services

Date: 99/99/99

Report: K025

Programme Costings

Page: 999

***** T I M E U N I T S *****

Travel Time Group Session Time Face-to-Face Contact Time Total Time

Programme

XXXX Staff Group XXX

XXXX Staff Team XXXX

XXXX Programme Category XXXXXX

XXXX Programme Type XXXXXXXXXXXX

| | | | | | | |
|-----------|-----------|--------------|-----|-----|-----|------|
| XXXXXXXXX | Programme | XXXXXXXXXXXX | 999 | 999 | 999 | 9999 |
| XXXXXXXXX | Programme | XXXXXXXXXXXX | 999 | 999 | 999 | 9999 |
| XXXXXXXXX | Programme | XXXXXXXXXXXX | 999 | 999 | 999 | 9999 |
| XXXXXXXXX | Programme | XXXXXXXXXXXX | 999 | 999 | 999 | 9999 |

XXXX Programme Type XXXXXXXXXXXX

XXXX Programme Category XXXXXX

XXXX Staff Team XXXX Total: 999 9999 999 9999

XXXX Staff Group XXX Total: 999 9999 999 9999

End of Report: K025

Darlington Health Authority

Community Health Services Date. 99/99/99

Report: K027 Voluntary Service Usage Analysis Page: 999

| Voluntary Service | Total Number of Clients | % |
|--------------------------------|----------------------------|-----|
| XXXX Staff Group XXX | | |
| XXXX Staff Team XXXX | | |
| XXXXX Voluntary Service XXXXXX | 999 | 999 |
| XXXXX Voluntary Service XXXXXX | 999 | 999 |
| XXXXX Voluntary Service XXXXXX | 999 | 999 |
| XXXXX Voluntary Service XXXXXX | 999 | 999 |
| XXXXX Voluntary Service XXXXXX | 999 | 999 |
| XXXXX Voluntary Service XXXXXX | 999 | 999 |
| XXXX Staff Team XXXX | Total: 9999 | 999 |
| XXXX Staff Group XXX | Total: 9999 | 999 |

End of Report: K027

Darlington Health Authority

Community Health Services Date: 99/99/99

Report: K028 Other NHS and Non-NHS Service Usage Analysis Page: 999

| Service Name | Total Number of Clients | % |
|----------------------|----------------------------|-----|
| XXXX Staff Group XXX | | |
| XXXX Staff Team XXXX | | |
| XXXXXXX Service Name | 999 | 999 |
| XXXXXXX Service Name | 999 | 999 |
| XXXXXXX Service Name | 999 | 999 |
| XXXXXXX Service Name | 999 | 999 |
| XXXXXXX Service Name | 999 | 999 |
| XXXXXXX Service Name | 999 | 999 |
| XXXXXXX Service Name | 999 | 999 |
| XXXX Staff Team XXXX | Total: 9999 | 999 |
| XXXX Staff Group XXX | Total: 9999 | 999 |

End of Report: K028

Darlington Health Authority

Community Health Services

Date: 99/99/99

Report: K029

Activity Summary by Source of Referral

Page: 999

***** Face-to-Face Contacts ***** *** Group Sessions ***

| Source of Referral | Total Contacts | Total Duration | Average Time | Travel Time | Abortive Calls | Total Sessions | Total Duration | Travel Time | 'Other' Activities | TOTAL TIME |
|--------------------|----------------|----------------|--------------|-------------|----------------|----------------|----------------|-------------|--------------------|------------|
|--------------------|----------------|----------------|--------------|-------------|----------------|----------------|----------------|-------------|--------------------|------------|

XXXX Staff Group XXX

XXXX Staff Team XXXX

| | | | | | | | | | | |
|-------------------------------|-----|------|-----|-----|----|-----|-----|-----|-----|------|
| XXXX Source of Referral XXXXX | 999 | 9999 | 999 | 999 | 99 | 999 | 999 | 999 | 999 | 9999 |
| XXXX Source of Referral XXXXX | 999 | 9999 | 999 | 999 | 99 | 999 | 999 | 999 | 999 | 9999 |
| XXXX Source of Referral XXXXX | 999 | 9999 | 999 | 999 | 99 | 999 | 999 | 999 | 999 | 9999 |
| XXXX Source of Referral XXXXX | 999 | 9999 | 999 | 999 | 99 | 999 | 999 | 999 | 999 | 9999 |
| XXXX Source of Referral XXXXX | 999 | 9999 | 999 | 999 | 99 | 999 | 999 | 999 | 999 | 9999 |
| XXXX Source of Referral XXXXX | 999 | 9999 | 999 | 999 | 99 | 999 | 999 | 999 | 999 | 9999 |

XXXX Staff Team XXXX Total:

XXXX Staff Group XXX Total

End of Report: K029 Total:

Darlington Health Authority
 Community Health Services

Date: 99/99/99

Report: K030

Activity Summary by Location

Page: 999

***** Face-to-Face Contacts ***** **** Group Sessions ****

| Location | Total Contacts | Total Duration | Average Time | Travel Time | Abortive Calls | Total Sessions | Total Duration | Travel Time | 'Other' Activities | TOTAL TIME |
|----------|-------------------|-------------------|-----------------|----------------|-------------------|-------------------|-------------------|----------------|-----------------------|---------------|
|----------|-------------------|-------------------|-----------------|----------------|-------------------|-------------------|-------------------|----------------|-----------------------|---------------|

XXXX Staff Group XXX

XXXX Staff Team XXXX

| | | | | | | | | | | |
|---------------------|-----|------|-----|-----|----|-----|-----|-----|-----|------|
| XXXXXXXXXX Location | 999 | 9999 | 999 | 999 | 99 | 999 | 999 | 999 | 999 | 9999 |
| XXXXXXXXXX Location | 999 | 9999 | 999 | 999 | 99 | 999 | 999 | 999 | 999 | 9999 |
| XXXXXXXXXX Location | 999 | 9999 | 999 | 999 | 99 | 999 | 999 | 999 | 999 | 9999 |
| XXXXXXXXXX Location | 999 | 9999 | 999 | 999 | 99 | 999 | 999 | 999 | 999 | 9999 |
| XXXXXXXXXX Location | 999 | 9999 | 999 | 999 | 99 | 999 | 999 | 999 | 999 | 9999 |
| XXXXXXXXXX Location | 999 | 9999 | 999 | 999 | 99 | 999 | 999 | 999 | 999 | 9999 |

XXXX Staff Team XXXX Total:

XXXX Staff Group XXX Total:

End of Report: K030 Total:

Darlington Health Authority

Community Health Services

Date: 99/99/99

Report: K031

Group Session Attendances by Patient
Category and Age

Page: 999

| Patient Category | 0-4 | 5-16 | 17-54 | 55-64 | 65-74 | 75-84 | 85+ | Total Numbers | % |
|--------------------------------|-----|------|-------|-------|-------|-------|-----|------------------|----|
| XXXX Staff Group XXX | | | | | | | | | |
| XXXX Staff Team XXXX | | | | | | | | | |
| XXXXXX Patient Category XXXXXX | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 999 | 99 |
| XXXXXX Patient Category XXXXXX | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 999 | 99 |
| XXXXXX Patient Category XXXXXX | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 999 | 99 |
| XXXXXX Patient Category XXXXXX | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 999 | 99 |
| XXXXXX Patient Category XXXXXX | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 999 | 99 |
| XXXXXX Patient Category XXXXXX | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 999 | 99 |
| XXXX Staff Team XXXX Total: | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 999 | 99 |
| XXXX Staff Group XXX Total: | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 999 | 99 |

End of Report: K031

Darlington Health Authority

Community Health Services Date: 99/99/99

Report: K033 Activity Analysis Page: 999

| Activity Description | Number of Times Carried Out | Total Duration | Average Duration |
|-----------------------------|-----------------------------|----------------|------------------|
| XXXX Staff Group XXX | | | |
| XXXX Staff Team XXXX | | | |
| XXXX Staff Member XXXX | | | |
| XX Activity Description XX | 999 | 999 | 999 |
| XX Activity Description XX | 999 | 999 | 999 |
| XX Activity Description XX | 999 | 999 | 999 |
| XX Activity Description XX | 999 | 999 | 999 |
| XX Activity Description XX | 999 | 999 | 999 |
| XX Activity Description XX | 999 | 999 | 999 |
| XXXX Staff Member XXXX | 999 | 999 | 999 |
| XXXX Staff Team XXXX Total: | 999 | 999 | 999 |
| XXXX Staff Group XXX Total: | 999 | 999 | 999 |

End of Report: K033

Darlington Health Authority

Community Health Services Date: 99/99/99

Report: K035 Non-Attendances at Group Sessions by Source of Referral Page 999

| Source of Referral | Total Did-Not-Attend | % Attends | Total Unable-to-Attend | % Attending | Total Not Attending |
|--------------------------------|----------------------|-----------|------------------------|-------------|---------------------|
| XXXX Staff Group XXX | | | | | |
| XXXX Staff Team XXXX | | | | | |
| XXXXXX Source of Referral XXXX | 999 | 99 | 999 | 99 | 999 |
| XXXXXX Source of Referral XXXX | 999 | 99 | 999 | 99 | 999 |
| XXXXXX Source of Referral XXXX | 999 | 99 | 999 | 99 | 999 |
| XXXXXX Source of Referral XXXX | 999 | 99 | 999 | 99 | 999 |
| XXXXXX Source of Referral XXXX | 999 | 99 | 999 | 99 | 999 |
| XXXXXX Source of Referral XXXX | 999 | 99 | 999 | 99 | 999 |
| XXXX Staff Team XXXX | Total: 999 | 99 | Total: 999 | 99 | Total: 999 |
| XXXX Staff Group XXX | Total: 999 | 99 | Total: 999 | 99 | Total: 999 |

End of Report: K035

Darlington Health Authority

Community Health Services Date: 99/99/99

Report: K036 Social Support Analysis Page: 999

Social Support Degree Total Number of Persons %

XXXX Staff Group XXX

XXXX Staff Team XXXX

| | | |
|------------------------------|-----|-----|
| XXXXXX Social Support XXXXXX | 999 | 999 |
| XXXXXX Social Support XXXXXX | 999 | 999 |
| XXXXXX Social Support XXXXXX | 999 | 999 |
| XXXXXX Social Support XXXXXX | 999 | 999 |
| XXXXXX Social Support XXXXXX | 999 | 999 |
| XXXXXX Social Support XXXXXX | 999 | 999 |

XXXX Staff Team XXXX Total: 9999 999

XXXX Staff Group XXX Total: 9999 999

End of Report: K036

Darlington Health Authority

Community Health Services

Date: 99/99/99

Report: K037 Functional Impairment Analysis Page: 999

| Functional Impairment | Total Number of Persons | % |
|--------------------------------|----------------------------|-----|
| XXXX Staff Group XXX | | |
| XXXX Staff Team XXXX | | |
| XXX Functional Impairment XXXX | 999 | 999 |
| XXX Functional Impairment XXXX | 999 | 999 |
| XXX Functional Impairment XXXX | 999 | 999 |
| XXX Functional Impairment XXXX | 999 | 999 |
| XXX Functional Impairment XXXX | 999 | 999 |
| XXX Functional Impairment XXXX | 999 | 999 |
| XXXX Staff Team XXXX | Total: 9999 | 999 |
| XXXX Staff Group XXX | Total: 9999 | 999 |

End of Report: K037

Darlington Health Authority

Community Health Services

Date: 99/99/99

Report: K038

Source of Referrals Analysis by Age and Sex

Page: 999

| Source of Referral | 0-4 | 5-16 | 17-54 | 55-64 | 65-74 | 75-84 | 85+ | 0-4 | 5-16 | 17-54 | 55-64 | 65-74 | 75-84 | 85+ | Male & Female Total |
|--------------------|---------------------|------|-------|-------|-------|-------|-----|-------------------------|------|-------|-------|-------|-------|-----|---------------------|
| | ***** M A L E ***** | | | | | | | ***** F E M A L E ***** | | | | | | | |
| Source of Referral | 0-4 | 5-16 | 17-54 | 55-64 | 65-74 | 75-84 | 85+ | 0-4 | 5-16 | 17-54 | 55-64 | 65-74 | 75-84 | 85+ | Total |

XXXX Staff Group XXX

XXXX Staff Team XXXX

| | | | | | | | | | | | | | | | |
|------------------------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|
| XXXXX Source of Referral XXX | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 999 |
| XXXXX Source of Referral XXX | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 999 |
| XXXXX Source of Referral XXX | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 999 |
| XXXXX Source of Referral XXX | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 999 |
| XXXXX Source of Referral XXX | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 999 |
| XXXXX Source of Referral XXX | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 999 |

XXXX Staff Team XXXX Total:

XXXX Staff Group XXX Total:

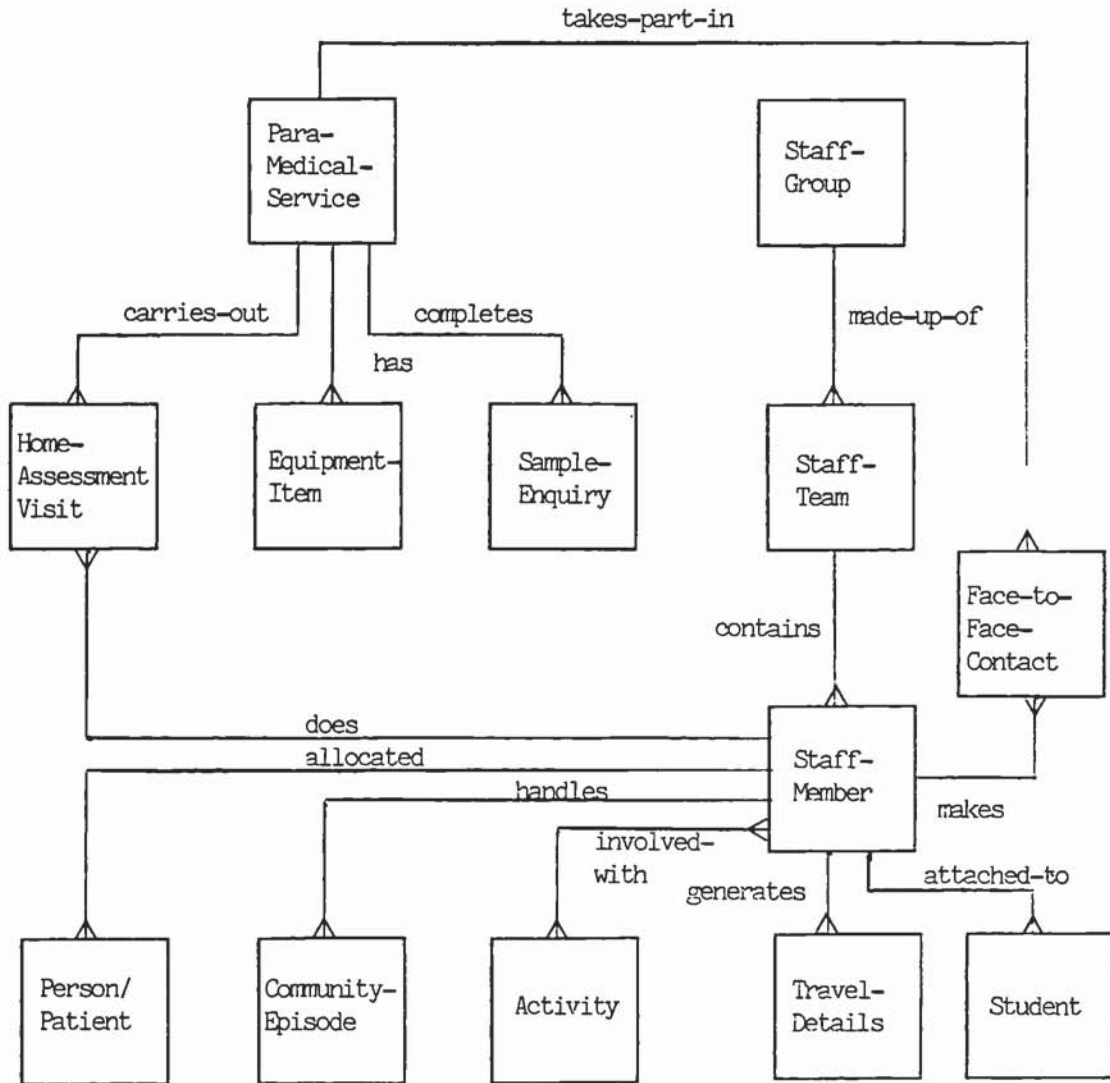
End of Report: K038

Appendix 11 - Design Consolidation Forms

ENTITY MODEL

System: CHIS

| | |
|-------------|---|
| Name | Community Health Information System |
| Description | Consolidated Model from Korner and Data Analysis (1) |

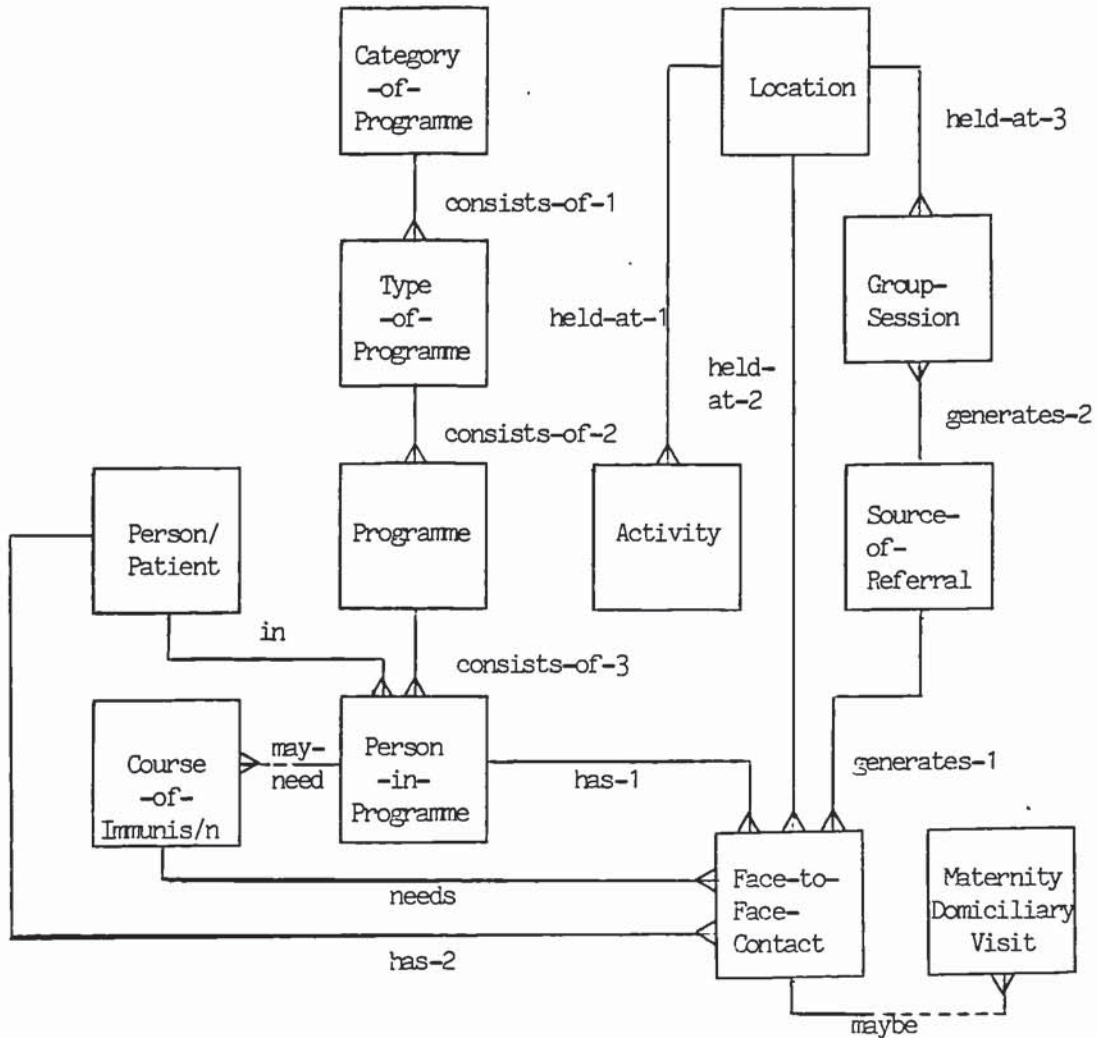


| | | | |
|--------------------------|-----------------------|----------------------|---------------|
| Entity XRef Names: | Paramedical-Service | Activity | Entity Model |
| Sample-Enquiry | Home-Assessment-Visit | Travel-Details | XRef: |
| Staff-Group | Person/Patient | Face-to-Face-Contact | 1(a) |
| Staff-Team | Community-Episode | Equipment-Item | |
| Relationship XRef names: | Carries-Out | Made-Up-Of | Handles |
| | Has | Contains | Involved-With |
| | Completes | Does | Generates |
| | Takes-Part-In | Allocated | Attached-To |



Ref: ISD5/DC1

| | |
|-------------|---|
| Name | Community Health Information System |
| Description | Consolidated Model - from Korner and Data Analysis (2) |



| | | | |
|---------------------|--------------------|-------------------|--------------|
| Entity XRef Names: | Person/Patient | Location | Entity Model |
| Group-Session | Course-of-Immuni/n | Activity | XRef: 1(b) |
| Person-in-Programme | Programme | Type-of-Programme | |

| | | | |
|--------------------------|---------------|----------|-------------|
| Relationship XRef names: | Consists-of-1 | Has-2 | Generates-2 |
| Held-At-2 | Consists-of-2 | Needs | Held-At-3 |
| Generates-1 | Consists-of-3 | In | Maybe |
| | Has-1 | May-need | Held-At-1 |

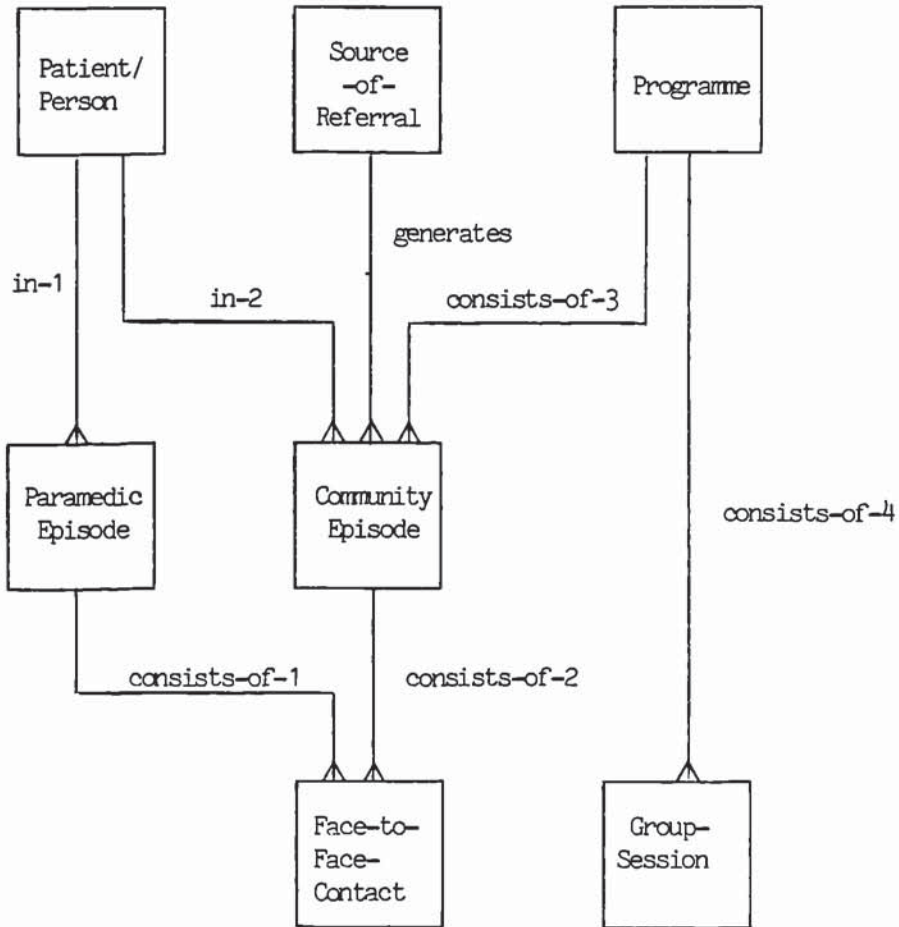


Ref: ISD5/ DC2

ENTITY MODEL

System: CHIS

| | |
|-------------|--|
| Name | Community Health Information System |
| Description | <u>Consolidated Model</u> - from Korner and Data Analysis (3) |



| | | | |
|--------------------------|--------------------|----------------------|--------------|
| Entity XRef Names: | Patient/Person | Programme | Entity Model |
| Group-Session | Paramedic-Episode | Face-to-Face-Contact | XRef: |
| | Community-Episode | | 1(c) |
| | Source-of-Referral | | |
| Relationship XRef names: | In-1 | Consists-of-2 | |
| | In-2 | Consists-of-3 | |
| | Generates | Consists-of-4 | |
| | Consists-of-1 | | |

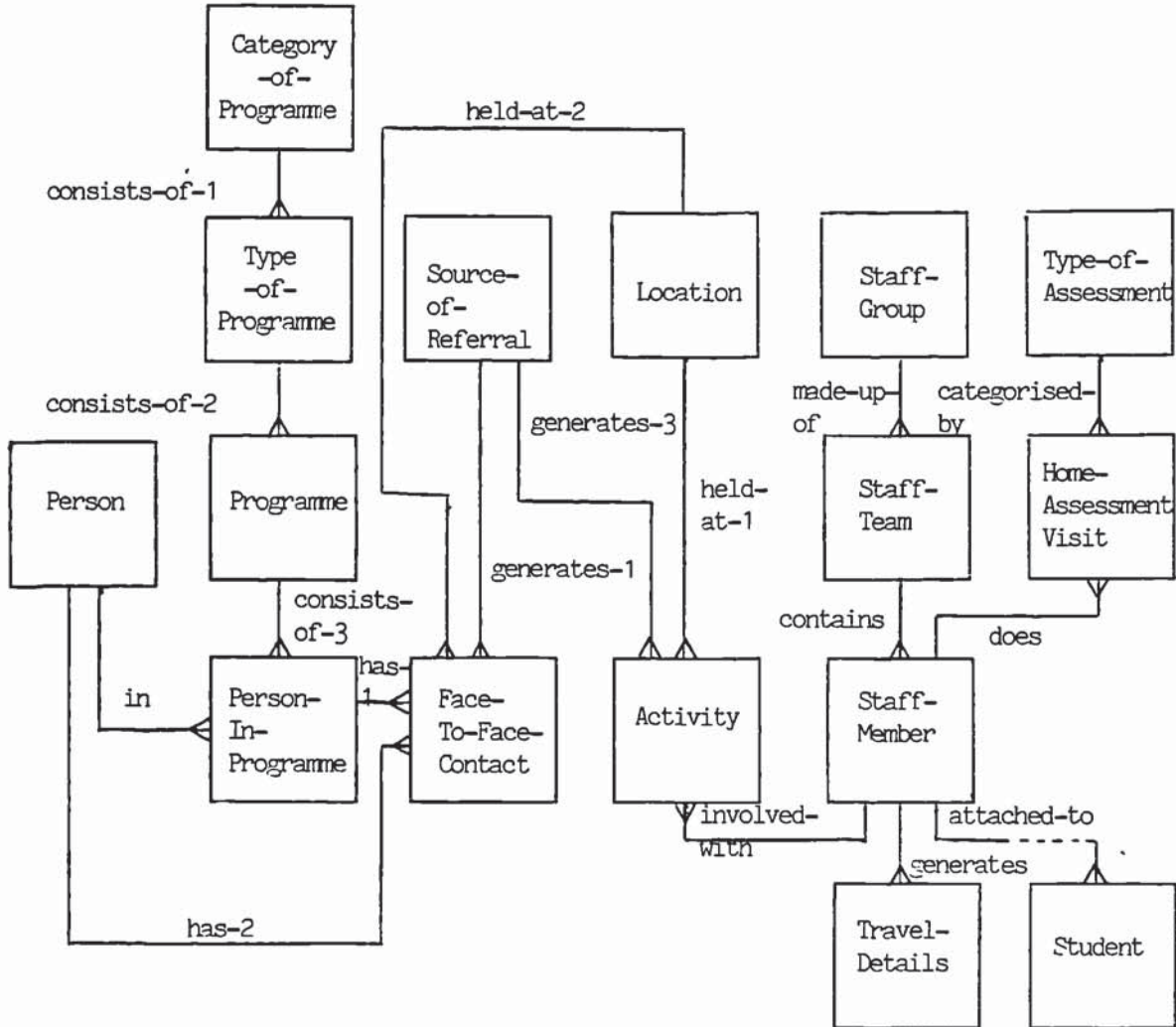


Ref: ISD5/ DC3

ENTITY MODEL

System: CHIS

| | |
|-------------|---|
| Name | Community Health Information System |
| Description | Verified Against Process Model - Consolidated Data Model (1) Final Cut Data Model |



| | | | |
|--------------------------|-----------------------|-------------------|---------------|
| Entity XRef Names: | Category-of-Programme | Person | Entity Model |
| Student | Type-of-Programme | Face-to-Face-Cont | XRef: 2(a) |
| Staff-Group | Programme | Location | |
| Staff-Team | Person-in-Programme | Activity | |
| Relationship XRef names: | Has-1 | Consists-of-1 | Generates-3 |
| Made-Up-Of | Has-2 | Consists-of-2 | Held-At-1 |
| Contains | Held-At-2 | Consists-of-3 | Involved-With |
| Does | Generates-1 | In | Generates |

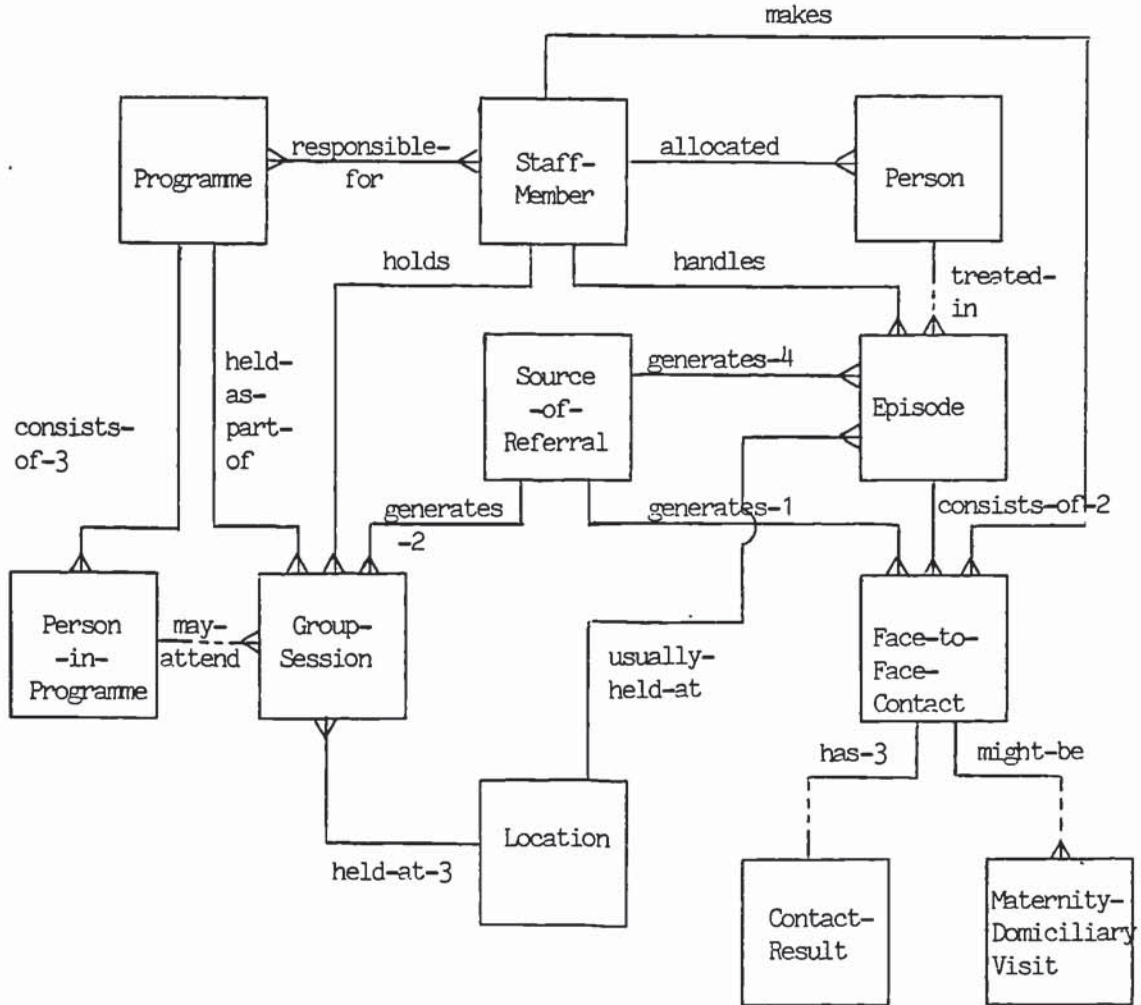


Ref: ISD5/DC4

ENTITY MODEL

System: CHIS

| | |
|-------------|---|
| Name | Community Health Information System |
| Description | Verified Against Process Model - Consolidated Data Model (2) Final Cut Data Model |



| | | | |
|---------------------------|---------------------|-----------------|--------------|
| Entity XRef Names: | Programme | Group-Session | Entity Model |
| Face-to-Face-Contact | Person-in-Programme | Location | XRef: 2(b) |
| Contact-Result | Staff-Member | Person | |
| Maternity-Domiciliary-Vis | Source-of-Referral | Episode | |
| Relationship XRef names: | Consists-of-3 | Holds | Generates-1 |
| Makes | Consists-of-2 | May-Attend | Generates-2 |
| Allocated | Treated-In | Responsible-for | Held-at-3 |
| Handles | Held-as-part-of | Usually-held-at | Might-Be |



Ref: ISD5/ DC5

ENTITY TYPE SPECIFICATION FORM

System: CHIS

Entity Name | CATEGORY-OF-PROGRAMME

Description | A BROAD CATEGORY OF COMMUNITY HEALTH PROGRAMME
SUCH AS HEALTH SURVEILLANCE AND THE EARLY
DETECTION OF DISEASE.

Synonyms |

Identifier(s) | CATEGORY-NAME

| | | | |
|----------------|-------------|----------------|---|
| Date Specified | 15 MAY 1986 | Status (P/V/I) | V |
|----------------|-------------|----------------|---|

| | | | |
|---------------------|---|---------------------|----|
| Minimum Occurrences | 1 | Maximum Occurrences | 10 |
|---------------------|---|---------------------|----|

| | | | |
|---------------------|---|-----------------|--|
| Average Occurrences | 3 | Growth Rate (%) | |
|---------------------|---|-----------------|--|

Create Authority | HEAD OF DEPARTMENT

Delete Authority | HEAD OF DEPARTMENT

Access Authority | ANY AUTHORISED OPERATIONAL STAFF

Relationships Involved XRef:
CONSISTS-OF-1

Attributes Involved XRef:
CATEGORY-NAME

Functions Involved XRef:

Entity Sub Types:

Comments:

Ref: ISD1/DC1

ENTITY TYPE SPECIFICATION FORM

System: CHIS

Entity Name | TYPE-OF-PROGRAMME

Description | A BROAD TYPE OF COMMUNITY HEALTH PROGRAMME PROVIDING SERVICES TO THE COMMUNITY OR NURSING CARE IN THE COMMUNITY, FOR EXAMPLE, SCREENING PROCEDURES.

Synonyms |

Identifier(s) | TYPE-NAME, CATEGORY-NAME

| | | | |
|----------------|-------------|----------------|---|
| Date Specified | 15 MAY 1986 | Status (P/V/I) | V |
|----------------|-------------|----------------|---|

| | | | |
|---------------------|---|---------------------|----|
| Minimum Occurrences | 1 | Maximum Occurrences | 10 |
|---------------------|---|---------------------|----|

| | | | |
|---------------------|---|-----------------|--|
| Average Occurrences | 5 | Growth Rate (%) | |
|---------------------|---|-----------------|--|

Create Authority | HEAD OF DEPARTMENT

Delete Authority | HEAD OF DEPARTMENT

Access Authority | ANY AUTHORISED OPERATIONAL STAFF

Relationships Involved XRef:
 CONSISTS-OF-1
 CONSISTS-OF-2

Attributes Involved XRef:
 TYPE-NAME
 CATEGORY-NAME

Functions Involved XRef:

Entity Sub Types:

Comments:

Ref: ISD1/DC2

ENTITY TYPE SPECIFICATION FORM

System: CHIS

Entity Name | PROGRAMME

Description | A COMMUNITY PROGRAMME RUN TO PROVIDE GENERAL PREVENTATIVE OR ADVISORY SERVICES TO GROUPS OF THE POPULATION, OR SPECIFIC SERVICES TO PATIENTS OR CLIENTS.

Synonyms |

Identifier(s) | PROGRAMME-NAME, CATEGORY-NAME, TYPE-NAME, STAFF-MEMBER-PAYROLL-NUMBER

| | | | |
|----------------|-------------|----------------|---|
| Date Specified | 15 MAY 1986 | Status (P/V/I) | V |
|----------------|-------------|----------------|---|

| | | | |
|---------------------|---|---------------------|----|
| Minimum Occurrences | 1 | Maximum Occurrences | 50 |
|---------------------|---|---------------------|----|

| | | | |
|---------------------|----|-----------------|----|
| Average Occurrences | 15 | Growth Rate (%) | 30 |
|---------------------|----|-----------------|----|

Create Authority | HEAD OF DEPARTMENT

Delete Authority | HEAD OF DEPARTMENT

Access Authority | ANY AUTHORISED OPERATIONAL STAFF

Relationships Involved XRef:

| | |
|-----------------|-----------------|
| CONSISTS-OF-2 | HELD-AS-PART-OF |
| CONSISTS-OF-3 | |
| RESPONSIBLE-FOR | |

Attributes Involved XRef:

| | |
|-------------------|-----------------------------|
| PROGRAMME-NAME | ACTUAL-EXPENDITURE |
| CATEGORY-NAME | PROJECTED-EXPENDITURE |
| TYPE-NAME | STAFF-MEMBER-PAYROLL-NUMBER |
| TARGET-POPULATION | |

Functions Involved XRef:

Entity Sub Types:

Comments:

Ref: ISD1/DC3

ENTITY TYPE SPECIFICATION FORM

System: CHIS

Entity Name | PERSON-IN-PROGRAMME

Description | A PERSON RECEIVING A SERVICE UNDER A SPECIFIC COMMUNITY PROGRAMME FALLING IN SERVICES TO THE COMMUNITY.

Synonyms |

Identifier(s) | PERSON-ID, PROGRAMME-NAME

| | | | |
|----------------|-------------|----------------|---|
| Date Specified | 15 MAY 1986 | Status (P/V/I) | V |
|----------------|-------------|----------------|---|

| | | | |
|---------------------|---|---------------------|--------|
| Minimum Occurrences | 1 | Maximum Occurrences | 150000 |
|---------------------|---|---------------------|--------|

| | | | |
|---------------------|-------|-----------------|----|
| Average Occurrences | 90000 | Growth Rate (%) | 25 |
|---------------------|-------|-----------------|----|

Create Authority | ANY AUTHORISED OPERATIONAL STAFF

Delete Authority | ANY AUTHORISED OPERATIONAL STAFF

Access Authority | ANY AUTHORISED OPERATIONAL STAFF

Relationships Involved XRef:

| | |
|---------------|------------|
| IN | MAY-ATTEND |
| HAS-1 | |
| CONSISTS-OF-3 | |

Attributes Involved XRef:

| | |
|-------------------|--------------------|
| PERSON-ID | PERSON-TRACED |
| PROGRAMME-NAME | PERSON-HAS-DISEASE |
| MULTI-DISCIPLINE | |
| ASSESSMENT-RESULT | |

Functions Involved XRef:

Entity Sub Types:

Comments:

Ref: ISD1/DC4

ENTITY TYPE SPECIFICATION FORM

System: CHIS

Entity Name | PERSON

Description
 SOMEONE WHO TAKES PART IN COMMUNITY OR PARA-MEDICAL PROGRAMMES, EPISODES OR FACE-TO-FACE CONTACTS FOR THE PURPOSES OF RECEIVING TREATMENT, CARE OR ADVICE.

Synonyms |

Identifier(s) | PERSON-ID, STAFF-MEMBER-PAYROLL-NUMBER

| | | | |
|----------------|-------------|----------------|---|
| Date Specified | 15 MAY 1986 | Status (P/V/I) | V |
|----------------|-------------|----------------|---|

| | | | |
|---------------------|---|---------------------|-------|
| Minimum Occurrences | 1 | Maximum Occurrences | 75000 |
|---------------------|---|---------------------|-------|

| | | | |
|---------------------|-------|-----------------|--|
| Average Occurrences | 45000 | Growth Rate (%) | |
|---------------------|-------|-----------------|--|

Create Authority | ANY AUTHORISED OPERATIONAL STAFF

Delete Authority | ANY AUTHORISED OPERATIONAL STAFF

Access Authority | ANY AUTHORISED OPERATIONAL STAFF

Relationships Involved XRef:

| | |
|-----------|------------|
| IN | TREATED-IN |
| HAS-2 | |
| ALLOCATED | |

Attributes Involved XRef:

| | | | |
|----------------|--------------|---------------|---------------------|
| PERSON-ID | TELEPHONE-NO | DATE-OF-BIRTH | STAFF-MEMBER-PAY-NO |
| NAME-OF-PERSON | OCCUPATION | SPECIALTY | LIVES-ALONE |
| ADDRESS | GP | RELIGION | SOCIAL-SUPPORT |
| POSTCODE | CONSULTANT | HOUSING-TYPE | PATIENT-CATEGORY |
| | | KEYS-AT | IMPAIRMENT |

Functions Involved XRef:

Entity Sub Types:

Comments:

| | | | |
|-------------------|--------------------|----------------|----------------|
| OTHER ATTRIBUTES: | NEXT-OF-KIN | HANDICAP | FIRST-LANGUAGE |
| | FAMILY-SITUATION | SEX | CONTACTS-YEAR |
| | SPECIAL-EDUC-NEEDS | MARITAL-STATUS | EPISODES-YEAR |
| | HEARING-STATE | VISION-STATE | RESEARCH |
| | VOLUNTARY-SERVICES | OTHER-SERVICES | SCHOOL |

Ref: ISD1/DC5

RELATIONSHIP TYPE SPECIFICATION FORM

System: CHIS

Relationship Name | CONSISTS-OF-1

Description | A CATEGORY OF PROGRAMME CONSISTS OF ONE OR MORE TYPES OF PROGRAMME.

Time State | 1 YEAR

Synonyms |

Date Specified | 15 MAY 1986 | Status (P/V/I) | V

Entities Involved (Owner): | CATEGORY-OF-PROGRAMME
(Members): | TYPE-OF-PROGRAMME

| | | | |
|----------------------|-----|---------------------------------------|-----------|
| Degree (1:1,1:m,m:n) | 1:M | Optional, Contingent, Mandatory | MANDATORY |
|----------------------|-----|---------------------------------------|-----------|

If Contingent, state Optional Entity |

If Exclusive, state paired relationship name |

If Inclusive, state paired relationship name
and first existence relationship name

Create Authority | HEAD OF DEPARTMENT

Delete Authority | HEAD OF DEPARTMENT

Access Authority | ANY AUTHORISED OPERATIONAL STAFF

Comments

Ref: ISD2/DC1

RELATIONSHIP TYPE SPECIFICATION FORM

System: CHIS

| | | | |
|---|--|---------------------------------------|-----------|
| Relationship Name | CONSISTS-OF-2 | | |
| Description | A TYPE OF PROGRAMME CONSISTS OF ONE OR MORE INDIVIDUAL PROGRAMMES. | | |
| Time State | 1 YEAR | | |
| Synonyms | | | |
| Date Specified | 15 MAY 1986 | Status (P/V/I) | V |
| Entities Involved (Owner): | TYPE-OF-PROGRAMME | | |
| (Members): | PROGRAMME | | |
| Degree (1:1,1:m,m:n) | 1:M | Optional, Contingent, Mandatory | MANDATORY |
| If Contingent, state Optional Entity | | | |
| If Exclusive, state paired relationship name | | | |
| If Inclusive, state paired relationship name and first existence relationship name | | | |
| Create Authority | HEAD OF DEPARTMENT | | |
| Delete Authority | HEAD OF DEPARTMENT | | |
| Access Authority | ANY AUTHORISED OPERATIONAL STAFF | | |
| Comments | | | |

Ref: ISD2/DC2

RELATIONSHIP TYPE SPECIFICATION FORM

System: CHIS

| | |
|-------------------|---------------|
| Relationship Name | CONSISTS-OF-3 |
|-------------------|---------------|

| | |
|-------------|---|
| Description | A PROGRAMME CONSISTS OF ONE OR MORE PERSONS ACTIVE IN THAT PROGRAMME. |
|-------------|---|

| | |
|------------|--------|
| Time State | 1 YEAR |
|------------|--------|

| | |
|----------|--|
| Synonyms | |
|----------|--|

| | | | |
|----------------|-------------|----------------|---|
| Date Specified | 15 MAY 1986 | Status (P/V/I) | V |
|----------------|-------------|----------------|---|

| | |
|----------------------------|---------------------|
| Entities Involved (Owner): | PROGRAMME |
| (Members): | PERSON-IN-PROGRAMME |

| | | | |
|----------------------|-----|---------------------------------|-----------|
| Degree (1:1,1:m,m:n) | 1:M | Optional, Contingent, Mandatory | MANDATORY |
|----------------------|-----|---------------------------------|-----------|

| | |
|--------------------------------------|--|
| If Contingent, state Optional Entity | |
|--------------------------------------|--|

| | |
|--|--|
| If Exclusive, state paired relationship name | |
|--|--|

| | |
|---|--|
| If Inclusive, state paired relationship name and first existence relationship name | |
|---|--|

| | |
|------------------|----------------------------------|
| Create Authority | ANY AUTHORISED OPERATIONAL STAFF |
|------------------|----------------------------------|

| | |
|------------------|----------------------------------|
| Delete Authority | ANY AUTHORISED OPERATIONAL STAFF |
|------------------|----------------------------------|

| | |
|------------------|----------------------------------|
| Access Authority | ANY AUTHORISED OPERATIONAL STAFF |
|------------------|----------------------------------|

| | |
|----------|--|
| Comments | |
|----------|--|

Ref: ISD2/DC3

RELATIONSHIP TYPE SPECIFICATION FORM

System: CHIS

| | |
|-------------------|----|
| Relationship Name | IN |
|-------------------|----|

| | |
|-------------|--|
| Description | A PERSON CAN BE ACTIVE IN ONE OR MORE PROGRAMMES AT THE SAME TIME. |
|-------------|--|

| | |
|------------|--------|
| Time State | 1 YEAR |
|------------|--------|

| | |
|----------|--|
| Synonyms | |
|----------|--|

| | | | |
|----------------|-------------|----------------|---|
| Date Specified | 15 MAY 1986 | Status (P/V/I) | V |
|----------------|-------------|----------------|---|

| | |
|----------------------------|---------------------|
| Entities Involved (Owner): | PERSON |
| (Members): | PERSON-IN-PROGRAMME |

| | | | |
|----------------------|-----|---------------------------------------|-----------|
| Degree (1:1,1:m,m:n) | 1:M | Optional, Contingent, Mandatory | MANDATORY |
|----------------------|-----|---------------------------------------|-----------|

| | |
|--------------------------------------|--|
| If Contingent, state Optional Entity | |
|--------------------------------------|--|

| | |
|--|--|
| If Exclusive, state paired relationship name | |
|--|--|

| | |
|---|--|
| If Inclusive, state paired relationship name and first existence relationship name | |
|---|--|

| | |
|------------------|----------------------------------|
| Create Authority | ANY AUTHORISED OPERATIONAL STAFF |
|------------------|----------------------------------|

| | |
|------------------|----------------------------------|
| Delete Authority | ANY AUTHORISED OPERATIONAL STAFF |
|------------------|----------------------------------|

| | |
|------------------|----------------------------------|
| Access Authority | ANY AUTHORISED OPERATIONAL STAFF |
|------------------|----------------------------------|

| | |
|----------|--|
| Comments | |
|----------|--|

Ref: ISD2/DC4

RELATIONSHIP TYPE SPECIFICATION FORM

System: CHIS

Relationship Name | HAS-1

Description | A PERSON IN A PROGRAMME HAS ONE OR MORE
FACE-TO-FACE CONTACTS AS A RESULT OF
BEING IN THAT PROGRAMME.

Time State | 1 YEAR

Synonyms |

Date Specified | 15 MAY 1986 | Status (P/V/I) | V

Entities Involved (Owner): | PERSON-IN-PROGRAMME
(Members): | FACE-TO-FACE-CONTACT

| | | | |
|----------------------|-----|---------------------------------------|-----------|
| Degree (1:1,1:m,m:n) | 1:M | Optional, Contingent, Mandatory | MANDATORY |
|----------------------|-----|---------------------------------------|-----------|

If Contingent, state Optional Entity |

If Exclusive, state paired relationship name |

If Inclusive, state paired relationship name
and first existence relationship name

Create Authority | ANY AUTHORISED OPERATIONAL STAFF

Delete Authority | ANY AUTHORISED OPERATIONAL STAFF

Access Authority | ANY AUTHORISED OPERATIONAL STAFF

Comments

ATTRIBUTE TYPE SPECIFICATION FORM

System: CHIS

| | |
|----------------|---------------|
| Attribute Name | CATEGORY-NAME |
|----------------|---------------|

Description

NAME OF THE CATEGORY THAT PROGRAMME TYPES FALL INTO.

| | |
|----------|--|
| Synonyms | |
|----------|--|

| | | | |
|----------------|-------------|----------------|---|
| Date Specified | 16 MAY 1986 | Status (P/V/I) | V |
|----------------|-------------|----------------|---|

| | | | |
|---------------------|----|----------------|---|
| Length (Characters) | 40 | Format (A,X,9) | X |
|---------------------|----|----------------|---|

| | |
|----------------------|------|
| Range for Validation | NONE |
|----------------------|------|

| | |
|-------------|---|
| Entity XRef | CATEGORY-OF-PROGRAMME TYPE-OF-PROGRAMME PROGRAMME |
|-------------|---|

| | |
|------------------|--------------------|
| Create Authority | HEAD OF DEPARTMENT |
|------------------|--------------------|

| | |
|------------------|--------------------|
| Delete Authority | HEAD OF DEPARTMENT |
|------------------|--------------------|

| | |
|------------------|----------------------------------|
| Access Authority | ANY AUTHORISED OPERATIONAL STAFF |
|------------------|----------------------------------|

Functions Involved XRef:

Comments:

Ref: ISD3/DC1

ATTRIBUTE TYPE SPECIFICATION FORM

System: CHIS

| | |
|----------------|-----------|
| Attribute Name | TYPE-NAME |
|----------------|-----------|

Description

NAME OF THE TYPE OF PROGRAMME THAT INDIVIDUAL PROGRAMMES ARE DIVIDED INTO:

a) IMMUNISATION d) CONTACT TRACING
 b) SURVEILLANCE e) HEALTH EDUCATION
 c) SCREENING f) PROFESSIONAL ADVICE

| | |
|----------|--|
| Synonyms | |
|----------|--|

| | | | |
|----------------------|-------------|----------------|---|
| Date Specified | 16 MAY 1986 | Status (P/V/I) | V |
| Length (Characters) | 40 | Format (A,X,9) | X |
| Range for Validation | NONE | | |

| | |
|-------------|--------------------------------|
| Entity XRef | TYPE-OF-PROGRAMME PROGRAMME |
|-------------|--------------------------------|

| | |
|------------------|----------------------------------|
| Create Authority | HEAD OF DEPARTMENT |
| Delete Authority | HEAD OF DEPARTMENT |
| Access Authority | ANY AUTHORISED OPERATIONAL STAFF |

Functions Involved XRef:

Comments:

ATTRIBUTE TYPE SPECIFICATION FORM

System: CHIS

| | |
|----------------|----------------|
| Attribute Name | PROGRAMME-NAME |
|----------------|----------------|

Description

A DESCRIPTION OF THE PROGRAMME WILL BE RECORDED. FOR EXAMPLE, IN AN IMMUNISATION TYPE OF PROGRAMME THE DISEASE BEING IMMUNISED AGAINST WILL BE GIVEN. FOR CONTACT TRACING, THE NAME OF THE DISEASE BEING TRACED WILL BE GIVEN.

| | |
|----------|--|
| Synonyms | |
|----------|--|

| | | | |
|----------------------|-------------|----------------|---|
| Date Specified | 16 MAY 1986 | Status (P/V/I) | V |
| Length (Characters) | 40 | Format (A,X,9) | X |
| Range for Validation | NONE | | |

| | | |
|-------------|----------------------|-----------------------------|
| Entity XRef | PROGRAMME | GROUP-SESSION |
| | PERSON-IN-PROGRAMME | CONTACT-RESULT |
| | FACE-TO-FACE-CONTACT | MATERNITY-DOMICILIARY-VISIT |

| | |
|------------------|----------------------------------|
| Create Authority | HEAD OF DEPARTMENT |
| Delete Authority | HEAD OF DEPARTMENT |
| Access Authority | ANY AUTHORISED OPERATIONAL STAFF |

Functions Involved XRef:

Comments:

Ref: ISD3/DC3

ATTRIBUTE TYPE SPECIFICATION FORM

System: CHIS

| | |
|----------------|-------------------|
| Attribute Name | TARGET-POPULATION |
|----------------|-------------------|

| | |
|-------------|---|
| Description | THIS WILL RECORD THE ESTIMATED NUMBER OF PEOPLE TO BE COVERED BY THE PROGRAMME. |
|-------------|---|

| | | | |
|----------------------|-------------|----------------|---|
| Synonyms | | | |
| Date Specified | 16 MAY 1986 | Status (P/V/I) | V |
| Length (Characters) | 6 | Format (A,X,9) | 9 |
| Range for Validation | NUMERIC | | |
| Entity XRef | PROGRAMME | | |

| | |
|--------------------------|----------------------------------|
| Create Authority | HEAD OF DEPARTMENT |
| Delete Authority | HEAD OF DEPARTMENT |
| Access Authority | ANY AUTHORISED OPERATIONAL STAFF |
| Functions Involved XRef: | |

Comments:

Ref: ISD3/DC4

ATTRIBUTE TYPE SPECIFICATION FORM

System: CHIS

| | |
|----------------|--------------------|
| Attribute Name | ACTUAL-EXPENDITURE |
|----------------|--------------------|

Description

AMOUNT OF STAFF TIME DEVOTED TO EACH PROGRAMME
WILL BE USED TO INDICATE ACTUAL EXPENDITURE.

| | |
|----------|--|
| Synonyms | |
|----------|--|

| | | | |
|----------------|-------------|----------------|---|
| Date Specified | 16 MAY 1986 | Status (P/V/I) | V |
|----------------|-------------|----------------|---|

| | | | |
|---------------------|----|----------------|---|
| Length (Characters) | 80 | Format (A,X,9) | X |
|---------------------|----|----------------|---|

| | |
|----------------------|------|
| Range for Validation | NONE |
|----------------------|------|

| | |
|-------------|-----------|
| Entity XRef | PROGRAMME |
|-------------|-----------|

| | |
|------------------|--------------------|
| Create Authority | HEAD OF DEPARTMENT |
|------------------|--------------------|

| | |
|------------------|--------------------|
| Delete Authority | HEAD OF DEPARTMENT |
|------------------|--------------------|

| | |
|------------------|----------------------------------|
| Access Authority | ANY AUTHORISED OPERATIONAL STAFF |
|------------------|----------------------------------|

Functions Involved XRef:

Comments:

Ref: ISD3/DC5

Darlington Health Authority

Community Health Information System - Daily Diary Sheet Part I

Staff Payroll No.

Name of Staff Member

Date of Diary Sheet [This Data must be Completed]
D D M M Y Y

Enter Group Session Details:

| No | Programme | Location | Source Referral | Number Present | Number Not Present Gave Reason | Number Not Present No Reason |
|----|----------------------|----------------------|----------------------|----------------------|--------------------------------|------------------------------|
| 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 4 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 5 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| No | Duration | Travel Time | First in Series | Last in Series | |
|----|----------------------|----------------------|----------------------|----------------------|--|
| 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | [Please refer to your Code Book to enter Programme, Location and Source of Referral] |
| 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| 3 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| 4 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| 5 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |

[Please enter times in minutes, and tick box if Series fields apply]

Enter Other Activity Details:

| No | Activity | Location | Source Referral | Duration | Travel Time |
|----|----------------------|----------------------|----------------------|----------------------|----------------------|
| 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 4 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 5 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 6 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 7 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 8 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

[Please refer to your Code Book to enter Activity Location and Source of Referral. Enter times in minutes]

Enter Mileage Details: Number of Passengers

Start Mileage Finish Mileage

Total Passenger Mileage Unofficial Mileage

Names of Passengers:

If you have used a further Daily Dairy Sheet for Today, please tick Box

Daily Diary Sheet Part II

Enter Individual Patient Details as Follows:

***** Person ID *****

| No | Date of Birth | Sex | Int | Surname | Suff | Programme | Location | Referral | Source | Duration | First/Last Visit (F/L) | Reason for Discharge | Activity Descriptions | Travel Time |
|----|---------------|-----|-----|---------|------|-----------|----------|----------|--------|----------|------------------------|----------------------|-----------------------|-------------|
| 01 | DDMMYY | Y | Y | YY | YY | YY | YY | YY | YY | YY | YY | YY | YY | YY |
| 01 | I | I | I | I | I | I | I | I | I | I | I | I | I | I |
| 02 | I | I | I | I | I | I | I | I | I | I | I | I | I | I |
| 03 | I | I | I | I | I | I | I | I | I | I | I | I | I | I |
| 04 | I | I | I | I | I | I | I | I | I | I | I | I | I | I |
| 05 | I | I | I | I | I | I | I | I | I | I | I | I | I | I |
| 06 | I | I | I | I | I | I | I | I | I | I | I | I | I | I |
| 07 | I | I | I | I | I | I | I | I | I | I | I | I | I | I |
| 08 | I | I | I | I | I | I | I | I | I | I | I | I | I | I |
| 09 | I | I | I | I | I | I | I | I | I | I | I | I | I | I |
| 10 | I | I | I | I | I | I | I | I | I | I | I | I | I | I |

| If First Contact, Code: | If Home Assessment, Code: | If Maternity Home Visit, Code: | If Contact Tracing, Code: | If Multi-Disciplinary Assessment, Code: |
|-------------------------|---------------------------|--------------------------------|---------------------------|---|
| Result | Type | Type of Visit | Person Has Disease (Y/N) | Assessment Result |
| 01 | I | I | I | I |
| 02 | I | I | I | I |
| 03 | I | I | I | I |
| 04 | I | I | I | I |
| 05 | I | I | I | I |
| 06 | I | I | I | I |
| 07 | I | I | I | I |
| 08 | I | I | I | I |
| 09 | I | I | I | I |
| 10 | I | I | I | I |

[Please refer to your code book when entering the above information. Enter times in minutes]

Signature of Staff Member Completing this Form _____

Appendix 12 - Human-Computer Interaction Analysis Forms

USER CHARACTERISTICS DEFINITION

System: CHIS

User Job Title:

COMMUNITY NURSE MANAGERS
PARA-MEDICAL SERVICE MANAGERS

Nature of Job:

PERFORMING THE MANAGERIAL FUNCTION FOR THEIR PARTICULAR SERVICE. ASSURING PROFESSIONAL STANDARDS ARE MAINTAINED. MANY OF THE HEADS ALSO PRACTICE THEIR PROFESSION AS WELL AS CARRYING OUT A MANAGEMENT ROLE. FOR EXAMPLE, THE DISTRICT CHIROPODIST

Level of Computing Knowledge:

- NO DIRECT HANDS-ON COMPUTING EXPERIENCE
- SOME MAY HAVE ATTENDED COMPUTER APPRECIATION COURSES
- QUITE WELL DEVELOPED KNOWLEDGE OF CAPABILITIES OF COMPUTERS, SINCE THEY ALREADY RECEIVE MANY MACHINE GENERATED REPORTS ON BUDGETING, MANPOWER AND PAYROLL
- SOME HAVE PURCHASED MICROS FOR USE IN THEIR DEPARTMENTS

Resultant Characteristics:

- WILL WANT ROUTINE REPORTS GENERATED FOR THEM BY CLERICAL STAFF
- THEY WILL USE THE INFORMATION PROVIDED BY THE SYSTEM BUT WILL NOT OBTAIN THE INFORMATION THEMSELVES
- OCCASIONALLY THEY MAY WISH TO USE THE SYSTEM THEMSELVES TO EXTRACT AD-HOC REPORTS OR DATA

Recommendation of Interaction Methods:

A SIMPLE, EASY TO USE INTERFACE IS REQUIRED, TO ALLOW MANAGERS TO NAVIGATE THROUGH THE SYSTEM. A HIERARCHICAL MENU DRIVEN SYSTEM WOULD BE APPROPRIATE

FOR AD-HOC RESEARCH A SIMPLE QUERY LANGUAGE MAY BE USEFUL

Ref: ISD17/UC1

USER CHARACTERISTICS DEFINITION

System: CHIS

User Job Title:

COMMUNITY NURSING STAFF

Nature of Job:

NURSE PRACTITIONERS WHO ARE BASED IN THE COMMUNITY HAVE CONTACTS WITH PATIENTS IN THE HOME, IN GP SURGERIES, AND AT OTHER CLINIC SITES. DETAILED CLINICAL AND WORKLOAD RECORDS ARE APPROPRIATELY MAINTAINED BY ALL STAFF

Level of Computing Knowledge:

- NO DIRECT HANDS-ON COMPUTING EXPERIENCE
- VERY LITTLE IDEA OF THE CAPABILITY OF MACHINES
- NAIVE IN MOST ASPECTS OF COMPUTING
- COULD RESENT THE USE OF AN INFORMATION SYSTEM IF THE BENEFITS WERE NOT CLEARLY VISIBLE TO THEM

Resultant Characteristics:

- WILL NEED ON-LINE ACCESS TO PATIENT DETAILS VIA A LOCALLY SITED TERMINAL
- THEY WILL NOT ENTER LARGE AMOUNTS OF DATA INTO THE SYSTEM
- OCCASIONALLY THEY MAY WISH TO GENERATE AD-HOC REPORTS

Recommendation of Interaction Methods:

A SIMPLE, EASY TO USE INTERFACE IS REQUIRED, TO ALLOW NURSES TO USE THE SYSTEM. A HIERARCHICAL MENU DRIVEN SYSTEM WOULD AGAIN BE APPROPRIATE

FOR SPECIAL PROJECTS AN EASY TO USE QUERY LANGUAGE WOULD PROVIDE THE REQUIRED ACCESS TO DATA

AN OPTIONAL 'HELP' SYSTEM MIGHT BE USEFUL, IF IT WERE PROVIDED AS AN INTEGRATED PART OF THE SYSTEM

Ref: ISD17/UC2

USER CHARACTERISTICS DEFINITION

System: CHIS

User Job Title:

PARA-MEDICAL STAFF

Nature of Job:

PARAMEDICAL STAFF HAVE INTERACTIONS WITH PATIENTS BOTH IN THE HOSPITAL AND DOMICILIARY SITUATION, AND AT VARIOUS OTHER LOCATIONS WHERE CLINICS ARE SITED. DETAILED CLINICAL AND WORKLOAD RECORDS ARE APPROPRIATELY MAINTAINED BY ALL STAFF

Level of Computing Knowledge:

- SOME HAVE USED MICROS IN THEIR WORK. FOR EXAMPLE, SPEECH THERAPY
- MOST HAVE NO HANDS-ON EXPERIENCE
- MANY HAVE A POSITIVE ATTITUDE TO THE INTRODUCTION OF AN INFORMATION SYSTEM AND CAN SEE THE POTENTIAL BENEFITS TO BE GAINED.

Resultant Characteristics:

- WILL NEED ON-LINE ACCESS TO PATIENT DETAILS VIA LOCALLY SITED TERMINALS
- THEY WILL NOT ENTER LARGE AMOUNTS OF DATA INTO THE SYSTEM
- OCCASIONALLY THEY MAY WISH TO USE THE SYSTEM TO GENERATE AD-HOC REPORTS OR DATA

Recommendation of Interaction Methods:

A SIMPLE, EASY TO USE INTERFACE IS REQUIRED, TO ALLOW PRACTITIONERS TO NAVIGATE THROUGH THE SYSTEM. A HIERARCHICAL MENU DRIVEN SYSTEM WOULD BE APPROPRIATE

FOR AD-HOC RESEARCH AND SPECIAL PROJECTS, A SIMPLE QUERY LANGUAGE MAY BE USEFUL

Ref: ISD17/UC3

USER CHARACTERISTICS DEFINITION

System: CHIS

User Job Title:

CLERICAL GRADE STAFF

Nature of Job:

PROVIDE CLERICAL AND SECRETARIAL SUPPORT SERVICES TO THE VARIOUS COMMUNITY AND PARA-MEDICAL STAFF GROUPS. MANY OF THIS STAFF GRADE ARE RESPONSIBLE FOR COLLATING, PROCESSING AND DISTRIBUTING WORKLOAD DATA AT PRESENT

Level of Computing Knowledge:

- NO DIRECT HANDS-ON COMPUTING EXPERIENCE
- SOME USE OF WORD PROCESSING SYSTEMS IS MADE
- ALMOST ALL CAN TYPE AT A COMPETENT LEVEL
- NAIVE IN ALL ASPECTS OF COMPUTING GENERALLY

Resultant Characteristics:

- WILL SERVE AS DATA ENTRY OPERATORS, KEYING ALL PATIENT AND WORKLOAD DATA INTO THE SYSTEM
- WILL GENERATE ALL ROUTINELY SPECIFIED REPORTS FROM THE SYSTEM AND DISTRIBUTE THEM
- WILL SERVICE AD-HOC REQUESTS FOR INFORMATION BY INTERROGATING THE SYSTEM

Recommendation of Interaction Methods:

A SIMPLE, EASY TO USE INTERFACE IS REQUIRED, TO ALLOW STAFF TO USE THE SYSTEM AT A LEVEL APPROPRIATE TO THEIR CURRENT KNOWLEDGE

FOR THOSE WITH LITTLE KNOWLEDGE OF SYSTEM:

A 'HELP' SYSTEM WHICH IS INTEGRATED INTO THE OPERATIONAL SYSTEM WITH A HIERARCHICAL SERIES OF MENUS

FOR THOSE WITH MORE EXTENSIVE KNOWLEDGE AND EXPERIENCE:

'HARD' FUNCTION KEY USAGE PLUS MULTIPLE MENU OPTION SELECTION AT ONE TIME BY INHIBITION OF MENU DISPLAYS

Ref: ISD17/UC4

Form of Interaction:

EXAMPLE OF A HIERARCHICAL MENU DISPLAY. THE TOP LEVEL IS SHOWN SUCH THAT SELECTING THE FINAL OPTION CAUSES OPERATION OF THE SYSTEM TO TERMINATE.

Template Screen Layout:

| | 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|---|
| 01234567890123456789012345678901234567890123456789012345678 | | | | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| 11 | | | | | | |
| 12 | | | | | | |
| 13 | | | | | | |
| 14 | | | | | | |
| 15 | | | | | | |
| 16 | | | | | | |
| 17 | | | | | | |
| 18 | | | | | | |
| 19 | | | | | | |
| 20 | | | | | | |
| 21 | | | | | | |
| 22 | | | | | | |
| 23 | | | | | | |
| 24 | | | | | | |
| 25 | | | | | | |

Ref: ISD18/UC1

Form of Interaction:

EXAMPLE OF A HIERARCHICAL MENU DISPLAY. THE SECOND LEVEL IS SHOWN SUCH THAT SELECTING THE FINAL OPTION CAUSES AN EXIT TO THE NEXT LEVEL UP (01) TO BE MADE.

A 'HELP' INDICATION IS ALSO SHOWN. PRESSING THE 'HELP' KEY WOULD RESULT IN A SHORT MESSAGE BEING DISPLAYED TO ASSIST THE USER IN THE CONTEXT OF THE CURRENT DISPLAY.

Template Screen Layout:

```

      1           2           3           4           5           6
01234567890123456789012345678901234567890123456789012345678
1
2
3
4           COMMUNITY HEALTH INFORMATION SYSTEM           CHIS02
5
6
7           MENU SCREEN LEVEL 02
8
9
10
11          A - FUNCTION A1
12          B - FUNCTION B1
13          C - FUNCTION C1
14          D - FUNCTION D1
15          E - FUNCTION E1
16          F - FUNCTION F1
17          G - RETURN TO MENU 01 LEVEL
18
19
20          PLEASE PRESS THE LETTER OF THE OPTION
21
22          YOU REQUIRE [ ]
23
24
25          P R E S S   T H E   ' H E L P '   K E Y   F O R   A S S I S T A N C E
```

Ref: ISD18/UC2

Form of Interaction:

WHEN THE USER BECOMES FAMILIAR WITH THE SYSTEM, PRESSING MANY OPTIONS TOGETHER, WOULD INHIBIT THE DISPLAY OF INTERMEDIATE SUB-MENUS AND THE FINAL SELECTION WOULD BE LOADED IMMEDIATELY.

SIMILARLY, DIRECT USE OF FUNCTION KEYS WOULD IMMEDIATELY LOAD A MODULE, PREVENTING MENUS FROM BEING DISPLAYED.

Template Screen Layout:

```

      1           2           3           4           5           6
01234567890123456789012345678901234567890123456789012345678
1
2
3
4           COMMUNITY HEALTH INFORMATION SYSTEM           CHISnn
5
6
7           MENU SCREEN LEVEL nn
8
9
10
11          A - FUNCTION An
12          B - FUNCTION Bn
13          C - FUNCTION Cn
14          D - FUNCTION Dn
15          E - FUNCTION En
16          F - FUNCTION Fn
17          G - RETURN TO MENU nn - 1 LEVEL
18
19
20          PLEASE PRESS THE LETTER OF THE OPTION
21
22          YOU REQUIRE [ ]
23
24
25  P R E S S   T H E   ' H E L P '   K E Y   F O R   A S S I S T A N C E
  
```

Ref: ISD18/UC3

Form of Interaction:

AN EXAMPLE TEMPLATE TO BE FIXED ABOVE THE USER-PROGRAMMABLE
FUNCTION KEYS ON THE KEYBOARD.

PRESSING THE DESIRED FUNCTION KEY WOULD LOAD THE CORRESPONDING
MODULE IMMEDIATELY.

Template Screen Layout:

| | 1 | 2 | 3 | 4 | 5 | 6 |
|----|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 4 | 5 | 6 | 7 | 8 | 9 | 0 |
| 5 | 6 | 7 | 8 | 9 | 0 | 1 |
| 6 | 7 | 8 | 9 | 0 | 1 | 2 |
| 7 | 8 | 9 | 0 | 1 | 2 | 3 |
| 8 | 9 | 0 | 1 | 2 | 3 | 4 |
| 9 | 0 | 1 | 2 | 3 | 4 | 5 |
| 10 | 1 | 2 | 3 | 4 | 5 | 6 |
| 11 | 2 | 3 | 4 | 5 | 6 | 7 |
| 12 | 3 | 4 | 5 | 6 | 7 | 8 |
| 13 | 4 | 5 | 6 | 7 | 8 | 9 |
| 14 | 5 | 6 | 7 | 8 | 9 | 0 |
| 15 | 6 | 7 | 8 | 9 | 0 | 1 |
| 16 | 7 | 8 | 9 | 0 | 1 | 2 |
| 17 | 8 | 9 | 0 | 1 | 2 | 3 |
| 18 | 9 | 0 | 1 | 2 | 3 | 4 |
| 19 | 0 | 1 | 2 | 3 | 4 | 5 |
| 20 | 1 | 2 | 3 | 4 | 5 | 6 |
| 21 | 2 | 3 | 4 | 5 | 6 | 7 |
| 22 | 3 | 4 | 5 | 6 | 7 | 8 |
| 23 | 4 | 5 | 6 | 7 | 8 | 9 |
| 24 | 5 | 6 | 7 | 8 | 9 | 0 |
| 25 | 6 | 7 | 8 | 9 | 0 | 1 |

| | | | | |
|----------|----------|----------|----------|------|
| OPTION A | OPTION B | OPTION C | OPTION D | EXIT |
|----------|----------|----------|----------|------|

| | | | | |
|----|----|----|----|----|
| F1 | F2 | F3 | F4 | F5 |
|----|----|----|----|----|

Ref: ISD18/UC4

Appendix 13 - Data Schema Detailed Design Forms

ATTRIBUTE TYPE SPECIFICATION FORM

System: CHIS

| | |
|----------------|---------------|
| Attribute Name | CATEGORY-CODE |
|----------------|---------------|

Description

CODED CATEGORY NAME.

| | |
|----------|--|
| Synonyms | |
|----------|--|

| | | | |
|----------------|--------------|----------------|---|
| Date Specified | 12 JUNE 1986 | Status (P/V/I) | I |
|----------------|--------------|----------------|---|

| | | | |
|---------------------|---|----------------|---|
| Length (Characters) | 2 | Format (A,X,9) | X |
|---------------------|---|----------------|---|

| | |
|----------------------|--|
| Range for Validation | |
|----------------------|--|

Entity XRef

FILE: CATEGORY-OF-PROGRAMME

| | |
|------------------|--------------------|
| Create Authority | HEAD OF DEPARTMENT |
|------------------|--------------------|

| | |
|------------------|--------------------|
| Delete Authority | HEAD OF DEPARTMENT |
|------------------|--------------------|

| | |
|------------------|----------------------------------|
| Access Authority | ANY AUTHORISED OPERATIONAL STAFF |
|------------------|----------------------------------|

Functions Involved XRef:

Comments:

Ref: ISD3/DD1

ATTRIBUTE TYPE SPECIFICATION FORM

System: CHIS

| | |
|----------------|---------------|
| Attribute Name | CATEGORY-NAME |
|----------------|---------------|

Description

NAME OF THE CATEGORY THAT PROGRAMME TYPES
FALL INTO.

| | |
|----------|--|
| Synonyms | |
|----------|--|

| | | | |
|----------------|--------------|----------------|---|
| Date Specified | 12 JUNE 1986 | Status (P/V/I) | I |
|----------------|--------------|----------------|---|

| | | | |
|---------------------|----|----------------|---|
| Length (Characters) | 40 | Format (A,X,9) | X |
|---------------------|----|----------------|---|

| | |
|----------------------|--|
| Range for Validation | |
|----------------------|--|

Entity XRef

FILE: CATEGORY-OF-PROGRAMME

| | |
|------------------|--------------------|
| Create Authority | HEAD OF DEPARTMENT |
|------------------|--------------------|

| | |
|------------------|--------------------|
| Delete Authority | HEAD OF DEPARTMENT |
|------------------|--------------------|

| | |
|------------------|----------------------------------|
| Access Authority | ANY AUTHORISED OPERATIONAL STAFF |
|------------------|----------------------------------|

Functions Involved XRef:

Comments:

Ref: ISD3/DD2

ATTRIBUTE TYPE SPECIFICATION FORM

System: CHIS

| | |
|----------------|---------------|
| Attribute Name | CATEGORY-CODE |
|----------------|---------------|

Description

DEFINED ON: ISD3/DD1

| | |
|----------------------|--------------|
| Synonyms | |
| Date Specified | 12 JUNE 1986 |
| Status (P/V/I) | I |
| Length (Characters) | 2 |
| Format (A,X,9) | X |
| Range for Validation | |

Entity XRef

FILE: TYPE-OF-PROGRAMME

| | |
|------------------|----------------------------------|
| Create Authority | HEAD OF DEPARTMENT |
| Delete Authority | HEAD OF DEPARTMENT |
| Access Authority | ANY AUTHORISED OPERATIONAL STAFF |

Functions Involved XRef:

Comments:

Ref: ISD3/DD3

ATTRIBUTE TYPE SPECIFICATION FORM

System: CHIS

| | |
|----------------|-----------|
| Attribute Name | TYPE-CODE |
|----------------|-----------|

Description

CODED TYPE NAME.

| | |
|----------|--|
| Synonyms | |
|----------|--|

| | | | |
|----------------|--------------|----------------|---|
| Date Specified | 12 JUNE 1986 | Status (P/V/I) | I |
|----------------|--------------|----------------|---|

| | | | |
|---------------------|---|----------------|---|
| Length (Characters) | 2 | Format (A,X,9) | X |
|---------------------|---|----------------|---|

| | |
|----------------------|--|
| Range for Validation | |
|----------------------|--|

Entity XRef

FILE: TYPE-OF-PROGRAMME

| | |
|------------------|--------------------|
| Create Authority | HEAD OF DEPARTMENT |
|------------------|--------------------|

| | |
|------------------|--------------------|
| Delete Authority | HEAD OF DEPARTMENT |
|------------------|--------------------|

| | |
|------------------|----------------------------------|
| Access Authority | ANY AUTHORISED OPERATIONAL STAFF |
|------------------|----------------------------------|

Functions Involved XRef:

Comments:

Ref: ISD3/DD4

ATTRIBUTE TYPE SPECIFICATION FORM

System: CHIS

| | |
|----------------|-----------|
| Attribute Name | TYPE-NAME |
|----------------|-----------|

Description

NAME OF THE TYPE OF PROGRAMME THAT INDIVIDUAL PROGRAMMES ARE DIVIDED INTO.

| | |
|----------|--|
| Synonyms | |
|----------|--|

| | | | |
|----------------|--------------|----------------|---|
| Date Specified | 12 JUNE 1986 | Status (P/V/I) | I |
|----------------|--------------|----------------|---|

| | | | |
|---------------------|----|----------------|---|
| Length (Characters) | 40 | Format (A,X,9) | X |
|---------------------|----|----------------|---|

| | |
|----------------------|--|
| Range for Validation | |
|----------------------|--|

Entity XRef

FILE: TYPE-OF-PROGRAMME

| | |
|------------------|--------------------|
| Create Authority | HEAD OF DEPARTMENT |
|------------------|--------------------|

| | |
|------------------|--------------------|
| Delete Authority | HEAD OF DEPARTMENT |
|------------------|--------------------|

| | |
|------------------|----------------------------------|
| Access Authority | ANY AUTHORISED OPERATIONAL STAFF |
|------------------|----------------------------------|

Functions Involved XRef:

Comments:

Ref: ISD3/DDS

Appendix 14 - Data Dictionary Listings

Data Dictionary Listing of Conceptual Level Entities

| Ref | Name | Identifiers |
|------|------------------------------|----------------|
| K01 | Category-of-Programme | K01 |
| K013 | Community-Episode | K010 K03 |
| K06 | Course-of-Immunisation | K010 K03 K020 |
| K023 | Equipment-Item | K048 |
| K08 | Face-to-Face-Contact | K010 K03 K028 |
| K015 | Face-to-Face-Contact | K010 K03 K028 |
| K021 | Face-to-Face-Contact | K010 K028 |
| K031 | Face-to-Face-Contact | K010 K040 K028 |
| K09 | Group-Session | K03 |
| DA3 | Home-Assessment | DA6 DA10 |
| K026 | Home-Assessment-Visit | K028 |
| K028 | Home-Assessment-Visit | K028 |
| K07 | Location | K027 |
| K014 | Location | K027 |
| K022 | Location | |
| K018 | Maternity-Domiciliary-Visit | K010 |
| K017 | Midwife-Clinic | K040 K041 |
| K016 | Mother-and-Baby | K010 |
| K025 | Occupational-Therapy-Service | |
| K030 | Paramedic-Episode | K010 K040 |
| K019 | Paramedical-Service | K046 |
| K012 | Patient | K010 |
| K020 | Patient | K010 |
| K029 | Patient | K010 |
| K04 | Person | K010 |
| K05 | Person-in-Programme | K010 K03 |
| K027 | Physiotherapy-Service | |
| K03 | Programme | K03 |
| K011 | Programme | K03 |
| K024 | Sample-Enquiry | K049 |
| DA4 | Staff-Group | DA13 |
| DA1 | Student | DA1 DA6 |
| DA2 | Travel-Details | DA7 DA6 |
| K02 | Type-of-Programme | K02 |
| K010 | Type-of-Programme | K035 |

Data Dictionary Listing of Logical Level Entities

| Ref | Name | Identifiers | | | | |
|------|-----------------------------|-------------|------|------|------|------|
| DC8 | Activity | DC51 | DC44 | DC45 | DC7 | |
| DC1 | Category-of-Programme | DC1 | | | | |
| DC19 | Contact-Result | DC8 | DC3 | DC44 | DC45 | DC47 |
| | | DC7 | DC46 | | | |
| DC18 | Episode | DC7 | DC8 | DC44 | DC45 | DC46 |
| DC6 | Face-to-Face-Contact | DC8 | DC3 | DC44 | DC45 | DC7 |
| | | DC47 | DC46 | | | |
| DC17 | Group-Session | DC3 | DC7 | DC45 | DC44 | DC66 |
| DC15 | Home-Assessment-Visit | DC7 | DC63 | DC64 | | |
| DC9 | Location | DC44 | | | | |
| DC20 | Maternity-Domiciliary-Visit | DC8 | DC3 | DC44 | DC45 | DC47 |
| | | DC7 | DC46 | | | |
| DC5 | Person | DC7 | DC8 | | | |
| DC4 | Person-in-Programme | DC3 | DC8 | | | |
| DC3 | Programme | DC3 | DC2 | DC1 | DC7 | |
| DC7 | Source-of-Referral | DC45 | | | | |
| DC10 | Staff-Group | DC53 | | | | |
| DC12 | Staff-Member | DC53 | DC54 | DC7 | | |
| DC11 | Staff-Team | DC53 | DC54 | | | |
| DC14 | Student | DC7 | DC60 | | | |
| DC13 | Travel-Details | DC7 | DC57 | | | |
| DC16 | Type-of-Assessment | DC63 | | | | |
| DC2 | Type-of-Programme | DC1 | DC2 | | | |

Data Dictionary Listing of Conceptual Level Relationships

| Ref | Name | Identifiers | |
|-------|----------------|-------------|------|
| DA1 | Allocated-To | DA6 | DA1 |
| DA10 | Allocated-To-1 | DA6 | DA9 |
| DA11 | Allocated-To-2 | DA6 | DA10 |
| K016 | Attends | K016 | K017 |
| DA12 | Carries-Out | DA6 | DA12 |
| K021A | Carries-Out | K025 | K026 |
| K022 | Carries-Out | K027 | K028 |
| K018 | Completes | K019 | K024 |
| K011 | Consists-Of | K010 | K011 |
| K024 | Consists-Of | K030 | K031 |
| K01 | Consists-Of-1 | K01 | K02 |
| K02 | Consists-Of-2 | K02 | K03 |
| K03 | Consists-Of-3 | K03 | K09 |
| K04 | Contains | K03 | K05 |
| DA4 | Contains-1 | DA4 | DA5 |
| DA5 | Contains-2 | DA5 | DA6 |
| DA7 | Generates-1 | DA8 | DA7 |
| DA8 | Generates-2 | DA8 | DA10 |
| DA9 | Generates-3 | DA8 | DA13 |
| DA2 | Has | DA6 | DA2 |
| K014 | Has | K013 | K015 |
| K017A | Has | K019 | K023 |
| K06 | Has-1 | K05 | K06 |
| K08 | Has-2 | K05 | K08 |
| K015 | Held-At | K014 | K015 |
| K021 | Held-At | K022 | K021 |
| K09 | Held-At-1 | K07 | K08 |
| K010 | Held-At-2 | K07 | K09 |
| DA6 | Holds | DA6 | DA7 |
| K05 | In | K04 | K05 |
| K013 | In | K012 | K013 |
| K012 | Made-Up-Of | K011 | K013 |
| DA3 | Makes | DA6 | DA3 |
| K07 | Needs | K06 | K08 |
| K019 | Provides | K019 | K021 |
| K020 | Receives | K020 | K021 |
| K023 | Treated-In | K029 | K030 |
| DA13 | Takes-Place-At | DA11 | DA12 |
| K017 | Visited-On | K016 | K018 |

Data Dictionary Listing of Logical Level Relationships

| <u>Ref</u> | <u>Name</u> | <u>Entity Cross Reference</u> | |
|------------|-----------------|-------------------------------|------|
| DC29 | Allocated | DC12 | DC5 |
| DC16 | Attached-To | DC12 | DC14 |
| DC17 | Categorised-By | DC16 | DC15 |
| DC1 | Consists-Of-1 | DC1 | DC2 |
| DC2 | Consists-Of-2 | DC2 | DC3 |
| DC3 | Consists-Of-3 | DC3 | DC4 |
| DC14 | Contains | DC11 | DC12 |
| DC15 | Does | DC12 | DC15 |
| DC12 | Generates | DC12 | DC13 |
| DC8 | Generates-1 | DC7 | DC6 |
| DC22 | Generates-2 | DC7 | DC17 |
| DC9 | Generates-3 | DC7 | DC8 |
| DC25 | Generates-4 | DC7 | DC18 |
| DC30 | Handles | DC12 | DC18 |
| DC5 | Has-1 | DC4 | DC6 |
| DC6 | Has-2 | DC5 | DC6 |
| DC26 | Has-3 | DC6 | DC19 |
| DC20 | Held-As-Part-Of | DC3 | DC17 |
| DC10 | Held-At-1 | DC9 | DC8 |
| DC7 | Held-At-2 | DC9 | DC6 |
| DC23 | Held-At-3 | DC9 | DC17 |
| DC21 | Holds | DC12 | DC17 |
| DC4 | In | DC4 | DC5 |
| DC11 | Involved-With | DC12 | DC8 |
| DC13 | Made-Up-Of | DC10 | DC11 |
| DC28 | Makes | DC12 | DC6 |
| DC18 | May-Attend | DC4 | DC17 |
| DC27 | Might-Be | DC6 | DC20 |
| DC19 | Responsible-For | DC3 | DC12 |
| DC31 | Treated-In | DC5 | DC18 |
| DC24 | Usually-Held-At | DC9 | DC18 |

Data Dictionary Listing of Conceptual Level Functions

*** F r e q u e n c y ***

| Ref | Name | Minimum | Maximum | Average |
|------|----------------------|---------|---------|-----------|
| CL05 | Audiology-Clinics | Yearly | Weekly | Monthly |
| CL06 | Audiology-Discharges | Yearly | Weekly | Monthly |
| CL04 | Audiology-Numbers | Yearly | Weekly | Monthly |
| CP08 | Base-Facilities | Yearly | Monthly | 6 Monthly |
| ST03 | Caseload | Yearly | Monthly | Monthly |
| CI02 | Clinic-Attendances | Monthly | Weekly | Weekly |
| AU04 | Clinics | Yearly | Monthly | Monthly |
| CH06 | Clinics | Yearly | Monthly | Monthly |
| CM03 | Clinics | Yearly | Monthly | 6 Monthly |
| DN04 | Clinics | Yearly | Weekly | Monthly |
| HV04 | Clinics | Yearly | Weekly | Monthly |
| OT06 | Clinics | Yearly | Monthly | Monthly |
| SN04 | Clinics | Yearly | Weekly | Monthly |
| CM08 | Confinements | Yearly | Yearly | Yearly |
| AU06 | Distances-Travelled | Yearly | Monthly | Monthly |
| CH05 | Distances-Travelled | Yearly | Monthly | Monthly |
| DI06 | Distances-Travelled | Yearly | Monthly | Monthly |
| DN03 | Distances-Travelled | Yearly | Weekly | Monthly |
| HV03 | Distances-Travelled | Yearly | Weekly | Monthly |
| PH03 | Distances-Travelled | Yearly | Weekly | Monthly |
| SN03 | Distances-Travelled | Yearly | Weekly | Monthly |
| ST06 | Distances-Travelled | Yearly | Monthly | Monthly |
| CI03 | Domiciliary-Visits | Monthly | Weekly | Weekly |
| CM04 | Early-Transfers | Yearly | Monthly | Monthly |
| PH10 | Equipment-Given | Yearly | Weekly | Monthly |
| PH09 | Equipment-Loan | Yearly | Weekly | Monthly |
| CM07 | Expenses | Yearly | Monthly | Monthly |
| PS04 | Formal-Teaching | Yearly | Monthly | 6 Monthly |
| PS05 | Group-Work | Yearly | Monthly | 6 Monthly |
| CL03 | Handicapped-Register | Yearly | Weekly | Monthly |
| PH08 | Hands-Off-Time | Yearly | Weekly | Monthly |
| PH07 | Hands-On-Time | Yearly | Weekly | Monthly |
| CL07 | Hearing-Aids | Yearly | Weekly | Monthly |
| CM05 | Ineffectual-Visits | Yearly | Monthly | Monthly |
| AU01 | Korner-Reports | Yearly | Monthly | Monthly |
| CH01 | Korner-Reports | Yearly | Monthly | Monthly |
| CI01 | Korner-Reports | Monthly | Weekly | Weekly |
| CL01 | Korner-Reports | Yearly | Weekly | Monthly |
| CM01 | Korner-Reports | Yearly | Monthly | Monthly |
| CP01 | Korner-Reports | Yearly | Monthly | Monthly |
| DI01 | Korner-Reports | Yearly | Monthly | Monthly |
| DN01 | Korner-Reports | Yearly | Weekly | Monthly |
| HV01 | Korner-Reports | Yearly | Weekly | Monthly |
| OT01 | Korner-Reports | Yearly | Monthly | Monthly |
| PH01 | Korner-Reports | Yearly | Weekly | Monthly |
| PS01 | Korner-Reports | Yearly | Monthly | 6 Monthly |
| SN01 | Korner-Reports | Yearly | Weekly | Monthly |

| | | | | |
|------|-------------------------------|---------|---------|-----------|
| ST01 | Korner-Reports | Yearly | Monthly | Monthly |
| DI04 | Mentally-Handicapped | Yearly | Monthly | Monthly |
| CH03 | Mentally-Handicapped-Register | | | |
| DI03 | Non-Attendances | Yearly | Monthly | Monthly |
| CI05 | Non-Attendances | Monthly | Weekly | Weekly |
| CM06 | Non-Nursing-Time | Yearly | Monthly | Monthly |
| CP07 | Other-Staff | Yearly | Monthly | 6 Monthly |
| CI04 | Part-III-Attendances | Monthly | Weekly | Weekly |
| DI05 | Part-III-Attendances | Yearly | Monthly | Monthly |
| AU02 | Patient-Details | | | |
| DN08 | Patient-Details | | | |
| HV06 | Patient-Details | | | |
| SN06 | Patient-Details | | | |
| ST02 | Patient-Details | | | |
| CP04 | Patient-List | Yearly | Weekly | 6 Monthly |
| OT02 | Patient-Registers | Yearly | Monthly | Monthly |
| CI06 | Patient-Registers | Monthly | Weekly | Weekly |
| ST04 | Patient-Reports | | | |
| PH05 | Patients-Condition | Yearly | Weekly | Monthly |
| PH06 | Patients-Discharged | Yearly | Weekly | Monthly |
| PH02 | Patients-Seen | Yearly | Weekly | Monthly |
| OT03 | Referral-Agencies | Yearly | Monthly | Monthly |
| PS02 | Referral-Outcome | Yearly | Monthly | 6 Monthly |
| PH04 | Referral-Source | Yearly | Weekly | Monthly |
| CH04 | Referrals | Yearly | Monthly | Monthly |
| CP03 | Referrals | Yearly | Monthly | Monthly |
| DI02 | Referrals | Yearly | Monthly | Monthly |
| DN05 | Referrals | Yearly | Weekly | Monthly |
| OT04 | Referrals | Yearly | Monthly | Monthly |
| CP09 | Respite-Care | Yearly | Monthly | 6 Monthly |
| CL10 | School-Register | Yearly | Weekly | Monthly |
| AU03 | Schools | Yearly | Daily | Daily |
| CI07 | Source-Clinic-Lists | Monthly | Weekly | Weekly |
| CL02 | Special-Needs-Register | Yearly | Weekly | Monthly |
| CL09 | TB-Contact | Yearly | Weekly | Monthly |
| CL08 | Teachers-Deaf | Yearly | Weekly | Monthly |
| PS03 | Time-Spent | Yearly | Monthly | 6 Monthly |
| CM02 | Visits-Made | Yearly | Monthly | Monthly |
| CP06 | Voluntary-CPN | Yearly | Monthly | 3 Monthly |
| CP05 | Voluntary-Patients | Yearly | Monthly | 3 Monthly |
| AU05 | Workload | Yearly | Weekly | Weekly |
| CH02 | Workload | Yearly | Monthly | Monthly |
| CP02 | Workload | Yearly | Monthly | Monthly |
| DN02 | Workload | Yearly | Weekly | Monthly |
| HV02 | Workload | Yearly | Weekly | Monthly |
| OT05 | Workload | Yearly | Monthly | Monthly |
| SN02 | Workload | Yearly | Weekly | Monthly |
| HV05 | Workload-Activity | Yearly | Weekly | Monthly |
| SN05 | Workload-Activity | Yearly | Weekly | Monthly |
| DN07 | Workload-Location | Yearly | Weekly | Monthly |
| DN06 | Workload-Referral | Yearly | Weekly | Monthly |
| ST05 | Workload-Return | Yearly | Monthly | Monthly |

Data Dictionary Listing of Logical Level Functions

| *** F r e q u e n c y *** | | | | |
|---------------------------|----------------------------------|---------|---------|---------|
| Ref | Name | Minimum | Maximum | Average |
| K022 | Activity-Summary | Yearly | Monthly | Monthly |
| K030 | Activity-Summary-Location | Yearly | Monthly | Monthly |
| K023 | Activity-Summary-Other | Yearly | Monthly | Monthly |
| K029 | Activity-Summary-Referral | Yearly | Monthly | Monthly |
| K018 | Assessments | Yearly | Monthly | Monthly |
| K033 | Contact-Activity | Yearly | Monthly | Monthly |
| K019 | Contact-Durations-Category | Yearly | Monthly | Monthly |
| K010 | Contact-Durations-Age-Sex | Yearly | Monthly | Monthly |
| K09 | Contact-Durations-Location | Yearly | Monthly | Monthly |
| K08 | Contact-Results | Yearly | Monthly | Monthly |
| K03 | Contacts-Age-Sex | Yearly | Monthly | Monthly |
| K01 | Contacts-Location | Yearly | Monthly | Monthly |
| K02 | Contacts-Referral | Yearly | Monthly | Monthly |
| K017 | Contacts-Traced | Yearly | Monthly | Monthly |
| K011 | Comm-Contacts-Age-Sex-Category | Yearly | Monthly | Monthly |
| K020 | Discharges | Yearly | Monthly | Monthly |
| K034 | Discharges-Reason-Referral | Yearly | Monthly | Monthly |
| K024 | Episode-Category | Yearly | Monthly | Monthly |
| K016 | Episode-Lengths | Yearly | Monthly | Monthly |
| K06 | Episodes-Location | Yearly | Monthly | Monthly |
| K07 | Episodes-Referral | Yearly | Monthly | Monthly |
| K05 | First-Contacts-Fin-Year-Age-Sex | Yearly | Monthly | Monthly |
| K04 | First-Contacts-Fin-Year-Location | Yearly | Monthly | Monthly |
| K037 | Functional-Impairment | Yearly | Monthly | Monthly |
| K014 | Group-Session-Attendances | Yearly | Monthly | Monthly |
| K031 | Group-Session-Attendances-Categ | Yearly | Monthly | Monthly |
| K012 | Home-Assessments | Yearly | Monthly | Monthly |
| K021 | Mileage-Summary | Yearly | Monthly | Monthly |
| K035 | Non-Attendances-Referral | Yearly | Monthly | Monthly |
| K026 | On-Line-Patient-Register | Weekly | 30 Secs | Hourly |
| K028 | Other-Services | Yearly | Monthly | Monthly |
| K013 | Patient-Register | Yearly | Daily | Weekly |
| K025 | Programme-Costing | Yearly | Monthly | Monthly |
| K015 | Programmes | Yearly | Monthly | Monthly |
| K038 | Referrals-Age-Sex | Yearly | Monthly | Monthly |
| K032 | Referrals-Category | Yearly | Monthly | Monthly |
| K036 | Social-Support | Yearly | Monthly | Monthly |
| K027 | Voluntary-Services | Yearly | Monthly | Monthly |

Data Dictionary Listing of Conceptual Level Attributes

| Ref | Name | Length | Format |
|------|---------------------------|--------|--------|
| DA48 | Activity-Description | 80 | X |
| DA47 | Activity-Name | 20 | X |
| K08 | Actual-Expenditure | 80 | X |
| K012 | Address | 120 | X |
| DA20 | Address | 60 | X |
| K015 | Age | 3 | 9 |
| K017 | Assessment-Result | 1 | A |
| K01 | Category-Name | 80 | X |
| DA25 | Consultant | 20 | X |
| K053 | Community-Based | 1 | A |
| K022 | Course-Completed | 1 | A |
| K020 | Course-Name | 1 | A |
| K021 | Course-Started | 1 | A |
| K05 | Coverage-Achieved | 3 | 9 |
| DA10 | Date-of-Assessment | 8 | 9 |
| DA35 | Date-of-Birth | 8 | 9 |
| K014 | Date-of-Birth | 8 | 9 |
| DA15 | Date-of-Contact | 8 | 9 |
| K028 | Date-of-Contact | 8 | 9 |
| K023 | Date-Completed | 8 | 9 |
| K024 | Date-Immunity-Test | 8 | 9 |
| DA7 | Date-of-Details | 8 | 9 |
| DA5 | Date-of-Leaving | 8 | 9 |
| K049 | Date-of-Sample | 8 | X |
| DA4 | Date-of-Starting | 8 | 9 |
| DA16 | Duration-of-Contact | 3 | 9 |
| K054 | Duration-of-Contact | 2 | 9 |
| K041 | End-Date | 8 | 9 |
| DA37 | Family-Situation | 80 | X |
| K029 | First-Contact-Fin-Year | 1 | A |
| DA41 | First-Language | 10 | A |
| DA24 | GP | 20 | X |
| DA3 | Grade | 20 | X |
| DA42 | Handicap | 5 | X |
| DA40 | Hearing-State | 5 | X |
| DA28 | Housing-Type | 5 | X |
| DA33 | Impairment | 15 | X |
| K043 | Initial-Contact | 1 | A |
| K048 | Item-Name | 40 | X |
| DA29 | Keys-At | 10 | X |
| K057 | Length-of-Episode | 4 | 9 |
| K06 | Level-of-Service-Provided | 160 | X |
| DA30 | Lives-Alone | 1 | A |
| K037 | Local-Authority-Services | 320 | X |
| K07 | Local-Policy-Objectives | 320 | X |
| K027 | Location-Name | 1 | A |
| DA38 | Marital-Status | 1 | A |
| DA8 | Mileage-Travelled | 3 | 9 |

| | | | |
|-------|------------------------------------|-----|---|
| KO16 | Multi-Discipline | 1 | A |
| DA2 | Name | 40 | A |
| KO11 | Name | 40 | A |
| DA46 | Name-of-Location | 40 | X |
| KO47 | Name-of-Location | 30 | X |
| DA19 | Name-of-Person | 40 | A |
| KO46 | Name-of-Service | 30 | X |
| DA17 | Name-of-Source | 30 | X |
| DA13 | Name-of-Staff-Group | 20 | X |
| DA14 | Name-of-Staff-Team | 20 | X |
| DA36 | Next-of-Kin | 30 | X |
| KO33 | Number-Attending | 3 | 9 |
| DA23 | Occupation | 20 | X |
| KO45A | Paramedical-Referral-Source | 1 | A |
| DA32 | Patient-Category | 15 | X |
| DA1 | Payroll-Number | 5 | 9 |
| KO19 | Person-Has-Disease | 1 | A |
| DA18 | Person-Id | 14 | X |
| KO10 | Person-Id | 14 | X |
| KO18 | Person-Traced | 1 | A |
| DA21 | Post-Code | 8 | X |
| KO38 | Post-Code | 8 | X |
| KO3 | Programme-Name | 80 | X |
| KO9 | Projected-Expenditure | 80 | X |
| KO45 | Reason-for-Call | 1 | A |
| KO58 | Reason-for-Discharge | 40 | X |
| KO26 | Reason-Not-S-C | 1 | A |
| DA27 | Religion | 10 | X |
| DA44 | Research-Space | 80 | X |
| KO25 | Result-Immunity-Test | 1 | A |
| DA12 | Result-of-Assessment | 10 | X |
| DA34 | School | 20 | X |
| KO30 | Screening-Test-Done | 1 | A |
| KO31 | Screening-Test-Result | 1 | A |
| DA50 | Session-Date | 8 | 9 |
| KO13 | Sex | 1 | A |
| DA31 | Social-Support | 15 | X |
| KO39 | Source-of-Referral | 20 | X |
| DA43 | Special-Educ-Needs | 1 | A |
| DA26 | Specialty | 20 | X |
| DA6 | Staff-Member-Payroll-Number | 5 | 9 |
| KO40 | Start-Date | 8 | 9 |
| DA45 | Start-Date-of-Episode | 8 | 9 |
| KO34 | Staff-Group | 1 | A |
| KO32 | Surveillance-Result | 1 | A |
| KO4 | Target-Population | 6 | 9 |
| KO36 | Target-Population | 12 | 9 |
| DA22 | Telephone-No | 12 | 9 |
| KO50 | Time-Face-to-Face-Contacts | 80 | X |
| KO55 | Time-Home-Assessments | 80 | X |
| KO56 | Time-Home-Assessments | 80 | X |
| KO52 | Time-Other-Professional-Activities | 320 | X |
| KO42 | Time-Taken | 2 | 9 |

| | | | |
|------|-------------------------|----|---|
| K051 | Time-Telephone-Contacts | 80 | X |
| DA9 | Travel-Time-Breakdown | 4 | X |
| K02 | Type-Name | 80 | X |
| K035 | Type-Name | 80 | X |
| DA11 | Type-of-Assessment | 10 | X |
| K044 | Type-of-Visit | 1 | A |
| DA49 | Usual-Duration | 3 | 9 |
| DA39 | Vision-State | 5 | X |

Data Dictionary Listing of Logical Level Attributes

| Ref | Name | Length | Format |
|------|----------------------------|--------|--------|
| DC50 | Activity-Desc | 80 | X |
| DC51 | Activity-Name | 20 | X |
| DC5 | Actual-Expenditure | 80 | X |
| DC14 | Address | 80 | X |
| DC63 | Assessment-Type | 20 | X |
| DC10 | Assessment-Result | 1 | A |
| DC1 | Category-Name | 40 | X |
| DC19 | Consultant | 20 | X |
| DC76 | Contact-Result-Code | 1 | A |
| DC39 | Contacts-Year | 3 | 9 |
| DC64 | Date-of-Assessment | 8 | 9 |
| DC29 | Date-of-Birth | 8 | 9 |
| DC47 | Date-of-Contact | 8 | 9 |
| DC57 | Date-of-Details | 8 | 9 |
| DC62 | Date-of-Leaving | 8 | 9 |
| DC61 | Date-of-Starting | 8 | 9 |
| DC49 | Duration-of-Contact | 3 | 9 |
| DC71 | End-Date | 8 | 9 |
| DC72 | End-Date-of-Episode | 8 | 9 |
| DC40 | Episodes-Year | 2 | 9 |
| DC31 | Family-Situation | 80 | X |
| DC48 | First-Contact-Fin-Year | 1 | A |
| DC38 | First-Language | 10 | A |
| DC18 | GP | 20 | X |
| DC56 | Grade | 20 | X |
| DC34 | Handicap | 5 | X |
| DC33 | Hearing-State | 5 | X |
| DC22 | Housing-Type | 10 | X |
| DC27 | Impairment | 15 | X |
| DC23 | Keys-At | 10 | X |
| DC24 | Lives-Alone | 1 | A |
| DC44 | Location-Name | 40 | X |
| DC35 | Marital-Status | 1 | A |
| DC58 | Mileage-Travelled | 3 | 9 |
| DC9 | Multi-Discipline | 1 | A |
| DC55 | Name | 40 | A |
| DC53 | Name-of-Group | 20 | X |
| DC13 | Name-of-Person | 40 | A |
| DC45 | Name-of-Source | 20 | X |
| DC54 | Name-of-Team | 20 | X |
| DC30 | Next-of-Kin | 30 | X |
| DC69 | No-Non-Attendees-No-Reason | 2 | 9 |
| DC68 | No-Non-Attendees-Reason | 2 | 9 |
| DC67 | Number-Attending | 3 | 9 |
| DC17 | Occupation | 20 | X |
| DC42 | Other-Services | 20 | X |
| DC26 | Patient-Category | 15 | X |
| DC60 | Payroll-Number | 7 | 9 |

| | | | |
|------|-----------------------------|----|---|
| DC12 | Person-Has-Disease | 1 | A |
| DC8 | Person-Id | 14 | X |
| DC11 | Person-Traced | 1 | A |
| DC15 | Postcode | 8 | X |
| DC3 | Programme-Name | 40 | X |
| DC6 | Projected-Expenditure | 80 | X |
| DC75 | Reason-for-Call | 1 | A |
| DC73 | Reason-for-Discharge | 20 | X |
| DC21 | Religion | 10 | X |
| DC43 | Research | 60 | X |
| DC65 | Result-of-Assessment | 15 | X |
| DC28 | School | 20 | X |
| DC66 | Session-Date | 8 | 9 |
| DC36 | Sex | 1 | A |
| DC25 | Social-Support | 15 | X |
| DC20 | Specialty | 20 | X |
| DC32 | Special-Educ-Needs | 1 | A |
| DC7 | Staff-Member-Payroll-Number | 7 | 9 |
| DC70 | Start-Date | 8 | 9 |
| DC46 | Start-Date-of-Episode | 8 | 9 |
| DC4 | Target-Population | 6 | 9 |
| DC16 | Telephone-No | 12 | 9 |
| DC59 | Travel-Time-Breakdown | 4 | X |
| DC2 | Type-Name | 40 | X |
| DC74 | Type-of-Visit | 1 | A |
| DC52 | Usual-Duration | 3 | 9 |
| DC37 | Vision-State | 5 | X |
| DC41 | Voluntary-Services | 20 | X |

Data Dictionary Listing of Physical Level Attributes

| Ref | Name | Length | Format |
|--------|---------------------------|--------|--------|
| DD65 | Activity-Code | 3 | X |
| DD71 | Activity-Code | 3 | X |
| DD61 | Activity-Code | 9 | 9 |
| DD67 | Activity-Description | 40 | X |
| DD66 | Activity-Name | 20 | X |
| DD10 | Actual-Expenditure | 80 | X |
| DD22 | Address | 60 | X |
| DD16 | Assessment-Result-Code | 1 | X |
| DD1 | Category-Code | 2 | X |
| DD3 | Category-Code | 2 | X |
| DD6 | Category-Code | 2 | X |
| DD2 | Category-Name | 40 | X |
| DD132 | Code | 3 | X |
| DD133 | Code-Description | 40 | X |
| DD27 | Consultant-Code | 2 | X |
| DD47 | Contacts-Year | 3 | 9 |
| DD72 | Date-of-Activity | 8 | 9 |
| DD101 | Date-of-Assessment | 8 | 9 |
| DD37 | Date-of-Birth | 8 | 9 |
| DD58 | Date-of-Contact | 8 | 9 |
| DD125 | Date-of-Contact | 8 | 9 |
| DD129 | Date-of-Contact | 8 | 9 |
| DD88 | Date-of-Details | 8 | 9 |
| DD95 | Date-of-Starting | 8 | 9 |
| DD96 | Date-of-Leaving | 8 | 9 |
| DD73 | Duration | 3 | 9 |
| DD112 | Duration | 3 | 9 |
| DD60 | Duration-of-Contact | 3 | 9 |
| DD121B | End-Date-of-Episode | 8 | 9 |
| DD48 | Episodes-Year | 2 | 9 |
| DD39 | Family-Situation-Code | 3 | X |
| DD90 | Finish-Mileage | 5 | 9 |
| DD59 | First-Contact-Fin-Year | 1 | A |
| DD126 | First-Contact-Result-Code | 1 | X |
| DD46 | First-Language-Code | 2 | X |
| DD114 | First-Series | 1 | A |
| DD26 | GP-Code | 2 | X |
| DD87A | Grade | 20 | X |
| DD98 | Grade | 20 | X |
| DD78 | Group-Code | 2 | X |
| DD80 | Group-Code | 2 | X |
| DD83 | Group-Code | 2 | X |
| DD79 | Group-Name | 20 | X |
| DD42 | Handicap-Code | 3 | X |
| DD41 | Hearing-State-Code | 2 | X |
| DD30 | Housing-Type-Code | 2 | X |
| DD35 | Impairment-Code | 2 | X |
| DD31 | Keys-At-Code | 2 | X |

| | | | |
|-------|----------------------------|----|---|
| DD115 | Last-Series | 1 | A |
| DD32 | Lives-Alone | 1 | A |
| DD56 | Location-Code | 3 | X |
| DD69 | Location-Code | 3 | X |
| DD74 | Location-Code | 3 | X |
| DD108 | Location-Code | 3 | X |
| DD119 | Location-Code | 3 | X |
| DD70 | Location-Name | 40 | X |
| DD43 | Marital-Status | 1 | A |
| DD15 | Multi-Discipline | 1 | A |
| DD86 | Name | 20 | X |
| DD97 | Name | 20 | X |
| DD21 | Name-of-Person | 40 | A |
| DD64 | Name-of-Source | 20 | X |
| DD38 | Next-of-Kin | 30 | X |
| DD111 | No-Non-Attendees-No-Reason | 2 | 9 |
| DD110 | No-Non-Attendees-Reason | 2 | 9 |
| DD93 | No-Passengers | 1 | 9 |
| DD109 | Number-Attending | 3 | 9 |
| DD25 | Occupation-Code | 2 | X |
| DD50 | Other-Services-Codes | 10 | 9 |
| DD34 | Patient-Category-Code | 2 | X |
| DD94 | Payroll-Number | 7 | 9 |
| DD18 | Person-Has-Disease | 1 | A |
| DD13 | Person-Id | 14 | X |
| DD19 | Person-Id | 14 | X |
| DD55 | Person-Id | 14 | X |
| DD103 | Person-Id | 14 | X |
| DD118 | Person-Id | 14 | X |
| DD124 | Person-Id | 14 | X |
| DD128 | Person-Id | 14 | X |
| DD17 | Person-Traced | 1 | A |
| DD23 | Postcode | 8 | X |
| DD8 | Programme-Code | 3 | X |
| DD14 | Programme-Code | 3 | X |
| DD53 | Programme-Code | 3 | X |
| DD116 | Programme-Code | 3 | X |
| DD12 | Programme-Name | 40 | X |
| DD11 | Projected-Expenditure | 80 | X |
| DD131 | Reason-for-Call | 1 | X |
| DD122 | Reason-for-Discharge-Code | 2 | X |
| DD29 | Religion-Code | 2 | X |
| DD51 | Research | 40 | X |
| DD104 | Result-of-Assessment-Code | 1 | X |
| DD36 | School-Code | 2 | X |
| DD106 | Session-Date | 8 | 9 |
| DD44 | Sex | 1 | A |
| DD33 | Social-Support-Code | 2 | X |
| DD52 | Source-of-Referral-Code | 3 | X |
| DD57 | Source-of-Referral-Code | 3 | X |
| DD63 | Source-of-Referral-Code | 3 | X |
| DD75 | Source-of-Referral-Code | 3 | X |
| DD107 | Source-of-Referral-Code | 3 | X |

| | | | |
|--------|--------------------------|----|---|
| DD120 | Source-of-Referral-Code | 3 | X |
| DD40 | Special-Educ-Needs | 1 | A |
| DD28 | Specialty-Code | 2 | X |
| DD54 | Staff-Member-Payroll-No | 7 | 9 |
| DD76 | Staff-Member-Payroll-No | 7 | 9 |
| DD85 | Staff-Member-Payroll-No | 7 | 9 |
| DD87B | Staff-Member-Payroll-No | 7 | 9 |
| DD99 | Staff-Member-Payroll-No | 7 | 9 |
| DD100 | Staff-Member-Payroll-No | 7 | 9 |
| DD20 | Staff-Member-Payroll-No | 7 | 9 |
| DD105 | Staff-Member-Payroll-No | 7 | 9 |
| DD117 | Staff-Member-Payroll-No | 7 | 9 |
| DD123 | Staff-Member-Payroll-No | 7 | 9 |
| DD127 | Staff-Member-Payroll-No | 7 | 9 |
| DD121A | Start-Date-of-Episode | 8 | 9 |
| DD89 | Start-Mileage | 5 | 9 |
| DD9 | Target-Population | 6 | 9 |
| DD81 | Team-Code | 2 | X |
| DD84 | Team-Code | 2 | X |
| DD82 | Team-Name | 20 | X |
| DD24 | Telephone-No | 12 | 9 |
| DD62 | Travel-Time | 3 | 9 |
| DD77 | Travel-Time | 3 | 9 |
| DD113 | Travel-Time | 3 | 9 |
| DD91 | Total-Passenger-Miles | 3 | 9 |
| DD4 | Type-Code | 2 | X |
| DD7 | Type-Code | 2 | X |
| DD5 | Type-Name | 40 | X |
| DD102 | Type-of-Assessment-Code | 2 | X |
| DD130 | Type-of-Visit-Code | 1 | X |
| DD92 | Unofficial-Mileage | 3 | 9 |
| DD68 | Usual-Duration | 3 | 9 |
| DD134 | Valid-Staff-Groups | 60 | X |
| DD45 | Vision-State-Code | 2 | X |
| DD49 | Voluntary-Services-Codes | 10 | 9 |

Appendix 15 - SourceWriter 20 Data Dictionary Documentation

APPLICATION FILES

| LINE | FILE CATEGORY | PREFIX | SIBLING | RECORD-LENGTH | KEY-LENGTH | STATUS |
|------|------------------|--------|---------|---------------|------------|------------------------|
| 01 | CATEGORY | | | 42 | 2 | FULLY DEFINED NO LINKS |
| 02 | TYPE | A | 01 | 44 | 4 | FULLY DEFINED NO LINKS |
| 03 | PROGRAM | | | 133 | 7 | FULLY DEFINED NO LINKS |
| 04 | PERSPROG | | | 21 | 17 | FULLY DEFINED NO LINKS |
| 05 | PERSON | | | 276 | 21 | FULLY DEFINED NO LINKS |
| 06 | ACTIVITY | | | 66 | 3 | FULLY DEFINED NO LINKS |
| 07 | CONTACTS | B | 01 | 52 | 30 | FULLY DEFINED NO LINKS |
| 08 | OTHERACT | C | 04 | 28 | 16 | FULLY DEFINED NO LINKS |
| 09 | TRAVEL | D | 04 | 30 | 13 | FULLY DEFINED NO LINKS |
| 10 | GROUP | E | 04 | 22 | 2 | FULLY DEFINED NO LINKS |
| 11 | GRPSSESS | F | 04 | 37 | 19 | FULLY DEFINED NO LINKS |
| 12 | HOMEASMT | G | 04 | 33 | 30 | FULLY DEFINED NO LINKS |
| 13 | MEMBER | H | 01 | 51 | 11 | FULLY DEFINED NO LINKS |
| 14 | STUDENT | I | 06 | 66 | 7 | FULLY DEFINED NO LINKS |
| 15 | TEAM | J | 04 | 24 | 4 | FULLY DEFINED NO LINKS |
| 16 | EPISODES | K | 01 | 45 | 29 | FULLY DEFINED NO LINKS |
| 17 | CONRESLT | L | 04 | 31 | 30 | FULLY DEFINED NO LINKS |
| 18 | MATVISIT | M | 04 | 32 | 30 | FULLY DEFINED NO LINKS |
| 19 | CODEFILE | N | 06 | 94 | 4 | FULLY DEFINED NO LINKS |

APPLICATION PROGRAMS

| LINE | PROGRAM | DESCRIPTION | PROG TYPE | SCREEN OR PRINT | STATUS |
|------|---------|---------------------------|-----------|-----------------|---------------------|
| 01 | ACTIV | Activity Code Maintenance | G | ACTIVITY | DEFINITION COMPLETE |
| 02 | CATEG | Category Code Maintenance | G | CATEGORY | DEFINITION COMPLETE |
| 03 | CODEF | Code File Maintenance | G | CODEFILE | DEFINITION COMPLETE |
| 04 | CONVS | Daily Diary Entry (Conts) | G | CONTACTS | DEFINITION COMPLETE |
| 05 | GROUP | Staff Group Maintenance | G | GROUP | DEFINITION COMPLETE |
| 06 | GRPSE | Daily Diary Entry (Grps) | G | GRPSESS | DEFINITION COMPLETE |
| 07 | MEMBR | Staff Member Maintenance | G | MEMBER | DEFINITION COMPLETE |
| 08 | OTRACT | Daily Diary Entry (Other) | G | OTHERACT | DEFINITION COMPLETE |
| 09 | PERS1 | Patient Maintenance I | G | PERSON1 | DEFINITION COMPLETE |
| 10 | PERS2 | Patient Maintenance II | G | PERSON2 | DEFINITION COMPLETE |
| 11 | PERS3 | Patient Maintenance III | G | PERSON3 | DEFINITION COMPLETE |
| 12 | PROG | Program Maintenance | G | PROGRAM | DEFINITION COMPLETE |
| 13 | STUNT | Student File Maintenance | G | STUDENT | DEFINITION COMPLETE |
| 14 | TEAM | Staff Team Maintenance | G | TEAM | DEFINITION COMPLETE |
| 15 | TRAVL | Daily Diary Sheet (Trav) | G | TRAVEL | DEFINITION COMPLETE |
| 16 | TYPE | Type Code Maintenance | G | TYPE | DEFINITION COMPLETE |
| 17 | REGTR | Patient Register Listing | P | REGISTER | DEFINITION COMPLETE |
| 18 | ENQR | On-Line Patient Enquiry | Q | ENQUIRY | DEFINITION COMPLETE |

SOURCEWRITER 20 APPLICATION PRINT FOR 'RD'

APPLICATION FILES

| LINE | FILE CATEGORY | PREFIX | SIBLING | RECORD-LENGTH | KEY-LENGTH | STATUS |
|------|---------------|--------|---------|---------------|------------|------------------------|
| 01 | CATEGORY | | | 42 | 2 | FULLY DEFINED NO LINKS |
| 02 | TYPE | A | 01 | 44 | 4 | FULLY DEFINED NO LINKS |
| 03 | PROGRAM | | | 133 | 7 | FULLY DEFINED NO LINKS |
| 04 | PERSPROG | | | 21 | 17 | FULLY DEFINED NO LINKS |
| 05 | PERSON | | | 276 | 21 | FULLY DEFINED NO LINKS |
| 06 | ACTIVITY | | | 66 | 3 | FULLY DEFINED NO LINKS |
| 07 | CONTACTS | B | 01 | 52 | 30 | FULLY DEFINED NO LINKS |
| 08 | OTHERACT | C | 04 | 28 | 16 | FULLY DEFINED NO LINKS |
| 09 | TRAVEL | D | 04 | 30 | 13 | FULLY DEFINED NO LINKS |
| 10 | GROUP | E | 04 | 22 | 2 | FULLY DEFINED NO LINKS |
| 11 | GRPSESS | F | 04 | 37 | 19 | FULLY DEFINED NO LINKS |
| 12 | HOMEASMT | G | 04 | 33 | 30 | FULLY DEFINED NO LINKS |
| 13 | MEMBER | H | 01 | 51 | 11 | FULLY DEFINED NO LINKS |
| 14 | STUDENT | I | 06 | 66 | 7 | FULLY DEFINED NO LINKS |
| 15 | TEAM | J | 04 | 24 | 4 | FULLY DEFINED NO LINKS |
| 16 | EPISODES | K | 01 | 45 | 29 | FULLY DEFINED NO LINKS |
| 17 | CONRESLT | L | 04 | 31 | 30 | FULLY DEFINED NO LINKS |
| 18 | MATVISIT | M | 04 | 32 | 30 | FULLY DEFINED NO LINKS |
| 19 | CODEFILE | N | 06 | 94 | 4 | FULLY DEFINED NO LINKS |

APPLICATION PROGRAMS

| LINE | PROGRAM | DESCRIPTION | PROG TYPE | SCREEN OR PRINT | STATUS |
|------|---------|--------------------------|-----------|-----------------|---------------------|
| 01 | PERPRG | PERSPROG File Definition | G | PERSPROG | DEFINITION COMPLETE |
| 02 | HMEAMT | HOMEASMT File Definition | G | HOMEASMT | DEFINITION COMPLETE |
| 03 | EPISDS | EPISODES File Definition | G | EPISODES | DEFINITION COMPLETE |
| 04 | CONRLT | CONRESLT File Definition | G | CONRESLT | DEFINITION COMPLETE |
| 05 | MATVST | MATVISIT File Definition | G | MATVISIT | DEFINITION COMPLETE |

SOURCEWRITER 20 FILE PRINT FOR 'ACTIVITY'
 NUMBERS ARE CHAR DATA LENGTH -- 66 BYTES STATUS -- FULLY DEFINED NO LINKS

| LINE | FIELD | FORMAT | LENGTH | KMLVD | GROUP | REPEATS | VAL | LINK-FILE | 1-1 | U-D | TYPE |
|------|----------|--------|--------|-------|-------|---------|-----|-----------|-----|-----|------|
| 01 | ACT-CODE | X | 3. | KM | | | | | | | |
| 02 | NAME | X | 20. | M | | | | | | | |
| 03 | DESC | X | 40. | | | | | | | | |
| 04 | DURATION | 9 | 3. | | | | V | | | | |

SOURCEWRITER 20 VALIDATION AND DERIVATION FOR 'ACTIVITY'
 ALL VALIDATIONS DEFINED
 NO DERIVATIONS ON THIS FILE

VALIDATION RULES

DURATION - LIMITED BY RANGE FROM ' 0'
 TO '480'

SOURCEWRITER 20 FILE PRINT FOR 'CATEGORY'
 NUMBERS ARE CHAR DATA LENGTH -- 42 BYTES STATUS -- FULLY DEFINED NO LINKS

| LINE | FIELD | FORMAT | LENGTH | KMLVD | GROUP | REPEATS | VAL | LINK-FILE | 1-1 | U-D | TYPE |
|------|----------|--------|--------|-------|-------|---------|-----|-----------|-----|-----|------|
| 01 | CAT-CODE | X | 2. | KM | | | | | | | |
| 02 | CAT-NAME | X | 40. | M | | | | | | | |

SOURCEWRITER 20 FILE PRINT FOR 'CODEFILE'
 NUMBERS ARE CHAR DATA LENGTH -- 94 BYTES STATUS -- FULLY DEFINED NO LINKS

| LINE | FIELD | FORMAT | LENGTH | KMLVD | GROUP | REPEATS | VAL | LINK-FILE | U-D | TYPE |
|------|----------|--------|--------|-------|-------|---------|-----|-----------|-----|------|
| 01 | CODE-KEY | X | 4. | K D | | | | | | |
| 02 | TYPE | X | 1. | M V | | | | | | |
| 03 | CODE | X | 3. | M V | | | | | | |
| 04 | NAME | X | 20. | M | | | | | | |
| 05 | CDE-DESC | X | 40. | | | | | | | |
| 06 | VALID-SG | X | 2. | A | | 15 | | | | |

SOURCEWRITER 20 VALIDATION AND DERIVATION FOR 'CODEFILE'
 NO VALIDATIONS ON THIS FILE
 ALL DERIVATIONS DEFINED

DERIVATION RULES

CODE-KEY = TYPE(1,1) CONCATENATED WITH CODE(1,3)

SOURCEWRITER 20 FILE PRINT FOR 'CONRESLT'
 NUMBERS ARE CHAR DATA LENGTH -- 31 BYTES STATUS -- FULLY DEFINED NO LINKS

| LINE | FIELD | FORMAT | LENGTH | KMLVD | GROUP | REPEATS | VAL | LINK-FILE | U-D | TYPE |
|------|----------|--------|--------|-------|-------|---------|-----|-----------|-----|------|
| 01 | CON-KEY | X | 30. | KM | | | | | | |
| 02 | RES-CODE | X | 1. | | | | | | | |

SOURCEWRITER 20 FILE PRINT FOR 'CONTACTS'
 NUMBERS ARE CHAR DATA LENGTH - 52 BYTES STATUS - FULLY DEFINED NO LINKS

| LINE | FIELD | FORMAT | LENGTH | KMLVD | GROUP | REPEATS | VAL | LINK-FILE | I-1 | U-D | TYPE |
|------|-----------|--------|--------|-------|-------|---------|-----|-----------|-----|-----|------|
| 01 | CONT-KEY | X | 30. | KM | | | | | | | |
| 02 | P-CODE | X | 3. | M V | | | | | | | |
| 03 | PAY-NO | 9 | 7. | M V | | | V | | | | |
| 04 | D-O-B | 9 | 8. | M V | | | V | | | | |
| 05 | SEX | A | 1. | M V | | | V | | | | |
| 06 | INITIAL | A | 1. | M V | | | V | | | | |
| 07 | SURNAME | A | 3. | M V | | | V | | | | |
| 08 | SUFFIX | 9 | 1. | M V | | | V | | | | |
| 09 | LOC-CODE | X | 3. | | | | | | | | |
| 10 | SRCE-REF | X | 3. | | | | | | | | |
| 11 | DATE-COON | 9 | 6. | M V | | | V | | | | |
| 12 | FIRST-CN | A | 1. | | | | V | | | | |
| 13 | DURATION | 9 | 3. | | | | V | | | | |
| 14 | ACTIVITY | X | 3. | | A | 3 | | | | | |
| 15 | TRAVEL | 9 | 3. | | | | V | | | | |

SOURCE: RUTER 20

VALIDATION AND DERIVATION FOR 'CONTACTS'
ALL VALIDATIONS DEFINED
NO DERIVATIONS ON THIS FILE

VALIDATION RULES

PAY-NO - LIMITED BY RANGE FROM ' 1'
TO '9999999'

D-O-B - VALIDATED BY SUBROUTINE 'DOBVALID'
IN LOCATION '#O-CHIS'

SEX - LIMITED TO THE FOLLOWING TABLE ENTRIES
M,F,

INITIAL - LIMITED BY RANGE FROM 'A'
TO 'Z'

SUFFIX - LIMITED BY RANGE FROM '0'
TO '5'

DATE-CON - IS DATE FIELD IN FORMAT 'DDMMYY'

FIRST-CN - LIMITED TO THE FOLLOWING TABLE ENTRIES
Y,N,

DURATION - LIMITED BY RANGE FROM ' 0'
TO '480'

TRAVEL - LIMITED BY RANGE FROM ' 0'
TO '480'

SOURCEWRITER 20 FILE PRINT FOR 'EPISODES'
 NUMBERS ARE CHAR DATA LENGTH - 45 BYTES STATUS - FULLY DEFINED NO LINKS

| LINE | FIELD | FORMAT | LENGTH | KMLVD | GROUP | REPEATS | VAL | LINK-FILE | 1-1 | U-D | TYPE |
|------|----------|--------|--------|-------|-------|---------|-----|-----------|-----|-----|------|
| 01 | EPI-KEY | X | 29. | KM | | | V | | | | |
| 02 | PAY-NO | 9 | 7. | M V | | | V | | | | |
| 03 | D-O-B | 9 | 8. | M V | | | V | | | | |
| 04 | SEX | A | 1. | M V | | | V | | | | |
| 05 | INITIAL | A | 1. | M V | | | V | | | | |
| 06 | SURNAME | A | 3. | M V | | | V | | | | |
| 07 | SUFFIX | 9 | 1. | M V | | | V | | | | |
| 08 | ST-DATE | 9 | 8. | M V | | | V | | | | |
| 09 | LOC-CODE | X | 3. | | | | | | | | |
| 10 | SRC-CODE | X | 3. | | | | | | | | |
| 11 | END-DATE | 9 | 8. | | | | | | | | |
| 12 | DIS-CODE | X | 2. | | | | V | | | | |

SOURCEWRITER 20

VALIDATION AND DERIVATION FOR 'EPISODES'
ALL VALIDATIONS DEFINED
NO DERIVATIONS ON THIS FILE

VALIDATION RULES

PAY-NO - LIMITED BY RANGE FROM ' 1'
TO '9999999'

D-O-B - VALIDATED BY SUBROUTINE 'DOBVALID'
IN LOCATION '#O-CHIS'

SEX - LIMITED TO THE FOLLOWING TABLE ENTRIES
M,F,

INITIAL - LIMITED BY RANGE FROM 'A'
TO 'Z'

SUFFIX - LIMITED BY RANGE FROM '0'
TO '5'

ST-DATE - VALIDATED BY SUBROUTINE 'DOBVALID'
IN LOCATION '#O-CHIS'

END-DATE - VALIDATED BY SUBROUTINE 'DOBVALID'
IN LOCATION '#O-CHIS'

SOURCEWRITER 20 FILE PRINT FOR 'GROUP'
 NUMBERS ARE CHAR DATA LENGTH - 22 BYTES STATUS - FULLY DEFINED NO LINKS

| LINE | FIELD | FORMAT | LENGTH | KMLVD | GROUP | REPEATS | VAL | LINK-FILE | I-1 | U-D | TYPE |
|------|----------|--------|--------|-------|-------|---------|-----|-----------|-----|-----|------|
| 01 | GRP-CODE | X | 2. | KM | | | | | | | |
| 02 | NAME | X | 20. | M | | | | | | | |

SOURCEWRITER 20 FILE PRINT FOR 'GRPSESS'
 NUMBERS ARE CHAR DATA LENGTH - 37 BYTES STATUS - FULLY DEFINED NO LINKS

| LINE | FIELD | FORMAT | LENGTH | KMLVD | GROUP | REPEATS | VAL | LINK-FILE | I-1 | U-D | TYPE |
|------|----------|--------|--------|-------|-------|---------|-----|-----------|-----|-----|------|
| 01 | GRP-KEY | X | 19. | KM | | | | | | | |
| 02 | PAY-NO | 9 | 7. | M V | | | V | | | | |
| 03 | SES-DATE | 9 | 6. | M V | | | V | | | | |
| 04 | LOC-CODE | X | 3. | M V | | | | | | | |
| 05 | P-CODE | X | 3. | M V | | | | | | | |
| 06 | SRC-CODE | X | 3. | M V | | | | | | | |
| 07 | NO-ATTND | 9 | 3. | | | | V | | | | |
| 08 | NON-AIR | 9 | 2. | | | | V | | | | |
| 09 | NON-AIN | 9 | 2. | | | | V | | | | |
| 10 | DURATION | 9 | 3. | | | | V | | | | |
| 11 | TRAVEL | 9 | 3. | | | | V | | | | |
| 12 | FIRST-S | A | 1. | | | | V | | | | |
| 13 | LAST-S | A | 1. | | | | V | | | | |

VALIDATION RULES

- PAY-NO - LIMITED BY RANGE FROM ' 1'
TO '9999999'
- SES-DATE - IS DATE FIELD IN FORMAT 'DDMMYY'
- NO-ATTND - LIMITED BY RANGE FROM ' 0'
TO '200'
- NON-ATR - LIMITED BY RANGE FROM ' 0'
TO '99'
- NON-ATN - LIMITED BY RANGE FROM ' 0'
TO '99'
- DURATION - LIMITED BY RANGE FROM ' 1'
TO '480'
- TRAVEL - LIMITED BY RANGE FROM ' 0'
TO '480'
- FIRST-S - LIMITED TO THE FOLLOWING TABLE ENTRIES
Y,N,
- LAST-S - LIMITED TO THE FOLLOWING TABLE ENTRIES
Y,N,

SOURCEWRITER 20 FILE PRINT FOR 'HOMEASMT'
 NUMBERS ARE CHAR DATA LENGTH - 33 BYTES STATUS - FULLY DEFINED NO LINKS

| LINE | FIELD | FORMAT | LENGTH | KMLVD | GROUP | REPEATS | VAL | LINK-FILE | I-1 | U-D | TYPE |
|------|----------|--------|--------|-------|-------|---------|-----|-----------|-----|-----|------|
| 01 | ASMT-KEY | X | 30. | KM | | | | | | | |
| 02 | TYPE-ASS | X | 2. | M | | | | | | | |
| 03 | RESULT | X | 1. | | | | | | | | |

SOURCEWRITER 20 FILE PRINT FOR 'MATVISIT'
 NUMBERS ARE CHAR DATA LENGTH - 32 BYTES STATUS - FULLY DEFINED NO LINKS

| LINE | FIELD | FORMAT | LENGTH | KMLVD | GROUP | REPEATS | VAL | LINK-FILE | I-1 | U-D | TYPE |
|------|----------|--------|--------|-------|-------|---------|-----|-----------|-----|-----|------|
| 01 | MAT-KEY | X | 30. | KM | | | | | | | |
| 02 | TYPE-VST | X | 1. | | | | | | | | |
| 03 | RSN-CALL | X | 1. | | | | V | | | | |

SOURCEWRITER 20 VALIDATION AND DERIVATION FOR 'MATVISIT'
 ALL VALIDATIONS DEFINED
 NO DERIVATIONS ON THIS FILE

VALIDATION RULES

RSN-CALL - LIMITED BY RANGE FROM 'A'
 TO 'D'

SOURCEWRITER 20 FILE PRINT FOR 'MEMBER'
 NUMBERS ARE CHAR DATA LENGTH - 51 BYTES STATUS - FULLY DEFINED NO LINKS

| LINE | FIELD | FORMAT | LENGTH | KMLVD | GROUP | REPEATS | VAL | LINK-FILE | 1-1 | U-D | TYPE |
|------|----------|--------|--------|-------|-------|---------|-----|-----------|-----|-----|------|
| 01 | MEM-KEY | X | 11. | KM | | | | | | | |
| 02 | GRP-CODE | X | 2. | M V | | | | | | | |
| 03 | TEM-CODE | X | 2. | M V | | | | | | | |
| 04 | PAY-NO | 9 | 7. | M V | | | V | | | | |
| 05 | NAME | X | 20. | M | | | | | | | |
| 06 | GRADE | X | 20. | | | | | | | | |

SOURCEWRITER 20 VALIDATION AND DERIVATION FOR 'MEMBER'
 ALL VALIDATIONS DEFINED
 NO DERIVATIONS ON THIS FILE

VALIDATION RULES

PAY-NO - LIMITED BY RANGE FROM ' 1'
 TO '9999999'

SOURCEWRITER 20

FILE PRINT FOR 'OTHERACT'

NUMBERS ARE CHAR DATA LENGTH - 28 BYTES STATUS - FULLY DEFINED NO LINKS

| LINE | FIELD | FORMAT | LENGTH | KMLVD | GROUP | REPEATS | VAL | LINK-FILE | I-1 | U-D | TYPE |
|------|----------|--------|--------|-------|-------|---------|-----|-----------|-----|-----|------|
| 01 | ACT-KEY | X | 16. | KM | | | | | | | |
| 02 | ACT-CODE | X | 3. | M V | | | | | | | |
| 03 | DATE | 9 | 6. | V | | | V | | | | |
| 04 | PAY-NO | 9 | 7. | V | | | V | | | | |
| 05 | DURATION | 9 | 3. | | | | V | | | | |
| 06 | LOC-CODE | X | 3. | | | | | | | | |
| 07 | SRG-CODE | X | 3. | | | | | | | | |
| 08 | TRAVEL | 9 | 3. | | | | V | | | | |

SOURCEWRITER 20

VALIDATION AND DERIVATION FOR 'OTHERACT'
 ALL VALIDATIONS DEFINED
 NO DERIVATIONS ON THIS FILE

VALIDATION RULES

- DATE - IS DATE FIELD IN FORMAT 'DDMMYY'
- PAY-NO - LIMITED BY RANGE FROM ' 1' TO '9999999'
- DURATION - LIMITED BY RANGE FROM ' 1' TO '480'
- TRAVEL - LIMITED BY RANGE FROM ' 1' TO '480'

SOURCEWRITER 20 FILE PRINT FOR 'PERSON'
 NUMBERS ARE CHAR DATA LENGTH - 276 BYTES STATUS -- FULLY DEFINED NO LINKS

| LINE | FIELD | FORMAT | LENGTH | RMLVD | GROUP | REPEATS | VAL | LINK-FILE | 1-1 | U-D | TYPE |
|------|-----------|--------|--------|-------|-------|---------|-----|-----------|-----|-----|------|
| 01 | P-KEY | X | 21 | KM | | | | | | | |
| 02 | D-O-B | 9 | 8. | V | | | V | | | | |
| 03 | SEX | A | 1. | V | | | V | | | | |
| 04 | INITIAL | A | 1. | V | | | V | | | | |
| 05 | SURNAME | A | 3. | V | | | V | | | | |
| 06 | SUFFIX | 9 | 1. | V | | | V | | | | |
| 07 | PAY-NO | 9 | 7. | V | | | V | | | | |
| 08 | NAME | A | 40. | | | | | | | | |
| 09 | ADDRESS | X | 20. | | A | 3 | | | | | |
| 10 | POSTCODE | X | 8. | | | | | | | | |
| 11 | TELE-NO | X | 12. | | | | | | | | |
| 12 | OCC-CODE | X | 2. | | | | | | | | |
| 13 | GP-CODE | X | 2. | | | | | | | | |
| 14 | CON-CODE | X | 2. | | | | | | | | |
| 15 | SPC-CODE | X | 2. | | | | | | | | |
| 16 | REL-CODE | X | 2. | | | | | | | | |
| 17 | HTP-CODE | X | 2. | | | | | | | | |
| 18 | KEY-CODE | X | 2. | | | | | | | | |
| 19 | LIVE-ALE | A | 1. | | | | V | | | | |
| 20 | SOC-CODE | X | 2. | | | | | | | | |
| 21 | CAT-CODE | X | 2. | | | | | | | | |
| 22 | IMP-CODE | X | 2. | | | | | | | | |
| 23 | SCL-CODE | X | 2. | | | | | | | | |
| 24 | NEXT-KIN | X | 30. | | | | | | | | |
| 25 | FAM-SIT | X | 3. | | | | | | | | |
| 26 | SPEC-EDU | A | 1. | | | | V | | | | |
| 27 | HEAR-SITE | X | 2. | | | | | | | | |
| 28 | HAN-CODE | X | 3. | | | | | | | | |

POSTCODE - VALIDATED BY SUBROUTINE 'PCDVALID'
IN LOCATION '#0-CHLS'

LIVE-ALE - LIMITED TO THE FOLLOWING TABLE ENTRIES
Y,N,

SPEC-EDU - LIMITED TO THE FOLLOWING TABLE ENTRIES
Y,N,

MAR-STAT - LIMITED TO THE FOLLOWING TABLE ENTRIES
M,S,D,W,O,

CON-YEAR - LIMITED BY RANGE FROM ' 0'
TO '730'

EPI-YEAR - LIMITED BY RANGE FROM ' 0'
TO '50'

SOURCEWRITER 20 FILE PRINT FOR 'PERSPROG'
NUMBERS ARE CHAR DATA LENGTH - 21 BYTES STATUS - FULLY DEFINED NO LINKS

| LINE | FIELD | FORMAT | LENGTH | KMLVD | GROUP | REPEATS | VAL | LINK-FILE | I-I | U-D | TYPE |
|------|----------|--------|--------|-------|-------|---------|-----|-----------|-----|-----|------|
| 01 | PP-KEY | X | 17. | KM | | | V | | | | |
| 02 | MULTI-D | A | 1. | | | | V | | | | |
| 03 | ASS-REST | A | 1. | | | | V | | | | |
| 04 | P-TRACED | A | 1. | | | | V | | | | |
| 05 | P-DISEAS | A | 1. | | | | V | | | | |

SOURCEWRITER 20
 VALIDATION AND DERIVATION FOR 'PERSPROG'
 ALL VALIDATIONS DEFINED
 NO DERIVATIONS ON THIS FILE

VALIDATION RULES

- MULTI-D - LIMITED TO THE FOLLOWING TABLE ENTRIES
 Y,N,
- ASS-REST - LIMITED TO THE FOLLOWING TABLE ENTRIES
 A,B C,
- P-TRACED - LIMITED TO THE FOLLOWING TABLE ENTRIES
 Y,N,
- P-DISEAS - LIMITED TO THE FOLLOWING TABLE ENTRIES
 Y,N,

SOURCEWRITER 20
 FILE PRINT FOR 'PROGRAM '
 NUMBERS ARE CHAR DATA LENGTH - 133 BYTES STATUS - FULLY DEFINED NO LINKS

| LINE | FIELD | FORMAT | LENGTH | KMLVD | GROUP | REPEATS | VAL | LINK-FILE | U-D | TYPE |
|------|----------|--------|--------|-------|-------|---------|-----|-----------|-----|------|
| 01 | PROG-KEY | X | 7. | KM | | | | | | |
| 02 | CAT-CODE | X | 2. | M V | | | | | | |
| 03 | TYP-CODE | X | 2. | M V | | | | | | |
| 04 | P-CODE | X | 3. | M V | | | | | | |
| 05 | P-NAME | X | 40. | M | | | | | | |
| 06 | TARGET-P | 9 | 6. | | | | V | | | |
| 07 | ACTUAL-E | X | 40. | | | | | | | |
| 08 | PROJEC-E | X | 40. | | | | | | | |

SOURCEWRITER 20 VALIDATION AND DERIVATION FOR 'PROGRAM '
 ALL VALIDATIONS DEFINED
 NO DERIVATIONS ON THIS FILE

VALIDATION RULES

TARGET-P - LIMITED BY RANGE FROM ' 1'
 TO '100000'

SOURCEWRITER 20 FILE PRINT FOR 'STUDENT '
 NUMBERS ARE CHAR DATA LENGTH - 66 BYTES STATUS - FULLY DEFINED NO LINKS

| LINE | FIELD | FORMAT | LENGTH | KMLVD | GROUP | REPEATS | VAL. | LINK-FILE | I-I | U-D | TYPE |
|------|----------|--------|--------|-------|-------|---------|------|-----------|-----|-----|------|
| 01 | PAY-NO | 9 | 7. | KM | | | V | | | | |
| 02 | DATE-STR | 9 | 6. | M | | | V | | | | |
| 03 | DATE-LEA | 9 | 6. | | | | V | | | | |
| 04 | NAME | X | 20. | M | | | | | | | |
| 05 | GRADE | X | 20. | | | | | | | | |
| 06 | STAFF-PN | 9 | 7. | | | | V | | | | |

SOURCEWRITER 20

VALIDATION AND DERIVATION FOR 'STUDENT'

ALL VALIDATIONS DEFINED

NO DERIVATIONS ON THIS FILE

VALIDATION RULES

PAY-NO - LIMITED BY RANGE FROM ' 1'
TO '9999999'

DATE-STR - IS DATE FIELD IN FORMAT 'DDMMYY'

DATE-LEA - IS DATE FIELD IN FORMAT 'DDMMYY'

STAFF-PN - LIMITED BY RANGE FROM ' 1'
TO '9999999'

SOURCEWRITER 20

FILE PRINT FOR 'TEAM'

NUMBERS ARE CHAR DATA LENGTH - 24 BYTES STATUS - FULLY DEFINED NO LINKS

| LINE | FIELD | FORMAT | LENGTH | KMLVD | GROUP | REPEATS | VAL | LINK-FILE | 1-1 | U-D | TYPE |
|------|----------|--------|--------|-------|-------|---------|-----|-----------|-----|-----|------|
| 01 | TEAM-KEY | X | 4. | KM | | | | | | | |
| 02 | GRP-CODE | X | 2. | M V | | | | | | | |
| 03 | TEM-CODE | X | 2. | M V | | | | | | | |
| 04 | NAME | X | 20. | M | | | | | | | |

FINIS-MS - LIMITED BY RANGE FROM ' 1'
 TO '99999'
 TOTAL-PS - LIMITED BY RANGE FROM ' 0'
 TO '500'
 UNOFF-MS - LIMITED BY RANGE FROM ' 0'
 TO '500'
 NO-PASS - LIMITED BY RANGE FROM '0'
 TO '4'

SOURCEWRITER 20 FILE PRINT FOR 'TYPE '
 NUMBERS ARE CHAR DATA LENGTH - 44 BYTES STATUS - FULLY DEFINED NO LINKS

| LINE | FIELD | FORMAT | LENGTH | KMLVD | GROUP | REPEATS | VAL | LINK-FILE | 1-1 | U-D | TYPE |
|------|----------|--------|--------|-------|-------|---------|-----|-----------|-----|-----|------|
| 01 | TYPE-KEY | X | 4. | KM | | | | | | | |
| 02 | CAT-CODE | X | 2. | M V | | | | | | | |
| 03 | TYP-CODE | X | 2. | M V | | | | | | | |
| 04 | TYP-NAME | X | 40. | M | | | | | | | |

ASSOCIATED FILES - PRIME 'ACTIVITY' USAGE 'I'

| Community Health Information System | | CHIS01 |
|-------------------------------------|------|--------|
| Activity Definition | | |
| Activity Code {A } | | |
| Name | {B | } |
| Description | {C | } |
| Duration | {D } | |

| IDENT | FIELD NAME | FILE | POSITION | LENGTH | USAGE | SIGN |
|-------|------------|----------|---------------|--------|-------|------|
| A | ACT-CODE | ACTIVITY | ROW 08 COL 16 | 3 | I | - |
| B | NAME | ACTIVITY | ROW 10 COL 16 | 20 | I | - |
| C | DESC | ACTIVITY | ROW 12 COL 16 | 40 | I | - |
| D | DURATION | ACTIVITY | ROW 14 COL 16 | 3 | I | - |

ASSOCIATED FILES - PRIME 'CATEGORY' USAGE 'I'

| Community Health Information System | | CHIS02 |
|-------------------------------------|----|--------|
| Category Definition | | |
| Category Code {A } | | |
| Name | {B | } |

| IDENT | FIELD NAME | FILE | POSITION | LENGTH | USAGE | SIGN |
|-------|------------|----------|---------------|--------|-------|------|
| A | CAT-CODE | CATEGORY | ROW 10 COL 16 | 2 | I | - |
| B | CAT-NAME | CATEGORY | ROW 12 COL 16 | 40 | I | - |

ASSOCIATED FILES - PRIME 'CODEFILE' USAGE 'I'

```

Community Health Information System                                CHIS09
-----
| Code Definition
|-----
| Code Type      {A}  {Please refer to Code Book}
| Code Value     {B  }
| Code Name      {C           }
| Code Description {D                               }
|
| Staff Groups:
|
| {E } {           }
| {  } {           }
| {  } {           }
| {  } {           }
|

```

| IDENT | FIELD NAME | FILE | POSITION | LENGTH | USAGE | SIGN |
|-------|------------|----------|---------------|--------|-------|------|
| A | TYPE | CODEFILE | ROW 07 COL 19 | 1 | I | - |
| B | CODE | CODEFILE | ROW 09 COL 19 | 3 | I | - |
| C | NAME | CODEFILE | ROW 11 COL 19 | 20 | I | - |
| D | CDE-DESC | CODEFILE | ROW 13 COL 19 | 40 | I | - |
| E | VALID-SG | CODEFILE | ROW 17 COL 02 | 2 | I | - |

ASSOCIATED FILES - PRIME 'CONRESLT' USAGE 'I'

| | | |
|----------|-----|---|
| CON-KEY | {A | } |
| RES-CODE | {B} | } |

Reference Screen to Generate File Definition for File: CONRESLT

| IDENT | FIELD NAME | FILE | POSITION | LENGTH | USAGE | SIGN |
|-------|------------|----------|---------------|--------|-------|------|
| A | CON-KEY | CONRESLT | ROW 01 COL 15 | 30 | I | - |
| B | RES-CODE | CONRESLT | ROW 02 COL 15 | 1 | I | - |

ASSOCIATED FILES - PRIME 'CONTACTS' USAGE 'I'

| Community Health Information System | | | | | | | | | | CHIS10 |
|-------------------------------------|---------------------------|-----------------|-----------------------|-------------------------------|----------------------|----------------------|----------|-----------------|----------|------------|
| Individual Patient Contact | | | | | | | | | | |
| No | DDMMYYYY | Sex | Int | Surname | Suff | Programme | Location | Source Referral | Duration | First/Last |
| 01 | {A } | {B} | {C} | {D } | {E} | {F } | {G } | {H } | {I } | {J} |
| No | Discharge | Reason | Activity Descriptions | Travel Time | First Contact Result | Home-Assessment Type | Result | | | |
| 01 | { } | | {L } | {K } | { } | { } | { } | | | |
| | | | { } | | | | | | | |
| | | | { } | | | | | | | |
| No | Maternity-Home-Visit Type | Reason-for-Call | Person-Has Disease | Multi-Disciplinary Assessment | Result | | | | | |
| 01 | { } | { } | { } | { } | | | | | | |
| Dummy Keys {M } {N } {O } | | | | | | | | | | |

| IDENT | FIELD NAME | FILE | POSITION | LENGTH | USAGE | SIGN |
|-------|------------|----------|---------------|--------|-------|------|
| A | D-O-B | CONTACTS | ROW 07 COL 05 | 8 | I | - |
| B | SEX | CONTACTS | ROW 07 COL 16 | 1 | I | - |
| C | INITIAL | CONTACTS | ROW 07 COL 20 | 1 | I | - |
| D | SURNAME | CONTACTS | ROW 07 COL 25 | 3 | I | - |
| E | SUFFIX | CONTACTS | ROW 07 COL 32 | 1 | I | - |
| F | P-CODE | CONTACTS | ROW 07 COL 39 | 3 | I | - |
| G | LOC-CODE | CONTACTS | ROW 07 COL 49 | 3 | I | - |
| H | SRCE-REF | CONTACTS | ROW 07 COL 58 | 3 | I | - |
| I | DURATION | CONTACTS | ROW 07 COL 67 | 3 | I | - |
| J | FIRST-CN | CONTACTS | ROW 07 COL 76 | 1 | I | - |
| K | TRAVEL | CONTACTS | ROW 12 COL 30 | 3 | I | - |
| L | ACTIVITY | CONTACTS | ROW 13 COL 19 | 3 | I | - |
| M | CONT-KEY | CONTACTS | ROW 22 COL 13 | 30 | I | - |
| N | PAY-NO | CONTACTS | ROW 22 COL 46 | 7 | I | - |
| O | DATE-CON | CONTACTS | ROW 22 COL 56 | 6 | I | - |

ASSOCIATED FILES - PRIME 'PERSON ' USAGE '0'

| Community Health Information System | | CHIS18 |
|-------------------------------------|------|-------------------------------|
| <u>On-Line Patient Enquiry</u> | | |
| Patient ID | {A } | <Format DD/MM/YYYY/S/I/NNN/S> |
| Name | {B } | |
| Address | {C } | |
| Address | { } | R |
| Address | { } | R |
| Post Code | {D } | Sex {E} |
| School | {F } | Special-Educ-Needs {G} |
| G.P. | {H } | Handicapped {I } |
| Date of Birth | {J } | Age { } |
| Degree of Social Support | {K } | Functional Impairment {L } |
| Staff Groups | { } | Contacts this Year {M } |
| | | Episodes this Year {N } |

| IDENT | FIELD NAME | FILE | POSITION | LENGTH | USAGE | SIGN |
|-------|------------|--------|---------------|--------|-------|------|
| A | P-KEY | PERSON | ROW 06 COL 17 | 21 | I | - |
| B | NAME | PERSON | ROW 08 COL 17 | 40 | 0 | - |
| C | ADDRESS | PERSON | ROW 10 COL 17 | 20 | 0 | - |
| D | POSTCODE | PERSON | ROW 14 COL 17 | 8 | 0 | - |
| E | SEX | PERSON | ROW 14 COL 58 | 1 | 0 | - |
| F | SCL-CODE | PERSON | ROW 15 COL 17 | 2 | 0 | - |
| G | SPEC-EDU | PERSON | ROW 15 COL 58 | 1 | 0 | - |
| H | GP-CODE | PERSON | ROW 16 COL 17 | 2 | 0 | - |
| I | HAN-CODE | PERSON | ROW 16 COL 58 | 3 | 0 | - |
| J | D-O-B | PERSON | ROW 17 COL 17 | 8 | 0 | - |
| K | SOC-CODE | PERSON | ROW 19 COL 27 | 2 | 0 | - |
| L | IMP-CODE | PERSON | ROW 19 COL 58 | 2 | 0 | - |
| M | CON-YEAR | PERSON | ROW 21 COL 58 | 3 | 0 | - |
| N | EPI-YEAR | PERSON | ROW 22 COL 58 | 2 | 0 | - |

ASSOCIATED FILES - PRIME 'GROUP ' USAGE 'I'

| Community Health Information System | | CHIS03 |
|-------------------------------------|----|--------|
| Group Definition | | |
| Group Code {A } | | |
| Name | {B | } |

| IDENT | FIELD NAME | FILE | POSITION | LENGTH | USAGE | SIGN |
|-------|------------|-------|---------------|--------|-------|------|
| A | GRP-CODE | GROUP | ROW 10 COL 13 | 2 | I | - |
| B | NAME | GROUP | ROW 12 COL 13 | 20 | I | - |

ASSOCIATED FILES - PRIME 'GRPSESS ' USAGE 'I'

```

Community Health Information System
-----
CHIS14
Daily Diary Sheet Part I
-----
Staff Payroll No {A } Name {
Date of Dairy Sheet {B }
Group Session Details
-----
No Programme Location Source Referral Number Present Number Not Present Number Not Present Duration
-----
01 {C } {D } {E } {F } {G } {H } {I }
Travel First in Last in
No Time Series Series
-----
01 {J } {K} {L}
Dummy Key {M }
    
```

| IDENT | FIELD NAME | FILE | POSITION | LENGTH | USAGE | SIGN |
|-------|------------|---------|---------------|--------|-------|------|
| A | PAY-NO | GRPSESS | ROW 05 COL 22 | 7 | I | - |
| B | SES-DATE | GRPSESS | ROW 07 COL 22 | 6 | I | - |
| C | P-CODE | GRPSESS | ROW 14 COL 08 | 3 | I | - |
| D | LOC-CODE | GRPSESS | ROW 14 COL 18 | 3 | I | - |
| E | SRC-CODE | GRPSESS | ROW 14 COL 28 | 3 | I | - |
| F | NO-ATIND | GRPSESS | ROW 14 COL 38 | 3 | I | - |
| G | NON-ATR | GRPSESS | ROW 14 COL 49 | 2 | I | - |
| H | NON-ATN | GRPSESS | ROW 14 COL 63 | 2 | I | - |
| I | DURATION | GRPSESS | ROW 14 COL 74 | 3 | I | - |
| J | TRAVEL | GRPSESS | ROW 19 COL 08 | 3 | I | - |
| K | FIRST-S | GRPSESS | ROW 19 COL 20 | 1 | I | - |
| L | LAST-S | GRPSESS | ROW 19 COL 32 | 1 | I | - |
| M | GRP-KEY | GRPSESS | ROW 21 COL 12 | 19 | I | - |

ASSOCIATED FILES - PRIME 'HOMEASMT' USAGE 'I'

| | | |
|----------|------|---|
| ASMT-KEY | {A | } |
| TYPE-ASS | {B } | |
| RESULT | {C} | |

|Reference Screen to Generate File Definition for File: HOMEASMT

| IDENT | FIELD NAME | FILE | POSITION | LENGTH | USAGE | SIGN |
|-------|------------|----------|---------------|--------|-------|------|
| A | ASMT-KEY | HOMEASMT | ROW 01 COL 15 | 30 | I | - |
| B | TYPE-ASS | HOMEASMT | ROW 02 COL 15 | 2 | I | - |
| C | RESULT | HOMEASMT | ROW 03 COL 15 | 1 | I | - |

ASSOCIATED FILES - PRIME 'MEMBER ' USAGE 'I'

| Community Health Information System | | CHISO4 |
|-------------------------------------|---|--------|
| Staff Member Registration | | |
| Payroll Number {A | } | |
| Name {B | } | |
| Grade {C | } | |
| Group Code {D } { | } | |
| Team Code {E } { | } | |
| Dummy Key {F | } | |

| IDENT | FIELD NAME | FILE | POSITION | LENGTH | USAGE | SIGN |
|-------|------------|--------|---------------|--------|-------|------|
| A | PAY-NO | MEMBER | ROW 08 COL 17 | 7 | I | - |
| B | NAME | MEMBER | ROW 10 COL 17 | 20 | I | - |
| C | GRADE | MEMBER | ROW 12 COL 17 | 20 | I | - |
| D | GRP-CODE | MEMBER | ROW 15 COL 17 | 2 | I | - |
| E | TEM-CODE | MEMBER | ROW 17 COL 17 | 2 | I | - |
| F | MEM-KEY | MEMBER | ROW 20 COL 17 | 11 | I | - |

ASSOCIATED FILES - PRIME 'OTHERACT' USAGE 'I'

| Community Health Information System | | | | | | CHIS15 |
|-------------------------------------|----------|----------|-----------------|----------|-------------|--------|
| Daily Diary Sheet Part II | | | | | | |
| Other Activity Details | | | | | | |
| No | Activity | Location | Source Referral | Duration | Travel Time | |
| 01 | {A } | {B } | {C } | {D } | {E } | |
| Dummy Key {F } | | | | | | |

| IDENT | FIELD NAME | FILE | POSITION | LENGTH | USAGE | SIGN |
|-------|------------|----------|---------------|--------|-------|------|
| A | ACT-CODE | OTHERACT | ROW 11 COL 08 | 3 | I | - |
| B | LOC-CODE | OTHERACT | ROW 11 COL 20 | 3 | I | - |
| C | SRC-CODE | OTHERACT | ROW 11 COL 31 | 3 | I | - |
| D | DURATION | OTHERACT | ROW 11 COL 42 | 3 | I | - |
| E | TRAVEL | OTHERACT | ROW 11 COL 52 | 3 | I | - |
| F | ACT-KEY | OTHERACT | ROW 20 COL 12 | 16 | I | - |

ASSOCIATED FILES - PRIME 'PERSON ' USAGE 'I'

```

Community Health Information System                                CHIS11
-----
|Patient Registration Form <I>                                DK {A      }|
|-----|
|Patient ID      {B      }{C}{D}{E }{F}                    <Format DD/MM/YYYY/S/I/NNN/S>|
|Payroll Number {G      }                                  |
|
|Surname         {H      }                                  |
|Forenames      {      }                                  |
|Title          {      }                                  Post Code {I      }|
|Address        {J      }                                  |
|Address        {      }                                  |R
|Address        {      }                                  |R
|
|Telephone No   {K      }                                  Sex {      }|
|Date of Birth  {      }                                  Marital Status <M/S/D/W/O> {L}|
|Special Educational Needs Assessment <Y/N> {M}          Lives Alone <Y/N> {N}|
|Contacts/Year {O }                                       Episodes/Year {P }|
|
|Next of Kin:  Surname {Q      }                          |
|              Forenames {      }                          |

```

| IDENT | FIELD NAME | FILE | POSITION | LENGTH | USAGE | SIGN |
|-------|------------|--------|---------------|--------|-------|------|
| A | P-KEY | PERSON | ROW 04 COL 59 | 21 | I | - |
| B | D-O-B | PERSON | ROW 06 COL 17 | 8 | I | - |
| C | SEX | PERSON | ROW 06 COL 27 | 1 | I | - |
| D | INITIAL | PERSON | ROW 06 COL 30 | 1 | I | - |
| E | SURNAME | PERSON | ROW 06 COL 33 | 3 | I | - |
| F | SUFFIX | PERSON | ROW 06 COL 38 | 1 | I | - |
| G | PAY-NO | PERSON | ROW 07 COL 17 | 7 | I | - |
| H | NAME | PERSON | ROW 09 COL 17 | 40 | I | - |
| I | POSTCODE | PERSON | ROW 11 COL 72 | 8 | I | - |
| J | ADDRESS | PERSON | ROW 12 COL 17 | 20 | I | - |
| K | TELE-NO | PERSON | ROW 16 COL 17 | 12 | I | - |
| L | MAR-STAT | PERSON | ROW 17 COL 79 | 1 | I | - |
| M | SPEC-EDU | PERSON | ROW 18 COL 45 | 1 | I | - |
| N | LIVE-ALE | PERSON | ROW 18 COL 79 | 1 | I | - |
| O | CON-YEAR | PERSON | ROW 19 COL 17 | 3 | I | - |
| P | EPI-YEAR | PERSON | ROW 19 COL 78 | 2 | I | - |
| Q | NEXT-KIN | PERSON | ROW 21 COL 27 | 30 | I | - |

ASSOCIATED FILES - PRIME 'PERSON ' USAGE 'I'

| Community Health Information System | | CHIS12 |
|-------------------------------------|--------------------|---------|
| Patient Registration Form <2> | | DK {A } |
| GP {B } { | Religion {C } { | |
| Consultant {D } { | Occupation {E } { | |
| Specialty {F } { | School {G } { | |
| House/Type {H } { | Patient Cat {I } { | |
| Keys-At {J } { | Impairment {K } { | |
| Soc/Supp {L } { | Hearing St {M } { | |
| Family Sit {N } { | Vision St {O } { | |
| Source of {P } { | Handicap {Q } { | |
| Referral | First Lang {R } { | |

| IDENT | FIELD NAME | FILE | POSITION | LENGTH | USAGE | SIGN |
|-------|------------|--------|---------------|--------|-------|------|
| A | P-KEY | PERSON | ROW 04 COL 59 | 21 | I | - |
| B | GP-CODE | PERSON | ROW 07 COL 14 | 2 | I | - |
| C | REL-CODE | PERSON | ROW 07 COL 55 | 2 | I | - |
| D | CON-CODE | PERSON | ROW 08 COL 14 | 2 | I | - |
| E | OCC-CODE | PERSON | ROW 08 COL 55 | 2 | I | - |
| F | SPC-CODE | PERSON | ROW 09 COL 14 | 2 | I | - |
| G | SCL-CODE | PERSON | ROW 09 COL 55 | 2 | I | - |
| H | HTP-CODE | PERSON | ROW 12 COL 14 | 2 | I | - |
| I | CAT-CODE | PERSON | ROW 12 COL 55 | 2 | I | - |
| J | KEY-CODE | PERSON | ROW 13 COL 14 | 2 | I | - |
| K | IMP-CODE | PERSON | ROW 13 COL 55 | 2 | I | - |
| L | SOC-CODE | PERSON | ROW 14 COL 14 | 2 | I | - |
| M | HEAR-STE | PERSON | ROW 14 COL 55 | 2 | I | - |
| N | FAM-SIT | PERSON | ROW 17 COL 13 | 3 | I | - |
| O | VIS-STAT | PERSON | ROW 17 COL 55 | 2 | I | - |
| P | SRCE-REF | PERSON | ROW 18 COL 13 | 3 | I | - |
| Q | HAN-CODE | PERSON | ROW 18 COL 54 | 3 | I | - |
| R | FIR-LANG | PERSON | ROW 19 COL 55 | 2 | I | - |

ASSOCIATED FILES - PRIME 'PERSON ' USAGE 'I'

| Community Health Information System | | | CHIS13 |
|-------------------------------------|---|---|---------|
| Patient Registration Form <3> | | | DK {A } |
| Voluntary Services: | | | |
| {B } | { | } | |
| { } | { | } | R |
| { } | { | } | R |
| { } | { | } | R |
| { } | { | } | R |
| Other Services: | | | |
| {C } | { | } | |
| { } | { | } | R |
| { } | { | } | R |
| { } | { | } | R |
| { } | { | } | R |
| Research: | | | |
| {D | | } | |

| IDENT | FIELD NAME | FILE | POSITION | LENGTH | USAGE | SIGN |
|-------|------------|--------|---------------|--------|-------|------|
| A | P-KEY | PERSON | ROW 04 COL 59 | 21 | I | - |
| B | VOL-SERV | PERSON | ROW 08 COL 27 | 2 | I | - |
| C | OTH-SERV | PERSON | ROW 15 COL 27 | 2 | I | - |
| D | RESEARCH | PERSON | ROW 22 COL 27 | 40 | I | - |

ASSOCIATED FILES - PRIME 'PROGRAM ' USAGE 'I'

| Community Health Information System | | CHIS07 |
|-------------------------------------|----------|--------|
| Programme Definition | | |
| Programme Code | {A } | |
| Programme Name | {B } | |
| Category Code | {C } { } | |
| Type Code | {D } { } | |
| Target Population | {E } | |
| Actual Expenditure | {F } | |
| Projected Expenditure | {G } | |
| Dummy Key | {H } | |

| IDENT | FIELD NAME | FILE | POSITION | LENGTH | USAGE | SIGN |
|-------|------------|---------|---------------|--------|-------|------|
| A | P-CODE | PROGRAM | ROW 08 COL 24 | 3 | I | - |
| B | P-NAME | PROGRAM | ROW 10 COL 24 | 40 | I | - |
| C | CAT-CODE | PROGRAM | ROW 12 COL 24 | 2 | I | - |
| D | TYP-CODE | PROGRAM | ROW 14 COL 24 | 2 | I | - |
| E | TARGET-P | PROGRAM | ROW 16 COL 24 | 6 | I | - |
| F | ACTUAL-E | PROGRAM | ROW 17 COL 24 | 40 | I | - |
| G | PROJEC-E | PROGRAM | ROW 18 COL 24 | 40 | I | - |
| H | PROG-KEY | PROGRAM | ROW 21 COL 17 | 7 | I | - |

ASSOCIATED FILES - PRIME 'STUDENT ' USAGE 'I'

| Community Health Information System | | CHIS08 |
|-------------------------------------|------|----------------------|
| <u>Student Allocation</u> | | |
| Student Payroll No. | {A } | |
| Student Name | {B } | |
| Student Grade | {C } | |
| Date of Starting | {D } | Date of Leaving {E } |
| Allocated Staff No. | {F } | { } |

| IDENT | FIELD NAME | FILE | POSITION | LENGTH | USAGE | SIGN |
|-------|------------|---------|---------------|--------|-------|------|
| A | PAY-NO | STUDENT | ROW 09 COL 24 | 7 | I | - |
| B | NAME | STUDENT | ROW 11 COL 24 | 20 | I | - |
| C | GRADE | STUDENT | ROW 13 COL 24 | 20 | I | - |
| D | DATE-STR | STUDENT | ROW 15 COL 24 | 6 | I | - |
| E | DATE-LEA | STUDENT | ROW 15 COL 68 | 6 | I | - |
| F | STAFF-PN | STUDENT | ROW 17 COL 24 | 7 | I | - |

ASSOCIATED FILES - PRIME 'TEAM' USAGE 'I'

| Community Health Information System | | CHIS05 |
|-------------------------------------|----------|--------|
| <u>Team Definition</u> | | |
| Team Code | {A } | |
| Name | {B } | |
| Group Code | {C } { } | |
| Dummy Key | {D } | |

| IDENT | FIELD NAME | FILE | POSITION | LENGTH | USAGE | SIGN |
|-------|------------|------|---------------|--------|-------|------|
| A | TEM-CODE | TEAM | ROW 10 COL 17 | 2 | I | - |
| B | NAME | TEAM | ROW 12 COL 17 | 20 | I | - |
| C | GRP-CODE | TEAM | ROW 14 COL 17 | 2 | I | - |
| D | TEAM-KEY | TEAM | ROW 20 COL 17 | 4 | I | - |

ASSOCIATED FILES - PRIME 'TRAVEL ' USAGE 'I'

| Community Health Information System | | CHIS16 |
|-------------------------------------|------|-------------------------|
| <u>Daily Diary Sheet Part III</u> | | |
| <u>Travel Details</u> | | |
| No of Passengers | {A} | |
| Start Mileage | {B } | Finish Mileage {C } |
| Total Passenger Mileage | {D } | Unofficial Mileage {E } |
| Dummy Key | {F } | |

| IDENT | FIELD NAME | FILE | POSITION | LENGTH | USAGE | SIGN |
|-------|------------|--------|---------------|--------|-------|------|
| A | NO-PASS | TRAVEL | ROW 11 COL 27 | 1 | I | - |
| B | START-MS | TRAVEL | ROW 14 COL 27 | 5 | I | - |
| C | FINIS-MS | TRAVEL | ROW 14 COL 60 | 5 | I | - |
| D | TOTAL-PS | TRAVEL | ROW 16 COL 27 | 3 | I | - |
| E | UNOFF-MS | TRAVEL | ROW 16 COL 62 | 3 | I | - |
| F | TRAV-KEY | TRAVEL | ROW 21 COL 27 | 13 | I | - |

ASSOCIATED FILES - PRIME 'TYPE' USAGE 'I'

| Community Health Information System | | CHIS06 |
|-------------------------------------|--------|--------|
| <u>Type Definition</u> | | |
| Type Code | {A } | |
| Name | {B | } |
| Category Code | {C } { | } |
| Dummy Key | {D } | |

| IDENT | FIELD NAME | FILE | POSITION | LENGTH | USAGE | SIGN |
|-------|------------|------|---------------|--------|-------|------|
| A | TYP-CODE | TYPE | ROW 10 COL 17 | 2 | I | - |
| B | TYP-NAME | TYPE | ROW 12 COL 17 | 40 | I | - |
| C | CAT-CODE | TYPE | ROW 14 COL 17 | 2 | I | - |
| D | TYPE-KEY | TYPE | ROW 20 COL 17 | 4 | I | - |

Appendix 16 - SourceWriter 20 Program Listings

SOURCEWRITER 20

PROGRAM LISTINGS

18/05/87

001

1 2 3 4 5 6 7 8 9 10 11 12

Appendix 17 - Final CIS Cobol Program Listings

CIS COBOL PROGRAM LISTINGS 18/05/87 001

CIS COBOL PROGRAM LISTINGS 27/05/87 001

CIS COBOL PROGRAM LISTINGS 27/05/87 002

Appendix 18 - Form Layouts

Darlington Health Authority

Community Health Information System - Daily Diary Sheet Part I

Staff Payroll No.

Name of Staff Member

Date of Diary Sheet [This Data must be Completed]
D D M M Y Y

Enter Group Session Details:

| No | Programme | Location | Source Referral | Number Present | Number Not Present Gave Reason | Number Not Present No Reason |
|----|----------------------|----------------------|----------------------|----------------------|--------------------------------|------------------------------|
| 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 4 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 5 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| No | Duration | Travel Time |
|----|----------------------|----------------------|
| 1 | <input type="text"/> | <input type="text"/> |
| 2 | <input type="text"/> | <input type="text"/> |
| 3 | <input type="text"/> | <input type="text"/> |
| 4 | <input type="text"/> | <input type="text"/> |
| 5 | <input type="text"/> | <input type="text"/> |

[Please refer to your Code Book to enter Programme, Location and Source of Referral. Enter times in 5 Minute Units]

Enter Other Activity Details:

| No | Activity | Location | Source Referral | Duration | Travel Time |
|----|----------------------|----------------------|----------------------|----------------------|----------------------|
| 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 4 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 5 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 6 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 7 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 8 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

[Please refer to your Code Book to enter Activity, Location and Source of Referral. Enter times in 5 Minute Units]

Enter Mileage Details: Number of Passengers
 Start Mileage Finish Mileage
 Total Passenger Mileage Unofficial Mileage

If you have used a further Daily Diary Sheet for Today, please tick Box

Daily Diary Sheet Part II

Enter Individual Contact Details as Follows:

| No | D | D | M | Y | Y | Y | S | I | N | N | S | Person ID | ***** | Programme | Location | Source Referral | Duration | First/ Last Visit (F/L) | Reason for Discharge | Activity Descriptions | Travel Time | First Con Result | | |
|----|---|---|---|---|---|---|---|---|---|---|---|-----------|-------|-----------|----------|-----------------|----------|-------------------------|----------------------|-----------------------|-------------|------------------|-------|---|
| | | | | | | | | | | | | | | | | | | | | | | | (M/F) | 1 |
| 01 | | | | | | | | | | | | | | | | | | | | | | | | |
| 02 | | | | | | | | | | | | | | | | | | | | | | | | |
| 03 | | | | | | | | | | | | | | | | | | | | | | | | |
| 04 | | | | | | | | | | | | | | | | | | | | | | | | |
| 05 | | | | | | | | | | | | | | | | | | | | | | | | |
| 06 | | | | | | | | | | | | | | | | | | | | | | | | |
| 07 | | | | | | | | | | | | | | | | | | | | | | | | |
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| 09 | | | | | | | | | | | | | | | | | | | | | | | | |
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| 12 | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | | | | | | | | | | | | | |
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| 23 | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 | | | | | | | | | | | | | | | | | | | | | | | | |
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| 27 | | | | | | | | | | | | | | | | | | | | | | | | |
| 28 | | | | | | | | | | | | | | | | | | | | | | | | |
| 29 | | | | | | | | | | | | | | | | | | | | | | | | |
| 30 | | | | | | | | | | | | | | | | | | | | | | | | |

[First Contact Result: A = NHS Action Required B = Other Agency Action Required C = No Action Required]

[Please refer to your Code Book when entering the above Information. Enter times in 5 Minute Units]

Signature of Staff Member Completing this Form _____

Darlington Health Authority

Community Health Information System - Daily Diary Sheet Part I

Staff Payroll No.

Name of Staff Member

Date of Diary Sheet [This Data must be Completed]
D D M M Y Y

Enter Group Session Details:

| No | Programme | Location | Source Referral | Number Present | Number Not Present Gave Reason | Number Not Present No Reason |
|----|----------------------|----------------------|----------------------|----------------------|--------------------------------|------------------------------|
| 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 4 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 5 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| No | Duration | Travel Time |
|----|----------------------|----------------------|
| 1 | <input type="text"/> | <input type="text"/> |
| 2 | <input type="text"/> | <input type="text"/> |
| 3 | <input type="text"/> | <input type="text"/> |
| 4 | <input type="text"/> | <input type="text"/> |
| 5 | <input type="text"/> | <input type="text"/> |

[Please refer to your Code Book to enter Programme, Location and Source of Referral. Enter times in 5 Minute Units]

Enter Other Activity Details:

| No | Activity | Location | Source Referral | Duration | Travel Time |
|----|----------------------|----------------------|----------------------|----------------------|----------------------|
| 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 4 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 5 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 6 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 7 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 8 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

[Please refer to your Code Book to enter Activity, Location and Source of Referral. Enter times in 5 Minute Units]

Enter Mileage Details:

Number of Passengers

Start Mileage

Finish Mileage

Total Passenger Mileage

Unofficial Mileage

If you have used a further Daily Diary Sheet for Today, please tick Box

Daily Diary Sheet Part II

Enter Individual Contact Details as Follows:

| No | D | D | M | Y | Y | Y | Y | S | I | N | N | S | Programme | Location | Source Referral | Duration | First/Last Visit (F/L) | Reason for Discharge | Activity Descriptions 1 | Activity Descriptions 2 | Activity Descriptions 3 | Travel Time | First Con Result | | |
|----|---|---|---|---|---|---|---|---|---|---|---|---|-----------|----------|-----------------|----------|------------------------|----------------------|-------------------------|-------------------------|-------------------------|-------------|------------------|--|--|
| 01 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04 | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 23 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 28 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 29 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 30 | | | | | | | | | | | | | | | | | | | | | | | | | |

[First Contact Result: A = NHS Action Required B = Other Agency Action Required C = No Action Required]

[Please refer to your Code Book when entering the above Information. Enter times in 5 Minute Units]

Signature of Staff Member Completing this Form _____

Darlington Health Authority

Please Tick One Action Box Only:

New Record Amendment of Existing Record Delete Record

Community Health Information System - Staff Group/Team/Member Registration Form

Enter Staff Group

Enter Staff Team

Enter Staff Member Details:

Payroll No.

Name

Grade

Programmes that Staff Member will be involved in: [Refer to Code Book]

| | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Form: CHIS.C13

Community Health Information System - Student Allocation Form

Enter Student Details:

Payroll No.

Name of Student

Grade

Date of Starting Date of Leaving

Allocated Staff Members Payroll No

Name of Staff Member

Form: CHIS.C14

Signature of Staff Member Completing Form _____

Date _____ Grade _____

Darlington Health Authority

Please Tick One Action Box Only:

New Record Amendment of Existing Record Delete Record

Community Health Information System - Staff Group/Team/Member Registration Form

Enter Staff Group

Enter Staff Team

Enter Staff Member Details:

Payroll No.

Name

Grade

Programmes that Staff Member will be involved in: [Refer to Code Book]

| | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Form: CHIS.SN3

Community Health Information System - Student Allocation Form

Enter Student Details:

Payroll No.

Name of Student

Grade

Date of Starting Date of Leaving

Allocated Staff Members Payroll No

Name of Staff Member

Form: CHIS.SN4

Signature of Staff Member Completing Form _____

Date _____ Grade _____

Appendix 19 - School Nurses Code Book

Darlington Health Authority

Community Health Information System (CHIS)

School Nurses Code Book

May 1986

Activity Codes

| | |
|-----|--|
| 001 | Advice and Support |
| 002 | Audio Reviews |
| 003 | Behaviour Problems |
| 004 | Blood Pressure Reviews |
| 005 | Case Conferences |
| 006 | Communicating with Other Professionals |
| 007 | Counselling |
| 008 | Enuresis Training |
| 009 | First Aid |
| 010 | Follow-up of Non-Attendances |
| 011 | Head Infestation |
| 012 | Health Education |
| 013 | Height / Weight Checking |
| 040 | Home Tuition |
| 014 | Hygiene |
| 015 | Incontinence Pads |
| 016 | Injections |
| 017 | In Service Training |
| 018 | Meetings |
| 019 | Observation of Children at Risk |
| 036 | Observation of Children during P. E. |
| 034 | Observation of Children in Classroom |
| 032 | Observation of Ears |
| 033 | Observation of Pulse |
| 020 | Office Management |
| 031 | Removal of Catheter |
| 021 | Removal of Sutures |
| 023 | Request Visit |
| 024 | Scoliosis Screening |
| 025 | Teaching Students |
| 027 | Urine Testing |
| 028 | Vision Testing |
| 029 | Working Parties |
| 888 | Abortive Call |
| 999 | Other |

Programme Codes

Immunisations

| | |
|-----|-----------------------|
| 100 | BCG Immunisations |
| 101 | Heaf Testing |
| 103 | Rubella Immunisations |
| 111 | Other Immunisations |

Medicals

| | |
|-----|------------------------------------|
| 200 | Adult Medicals |
| 207 | Howtown Medicals |
| 201 | Leavers Medicals |
| 202 | New Entrants Medicals |
| 203 | Review Medicals |
| 206 | Routine Medicals (Special Schools) |
| 204 | Selective Medicals |
| 205 | Social Service Medicals |
| 222 | Other Medicals |

Individual Programmes

| | |
|-----|--|
| 303 | 7 Year Vision Session |
| 304 | 13 Year + Vision Session (with Scoliosis) |
| 305 | 13 Year + Vision Session (without Scoliosis) |
| 306 | 11 Year Assessment Session (with Scoliosis) |
| 307 | 11 Year Assessment Session (without Scoliosis) |
| 301 | Assessment of Special Educational Needs |
| 302 | Audio Reviews |
| 300 | Health Education |
| 308 | Height and Weights Session |
| 309 | Scoliosis Screening |
| 310 | ENT Clinic |
| 311 | Enuresis Clinic |
| 333 | Other Individual Programmes |

Location Codes

| | |
|-----|-----------------------------------|
| 001 | Archer Street Health Department |
| 002 | Aycliffe Hospital |
| 003 | Barnard Castle Health Centre |
| 004 | Barnard Castle Social Services |
| 005 | Bishop Auckland General Hospital |
| 022 | Casualty |
| 006 | Child Development Centre (DMH) |
| 007 | Child and Family Psychiatry (DMH) |
| 008 | Cockfield Clinic |
| 009 | Craig Lee Education Department |
| 010 | Darlington Memorial Hospital |
| 011 | Enuretic Clinic (DMH) |
| 012 | Evenwood Clinic |
| 025 | Green Lane Swimming Baths |
| 013 | Health Education (DMH) |
| 014 | Healthy Eating Club |
| 015 | Home |
| 016 | Middleton-in-Teesdale Clinic |
| 017 | New College Durham |
| 026 | North Road Language Unit |
| 018 | Park Place Health Centre |
| 019 | Regent House Social Services |
| 024 | Richardson Hospital |
| 027 | Salters Lane Swimming Baths |
| 020 | Skerne Park Clinic |
| 021 | Springfield Clinic |
| 100 | Abbey Road Infant School |
| 101 | Abbey Road Junior School |
| 102 | Alderman Leach Infant School |
| 103 | Alderman Leach Junior School |
| 104 | Barnard Castle C of E School |
| 105 | Barnard Castle Boys School |
| 106 | Bishopton Primary School |
| 107 | Bowes C of E School |
| 108 | Branksome Comprehensive School |
| 109 | Butterknowle County School |
| 110 | Carmel School |
| 111 | Cockerton School |
| 112 | Cockfield County School |
| 113 | Corporation Road Infant School |
| 114 | Corporation Road Junior School |
| 115 | Cotherstone County School |
| 116 | Dodmire Infant School |
| 117 | Dodmire Junior School |
| 118 | Eastbourne Comprehensive School |
| 119 | Evenwood C of E School |
| 120 | Firth Moor Infant School |
| 121 | Firth Moor Junior School |
| 122 | Forest-in-Teesdale County School |

| | |
|-----|-------------------------------------|
| 123 | Gainford C of E School |
| 124 | Gurney Pease Primary School |
| 125 | Glebe School |
| 126 | Hamsterley County School |
| 127 | Harrogate Hill Infant School |
| 128 | Harrogate Hill Junior School |
| 129 | Haughton Comprehensive School |
| 170 | Heathfield Primary School |
| 130 | Heighington School |
| 131 | High Coniscliffe Primary School |
| 132 | Holy Family R C School |
| 133 | Hummersknott Comprehensive School |
| 134 | Hurworth Comprehensive School |
| 135 | Hurworth Primary School |
| 136 | Ingleton C of E School |
| 137 | Longfield Comprehensive School |
| 138 | Mayfair School |
| 139 | Middleton-in-Teesdale County School |
| 140 | Middleton St George Primary School |
| 141 | Montalbo County School |
| 142 | Mount Pleasant School |
| 143 | Mowden Infant School |
| 144 | Mowden Junior School |
| 145 | North Road Primary School |
| 146 | Ramshaw County School |
| 147 | Red Hall Primary School |
| 149 | Reid Street Primary School |
| 150 | Rise Carr School |
| 151 | Sadberge Primary School |
| 152 | St Augustine's School |
| 153 | St John's School |
| 154 | St Mary's R C School |
| 155 | St Teresa's Primary School |
| 156 | St Thomas's R C School |
| 157 | St William's Primary School |
| 158 | Salters Lane School |
| 159 | Skerne Park Infant School |
| 160 | Skerne Park Junior School |
| 161 | Springfield Primary School |
| 162 | Staindrop C of E School |
| 163 | Staindrop Comprehensive School |
| 164 | Startforth Morritt Memorial School |
| 165 | Teesdale Comprehensive School |
| 166 | Toft Hill County School |
| 167 | Whinfield Infant School |
| 168 | Whinfield Junior School |
| 169 | Woodland County School |
| 999 | Other |

Source of Referral Codes

| | |
|-----|-----------------------------|
| 001 | Audiometrician |
| 002 | Child Development Centre |
| 003 | Chiropodist |
| 004 | Clinical Medical Officer |
| 005 | Consultant |
| 025 | County Hall |
| 006 | Dentist |
| 007 | Dietician |
| 024 | Educational Psychologist |
| 008 | Educational Welfare Officer |
| 009 | General Practitioner |
| 010 | Health Visitor |
| 011 | Hospital |
| 012 | Neighbour |
| 013 | Occupational Therapist |
| 014 | Optician |
| 015 | Parent / Guardian |
| 016 | Physiotherapist |
| 017 | Psychologist |
| 018 | Relatives |
| 019 | School |
| 020 | Self Referral |
| 021 | School Nurse |
| 022 | Social Services |
| 023 | Speech Therapist |
| 027 | Team Leader |
| 999 | Other |

G.P. Codes

Darlington Practices

Corporation Road Practice

01 Dr A Singh
02 Dr D Russell
03 Dr Charlton
04 Other Corporation Road GP

Denmark Street Practice

05 Dr T Birnie
06 Dr E M Callander
07 Dr H J Carrick
08 Dr G A Diack
09 Dr H H Dixon
10 Dr R D James
11 Dr S McIlhinney
12 Dr A M Whittaker
14 Other Denmark Street GP

Moorlands Practice

15 Dr F C Carter
16 Dr M Hargreaves
17 Dr H C Mason
18 Dr K D McKeown
19 Dr M Rhodes
20 Dr A Shaw
21 Dr R Wade
23 Other Moorlands GP

North Road Practice

24 Dr F C Carter
25 Dr M Rhodes
26 Dr A Shaw
27 Dr R Wade
29 Other North Road GP

Parkgate Health Centre Practices

30 Dr A J Apps
31 Dr K H Banoub
32 Dr D H Bottomley
33 Dr C Broadbent
34 Dr W H Byrne
35 Dr C P Davison
36 Dr J D Hodgson
37 Dr P J Langham
38 Dr J D Little
39 Dr S Sathananthan
40 Dr T C Sheehan
41 Dr R D Thompson
42 Dr J M Townshend
43 Dr C S Trewby
44 Dr R T Upshall
45 Dr D A Walton
46 Dr R A Williams
47 Dr J Brooks
53 Dr R Harker
48 Other Parkgate Health Centre GP

24 Stanhope Road North Practice

49 Dr H C Carver
50 Dr P F Darcy
51 Dr A Fuat
52 Dr G J Metcalfe
54 Other 24 Stanhope Road North GP

28 Stanhope Road Practice

55 Dr D A Jeavons
56 Dr A Michie
57 Dr K D Stephenson
58 Dr S M Waterworth
60 Other 28 Stanhope Road GP

Whinfield Practice

61 Dr T C Sheehan
62 Dr R D Thompson
63 Dr R T Upshall
64 Dr R A Williams
65 Dr J Brooks
59 Dr R Harker
66 Other Whinfield Practice GP

Other Practices

Barnard Castle Practice

67 Dr W J Cherry
68 Dr D S Dry
69 Dr I H Ross
70 Dr P M Ryan
71 Dr F M Welch
72 Dr J J White
74 Other Barnard Castle GP

Butterknowle Practice

75 Dr G P Mees
76 Dr J C Pickworth
77 Other Butterknowle GP

Cockfield Practice

78 Dr G C Slade
79 Dr I S Waller
80 Other Cockfield GP

Evenwood Practice

81 Dr J R Neville
82 Other Evenwood GP

Gainford Practice

83 Dr M J Neville
84 Dr I S W Neville
85 Other Gainford GP

Hurworth Practice

86 Dr I M Bagshaw
87 Dr G B Williams
88 Other Hurworth GP

Middleton-in-Teesdale Practice

89 Dr P G Austin
90 Dr A I Littlejohn
91 Other Middleton-in-Teesdale GP

Middleton-St-George Practice

92 Dr R A Andrew
93 Dr D A Strong
94 Other Middleton-St-George GP

Staindrop Practice

95 Dr I S Waller
96 Other Staindrop GP

73 Any Ferryhill G. P.
13 Any Newton Aycliffe G. P.
22 Any Spennymoor G. P.
28 Any Trimdon G. P.
97 Any Bishop Auckland G. P.

99 Other GP

Consultant Codes

Consultants in Genito-Urinary Medicine

- 01 Dr P A Rajah
- 04 Other Consultant in Genito-Urinary Medicine

Consultant Obstetricians and Gynaecologists

- 05 Mr D J Hutchon
- 06 Mr J Lart
- 07 Mr E N McKenzie
- 08 Mr R W Neale
- 11 Other Consultant Obstetrician and Gynaecologist

Consultant Ophthalmologists

- 12 Mr M S Dang
- 13 Mr J D Haslam
- 14 Mr L Singh
- 17 Other Consultant Ophthalmologist

Consultant Orthopaedic Surgeons

- 18 Mr J Ashworth
- 19 Mr T J Fernandes
- 20 Mr T J Stahl
- 23 Other Consultant Orthopaedic Surgeon

Consultant Otolaryngologists

- 24 Mr J Carlin
- 25 Mr S P Singh
- 28 Other Consultant Otolaryngologist

Consultant Paediatricians

- 29 Dr J D Andrew
- 30 Dr A J Cottrell
- 31 Dr E Elliott
- 32 Dr R S Goldberg
- 35 Other Consultant Paediatrician

Consultant Physicians

| | |
|----|----------------------------|
| 36 | Dr E W Barnes |
| 37 | Dr P H Carr |
| 38 | Dr C K Connolly |
| 39 | Dr J Hampson |
| 40 | Dr Y P Suri |
| 41 | Dr P N Trewby |
| 44 | Other Consultant Physician |

Consultant Psychiatrists

| | |
|----|-------------------------------|
| 45 | Dr M B Barnett |
| 46 | Dr J Caldbeck-Meenan |
| 47 | Dr M Gunaratnam |
| 48 | Dr S S Hadi |
| 49 | Dr I C Martin |
| 50 | Dr P V Nayak |
| 51 | Dr S Weerasinghe |
| 54 | Other Consultant Psychiatrist |

Consultant Rheumatologists

| | |
|----|---------------------------------|
| 55 | Dr K A Jaleel |
| 58 | Other Consultant Rheumatologist |

Consultant Surgeons

| | |
|----|--------------------------|
| 59 | Mr P M Atkinson |
| 60 | Mr M H Edwards |
| 61 | Mr F Ellis |
| 62 | Mr M G Whittaker |
| 65 | Other Consultant Surgeon |

| | |
|----|-----------------------------------|
| 70 | Newcastle H A Consultants |
| 71 | Northallerton H A Consultants |
| 72 | South Tees H A Consultants |
| 73 | South West Durham H A Consultants |
| 99 | Other |

Specialty Codes

| | |
|----|-------------------------|
| 01 | Child Psychiatry |
| 02 | Ear, Nose and Throat |
| 03 | General Psychiatry |
| 04 | General Surgery |
| 05 | Genito-Urinary Medicine |
| 06 | Gynaecology |
| 07 | Medicine |
| 08 | Mental Handicap |
| 09 | Obstetrics |
| 10 | Ophthalmology |
| 11 | Orthopaedic Surgery |
| 12 | Paediatrics |
| 13 | Rheumatology |
| 99 | Other |

Religion Codes

| | |
|----|---------------------|
| 01 | Baptist |
| 02 | Brethren |
| 03 | Buddhist |
| 04 | Christian Scientist |
| 05 | Church of England |
| 06 | Church of God |
| 07 | Church of Ireland |
| 08 | Church of Scotland |
| 09 | Church of Wales |
| 10 | Free Church |
| 11 | Hindu |
| 12 | Jehovah's Witness |
| 13 | Jewish |
| 14 | Methodist |
| 15 | Mormon |
| 16 | Muslim |
| 17 | None |
| 18 | Orthodox |
| 19 | Pentecostal |
| 20 | Presbyterian |
| 21 | Roman Catholic |
| 22 | Salvation Army |
| 23 | Sikh |
| 24 | United Reformed |
| 99 | Other |

Hearing State Codes

| | |
|----|---------------------|
| 01 | Normal |
| 02 | Fully Defective |
| 03 | Partially Defective |

Handicap Codes

| | |
|----|------------------------|
| 01 | ESN (S) |
| 02 | ESN (M) |
| 03 | Physically Handicapped |
| 99 | Other |

Vision State Codes

| | |
|----|--|
| 01 | Normal |
| 02 | Defective Distant Vision Only |
| 03 | Defective Colour Vision Only |
| 04 | Defective Near Vision Only |
| 05 | Defective Distant and Near Vision Only |
| 06 | Defective Distant and Colour Vision Only |
| 07 | Defective Colour and Near Vision Only |
| 08 | Abnormal |

Reason for Discharge Codes

| | |
|----|---|
| 01 | Change of School |
| 02 | Did not attend three times |
| 03 | Died |
| 04 | Left School |
| 05 | No further need for Treatment |
| 06 | Parents unwilling |
| 07 | Transferred out of District |
| 08 | Transferred to Hospital |
| 09 | Transferred to Other Professional Group |
| 99 | Other |

Appendix 20 - Sample Reports from the Pilot System

Darlington Health Authority

Date: 31/03/87

Community Health Services

Page: 001

Report: K01 Face-to-Face Contacts by Location

| Location | Total Number of Contacts | % |
|----------|--------------------------|---|
|----------|--------------------------|---|

Chiroprodists

Archer Street

| | | |
|---------------------|----|----|
| Middleton-St-George | 29 | 22 |
| Gainford | 10 | 8 |
| Whinfield | 17 | 13 |
| Hurworth | 39 | 30 |
| Toft Hill | 13 | 10 |
| DMH | 4 | 3 |
| Sadberge | 13 | 10 |
| Heighington | 5 | 4 |

Archer Street Total: 130 100

Chiroprodists Total: 130 100

End of Report: K01

Darlington Health Authority

Community Health Services Date: 31/03/87

Report: K02 Face-to-Face Contacts by Source of Referral Page: 001

Source of Referral Total Number of Contacts %

Chiroprodists

Archer Street

| | | |
|----------------------|----|----|
| Other | 72 | 55 |
| Self Referral or Rel | 54 | 42 |
| G.P. | 4 | 3 |

Archer Street Total: 130 100

Barnard Castle

| | | |
|----------------------|-----|----|
| Self Referral or Rel | 451 | 83 |
| G.P. | 33 | 6 |
| Other | 34 | 2 |
| Community Nurses Etc | 24 | 4 |
| Clinical Medical Off | 1 | 0 |
| Consultant | 2 | 0 |

Barnard Castle Total: 545 100

Chiroprodists

Total: 675 100

End of Report: K02

Darlington Health Authority

Community Health Services Date: 31/03/87

Report: K03 Face-to-Face Contacts by Age and Sex Page: 001

| Age | Total Male Contacts | % | Total Female Contacts | % | Total Of All Contacts |
|-----|---------------------------|---|-----------------------------|---|-----------------------------|
|-----|---------------------------|---|-----------------------------|---|-----------------------------|

Chiroprodists

Barnard Castle

| | | | | | |
|---------|-------------------|-----------|------------|-----------|------------|
| 0 - 4 | 1 | 0 | 0 | 0 | 1 |
| 5 - 16 | 1 | 0 | 7 | 1 | 8 |
| 17 - 54 | 1 | 0 | 14 | 3 | 15 |
| 55 - 64 | 4 | 1 | 27 | 5 | 31 |
| 65 - 74 | 58 | 11 | 149 | 27 | 207 |
| 75 - 84 | 54 | 10 | 172 | 32 | 226 |
| 85 - | 13 | 2 | 44 | 8 | 57 |
| | Total: 132 | 24 | 413 | 75 | 545 |

Barnard Castle

| | | | | | |
|---------------|-------------------|-----------|------------|-----------|------------|
| | Total: 132 | 24 | 413 | 75 | 545 |
| Chiroprodists | | | | | |
| | Total: 132 | 24 | 413 | 75 | 545 |

End of Report: K03

Darlington Health Authority

Date: 31/03/87

Page: 001

Community Health Services

Report: K04 First Face-to-Face Contacts in
the Financial Year by Location

| Location | Total Number of First Contacts | % |
|----------|-----------------------------------|---|
|----------|-----------------------------------|---|

Chiropodists

Archer Street

Middleton-St-George

Archer Street

Barnard Castle

Richardson - Out P

Cockfield

Domiciliary

Middleton-in-Tees

Staindrop

Barnard Castle

Chiropodists

End of Report: K04

| | | |
|--------|----|-----|
| | 3 | 100 |
| Total: | 3 | 100 |
| | 20 | 65 |
| | 1 | 3 |
| | 4 | 13 |
| | 3 | 10 |
| | 3 | 10 |
| Total: | 31 | 100 |
| Total: | 34 | 100 |

Darlington Health Authority

Community Health Services

Date: 31/03/87

Report: K05

Page: 001

First Face-to-Face Contacts in the
Financial Year by Age and Sex

| Age | Total Male Contacts | % | Total Female Contacts | % | Total Of All Contacts | |
|---------------|---------------------------|----|-----------------------------|----|-----------------------------|---|
| 0 - 4 | 0 | 0 | 0 | 0 | 0 | |
| 5 - 16 | 0 | 0 | 0 | 0 | 0 | |
| 17 - 54 | 0 | 0 | 0 | 0 | 0 | |
| 55 - 64 | 0 | 0 | 0 | 0 | 0 | |
| 65 - 74 | 0 | 0 | 1 | 33 | 1 | |
| 75 - 84 | 0 | 0 | 1 | 33 | 1 | |
| 85 - | 1 | 33 | 0 | 0 | 1 | |
| Archer Street | Total . | 1 | 33 | 2 | 66 | 3 |
| 100 | | | | | | |
| Chiroprodists | Total: | 1 | 33 | 2 | 66 | 3 |
| 100 | | | | | | |

End of Report: K05

Darlington Health Authority

Community Health Services Date: 31/03/87

Report: K06 Completed Episodes by Location Page: 001

| Location | Total Number of Episodes | % |
|----------|--------------------------|---|
|----------|--------------------------|---|

Chiroprodists

Archer Street

Hurworth 1 100

Archer Street Total: 1 100

Darlington Mem Hosp

Domiciliary 6 33
DMH - Out Patients 12 67

Darlington Mem Hosp Total: 18 100

Whinfield

Whinfield 1 100

Whinfield Total: 1 100

Chiroprodists Total: 20 100

End of Report: K06

Darlington Health Authority

Community Health Services

Date: 31/03/87

Report: K07

Page: 001

Completed Episodes by Length of Episode and Source of Referral

| Source of Referral | Up to | Up to | Up to | Up to | Up to | Up to | Up to | Up to | Up to | Up to | Up to | Up to | Over |
|----------------------|-------|-------|--------|--------|--------|--------|-------|-------|-------|-------|-------|-------|-------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | Years |
| | Week | Weeks | Months | Months | Months | Months | Year | Year | Year | Year | Year | Year | Years |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | TOTAL |
| Chiroprodists | | | | | | | | | | | | | |
| Archer Street | | | | | | | | | | | | | |
| Other | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Archer Street | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Barnard Castle | | | | | | | | | | | | | |
| Other | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Self Referral or Rel | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| Community Nurses | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Barnard Castle | 3 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 |
| Chiroprodists | 4 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5 |

End of Report: K07

Darlington Health Authority

Community Health Services

Date: 31/03/87

Report: K08

Page: 001

First Face-to-Face Contact Results
by Source of Referral

***** R E S U L T S *****

| Source of Referral | Total First Contacts | % | NHS | | Other | | No | |
|--------------------|----------------------------|---|--------------------|---|------------------------------|---|--------------------|---|
| | | | Action Required | % | Agency Action Required | % | Action Required | % |

Chiropodists

Archer Street

Self Referral or Rel
G.P.

Archer Street

Chiropodists

| | | | | | | | |
|---------------|----------|------------|----------|------------|----------|----------|----------|
| 2 | 67 | 2 | 100 | 0 | 0 | 0 | 0 |
| 1 | 33 | 1 | 100 | 0 | 0 | 0 | 0 |
| Total: | 3 | 100 | 3 | 100 | 0 | 0 | 0 |
| Total: | 3 | 100 | 3 | 100 | 0 | 0 | 0 |

End of Report: K08

Darlington Health Authority

Community Health Services

Date: 31/03/87

Report: K09

Face-to-Face Contact Durations
by Location

Page: 001

AVERAGE TIME
PER CONTACT

| Location | Total Contact Time | This Month |
|---------------------|--------------------------|---------------|
| Chiropodists | | |
| Archer Street | | |
| Middleton-St-George | 68 | 2 |
| Gainford | 24 | 2 |
| Whinfield | 35 | 2 |
| Hurworth | 94 | 2 |
| Toft Hill | 31 | 2 |
| Sadberge | 37 | 2 |
| Archer Street | Total: 289 | 2 |
| Whinfield | | |
| Whinfield | 192 | 3 |
| Whinfield | Total: 192 | 3 |
| Chiropodists | Total: 481 | 3 |

End of Report: K09

Darlington Health Authority

Community Health Services

Report: K010

Face-to-Face Contact Durations by Age and Sex

Date: 31/03/87

Page: 001

AVERAGE TIME PER MALE CONTACT AVERAGE TIME PER FEMALE CONTACT

| Age | Total Contact Time | This Month | Total Contact Time | This Month |
|-----|--------------------|------------|--------------------|------------|
|-----|--------------------|------------|--------------------|------------|

Chiropodists

Archer Street

| | | | | |
|---------|---------------|-----------|------------|----------|
| 0 - 4 | 0 | 0 | 0 | 0 |
| 5 - 16 | 0 | 0 | 0 | 0 |
| 17 - 54 | 0 | 0 | 3 | 3 |
| 55 - 64 | 3 | 3 | 2 | 2 |
| 65 - 74 | 33 | 2 | 91 | 2 |
| 75 - 84 | 48 | 2 | 90 | 2 |
| 85 - | 10 | 2 | 35 | 2 |
| | Total: | 94 | 221 | 2 |

Archer Street

Chiropodists

| | | | | |
|--|---------------|-----------|------------|----------|
| | Total: | 94 | 221 | 2 |
|--|---------------|-----------|------------|----------|

End of Report: K010

Page removed for cdata protection restrictions.

Darlington Health Authority

Community Health Services Date 31/03/87

Report: K014 Group Session Attendances by Location Page: 001

| Location | Total Number of Attendances | % |
|----------------------------|--------------------------------|-----|
| Chiropodists | | |
| Barnard Castle | | |
| The Groves | 11 | 22 |
| Middleton-in-Tees | 7 | 14 |
| Other | 31 | 63 |
| Barnard Castle | 49 | 100 |
| Darlington Mem Hosp | | |
| Ashleigh House | 10 | 23 |
| Neville House | 29 | 67 |
| Cleveland Villa | 4 | 9 |
| Darlington Mem Hosp | 43 | 100 |
| Chiropodists | | |
| | 92 | 100 |

End of Report: K014

Darlington Health Authority

Community Health Services

Date: 31/03/87

Report: K016 Episodes of Care by Length of Episode Page: 001

| Episode Length | Total Number of Completed Episodes | % |
|----------------|------------------------------------|---|
|----------------|------------------------------------|---|

Chiropodists

Barnard Castle

| | | |
|----------------|----------|------------|
| Up to 1 Week | 3 | 75 |
| Up to 2 Weeks | 0 | 0 |
| Up to 1 Month | 0 | 0 |
| Up to 2 Months | 1 | 25 |
| Up to 3 Months | 0 | 0 |
| Up to 6 Months | 0 | 0 |
| Up to 1 Year | 0 | 0 |
| Up to 2 Years | 0 | 0 |
| Up to 3 Years | 0 | 0 |
| Up to 4 Years | 0 | 0 |
| Up to 5 Years | 0 | 0 |
| Over 5 Years | 0 | 0 |
| Total: | 4 | 100 |

Barnard Castle

Chiropodists

| | | |
|---------------|----------|------------|
| Total: | 4 | 100 |
|---------------|----------|------------|

End of Report: K016

Darlington Health Authority

Community Health Services

Date: 31/03/87

Report: K019

Face-to-Face Contact Durations
by Patient Category

Page: 001

AVERAGE TIME
PER CONTACT

| Patient Category | Total Contact Time | Total Contact Number | Average Time per Contact (This Month) |
|------------------|--------------------|----------------------|---------------------------------------|
| Chiroprodists | | | |
| Archer Street | | | |
| Other | 315 | 130 | 2 |
| Archer Street | Total: 315 | 130 | 2 |
| Barnard Castle | | | |
| Other | 703 | 545 | 3 |
| Barnard Castle | Total: 703 | 545 | 3 |
| Chiroprodists | Total: 1018 | 675 | 3 |

End of Report: K019

Darlington Health Authority

Community Health Services

Report: K020

Discharge Analysis by Age

Date: 31/03/87

Page: 001

| Reason for Discharge | 0-4 | 5-16 | 17-54 | 55-64 | 65-74 | 75-84 | 85+ | Number of Discharges | % |
|-----------------------------------|----------|-----------|----------|----------|----------|----------|----------|----------------------|------------|
| Chiropodists | | | | | | | | | |
| Darlington Mem Hosp | | | | | | | | | |
| Death | 0 | 0 | 0 | 0 | 4 | 4 | 3 | 11 | 44 |
| Other | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 6 |
| Completion of Treatment | 0 | 0 | 2 | 1 | 1 | 0 | 0 | 4 | 22 |
| Private Treatment | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 2 | 11 |
| Darlington Mem Hosp Total: | 0 | 0 | 3 | 1 | 5 | 6 | 3 | 18 | 100 |
| Park Place | | | | | | | | | |
| Completion of Treatment | 0 | 8 | 0 | 1 | 0 | 0 | 0 | 9 | 60 |
| No Treatment Required | 1 | 2 | 0 | 0 | 0 | 0 | 0 | 3 | 20 |
| Foot Health Advice | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 3 | 20 |
| Park Place Total: | 1 | 13 | 0 | 1 | 0 | 0 | 0 | 15 | 100 |
| Chiropodists Total: | 1 | 13 | 3 | 2 | 5 | 6 | 3 | 33 | 100 |

End of Report: K020

Darlington Health Authority

Community Health Services

Date: 31/03/87

Report: K021

Daily Mileage Summary

Page: 001

Staff Member 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 Total

Chiropodists

Archer Street

M I HUTCHINSON 0 18 24 7 5 26 0 0 2 0 2 0 4 0 0 2 11 3 3 76 0 0 1 0 1 18 3 0 0 0 0 206

Archer Street

Barnard Castle

KAREN WALKER 0 0 5 20 0 0 0 0 7 63 19 0 0 0 0 0 0 20 0 18 0 0 34 16 0 0 0 0 0 0 202

Barnard Castle

Darlington Mem Hosp

JEFFREY COWLEY

LINDA LIVINGSTON

PAUL THURLAND

0 0 2 0 47 0 0 0 0 2 2 13 0 0 0 0 0 0 0 0 0 0 3 3 0 15 0 0 0 17 18 122
 0 0 10 17 0 0 0 0 0 10 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 12 259
 0 4 4 4 0 5 0 0 0 3 4 0 0 0 1 4 24 0 10 0 0 4 3 0 0 9 0 0 8 7 94

Darlington Mem Hosp

Chiropodists

Total Mileage: 883

End of Report: K021

Darlington Health Authority
 Community Health Services

Date: 31/03/87

Report: K022

Activity Summary

Page: 001

***** Face-to-Face Contacts ***** **** Group Sessions ****

| Staff Member | Total Contacts | Total Duration | Average Time | Travel Time | Abortive Calls | Total Sessions | Total Duration | Travel Time | 'Other' Activities | TOTAL TIME |
|---------------------|-------------------|-------------------|-----------------|----------------|-------------------|-------------------|-------------------|----------------|-----------------------|---------------|
| Chiroprodists | | | | | | | | | | |
| Archer Street | | | | | | | | | | |
| M I HUTCHINSON | 130 | 315 | 2 | 40 | 0 | 0 | 0 | 0 | 1170 | 1525 |
| Archer Street | Total: | 315 | 2 | 40 | 0 | 0 | 0 | 0 | 1170 | 1525 |
| Park Place | | | | | | | | | | |
| JANICE E GARNHAM | 352 | 1195 | 3 | 0 | 0 | 0 | 0 | 0 | 80 | 1275 |
| SARAH M LAUGHTON | 332 | 1029 | 3 | 0 | 0 | 0 | 0 | 0 | 158 | 1187 |
| Park Place | Total: | 684 | 6 | 0 | 0 | 0 | 0 | 0 | 238 | 2462 |
| Chiroprodists | Total: | 814 | 8 | 40 | 0 | 0 | 0 | 0 | 1408 | 3987 |
| End of Report: K022 | Total: | 814 | 8 | 40 | 0 | 0 | 0 | 0 | 1408 | 3987 |

Darlington Health Authority

Community Health Services

Date: 31/03/87

Report: K029

Page: 001

Activity Summary by Source of Referral

***** Face-to-Face Contacts ***** **** Group Sessions ****

| Source of Referral | Total Contacts | Total Duration | Average Time | Travel Time | Abortive Calls | Total Sessions | Total Duration | Travel Time | 'Other' Activities | TOTAL TIME |
|-----------------------------------|----------------|----------------|--------------|-------------|----------------|----------------|----------------|-------------|--------------------|------------|
| Chiropodists | | | | | | | | | | |
| Barnard Castle | | | | | | | | | | |
| G.P. | 33 | 109 | 3 | 2 | 0 | 0 | 0 | 0 | 0 | 111 |
| Community Nurses | 24 | 74 | 3 | 8 | 0 | 0 | 0 | 0 | 0 | 82 |
| Clinical Medical Officer | 1 | 4 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 4 |
| Consultant | 2 | 9 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 9 |
| Barnard Castle Total: | 60 | 196 | 12 | 10 | 0 | 0 | 0 | 0 | 0 | 206 |
| Darlington Mem Hosp | | | | | | | | | | |
| Self Referral or Rel | 43 | 155 | 3 | 3 | 0 | 0 | 0 | 0 | 0 | 158 |
| G.P. | 10 | 57 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 57 |
| Consultant | 4 | 17 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 17 |
| Clinical Medical Officer | 4 | 13 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 13 |
| Community Nurses | 6 | 24 | 4 | 3 | 0 | 0 | 0 | 0 | 0 | 27 |
| Darlington Mem Hosp Total: | 67 | 266 | 19 | 6 | 0 | 0 | 0 | 0 | 0 | 272 |
| Chiropodists Total: | 127 | 462 | 31 | 16 | 0 | 0 | 0 | 0 | 0 | 478 |
| End of Report: K029 Total: | 127 | 462 | 31 | 16 | 0 | 0 | 0 | 0 | 0 | 478 |

Darlington Health Authority

Community Health Services

Date: 31/03/87

Report: K030

Activity Summary by Location

Page: 001

***** Face-to-Face Contacts ***** **** Group Sessions ****

| Location | Total Contacts | Total Duration | Average Time | Travel Time | Abortive Calls | Total Sessions | Total Duration | Travel Time | 'Other' Activities | TOTAL TIME |
|---------------------|-------------------|-------------------|-----------------|----------------|-------------------|-------------------|-------------------|----------------|-----------------------|---------------|
| Chiropodists | | | | | | | | | | |
| Archer Street | | | | | | | | | | |
| Archer Street | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1170 | 1170 |
| Middleton-St-George | 29 | 68 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 68 |
| Gainford | 10 | 24 | 2 | 6 | 0 | 0 | 0 | 0 | 0 | 30 |
| Whinfield | 17 | 35 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 35 |
| Hurworth | 39 | 94 | 2 | 12 | 0 | 0 | 0 | 0 | 0 | 106 |
| Toft Hill | 13 | 31 | 2 | 12 | 0 | 0 | 0 | 0 | 0 | 43 |
| DMH | 4 | 14 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 14 |
| Sadberge | 13 | 37 | 2 | 4 | 0 | 0 | 0 | 0 | 0 | 41 |
| Heighington | 5 | 12 | 2 | 6 | 0 | 0 | 0 | 0 | 0 | 18 |
| Archer Street | Total: | 130 | 17 | 40 | 0 | 0 | 0 | 0 | 1170 | 1525 |
| Chiropodists | Total: | 130 | 17 | 40 | 0 | 0 | 0 | 0 | 1170 | 1525 |
| End of Report: K030 | Total: | 130 | 17 | 40 | 0 | 0 | 0 | 0 | 1170 | 1525 |

Darlington Health Authority

Community Health Services Date: 31/03/87

Report: K033 Activity Analysis Page: 001

| Activity Description | Number of Times Carried Out | Total Duration | Average Duration |
|----------------------|-----------------------------|----------------|------------------|
|----------------------|-----------------------------|----------------|------------------|

Chiropodists

Archer Street

M I HUTCHINSON

| | | | |
|----------------------|----|-----|----|
| Clerical | 16 | 978 | 61 |
| Clinic Treatment (F) | 3 | 192 | 64 |

M I HUTCHINSON

| | | | |
|---------------|-----------|-------------|-----------|
| Archer Street | 19 | 1170 | 61 |
| Total: | 19 | 1170 | 61 |

Barnard Castle

E M LORIMER

| | | | |
|----------------------|---|----|---|
| Appliance Making | 5 | 12 | 2 |
| Stock Control & Dist | 1 | 1 | 1 |
| Shoe Modification | 1 | 6 | 6 |

E M LORIMER

| | | | |
|----------------|----------|-----------|----------|
| Barnard Castle | 7 | 19 | 6 |
| Total: | 7 | 19 | 6 |

End of Report: K033

Darlington Health Authority

Community Health Services Date: 31/03/87

Report: K035 Non-Attendances at Group Sessions by Source of Referral Page 001

| Source of Referral | Total | | Total | | Total |
|----------------------------|----------------|----------|------------------|------------|----------|
| | Did-Not-Attend | % | Unable-to-Attend | % | |
| Chiroprodists | | | | | |
| Barnard Castle | | | | | |
| Unknown | 0 | 0 | 0 | 0 | 0 |
| Barnard Castle | 0 | 0 | 0 | 0 | 100 |
| Darlington Mem Hosp | | | | | |
| Unknown | 0 | 0 | 0 | 0 | 0 |
| Other | 0 | 0 | 3 | 100 | 3 |
| Darlington Mem Hosp | 0 | 0 | 3 | 100 | 3 |
| Chiroprodists | 0 | 0 | 3 | 100 | 3 |

End of Report: K035

Darlington Health Authority

Community Health Services

Date: 30/04/87

Page: 001

Report: K01

Face-to-Face Contacts by Location

| Location | Total Number of Contacts | % |
|----------|-----------------------------|---|
|----------|-----------------------------|---|

School Nurses

Archer Street

| | | |
|----------------------|-----|----|
| Home | 100 | 47 |
| Branksome Comp. | 13 | 6 |
| Alderman Leach Jun. | 2 | 1 |
| Mount Pleasant | 10 | 4 |
| Archer Street | 6 | 2 |
| Other | 3 | 1 |
| Cockerton School | 1 | 0 |
| Salters Lane | 17 | 5 |
| Mayfair School | 5 | 1 |
| Child Development | 2 | 1 |
| Carmel School | 3 | 1 |
| Hummersknott Comp. | 20 | 9 |
| Longfield Comp. | 24 | 11 |
| Dodmire Junior | 2 | 1 |
| Corporation Road Jun | 1 | 0 |

Archer Street

Total: 209 100

School Nurses

Total: 209 100

End of Report: K01

Darlington Health Authority

Community Health Services

Date: 30/04/87

Report: K03

Face-to-Face Contacts by Age and Sex

Page: 001

| Age | Total Male Contacts | % | Total Female Contacts | % | Total Of All Contacts | % |
|-----|---------------------------|---|-----------------------------|---|-----------------------------|---|
|-----|---------------------------|---|-----------------------------|---|-----------------------------|---|

School Nurses

Archer Street

| | | | | | | |
|---------------|------------|----|-----|----|-----|-----|
| 0 - 4 | 1 | 0 | 1 | 0 | 2 | 0 |
| 5 - 16 | 153 | 42 | 207 | 57 | 360 | 100 |
| 17 - 54 | 0 | 0 | 0 | 0 | 0 | 0 |
| 55 - 64 | 0 | 0 | 0 | 0 | 0 | 0 |
| 65 - 74 | 0 | 0 | 0 | 0 | 0 | 0 |
| 75 - 84 | 0 | 0 | 0 | 0 | 0 | 0 |
| 85 - | 0 | 0 | 0 | 0 | 0 | 0 |
| Archer Street | Total: 154 | 42 | 208 | 57 | 362 | 100 |

School Nurses

| | | | | | | |
|---------------|------------|----|-----|----|-----|-----|
| School Nurses | Total: 154 | 42 | 208 | 57 | 362 | 100 |
|---------------|------------|----|-----|----|-----|-----|

End of Report: K03

Darlington Health Authority

Community Health Services

Date 30/04/87

Report: K010

Face-to-Face Contact Durations by Age and Sex

Page: 001

AVERAGE TIME PER MALE CONTACT AVERAGE TIME PER FEMALE CONTACT

| Age | Total Contact Time | This Month | Total Contact Time | This Month |
|-----|--------------------|------------|--------------------|------------|
|-----|--------------------|------------|--------------------|------------|

School Nurses

Archer Street

| | | | | |
|---------------|------------|---|-----|---|
| 0 - 4 | 1 | 1 | 1 | 1 |
| 5 - 16 | 313 | 2 | 461 | 2 |
| 17 - 54 | 0 | 0 | 0 | 0 |
| 55 - 64 | 0 | 0 | 0 | 0 |
| 65 - 74 | 0 | 0 | 0 | 0 |
| 75 - 84 | 0 | 0 | 0 | 0 |
| 85 - | 0 | 0 | 0 | 0 |
| Archer Street | Total: 314 | 2 | 462 | 2 |
| School Nurses | Total: 314 | 2 | 462 | 2 |

End of Report: K010

Darlington Health Authority

Community Health Services Date: 30/04/87

Report: K014 Group Session Attendances by Location Page: 001

| Location | Total Number of Attendances | % |
|---------------------|--------------------------------|-----|
| School Nurses | | |
| Archer Street | | |
| Longfield Comp. | 118 | 31 |
| Eastbourne Comp. | 86 | 22 |
| Alderman Leach Jun. | 26 | 6 |
| Mount Pleasant | 8 | 2 |
| Glebe School | 4 | 1 |
| Salters Lane | 5 | 1 |
| Firth Moor Infant | 14 | 3 |
| Springfield Clinic | 37 | 9 |
| Whinfield Junior | 7 | 2 |
| Hurworth Comp. | 11 | 3 |
| St Teresa's Primary | 17 | 4 |
| Skerne Park Clinic | 36 | 9 |
| Dodmire Infant | 9 | 2 |
| Archer Street | 2 | 0 |
| Archer Street | Total: | 380 |
| School Nurses | Total: | 380 |

End of Report: K014

Darlington Health Authority

Community Health Services Date: 30/04/87

Page: 001

Face-to-Face Contact Durations
by Patient Category

Report: K019

AVERAGE TIME
PER CONTACT

| Patient Category | Total Contact Time | Total Contact Number | Average Time per Contact |
|------------------|--------------------|----------------------|--------------------------|
| School Nurses | | | |
| Archer Street | | | |
| Other | 776 | 362 | 2 |
| Archer Street | Total: 776 | 362 | 2 |
| Barnard Castle | | | |
| Other | 40 | 14 | 2 |
| Barnard Castle | Total: 40 | 14 | 2 |
| School Nurses | Total: 816 | 376 | 2 |

End of Report: K019

Pages removed for data protection restrictions.

Darlington Health Authority

Community Health Services

Report: K030

Activity Summary by Location

Date: 30/04/87

Page: 001

*****: Face-to-Face Contacts *:***** **** Group Sessions ****

| Location | Total Contacts | Total Duration | Average Time | Travel Time | Abortive Calls | Total Sessions | Total Duration | Travel Time | 'Other' Activities | TOTAL TIME |
|---------------------|----------------|----------------|--------------|-------------|----------------|----------------|----------------|-------------|--------------------|------------|
| School Nurses | | | | | | | | | | |
| Barnard Castle | | | | | | | | | | |
| Ingleton C/E | 0 | 0 | 0 | 0 | 0 | 2 | 37 | 3 | 0 | 40 |
| Butterknowle County | 0 | 0 | 0 | 0 | 0 | 1 | 36 | 8 | 0 | 44 |
| New College Durham | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 138 | 138 |
| Barnard Castle H C | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 805 | 805 |
| Cockfield County | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 12 | 12 |
| Evenwood C/E | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 2 |
| Other | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 77 | 77 |
| Staindrop C/E | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 18 | 18 |
| Home | 13 | 39 | 3 | 61 | 5 | 0 | 0 | 0 | 90 | 190 |
| Ramshaw County | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6 | 6 |
| Barnard Castle Boys | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 24 | 24 |
| Richardson Hospital | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 12 | 12 |
| Teesdale Comp. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 3 |
| Barnard Castle | Total: | 13 | 39 | 3 | 61 | 5 | 73 | 11 | 1187 | 1371 |
| School Nurses | Total: | 13 | 39 | 3 | 61 | 5 | 73 | 11 | 1187 | 1371 |
| End of Report: K030 | Total: | 13 | 39 | 3 | 61 | 5 | 73 | 11 | 1187 | 1371 |

Darlington Health Authority

Date: 30/04/87

Community Health Services

Page: 001

Report: K033

Activity Analysis

Average
Duration

Total
Duration

Number of Times
Carried Out

Activity Description

School Nurses

Archer Street

L LONG

| | | | |
|-------------------|---|-----|----|
| Communicating | 7 | 55 | 8 |
| Office Management | 9 | 478 | 53 |
| Meetings | 1 | 12 | 12 |
| Other | 1 | 24 | 24 |
| Case Conferences | 1 | 24 | 24 |

L LONG

19 593 31

Archer Street

19 593 31

School Nurses

19 593 31

End of Report: K033

Appendix 21 - The Evaluation Questionnaire

Community Health Information System

Questionnaire Evaluation Survey

Please complete this questionnaire as soon as possible after the trial of the pilot system. Place a tick in the appropriate box where a selection of choices are given or select the appropriate number for questions where a scoring system is offered.

All responses will be treated anonymously and confidentially.

Section A

This section is concerned with the EFFECTIVENESS of the information system, compared with the previous equivalent manual system. It is for completion only by the system's owners and sponsors, who are senior managers in the organisation.

1) Please indicate, on a scale of 0 to 5, the extent to which the objectives listed have been met. 0 indicates an objective remains unfulfilled, whereas 5 indicates an objective totally fulfilled.

a) Overall Objectives for the Information System:

| Objective | Old System Score | New System Score |
|--|------------------|------------------|
| Information should be as unified as possible throughout all services | | |
| Systems for information collection and processing should be such as to increase the time available for patient contact | | |

b) Objectives for the School Nursing Service:

| Objective | Old System Score | New System Score |
|--|------------------|------------------|
| Recognition and identification of needs, and mobilisation of the appropriate resources where necessary | | |
| Maintaining accurate health records for all school children | | |
| Provision of information and statistics to managers | | |
| Maintaining effective communication with all other disciplines | | |
| To monitor activity in terms of work done, time spent, point of treatment and source of referral | | |

c) Objectives for the Chiropody Service:

| Objective | Old System Score | New System Score |
|--|------------------|------------------|
| To provide treatment where necessary, and advice to school children, pre-school children and expectant mothers | | |
| To monitor activity in terms of work done, time spent, point of treatment and source of referral | | |

2) Please indicate, on a scale of 0 to 5, the extent to which the problems listed have been addressed. 0 indicates a problem remaining unresolved, whereas 5 indicates a problem being totally resolved.

a) Problems of the School Nursing Service:

| Problem | Old System Score | New System Score |
|--|------------------|------------------|
| A manual system currently records all information | | |
| Data is incomplete for management purposes | | |
| Too many separate forms are in use | | |
| It is time consuming to record information | | |
| The emphasis of data collection is for DHSS, rather than local management purposes | | |

b) Problems of the Chiropody Service:

| Problem | Old System Score | New System Score |
|---|------------------|------------------|
| Lack of communication between departments | | |
| Lack of information regarding planning development in other disciplines, which will ultimately effect the chiropody service | | |
| Data is not unified with other types of community information | | |

3) Please indicate, on a scale of 0 to 5, the extent to which the needs listed have been fulfilled. 0 indicates no fulfilment of the need, whereas 5 indicates total fulfilment.

Needs of the Community Health Services:

| Need | Old System Score | New System Score |
|---|------------------|------------------|
| A unified information system for recording and presenting information | | |

4) Please indicate, on a scale of 0 to 5, the extent to which the following information system objectives have been met. 0 indicates an objective remaining unfulfilled, whereas 5 indicates an objective totally fulfilled.

a) Information objectives for the School Nursing Service:

| Information Objective | Old System Score | New System Score |
|--|------------------|------------------|
| To meet the Korner requirements | | |
| To avoid the storage of duplicate information | | |
| To provide on-line access to basic patient details and recent contacts | | |
| To save time in accessing information | | |
| To provide an up-to-date patient register | | |
| To decrease time spent by staff on form filling | | |

[Continued Over Page]

| Information Objective (continued) | Old System Score | New System Score |
|---|------------------|------------------|
| To remove the need to manually aggregate statistics | | |
| To provide more meaningful statistics to staff and management | | |
| To provide better information for strategic manpower and service planning; education; epidemiology and demography | | |
| To provide a scheduling system for workload | | |
| To provide a better controlled stock system from workload | | |

b) Information objectives for the Chiropody Service:

| Information Objective | Old System Score | New System Score |
|--|------------------|------------------|
| To meet the Korner requirements | | |
| To provide information for planning over and above the Korner minimum data set | | |
| To provide patient registers | | |
| To provide a domiciliary appointments system | | |

5) Please list the costs and achieved benefits you felt were associated with the previous equivalent manual system. Organise them into priority order of significance by placing numbers in the corresponding boxes. Priority 1 will be most important, then priority 2, and so on.

| COSTS (Sacrifices) | Priority |
|--------------------|----------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| ACHIEVED BENEFITS (Gains) | Priority |
|---------------------------|----------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

6) Please list the costs and achieved benefits you feel are associated with this prototype information system. Organise them into priority order of significance by placing numbers in the corresponding boxes. Priority 1 will be most important, then priority 2, and so on.

| COSTS (Sacrifices) | Priority |
|--------------------|----------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| ACHIEVED BENEFITS (Gains) | Priority |
|---------------------------|----------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

7) Has the information system helped people perform their work tasks more effectively, and if so, how ?

.....
.....
.....
.....
.....

8) Please describe the impact, if any, the information system has had on the quality of service offered in the community:

.....
.....
.....
.....
.....

9) Has the information system had any impact on the patients and clients in the community, and if so, how ?

.....
.....
.....
.....

10) How and to what extent, if any, has the information provided by the system affected decision making and control in the community services ?

.....
.....
.....
.....
.....

11) Please indicate below any enhancements, you would like to see made to the system in the future:

.....

Section B

This section is concerned with the EFFICIENCY of the information system, compared with the previous equivalent manual system. It is for completion only by the system's users, who provide data to, or make use of information from the system.

1) Please indicate, on a scale of 0 to 5, the extent to which you feel the following attributes could be applied to the information provided from the previous equivalent manual system and then the prototype information system. 0 indicates no applicability whatsoever, whereas 5 indicates total applicability.

| Attribute | Old System Score | New System Score |
|--------------------------------|------------------|------------------|
| Accuracy of information | | |
| Timeliness of information | | |
| Appropriateness to your needs | | |
| Reliability of information | | |
| Completeness of information | | |
| Speed of access to information | | |

2) Please place 'crosses' on the scales below to indicate your views about the prototype information system. For example:

Wrong *-----*--X--*-----*-----* Correct

a) Place 'crosses' on the scales below to show your views on using the information system:

Difficult to Learn *-----*-----*-----*-----* Easy to Learn
 Difficult to Use *-----*-----*-----*-----* Easy to Use
 Troublesome *-----*-----*-----*-----* Un-troublesome
 Time Consuming *-----*-----*-----*-----* Time Saving
 Imposing *-----*-----*-----*-----* Un-imposing
 Inflexible *-----*-----*-----*-----* Flexible

b) Place 'crosses' on the scales below to show your views about the value of the information provided by the system:

Trivial *-----*-----*-----*-----* Sophisticated
 Useless *-----*-----*-----*-----* Useful
 Un-important *-----*-----*-----*-----* Important
 Boring *-----*-----*-----*-----* Interesting
 Valueless *-----*-----*-----*-----* Valuable
 Meaningless *-----*-----*-----*-----* Meaningful
 Un-clear *-----*-----*-----*-----* Clear

3) This question relates to the data collection method employed for the prototype information system.

a) Did you find the input forms and associated code books
 to use.

| | |
|--|----------------|
| | Very easy |
| | Easy |
| | About average |
| | Difficult |
| | Very difficult |

b) Compared with the forms used for the previous manual system, what was the time difference, if any, to code the equivalent amount and type of information for the prototype ?

| | |
|--|----------------|
| | A lot slower |
| | Slower |
| | About the same |
| | Faster |
| | A lot faster |

c) Please list below any **advantages** and **disadvantages** you found operating the data collection system:

.....

.....

.....

.....

4) How have your working practices been affected by the introduction of this information system, if at all ?

.....

.....

.....

.....

.....

5) What were your personal aspirations and hopes about using the information system, and have these been satisfied at all ?

.....

.....

.....

.....

.....

.....

6) This question is concerned with training aspects. Please indicate on a scale of 0 to 5, your evaluation of the training programme carried out. 0 indicates a totally unsatisfactory aspect, whereas 5 indicates a totally satisfactory aspect.

| Aspect of Training | Score |
|--------------------|-------|
| Duration | |
| Level of Detail | |
| Comprehensiveness | |
| Appropriateness | |

Section C

This section is concerned with the DESIGN PROCESS which was applied to produce the information system. In particular, the participation of community health service staff in the design and implementation tasks.

1) Do you feel that the implementation of this system has been a success ?

| | |
|--|------------|
| | Yes |
| | No |
| | Don't Know |

Please give reasons for your answer

.....

