
Type of admitted patient care for overnight patients - ICD-9-CM code

Important note: This is an archived metadata standard from the AIHW Knowledgebase. For current metadata standards and related information please access METeOR, the AIHW's Metadata Online Registry at <http://meteor.aihw.gov.au>

Identifying and Definitional Attributes

Data Dictionary: NHDD
Knowledgebase ID: 000387 Version number: 2
Metadata type: DERIVED DATA ELEMENT
Registration Authority: NHIMG Admin status: SUPERSEDED
 Effective date: 30-JUN-99
Definition: The number of admitted patients who are separated after more than one day's stay totalled for specified programs within an institution.
Context: Institutional health care: this variable is required to describe adequately which broad programs of health care are provided in the establishment. Although this classificatory variable can be derived from the person-level data, a detailed description of the desired categories has been included in the National Health Data Dictionary to facilitate the routine production of a set of descriptive statistics for each establishment.

Relational and Representational Attributes

Datatype: Numeric
Representational form: QUANTITATIVE VALUE
Representation layout: NNNNNNN
Minimum Size: 1
Maximum Size: 7
Data Domain: NOVAL Count the number of separations for each of the following categories.
Guide For Use: A8.1 Mental health: all episodes with principal diagnosis of 290, 293 - 302, 306 - 316.
 A8.2 Alcohol and drug: all episodes with a principal diagnosis of 291 - 292 and 303 - 305.
 A8.3 Nursing home type: all episodes for admitted patients staying 35 days or more for whom an acute care certificate has not been provided at the time of discharge.

- A8.4 Rehabilitation: all episodes for admitted patients being admitted to designated rehabilitation units within an establishment.
- A8.5 Intellectual handicap and developmental disability: all episodes with a principal diagnosis of 317 - 319.
- A8.6 Dental: all episodes with a principal diagnosis of 520 - 525.
- A8.7 Non-medical and social support: all episodes with a principal diagnosis of V60 - V63, V68.
- A8.8 Dialysis: all episodes with a principal diagnosis of V56. Some variation may be required due to differences in State coding practices, for example, V56.9 or the relevant procedure.
- A8.9 Endoscopy and related diagnostic procedures: all episodes, regardless of principal diagnosis, with a ICD-9-CM principal procedure of cystoscopy (57.32, 57.33), gastroscopy (44.13, 44.14), oesophagoscopy (42.23, 42.24), duodenoscopy (45.13, 45.14), colonoscopy (45.23, 45.25), sigmoidoscopy (45.24), bronchoscopy (33.22, 33.23, 33.24, 33.27) and laryngoscopy (31.42, 31.43).
- A8.10 Perinatal: all episodes with a principal diagnosis of 760 - 779 with age less than 29 days. Multiple births are to be included.
- A8.11 Medical/surgical/obstetrics: balance of episodes.

Although this data element has been superseded by Type of admitted patient care for overnight patients - ICD-10-AM code, Version 3, it remains an acceptable interim standard (until 30 June 1999) for use by those States and Territories that will not be implementing ICD-10-AM on 1 July 1998.

Related metadata: has been superseded by Type of admitted patient care for overnight patients version 3

Administrative Attributes

Source Document: Australian Version of the International Classification of Diseases, 9th Revision, Clinical Modification, published by the National Centre for Classification in Health (1996) Sydney.

Source Organisation:

Comments: This data element is to be reviewed in 1998.

Data Element Links

Information Model Entities linked to this Data Element

NHIM Performance indicator

Data Agreements which include this Data Element
