

Medical indemnity claim—additional incident or allegation type, health-care code NN[N]

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Medical indemnity claim—additional incident or allegation type, health-care code NN[N]

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Additional incident or allegation type
METEOR identifier:	329728
Registration status:	HealthI , Standard 07/12/2011
Definition:	The high level category describing the type of health-care incident that was of importance in giving rise to a medical indemnity claim, as alleged or documented as part of a medical indemnity claim, in addition to the primary incident or allegation type, as represented by a code.
Data Element Concept:	Medical indemnity claim—additional incident or allegation type
Value Domain:	Health-care incident or allegation type code NN[N]

Value domain attributes

Representational attributes

Representation class:	Code	
Data type:	Number	
Format:	NN[N]	
Maximum character length:	3	
Permissible values:	Value	Meaning
	10	Diagnosis
	20	Medication-related: type and dosage
	21	Medication-related: method of administration
	22	Medication-related: other or not further defined
	30	Anaesthetic
	40	Blood or blood product-related (includes blood transfusions)
	50	Procedure—failure to perform
	51	Procedure—wrong procedure
	52	Procedure—wrong body site
	53	Procedure—post-operative complications
	54	Procedure—failure of procedure
	56	Procedure—post-operative infection
	57	Procedure—intra-operative complications
	59	Procedure—other or not further defined
	60	Treatment—delayed
	61	Treatment—not provided
	62	Treatment—complications
	63	Treatment—failure of treatment
	64	Treatment—other or not further defined
	70	Consent (includes failure to warn)

	80	Infection control (includes instrument sterilisation)
	90	Device failure (includes problems with implanted devices)
	100	Other general duty of care issues
	888	Other
Supplementary values:	999	Not stated/inadequately described

Collection and usage attributes

Guide for use:

CODE 10 Diagnosis

'Diagnosis' includes missed, delayed or incorrect diagnosis.

'Medication-related' is defined to cover the use of drugs and other medicines in the delivery of health services, including immunisations; excludes 'anaesthetic' and 'blood or blood product-related'.

CODE 20 Medication-related: type and dosage

'Medication-related: type and dosage' includes issues related to type of medication or its dosage.

CODE 21 Medication-related: method of administration

'Medication-related: method of administration' includes issues related to method of administration of medication.

CODE 22 Medication-related: other or not further defined

'Medication-related: other or not further defined' includes any medication-related issues other than type, dosage or method of administration. Examples include medication not provided and a patient's reaction to a correctly prescribed and administered medication.

CODE 30 Anaesthetic

'Anaesthetic' includes all issues related to epidural, anaesthetic substances, equipment, monitoring or resuscitation and patient awareness.

'Procedure' is defined as an invasive clinical intervention, where there is an incision and/or the body cavity is entered; procedures may be therapeutic or diagnostic. A vaginal delivery is also considered a procedure for the purposes of this metadata item.

CODE 51 Procedure—wrong procedure

'Procedure—wrong procedure' includes unnecessary procedures, for example, removal of a healthy appendix.

CODE 53 Procedure—post-operative complications

'Procedure—post-operative complications' includes incidents involving unintentionally retained objects following a procedure.

CODE 56 Procedure—post-operative infection

'Procedure—post-operative infection' includes wound infection due to a procedure; excludes hospital-acquired infections, for example, post-operative sepsis, needlestick injuries and claims involving failure to properly sterilise equipment.

CODE 57 Procedure—intra-operative complications

'Procedure—intra-operative complications' includes complications that arise during the course of a procedure, for example unintended perforations of adjacent organs.

CODE 59 Procedure—other or not further defined

'Procedure—other or not further defined' includes alleged negligent procedure (where no further information is available).

'Treatment' refers to health-care acts other than 'medication-related', 'anaesthetic', 'blood or blood product-related (includes blood transfusions)' or 'procedure'. Examples of treatment include applying a dressing to a wound, setting a broken bone, physiotherapy services and psychiatric counselling for mental health patients.

CODE 61 Treatment—not provided

'Treatment—not provided' includes, for example, where an ambulance is called to attend but does not arrive, where a patient's condition deteriorates after the patient elects to leave or is turned away from a medical facility, or where a patient is not provided with the diet required by the patient's condition.

CODE 62 Treatment—complications

'Treatment—complications' includes, for example, developing ulcers under a plaster or dressing or a bone fractured during physiotherapy treatment, or where the failure to clean a wound sustained from an injury results in infection.

CODE 63 Treatment—failure of treatment

'Treatment—failure of treatment' includes incorrectly setting a broken bone.

CODE 64 Treatment—other or not further defined

'Treatment—other or not further defined' includes any incident or allegation of treatment as defined here, which does not fall under the treatment subcategories listed above.

CODE 70 Consent (includes failure to warn)

'Consent (includes failure to warn)' includes no valid consent and failure to warn, cessation or continuation of treatment without consent or against patient's stated wishes, and disposing of a fetus without the consent of the parents.

CODE 80 Infection control (includes instrument sterilisation)

'Infection control (includes instrument sterilisation)' includes hospital-acquired infections, for example, post-operative sepsis, needlestick injuries and claims involving failure to properly sterilise equipment, but excluding post-operative infection.

CODE 90 Device failure (includes problems with implanted devices)

'Device failure (includes problems with implanted devices)' includes device failure during insertion and the insertion procedure is consequently aborted. Excludes problems due to the surgical implantation procedure.

CODE 100 Other general duty of care issues

'Other general duty of care issues' includes falls, administrative errors, for example, placing a 'nil by mouth' sign on the bed of the wrong patient, and patient monitoring and follow-up issues.

CODE 888 Other

'Other' includes medico-legal reports, disciplinary enquiries and other legal issues, breach of confidentiality, record keeping or loss of documents, and harassment and discrimination.

CODE 999 Not stated/inadequately described

'Not stated/inadequately described' should be used when the information is not currently available.

Comments:

The definition of 'Procedure' used in the Medical indemnity data set specification was agreed to by the MIDWG during the data development phase of the MINC. This definition is narrower than the definition of 'Procedure' used in the National Health Data Dictionary METeOR identifier 391349.

Source and reference attributes

Submitting organisation:	Australian Institute of Health and Welfare
Steward:	Australian Institute of Health and Welfare
Reference documents:	National Centre for Classification in Health (NCCH) 2010. The Australian Classification of Health Interventions (ACHI) – Seventh Edition - Tabular list of interventions and Alphabetic index of interventions. Sydney: NCCH, Faculty of Health Sciences, The University of Sydney

Data element attributes

Collection and usage attributes

Guide for use:	<p>This data element should be used in conjunction with the data element: <i>Health-care incident—primary incident or allegation type, health-care code NN[N]</i> to enable the identification of all medical indemnity claims involving a certain type of incident or allegation.</p> <p>Up to three codes may be selected.</p> <p>The Code 999 'Not stated/inadequately described' is not a valid code for this data element as it is valid only for the data element: <i>Health-care incident—primary incident or allegation type, health-care code NN[N]</i>.</p>
Comments:	<p>The coding categories for this data element have been developed with reference to a range of classifications currently in use, among which there is a high degree of commonality in terms of the categories identified. At the time of developing this data element a list of 46 categories of 'clinical incident category alleged in claim' was used in New South Wales to record this information. This list was also adopted for use in Tasmania. In Western Australia eight broad 'incident type' categories were used to collect this information on clinical incident notification forms. Two studies of the epidemiology of adverse events (one Australian and one from the United States of America) used similar, broad categories of the nature of adverse events to analyse data (Thomas et al. 2000; Wilson et al. 1995).</p> <p>There is concordance between the Australian Prudential Regulation Authority (2006) National Claims and Policies Database claims data item 15 'Cause of loss' and the Medical Indemnity National Collection data item (AIHW 2011).</p>

Source and reference attributes

Submitting organisation:	Australian Institute of Health and Welfare
Steward:	Australian Institute of Health and Welfare
Reference documents:	<p>AIHW (Australian Institute of Health and Welfare) 2011. Public and private sector medical indemnity claims in Australia 2008-09. Safety and quality of health care series no. 10. Cat. no. HSE 112. Canberra: AIHW</p> <p>APRA (Australian Prudential Regulation Authority) 2006. Data Specifications National Claims and Policies Database document number 3.1. Canberra: APRA</p> <p>Thomas EJ, Studdert DM, Burstin HR, Orav EJ, Zeena T, Williams EJ et al. 2000. Incidence and types of adverse events and negligent care in Utah and Colorado. Medical Care 38: 261–71</p> <p>Wilson RM, Runciman WB, Gibberd RW, Harrison BT, Newby L & Hamilton JD 1995. The quality in Australian health care study. Medical Journal of Australia 163: 458–471</p>

Relational attributes

Related metadata references:	See also Medical indemnity claim—primary incident or allegation type, health-care code NN[N] Health! , Standard 07/12/2011
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Implementation in Data Set Specifications:

[Medical indemnity DSS 2012-14](#)

[Health!](#), Superseded 21/11/2013

Implementation start date: 01/07/2012

Implementation end date: 30/06/2014

Conditional obligation: Conditional on more than one health-care incident or allegation type being involved in a medical indemnity claim.

[Medical indemnity NBPDS 2014-](#)

[Health!](#), Standard 21/11/2013

Implementation start date: 01/07/2014

Conditional obligation:

Conditional on more than one health-care incident or allegation type being involved in a medical indemnity claim.