
Additional diagnoses

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: 000005

Version number: 2

Metadata type: DATA ELEMENT

Registration Authority: NHIMG

Admin status: SUPERSEDED

Authority:

Effective date: 30-JUN-95

Definition: Additional diagnoses include all conditions except the principal diagnosis:

- that arose during the patient's stay in hospital;
- that affected the patient's treatment and/or length of stay in hospital by greater than one day;
- that existed at the time of the patient's admission to the hospital and for which treatment was given.

Diagnoses that related to an earlier episode of care or that had no bearing on the current hospital stay should be excluded.

For reporting purposes the definition may be interpreted as additional diagnoses that affect patient care in terms of requiring:

- clinical evaluation
- therapeutic treatment
- diagnostic procedures
- extended length of hospital stay
- increased nursing care and/or monitoring (Eagar, Innes 1992, 1992b, 1992c).

Context: The classification is revised annually by the National Centre for Health Statistics in the USA. New editions are published each October and will be implemented in Australia the following July or as determined by the proposed National Coding Authority.

Additional diagnoses give information on factors which result in increased length of stay, more intensive treatment or the use of greater resources. They are required for casemix analyses relating to severity of illness and for correct classification of patients into Australian National Diagnosis Related Groups.

Relational and Representational Attributes

Datatype: Numeric
Representational form: CODE
Representation layout: ANN.NN
Minimum Size: 5
Maximum Size: 5

Data Domain: NOVAL ICD-9-CM

Verification Rules: Valid format is left justified, blank filled and in ICD-9-CM to the lowest level with no decimal places.

Specific rules:

- must start with a digit, a 'V' or 'E'
- morphology codes (M) may be additional diagnoses, but if included this field will need to be increased to six characters.

Related metadata: supplements the data element Principal diagnosis version 1
supplements the data element Principal diagnosis - ICD-9-CM code version 2
supersedes previous data element Additional diagnoses version 1
has been superseded by Additional diagnosis - ICD-9-CM code version 3
is used in the derivation of Diagnosis related group version 1

Administrative Attributes

Source Document:

Source Organisation: National Health Data Committee

Comments: This item was modified in light of the information required to generate casemix data. For further information refer to Eagar and Innes (1992c).

Additional diagnoses are significant for the allocation of Australian National Diagnosis Related Groups. The allocation of patients to major problem or complication and co-morbidity Diagnosis Related Groups is made on the basis of the presence of certain specified additional diagnoses. Additional diagnoses should be recorded when relevant to the patient's episode of care and not restricted by the number of fields on the morbidity form or computer screen.

Data Element Links

Information Model Entities linked to this Data Element

NHIM

Physical wellbeing

Data Agreements which include this Data Element
