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# Principal procedure

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**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: 000137

Version number: 1

Metadata type: DATA ELEMENT

Registration Authority: NHIMG

Admin status: SUPERSEDED

Authority:

Effective date: 30-JUN-93

Definition: The main procedure performed on the patient during the in-patient episode. Procedures are those which:

- are performed in an operating theatre;
- carry an operating or anaesthetic risk; or
- require highly specialised facilities or equipment.

Examples of such procedures are cardiac catheterisation, angiography, haemodialysis and super voltage radiation therapy, cardiac monitoring, radiological and nuclear scanning.

Laboratory tests, routine drug administration and other ancillary procedures are not considered to be procedures.

Where only one procedure is performed during the period of hospitalisation, this is the principal procedure. Where more than one procedure is carried out, the responsible medical officer must select one of these as the principal one. The principal procedure will normally be the one involving the greatest use of resources. This would normally be the procedure most related to the principal diagnosis. Where there is more than one such procedure, the principal procedure is the one performed for definitive treatment rather than the one performed for diagnostic or exploratory purposes, or one to take care of a complication.

Context: Institutional health care: this item gives an indication of the extent to which expensive specialised resources, for example, manpower, theatres and equipment are used. It also provides an estimate of the numbers of major surgical operations performed and the extent to which particular procedures are used to resolve medical problems.

It is required for classification of acute patients into diagnostic-related groups.

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## *Relational and Representational Attributes*

Datatype: Numeric

Representational form: CODE

Representation layout: ?

Minimum Size: 4

Maximum Size: 4

Data Domain: NOVAL ICD-9-CM

Related metadata: is qualified by Principal diagnosis version 1  
is qualified by Principal diagnosis - ICD-9-CM code version 2  
has been superseded by Principal procedure version 2  
is supplemented by the data element Additional procedures version 1  
is supplemented by the data element Additional procedures version 2  
is supplemented by the data element Additional procedures - ICD-9-CM code version 3

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## *Administrative Attributes*

Source Document:

Source Organisation: National minimum data set working parties

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Comments: Acute hospital and private psychiatric hospitals  
South Australia uses a different definition of principal procedure from that given above. It is defined as the procedure which most relates to the principal diagnosis. In cases where the principal diagnosis has no related procedure performed, a procedure relating to a secondary condition can be coded as the principal procedure.

In South Australia the change in definition of principal diagnosis from the Australian version to the USA version has also affected the recording of procedures.

Public psychiatric hospitals

There are some significant procedures such as ECT performed on psychiatric in-patients. ICD-9-CM also includes non-surgical procedures such as counselling. Some collections also include ?major psychiatric medication?.

Most systems do not collect this item for public psychiatric

hospitals. However, the Psychiatric Working Party agreed that it was an important, although underdeveloped, area that needed further consideration. South Australia considered that it was fundamental to have information on the treatment delivered to the patient rather than actual procedures in the acute hospital sense. South Australia collects some components in ICD-9-CM related to drug therapy and rehabilitation treatment.

The working party agreed to flag this area as requiring developmental work in the future; for example, it may be useful to have a data item that captures psychiatric medication. It was also agreed that data element Additional procedures was not relevant for psychiatric hospitals at this point.

### *Data Element Links*

#### *Information Model Entities linked to this Data Element*

NHIM Service provision event

#### *Data Agreements which include this Data Element*

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