Additional procedures

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: 000006 Version number: 1

Metadata type: DATA ELEMENT

Registration NHIMG Admin status: SUPERSEDED

Authority: Effective date: 30-JUN-93

Definition: Procedures (additional to the principal procedure) performed on the

patient during the in-patient episode. Refer to data element Principal

procedure for definition of procedures.

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.

Relational and Representational Attributes

Datatype: Numeric

Representational CODE

form:

Representation ?

layout:

Minimum Size: 4
Maximum Size: 4

Data Domain: NOVAL ICD-9-CM

Guide For Use: Record each additional diagnosis relevant to the episode of care

in accordance with the ICD-10-AM (2nd edition) Australian Coding Standards. An unlimited number of diagnosis and procedure codes should be able to be collected in hospital

morbidity systems. Where this is not possible, a minimum of 20 codes should be able to be collected. Generally, External cause, Place of occurrence and Activity codes will be included in the string of additional diagnosis codes. In some data collections

these codes may also be copied into specific fields. The diagnosis can include a disease, condition, injury, poisoning, sign, symptom, abnormal finding, complaint, or other factor influencing health status.

Verification Rules:An additional diagnosis should be recorded and coded where appropriate upon separation of an episode of admitted patient care. The additional diagnosis is derived from and must be substantiated by clinical documentation.

Collection Methods: An additional diagnosis should be recorded and coded where

appropriate upon separation of an episode of admitted patient care. The additional diagnosis is derived from and must be substantiated

by clinical documentation.

Related metadata: supplements the data element Principal procedure version 1

supplements the data element Principal procedure version 2 supplements the data element Principal procedure - ICD-9-CM

code version 3

has been superseded by Additional procedures version 2 is used in the derivation of Diagnosis related group version 1

Administrative Attributes

Source Document:

Source Organisation: National minimum data set working parties

Comments: This is a second-level item recommended by the National

Committee on Health and Vital Statistics (1979) for acute hospital

in-patients.

Data Element Links

Information Model Entities linked to this Data Element
NHIM Service provision event

Data Agreements which include this Data Element