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

Identifying and Definitional Attributes

Data Dictionary: NHDD

Knowledgebase ID: 000232   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Admin status: SUPERSEDED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 separated on the day of admission 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.

Note: For Public Psychiatric and Drug and Alcohol hospitals there is no requirement for the information by categories other than A8.1, A8.2 and A8.11.

Although this data element has been superseded by Type of admitted patient care for same day 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 same-day 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: .

Data Element Links

Information Model Entities linked to this Data Element

NHIM   Performance indicator