Standard-documentation
Meta information
(Definitions, comments, methods, quality)
on
Hospital Discharge Statistics

This documentation is valid from the reference period:
1989

Status: 25.02.2015
Executive Summary

The Austrian Hospital Discharge Statistics comprises administrative and medical data documenting inpatient- and day-cases in Austrian hospitals (according to the Austrian Hospitals Act – KAKuG). The annual Hospital Discharge Statistics is compiled by Statistics Austria on the basis of the documented diagnoses and medical procedures in hospitals and includes the statistics of hospital discharges by main diagnoses at discharge as well as the statistics of medical procedures.

Actually the documentation of diagnoses and medical procedures in hospitals is a means for the remuneration of medical treatment expenses. Furthermore demographic and medical characteristics related to inpatient stays and day-cases can be derived (including deaths during hospital stays).

According to the Federal Act on Documentation in Health Care System all of the approx. 280 Austrian hospitals are legally obligated to collect administrative and medical data of their patients. Owner of those hospitals which are financed by the Regional Health Funds transmit their data to the respective funds. The Regional Health Funds checks completeness and plausibility of data and transfers them to the Austrian Federal Ministry of Health and Women’s Affairs (BMGF). Hospital owner which are not funded by a Regional Health Funds have to transmit data directly to the BMGF. Finally, the BMGF delivers the hospitals discharge data to Statistics Austria.

The annual Hospital Discharge Statistics is compiled by Statistics Austria since 1989 in the current mode, i.e. data collection, data transfer and data analysis is processed electronically. Since 1997 Hospital Discharge Statistics are extended by data documented via the Austrian DRG-based hospital financing system (LKF). There, from 1997 on selected medical procedures are documented in all hospitals guided by a statutory catalogue of procedures, which is defined by the BMGF. Medical procedures lying over a particular threshold value of costs resp. extremely frequent procedures under this threshold value are selected for documentation. The main diagnoses at discharge from hospital are coded by the means of the "International Classification of Diseases" (ICD-10) in an adapted version for Austria edited by the BMGF. ICD-10-coding facilitates international comparability.

The Hospital Discharge Statistics are case-based statistics of inpatient and day-case hospital stays. At present, the Federal Act on Documentation in Health Care System does not foresee a personal identification of cases transmitted from BMGF to Statistics Austria. Data linkage of repeated hospital stays by one and the same person during a calendar year is not possible. Therefore individual or population risks for diseases and probabilities for treatment cannot be calculated but only the frequency of inpatient treatment for particular diagnoses. This means that the Hospital Discharge Statistics is for the time being not qualified for purposes of morbidity statistics. The high potential of hospital discharge data for answering questions of epidemiology and health statistics cannot fully be tapped before data are enhanced by a personal identification of cases and the documentation of outpatient cases. This kind of data improvement could furthermore contribute to a quality assurance of the Causes of Death Statistics and the Cancer Statistics.

The quality assurance of hospital discharges is not standardized and follows specific conditions of the hospital owner and the Regional Health Funds. Data collection within the Austrian DRG-model LKF is guided by detailed specifications given by the BMGF for regulating the organizational framework and coding of diseases. Data quality checks are undertaken in several steps including hospital owner, Regional Health Funds and the BMGF. After receiving data from BMGF, for Statistics Austria it is not possible to evaluate the external quality checks, but further formal plausibility checks are carried out.
Steps of plausibility checks and data transfer

- **Hospitals**
  - Data check during data collection (plausibility checks with software 'KDok' supported by BMGF)
  - Data check by hospital owner

- **Nine Regional Health Funds**
  - Data check by drawing a random sample
  - Long-term monitoring of changes in data
  - Check for coding errors

- **Federal Ministry of Health (BMGF)**
  - Plausibility checks
  - Reporting of errors to hospital owner and Regional Health Funds
  - Storage of error-free data in DIAG-database
  - Transmitting data to Statistics Austria

- **Statistics Austria**
  - Plausibility checks by combinations of ICD-codes, medical procedures, age, sex
  - Comparison of frequencies and time series
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