# Metadata report

Part II: Product-specific information on the use of the *DRG statistic 2006 for remote execution*

Version 3

**STATISTISCHE ÄMTER**
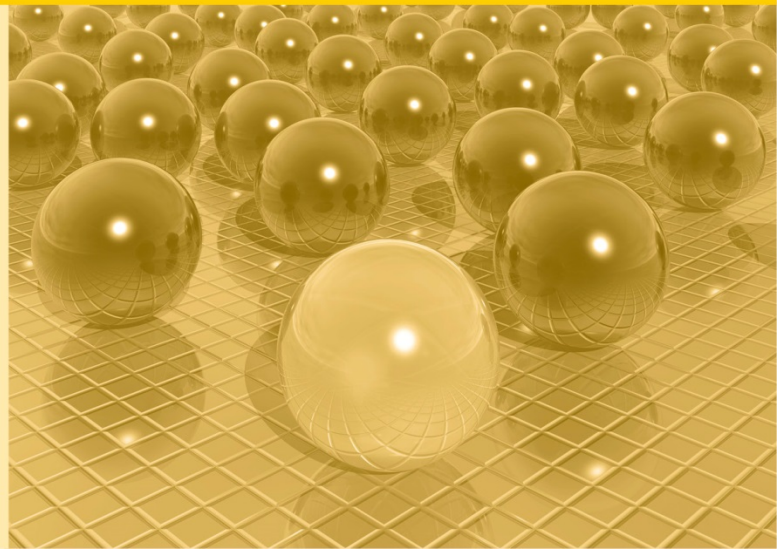**DES BUNDES UND DER LÄNDER**
FORSCHUNGSDATENZENTREN

# Metadata report

Part II: Product-specific information on the use of the *DRG statistic 2006 for remote execution*

DOI: 10.21242/23141.2006.00.00.1.1.0

Version 3

STATISTISCHE ÄMTER
DES BUNDES UND DER LÄNDER
FORSCHUNGSDATENZENTREN

# Content

# 1 Data preparation by the RDC

## 1.1 Data preparation

All auxiliary features and direct identifiers have been deleted from the data as they may not be provided for reasons of anonymisation. The hospital-ID (ik), the discharging facility (entl_ort), and the number of the hospital case (fall_nr) are replaced by system-free identifiers.

Furthermore, the data is filtered so that only fully inpatient and pure DRG cases are being kept in the data (typ_fall = 1 and typ_bereich = 1).

## 1.2 Anonymisation measures

Apart from replacing the direct identifiers with system-free numbers, the RDC did not take any measures to further anonymise the data.

## 1.3 Method of linkage

Since no data was linked to create this product, this point is omitted.

# 2 Product

## 2.1 Characteristics and variable definition

| Variable | Definition | Format | Length | Code | Missing values | Comments |
|----------|-----------|--------|--------|------|----------------|----------|
| kh_land | Land of the hospital | a | 2 | 01 = Schleswig-Holstein<br>02 = Hamburg<br>03 = Niedersachsen<br>04 = Bremen<br>05 = Nordrhein-Westfalen<br>06 = Hessen<br>07 = Rheinland-Pfalz<br>08 = Baden-Württemberg<br>09 = Bayern<br>10 = Saarland<br>11 = Berlin<br>12 = Brandenburg<br>13 = Mecklenburg-Vorpommern<br>14 = Sachsen<br>15 = Sachsen-Anhalt<br>16 = Thüringen | | classified according to the AGS as of December 31 of the reporting year. |
| kh_rb | Administrative region of the hospital | a | 1 | 0 – 9 | ja | classified according to the AGS as of December 31 of the reporting year. Without aggregation there occur problems with confidentiality on this deep regional level. |
| kh_kreis | District of the hospital | a | 2 | 0 – 93 | ja | classified according to the AGS as of December 31 of the reporting year. Without aggregation there occur problems with confidentiality on this deep regional level. |

| kh_gem | Municipality of the hospital | a | 3 | 0 – 632 | yes | classified according to the AGS as of December 31 of the reporting year. Without aggregation there occur problems with confidentiality on this deep regional level. |
|---|---|---|---|---|---|---|
| kh_plz | Postal code of the hospital | a | 5 | 1067 – 99976 | yes | Without aggregation there might occur problems with confidentiality on this deep regional level. |
| kh_typ_gem | Settlement structural types of area of the hospital | a | 2 | 01 = agglomeration area: larger nucleated cities<br>02 = agglomeration area: nucleated cities<br>03 = agglomeration area: highly populated districts: regional metropolis<br>04 = agglomeration area: highly populated districts: other municipalities<br>05 = agglomeration area: populated districts: regional metropolis<br>06 = agglomeration area: populated districts: other municipalities<br>07 = agglomeration area: rural districts: regional metropolis<br>08 = agglomeration area: rural districts: other municipalities<br>09 = urbanised area: nucleated cities<br>10 = urbanised area: populated districts: regional metropolis<br>11 = urbanised area: populated districts: other municipalities<br>12 = urbanised area: rural districts: regional metropolis<br>13 = urbanised area: rural districts: other municipalities<br>14 = rural regions: rural districts densely populated: regional metropolis<br>15 = rural regions: rural districts densely populated: other municipalities<br>16 = rural regions: rural districts sparsely populated: regional metropolis<br>17 = rural regions: rural districts sparsely populated: other municipalities | | Explanations at www.bbsr.bund.de |

| pat_land | Federal state of the patient | a | 2 | 01 = Schleswig-Holstein<br>02 = Hamburg<br>03 = Niedersachsen<br>04 = Bremen<br>05 = Nordrhein-Westfalen<br>06 = Hessen<br>07 = Rheinland-Pfalz<br>08 = Baden-Württemberg<br>09 = Bayern<br>10 = Saarland<br>11 = Berlin<br>12 = Brandenburg<br>13 = Mecklenburg-Vorpommern<br>14 = Sachsen<br>15 = Sachsen-Anhalt<br>16 = Thüringen<br>au = Ausland<br>oh = no data provided (category available for reporting years 2005-2010)<br>un = unknown | | classified according to the AGS as of December 31 of the reporting year. |
|---|---|---|---|---|---|---|
| pat_rb | Administrative region of the patient | a | 1 | 0 – 9<br>a = foreign<br>o = no data provided (category available for reporting years 2005-2010)<br>u = unknown | | |
| pat_kreis | district of the patient | a | 2 | 00 – 93<br>au = foreign<br>oh = no data provided (category available for reporting years 2005-2010)<br>un = unknown | | |
| pat_gem | Municipality of the patient | a | 3 | 0 – 999<br>aus = foreign<br>ohn = no data provided (category available for reporting years 2005-2010)<br>unb = unknown | | |
| pat_ags5 | district of the patient (five-digit in accordance with AGS) | a | 5 | 01001 – 16077<br>ausaa = foreign<br>ohnoo = no data provided (category available for reporting years 2005-2010)<br>unbuu = unknown | | |

| pat_typ_gem | Settlement structurell types of area of the patient | A | 2 | 01 = agglomeration area: larger nucleated cities<br>02 = agglomeration area: nucleated cities<br>03 = agglomeration area: highly populated districts: regional metropolis<br>04 = agglomeration area: highly populated districts: other municipalities<br>05 = agglomeration area: populated districts: regional metropolis<br>06 = agglomeration area: populated districts: other municipalities<br>07 = agglomeration area: rural districts: regional metropolis<br>08 = agglomeration area: rural districts: other municipalities<br>09 = urbanised area: nucleated cities<br>10 = urbanised area: populated districts: regional metropolis<br>11 = urbanised area: populated districts: other municipalities<br>12 = urbanised area: rural districts: regional metropolis<br>13 = urbanised area: rural districts: other municipalities<br>14 = rural regions: rural districts densely populated: regional metropolis<br>15 = rural regions: rural districts densely populated: other municipalities<br>16 = rural regions: rural districts sparsely populated: regional metropolis<br>17 = rural regions: rural districts sparsely populated: other municipalities<br>au = foreign<br>oh = no data provided (category available for reference years 2005-2010)<br>un = unknown | | Explanations at www.bbsr.bund.de |
| sex | Sex | a | 1 | m = male<br>w = female<br>u = unknown | | |
| alter | Age in years | n | 8 | 999 = unknown | yes | |

| typ_alter | Age (grouped) | n | 3 | 1 = 0 years<br>2 = 1 to 4 years<br>3 = 5 to 9 years<br>4 = 10 to 14 years<br>5 = 15 to 19 years<br>6 = 20 to 24 years<br>7 = 25 to 29 years<br>8 = 30 to 34 years<br>9 = 35 to 39 years<br>10 = 40 to 44 years<br>11 = 45 to 49 years<br>12 = 50 to 54 years<br>13 = 55 to 59 years<br>14 = 60 to 64 years<br>15 = 65 to 69 years<br>16 = 70 to 74 years<br>17 = 75 to 79 years<br>18 = 80 to 84 years<br>19 = 85 to 89 years<br>20 = 90 to 94 years<br>21 = 95 to 110 years<br>22 = unknown | yes | |
|---|---|---|---|---|---|---|
| geb_jahr | Year of Birth | n | 8 | four-digit information on year of birth (YYYY) | | |
| geb_monat | Month of birth (only for under one-year-olds) | n | 8 | 0 = 1 year and older<br>1 = 1 month<br>2 = 2 month<br>3 = 3 month<br>4 = 4 month<br>5 = 5 month<br>6 = 6 month<br>7 = 7 month<br>8 = 8 month<br>9 = 9 month<br>10 = 10 month<br>11 = 11 month<br>12 = 12 month | | |
| alter_tage | Age in days (only for children up to the age of one) | n | 8 | 0 = 1 year and older | | This information is only given for children up to the age of 1 year. It is needed for assignment of DRG. In case of newborns with day of admission = date of birth, "1" has to be stated. |

| typ_geb | Further information on newborns: admission in month of birth | n | 3 | 1 = yes<br>2 = no | yes | |
|---------|------|---|---|------|-----|-----|
| aufn_anl | Cause of admission | a | 1 | E = referral by a physician<br>Z = referral by a dentist<br>N = emergency<br>R = admission after prior treatment in a rehabilitation facility<br>V = transfer with a duration of therapy of over 24 hours at transfering hospital<br>K = transfer (admission) of another hospital in the course of a cooperation (category available for reporting years 2005-2008)<br>A = transfer with a duration of therapy of up to 24 hours at transfering hospital (for admissions after 1.1.2007)<br>G = birth | | Newborns, who are discharged together with their mother, need to be indicated as '06' (birth) as reason for admission and 'G' as cause of admission. In case of a newborn is not being released together with its mother, their reason of admission needs to be indicated as '01' and the cause of admission needs to be indicated as 'G'. |
| aufn_grd | Reason for admission | n | 3 | 1 = hospital treatment, full inpatient<br>2 = hospital treatment, full inpatient with previous preadmission treatment<br>5 = inpatient childbirth<br>6 = birth<br>7 = readmission due to complications (flat rate per case) according to KFPV 2003<br>8 = inpatient admission for organ removal<br>99 = unknown (category available for reporting years 2005-2007) | yes | |
| aufn_gew | Weight of admission in grams (only for children up to the age of one) | n | 8 | 0 = 1 year and older | | Only for children up to the age of one; in case of newborns the birth weight counts. |
| beatm | Time of respiration in hours | n | 8 | | yes | |

| entl_grd | Cause of discharge | n | 3 | 1 = regular termination of treatment<br>2 = regular termination of treatment, post-discharge treatment intended<br>3 = treatment terminated for other reasons<br>4 = treatment terminated against medical advice<br>5 = changes in responsibility of cost unit (in days-related charges)<br>6 = transfer to another hospital<br>7 = death<br>8 = transfer to another hospital as part of a cooperation<br>9 = discharge into a rehabilitation facility<br>10 = discharge into a long-term care facility<br>11 = discharge into a hospice<br>13 = external transfer for psychiatric treatment<br>14 = treatment terminated for other reasons, post-discharge treatment intended<br>15 = treatment terminated against medical advice, post-discharge treatment intended<br>17 = internal transfer with change in remuneration areas of DRGs, of the Federal Ordinance on Hospital Rates or for special facilities according to section 17b subsection 1 sentence 15 of the KHG<br>22 = case end (internal transfer) when changing between full and part-time inpatient treatment<br>24 = termination of an external stay with absence past midnight (BdpflV-section, for pseudo-specialist department 0003) (category available as of reporting year 2016)<br>25 = Discharge at the end of the year while admitted the year before (for accounting purposes, § 4 PEPPV 2013) (category available as of reporting year 2014) | | Category "13" relates to a subset of hospitals, being summarised as '6' formerly. Category "6" is now only relating to external transfers to hospitals, if there is not a transfer to a psychiatric or psychosomatic department. |
| icd_hd3 | ICD code three-digit primary diagnosis | a | 3 | | | Diagnosis code in the current ICD-10GM version analogously to § 301 agreement. |
| icd_hd4 | ICD code four-digit primary diagnosis | a | 4 | | | Diagnosis code in the current ICD-10GM version analogously to § 301 agreement. |
| icd_hd | ICD code five-digit primary diagnosis | a | 5 | | | Diagnosis code in the current ICD-10GM version analogously to § 301 agreement. |
| icd_nd1 - icd_nd89 | ICD code secondary diagnosis | a | 5 | | yes | Diagnosis code in the current ICD-10GM version analogously to § 301 agreement. |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| dia_art1-dia_art90 | Diagnosis type | a | 5 | HD = main diagnosis<br>ND = secondary diagnosis (Nebendiagnose)<br>SD = secondary diagnosis (Sekundärdiagnose)<br>UN = unknown | yes | This further information on ICD variables of diagnosis is not available as checked for plausibility. Therefore, this information only contains valid values at ICD codes, which are not adjusted in the process of plausibility checks. ICD codes, which have been adjusted due to plausibility checks, contain "UN" in the according further information. Variable dia_art1 is refering to the primary diagnoses. Variables dia_art2 to dia_art90 are refering to the secondary diagnoses 1 to 89. |
| icd_ve1-icd_ve90 | ICD version | n | 4 | four-digit information on reporting year (YYYY)<br>9999 = unknown | yes | This further information on ICD variables of diagnosis is not available as checked for plausibility. Therefore, this information only contains valid values at ICD codes, which are not adjusted in the process of plausibility checks. ICD codes, which have been adjusted due to plausibility checks, contain ""9999"" in the according further information. Variable icd_ve1 is refering to the primary diagnoses. Variables icd_ve2 to icd_ve90 are refering to the secondary diagnoses 1 to 89. |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |

| icd_lo1-icd_lo90 | ICD localisation (further information on code of diagnosis) | a | 1 | R = right<br>L = left<br>B = double-sided<br>U = unknown | yes | This further information on ICD variables of diagnosis is not available as checked for plausibility. Therefore, this information only contains valid values at ICD codes, which are not adjusted in the process of plausibility checks. ICD codes, which have been adjusted due to plausibility checks, contain "U" in the according further information. Variable icd_lo1 is refering to the primary diagnoses. Variables icd_lo2 to icd_lo90 are refering to the secondary diagnoses 1 to 89. |
| drgh | DRG code (primary DRG code, grouped by InEK) | a | 4 | | | |
| partition | DRG partition (M, O, A) | a | 1 | M = medical flat rate per case<br>O = operational flat rate per case<br>A = other flat rates per case | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| split | Splitting of the basic DRG into degree of severity and use of ressources, 4th digit of the DRG notation | a | 4 | A – Z | | |
| ops_ko1 - ops_ko101 | OPS-code | a | 6 | 99999 = unknown | yes | Procedure code in the current OPS version analogously to § 301 agreement. |
| typ_op | Operation according to chapter 5 | n | 3 | 1 = yes<br>2 = no | | |
| z_bel_oper | Number of participation / performance of external operators | n | 8 | | yes | |
| z_bel_an | Number of participation / performance of external anesthesists | n | 8 | | yes | |
| z_bel_heb | Number of participation / performance of external midwives | n | 8 | | yes | |
| bel_oper1- bel_oper101 | external operators | a | 1 | J = yes, participation / performance of external operators<br>N = no, no participation / performance of external operators<br>U = unknown | yes | This further information on OPS-codes is not available as checked for plausibility. Therefore, this information only contains valid values at OPS codes, which are not adjusted in the process of plausibility checks. OPS-codes, which have been adjusted due to plausibility checks, contain "U" in the according further information. |

| bel_an1-bel_an101 | external anesthesists | a | 1 | J = yes, participation / performance of external anesthesists<br>N = no, no participation / performance of external anesthesists<br>U = unknown | yes | |
| bel_heb1-<br>bel_heb101 | external midwives | a | 1 | J = yes, participation / performance of external midwives<br>N = no, no participation / performance of external midwives<br>U = unknown | yes | |
| ops_ve1-<br>ops_ve101 | OPS-version | n | 4 | four-digit information on reporting year<br>9999 = unknown | yes | This further information on OPS-codes is not available as checked for plausibility. Therefore, this information only contains valid values at OPS codes, which are not adjusted in the process of plausibility checks. OPS-codes, which have been adjusted due to plausibility checks, contain "9999" in the according further information. |
| dat_ops1-<br>dat_ops101 | OPS-date | a | 8 | date in format YYYYMMDD<br>99999999 = unknown | yes | This further information on OPS-codes is not available as checked for plausibility. Therefore, this information only contains valid values at OPS codes, which are not adjusted in the process of plausibility checks. OPS-codes, which have been adjusted due to plausibility checks, contain "99999999" in the according further information. |
| zeit_ops1-<br>zeit_ops101 | OPS-time | a | 4 | time in format hhmm<br>9999 = unknown | yes | This further information on OPS-codes of diagnosis is not available as checked for |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | plausibility. Therefore, this information only contains valid values at OPS codes, which are not adjusted in the process of plausibility checks. OPS-codes, which have been adjusted due to plausibility checks, contain "9999" in the according further information. |
| ops_lo1-ops_lo101 | Specialist departments | a | 1 | R = right<br>L = left<br>B = double-sided<br>U = unknown | yes | |
| fab1 - fab100 | Specialist departments | a | 8 | 01 = internal medicine<br>0102 = focus geriatrics<br>0103 = focus cardiology<br>0104 = focus nephrology<br>0105 = focus haematology and internal oncology<br>0106 = focus endocrinology<br>0107 = focus gastroenterology<br>0108 = focus pneumology<br>0109 = focus rheumatology<br>0114 = focus pulmonary and bronchial medicine<br>0150 = tumour research<br>0151 = focus coloproktology<br>0152 = focus infectious diseases<br>0153 = focus diabetes<br>0154 = focus naturopathy<br>0156 = focus stroke patients (Stroke units, art. 7 § 1 (3) GKV-SolG)<br><br>02 = geriatrics<br>0224 = focus gynaecology<br>0260 = day-care hospital (for semi-stationary nursing charges)<br>0261 = night-care hospital (for semi-stationary nursing charges)<br><br>03 = cardiology<br><br>04 = nephrology<br>0410 = focus paediatrics<br>0436 = intensive care<br><br>05 = haematology and internal oncology<br>0510 = focus paediatrics<br>0524 = focus gynaecology | yes | In addition to "00" the codes "90" and "92"can be used in the third and fourth digit to code specialised specialist departments, which are not coded with a national common specialist department code. Even though using this distinction of specialist departments, it is not needed to name the type of specialisation or the focus of the specialist department precisely. Both contracting parties need to determine the specialist department code (described above) within the nursing care rate agreement. This is the condition for the procedure.<br><br>Specialist department codes, for which it is |

15

| | | | | | 0533 = focus radiotherapeutics | | possible to take 50 % APS intensive into account (in accordance with version of BPflV of 31.12.2003) and which department flat rate does not need to be reduced by 20 %, if a surcharge is charged simultaneously: |
|---|---|---|---|---|---|---|---|
| | | | | | 06 = endocrinology | | - 0436 |
| | | | | | 0607 = focus gastroenterology | | - 1136 |
| | | | | | 0610 = focus paediatrics | | - 1536 |
| | | | | | | | - 2036 |
| | | | | | 07 = gastroenterology | | - 2050 |
| | | | | | 0706 = focus endocrinology | | - 2136 |
| | | | | | 0710 = focus paediatrics | | - 2150 |
| | | | | | | | - 36xx |
| | | | | | 08 = pneumology | | |
| | | | | | | | Special arrangement for pseudo-specialist departments in ETL-segment of the discharging display: |
| | | | | | 09 = rheumatology | | |
| | | | | | 0910 = focus paediatrics | | |
| | | | | | | | - 0000: pseudo-specialist department in reference to hospitals (relevant "specialist department" for DRG grouping) for internal transfers and / or return transfers and / or readmission and / or in case of external residence with absence over night. |
| | | | | | 10 = paediatrics | | |
| | | | | | 1004 = focus nephrology | | |
| | | | | | 1005 = focus haematology and internal oncology | | |
| | | | | | 1006 = focus endocrinology | | |
| | | | | | 1007 = focus gastroenterology | | |
| | | | | | 1009 = focus rheumatology | | |
| | | | | | 1011 = focus paediatric cardiology | | |
| | | | | | 1012 = focus neonatology | | |
| | | | | | 1014 = focus pulmonary and bronchial medicine | | |
| | | | | | 1028 = focus paediatric neurology | | |
| | | | | | 1050 = focus perinatal medicine | | |
| | | | | | 1051 = long-term range children | | - 0001: pseudo-specialist department for residence in case of a return transfer |
| | | | | | 11 = paediatric cardiology | | |
| | | | | | 1136 = focus intensive care | | |
| | | | | | 12 = neonatology | | - 0002: pseudo-specialist department for an external residence in case of a readmission |
| | | | | | 13 = paediatric surgery | | |
| | | | | | 14 = pulmonary and bronchial medicine | | |
| | | | | | 1410 = focus paediatrics | | |
| | | | | | 15 = general surgery | | |
| | | | | | 1513 = focus paediatric surgery | | |
| | | | | | 1516 = focus trauma surgery | | |
| | | | | | 1518 = focus vascular surgery | | |
| | | | | | 1519 = focus plastic surgery | | |
| | | | | | 1520 = focus thoracic surgery | | |
| | | | | | 1523 = focus orthopaedics | | - 0003: pseudo-specialist department for an |
| | | | | | 1536 = intensive care (§ 13 (2) 3, 2. BPflV version released on 31.12.2003) | | |
| | | | | | 1550 = focus abdominal and vascular surgery | | |
| | | | | | 1551 = focus hand surgery | | |
| | | | | | 16 = trauma surgery | | |

| | | | | 17 = neurosurgery | | external residence with absence over night in the BPflV sector (please note: "0003" is used as specialist department code for an external residence over night for insured persons in hospitals who are refunded in accordance with BPflV (regardless of the use of the new remuneration system in accordance with § 17 d KHG)). |
| | | | | 18 = vascular surgery | | |
| | | | | 19 = plastic surgery | | |
| | | | | 20 = thoracic surgery<br>2021 = focus heart surgery<br>2036 = intensive care<br>2050 = focus heart surgery intensive care | | |
| | | | | 21 = heart surgery<br>2118 = focus vascular surgery<br>2120 = focus thoracic surgery<br>2136 = intensive care (§ 13 (2) 3, 2. BPflV version released on 31.12.2003)<br>2150 = focus thoracic surgery intensive care | | |
| | | | | 22 = urology | | |
| | | | | 23 = orthopaedics<br>2309 = focus rheumatology<br>2315 = focus surgery<br>2316 = orthopaedics and trauma surgery | | |
| | | | | 24 = gynaecology and obstetrics<br>2402 = focus geriatrics<br>2405 = focus haematology and internal oncology<br>2406 = focus endocrinology<br>2425 = gynaecology | | |
| | | | | 25 = obstetrics | | |
| | | | | 26 = otorhinolaryngology | | |
| | | | | 27 = ophthalmology | | |
| | | | | 28 = neurology<br>2810 = focus paediatrics<br>2856 = focus stroke patients (Stroke units, art. 7 § 1 (3) GKV-SolG) | | |
| | | | | 29 = general psychiatry<br>2928 = emphasis neurology<br>2930 = focus child and youth psychiatry<br>2931 = focus psychosomatics / psychotherapy<br>2950 = focus addiction treatment<br>2951 = focus gerontological psychiatry<br>2952 = focus forensic treatment<br>2953 = focus addiction treatment, day-care hospital<br>2954 = focus addiction treatment, night-care hospital | | |

| | | | | | 2955 = focus gerontological psychiatry, day-care hospital<br>2956 = focus gerontological psychiatry, night-care hospital<br>2960 = day-care hospital (for semi-stationary nursing charges)<br>2961 = night-care hospital (for semi-stationary nursing charges)<br><br>30 = child and youth psychiatry<br>3060 = day-care hospital (for semi-stationary nursing charges)<br>3061 = night-care hospital (for semi-stationary nursing charges)<br><br>31 = psychosomatics / psychotherapy<br>3110 = focus child and youth psychiatry<br>3160 = day-care hospital (for semi-stationary nursing charges)<br>3161 = night-care hospital (for semi-stationary nursing charges)<br><br>32 = nuclear medicine<br>3233 = focus radiotherapeutics<br><br>33 = radiotherapeutics<br>3305 = focus haematology and internal oncology<br>3350 = focus radiology<br><br>34 = dermatology<br>3460 = day-care hospital (for semi-stationary nursing charges)<br><br>35 = dentistry and oral surgery<br><br>36 = intensive care<br>3601 = focus internal medicine<br>3603 = focus cardiology<br>3610 = focus paediatrics<br>3617 = focus neurosurgery<br>3618 = focus surgery<br>3621 = heart surgery<br>3622 = focus urology<br>3624 = focus gynaecology and obstetrics<br>3626 = focus otorhinolaryngology<br>3628 = focus neurology<br>3650 = focus surgery<br>3651 = thoracic heart surgery<br>3652 = cardiothroracic surgery<br><br>37 = other specialist departments<br>3750 = angiology<br>3751 = radiology<br>3752 = palliative medicine<br>3753 = pain therapy<br>3754 = healing therapy department<br>3755 = spinal surgery<br>3756 = addiction medicine<br>3757 = abdominal surgery | | |

| fab_max | specialist department with the longest duration of stay | a | 8 | see fab1 – fab100 | | |
|---|---|---|---|---|---|---|
| tage_fa1 - tage_fa100 | duration of stay in specialist department | n | 8 | | | |
| tage_max | duration of stay in specialist department with the longest duration of stay | n | 8 | | | |
| dat_aufn_fa1- dat_aufn_fa100 | Date of admission in the specialist department | a | 8 | date in format YYYYMMDD | | This further information on FAB-codes variables is not available as checked for plausibility. Therefore, this information only contains valid values at FAB-codes, which are not adjusted in the process of plausibility checks. FAB-codes, which have been adjusted due to plausibility checks, contain "99999999" in the according further information. |
| zeit_aufn_fa1- zeit_aufn_fa100 | Time of admission in the specialist department | a | 8 | time in format hhmm | | This further information on FAB-codes is not available as checked for plausibility. Therefore, this information only contains valid values at FAB-codes, which are not adjusted in the process of plausibility checks. FAB-codes, which have been adjusted due to plausibility checks, contain "9999" in the according further information. |

| dat_entl_fa1- dat_entl_fa100 | Date of transfer out of the specialist department | a | 8 | date in format YYYYMMDD | | This further information on FAB codes variables is not available as checked for plausibility. Therefore, this information only contains valid values at FAB-codes, which are not adjusted in the process of plausibility checks. FAB-codes, which have been adjusted due to plausibility checks, contain "99999999" in the according further information. |
|---|---|---|---|---|---|---|
| zeit_entl_fa1- zeit_entl_fa100 | Time of transfer out of the specialist department | a | 8 | time in format hhmm | | This further information on FAB-codes is not available as checked for plausibility. Therefore, this information only contains valid values at FAB-codes, which are not adjusted in the process of plausibility checks. FAB-codes, which have been adjusted due to plausibility checks, contain "9999" in the according further information. |
| typ_abt | Type of department | n | 3 | 1 = Main department only<br>2 = Document department only<br>3 = only special equipment<br>4 = several different assignments | | |
| abt_art1 - abt_art100 | department category | a | 8 | HA = main department<br>BA = occupancy department<br>BE = special department | | |
| ik | Hospital-ID (anonymised) | a | 9 | | | |

| fall_nr | number of case (anonymised) | n | 8 | | | |
|---------|------|---|---|---|---|---|
| entl_ort | Discharging facility (anonymised) | n | 3 | | | |
| auf_monat | month of hospital admission | n | 3 | two-digit month specification | | |
| aufn_jahr | year of hospital admission | n | 4 | four-digit year specification | | |
| dat_aufn | date of hospital admission | a | 8 | date in format YYYYMMDD | | |
| zeit_aufn | time of hospital admission | a | 4 | time in format hhmm | | |
| dat_entl | date of discharge from hospital (anonymised) | a | 8 | date in format YYYYMMDD | | |
| zeit_entl | time of discharge from hospital | a | 4 | time in format hhmm | | |
| tage | Period of hospitalisation (day cases are calculated as one day) | n | 8 | | | |

| typ_vwd | Type of period of hospitalisation | n | 3 | 01 = day case = 1<br>02 = days = 1<br>03 = days = 2<br>04 = days = 3<br>05 = days = 4<br>06 = days = 5<br>07 = days = 6<br>08 = days = 7<br>09 = days <= 9<br>10 = days <= 12<br>11 = days <= 14<br>12 = days <= 21<br>13 = days <= 28<br>14 = days <= 35<br>15 = days <= 42<br>16 = days <= 70<br>17 = days <= 182<br>18 = days <= 365<br>19 = days <= 99999 | | |
| std_fall | day case | n | 3 | 1 = yes<br>2 = no | | |

| cm | Case Mix (CM) | n | 8 | | | The Case Mix is the sum of the effective cost relations of all hospital cases treated in the relevant reporting year. The calculation includes the effective cost relation of the DRG of the case treated. Day-related reductions (where duration of stay of a case is below the minimum duration), surcharges (where duration of stay of a case exceeds the maximum duration) as well as transfers of cases according to DRG regulations are included. Additional charges and full inpatient treatments, which are not remunerated by the DRG catalogue, are not included. |
| --- | --- | --- | --- | --- | --- | --- |
| cm_n | valid cases (counter variable for the Case Mix) | n | 8 | | | Counter variable, which takes the value 1, if cm and cm_vol show valid values. |
| cm_vol | Case Mix-revenue in euros | n | 8 | | | The Case-Mix Revenue is calculated by multiplying the effective cost weight by the relevant Land-wide base rate (with "Angleichungsbetrag") of the hospital cases. Additional charges and full inpatient treatments, which are not remunerated by the DRG catalogue, are not included. |

## 2.2 Comparability of characteristics over time

The characteristics are basically comparable over time. Please note that some variables do not occur in all reference years. This is illustrated in the codebook for all reference years, which can be found at:

https://www.forschungsdatenzentrum.de/en/health/drg

Please also note that the classifications, according to which the main and secondary diagnoses, operations and performed procedures are coded, change over time. Decisive for the respective reporting year is always the version of the classification valid for the survey year.

The ICD-10-GM classification of the main and secondary diagnoses relevant for the reporting year 2006 can be found using the following link:

https://www.dimdi.de/dynamic/en/classifications/icd/icd-10-gm/code-search/index.html

The operation and procedure code relevant for the reporting year 2006 can be found using the following link:

https://www.dimdi.de/dynamic/en/classifications/ops/code-search/index.html

## 2.3 Basic values of relevant characteristics and characteristic combinations

| Federal State of patient | Count | Percent |
|---|---|---|
| Schleswig-Holstein | 510.320 | 3,14 |
| Hamburg | 298.561 | 1,84 |
| Lower Saxony | 1.515.552 | 9,34 |
| Bremen | 122.559 | 0,76 |
| North Rhine-Westphalia | 3.746.750 | 23,08 |
| Hessia | 1.175.248 | 7,24 |
| Rhineland-Palatinate | 828.744 | 5,11 |
| Baden-Württemberg | 1.790.587 | 11,03 |
| Bavaria | 2.412.427 | 14,86 |
| Saarland | 232.463 | 1,43 |
| Berlin | 596.322 | 3,67 |
| Brandenburg | 559.815 | 3,45 |
| Mecklenburg-Western Pomerania | 366.510 | 2,26 |
| Saxony | 863.369 | 5,32 |
| Saxony-Anhalt | 554.438 | 3,42 |
| Thuringia | 511.818 | 3,15 |
| Unknown | 144.924 | 0,89 |
| Sum | 16.230.407 | 100 |

| Federal State of hospital | Count | Percent |
|---|---|---|
| Schleswig-Holstein | 497.077 | 3,06 |
| Hamburg | 377.450 | 2,33 |
| Lower Saxony | 1.430.838 | 8,82 |
| Bremen | 181.593 | 1,12 |
| North Rine-Westphalia | 3.792.048 | 23,36 |
| Hessia | 1.146.526 | 7,06 |
| Rhineland-Palatinate | 786.888 | 4,85 |
| Baden-Württemberg | 1.851.764 | 11,41 |
| Bavaria | 2.469.241 | 15,21 |
| Saarland | 241.236 | 1,49 |
| Berlin | 667.781 | 4,11 |
| Brandenburg | 495.901 | 3,06 |
| Mecklenburg-Western Pomerania | 368.410 | 2,27 |
| Saxony | 877.065 | 5,40 |
| Saxony-Anhalt | 535.489 | 3,30 |
| Thuringia | 511.100 | 3,15 |
| Sum | 16.230.407 | 100 |

| Gender of patient | Count | Percent |
|---|---|---|
| Male | 7.505.172 | 46,24 |
| Female | 8.724.000 | 53,75 |
| Unknown | 1.235 | 0,01 |
| Sum | 16.230.407 | 100 |

| Age of patient | Count | Percent |
|---|---|---|
| **0 to 9 years** | 1.507.012 | 9,29 |
| **10-19 years** | 726.851 | 4,48 |
| **20-29 years** | 1.136.113 | 7,00 |
| **30-39 years** | 1.323.412 | 8,15 |
| **40-49 years** | 1.584.889 | 9,76 |
| **50-59 years** | 1.925.274 | 11,86 |
| **60-69 years** | 2.825.602 | 17,41 |
| **70 and older** | 5.201.246 | 32,05 |
| **Unknown** | 8 | 0,00 |
| **Sum** | 16.230.407 | 100 |

| Main diagnosis according to ICD-10-GM | Count | Percent |
|---|---|---|
| I. Certain infectious and parasitic diseases | 452.468 | 2,79 |
| II. Neologisms (C00 – D48) | 1.819.963 | 11,21 |
| III. Diseases of the blood and haematopoietic organs and certain disorders involving the immune system (D50 – D90) | 117.307 | 0,72 |
| IV. Endocrine, nutritional and metabolic diseases (E00 – E90) | 469.305 | 2,89 |
| V. Mental and behavioural disorders (F00 – F99) | 276.885 | 1,71 |
| VI. Diseases of the nervous system (G00 – G99) | 650.265 | 4,01 |
| VII. Diseases of the eye and eye appendages (H00 – H59) | 306.814 | 1,89 |
| VIII. Diseases of the ear and mastoid process (H60 – H95) | 142.137 | 0,88 |
| IX. Diseases of the circulatory system (I00 – I99) | 2.548.516 | 15,70 |
| X. Diseases of the respiratory system (J00 – J99) | 1.034.073 | 6,37 |
| XI. Diseases of the digestive system (K00 – K93) | 1.714.626 | 10,56 |
| XII. Diseases of the skin and subcutis (L00 – L99) | 230.833 | 1,42 |

| | | |
|---|---|---|
| **XIII. Diseases of the musculoskeletal system and connective tissue (M00 – M99)** | 1.403.344 | 8,65 |
| **XIV. Diseases of the urogenital system (N00 – N99)** | 904.240 | 5,57 |
| **XV. Pregnancy, childbirth and puerperium (O00 – O99)** | 922.631 | 5,68 |
| **XVI. Certain states originating in the perinatal period (P00 – P96)** | 170.411 | 1,05 |
| **XVII. Congenital malformations, deformities and chromosomal anomalies (Q00 – Q99)** | 101.243 | 0,62 |
| **XVIII. Symptoms and abnormal clinical and laboratory findings not elsewhere classified (R00 – R99)** | 642.246 | 3,96 |
| **XIX. Injuries, poisoning, and certain other consequences of external causes (S00 – T98)** | 1.697.645 | 10,46 |
| **XX. – XII. Factors influencing health status and leading to use of health services; key for special purposes (U00 – Z99)** | 625.454 | 3,85 |
| **Sum** | 16.230.407 | 100 |

| Main diagnoses according to ICD-10-GM by sex | Count | | | |
|---|---|---|---|---|
| | Male | Female | Unknown | Sum |
| I. Certain infectious and parasitic diseases | 219.934 | 232.502 | 32 | 452.468 |
| II. Neologisms (C00 – D48) | 899.122 | 920.774 | 67 | 1.819.963 |
| III. Diseases of the blood and haematopoietic organs and certain disorders involving the immune system (D50 – D90) | 48.643 | 68.660 | 4 | 117.307 |
| IV. Endocrine, nutritional and metabolic diseases (E00 – E90) | 188.319 | 280.959 | 27 | 469.305 |
| V. Mental and behavioural disorders (F00 – F99) | 150.869 | 125.990 | 26 | 276.885 |
| VI. Diseases of the nervous system (G00 – G99) | 350.692 | 299.523 | 50 | 650.265 |
| VII. Diseases of the eye and eye appendages (H00 – H59) | 130.211 | 176.562 | 41 | 306.814 |
| VIII. Diseases of the ear and mastoid process (H60 – H95) | 66.836 | 75.287 | 14 | 142.137 |
| IX. Diseases of the circulatory system (I00 – I99) | 1.341.997 | 1.206.391 | 128 | 2.548.516 |
| X. Diseases of the respiratory system (J00 – J99) | 568.746 | 465.230 | 97 | 1.034.073 |
| XI. Diseases of the digestive system (K00 – K93) | 850.787 | 863.759 | 80 | 1.714.626 |

| | | | | |
|---|---|---|---|---|
| **XII. Diseases of the skin and subcutis (L00 – L99)** | 122.273 | 108.542 | 18 | 230.833 |
| **XIII. Diseases of the musculoskeletal system and connective tissue (M00 – M99)** | 597.460 | 805.797 | 87 | 1.403.344 |
| **XIV. Diseases of the urogenital system (N00 – N99)** | 382.058 | 522.155 | 27 | 904.240 |
| **XV. Pregnancy, childbirth and puerperium (O00 – O99)** | 0 | 922.631 | 0 | 922.631 |
| **XVI. Certain states originating in the perinatal period (P00 – P96)** | 93.519 | 76.803 | 89 | 170.411 |
| **XVII. Congenital malformations, deformities and chromosomal anomalies (Q00 – Q99)** | 55.445 | 45.782 | 16 | 101.243 |
| **XVIII. Symptoms and abnormal clinical and laboratory findings not elsewhere classified (R00 – R99)** | 290.753 | 351.426 | 67 | 642.246 |
| **XIX. Injuries, poisoning, and certain other consequences of external causes (S00 – T98)** | 832.351 | 865.180 | 114 | 1.697.645 |
| **XX. – XII. Factors influencing health status and leading to use of health services; key for special purposes (U00 – Z99)** | 315.156 | 310.047 | 251 | 625.454 |
| **Sum** | 7.505.172 | 8.724.000 | 1.235 | 16.230.407 |

| Main diagnosis according to ICD-10-GM | Count | | | | |
|---|---|---|---|---|---|
| | 0 to 19 years | 20 to 39 years | 40 to 59 years | 60 years and older | Sum |
| **I. Certain infectious and parasitic diseases** | 160.483 | 52.169 | 63.569 | 176.247 | 452.468 |
| **II. Neologisms (C00 – D48)** | 47.105 | 105.183 | 511.837 | 1.155.838 | 1.819.963 |
| **III. Diseases of the blood and haematopoietic organs and certain disorders involving the immune system (D50 – D90)** | 13.127 | 8.936 | 18.967 | 76.277 | 117.307 |
| **IV. Endocrine, nutritional and metabolic diseases (E00 – E90)** | 29.171 | 39.486 | 113.994 | 286.654 | 469.305 |
| **V. Mental and behavioural disorders (F00 – F99)** | 46.198 | 60.557 | 92.434 | 77.696 | 276.885 |
| **VI. Diseases of the nervous system (G00 – G99)** | 59.849 | 81.257 | 188.858 | 320.301 | 650.265 |
| **VII. Diseases of the eye and eye appendages (H00 – H59)** | 14.773 | 15.008 | 44.329 | 232.704 | 306.814 |
| **VIII. Diseases of the ear and mastoid process (H60 – H95)** | 22.913 | 21.367 | 44.770 | 53.087 | 142.137 |
| **IX. Diseases of the circulatory system (I00 – I99)** | 26.782 | 83.592 | 488.932 | 1.949.210 | 2.548.516 |
| **X. Diseases of the respiratory system (J00 – J99)** | 295.652 | 138.529 | 158.152 | 441.740 | 1.034.073 |
| **XI. Diseases of the digestive system (K00 – K93)** | 159.364 | 241.778 | 451.174 | 862.310 | 1.714.626 |

| | | | | | |
|---|---|---|---|---|---|
| **XII. Diseases of the skin and subcutis (L00 – L99)** | 36.075 | 55.753 | 58.942 | 80.063 | 230.833 |
| **XIII. Diseases of the musculoskeletal system and connective tissue (M00 – M99)** | 52.043 | 148.022 | 448.257 | 755.022 | 1.403.344 |
| **XIV. Diseases of the urogenital system (N00 – N99)** | 62.961 | 159.815 | 248.934 | 432.530 | 904.240 |
| **XV. Pregnancy, childbirth and puerperium (O00 – O99)** | 43.011 | 846.109 | 33.511 | 0 | 922.631 |
| **XVI. Certain states originating in the perinatal period (P00 – P96)** | 170.411 | 0 | 0 | 0 | 170.411 |
| **XVII. Congenital malformations, deformities and chromosomal anomalies (Q00 – Q99)** | 71.963 | 12.760 | 10.259 | 6.261 | 101.243 |
| **XVIII. Symptoms and abnormal clinical and laboratory findings not elsewhere classified (R00 – R99)** | 107.091 | 92.668 | 137.969 | 304.518 | 642.246 |
| **XIX. Injuries, poisoning, and certain other consequences of external causes (S00 – T98)** | 293.217 | 281.498 | 366.278 | 756.652 | 1.697.645 |
| **XX. – XII. Factors influencing health status and leading to use of health services; key for special purposes (U00 – Z99)** | 521.674 | 15.038 | 28.997 | 59.745 | 625.454 |
| **Sum** | 2.233.863 | 2.459.525 | 3.510.163 | 8.026.856 | 16.230.407 |

## 2.4 Evaluable regional level

The lowest evaluable regional level is the municipality of the hospital or the patient. Under certain conditions, it is possible to link data at hospital level. The linkage is made by the RDC staff. It is not possible to analyse the data at hospital level. The corresponding information is deleted before the data is made available to the user.

# 3 Practical advice

## 3.1 Notes on secrecy

### 3.1.1 Legal bases of statistical confidentiality

Confidentiality implies the certainty of absolute anonymity of the results of statistical analyses. In concrete terms, this means that confidentiality ensures that the published results cannot be used to draw conclusions about an individual case (e.g. person, company, institution). Statistical confidentiality is applied wherever statistical results or micro data leave the safe premises of official statistics.

Confidentiality in official statistics is governed by Section 16 of the Federal Statistics Act (Bundesstatistikgesetz, BstatG). It obliges the accomplishing authorities to keep information on personal and factual circumstances that was given for a federal statistic confidential as long as there are no contrary regulations. This is also referred to as statistical confidentiality. Statistical confidentiality obliges official statistics to protect the received information, i.e. to anonymise it in a way that does not allow for any inferences on the respective person/institution and the presented issues. Regarding informational self-determination, confidentiality is also of particular interest: Many surveys of official statistics are subject to the obligation to provide information. Thus, respondents are not free to decide for themselves whether they wish to pass information on. Official statistics must therefore ensure that the collected data cannot be attributed to any respondent.

However, the BStatG also intends for cases in which statistical secrecy does not apply. Section 16 of the BStatG sets out the exceptions to the obligation to confidentiality. Among others, it specifies the circumstances under which data from official statistics may be made accessible to scientists and which rules have to be observed thereby.

### 3.1.2 Confidentiality of results

To ensure the legally prescribed confidentiality of individual cases in the data, all results from remote execution and safe centres have to be subjected to a check for confidentiality by the RDC before they are released to the user. The RDC thereby ensure that the results are absolutely anonymous and that a re-identification of individual respondents can be ruled out at human discretion. The specialist departments of the statistical offices act accordingly before results are published.

The RDC apply various confidentiality rules to ensure statistical confidentiality, each of which is individually tailored to the respective statistic. The brochure "Regulations on the analysis of micro data in the Research Data Centres of the Federal Statistical Office and the Statistical Offices of the Federal States" presents the most common rules for primary confidentiality. These rules are generally applied to all RDC statistics. The annex to this brochure contains information on which confidentiality rules apply to which statistics.

The brochure can be found here:

https://www.forschungsdatenzentrum.de/en/confidentiality

### 3.1.3 Practical tips for avoiding confidentiality cases

Should confidentiality cases occur in the performed analyses then the RDC replaces these values with a blocking pattern to ensure confidentiality. Especially in cross tables many "holes" quickly appear in the results due to the necessary secondary blocking. Since a table cell once used for secondary blocking must also be blocked in all subsequent analyses (cross-table confidentiality) – even if it would not be necessary in the newly created table –  it makes sense to ensure for all produced results that no confidential cases are generated. If confidential cases occur in an output, the supervising RDC is free to refuse the check and release of the output.

To avoid confidentiality cases in the analyses, you should always take care to ensure that your analyses are based on a sufficiently large numbers of cases. Should the number of cases be too small, we advise you to combine variable values to achieve a larger number of cases.

### 3.2 FAQ

If you have any questions, please contact the RDC location listed in the imprint for technical information.

## 3.3 Available tools

The SAS macro newvar can be used to flexibly create new dummy and sum variables based on secondary diagnoses as well as surgery and procedure keys. Depending on user-specific parameters, the macro selects an efficient method for creating new variables. The objective is to shorten the calculation time of the analyses. Further information about the SAS macro newvar can be found under the following link (unfortunately only in German):

https://www.forschungsdatenzentrum.de/sites/default/files/arbeitspapier-44.pdf

Statistical Offices of the Federation and the Federal States,
Metadata report – Part II: Product-specific information on the use of the DRG statistic 2006 for remote execution