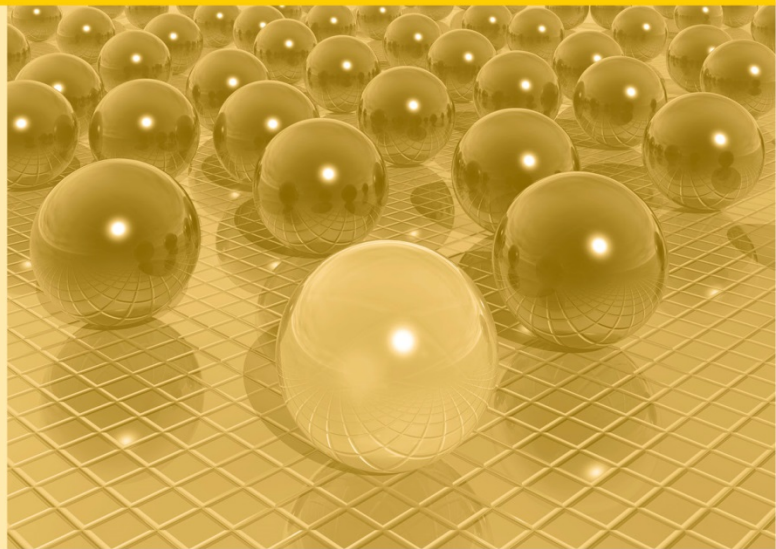


Metadata report



Part I: General and methodological information on the Diagnosis-Related Groups Statistic (DRG)

Version 2

Imprint

Publisher: Statistical Offices of the Federation and the Federal States
Production: Information and Technology North Rhine-Westphalia
Telephone +49 211 9449-01 • Telefax +49 211 9449-8000
Internet: www.forschungsdatenzentrum.de
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Periodicity: irregular
Published in December 2019

A PDF version of this publication can be downloaded for free at www.forschungsdatenzentrum.de

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Recommended citation:

Research Data Centres of the Statistical Offices of the Federation and the Federal States: Metadata Report. Part I: General and methodological information on the Diagnosis-Related Groups Statistic (DRG) (EVAS number: 23141). Version 2. Wiesbaden 2019.

Metadata Report

Part I: General and methodological information on the Diagnosis-Related Groups Statistic (EVAS number 23141)

Version 2

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1. General information

The DRG statistic includes information on all fully inpatient hospital cases in general hospitals that are billed according to the DRG reimbursement system.

1.1 Objective/purpose of the statistics

The DRG statistics provide important information on diseases in inpatient care and on the volume and structure of hospital services. The data presents a statistical basis for, among others, the federal health report, the national accounts or the healthcare cost calculation. Thanks to its detailed recording of a patients entire course in the hospital, the main and secondary diagnoses made, the specialist departments passed through and the operations performed, the DRG statistics also provide a uniquely comprehensive source of data for science and research, epidemiological and health economic institutes, politics, media and the general public.

1.2 Legal basis (links)

Federal Statistics Act of 22 January 1987 (BGBl. I p. 462, 565), last amended by Article 1 of the Act of 20 October 2016.

https://www.destatis.de/DE/Methoden/Rechtsgrundlagen/Statistikbereiche/Inhalte/010_BStatG.pdf

Law on the fees for full and partial inpatient hospital services (Krankenhausentgeltgesetz - KHEntgG) of 23 April 2002, § 21.

https://www.destatis.de/DE/Methoden/Rechtsgrundlagen/Statistikbereiche/Inhalte/628_KHEntgG.pdf

Act on the Economic Security of Hospitals and the Regulation of Hospital Nursing Rates (Krankenhausfinanzierungsgesetz - KHG) of 10 April 1991, § 28.

https://www.destatis.de/DE/Methoden/Rechtsgrundlagen/Statistikbereiche/Inhalte/625_KHG.pdf

1.3 Type of survey

The present survey is a secondary statistic.

1.4 Statistical unit/respondents/survey population

The survey units are hospitals and hospital cases. The survey population includes all hospitals that charge according to the DRG reimbursement system and are subject to the scope of § 1 KHEntgG as well as all patients treated as inpatients (hospital cases). Hospitals of the German armed forces

(Bundeswehr), insofar as they treat civilian patients, and clinics of the Employers' Liability Insurance Associations (Berufsgenossenschaften), insofar as the treatment costs are not reimbursed by the accident insurance but by the health insurance, are also included. Excluded are hospitals in penal or disciplinary execution and police hospitals. In addition, services provided by psychiatric and psychosomatic institutions in accordance with § 17d (1) KHG are not taken into account.

1.5 Reporting scope/report channel

The hospitals transmit their hospital-related structural data and case-related efficiencies data to the Institute for the Hospital Remuneration System (InEK) on a machine-readable data carrier by 31 March each year for the preceding calendar year. The data transmission from the InEK to the Federal Statistical Office takes place annually until July 1.

1.6 Reporting period

The reporting period covers the period from 1 January up to and including 31 December of the given calendar year. Recorded are the treatment cases that were dismissed within this period.

1.7 Periodicity

Starting with the reporting year 2005, the DRG data are available annually.

1.8 Regional level

The data are collected for the Federal Republic of Germany up to the level of the place of residence. In publications on the specialised department, results for the hospital level are presented up to the level of the federal state and results for the hospital case level are presented up to the level of the administrative districts.

2. Method

2.1 Survey method

It is a secondary statistic carried out centrally by the Federal Statistical Office. The official statistics themselves do not collect any data, but the data collected by the hospitals are transmitted to the Federal Statistical Office via the Institute for the Remuneration System in Hospitals (InEK).

2.2 Survey content

In addition to sociodemographic characteristics of the patients, such as age, gender or regional reference, especially the types of diseases are surveyed by main and secondary diagnoses, operations and procedures, length of stay and visited specialist departments as well as the type and extent of the charged case rates. In addition, regional information is available for the hospitals.

2.3 Sampling frame

The selection basis for the DRG statistics are all hospitals that bill according to the DRG reimbursement system and are subject to the scope of § 1 KHEntgG.

2.4 Sampling method

No sample was drawn as the survey is a complete enumeration.

2.5 Preparation process

The data transmitted by the InEK are subjected to further technical processing in order to be able to process and analyse them with corresponding statistical analysis programs. Imputations, weightings, calibrations or other procedures of this kind are not used.

2.6 Projections

The survey is a complete enumeration, therefore no projection was made.

2.7 Methodology changes

There were no relevant methodology changes for this statistic.

2.8 Classifications

The main and secondary diagnoses of the patients are classified according to the international statistical classification of diseases and related health problems in the German modification of the version valid for the respective survey year (ICD-10-GM):

<https://www.dimdi.de/dynamic/de/klassifikationen/icd/icd-10-gm/>

The operations and procedures performed on the patients are classified according to the official Operation and Procedure Code (OPS) in the version valid for the respective reporting year:

<https://www.dimdi.de/dynamic/de/klassifikationen/ops/>

For the case rates (DRG), the DRG case rate catalogue is used in the version valid for the respective survey year. It is used by hospitals to bill hospital treatments and is determined annually by the self-administration partners in the health care system (GKV central association, Association of Private Health Insurance, and German Hospital Association) as part of the case rate agreement:

https://www.g-drg.de/G-DRG-System_2018/Fallpauschalen-Katalog

2.9 Functional and spatial comparability

With regard to diagnoses and procedures, comparability within Germany is ensured based on the official classifications described in chapter 2.8. and is subject exclusively to changes in the classification catalogues between the reporting years. Internationally, comparability on this basis is also fundamentally ensured. However, it is limited by the different national accounting systems for hospital treatment.

Different characteristics of hospitals and hospital patients are recorded both in the basic data of hospitals and in the diagnostic data. In some cases, these data differ considerably from the DRG statistic (e.g. number of cases and length of stay). This is mainly due to the fact that, in contrast to the basic and diagnostic data of the official hospital statistics, the DRG statistic does not include any facilities and patients that are outside the scope of the DRG system of charges. These are mainly psychiatric and psychosomatic institutions or psychiatrically and psychosomatically treated patients. Therefore, these statistics can only be compared to a limited extent and should rather be regarded as mutual supplements.

3. Quality

In general, the DRG statistic can be expected to be of very high data quality.

In theory, an under-recording of hospitals and treated patients could emerge if data deliveries of individual hospitals are not transmitted on time or only incompletely. Due to the nature of the data as billing data of the hospitals it can, however, be assumed that the data collection is mostly complete.

Furthermore, extensive quality assurance measures are carried out both by the Institute for the Hospital Remuneration System (InEK) and by the Federal Statistical Office. Complex data verification procedures are used to check the plausibility and conformity of the information. The procedures are systematically run through in several stages and are subject to regular adaptation and further development. It is, for example, checked which diagnosis codes can or may occur in which gender and / or age groups. It should be noted that the keys are assigned in the hospital and errors could already occur there. However, since the diagnosis and procedure specifications are relevant to hospital charges, it can be assumed that the quality of the information is very high.

4. Central Publications

The Federal Statistical Office annually publishes functional publications on the results of DRG statistic. Please note that these publications are only available in German.

Fachserie 12 Reihe 6.4: Fallpauschalenbezogene Krankenhausstatistik: Diagnosen, Prozeduren, Fallpauschalen und Case Mix der vollstationären Patientinnen und Patienten in Krankenhäusern
[Diagnosis-Related Groups Statistic: Diagnoses, procedures, case rates and case mix of fully inpatient patients in hospitals.]

<https://www.destatis.de/DE/Themen/Gesellschaft-Umwelt/Gesundheit/Krankenhaeuser/Publikationen/Downloads-Krankenhaeuser/fallpauschalen-krankenhaus-2120640167004.html>

Fallpauschalenbezogene Krankenhausstatistik (DRG-Statistik) – Operationen und Prozeduren der vollstationären Patientinnen und Patienten in Krankenhäusern (4-Steller)

[Diagnosis-Related Groups Statistic (DRG statistic) – operations and procedures of fully inpatient patients in hospitals (4 digits)]

<https://www.destatis.de/DE/Themen/Gesellschaft-Umwelt/Gesundheit/Krankenhaeuser/Publikationen/Downloads-Krankenhaeuser/operationen-prozeduren-5231401187014.pdf>

Fallpauschalenbezogene Krankenhausstatistik (DRG-Statistik) – Operationen und Prozeduren

[Diagnosis-Related Groups Statistic (DRG statistic) – Operations and procedures]

<https://www.destatis.de/DE/Themen/Gesellschaft-Umwelt/Gesundheit/Krankenhaeuser/inhalt.html#sprg234206>

5. RDC Supply

The Diagnosis-Related Groups statistic is available via the on-site ways of data access (remote execution and safe centre). All available reporting years can be analysed via remote execution. For legal reasons, the data can only be made available at the safe centre starting with the reporting year 2008. A Campus File is available for the survey year 2010. Further information on the available RDC products can be found at:

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

