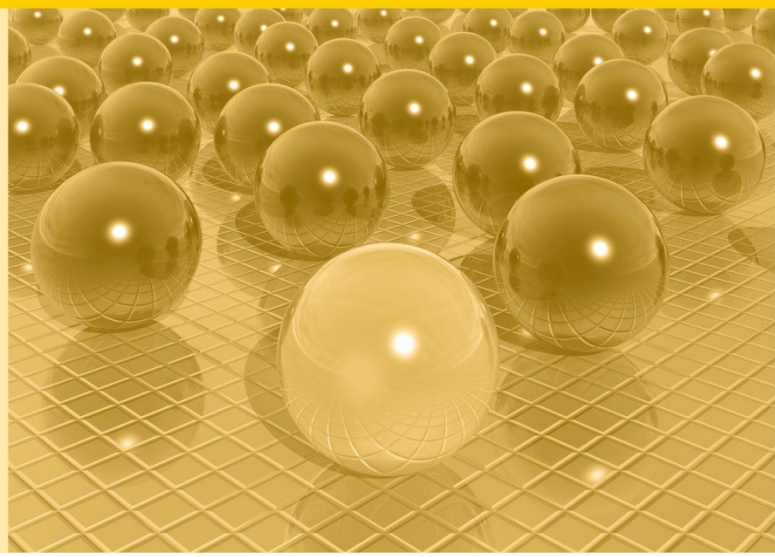
Metadata report



Part II: Product-specific information on the use of the *DRG statistic 2024 for on-site use*

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Inhalt

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

To maintain confidentiality, the third gender must not be published. The characteristics "diverse" and "undefined" are randomly assigned to the categories "male" and "female".

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 02 = Hamburg 03 = Niedersachsen 04 = Bremen 05 = Nordrhein-Westfalen 06 = Hessen 07 = Rheinland-Pfalz 08 = Baden-Württemberg 09 = Bayern 10 = Saarland 11 = Berlin 12 = Brandenburg 13 = Mecklenburg-Vorpommern 14 = Sachsen 15 = Sachsen-Anhalt 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		classified according to the AGS as of December 31 of the reporting year. Evaluations at this regional level not possible for confidentiality reasons.
kh_kreis	District of the hospital	a	2	0 – 93		classified according to the AGS as of December 31 of the reporting year. Evaluations at this regional level not possible for confidentiality reasons.

kh_gem	Municipality of the hospital	a	3	0 – 632		classified according to the AGS as of December 31 of the reporting year. Evaluations at this regional level not possible for confidentiality reasons.
kh_plz	Postal code of the hospital	a	5	1067 – 99976		Evaluations at this regional level not possible for confidentiality reasons.
kh_typ_gem3	Type of region of the hospital	a	2	01 = urban region 02 = region with rudimentary urban growth 03 = rural region		Explanations at www.bbsr.bund.de
pat_land	Federal state of the patient	a	2	01 = Schleswig-Holstein 02 = Hamburg 03 = Niedersachsen 04 = Bremen 05 = Nordrhein-Westfalen 06 = Hessen 07 = Rheinland-Pfalz 08 = Baden-Württemberg 09 = Bayern 10 = Saarland 11 = Berlin 12 = Brandenburg 13 = Mecklenburg-Vorpommern 14 = Sachsen 15 = Sachsen-Anhalt 16 = Thüringen au = Ausland oh = no data provided (category available for reporting years 2005 2010) 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 a = foreign u = unknown		

pat_kreis	district of the patient	a	2	00 – 93 au = foreign un = unknown		
pat_gem	Municipality of the patient	a	3	0 – 999 aus = foreign unb = unknown		classified according to the AGS as of December 31 of the reporting year. Evaluations at this regional level not possible for confidentiality reasons.
pat_ags5	district of the patient (five-digit in accordance with AGS)	a	5	01001 – 16077 ausaa = foreign unbuu = unknown		
pat_typ_gem3	Type of region of the patient	a	2	01 = urban region 02 = region with rudimentary urban growth 03 = rural region	yes	Explanations at www.bbsr.bund.de
sex	Sex	a	1	m = male w = female u = unknown		
sex_original	Sex	a	1	m = male w = female d = gender diverse x = undefined		Evaluations are not possible for reasons of confidentiality. Use the variable “sex” for evaluations according to gender.
alter	Age in years	n	8	999 = unknown		

typ_alter	Age (grouped)	n	3	1 = 0 years 2 = 1 to 4 years 3 = 5 to 9 years 4 = 10 to 14 years 5 = 15 to 19 years 6 = 20 to 24 years 7 = 25 to 29 years 8 = 30 to 34 years 9 = 35 to 39 years 10 = 40 to 44 years 11 = 45 to 49 years 12 = 50 to 54 years 13 = 55 to 59 years 14 = 60 to 64 years 15 = 65 to 69 years 16 = 70 to 74 years 17 = 75 to 79 years 18 = 80 to 84 years 19 = 85 to 89 years 20 = 90 to 94 years 21 = 95 to 110 years 22 = unknown		
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 1 = 1 month 2 = 2 month 3 = 3 month 4 = 4 month 5 = 5 month 6 = 6 month 7 = 7 month 8 = 8 month 9 = 9 month 10 = 10 month 11 = 11 month 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 2 = no	yes	
aufn_anl	Cause of admission	a	1	E = referral by a physician Z = referral by a dentist N = emergency R = admission after prior treatment in a rehabilitation facility V = transfer with a duration of therapy of over 24 hours at transfering hospital K = transfer (admission) of another hospital in the course of a cooperation (category available for reporting years 2005-2008) A = transfer with a duration of therapy of up to 24 hours at transfering hospital (for admissions after 1.1.2007) 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 2 = hospital treatment, full inpatient with previous preadmission treatment 5 = inpatient childbirth 6 = birth 7 = readmission due to complications (flat rate per case) according to KFPV 2003 8 = inpatient admission for organ removal 99 = unknown (category available for reporting years 2005-2007)		
aufn_gew	Weight of admission in grams (only for children up to the age of one)	n	8	0 = 1 year and older	yes	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			

entl_grd	Cause of discharge	n	3	1 = regular termination of treatment 2 = regular termination of treatment, post-discharge treatment intended 3 = treatment terminated for other reasons 4 = treatment terminated against medical advice 5 = changes in responsibility of cost unit (in days-reacted charges) 6 = transfer to another hospital 7 = death 8 = transfer to another hospital as part of a cooperation 9 = discharge into a rehabilitation facility 10 = discharge into a long-term care facility 11 = discharge into a hospice 13 = external transfer for psychiatric treatment 14 = treatment terminated for other reasons, post-discharge treatment intended 15 = treatment terminated against medical advice, post-discharge treatment intended 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 22 = case end (internal transfer) when changing between full and part-time inpatient treatment 24 = termination of an external stay with absence past midnight (BdpflV-section, for pseudo-specialist department 0003) (category available as of reporting year 2016) 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) 26 = Start of a period without direct patient contact (inpatient equivalent treatment) 27 = Termination of a period without direct patient contact (inpatient equivalent treatment - for pseudo-specialty department 0004) 28 = regular termination of treatment, ventilated discharged 29 = regular termination of treatment, ventilated transferred 30 = regular termination of treatment, transition to transitional care for hospital cases recorded after 1.11.2021 30 = unplanned termination of an external stay for day-care treatment - emergency 99 = Cause of discharge missing		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 ND = secondary diagnosis (Nebendiagnose) SD = secondary diagnosis (Sekundärdiagnose) 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) 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 L = left B = double-sided 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 O = operational flat rate per case A = other flat rates per case	yes	
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 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 N = no, no participation / performance of external operators 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 N = no, no participation / performance of external anesthesists U = unknown	yes	
bel_heb1- bel_heb101	external midwives	a	1	J = yes, participation / performance of external midwives N = no, no participation / performance of external midwives U = unknown	yes	
ops_ve1- ops_ve101	OPS-version	n	4	four-digit information on reporting year 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- dat_ops101	OPS-date	a	8	date in format YYYYMMDD 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- zeit_ops101	OPS-time	a	4	time in format hhmm 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 L = left B = double-sided U = unknown	yes	
fab1 - fab100	Specialist departments	a	8	0 = Pseudo-specialty department for hospital reference in the case of internal transfers and/or readmissions and/or external stays with absence over midnight 1 = Pseudo-specialty department for the stay in the event of a retransfer 2 = Pseudo-specialty department for external stay on readmission 5 = Pseudo-specialty department for period without direct	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

				Patient contact (for full or partial inpatient treatment in the DRG charge area) 6 = Pseudo-specialty department for return to the hospital for day care treatment 01 = internal medicine 0102 = focus geriatrics 0103 = focus cardiology 0104 = focus nephrology 0105 = focus haematology and internal oncology 0106 = focus endocrinology 0107 = focus gastroenterology 0108 = focus pneumology 0109 = focus rheumatology 0114 = focus pulmonary and bronchial medicine 0150 = tumour research 0151 = focus coloproktology 0152 = focus infectious diseases 0153 = focus diabetes 0154 = focus naturopathy 0156 = focus stroke patients (Stroke units, art. 7 § 1 (3) GKV -SolG) 02 = geriatrics 0224 = focus gynaecology 0260 = day-care hospital (for semi-stationary nursing charges) 0261 = night-care hospital (for semi-stationary nursing charges) 03 = cardiology 04 = nephrology 0410 = focus paediatrics 0436 = intensive care 05 = haematology and internal oncology 0510 = focus paediatrics 0524 = focus gynaecology 0533 = focus radiotherapeutics 06 = endocrinology 0607 = focus gastroenterology 0610 = focus paediatrics 07 = gastroenterology 0706 = focus endocrinology 0710 = focus paediatrics 08 = pneumology 09 = rheumatology 0910 = focus paediatrics 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		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. Specialist department codes, for which it is 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: - 0436 - 1136 - 1536 - 2036 - 2050 - 2136 - 2150 - 36xx Special arrangement for pseudo-specialist departments in ETL-segment of the

				1028 = focus paediatric neurology 1050 = focus perinatal medicine 1051 = long-term range children 11 = paediatric cardiology 1136 = focus intensive care 12 = neonatology 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 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 18 = vascular surgery 19 = plastic surgery 20 = thoracic surgery 2021 = focus heart surgery 2036 = intensive care 2050 = focus heart surgery intensive care 21 = heart surgery 2118 = focus vascular surgery 2120 = focus thoracic surgery 2136 = intensive care (§ 13 (2) 3, 2. BPflV version released on 31.12.2003) 2150 = focus thoracic surgery intensive care 22 = urology 23 = orthopaedics 2309 = focus rheumatology 2315 = focus surgery 2316 = orthopaedics and trauma surgery 24 = gynaecology and obstetrics 2402 = focus geriatrics 2405 = focus haematology and internal oncology 2406 = focus endocrinology 2425 = gynaecology 25 = obstetrics 26 = otorhinolaryngology 27 = ophthalmology 28 = neurology 2810 = focus paediatrics 2851 = focus gerontology 2852 = focus neurological early rehabilitation		discharging display: - 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. - 0001: pseudo-specialist department for residence in case of a return transfer - 0002: pseudo-specialist department for an external residence in case of a readmission - 0003: pseudo-specialist department for an 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)).

				2856 = focus stroke patients (Stroke units, art. 7 § 1 (3) GKV SolG) 29 = general psychiatry 2928 = emphasis neurology 2930 = focus child and youth psychiatry 2931 = focus psychosomatics / psychotherapy 2950 = focus addiction treatment 2951 = focus gerontological psychiatry 2952 = focus forensic treatment 2953 = focus addiction treatment, day-care hospital 2954 = focus addiction treatment, night-care hospital 2955 = focus gerontological psychiatry, day-care hospital 2956 = focus gerontological psychiatry, night-care hospital 2960 = day-care hospital (for semi-stationary nursing charges) 2961 = night-care hospital (for semi-stationary nursing charges) 30 = child and youth psychiatry 3060 = day-care hospital (for semi-stationary nursing charges) 3061 = night-care hospital (for semi-stationary nursing charges) 31 = psychosomatics / psychotherapy 3110 = focus child and youth psychiatry 3160 = day-care hospital (for semi-stationary nursing charges) 3161 = night-care hospital (for semi-stationary nursing charges) 32 = nuclear medicine 3233 = focus radiotherapeutics 33 = radiotherapeutics 3305 = focus haematology and internal oncology 3350 = focus radiology 34 = dermatology 3460 = day-care hospital (for semi-stationary nursing charges) 35 = dentistry and oral surgery 36 = intensive care 3601 = focus internal medicine 3603 = focus cardiology 3610 = focus paediatrics 3617 = focus neurosurgery 3618 = focus surgery 3621 = heart surgery 3622 = focus urology 3624 = focus gynaecology and obstetrics 3626 = focus otorhinolaryngology 3628 = focus neurology 3650 = focus surgery 3651 = thoracic heart surgery 3652 = cardiothroracic surgery 37 = other specialist departments 3750 = angiology 3751 = radiology 3752 = palliative medicine 3753 = pain therapy 3754 = healing therapy department 3755 = spinal surgery		

				3756 = addiction medicine 3757 = abdominal surgery 3758 = weaning unit		
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		yes	
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 2 = Document department only 3 = only special equipment 4 = several different assignments		
abt_art1 - abt_art100	department category	a	8	HA = main department BA = occupancy department BE = special department	yes	
ik	Hospital-ID (anonymised)	a	9			
fall_nr	number of case (anonymised)	n	8			
entl_ort	Discharging facility (6-digits) (anonymised)	n	6			The first six digits of the nine-digit discharging facility number (https://krankenhausstandorte.de/login)
entl_ort9	Discharging facility (9-digits) (anonymised)	a	9			nine-digit discharging facility number (https://krankenhausstandorte.de/login)
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 02 = days = 1 03 = days = 2 04 = days = 3 05 = days = 4 06 = days = 5 07 = days = 6 08 = days = 7 09 = days <= 9 10 = days <= 12 11 = days <= 14 12 = days <= 21 13 = days <= 28 14 = days <= 35 15 = days <= 42 16 = days <= 70 17 = days <= 182 18 = days <= 365 19 = days <= 99999		
std_fall	day case	n	3	1 = yes 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. The nursing staff costs for the patient care on wards with beds will be financed by an individual will be financed by a hospital-specific nursing budget. At therefore nursing staff costs are not included in the calculation.
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. The nursing staff costs for the patient care on wards with beds will be

						financed by an individual will be financed by a hospital-specific nursing budget. At therefore nursing staff costs are not included in the calculation.

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 2024 can be found using the following link:
https://www.bfarm.de/EN/Code-systems/Classifications/ICD/ICD-10-GM/Code-search/_node.html.

The operation and procedure code relevant for the reporting year 2024 can be found using the following link:
https://www.bfarm.de/EN/Code-systems/Classifications/OPS-ICHI/OPS/Code-search/_node.html.

2.3. Basic values of relevant characteristics and characteristic combinations

Federal State of patient	Count	Percent
Schleswig-Holstein	559.161	3,35
Hamburg	306.661	1,84
Lower Saxony	1.577.062	9,46
Bremen	115.342	0,69
North Rhine-Westphalia	3.991.895	23,94
Hessia	1.224.788	7,34
Rhineland-Palatinate	866.375	5,2
Baden-Württemberg	1.801.932	10,81
Bavaria	2.532.388	15,19
Saarland	224.918	1,35
Berlin	656.879	3,94
Brandenburg	557.978	3,35
Mecklenburg-Western Pomerania	365.601	2,19
Saxony	810.086	4,86
Saxony-Anhalt	498.758	2,99
Thuringia	511.522	3,07
Unknown	74.723	0,45
Sum	16.676.069	100

Federal State of hospital	Count	Percent
Schleswig-Holstein	500.151	3
Hamburg	436.447	2,62
Lower Saxony	1.473.806	8,84
Bremen	167.782	1,01
North Rhine-Westphalia	4.043.674	24,25
Hessia	1.194.449	7,16
Rhineland-Palatinate	804.898	4,83
Baden-Württemberg	1.844.020	11,06
Bavaria	2.577.078	15,45
Saarland	236.969	1,42
Berlin	757.635	4,54
Brandenburg	462.246	2,77
Mecklenburg-Western Pomerania	366.767	2,2
Saxony	832.197	4,99
Saxony-Anhalt	471.820	2,83
Thuringia	506.130	3,04
Sum	16.676.069	100

Gender of patient	Count	Percent
Male	8.005.062	48,13
Female	8.626.013	51,87
Sum	16.631.075	100

Age of patient	Count	Percent
0 to 9 years	1.360.553	8,16
10-19 years	513.910	3,08
20-29 years	889.537	5,33
30-39 years	1.297.230	7,78
40-49 years	1.091.730	6,55
50-59 years	1.887.353	11,32
60-69 years	2.913.806	17,47
70 and older	6.721.904	40,31
Unknown	46	0
Sum	16.676.069	100

Main diagnosis according to ICD-10-GM	Count	Percent
I. Certain infectious and parasitic diseases	542.240	3,25
II. Neologisms (C00 – D48)	1.772.407	10,63
III. Diseases of the blood and haematopoietic organs and certain disorders involving the immune system (D50 – D90)	118.468	0,71
IV. Endocrine, nutritional and metabolic diseases (E00 – E90)	509.414	3,05
V. Mental and behavioural disorders (F00 – F99)	204.333	1,23
VI. Diseases of the nervous system (G00 – G99)	622.043	3,73
VII. Diseases of the eye and eye appendages (H00 – H59)	311.297	1,87
VIII. Diseases of the ear and mastoid process (H60 – H95)	125.609	0,75
IX. Diseases of the circulatory system (I00 – I99)	2.641.355	15,84
X. Diseases of the respiratory system (J00 – J99)	1.320.396	7,92
XI. Diseases of the digestive system (K00 – K93)	1.629.355	9,77
XII. Diseases of the skin and subcutis (L00 – L99)	238.330	1,43

XIII. Diseases of the musculoskeletal system and connective tissue (M00 – M99)	1.458.957	8,75
XIV. Diseases of the urogenital system (N00 – N99)	986.420	5,92
XV. Pregnancy, childbirth and puerperium (O00 – O99)	869.541	5,21
XVI. Certain states originating in the perinatal period (P00 – P96)	173.044	1,04
XVII. Congenital malformations, deformities and chromosomal anomalies (Q00 – Q99)	86.831	0,52
XVIII. Symptoms and abnormal clinical and laboratory findings not elsewhere classified (R00 – R99)	712.215	4,27
XIX. Injuries, poisoning, and certain other consequences of external causes (S00 – T98)	1.773.134	10,63
XX. – XII. External causes of morbidity and mortality; Factors influencing health status and leading to use of health services; key for special purposes (U00 – Z99)	580.680	3,48
Sum	16.676.069	100

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 2024 for on-site use