

**COUNTING THE NUMBER OF
DIAGNOSIS-SPECIFIC ADMISSIONS –
SUMMARY**

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UNIT OF HEALTH-CARE EPIDEMIOLOGY

UNIVERSITY OF OXFORD

REPORT MR9



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COUNTING THE NUMBER OF
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Summary of objectives

The aim of the study was to advise on the specification of indicators for condition-specific admissions when there are continuous in-patient spells (CIPS) with multiple finished consultant episodes (FCE). Five diagnoses were used as exemplars:

- acute myocardial infarction (AMI)
- asthma
- diabetes mellitus
- fractured neck of femur
- stroke.

Abstract

The basic unit of analysis for counting the number of condition-specific admissions should be the CIPS as it:

- is a more clinically relevant measure than FCEs
- obviates having to handle transfers between FCEs in an analysis.

The majority of CIPS for all the diagnoses studied had one FCE and this varied by diagnosis from 62% of emergency admissions for stroke to 99% of elective admissions for asthma.

Emergency and elective admissions should be analysed separately.

In analyses of condition-specific admissions a decision has to be made about including:

- All admissions with the diagnosis coded anywhere on the record (regardless of which FCE or position in the FCE).
- Only admissions in which the diagnosis is coded as the main diagnosis on:
 - last or only FCE in the CIPS (standard practice)
 - first or only FCE in the CIPS.

It is rare for a diagnosis to be only recorded as the main one in a FCE that is not the first or last in a CIPS. The range was from <0.1% of emergency admissions for asthma to 6% of elective admissions for AMI.

Using the standard practice, of defining the main diagnosis in a CIPS as the main one in the last FCE, identifies the great majority of the CIPS that have at least one FCE with the diagnosis recorded as the main one. The range was from 89% of emergency admissions for fractured neck of femur to 99.6% of elective admissions for diabetes.

If the main diagnosis for a CIPS was to be defined as the main one in the first FCE, the great majority of CIPS that have at least one FCE with the diagnosis recorded as the main one would be identified. The range was from 72% of elective admissions for AMI to 99.6% of elective admissions for diabetes.

If the main diagnosis of the last FCE is used instead of that from the first FCE:

- Admissions for which there was little difference were:
 - stroke emergency
 - asthma emergency
 - asthma elective
 - diabetes elective.
- Admissions that had fewer CIPS included were:
 - fractured neck of femur emergency.
- Conditions that had more CIPS included were:
 - AMI emergency
 - diabetes emergency
 - fractured neck of femur elective
 - stroke elective
 - AMI elective.