Date last modification of documentation sheet: 18-04-2012

Compared to previous version documentation sheet (28-11-2011) the following issues were adapted:

- New section on relevant policy areas added to the documentation sheet
- Link to new (2011) version of the SHA manual added (see references)

Compared to previous version documentation sheet (23-08-2010) the following issues were adapted:

- Change in URL to OMC indicators of the health and long term care strand at the Eurostat website

ECHIM In diamter	D) Health interventions: health services			
Indicator name	68. Hospital day-cases, selected diagnoses			
Relevant policy areas	<ul> <li>Health system performance, quality of care, efficiency of care, patient safety</li> <li>(Planning of) health care resources</li> <li>Health care costs &amp; utilization</li> </ul>			
Definition of indicator	The number of hospital day-cases from all hospitals during the given calendar year, expressed per 100,000 population. Calculated and presented by the following 25 categories of the International Shortlist for Hospital Morbidity Tabulation (ISHMT).			
	Nr	Description	ICD-10 Codes	
	1	Total (All Causes)	A00 - Z99 excluding V, W, X &Y codes and excluding healthy newborns Z38	
	2	Infectious and Parasitic Diseases	A00 - B99	
	3	Neoplasms	C00 – D48	
	4	Malignant Neoplasm of Colon, Rectum & Anus	C18 - C21	
	5	Malignant Neoplasm of Trachea / Bronchus / Lung	C33 - C34	
	6	Malignant Neoplasm of Breast	C50	
	7	Malignant Neoplasm of Uterus	C53 - C55	
	8	Malignant Neoplasm of Prostate	C61	
	9	Diabetes Mellitus	E10 - E14	
	10	Mental & Behavioural Disorders	F00 - F99	
	11	Dementia	F00 - F03	
	12	Mental and Behavioural Disorders due to Alcohol	F10	
	13	Mood [Affective] Disorders	F30 - F39	
	14	Diseases of the Nervous System	G00 - G99	
	15	Diseases of the Circulatory System	100 - 199	
	16	Acute Myocardial Infarction	I21 - I22	
	17	Cerebrovascular Disease	I60 - I69	
	18	Diseases of the Respiratory System	J00 - J99	
	19	Chronic Obstructive Pulmonary Disease and Bronchiectasis	J40 - J44, J47	
	20	Asthma	J45 - J46	
	21	Diseases of the Digestive System	K00 - K93	
	22	Alcoholic Liver Disease	K70	
	23	Diseases of the Musculoskeletal System & Connective Tissue	M00 - M99	
	23	Diseases of the Genitourinary System	N00 - N99	
	25	Injury, Poisoning & Certain Other Consequences of External Causes	S00 - T98	
Calculation of	The indicator is calculated as the total number of hospital day-cases from all hospitals during a			

the indicator	given calendar year, expressed per 100,000 inhabitants. The definition of hospitals (HP.1) follows the International Classification for Health Accounts– Providers of health care (ICHA-HP) of the System of Health Accounts. For definitions of day-cases see remarks.
Relevant dimensions and subgroups	<ul> <li>Calendar year</li> <li>Country</li> <li>Region (according to ISARE recommendations; see data availability)</li> <li>Age groups: 0-64 and 65+</li> <li>Age group exceptions:</li> <li>dementia: no disaggregation according to age (not relevant for population below 65)</li> <li>asthma: 0-14 and 15+ (similar to asthma incidence indicator: nr 26; hospital admissions for asthma in particular relevant in children)</li> <li>injury and poisoning &amp; certain other consequences of external causes: 0-14, 15-24, 25-64, and 65+ (similar to injury incidence indicators: nr 29, 30 and 31; injuries are an important cause of burden of disease particularly in children and young adults).</li> </ul>
Preferred data type and data source(s)	Preferred data type: - Registers (administrative data sources, national hospital discharge registers) Preferred source: - Eurostat
Data availability	Annual national and regional data are provided in absolute numbers (total number). 24 EU countries, Norway and Switzerland are included in the Eurostat dataset. However, data availability varies by country and by year. Greece, Romania, Bulgaria were the only EU-27 countries not included. Regional data (NUTS II level) available for few countries and depending on year. The ISARE project on regional data has not collected data on numbers of hospital day-cases.
Data periodicity	Data are updated annually and available for the period 2000-2009.
Rationale	Indicators based on hospital day-cases for particular diseases provide information on the burden of these diseases on health services, complementing the information on hospital discharges. Besides, hospital daycases give information on the situation and evolution of these modes of production in health care sector. The indicator is also used in assessment of quality of care, costs and efficiency.
Remarks	<ul> <li>Hospital daycases is one of the indicators of the health and long-term care strand of the Open Method of Coordination on Social Inclusion and Social Protection. Data are under preparation.</li> <li>Data are not age-standardized by Eurostat. Therefore ECHIM uses breakdown in age groups (0-64, 65+). Data are available however by 5 year age groups, so age-standardized data could be computed.</li> <li>ECHIM does not require disaggregation of this indicator by sex, and only by two age groups (0-64 and 65+) to reduce the number of operationalisations. Data are provided by Eurostat for total population and for 5-year age groups. So the aggregated age groups need to be computed.</li> <li>Day-case: day care comprises medical and paramedical services (episode of care) delivered to patients who are formally admitted for diagnosis, treatment or other types of health care with the intention of discharging the patient on the same day. An episode of care for a patient who is admitted as a day-care patient and subsequently stays overnight is classified as an overnight stay or other in-patient case (source Eurostat metadata).</li> <li>In most Member States the administrative system does not allow to establish whether somebody was admitted as in-patient or day-case. In these instances in-patients dying on the day of admission may be counted as day-cases, inflating the figures for day-cases.</li> <li>Discharges by diagnosis refer to the principal diagnosis, i.e. the main condition diagnosed at the end of day treatment. The main condition is the one primarily responsible for the patient's need for treatment or investigation (source Eurostat metadata).</li> <li>Total hospital beds are all hospital beds which are regularly maintained and staffed and immediately available for the care of admitted patients. They include beds in all hospitals, including general hospitals (HP.1.3).</li> <li>Two different data sets for hospital discharges by diagnosis are available:</li> </ul>

	a) For data from 2000 onwards: according to the International Classification for Hospital
	Morbidity Tabulation (ISHMT). This shortlist for statistical comparison of hospital activity analysis was adopted in 2005 by Eurostat, the OECD (Organisation for Economic Co-
	operation and Development) and the WHO-FIC (Family of International Classifications) Network.
	b) For data covering the period 1989-2002: according to a Eurostat shortlist of some 60 selective diseases based on ICD-10.
	-The International Shortlist for Hospital Morbidity Tabulation (ISHMT) was developed by the Hospital Data Project (HDP).
	<ul> <li>Data collection takes place in agreement with the World Health Organisation (WHO) and the Organization of Economic Co-operation and Development (OECD). Where applicable, common definitions and data specifications are used in the data collection. From 2010 data collection on health care non expenditure data is made jointly with the OECD and WHO-Europe for human and physical resources. This joint questionnaire might be extended to include procedures and hospital patients.</li> </ul>
References	- Eurostat database: Hospital discharges by diagnosis (ISHMT), day cases, total number http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_co_disch3⟨=en
	<ul> <li>Eurostat database: Hospital discharges by diagnosis (ISHMT) and region, day cases, total number: <u>http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_co_disch3t⟨=en</u></li> <li>Eurostat metadata: Health care: resources and patients (non-expenditure data)</li> </ul>
	Reference Metadata in Euro SDMX Metadata Structure (ESMS)
	http://epp.eurostat.ec.europa.eu/cache/ITY_SDDS/EN/hlth_care_esms.htm
	- Eurostat. Definitions and data collection specifications on health care statistics (non-
	expenditure data) Version 19 July 2010
	http://circa.europa.eu/Public/irc/dsis/health/library?l=/methodologiessandsdatasc/health_care/
	estat-oecd-definitions-c/ EN 1.0 &a=d
	- Eurostat/OECD/WHO international shortlist for hospital morbidity tabulation (ISHMT)
	http://www.who.int/classifications/apps/icd/implementation/hospitaldischarge.htm
	- Eurostat shortlist for hospital discharges (reference data 1989-2002):
	http://epp.eurostat.ec.europa.eu/cache/ITY_SDDS/Annexes/hlth_care_esms_an1.pdf
	- System of Health Accounts (SHA): OECD SHA Manual, 2011 edition:
	http://epp.eurostat.ec.europa.eu/cache/ITY_OFFPUB/KS-30-11-270/EN/KS-30-11-270-
	<u>EN.PDF</u>
	- Hospital Data Project 2 (HDP2):
	http://ec.europa.eu/health/ph projects/2004/action1/docs/action1 2004 frep 32 en.pdf
	- Health Indicators in the European Regions (ISARE) project: <u>http://www.isare.org</u>
	- OMC indicators of the health and long term care strand at the Eurostat website:
	http://epp.eurostat.ec.europa.eu/portal/page/portal/employment social policy equality/omc s ocial inclusion and social protection/health long term care strand
Work to do	<ul> <li>Ask Eurostat to compute age-standardized rates. If these are available, ECHIM can consider</li> </ul>
work to ao	skipping the breakdown by age group, as to limit the number of operationalizations.
	- Only absolute numbers in Eurostat database. So rates need to be calculated, preferable using
	mid-year population as denominator (see documentation sheet for indicator 67. Hospital in-
	patient discharges, selected diagnoses). Ask Eurostat to provide rates.
	- Definition provided by Eurostat for 'day-case' requires further explanation, in particular
	regarding the overlap with out-patients and regarding multiple (consecutive) admissions $\rightarrow$
	Discuss this with Eurostat.
	- Monitor developments Open Method of Coordination.