

# Three “Main Condition” Definitions in a Hospital Form: Brazilian WHO-FIC CC Project

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**Abstract** Since 2006, the Morbidity Referene Group (MbRG) has been discussing the question of definition of “main condition” and its influence on quality of hospital statistics. Three definitions that could show different kinds of statistics were proposed, directing to different interventions in public health. We present a project to evaluate the feasibility of these definitions in a hospital complex in Sao Paulo/Brazil.

## Introduction

According to the current ICD-10 definition, **main condition** is that condition, diagnosed at the end of a relevant episode of health care, primarily responsible for the patient’s need for treatment or investigation. If there is more than one such condition, the one held most responsible for the **greatest use of resources** should be selected. If no diagnosis was made, the **main symptom, abnormal finding or problem** should be selected as the main condition.

Since 2006, the MbRG has been discussing the possible use of three different definitions for main condition, in order to know in which criteria could be incorporated the diagnosis registered in hospitalizations. Brazilian WHOFIC CC, together with HCFMUSP present a project, in order to evaluate the feasibility by trained coders to choose these three definitions on hospital registers, as follows.

1. the condition established as directly responsible for the patient’s hospital admission (**“reason for hospitalization” - RH**),
2. the condition treated during hospitalization, considered as the most important regarding clinical significance and resources destination (**“main treated condition” - MTC**),
3. the underlying or basic cause that originated the condition that occasioned the hospital admission (**“basic cause” - BC**)



**References:**

- ICD-10 Second Edition, 2005, 4. Rules and guidelines for mortality and morbidity coding.
- Guidelines for Hospital Morbidity Coding (SHA/PAHO-AMRO Prepared by Roberto Becker with the collaboration of Carol Lewis, member of CRAES’ Sub Committee on ICD). Meeting of Heads of WHO collaborating Centres for the Family of International Classifications, Bethesda-MD, USA 21-27 October 2001.
- Morbidity Reference Group – Discussion paper: Two different models for choosing main condition *Gunnar Henriksson*. WHO-MbRG Mid-Year Meeting, Kvånum- Sweden, March 2008.

## Methods & Materials

**RH** is related with the patient’s need of immediate care, the availability of human resources and technologies in the hospital and, moreover, with the nature of acute health problems  
**MTC** is strongly related to costs (not only monetary but human), procedures and financing of the system.  
**BC** is much more related to the analysis of health situation, principal health problems, health programs and policies, and prevention measures.

The three types of diagnostic definitions may correspond to the same disease or condition, or to more than one, depending on each case.

The project will be developed in the Clinical Hospital – School of Medicine – University of São Paulo (HC-FMUSP) that is involved in learning, research and assistance. HC-FMUSP counts with more than 2000 beds, distributed among five institutes: Central Institute (ICHC) 983 beds, Orthopedics and Traumatology Institute (IOT) 198 beds, Psychiatry Institute (IPQ) 96 beds, Child Institute (ICR) 207 beds, Heart Institute (INCOR) 483 beds; and two Auxiliary Hospitals for long permanence: Suzano Hospital (HAS) 150 and Cotoxó Hospital (HAC) 121 beds.

The Central Medical Registers services of HCFMUSP have trained teams for diagnostic codification. The Hospital stays are coded at the moment of admission and exit (clinical discharge, death or external transference) in Emergency Service and in the Infirmary. We don’t expect that the sample be representative of the hospital exits. The selection of clinical registers for application of the three definitions will try to warrant the variability of the events analyzed, for what it will be selected 1.000 registers correspondent to the hospital exits occurred in 2006 and 2007.

## Results

Expected Results: The project developed in three phases:

**1st – Preparatory Phase**  
 Training of coders for choosing the diagnostics according to the proposed model; solicitation of the Hospitalization database and selection of registers to be analyzed.

**2nd – Diagnostics Selection**  
 Application of the forms to the clinical hospital registers that will compose the database, according to the proposed definitions; Inclusion of selected diagnostics (RH, PAT e CB) in the database.

**3rd – Analysis**  
 Comparison between selected diagnosis by traditional criteria and the selected by new proposed criteria.

## Conclusions

This study could subside the international definition of main condition and standardize the collection of an important part of hospital statistics, through the use of an universal document, with uniform distinct definitions. This would be specially useful for the 11<sup>th</sup> revision of ICD, that could support the creation of an international form for hospital admission and discharge, as well as that for death declaration.

**(INTERNATIONAL) FORM  
DIAGNOSTIC INFORMATION OF  
HOSPITAL ADMISSION AND  
DISCHARGE**

**Diagnosis:**  
 .....  
 .....  
 .....  
 .....

**REASON FOR HOSPITALIZATION (RH).....  
 MAIN TREATED CONDITION (MTC).....  
 BASIC CONDITION (BC).....**

**Is this the first admission for the  
underlying condition? YES NO**

**If not, which one is it? (2, 3, ...)**