

Diagnosis Related Group (DRG)

Types of GBV

- ✓ Intimate Partner Violence
- ✓ Rape
- ✓ Sexual Assault (excl. rape)
- ✗ Sexual Harassment
- ✗ Stalking

* Most data contain information about injuries sustained by a victim of aggression or of sexual aggression. Sexual Assault codes include Rape as well; here are the following codes under which VAW incidents are recorded; Y05.00 Sexual Assault with physical force by spouse or domestic partner; Y05.01 Sexual Assault with physical force by parent; Y0502 Sexual Assault with physical force by other family member; Y0503 Sexual Assault by force by caretaker; Y0504 Sexual Assault by force by friend or acquaintance; Y0506 Sexual Assault by force by official authorities; Y0507 Sexual Assault by force by unknown person; Y0508 Sexual Assault by force by multiple persons unknown to the victim; Y0508 Sexual Assault by force by other specified persons; Y0509 Sexual Assault by force by unspecified person; X86.00 Aggression through the use of corrosive substance by spouse or domestic partner; X87.00 Aggression through the use of pesticide, by spouse or domestic partner; X88.00 Aggression through the use of vapour or gas by spouse or domestic partner; X89.00 Aggression through the use of other specified substance by spouse or domestic partner; X90.00 Aggression through the use of other unspecified substances by spouse or domestic partner; X91.00 Aggression through choking, hanging or strangulation by spouse or domestic partner; X92.00 Aggression by submersion or drowning in the bathtub by spouse or domestic partner; X92.10 Aggression through drowning by spouse or domestic partner; X95.10 Aggression through firearm by spouse or domestic partner; X96.00 Aggression through explosive by spouse or domestic partner; X97.00 Aggression through exposure to flames, fire or smoke by spouse or Intimate Partner Violence; X99.00 Aggression through the use of sharp objects, knives by spouse or domestic partner; Y00.00 Aggression through the use of a blunt object by spouse or domestic partner; Y01.00 Aggression through pushing from a high building by spouse or domestic partner; Y02.00 Aggression by pushing in front of a moving vehicle by spouse or domestic partner; Y03.00 Aggression through running over with a moving vehicle over a victim by spouse or domestic partner; Y04.00 Aggression through physical force by a spouse or domestic partner; Y08.00 Aggression by other specified means by a spouse or domestic partner; Y09.00 Aggression through the use of an unspecified object by spouse or domestic partner;

Purpose of data collection

- Monitoring

- Inform/evaluate policy
- Accountability

Other purpose:

Health expenses tracking and control in hospital. To monitor hospital activity. To report health indicators at national level.

Data available on

Victim

Background information

- Age
- Sex
- Nationality
- ID
- Name
- Ethnicity
- Marital status
- Dependants

Other: Urban/rural, type of injury, diagnosis, number of hospital days

Relationship with perpetrator

- Yes

Type of relationship: Family member; or an unknown person (for rape codes)

Repeatedly suffering from GBV

- No
-

Perpetrator

- This administrative data source does not collect information on Perpetrator
-

Witness

Background information

- No information collected on Background information
-

Relationship with victim/perpetrator

- No information available

Incident description by witness

- No information available

Children witnessing IPV incident

- No
-

Incident

Code system used

- Health
-

Description of incident

- Date/time
- Harm/injuries

- Location
- Type of violence

Other: Urban/rural, type of injury, diagnosis, hospital days, generally accounts for physical harm and when it occurs on sexual harm.

Protection order

- No information available

Civil justice data

- No information available
-

Incident respond resources

- ✗ No information collected on Incident respond resources
-

Prosecution process

- ✗ This administrative data source does not collect information on Prosecution process
-

Outcomes

- ✗ This administrative data source does not collect information on Outcomes
-
-

Characteristics

Storage System

- ✓ In paper form
- ✗ Electronically (single files)

✘ Electronically (database)

Other: The Clinical Observation Chart - basically the statistical instrument - is a pen and paper instrument used by medical doctors within hospitals; the Clinical Observation Chart is stored and archived at hospital level; the statistical unit at hospital level fills in another statistical instrument the "Minimum Data Set Per Hospitalized Patient " (SMDPC in Romanian acronyms or MDSHP in English), an electronic instrument which is then sent and centralized at the national level at CNSISP and at the medical data validation centre at the National School for Public Health.

Frequency of updating

● Annually

* Annually

Quality assurance process

The process is described in more detail in D6. The Standardized Patient's Chart is filled in by an MD, the data is then processed by specialized personnel with the hospital unit (the DRG is a database recording only hospital data) and a second document, the Minimum Data Set Per Hospitalized Patient in (SMDPC in Romanian acronyms or MDSHP) is produced out of the initial data of the Clinical Observation Chart; the MDSHP is the sent out for validation. The criteria for validation can be grouped into two categories - identification validation criteria - corresponding age; full details; full mentioning of insurance status and medical criteria - match between diagnosis and treatment; for certain conditions do not fill in a Clinical Observation Chart but a different form;

Comparability

✓ Geographical

✘ Over time

✘ None

* Across countries - basically the DRG is an adaptation of ICD-10 and data collected in this system are comparable among different countries;

Timeliness

< 1 month

Additional information: Recording in the Clinical Observation Chart starts upon hospital visit but is finalized upon the release from hospital of the patient; this is the moment when the COC is processed by the statistical staff in a hospital; From that point on it takes about a month to be introduced in the National data base for validation and at this point the CNSISP can only provide annual statistics; on the other hand when doctors receive patients having suffered from battery or sexual assault can call in a social worker who is then responsible for following up on the case - while the procedure is in place it is very rare that the system of referral actually work; a number of hospitals do not have a social worker among their staff nor can they hire one because of the moratorium on state funded jobs;

Current developments

There are few concrete plans to use the database consistently for the information it provides beyond reimbursement and payments from the National Health Care Fund. The main change that seems to continue has to do with the validation criteria. Since the database is quite new it took a while for MDs to get used to it and to show flaws in the validation procedure. Since to 2009, each year there are new modifications of the validation criteria - these also have to do with a current update on most frequent misunderstandings or errors registered in the system.

Relation with third parties

Reported to third parties

No

Used by third parties:

No

Reporter

- ✓ Victim
- ✗ Witness
- ✗ Offender

Other: The medical doctor (MD) who sees the victim in a hospital setting does the reporting; the MD fills in a Clinical Observation Chart, a standardized format for evaluating the condition of the victim and for recording diagnosis and medical procedures recommended.

Website

[Link to website](#)



Metadata

ORGANISATION: National Institute for Health Statistics and Informatics (CNSISP)

SECTOR: Sveikata

GEOGRAPHICAL AREA: National