

PMSI-SSR - Information System Medicalization Program for follow-up and rehabilitation care

Head :Agence Technique de l'Information sur l'Hospitalisation (ATIH)

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General	
Identification	
Detailed name	Information System Medicalization Program for follow-up and rehabilitation care
Sign or acronym	PMSI-SSR
General Aspects	
Medical area	Cancer research Cardiology Endocrinology and metabolism Geriatrics Hematology Immunology Infectious diseases Neurology Ophthalmology Otolaryngology or ENT Physical medicine and rehabilitation Pneumology Psychology and psychiatry Rare diseases Rheumatology Study of allergies Traumatology Urology, andrology and nephrology
Health determinants	Addictions Climate Genetic Geography Iatrogenic Intoxication Nutrition Occupation Pollution Social and psychosocial factors
Others (details)	Data on each pathology
Keywords	Follow-up and rehabilitation care (FRC), hospital stays, re-training, reintegration

Scientific investigator(s) (Contact)	
Name of the director	Agence Technique de l'Information sur l'Hospitalisation (ATIH)
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Organization	Agence Technique de l'Information sur l'Hospitalisation
Collaborations	
Funding	
Funding status	Public
Details	Etat et assurance maladie
Governance of the database	
Sponsor(s) or organisation(s) responsible	Agence Technique de l'Information sur l'Hospitalisation (ATIH)
Organisation status	Public
Additional contact	
Main features	
Type of database	
Type of database	Health relevant administrative databases
Database recruitment is carried out by an intermediary	A selection of health institutions and services
Database recruitment is carried out as part of an interventional study	No
Additional information regarding sample selection.	Exhaustive annual collection
Database objective	
Main objective	PMSI is a tool for medico-economic analysis of hospital activity. Its main purpose is to describe hospital activity to enable a better division of

budgetary envelopes, according to the medical and economic complexity of the pathologies treated in each establishment. By its medical-administrative content, it allows to study hospital morbidity and its caring (diagnosis and actions), and the analysis of regional and interregional fluxes of hospitalizations. It's finally used as an internal management tool for some health establishments.

A collection of synthetic medical information respecting a normalized format has been created for hospitalizations into structures having an authorized activity in follow-up and rehabilitation care. The object of this collection and its treatment is to allow a quantified description, in medical terms, of the activity of the establishment and, on the other hand, through an algorithm based on the information contained in the collection, to group the hospital stays in defined sets, which could found a part of the financing of the establishments.

The collection concerns every kind of hospital stay, complete or partial, in public or private establishments. The collect rules are regularly established. For public or private establishments participating to hospital public service, the collect began the 1st July 1998, and for other private establishments from 1st July 2003. The specificities of the PMSI-SSR (FRC) collect are the following: - recaps are constituted per calendar week, from Monday to Sunday. A FRC hospital stay is covered by one pr more standardizes weekly recaps (SWR, RHS in French). - Three professional categories participate to the collect: doctors (diagnosis and medical actions), nurses (dependence score/Everyday activities grid), reeducators (rehabilitation and readaptation acts)

Inclusion criteria

Every SSR stay in hospitals or clinics

Population type

Age

Newborns (birth to 28 days)
Infant (28 days to 2 years)
Early childhood (2 to 5 years)
Childhood (6 to 13 years)
Adolescence (13 to 18 years)
Adulthood (19 to 24 years)
Adulthood (25 to 44 years)
Adulthood (45 to 64 years)
Elderly (65 to 79 years)
Great age (80 years and more)

Population covered	Sick population
Gender	Male Woman
Geography area	National
Detail of the geography area	Metropolitan France and French oversea departments
Data collection	
Dates	
Date of first collection (YYYY or MM/YYYY)	1998
Size of the database	
Size of the database (number of individuals)	Greater than 20 000 individuals
Details of the number of individuals	In 2011, the base included more than 1 300 000 stays, corresponding to more than 35 millions of days.
Data	
Database activity	Current data collection
Type of data collected	Clinical data Paraclinical data Administrative data
Clinical data (detail)	Direct physical measures
Paraclinical data (detail)	Dependence score, rehabilitation and readaptation acts
Administrative data (detail)	Age, sex, geographic code of residence, date of entry and exit
Presence of a biobank	No
Health parameters studied	Health event/morbidity Health event/mortality Health care consumption and services
Care consumption (detail)	Hospitalization Medicines consumption
Procedures	

Data collection method	Standardized weekly collect (RHS in French) for each patient hospitalized in SSR
Classifications used	- International classification of diseases (10th revision) = CIM-10. - Medical acts catalogue (CdAM), still marginally used in 2005. - Common classification of medical acts (CCAM). - Dependence grid of everyday acts. - Rehabilitation and readaptation activities catalogue (CdARR), until 30/06/2013. - Rehabilitation and readaptation specific activities catalogue (CSARR), mandatory since 01/07/2013. - Homogenous day group (GHJ in French), grouped in Major Clinical Categories (CMC in French) until 2008. - Dominant Morbidity Groups (GMD in French) grouped in Major Clinical Categories (CMC in French) until 2009.
Participant monitoring	No
Links to administrative sources	Yes
Linked administrative sources (detail)	SNIIR-AM
Promotion and access	
Promotion	
Link to the document	http://www.atih.sante.fr/index.php?id
Link to the document	http://www.atih.sante.fr/?id
Link to the document	http://www.ncbi.nlm.nih.gov/pubmed?term
Access	
Terms of data access (charter for data provision, format of data, availability delay)	<p>1) Access to anonymous individual data: - Not available for private individuals - For authorized applicant structures, individual data access depends on a CNIL declaration and accord - The full terms to obtain anonymous data from ATIH are described on the website http://www.atih.sante.fr/index.php?id=0001900001FF</p> <p>2) Aggregate data access: the website of Agence Technique de l'Information sur l'Hospitalisation (ATIH) makes available aggregate data, and allows to consult the weekly recaps of the base anonymous output, with several selection criteria. http://www.atih.sante.fr/?id=000B30000000</p>
Access to aggregated data	Free access

Access to individual data

Access on specific project only