

# Episode of admitted patient care—admission urgency status, code N

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# Episode of admitted patient care—admission urgency status, code N

## Identifying and definitional attributes

<b>Metadata item type:</b>	Data Element
<b>Short name:</b>	Urgency of admission
<b>METEOR identifier:</b>	269986
<b>Registration status:</b>	<a href="#">Health!</a> , Superseded 25/01/2018
<b>Definition:</b>	Whether the <a href="#">admission</a> has an urgency status assigned and, if so, whether <a href="#">admission</a> occurred on an emergency basis, as represented by a code.
<b>Data Element Concept:</b>	<a href="#">Episode of admitted patient care—admission urgency status</a>
<b>Value Domain:</b>	<a href="#">Admission urgency status code N</a>

## Value domain attributes

## Representational attributes

<b>Representation class:</b>	Code
<b>Data type:</b>	Number
<b>Format:</b>	N
<b>Maximum character length:</b>	1

	<b>Value</b>	<b>Meaning</b>
<b>Permissible values:</b>	1	Urgency status assigned - emergency
	2	Urgency status assigned - elective
	3	Urgency status not assigned
<b>Supplementary values:</b>	9	Not known/not reported

## Data element attributes

## Collection and usage attributes

**Guide for use:** CODE 1 Urgency status assigned - emergency

Emergency admission:

The following guidelines may be used by health professionals, hospitals and health insurers in determining whether an emergency admission has occurred. These guidelines should not be considered definitive.

An emergency admission occurs if one or more of the following clinical conditions are applicable such that the patient required admission within 24 hours.

Such a patient would be:

- at risk of serious morbidity or mortality and requiring urgent assessment and/or resuscitation; or
- suffering from suspected acute organ or system failure; or
- suffering from an illness or injury where the viability or function of a body part or organ is acutely threatened; or
- suffering from a drug overdose, toxic substance or toxin effect; or
- experiencing severe psychiatric disturbance whereby the health of the patient

- or other people is at immediate risk; or
- suffering severe pain where the viability or function of a body part or organ is suspected to be acutely threatened; or
- suffering acute significant haemorrhage and requiring urgent assessment and treatment; or
- suffering gynaecological or obstetric complications; or
- suffering an acute condition which represents a significant threat to the patient's physical or psychological wellbeing; or
- suffering a condition which represents a significant threat to public health.

If an admission meets the definition of emergency above, it is categorised as emergency, regardless of whether the admission occurred within 24 hours of such a categorisation being made, or after 24 hours or more.

#### CODE 2 Urgency status assigned - Elective

##### Elective admissions:

If an admission meets the definition of elective above, it is categorised as elective, regardless of whether the admission actually occurred after 24 hours or more, or it occurred within 24 hours. The distinguishing characteristic is that the admission could be delayed by at least 24 hours.

##### Scheduled admissions:

A patient who expects to have an elective admission will often have that admission scheduled in advance. Whether or not the admission has been scheduled does not affect the categorisation of the admission as emergency or elective, which depends only on whether it meets the definitions above. That is, patients both with and without a scheduled admission can be admitted on either an emergency or elective basis.

##### Admissions from elective surgery waiting lists:

Patients on waiting lists for elective surgery are assigned a Clinical urgency status which indicates the clinical assessment of the urgency with which a patient requires elective hospital care. On admission, they will also be assigned an urgency of admission category, which may or may not be elective:

- Patients who are removed from elective surgery waiting lists on admission as an elective patient for the procedure for which they were waiting (see code 1 in metadata item Reason for removal from an elective surgery waiting list code N) will be assigned an Admission urgency status code N code of 2. In that case, their clinical urgency category could be regarded as further detail on how urgent their admission was.
- Patients who are removed from elective surgery waiting lists on admission as an emergency patient for the procedure for which they were waiting (see code 2 in metadata item Reason for removal from an elective surgery waiting list code N), will be assigned an Admission urgency status code N code of 1.

#### CODE 3 Urgency status not assigned

Admissions for which an urgency status is usually not assigned are:

- admissions for normal delivery (obstetric)
- admissions which begin with the birth of the patient, or when it was intended that the birth occur in the hospital, commence shortly after the birth of the patient
- statistical admissions
- planned readmissions for the patient to receive limited care or treatment for a current condition, for example dialysis or chemotherapy.

An urgency status can be assigned for admissions of the types listed above for which an urgency status is not usually assigned. For example, a patient who is to have an obstetric admission may have one or more of the clinical conditions listed above and be admitted on an emergency basis.

#### CODE 9 Not known/not reported

This code is used when it is not known whether or not an urgency status has been assigned, or when an urgency status has been assigned but is not known.

## Source and reference attributes


**Submitting organisation:** Emergency definition working party

**Origin:** National Health Data Committee

## Relational attributes

**Related metadata references:** Has been superseded by [Episode of admitted patient care—admission urgency status, code N](#)

[Health!](#), Standard 25/01/2018

Is re-engineered from  [Urgency of admission, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (21.4 KB)

*No registration status*

**Implementation in Data Set Specifications:**

[Admitted patient care NMDS](#)

[Health!](#), Superseded 07/12/2005

**Implementation start date:** 01/07/2005

**Implementation end date:** 30/06/2006

[Admitted patient care NMDS 2006-07](#)

[Health!](#), Superseded 23/10/2006

**Implementation start date:** 01/07/2006

**Implementation end date:** 30/06/2007

[Admitted patient care NMDS 2007-08](#)

[Health!](#), Superseded 05/02/2008

**Implementation start date:** 01/07/2007

**Implementation end date:** 30/06/2008

[Admitted patient care NMDS 2008-09](#)

[Health!](#), Superseded 04/02/2009

**Implementation start date:** 01/07/2008

**Implementation end date:** 30/06/2009

[Admitted patient care NMDS 2009-10](#)

[Health!](#), Superseded 22/12/2009

**Implementation start date:** 01/07/2009

**Implementation end date:** 30/06/2010

[Admitted patient care NMDS 2010-11](#)

[Health!](#), Superseded 18/01/2011

**Implementation start date:** 01/07/2010

**Implementation end date:** 30/06/2011

[Admitted patient care NMDS 2011-12](#)

[Health!](#), Superseded 11/04/2012

**Implementation start date:** 01/07/2011

**Implementation end date:** 30/06/2012

[Admitted patient care NMDS 2012-13](#)

[Health!](#), Superseded 02/05/2013

**Implementation start date:** 01/07/2012

**Implementation end date:** 30/06/2013

[Admitted patient care NMDS 2013-14](#)

[Health!](#), Superseded 11/04/2014

**Implementation start date:** 01/07/2013

**Implementation end date:** 30/06/2014

[Admitted patient care NMDS 2014-15](#)

[Health!](#), Superseded 13/11/2014

**Implementation start date:** 01/07/2014

**Implementation end date:** 30/06/2015

[Admitted patient care NMDS 2015-16](#)

[Health!](#), Superseded 10/11/2015

**Implementation start date:** 01/07/2015

**Implementation end date:** 30/06/2016

[Admitted patient care NMDS 2016-17](#)

[Health!](#), Superseded 05/10/2016

**Implementation start date:** 01/07/2016

**Implementation end date:** 30/06/2017

[Admitted patient care NMDS 2017-18](#)

[Health!](#), Superseded 25/01/2018

**Implementation start date:** 01/07/2017

**Implementation end date:** 30/06/2018

**Implementation in Indicators:**

**Used as Numerator**

[Indigenous Better Cardiac Care measure: 3.1-Hospitalised ST-segment-elevation myocardial infarction events treated by percutaneous coronary intervention, 2016](#)

[Health!](#), Standard 17/08/2017

[Indigenous Better Cardiac Care measure: 3.3-Hospitalised acute coronary syndrome events that included diagnostic angiography or definitive revascularisation procedures, 2016](#)

[Health!](#), Standard 17/08/2017

[Indigenous Better Cardiac Care measure: 3.5-Hospitalised acute myocardial infarction events that ended with death of the patient, 2016](#)

[Health!](#), Standard 17/08/2017

**Used as Denominator**

[Indigenous Better Cardiac Care measure: 3.1-Hospitalised ST-segment-elevation myocardial infarction events treated by percutaneous coronary intervention, 2016](#)

[Health!](#), Standard 17/08/2017

[Indigenous Better Cardiac Care measure: 3.3-Hospitalised acute coronary syndrome events that included diagnostic angiography or definitive revascularisation procedures, 2016](#)

[Health!](#), Standard 17/08/2017

[Indigenous Better Cardiac Care measure: 3.5-Hospitalised acute myocardial infarction events that ended with death of the patient, 2016](#)

[Health!](#), Standard 17/08/2017