Clinical evidence status

Important note: This is an archived metadata standard from the AIHW Knowledgebase. For current metadata standards and related information please access METeOR, the AIHW's Metadata Online Registry at http://meteor.aihw.gov.au

Identifying and Definitional Attributes

Data Dictionary:	NHDD		
Knowledgebase ID:	001026	Version number:	1
Metadata type:	DATA ELEMENT		
Registration Authority:	NHIMG	Admin status:	SUPERSEDED
		Effective date:	01-MAR-05
Definition:	Indicator of the status of evidence for a pre-existing clinical condition.		
Context:	Acute coronary treatment settings.		

Relational and Representational Attributes

Datatype:	Numeric	
Representational form:	CODE	
Representation layout:	N	
Minimum Size:		
Maximum Size:	1	
Data Domain:	1	objective evidence
	2	no objective evidence

Guide For Use: Acute coronary syndrome - DSS specific:
This data element seeks to ensure that patients with self-reported past symptoms pertinent to acute coronary syndrome, have objective evidence supporting reported diagnoses, using current medical practice.

For Chronic lung disease
Objective evidence is coded where the diagnosis is supported by current use of chronic lung disease pharmacological therapy, or a forced expiratory volume in 1 second (FEV1) less than 80% predicted FEV1/FVC less than 0.7 (post bronchodilator). Respiratory failure PaO2 less than 60 mmHg (8kPa), or PaCO2 greater than 50 mmHg (6.7 kPa).

For Heart failure

Objective evidence is coded where a patient has current symptoms of heart failure (typically breathlessness or fatigue), either at rest or during exercise and / or signs of pulmonary or peripheral congestion and objective evidence of cardiac dysfunction at rest. The diagnosis is derived from and substantiated by clinical documentation from testing according to current practices.

For Stroke
For ischaemic: non-haemorrhagic cerebral infarction, objective evidence is coded where the diagnosis is supported by cerebral imaging (CT or MRI), or
For haemorrhagic: intracerebral haemorrhage, objective evidence is coded where the diagnosis is supported by cerebral imaging (CT or MRI).

For Peripheral arterial disease
For Peripheral artery disease, objective evidence is coded where the diagnosis is derived from and substantiated by clinical documentation for a patient with a history of either chronic or acute occlusion or narrowing of the arterial lumen in the aorta or extremities.
For Aortic aneurysm, objective evidence is coded when the diagnosis of aneurysmal dilatation of the aorta (thoracic and or abdominal) is supported and substantiated by appropriate documentation of objective testing.
For Renal artery stenosis, objective evidence is coded when the diagnosis of functional stenosis of one or both renal arteries is present and is supported and substantiated by appropriate documentation of objective testing.

Sleep Apnoea syndrome
Objective evidence is coded where the diagnosis is derived from and substantiated by clinical documentation of sleep apnoea syndrome (SAS). SAS has been diagnosed from the results of a sleep study.

Collection Methods: For each concurrent clinical condition - on presentation, the data element Clinical evidence status must also be recorded.

Related metadata: is used in conjunction with Concurrent clinical condition - on presentation version 1

Administrative Attributes

Source Document:

Source Organisation: Acute Coronary Syndrome Data Working Group.

Comments: Chronic lung disease
current use of chronic lung disease pharmacological therapy (e.g. inhalers, theophylline, aminophylline, or steroids) and / or
Note: the diagnosis rests on the airflow limitation, which is not fully reversible. Consider treating as asthma if airflow limitation is substantially reversible. (The Thoracic Society of Australia & New Zealand and the Australian Lung Foundation, Chronic Obstructive Pulmonary Disease (COPD) Australian & New Zealand Management Guidelines and the COPD Handbook. Version 1, November 2002.)
Heart failure
The most widely available investigation for documenting left ventricular dysfunction is the transthoracic echocardiogram (TTE). Other modalities include:
transoesophageal echocardiography (TOE)
radionuclide ventriculography (RVG)
left ventriculogram (LVgram)
magnetic resonance imaging (MRI)
in the absence of any adjunctive laboratory tests, evidence of supportive clinical signs of ventricular dysfunction. These include:
third heart sound (S3)
cardiomegaly
elevated jugular venous pressure (JVP)
chest X-ray evidence of pulmonary congestion

Data Element Links

Information Model Entities linked to this Data Element

NHIM Acute event

Data Agreements which include this Data Element

DSS - Acute coronary syndrome (clinical) From 04-Jun-04 to