Episode of admitted patient care—condition onset flag, code N

Exported from METEOR (AIHW's Metadata Online Registry)

Episode of admitted patient care—condition onset flag, code N

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Condition onset flag
METEOR identifier:	354816
Registration status:	Health!, Superseded 07/02/2013
Definition:	A qualifier for each coded diagnosis to indicate the onset of the condition relative to the beginning of the episode of care, as represented by a code.

Data element concept attributes

Identifying and definitional attributes

Data element concept:	Episode of admitted patient care—condition onset flag
METEOR identifier:	354809
Registration status:	Health!, Superseded 25/01/2018
Definition:	A qualifier for each coded diagnosis to indicate the onset of the condition relative to the beginning of the episode of care.
Context:	Health services
Object class:	Episode of admitted patient care
Property:	Condition onset flag

Value domain attributes

Identifying and definitional attributes

Value domain:	Condition onset flag code N
METEOR identifier:	355703
Registration status:	Health!, Superseded 07/02/2013
Definition:	A code set representing the onset of a diagnosed condition relative to the beginning of the episode of care.

Representational attributes

Representation class:	Code	
Data type:	Number	
Format:	N	
Maximum character length:	1	
	Value	**Meaning**
Permissible values:	1	Condition with onset during the episode of admitted patient care
	2	Condition not noted as arising during the episode of admitted patient care
Supplementary values:	9	Not reported

Collection and usage attributes

Guide for use:

1 Condition with onset during the episode of admitted patient care

- a condition which arises during the episode of admitted patient care and would not have been present on admission

Includes:

Conditions resulting from misadventure during medical or surgical care during the episode of admitted patient care.

Abnormal reactions to, or later complication of, surgical or medical care arising during the episode of admitted patient care.

Conditions arising during the episode of admitted patient care not related to surgical or medical care (for example, pneumonia).

2 Condition not noted as arising during the episode of admitted patient care

- a condition present on admission such as the presenting problem, a comorbidity, chronic disease or disease status.
- a previously existing condition not diagnosed until the episode of admitted patient care.

Includes:

In the case of neonates, the conditions present at birth.

A previously existing condition that is exacerbated during the episode of admitted patient care.

Conditions that are suspected at the time of admission and subsequently confirmed during the episode of admitted patient care.

Conditions that were not diagnosed at the time of admission but clearly did not develop after admission (for example malignant neoplasm).

Conditions where the onset relative to the beginning of the episode of admitted patient care is unclear or unknown.

9 Not reported

The condition onset flag could no be reported due to limitations of the data management system.

Data element attributes

Collection and usage attributes

Guide for use:	Assign the relevant condition onset flag to ICD-10-AM diagnosis codes assigned in the principal diagnosis and additional diagnosis fields for the National Hospital Morbidity Database collection.

The sequencing of diagnosis codes must comply with the Australian Coding Standards and therefore diagnosis codes should not be re-sequenced in an attempt to list diagnosis codes with the same condition onset flag together.

When it is difficult to decide if a condition was present at the beginning of the episode of care or if it arose during the episode, assign a value of 2 - Condition not noted as arising during this episode of care.

The principal diagnosis should always have a condition onset flag value of 2.

Explanatory notes:

The flag on external cause, place of occurrence and activity codes should match that of the corresponding injury or disease code.

The flag on morphology codes should match that on the corresponding neoplasm code

When a single diagnosis code describes a condition and that code contains more than one concept (e.g. diabetes with renal complications) and each concept within that code has a different condition onset flag, then assign a value of 2.

When a condition requires more than one diagnosis code to describe it, it is possible for each diagnosis code to have a different condition onset flag.

The flag on Z codes related to the outcome of delivery on the mother's record (Z37), should always be assigned a value of 2.

The flag on Z codes related to the outcome of delivery on the baby's record (Z38), should always be assigned a value of 2.

Collection methods: A condition onset flag should be recorded and coded upon completion of an episode of admitted patient care.

Comments: The condition onset flag is a means of differentiating those conditions which arise during, or arose before, an admitted patient episode of care. Having this information will provide an insight into the kinds of conditions patients already have when entering hospital and what arises during the episode of care. A better understanding of those conditions arising during the episode of care may inform prevention strategies particularly in relation to complications of medical care.

The flag only indicates when the condition had onset, and cannot be used to indicate whether a condition was considered to be preventable.

Source and reference attributes

Origin: Australian Institute of Health and Welfare

Relational attributes

Related metadata references:	Supersedes Episode of admitted patient care—diagnosis onset type, code N Health!, Superseded 05/02/2008

Has been superseded by Episode of admitted patient care—condition onset flag, code N
        Health!, Superseded 05/10/2016

Implementation in Data Set Specifications:	[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

Implementation in Indicators:

Used as Numerator

[Australian Health Performance Framework: PI 2.2.3–Sentinel events, 2020](#)
       [Health!](#), Qualified 16/02/2022

[National Healthcare Agreement: P22-Selected potentially preventable hospitalisations, 2010](#)
       [Health!](#), Superseded 08/06/2011

[National Healthcare Agreement: P41-Falls resulting in patient harm in hospitals, 2010](#)
       [Health!](#), Superseded 08/06/2011

[National Healthcare Agreement: P42-Intentional self-harm in hospitals, 2010](#)
       [Health!](#), Superseded 08/06/2011

[National Healthcare Agreement: PB 07-By 2014-15, improve the provision of primary care and reduce the proportion of potentially preventable hospital admissions by 7.6 per cent over the 2006-07 baseline to 8.5 per cent of total hospital admissions, 2011](#)
       [Health!](#), Superseded 30/10/2011

[National Healthcare Agreement: PB 07-By 2014-15, improve the provision of primary care and reduce the proportion of potentially preventable hospital admissions by 7.6 per cent over the 2006-07 baseline to 8.5 per cent of total hospital admissions, 2012](#)
       [Health!](#), Superseded 25/06/2013

[National Healthcare Agreement: PB f-By 2014-15, improve the provision of primary care and reduce the proportion of potentially preventable hospital admissions by 7.6 per cent over the 2006-07 baseline to 8.5 per cent of total hospital admissions, 2013](#)
       [Health!](#), Superseded 30/04/2014

[National Healthcare Agreement: PB f-By 2014-15, improve the provision of primary care and reduce the proportion of potentially preventable hospital admissions by 7.6 per cent over the 2006-07 baseline to 8.5 per cent of total hospital admissions, 2014](#)
       [Health!](#), Superseded 14/01/2015

[National Healthcare Agreement: PB f-By 2014-15, improve the provision of primary care and reduce the proportion of potentially preventable hospital admissions by 7.6 per cent over the 2006-07 baseline to 8.5 per cent of total hospital admissions, 2015](#)
       [Health!](#), Superseded 08/07/2016

[National Healthcare Agreement: PI 18-Selected potentially preventable hospitalisations, 2013](#)
       [Health!](#), Superseded 30/04/2014

[National Healthcare Agreement: PI 18-Selected potentially preventable hospitalisations, 2014](#)
    Health!, Superseded 14/01/2015

[National Healthcare Agreement: PI 18-Selected potentially preventable hospitalisations, 2015](#)
    Health!, Superseded 08/07/2016

[National Healthcare Agreement: PI 22-Selected potentially preventable hospitalisations, 2011](#)
    Health!, Superseded 31/10/2011

[National Healthcare Agreement: PI 22-Selected potentially preventable hospitalisations, 2011](#)
    Health!, Superseded 31/10/2011

[National Healthcare Agreement: PI 22-Selected potentially preventable hospitalisations, 2012](#)
    Health!, Superseded 25/06/2013

[National Healthcare Agreement: PI 41-Falls resulting in patient harm in hospitals, 2011](#)
    Health!, Superseded 31/10/2011

[National Healthcare Agreement: PI 41-Falls resulting in patient harm in hospitals, 2012](#)
    Health!, Retired 25/06/2013

[National Healthcare Agreement: PI 42-Intentional self-harm in hospitals, 2011](#)
    Health!, Superseded 31/10/2011

[National Healthcare Agreement: PI 42-Intentional self-harm in hospitals, 2012](#)
    Health!, Retired 25/06/2013