

Condition onset flag code N

Exported from METEOR (AIHW's Metadata Online Registry)

© Australian Institute of Health and Welfare 2024

This product, excluding the AIHW logo, Commonwealth Coat of Arms and any material owned by a third party or protected by a trademark, has been released under a Creative Commons BY 4.0 (CC BY 4.0) licence. Excluded material owned by third parties may include, for example, design and layout, images obtained under licence from third parties and signatures. We have made all reasonable efforts to identify and label material owned by third parties.

You may distribute, remix and build on this website's material but must attribute the AIHW as the copyright holder, in line with our attribution policy. The full terms and conditions of this licence are available at <https://creativecommons.org/licenses/by/4.0/>.

Enquiries relating to copyright should be addressed to info@aihw.gov.au.

Enquiries or comments on the METEOR metadata or download should be directed to the METEOR team at meteor@aihw.gov.au.

Condition onset flag code N

Identifying and definitional attributes

Metadata item type:	Value Domain
METEOR identifier:	652000
Registration status:	Health! , Superseded 25/01/2018
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:

CODE 1 (COF 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 or suspected on admission.

Includes:

- A condition resulting from misadventure during surgical or medical care in the current episode of admitted patient care (e.g. accidental laceration during procedure, foreign body left in cavity, medication infusion error).
- An abnormal reaction to, or later complication of, surgical or medical care arising during the current episode of admitted patient care (e.g. postprocedural shock, disruption of wound, catheter associated urinary tract infection (UTI)).
- A condition newly arising during the episode of admitted patient care (e.g. pneumonia, rash, confusion, UTI, hypotension, electrolyte imbalance).
- A condition impacting on obstetric care arising after admission, including complications or unsuccessful interventions of labour and delivery or prenatal/postpartum management (e.g. labour and delivery complicated by fetal heart rate anomalies, postpartum haemorrhage).
- For neonates, this also includes the condition(s) in the birth episode arising during the birth event (i.e. the labour and delivery process) (e.g. respiratory distress, neonatal aspiration, conditions associated with birth trauma, newborn affected by delivery or intrauterine procedures).
- Disease status or administrative codes arising during the episode of admitted patient care (e.g. cancelled procedure, multi-resistant *Staphylococcus aureus* (MRSA)).

CODE 2 (COF 2) Condition not noted as arising during the episode of admitted patient care

- a condition previously existing or suspected on admission such as the presenting problem, a comorbidity or chronic disease.

Includes:

- A condition that has not been documented at the time of admission, but clearly did not develop after admission (e.g. newly diagnosed diabetes mellitus, malignancy and morphology).
- A previously existing condition that is exacerbated during the current episode of admitted patient care (e.g. atrial fibrillation, unstable angina).
- A condition that is suspected at the time of admission and subsequently confirmed during the current episode of admitted patient care (e.g. pneumonia, acute myocardial infarction (AMI), stroke, unstable angina).
- A condition impacting on obstetric care arising prior to admission (e.g. venous complications, maternal disproportion).
- For neonates, this also includes the condition(s) in the birth episode arising before the labour and delivery process (e.g. prematurity, birth weight, talipes, clicking hip).
- Disease status or administrative codes not arising during the episode of admitted patient care (e.g. history of tobacco use, duration of pregnancy, colostomy status).
- Outcome of delivery (Z37) and place of birth (Z38) codes.

COF 9 Not reported

The condition onset flag could not be reported due to limitations of the data management system.

Source and reference attributes

Submitting organisation: Independent Hospital Pricing Authority

Relational attributes

Related metadata references:

Supersedes [Condition onset flag code N Health!](#), Superseded 05/10/2016

Has been superseded by [Condition onset flag code N Health!](#), Standard 25/01/2018
[Tasmanian Health](#), Standard 06/05/2021

Data elements implementing this value domain:

[Episode of admitted patient care—condition onset flag, code N Health!](#), Superseded 25/01/2018