

Person—systolic blood pressure measurement result recorded indicator, yes/no code N

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Person—systolic blood pressure measurement result recorded indicator, yes/no code N

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Systolic blood pressure measurement result recorded indicator
METEOR identifier:	588766
Registration status:	Health , Standard 13/03/2015 Indigenous , Standard 13/03/2015
Definition:	An indicator of whether a person's systolic blood pressure measurement result has been recorded, as represented by a code.
Data Element Concept:	Person—systolic blood pressure measurement result recorded indicator
Value Domain:	Yes/no code N

Value domain attributes

Representational attributes

Representation class:	Code	
Data type:	Boolean	
Format:	N	
Maximum character length:	1	
	Value	Meaning
Permissible values:	1	Yes
	2	No

Source and reference attributes

Submitting organisation:	Australian Institute of Health and Welfare
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Data element attributes

Collection and usage attributes

Guide for use:	CODE 1 Yes
	A person has had their systolic blood pressure measurement result recorded.
	CODE 2 No
	A person has not had their systolic blood pressure measurement result recorded.

Source and reference attributes

Submitting organisation:	Australian Institute of Health and Welfare
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Relational attributes

Implementation in Data Set Specifications:	Aboriginal and Torres Strait Islander specific primary health care NBEDS December 2023
	Indigenous , Superseded 27/04/2024
	Implementation start date: 01/07/2023

Implementation end date: 31/12/2023

Conditional obligation:

Reporting against this data element is conditional on a person having a 'CODE 2 No' response to '[Person—cardiovascular disease recorded indicator, yes/no code N](#)'.

DSS specific information:

In the ATSI SPHC NBEDS only aggregated data with 'CODE 1 Yes' are provided to the AIHW.

[Aboriginal and Torres Strait Islander specific primary health care NBEDS June 2024](#)

[Indigenous](#), Standard 27/04/2024

Implementation start date: 01/01/2024

Implementation end date: 30/06/2024

Conditional obligation:

Reporting against this data element is conditional on a person having a 'CODE 2 No' response to '[Person—cardiovascular disease recorded indicator, yes/no code N](#)'.

DSS specific information:

In the ATSI SPHC NBEDS only aggregated data with 'CODE 1 Yes' are provided to the AIHW.

[Indigenous primary health care DSS 2015-17](#)

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

[Indigenous](#), Superseded 27/02/2018

Implementation start date: 01/07/2015

Implementation end date: 30/06/2017

[Indigenous primary health care NBEDS 2017-18](#)

[Health](#), Superseded 06/09/2018

[Indigenous](#), Superseded 22/10/2018

Implementation start date: 01/07/2017

Implementation end date: 30/06/2018

[Indigenous primary health care NBEDS 2018-19](#)

[Health](#), Superseded 12/12/2018

[Indigenous](#), Superseded 02/04/2019

Implementation start date: 01/07/2018

Implementation end date: 30/06/2019

[Indigenous primary health care NBEDS 2019-20](#)

[Health](#), Superseded 16/01/2020

[Indigenous](#), Superseded 14/07/2021

Implementation start date: 01/07/2019

Implementation end date: 30/06/2020

[Indigenous primary health care NBEDS 2020-21](#)

[Health](#), Retired 13/10/2021

Implementation start date: 01/07/2020

Implementation end date: 30/06/2021

[Indigenous-specific primary health care NBEDS December 2020](#)

[Indigenous](#), Superseded 03/07/2022

Implementation start date: 01/07/2020

Implementation end date: 31/12/2020

Conditional obligation:

Reporting against this data element is conditional on a person having a 'CODE 2 No' response to '[Person—cardiovascular disease recorded indicator, yes/no code N](#)'.

DSS specific information:

In the ISPHC NBEDS only aggregated data with CODE 1 are provided to the AIHW.

[Indigenous-specific primary health care NBEDS December 2021](#)

[Indigenous](#), Superseded 12/06/2023

Implementation start date: 01/07/2021

Implementation end date: 31/12/2021

Conditional obligation:

Reporting against this data element is conditional on a person having a 'CODE 2 No' response to '[Person—cardiovascular disease recorded indicator, yes/no code N](#)'.

DSS specific information:

In the ISPHC NBEDS only aggregated data with CODE 1 are provided to the AIHW.

[Indigenous-specific primary health care NBEDS December 2022](#)

[Indigenous](#), Superseded 18/12/2023

Implementation start date: 01/07/2022

Implementation end date: 31/12/2022

Conditional obligation:

Reporting against this data element is conditional on a person having a 'CODE 2 No' response to '[Person—cardiovascular disease recorded indicator, yes/no code N](#)'.

DSS specific information:

In the ISPHC NBEDS only aggregated data with CODE 1 are provided to the AIHW.

[Indigenous-specific primary health care NBEDS June 2021](#)

[Indigenous](#), Superseded 06/11/2022

Implementation start date: 01/01/2021

Implementation end date: 30/06/2021

Conditional obligation:

Reporting against this data element is conditional on a person having a 'CODE 2 No' response to '[Person—cardiovascular disease recorded indicator, yes/no code N](#)'.

DSS specific information:

In the ISPHC NBEDS only aggregated data with CODE 1 are provided to the AIHW.

[Indigenous-specific primary health care NBEDS June 2022](#)

[Indigenous](#), Superseded 27/08/2023

Implementation start date: 01/01/2022

Implementation end date: 30/06/2022

Conditional obligation:

Reporting against this data element is conditional on a person having a 'CODE 2 No' response to '[Person—cardiovascular disease recorded indicator, yes/no code N](#)'.

DSS specific information:

In the ISPHC NBEDS only aggregated data with CODE 1 are provided to the AIHW.

[Indigenous-specific primary health care NBEDS June 2023](#)

[Indigenous](#), Superseded 25/02/2024

Implementation start date: 01/01/2023

Implementation end date: 30/06/2023

Conditional obligation:

Reporting against this data element is conditional on a person having a 'CODE 2 No' response to '[Person—cardiovascular disease recorded indicator, yes/no code N](#)'.

DSS specific information:

In the ISPHC NBEDS only aggregated data with 'CODE 1 Yes' are provided to the AIHW.

Implementation in Indicators:

Used as Numerator

[First Nations-specific primary health care: PI20a-Number of First Nations regular clients who have the necessary risk factors recorded to assess absolute cardiovascular disease \(CVD\) risk, December 2023](#)

[Indigenous](#), Superseded 27/04/2024

[First Nations-specific primary health care: PI20a-Number of First Nations regular clients who have the necessary risk factors recorded to assess absolute cardiovascular disease \(CVD\) risk, June 2024](#)

[Indigenous](#), Standard 27/04/2024

[First Nations-specific primary health care: PI20b-Proportion of First Nations regular clients who have the necessary risk factors recorded to assess absolute cardiovascular disease \(CVD\) risk, December 2023](#)

[Indigenous](#), Superseded 27/04/2024

[First Nations-specific primary health care: PI20b-Proportion of First Nations regular clients who have the necessary risk factors recorded to assess absolute cardiovascular disease \(CVD\) risk, June 2024](#)

[Indigenous](#), Standard 27/04/2024

[Indigenous primary health care: PI20a-Number of regular clients who have had the necessary risk factors assessed to enable cardiovascular disease \(CVD\) assessment, 2018-2019](#)

[Health](#), Superseded 16/01/2020

[Indigenous](#), Superseded 14/07/2021

[Indigenous primary health care: PI20a-Number of regular clients who have had the necessary risk factors assessed to enable cardiovascular disease \(CVD\) assessment, June 2020](#)

[Health](#), Retired 13/10/2021

[Indigenous](#), Superseded 14/07/2021

[Indigenous primary health care: PI20a-Number of regular clients who have had the necessary risk factors assessed to enable CVD assessment, 2015](#)

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

[Indigenous](#), Superseded 20/01/2017

[Indigenous primary health care: PI20a-Number of regular clients who have had the necessary risk factors assessed to enable CVD assessment, 2015-2017](#)

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

[Indigenous](#), Superseded 27/02/2018

[Indigenous primary health care: PI20a-Number of regular clients who have had the necessary risk factors assessed to enable CVD assessment, 2015-2017](#)

[Health](#), Superseded 17/10/2018

[Indigenous](#), Superseded 17/10/2018

[Indigenous primary health care: PI20b-Proportion of regular clients who have had the necessary risk factors assessed to enable cardiovascular disease \(CVD\) assessment, 2018-2019](#)

[Health](#), Superseded 16/01/2020

[Indigenous](#), Superseded 14/07/2021

[Indigenous primary health care: PI20b-Proportion of regular clients who have had the necessary risk factors assessed to enable cardiovascular disease \(CVD\) assessment, June 2020](#)

[Health](#), Retired 13/10/2021

[Indigenous](#), Superseded 14/07/2021

[Indigenous primary health care: PI20b-Proportion of regular clients who have had the necessary risk factors assessed to enable CVD assessment, 2015](#)

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

[Indigenous](#), Superseded 20/01/2017

[Indigenous primary health care: PI20b-Proportion of regular clients who have had the necessary risk factors assessed to enable CVD assessment, 2015-2017](#)

[Health](#), Superseded 17/10/2018
[Indigenous](#), Superseded 17/10/2018

[Indigenous primary health care: PI20b-Proportion of regular clients who have had the necessary risk factors assessed to enable CVD assessment, 2015-2017](#)

[Health](#), Superseded 25/01/2018
[Indigenous](#), Superseded 27/02/2018

[Indigenous-specific primary health care: PI20a-Number of Indigenous regular clients who have the necessary risk factors recorded to assess absolute cardiovascular disease \(CVD\) risk, December 2020](#)

[Indigenous](#), Superseded 03/07/2022

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[Indigenous](#), Superseded 12/06/2023

[Indigenous-specific primary health care: PI20a-Number of Indigenous regular clients who have the necessary risk factors recorded to assess absolute cardiovascular disease \(CVD\) risk, December 2022](#)

[Indigenous](#), Superseded 18/12/2023

[Indigenous-specific primary health care: PI20a-Number of Indigenous regular clients who have the necessary risk factors recorded to assess absolute cardiovascular disease \(CVD\) risk, June 2021](#)

[Indigenous](#), Superseded 06/11/2022

[Indigenous-specific primary health care: PI20a-Number of Indigenous regular clients who have the necessary risk factors recorded to assess absolute cardiovascular disease \(CVD\) risk, June 2022](#)

[Indigenous](#), Superseded 27/08/2023

[Indigenous-specific primary health care: PI20a-Number of Indigenous regular clients who have the necessary risk factors recorded to assess absolute cardiovascular disease \(CVD\) risk, June 2023](#)

[Indigenous](#), Superseded 25/02/2024

[Indigenous-specific primary health care: PI20b-Proportion of Indigenous regular clients who have the necessary risk factors recorded to assess absolute cardiovascular disease \(CVD\) risk, December 2020](#)

[Indigenous](#), Superseded 03/07/2022

[Indigenous-specific primary health care: PI20b-Proportion of Indigenous regular clients who have the necessary risk factors recorded to assess absolute cardiovascular disease \(CVD\) risk, December 2021](#)

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[Indigenous-specific primary health care: PI20b-Proportion of Indigenous regular clients who have the necessary risk factors recorded to assess absolute cardiovascular disease \(CVD\) risk, December 2022](#)

[Indigenous](#), Superseded 18/12/2023

[Indigenous-specific primary health care: PI20b-Proportion of Indigenous regular clients who have the necessary risk factors recorded to assess absolute cardiovascular disease \(CVD\) risk, June 2021](#)

[Indigenous](#), Superseded 06/11/2022

[Indigenous-specific primary health care: PI20b-Proportion of Indigenous regular clients who have the necessary risk factors recorded to assess absolute cardiovascular disease \(CVD\) risk, June 2022](#)

[Indigenous](#), Superseded 27/08/2023

[Indigenous-specific primary health care: PI20b-Proportion of Indigenous regular clients who have the necessary risk factors recorded to assess absolute cardiovascular disease \(CVD\) risk, June 2023](#)

[Indigenous](#), Superseded 25/02/2024