

Health-care incident— clinical service context, code N[N]

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Clinical service context
METEOR identifier:	329822
Registration status:	<ul style="list-style-type: none">• Health, Standard 07/12/2011
Definition:	The area of clinical practice where the health-care incident occurred, as represented by a code.
Data Element Concept:	Health-care incident—clinical service context

Value domain attributes

Representational attributes

Representation class:	Code
Data type:	Number
Format:	N[N]
Maximum character length:	2

Permissible values:

Value	Meaning
1	Emergency department
2	Cardiology
3	Dentistry
4	Cosmetic procedures (including elective plastic surgery)
5	Otolaryngology
6	General medicine (including internal medicine)
7	General practice
8	General surgery
9	Gynaecology
10	Hospital outpatient department
11	Neurology
12	Obstetrics
13	Oncology
14	Orthopaedics
15	Paediatrics
16	Perinatology (including neonatology)
17	Plastic surgery (non-elective)
18	Psychiatry
19	Radiology
20	Urology
23	Cardio-thoracic surgery
24	Community-based care
25	Intensive care
26	Neurosurgery
27	Ophthalmology
28	Oral and maxillofacial surgery
29	Pathology
30	Public health
31	Rehabilitation
32	Vascular surgery
88	Other

Supplementary values:

Value	Meaning
97	Not applicable
99	Not stated/inadequately described

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

Steward: [Australian Institute of Health and Welfare](#)

Data element attributes

Collection and usage attributes

Guide for use:

Only one code may be selected for this data element.

Where the incident occurred in a hospital, the name of the hospital department in which the incident occurred may provide the most appropriate description of the clinical service context. In many cases, the clinical service context will reflect the specialty of the main clinician treating the patient, but this will not always be the case. For example, where a patient is treated in the Emergency department by a gynaecologist, Code 1 'Emergency department' should be recorded.

Where the 'Primary incident or allegation type' is 'Anaesthetic', the code chosen for this item should relate to the main procedure that was being carried out, in the context of which the anaesthetic was being administered. Note that complications arising from the anaesthetic administration should not be used as the basis for selecting a category, for example broken teeth as a complication should not be coded as 'Dentistry'.

Where none of the other codes apply, select Code 88 'Other' and enter a brief description of the relevant clinical service area as described in the data element *Health-care incident—clinical service context, text X[X(39)]*. Code 88 supersedes Code 21 previously used in historical data.

CODE 2 Cardiology

'Cardiology' excludes cardio-thoracic surgery.

CODE 3 Dentistry

'Dentistry' excludes oral and maxillofacial surgery.

CODE 8 General surgery

'General surgery' is used for all operations performed by surgeons and procedural general practitioners. Circumcision should also be included in this category.

CODE 9 Gynaecology

'Gynaecology' should only be recorded when the patient is female.

CODE 11 Neurology

'Neurology' excludes neurosurgery.

CODE 12 Obstetrics

'Obstetrics' should only be recorded when the patient is a baby (less than 1 year old) or a female of childbearing age.

CODE 13 Oncology

'Oncology' includes radiotherapy or nuclear medicine and gynae–oncology.

CODE 15 Paediatrics

'Paediatrics' excludes neonatology.

CODE 16 Perinatology (including neonatology)

'Perinatology (including neonatology)' is only recorded where the health-care incident that is the basis for the medical indemnity claim occurred shortly before or shortly after the birth of the patient.

CODE 24 Community-based care

'Community-based care' includes community care, hospital in the home, district nursing, and care delivered in nursing homes.

CODE 29 Pathology

'Pathology' includes cytology and tissue retention disputes.

CODE 30 Public health

'Public health' includes vaccination and screening programs, for example, Breastscreen.

CODE 88 Other

'Other' should be selected when none of the more specific codes above apply.

CODE 97 Not applicable

'Not applicable' covers claims for health-care incidents which lack an identifiable clinical service context, for instance incidents in a hospital's public access areas or complaints against disclosure of a patient's medical records.

CODE 99 Not stated/inadequately described

'Not stated/inadequately described' should be used when the information is not currently available. Not stated/inadequately described should not be used when a medical indemnity claim is closed.

Comments:

In developing this data element, the Medical Indemnity Data Working Group initially agreed on a short list of key clinical areas of particular interest for medical indemnity claims analysis. The list has been expanded to make use of text descriptions previously provided by data suppliers in the free text field.

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

Steward: [Australian Institute of Health and Welfare](#)

Relational attributes

Related metadata references: See also [Health-care incident—clinical service context, text X\[X\(39\)\]](#)

- [Health](#), Standard 07/12/2011

Implementation in Data Set Specifications:

[Medical indemnity DSS 2012-14 Health](#), Superseded 21/11/2013

Implementation start date: 01/07/2012

Implementation end date: 30/06/2014

[Medical indemnity NBPDS 2014-Health](#), Standard 21/11/2013

Implementation start date: 01/07/2014

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