

**Preliminary Proposals for Revisions
to the Elective Surgery Information
System (ESIS)
for 1.7.1999**

February 1999

**Acute Health Division
Department of Human Services**

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Introduction

In 1998, the *Review of Elective Surgery Waiting Lists* identified the need for refinement of the Elective Surgery Information System (ESIS). In response, the ESIS Technical Reference Group was formed, comprising hospital representatives from metropolitan and regional Victoria, as well as Department of Human Services officers. This document represents the culmination of the efforts of that group to date.

From 1 July 1999, changes to the ESIS data collection will be necessary:

- To ensure that Victoria continues to meet its national reporting obligations
- To meet the recommendations of the *Review of Elective Surgery Waiting Lists*
- To standardise data collections across the Department of Human Services in preparation for the RAPID data warehouse implementation.

This document is being distributed to all Victorian Hospitals which currently report to ESIS, and to software suppliers known to have Victorian clients. It outlines the changes to ESIS, by providing:

- Details of proposed new, amended and discontinued definitions, fields and edits
- Current and Revised file structures.

A brief overview of these proposals will be given at the PRS/2 Forum to be held at 10:00am on Friday 26 February in the Ella Latham Lecture Theatre at the Royal Children's Hospital, Flemington Road, Parkville.

These proposals should not be regarded as a comprehensive list of changes to be made for 1999–2000. Items in this publication cannot be guaranteed to change, or to change in the form suggested here; nor does the absence of an item from this publication indicate that it will not change from 1 July 1999.

It is expected that the release of this document will stimulate discussion within the health industry. **Feedback is sought on these proposals.** Hospitals and software suppliers should review this document and assess the feasibility of these proposals. All are invited to provide written feedback to the Department of Human Services by completing the proforma provided with this document, and forwarding it to the Department by Monday 22 February 1999.

Constructive suggestions are welcomed, both for dealing with the proposed changes identified, and for other alterations to ESIS to improve its utility for hospitals. All comments will be assessed by the ESIS Technical Reference Group, and it is expected that a Final Revisions document will be released in March 1999. It should be noted that key performance indicators for the Hospital Access Program will be developed in consultation with hospitals as a separate process.

Once changes to ESIS are finalised, hospitals will be required to alter their externally supplied or in house waiting list systems by 1 July 1999, so that those systems gather and transmit the required data to ESIS.

1 Header Record

File Structure Current (1 January 1998 - 30 June 1999)

	Data items	Maximum characters	Alpha/ Numeric	Format/Values
M	Census Date	8	N	DDMMCCYY
M	Hospital Code	5	A/N	Left justified
M	Total Number of Records Extracted	6	N	Right justified, zero filled
	Total	19		

File Structure *Proposed revised (1 July 1999 - 30 June 2000)*

Bold entries identify items with proposed amendments

	Data items	Maximum characters	Alpha/ Numeric	Format/Values
M	Census Date	8	N	DDMMCCYY
M	Hospital Code	3	A/N	XXX
M	Total Number of Records *	6	N	Right justified, zero filled
	Total	17		

All alpha characters must be in uppercase.

M = Mandatory

* Note title change for this data item.

1.1 Amend data item

1.1.1 Hospital Code

Proposed revision

Reduce the character length of the Hospital Code field in the Header Record, from five characters to three characters.

Report the new three character Hospital Code for this hospital, in the Hospital Code field.

The list of new Hospital Codes for ESIS reporting hospitals appears in Appendix 1.

Notes

With the development of the Data Warehouse, a new code set has been developed by DHS for this field. This code set will provide more flexibility in the issuing and use of the codes, now and into the future, across the collections within the Warehouse.

A complete set of Hospital Codes for Victorian Public Hospitals is provided in Appendix 2.

2 Patient Record

File Structure Current (1 January 1998 - 30 June 1999)

	Data items	Maximum characters	Alpha/ Numeric	Format/Values
	Patient / Unit Record Number	12	A/N	Left justified
	Waiting Number	2	A/N	Right justified, zero filled
	Date of Birth of Patient	8	N	DDMMCCYY
	Patient Gender	1	A/N	M,F
	Postcode	4	N	
	Locality	30	A/N	
	Principal Prescribed Procedure	3	A/N	Right justified, zero filled
	Surgical Specialty	2	A/N	01,02,03,04,05,06,07,08,09,10,11
	Clinical Urgency Category	1	A/N	1,2,3
	Intended Length of Stay	1	A/N	S,O
	Date of Registration	8	N	DDMMCCYY
	Date of Urgency Reassignment	8	N	DDMMCCYY
	Previous Urgency Category	1	A/N	1,2,3
	Patient Listing Status	1	A/N	N,R
	Status Reassignment	8	N	DDMMCCYY
	Reason for NRFC Status	1	A/N	C,D,S
	Date Booked for Awaited Procedure	8	N	DDMMCCYY
	Booking Number	2	A/N	Right justified, zero filled
	Reason for Rebooking	1	A/N	C,H,P
	Date of Scheduled Admission	8	N	DDMMCCYY
	Date of Removal from List	8	N	DDMMCCYY
	Reason for Removal	1	A/N	A,B,C,D
	Insurance Declaration on Admission	1	A/N	B,I

	Data items	Maximum characters	Alpha/ Numeric	Format/Values
	Reason for Cancellation	1	A/N	B,F,I,M,N,O,Q,U
	Total	121		

File Structure *Proposed revised (1 July 1999 - 30 June 2000)*

Bold entries identify items with proposed amendments, and proposed new data items.

There are eight new data items proposed.

For *conditional mandatory* fields, see key at the foot of this table for conditions under which the fields become mandatory.

	Data Items	Maximum characters	Alpha/ Numeric	Format/Values
M	Unique Key	6	A/N	
M	Patient Identifier *	12	A/N	Right justified, zero filled
	Medicare Number	11	N	NNNNNNNNNNN or all spaces
M	Medicare Suffix	3	A/N	AAA
M	Waiting Number	2	A/N	Left justified, NN
M	Date of Birth *	8	N	DDMMCCYY
M	Sex *	1	A/N	1,2,3
M	Postcode	4	A/N	
M	Locality	30	A/N	
M	Principal Prescribed Procedure	3	A/N	Left justified, XXX
M	Surgical Specialty	2	A/N	01,02,03,04,05,06,07,08,09,10,11
M	Clinical Urgency *	1	A/N	1,2,3
M	Planned Length of Stay *	1	A/A	1,2
M	Registration Date *	8	N	DDMMCCYY
M	Source of Referral	1	A/N	1,2,3,4,5
	Referring Hospital	3	A/N	XXX
♣	Urgency Reassignment Date*	8	N	DDMMCCYY
♣	Previous Urgency Category	1	A/N	1,2,3
M	Patient Listing Status	1	A/N	N,R
	Status Reassignment Date	8	N	DDMMCCYY
	Reason for NRFC Status	1	A/N	C,D,S
◇	Booking Date *	8	N	DDMMCCYY
◇	Booking Number	2	A/N	Left justified, NN

	Data Items	Maximum characters	Alpha/ Numeric	Format/Values
	Reason for Rebooking	1	A/N	C,H,P
◇	Scheduled Admission Date *	8	N	DDMMCCYY
✂	Removal Date *	8	N	DDMMCCYY
✂	Reason for Removal	1	A/N	A,B,C,D,E,T
	Insurance Declaration *	1	A/N	M,P,V,W,T,A,S,C,O,X
	Reason for Cancellation	1	A/N	B,F,I,M,N,O,Q,U
	Transfer Destination	3	A/N	XXX
M	Total Not Ready for Care Days	4	N	Right justified, zero filled NNNN or all zeros
M	Total Not Ready for Care Days Since Last Urgency Reassignment	4	N	Right justified, zero filled NNNN or all zeros
	Total	156		

All alpha characters must be in uppercase.

M = Mandatory.

♣ = If data reported in one of these fields, the other field is mandatory.

◇ = If data reported in any of these fields, the other fields are mandatory.

✂ = If data reported in one of these fields, the other field is mandatory.

* Note title changes for these data items

2.1 Proposed new data items

2.1.1 Unique Key

Field characteristics

Six character alpha/numeric field.

Field content

A hospital derived unique identifier specific to an individual waiting list patient episode. The patient must have a new Unique Key for each waiting episode.

Guidelines for use

The Unique Key can be computer generated, or have specific relevance at the hospital.

A Unique Key cannot be corrected. The episode must be removed from the waiting list.

Do not re-use a Unique Key. A Unique Key must not be re-assigned to another waiting list patient episode, or to another patient.

Reason for proposed collection

The Unique Key provides a reliable episode identifier, as it is system generated, and numbers are not re-used.

This data item will act as the key to the episode in which any other data item may be changed.

For example

If the patient identifier is identified as a duplicate, the primary identifier can be resent for all duplicate episodes, whilst other data items remain constant.

Also see *Reason for Removal* on page 24, for further details relating to correction of incorrect data.

2.1.2 Medicare Number

Field characteristics

Eleven character numeric field.

Field content

The family Medicare Number (first 10 characters), followed by the Medicare Code which appears on the Medicare card next to the patient's name (11th character).

Guidelines for use

When the Medicare Number is provided, it must be numeric and contain the appropriate check digit (second last digit on the card).

If the Medicare Number is not available, the field should be reported as all spaces. Hospitals are required to submit Medicare Numbers for all patients except those covered under *Medicare Suffix* on page 11.

Reason for proposed collection

Collection of Medicare Number will:

- Standardise collection of patient identifiers for health data collections
- Assist with future analysis of ESIS data with the Victorian Admitted Episode Dataset (VAED — formerly the VIMD).

2.1.3 Medicare Suffix

Field characteristics

Three character alpha/numeric field.

Field content

The first three characters of the patient's first given name (as it appears on the Medicare card).

Other codes which can be entered into this field are:

Pseudo Suffix	Indicating
C-U	Card Unavailable
N-E	Not Eligible for Medicare
P-N	Prisoner
BAB	Unnamed Neonate

Guidelines for use

Edits permit:

- Upper case characters only
- Space as second and third characters
- Space as third character
- Hyphen or apostrophe as second character, or hyphen or apostrophe as third character.

If the Medicare Number is unavailable or the patient is not eligible for a Medicare Number, report all spaces in the Medicare Number field, and enter the appropriate Pseudo Suffix (see above table).

For unnamed neonates where the family has a Medicare Number, use the mother's/family's Medicare Number with suffix BAB.

Reason for proposed collection

See *Medicare Number* on page 10.

2.1.4 Source of Referral

Field characteristics

One character alpha/numeric field.

Field content

The source of the patients referral to the waiting list at this hospital.

Valid codes are:

Code	Indicating
1	Referred by Private Practitioner or Clinic
2	Referred by Other Hospital
3	Referred by Outpatient Department at this hospital
4	Referred by Other Department at this hospital
5	Referred by Other

Guidelines for use

Referred by Other Hospital

If the responsibility for the patients waiting episode is being assumed by the receiving hospital, the patient must be placed on the waiting list, with a Source of Referral indicating that the referral has been received from another hospital.

When the patient has been referred from another hospital, the Hospital Code for that hospital must be reported in the *Referring Hospital* field, see page 13.

Reason for proposed collection

Source of Referral will assist policy development by providing valuable information about patterns of patient referrals, particularly in regard to transfers between hospital waiting lists.

2.1.5 Referring Hospital

Field characteristics

Three character alpha/numeric field.

Field content

The three character Hospital Code for the referring hospital.

See Appendix 2 for a complete listing of Victorian Public Hospital Codes.

Guidelines for use

This field must be completed if the Source of Referral field contains a '2' — *Referral from Other Hospital*.

If the referring hospital is not known use code 999 - *Unknown*

If the patient has been referred by a hospital outside Victoria (interstate or overseas):

First character: 9

Second character **State/overseas identifier**

0	Queensland
1	New South Wales
2	Tasmania
3	South Australia
4	Western Australia
5	ACT
6	Northern Territory
7	New Zealand
8	Other Overseas

Third character **Hospital type**

0	Major specialist/teaching (public)
1	Other public acute
2	Extended care
3	Private
4	Psychiatric (public only)
6	Rehabilitation (public only)
9	Other healthcare accommodation

Reason for proposed collection

See *Source of Referral* on page 12.

2.1.6 Transfer Destination

Field characteristics

Three character, alpha/numeric field.

Field content

The three character Hospital Code for the public hospital to which the responsibility for the patients waiting episode has been transferred.

See Appendix 2 for a complete listing of Victorian Public Hospital Codes.

Guidelines for use

Data must be reported in this field if the *Reason for Removal* field contains a 'T' — *Transfer of Waiting Episode to Another Hospital*.

If the patient has elected to be treated in a private hospital, report a *Reason for Removal — Cancellation by the Patient*, and do not report a Hospital Code in this field.

If the transfer destination hospital is not known use code 999 - *Unknown*.

If the patient has been transferred to a hospital outside Victoria (interstate or overseas):

First character: 9

Second character **State/overseas identifier**

0	Queensland
1	New South Wales
2	Tasmania
3	South Australia
4	Western Australia
5	ACT
6	Northern Territory
7	New Zealand
8	Other Overseas

Third character

Hospital type

- 0 Major specialist/teaching (public)
- 1 Other public acute
- 2 Extended care
- 4 Psychiatric (public only)
- 6 Rehabilitation (public only)
- 9 Other healthcare accommodation

Reason for proposed collection

Collection of Transfer Destination data will assist policy development by providing information about patterns of waiting patient transfers in Victoria.

2.1.7 Total Not Ready for Care Days

Field characteristics

Four character numeric field, right justified and zero filled.

Field content

A hospital count of the total number of days since the Registration Date, that the patient has been *not ready for care*. If the patient has been *ready for care* for the entire episode, then the field should be zero filled.

Guidelines for use

Total Not Ready for Care Days is calculated by subtracting the date that the person was recorded as *not ready for care*, from the date that the patient was subsequently recorded as being *ready for care* again.

If the patient has more than one period of being *not ready for care* during a waiting episode, all days *not ready for care* for that episode are added together to calculate the *Total Not Ready for Care Days*.

Reason for proposed collection

Collection of these data will enable the Department of Human Services to calculate and report *Total Waiting Time* in accordance with the definition in the National Health Data Dictionary Version 7.0 (See Appendix 3). This is a national reporting obligation under the Australian Health Care Agreement, 1998 - 2003.

2.1.8 Total Not Ready for Care Days Following Last Urgency Reassignment

Field characteristics

Four character numeric field, right justified and zero filled.

Field content

The total number of days since the last urgency reassignment that the patient has been *not ready for care*. If the patient has been *ready for care* since the last Urgency Reassignment Date, the field should be zero filled.

Guidelines for use

Total Not Ready for Care Days Following Last Urgency Reassignment is calculated by subtracting the date that the person was recorded as *not ready for care*, from the date that the patient was subsequently recorded as being *ready for care* again.

If the patient has more than one period of being *not ready for care* since their last Urgency Reassignment Date, these days should be added together to calculate the *Total Not Ready for Care Days Following Last Urgency Reassignment*.

Reason for proposed collection

Collection of these data will enable the Department of Human Services to calculate and report *Total Waiting Time Since Last Urgency Reassignment*, in accordance with the definition in the National Health Data Dictionary Version 7.0 (See Appendix 4). This is a national reporting obligation under the Australian Health Care Agreement, 1998 - 2003.

2.2 Proposed amendments to existing data items - changes to field content

2.2.1 Sex

Proposed revision

Change code values and expand the code set for this field, to align with the National Health Data Dictionary (NHDD) values and other DHS data collections.

The new code values for this data item are:

1 = Male

2 = Female

3 = Indeterminate

These replace codes:

M = Male

F = Female

Note: There is no code in the current code set to indicate Indeterminate sex.

Notes

- 3 - Indeterminate is for use only when it is not possible for the baby's sex to be determined. This code can be used only for infants aged *less than 90 days*.

2.2.2 Postcode and Locality

Proposed revision

Update the Locality and Postcode reference file and corresponding editing rules to promote greater reporting accuracy. This will bring ESIS Postcode and Locality reporting in line with other DHS data collections.

Non residential postcodes and localities (for example, post office boxes, mail delivery centres, business centres) will be excluded from the reference file.

Common variations of locality spellings (as used in Melway references and the Australian Bureau of Statistics National Locality Index), will be included in the reference file.

Other valid codes for use in this field are:

1000 = No fixed abode

8888 = Overseas address

9988 = Unknown address

Updates to this file will be made on an annual basis.

Notes

Postcode and Locality editing will be performed on all episodes with a Registration Date on or after 1 July 1999.

Figure 1 outlines accepted variations of locality names, and Figure 2 provides examples of postcodes and localities which are currently accepted into ESIS but will *not be* accepted from 1 July 1999.

The Postcode/Locality reference file is available from the PRS/2 Help Desk on request, or as an excel or text file at <http://www.dhs.vic.gov.au/ahs/infanal/files.htm>.

Figure 1: Accepted variations of locality spellings included in the updated postcode/locality reference file

Australia Post Postcode/Locality	Examples of Accepted Variations of Locality Spellings
Compass Bearings:	
3051 NORTH MELBOURNE	3051 MELBOURNE NORTH 3051 NTH MELBOURNE 3051 MELBOURNE NTH 3051 NTH.MELBOURNE 3051 N.MELBOURNE
3205 SOUTH MELBOURNE	3205 MELBOURNE SOUTH 3205 STH MELBOURNE 3205 MELBOURNE STH 3205 STH.MELBOURNE 3205 S.MELBOURNE
3002 EAST MELBOURNE	3002 MELBOURNE EAST 3002 E.MELBOURNE
3003 WEST MELBOURNE	3003 MELBOURNE WEST 3003 W.MELBOURNE
Other Locality Descriptors:	
3107 TEMPLESTOWE LOWER	3107 LOWER TEMPLESTOWE
3123 HAWTHORN UPPER	3123 UPPER HAWTHORN
3212 LARA LAKE	3212 LAKE LARA
3149 MOUNT WAVERLEY	3149 MT WAVERLEY 3149 MT. WAVERLEY 3149 MT.WAVERLEY
3182 ST KILDA	3182 ST.KILDA 3182 ST. KILDA 3182 SAINT KILDA
3030 POINT COOK	3030 PT.COOK 3030 PT. COOK 3030 PT COOK
3193 RICKETTS POINT	3193 RICKETTS PT. 3193 RICKETTS PT

Figure 2: Examples of errors in postcodes and localities that are presently accepted into ESIS but will *not be* accepted as of 1 July 1999

Error Type	Example	Remedy*
Inclusion of region or state identifier in locality field	3820 WARRAGUL VIC	3820 WARRAGUL
	3350 ALFREDTON BALLARAT	3350 ALFREDTON
Inclusion of street address in locality field	3181 76 WILLIAMS RD PRAHRAN	3181 PRAHRAN
Invalid postcode and/or locality	3038 SYDENHAM	3037 SYDENHAM
	3057 BRUNSWICK	3056 BRUNSWICK <i>or</i> 3057 EAST BRUNSWICK
Invalid use of 'dot'	3350 BALLARAT.	3350 BALLARAT
Incorrect number of words	3024 WYNDHAMVALE	3024 WYNDHAM VALE
	3006 SOUTH BANK	3006 SOUTHBANK
More than one "space" between words	3021 ST ALBANS	3021 ST ALBANS
Invalid abbreviation of locality descriptor	3055 W BRUNSWICK	3055 W.BRUNSWICK
	3107 LWR TEMPLESTOWE	3107 LOWER TEMPLESTOWE
Misspellings	3064 CRAIGEBURN	3064 CRAIGIEBURN
	3064 CRAIGIBURN	

* Check latest postcode/locality reference file, and/or Australia Post postcode/locality listings.

2.2.3 Principal Prescribed Procedure

Proposed revision

Update Principal Prescribed Procedure reference file.

The new reference file will be made available (at a later date) to hospitals and software suppliers on request from the PRS/2 Help Desk, and also on the Department internet site (address to be advised).

Notes

Principal Prescribed Procedure statistics may be compared to morbidity data from the Victorian Admitted Episodes Dataset (formerly the VIMD) to assess outcomes and accuracy of ESIS reporting.

For information relating to the development of the ESIS Principal Prescribed Procedure codes, refer to the *ESIS Minimum Dataset Specification 28 April 1997 Supplement*.

Request for feedback from hospitals

The Principal Prescribed Procedure reference file is currently under review. The Department of Human Services is assessing the appropriateness of each Principal Prescribed Procedure category, as well as any 'gaps' in the Principal Prescribed Procedure categories. Hospitals are asked to provide feedback relating to this issue, on the feedback proforma provided.

Please advise:

- If there are procedures regularly performed at your hospital that are allocated to an 'Other' Principal Prescribed Procedure code
- If there are procedures that are similar to a particular Principal Prescribed Procedure category, or procedures that are used to treat exactly the same condition as an existing Principal Prescribed Procedure, but the terminology used by ESIS does not allow assignment of that particular code.

Please provide:

- Details of the procedure being performed
- The current Principal Prescribed Procedure code that is assigned for this procedure
- Details of Principal Prescribed Procedure codes that treat the same or similar conditions
- The frequency that the procedure is performed within your hospital
- The ICD-9-CM or ICD-10-AM code used by coders in your hospital to indicate that procedure
- Any other relevant information.

2.2.4 Planned Length of Stay

Proposed revision

Change code values for this field, to align with other Department of Human Services data collections.

The new codes for this data item are:

1 = Intended same day

2 = Intended overnight

These replace codes:

S = Intended same day

O = Intended overnight

Notes

This field should be allocated at the time of registration of the patient onto the waiting list. It can be altered at any time whilst the patient is on either the waiting or booked list, however should not be altered at the time of admission, or after the patient has been admitted.

2.2.5 Reason for Removal

Proposed revision

Expand the code set for this field.

Add codes

E = Data Error

T = Transfer of Waiting Episode to Another Hospital

Notes

The complete code set for *Reason for Removal* is

Code	Reason for Removal
A	Admission from the Booking List
B	Admission from the Waiting List
C	Cancellation by the Hospital or Clinician
D	Cancellation by the Patient
E	Data Error
T	Transfer of Waiting Episode to Another Hospital

Data Error

Addition of this code will ensure that all records erroneously entered onto the hospital waiting list and reported to ESIS, are finalised when the error is realised and the patient information is removed from the hospital waiting list. If these records are not finalised, they are still considered to be a waiting patient, and taken into account when calculations for targets are performed. Generally, the existence of these records erroneously inflates the total waiting list figures for the relevant hospital.

Reasons for entry of incorrect episodes onto the hospital waiting list can vary, however, the majority will be due to:

- Duplicate record for the same Patient Identifier and Principal Prescribed Procedure
- Incorrect Patient Identifier, and therefore patient, entered onto the waiting list
- Duplicate Patient Identifier issued for one patient.

Transfer of Waiting Episode to Another Hospital

Addition of this code will assist policy development by determining patterns of transfers of waiting patient episodes.

Episodes should be reported as *Transferred* only when the responsibility for the patient's waiting episode is being transferred to another hospital. Where the patient is treated at another hospital under contract from the original hospital, this is not considered a transfer of responsibility.

Patients who elect to be treated in a private hospital should be removed from the waiting list, with a Reason for Removal - *Cancellation by the Patient*, and no Transfer Destination recorded.

2.2.6 Insurance Declaration

Proposed revision

Change code values and expand the code set for this field.

The new ESIS codes for this item comprise the first character of the new VAED (formerly VIMD) Account Class codes.

The new codes for this data item are:

M = Public

P = Private

V = Department of Veterans Affairs

W = Victorian Workcover Authority

T = Traffic Accident Commission

A = Armed Services

S = Seamen

C = Common Law Recoveries

O = Other Compensable

X = Ineligible

These replace codes

B = Public

I = Private

Notes

This change will assist comparison of VAED and ESIS data.

2.3 Proposed amendments to existing data items - changes to reporting structure

2.3.1 Registration Date

Proposed revision

Amend definition of Registration Date.

Registration Date is no longer overwritten when changes to Patient Listing Status and/or Urgency Reassignments occur. The Registration Date does not change for the entire episode of waiting. The Registration Date is always the original date of registration onto the Waiting List.

Notes

The Registration Date is used in the calculation of Total Waiting Time for reporting to the Commonwealth. If this field is overwritten, *Total Waiting Time* cannot be accurately reported in accordance with the national definition. See Appendix 3 for the NHDD definition of *Total Waiting Time*.

2.3.2 Waiting Number / Principal Prescribed Procedure / Booking Number

Proposed revision

Left justify data within these fields, to ensure file structure consistency between DHS data collections. See File Structures (current and proposed revised) for the Patient Record beginning on page 5.

3 Business Rules

This section discusses amendments to Business Rules, only where the software is affected. Other amendments to Business Rules for 1 July 1999 are anticipated, however, these should not affect hospital systems. All Business Rules will be published in the new version of the *ESIS Manual*, which will be released prior to 1 July 1999.

3.1 Excluded procedures

Proposed revision

Update Excluded Procedures reference file.

The new reference file will be made available (at a later date) to hospitals and software suppliers on request from the PRS/2 Help Desk, and also on the Department internet site (address to be advised).

Request for feedback from hospitals

The Excluded Procedures list is currently under review. The DHS is assessing the appropriateness of each procedure listed on the Excluded Procedures list, and whether additional procedures should be added to the list. A copy of the current Excluded Procedures list is provided in Appendix 5. Hospitals are asked to provide feedback relating to this issue, on the feedback proforma provided.

Please advise:

- If there are procedures performed at your hospital that fit under any of the Excluded Procedure categories, which should be added to the list
- If there are procedures which it is believed should be removed from the excluded procedures list.

Please explain your reasons for suggested changes.

3.2 Edits

ESIS edits for 1999–2000 will be documented in the new version of the ESIS Manual, effective date 1 July 1999. These will also be documented in the *Final Revisions to the Elective Surgery Information Systems* document, currently scheduled for release in March 1999.

Inclusion of edits in the *Final Revisions* document will enable software suppliers to incorporate these edits into hospital systems. Incorporation of edits at the hospital level ensures that data files sent to Department of Human Services contain higher quality data, generating less edit messages, thus requiring fewer corrections to the previously transmitted data.

Request for feedback from hospitals

Hospitals are asked to provide feedback relating to current edits, and offer suggestions for new edits. These can be forwarded to the Department on the feedback proforma provided with this document.

3.3 Deletion of Principal Prescribed Procedure/Surgical Specialty Edits

Proposed revision

Delete edits which relate specific Principal Prescribed Procedure codes to specific Surgical Specialties. Hospitals should allocate the correct Surgical Specialty for the patient, and not be limited by Principal Prescribed Procedure and Surgical Specialty lists. Systems should not provide a default or automatically allocate a Surgical Specialty code when the Principal Prescribed Procedure is entered onto the hospital system.

Note

It is proposed that these edits are deleted, as it is recognised that many of the ESIS Principal Prescribed Procedures can be performed by more than one Surgical Specialty.

Appendices

Appendix 1: Hospital codes for ESIS reporting hospitals

Appendix 2: Hospital codes for Victorian public hospitals

Appendix 3: NHDD definition *Total Waiting Time*

Appendix 4: NHDD definition *Total Waiting Time Since Last Urgency Reassignment*

Appendix 5: Excluded Procedures list