

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

April 1999

**Acute Health Division
Department of Human Services**

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Executive Summary

This document contains details of all software changes relevant to the Elective Surgery Information System (ESIS) for 1 July 1999. These changes can be summarised as follows:

Changes to existing data items

- *Campus Code*: Change from Hospital Code field to Campus Code field. Field length decreased from five to four characters.
- *Sex*: New code set to align with other Acute Health data collections.
- *Planned Length of Stay*: New code set to align with other Acute Health data collections.
- *Reason for Rebooking*: Code set expanded.
- *Reason for Removal*: Code set expanded.
- *Insurance Declaration*: New code set to align with other Acute Health data collections.
- *Registration Date* no longer overwritten when status and urgency re-assignments are carried out.
- *Principal Prescribed Procedure*: Revised reference file.
- New *Postcode* and *Locality* reference file.
- Standardisation of terminology to align with the National Health Data Dictionary and other Acute Health data collections.

New data items

- *Unique Key*
- *Medicare Number*
- *Medicare Suffix*
- *Source of Referral*
- *Referring Hospital*
- *Transfer Destination*
- *Total Not Ready for Care Days*
- *Total Not Ready for Care Days Following Last Urgency Reassignment*

Implementation of new edits

- For new and existing data items.

Introduction

The 1998 *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 are necessary to:

- Ensure that Victoria continues to meet its national reporting obligations
- Meet the recommendations of the *Review of Elective Surgery Waiting Lists*
- 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 new, amended and discontinued definitions, fields and edits
- Current and Revised file structures.

These revisions to ESIS will be incorporated into the existing ESIS Manual, and a new ESIS Manual will be released prior to 1 July 1999, when these revisions take effect.

Hospitals are now 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.

Abbreviations used in this Manual

DHS	Department of Human Services
ESIS	Elective Surgery Information System
NHDD	National Health Data Dictionary
NRFC	Not Ready for Care
SLA	Statistical Local Area
VAED	Victorian Admitted Episode Minimum Dataset
VIMD	Victorian Inpatient Minimum Database
RAPID	Redevelopment of Admitted and Psychiatric Information Directions

Conventions used in this Manual

New Edit Message, number to be allocated later

Revised File Structures and Data Items

1. Item Title Changes

Amend the titles of the items listed below as specified.

Record Type	Current Item Name	Revised Item Name	Comments
Header Record	Hospital Code	Campus Code	Change to correctly identify the data item
	Total Number of Records Extracted	Total Number of Records	Change to simplify the title
Patient Record	Patient / Unit Record Number	Patient Identifier	Change to align with other Acute Health Data Collections
	Date of Birth of Patient	Date of Birth	Change to align with the NHDD
	Patient Gender	Sex	Change to align with NHDD
	Clinical Urgency Category	Clinical Urgency	Change to align with NHDD
	Intended Length of Stay	Planned Length of Stay	Change to differentiate between this field and VAED <i>Intended Length of Stay</i> .
	Date of Registration	Registration Date	Change to simplify the title
	Date of Urgency Reassignment	Urgency Reassignment Date	Change to simplify the title
	Date Booked for Awaited Procedure	Booking Date	Change to simplify the title
	Date of Scheduled Admission	Scheduled Admission Date	Change to align with the NHDD

Record Type	Current Item Name	Revised Item Name	Comments
Patient Record (continued)	Date of Removal from List	Removal Date	Change to simplify the title
	Insurance Declaration on Admission	Insurance Declaration	Change to simplify the title

2. File Structure Changes

Left justify data within the following fields:

- Waiting Number
- Principal Prescribed Procedure
- Booking Number

Do not zero fill empty spaces, report these as blank.

Comments

Left justifying data within these fields ensures reporting consistency within file structures between Acute Health data collections.

Right justify and zero fill data within the Patient Identifier field.

Comments

Right justification of this field ensures that the ESIS data collection is in line with the VAED with regard to the reporting of Patient Identifier.

3. 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 *Revised (1 July 1999 - 30 June 2000)*

Bold entries identify amended items (excluding title changes identified on page 1).

	Data items	Maximum characters	Alpha/ Numeric	Format/Values
M	Census Date	8	N	DDMMCCYY
M	Campus Code	4	A/N	XXXX
M	Total Number of Records	6	N	Right justified, zero filled
	Total	18		

All alpha characters must be in uppercase.

M = Mandatory

Header Record

3.1 Campus Code

Change from five character Hospital Code field in the Header Record, to four character Campus Code field.

Report the new four character Campus Code for this hospital in the Campus Code field.

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

Guide for Use

From 1 July 1999 all transmissions of ESIS data must contain the appropriate new four character Campus Code in the Campus Code field of the Header Record.

Hospitals which report data to ESIS for more than one campus within their organisation, should use the Campus Code indicated in Appendix 1 for that organisation.

Comments

In preparation for the RAPID Data Warehouse, a new code set has been developed by DHS for use within 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.

The new codes will also be reported in the new Referring Hospital (page 24) and Transfer Destination (page 31) fields.

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

4 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 or blank
	Previous Urgency Category	1	A/N	1,2,3
	Patient Listing Status	1	A/N	N,R
	Status Reassignment	8	N	DDMMCCYY or blank
	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

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

File Structure Revised (1 July 1999 - 30 June 2000)

Bold entries identify amended items (excluding title changes identified on page 1).

For *conditional mandatory* fields, see key at the foot of this table.

	Data Items	Maximum characters	Alpha/ Numeric	Format/Values
M	Unique Key	8	A/N	
M	Patient Identifier	12	A/N	Right justified, zero filled
	Medicare Number	11	N	NNNNNNNNNNN or all spaces
	Medicare Suffix	3	A/N	AAA
M	Waiting Number	2	A/N	Left justified
M	Date of Birth	8	N	DDMMCCYY
M	Sex	1	A/N	1,2,3
M	Postcode	4	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/N	1,2
M	Registration Date	8	N	DDMMCCYY
M	Source of Referral	1	A/N	1,2,3,4,5
	Referring Hospital	4	A/N	XXXX
♣	Urgency Reassignment Date	8	N	DDMMCCYY or blank
♣	Previous Urgency Category	1	A/N	1,2,3
M	Patient Listing Status	1	A/N	N,R

	Data Items	Maximum characters	Alpha/ Numeric	Format/Values
	Status Reassignment Date	8	N	DDMMCCYY or blank
	Reason for NRFC Status	1	A/N	C,D,S
✧	Booking Date	8	N	DDMMCCYY or blank
✧	Booking Number	2	A/N	Left justified , NN
	Reason for Rebooking	1	A/N	C,D,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	4	A/N	XXXX
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	160		

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.

Patient Record

4.1 Unique Key

Add new eight character alpha/numeric field titled <i>Unique Key</i> .
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Field characteristics

Eight 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.

Guide for use

A Unique Key must be transmitted for all waiting episodes (existing and new) reported from 1 July 1999.

A Unique Key must be unique to a single episode, and cannot be re-used. It is usually generated and allocated by the computer system, and should have no relationship with the patient's unit record number or patient identifier. Once allocated to an episode, the Unique Key cannot be changed. The Unique Key remains constant throughout the episode. Whilst other information in the patient record may be changed (including the patient identifier) the Unique Key ensures that the episode can be identified by the hospital.

Comments

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

For example

If the patient identifier is recognised as a duplicate, this can be corrected, and the episode remains identifiable by the Unique Key.

See also *Reason for Removal* on page 28, for further details relating to correction of incorrect data.

Patient Record

4.2 Medicare Number

Add new eleven character numeric field titled *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).

Guide for use

Medicare Number must be reported for all patients removed from the waiting list on or after 1 July 1999.

This can be entered at any time during the waiting period, and must be entered for patients with a reported Reason for Removal of:

- 'A'—*Admission from the Booking List*, or
- 'B'—*Admission from the Waiting List*.

The Medicare Suffix should be reported at the same time as the Medicare Number.

The Medicare Number must be numeric and contain the appropriate check digit (second last digit on the card).

Hospitals are required to submit Medicare Numbers for all patients except those covered by *Medicare Suffix* (page 13).

If the Medicare Number is not available or the patient is not eligible for Medicare, the field should be reported as all spaces and the appropriate pseudo suffix reported in the Medicare Suffix field.

Comments

Collection of Medicare Number will:

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

Patient Record

4.3 Medicare Suffix

Add new three character alpha/numeric field titled *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	Descriptor
C-U	Card Unavailable
N-E	Not Eligible for Medicare
P-N	Prisoner
BAB	Unnamed Neonate

Guide for use

Medicare Suffix must be reported for all patients removed from the Waiting List on or after 1 July 1999.

This can be entered at any time during the waiting period, and must be entered for patients with a reported Reason for Removal of:

- 'A'—*Admission from the Booking List*, or
- 'B'—*Admission from the Waiting List*.

The Medicare Number should be reported at the same time as the Medicare Suffix.

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.

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

Comments

See also *Medicare Number* on page 11.

Patient Record

4.4 Sex

Replace the existing code set for this data item with:

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.]

Guide for Use

The new code set for this data item must be reported for all waiting episodes (existing and new) reported to ESIS from 1 July 1999.

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

Comments

This change will align the code set with the NHDD and other Acute Health data collections.

Patient Record

4.5 Postcode and Locality

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 Acute Health data collections.

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

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

Other valid codes for use in this field are:

1000 = No fixed abode

8888 = Overseas address

9988 = Unknown address

DHS will make regular updates to this file.

Guide for use

Postcode and Locality editing will be performed on all episodes with a Registration Date on or after 1 July 1999. From 1 July 2000 all episodes reported to ESIS (new and existing) must meet Postcode and Locality edits.

Comments

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.

Patient Record

4.6 Principal Prescribed Procedure

Update Principal Prescribed Procedure reference file.

The new reference file will be published in the ESIS Manual for 1 July 1999 and also made available in soft copy (at a later date) to hospitals and software suppliers on request from the PRS/2 Help Desk, and on the Department internet site (address to be advised).

Guide for use

The new ESIS Principal Prescribed Procedure codes should be used for all patients with a Registration Date on or after 1 July 1999.

Comments

Principal Prescribed Procedure statistics may be compared to morbidity data from the Victorian Admitted Episodes Dataset (VAED—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*.

Patient Record

4.7 Planned Length of Stay

Replace the existing code set for this data item with:

1 = Intended same day

2 = Intended overnight

[These replace codes:

S = Intended same day

O = Intended overnight]

Guide for use

The new code set for Planned Length of Stay should be used for all episodes (existing and new) reported to ESIS on or after 1 July 1999.

Comments

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

Patient Record

4.8 Registration Date

Amend reporting 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.

Guide for use

This change to the reporting of Registration Date should be followed for all patients (existing and new) reported to ESIS from 1 July 1999. Registration Date must not be overwritten under any circumstances. For existing episodes, the date contained in the Registration Date field on 1 July 1999 should be considered the Registration Date for that episode. Do not replace data in this field with 01071999 (1 July 1999).

Comments

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.

Patient Record

4.9 Source of Referral

Add new one character alpha/numeric field titled *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	Descriptor
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 (not at this hospital)

Guide for use

Source of Referral must be reported for all patients registered onto the waiting list on or after 1 July 1999.

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.

Patients treated at this hospital under contract from another hospital remain on the waiting list at that hospital. When a patient is treated under contract, that patients waiting episode remains the responsibility of the contracting hospital and not the hospital where the procedure is performed.

When the patient has been referred from another hospital for inclusion on the waiting list, the Campus Code for that hospital must be reported in the *Referring Hospital* field (page 24).

Comments

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.

Patient Record

4.10 Referring Hospital

Add new four character alpha/numeric field titled *Referring Hospital*.

Field characteristics

Four character alpha/numeric field.

Field content

Four character Campus Code for the referring hospital.

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

Guide 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

<i>Third character</i>	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
<i>Fourth character</i>	7	For all interstate and overseas codes.

Comments

See also *Source of Referral* on page 23.

Patient Record

4.11 Reason for Rebooking

Expand the code set for this field.

Add code:

D = Surgeon

Guide for use

This expanded code set should be used for episodes rebooked on or after 1 July 1999.

The complete code set for *Reason for Rebooking* is:

Code	Descriptor
C	Clinical
D	Surgeon
H	Hospital
P	Patient

Clinical

The patient has been assessed by their clinician as being temporarily *not ready for care* due to a change in their clinical condition. The hospital and clinician should determine whether the Patient Listing Status of the patient is reassigned.

Surgeon

Rebookings caused by the unavailability of the surgeon for their scheduled theatre time, *not* due to the needs of other patients in this hospital.

Hospital

Rebookings due to the unavailability of the operating room, hospital bed, surgeon or other hospital resource due to the need to treat other patients in this hospital (for example emergency patients).

Patient

The booking is postponed at the request of the patient for personal, social or other non clinical reasons. The hospital and clinician should determine whether the Patient Listing Status should be reassigned.

Comments

This code has been added to the code set at the request of the industry.

Patient Record

4.12 Reason for Removal

Expand the code set for this field.

Add codes:

E = Data Error

T = Transfer of Waiting Episode to Another Hospital

Guide for use

The expanded code set should be used for patients removed from the waiting list on or after 1 July 1999.

The complete code set for *Reason for Removal* is:

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

Data Error

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 waiting patients, and are 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

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 'D'—*Cancellation by the Patient*, and no Transfer Destination recorded.

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

Patient Record

4.13 Insurance Declaration

Replace the existing code set for this data item with:

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 codes comprise the first character of the new VAED (formerly VIMD) Account Class codes.

[These replace codes:

B = Public

I = Private]

Guide for use

This code set should be used for all patients admitted from the waiting or booking list for their awaited procedure on or after 1 July 1999.

Insurance Declaration is reported at the time of the patients admission to the hospital for the awaited procedure. Edits will prevent this being reported prior to the patients admission.

Comments

This change will assist comparison of VAED and ESIS data.

Patient Record

4.14 Transfer Destination

Add new four character alpha/numeric field titled <i>Transfer Destination</i> .

Field characteristics

Four character alpha/numeric field.

Field content

The four character Campus 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 Campus Codes.

Guide for use

Transfer Destination must be reported for all patients removed from the waiting list with Reason for Removal 'T'—*Transfer of Waiting Episode to Another Hospital* on or after 1 July 1999.

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

If the patient is treated under a contract between this hospital and a hospital where the surgery is performed, the waiting episode is not transferred to the contracted hospital. The responsibility for the patients waiting episode remains with the contracting hospital.

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

Note: Code 3 has been excluded from this code set as patients cannot be transferred to private hospitals.

Fourth character 7 For all interstate and overseas codes.

Comments

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

Patient Record

4.15 Total Not Ready for Care Days

Add new four character numeric field titled <i>Total Not Ready for Care Days</i> .
--

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*.

Guide for use

Total Not Ready for Care Days must be reported for all episodes (new and existing) reported to ESIS from 1 July 1999. For existing patients whose Registration Date may have been over written due to an urgency or status reassignment, calculate *Total Not Ready for Care Days* from the date showing in the Registration Date field on 1 July 1999.

Total Not Ready for Care Days is calculated by subtracting each 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. Thus if the patient has more than one period of being *not ready for care* during a waiting episode, the *Total Not Ready for Care Days* will equal the sum of *not ready for care days* for all of these periods.

If the patient has been *ready for care* for the entire episode, then the field should be zero filled.

Comments

Collection of these data will enable the Department of Human Services to calculate and report *Total Waiting Time* in accordance with the NHDD. This is a national reporting obligation under the Australian Health Care Agreement, 1998—2003.

Patient Record

4.16 Total Not Ready for Care Days Following Last Urgency Reassignment

Add new four character numeric field titled *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*.

Guide for use

Total Not Ready for Care Days Following Last Urgency Reassignment must be reported for all episodes (new and existing) reported to ESIS from 1 July 1999.

Total Not Ready for Care Days Following Last Urgency Reassignment is calculated by subtracting each 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. Thus if the patient has more than one period of being *not ready for care* since their last urgency reassignment, the *Total Not Ready for Care Days Following Last Urgency Reassignment* will equal the sum of *not ready for care days* for all of these periods since the most recent urgency reassignment.

If the patient has been *ready for care* since the last Urgency Reassignment Date, the field should be zero filled.

Comments

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 NHDD. This is a national reporting obligation under the Australian Health Care Agreement, 1998—2003.

5. Business Rules

This section discusses amendments to business rules that affect software. In addition, amendments to business rules related to reporting practice are anticipated, however, these should not affect software systems. All business rules will be published in the next version of the *ESIS Manual*, which will be released prior to 1 July 1999.

5.1 Excluded procedures list for 1999—2000

Patients requiring the following treatment are not reported to ESIS, as these procedures are not considered to be elective surgery. The content of this list remains the same as previous years, however the ICD-9-CM codes previously provided for reference have been removed. Patients awaiting these procedures may be managed on the hospital booking system, but must not be reported to ESIS.

General Descriptor	Specific Procedures
Organ or tissue transplant procedures	Lung Transplant Heart-Lung Transplant Heart Transplantation Bone Marrow or haematopoietic stem cell transplant Aspiration of bone marrow for transplant Transplantation of spleen Liver Transplant Pancreas Transplant Kidney Transplant

General Descriptor	Specific Procedures
Obstetric procedures	Manual/hydrostatic expression of fallopian tube Colposcopy Repair of internal cervical os Digital examination of uterus Hysteroscopy Removal of cerclage material from cervix Forceps, vacuum and breech delivery Procedures inducing/assisting delivery Caesarean section and removal of foetus Injection for induction of abortion Amniocentesis Intrauterine transfusion Intrauterine operations on foetus and amnion Removal of placenta Repair of obstetric lacerations Manual exploration of uterine cavity - postpartum Obstetric tamponade of uterus/ vagina Evacuation of obstetrical haematoma of perineum/vulva/vagina Correction of inverted uterus
Cosmetic Surgery (no Medicare rebate)	Upper/Lower eyelid rhytidectomy Surgical correction of prominent ear Unilateral/Bilateral reduction mammoplasty Augmentation mammoplasty Mastopexy Injection/tattooing of skin lesion or defect Hair transplant Facial/forehead rhytidectomy Size reduction plastic operation Electrolysis and epilation of skin

General Descriptor	Specific Procedures
Needle Biopsy of	Kidney Lung Liver Gall bladder
Bronchoscopy	Pharyngoscopy Tracheoscopy (includes through artificial stoma) Laryngoscopy Biopsy of larynx/trachea Endoscopic excision or destruction of lesion or tissue of lung Bronchoscopy (includes through artificial stoma, fibre-optic) Closed endoscopic biopsy of bronchus/lung Bronchial dilation
Dialysis	Peritoneal renal dialysis Haemodialysis
Miscellaneous cardiac procedures	Cardiac catheterisation Cardiac electrophysiologic stimulation and recording studies Cardiac mapping Pacemaker and leads (includes temporary pacing): <ul style="list-style-type: none"> • Insertion • Revision • Replacement • Removal Dilation/stenting of other vessels Percutaneous angioscopy Percutaneous cardiopulmonary bypass Dilation/stenting of major great vessels
Urethroscopy and associated procedures	Insertion/replacement of indwelling urinary catheter Urethroscopy Endoscopic excision/destruction of lesion/tissue of urethra

General Descriptor	Specific Procedures
Endoscopy of Biliary Tract	<p>Endoscopic retrograde cholangiopancreatography [ERCP]</p> <p>Endoscopic retrograde cholangiography [ERC]</p> <p>Closed (endoscopic) biopsy of biliary duct or sphincter of Oddi</p> <p>Pressure measurement of sphincter of Oddi</p> <p>Endoscopic excision/destruction of lesion of biliary ducts or sphincter of Oddi</p> <p>Dilation of Sphincter of Oddi</p> <p>Endoscopic dilation of ampulla and biliary duct</p> <p>Endoscopic sphincterotomy and papillotomy</p> <p>Endoscopic insertion of nasobiliary drainage tube</p> <p>Endoscopic insertion of stent into bile duct</p> <p>Endoscopic removal of stone from biliary tract</p> <p>Endoscopic retrograde pancreatography [ERP]</p> <p>Closed (endoscopic) biopsy of pancreatic duct</p> <p>Endoscopic excision/destruction of lesion/tissue of pancreatic duct</p> <p>Endoscopic insertion of stent into pancreatic duct</p> <p>Endoscopic removal of stone from pancreatic duct</p> <p>Endoscopic insertion of nasopancreatic drainage tube</p> <p>Endoscopic dilation of pancreatic duct</p>
Endoscopy of oesophagus	<p>Oesophagoscopy (includes through artificial stoma)</p> <p>Closed (endoscopic) biopsy of oesophagus</p> <p>Endoscopic excision or destruction of lesion/ tissue of oesophagus</p> <p>Endoscopic laser therapy of oesophagus</p> <p>Dilation of oesophagus</p>
Endoscopy of stomach	<p>Endoscopic excision or destruction of lesion or tissue of stomach</p> <p>Gastrosocopy (includes through artificial stoma)</p> <p>Closed (endoscopic) biopsy of stomach</p> <p>Endoscopic control of gastric or duodenal bleeding</p> <p>Endoscopic laser therapy of stomach and duodenum</p>

General Descriptor	Specific Procedures
Endoscopy of small intestine	Endoscopic dilation of pylorus Transabdominal endoscopy of small intestine Endoscopy of small intestine (includes through artificial stoma) Closed (endoscopic) biopsy of small intestine Oesophagogastrroduodenoscopy (includes with biopsy) Endoscopic excision/destruction of lesion of duodenum
Endoscopy of large intestine	Endoscopy of large intestine (includes through artificial stoma) Colonoscopy Flexible sigmoidoscopy Closed (endoscopic) biopsy of large intestine Colonoscopic polypectomy Endoscopic destruction of lesion/tissue of large intestine Endoscopic laser therapy of colon and rectum Proctosigmoidoscopy (includes through artificial stoma) Rigid proctosigmoidoscopy Close (endoscopic) biopsy of rectum Electrocoagulation of rectal lesion/ tissue (includes radical) Destruction of rectal lesion/tissue by laser Destruction of rectal lesion/tissue by cryosurgery Local excision of rectal lesion/tissue (includes sigmoidoscopic polypectomy) Anoscopy Endoscopic excision/destruction of lesion/tissue of anus

General Descriptor	Specific Procedures
Endovascular interventional procedures	Percutaneous transluminal coronary angioplasty (PCTA) or coronary athrectomy (with or without mention of thrombolytic agent) Dilation/stenting of single/multiple coronary vessel Arterial/Venous catheterisation Venous cutdown Venous catheterisation for renal dialysis Therapeutic venesection Puncture of vein (phlebotomy) Injection of sclerosing agent into vein
Dental procedures (no Medicare rebate)	Extraction of tooth (includes deciduous) Removal of residual root Surgical extraction of tooth/teeth Restoration of tooth by filling/inlay Application of crown Insertion of fixed/removable bridge Implantation of tooth Dental implant Root canal with irrigation/apicectomy Apicectomy Retrograde seal with apicectomy
Other diagnostic and non-surgical procedures	Injection of locally acting therapeutic substance into peritoneal cavity Miscellaneous diagnostic and therapeutic procedures [radiology]

5.2 Edits

The following edits will be effective from 1 July 1999. These will also be documented in the *Elective Surgery Information Systems Manual*, scheduled for release prior to 1 July 1999.

Inclusion of edits in this document will enable software suppliers to incorporate a number of 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.

Note: The following edit descriptions have been prepared for inclusion in the ESIS Manual. Page references in edit descriptions refer to positions in that manual and not this document.

Types and effect of edits - Header Record

Rejection

All edits which affect the Header Record are fatal edits which terminate the data processing. The file is returned to the hospital and the relevant data in the Header Record *must* be corrected and the file resubmitted.

Types and effect of edits - Patient Record

Type 1 - Rejection

A fatal edit which has not been accepted by ESIS. Data must be corrected and resubmitted.

Type 2 - Correction

Data has been loaded to ESIS, however, it has been identified as being anomalous. Data must be corrected and resubmitted.

Type 3 - Warning

Data has been retained by ESIS. A potential error has been identified, and the data should be checked for accuracy. If this data is correct, no further action is required. If the data is incorrect, the data should be amended and resubmitted.

Edit Guide

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Header Record Edits

###	CENSUS DATE NOT VALID - RUN REJECTED
Effect	RUN REJECTED
Problem	The census date in the Header Record is not in valid DDMMCCYY format <i>or</i> Is outside the range allowed on the database <i>or</i> Is not consistent with the last transmission processed.
Remedy	Correct the Census Date and resubmit the data file.
###	NO HEADER RECORD FOUND - RUN REJECTED
Effect	RUN REJECTED
Problem	Header Record is missing, or is not the first record in the file.
Remedy	Insert completed Header Record as first record and resubmit the data file.
###	INCORRECT CAMPUS CODE - RUN REJECTED
Effect	RUN REJECTED
Problem	The Campus Code in this Header Record is in an invalid format or is not a valid code. Valid Campus Codes are listed in this Manual.
Refer:	<i>Campus Code</i> , page **.
Remedy:	Determine the correct Campus Code for your facility, correct the Campus Code and resend the data file.

TOTAL NUMBER OF RECORDS ¹ TOTAL PATIENT RECORDS

Effect RUN REJECTED

Problem The Total Number of Records as reported in the Header Record does not equal the number of patient records in this transmission.

Refer: *Total Number of Records*, page **.

Remedy: Refer this problem to your software supplier as this field should be calculated by your software during compilation of the transmission.

Patient Record Edits

RECORD CHANGED AFTER CENSUS DATE

Effect TYPE 1 (REJECTION)

Problem Data in this record has been changed after the census date of this transmission. Only data entered prior to the census date should be sent with this transmission.

Remedy Resubmit this record with the transmission for the month during which the data was changed.

BLANK PATIENT IDENTIFIER

Effect TYPE 1 (REJECTION)

Problem The Patient Identifier field for this record contains no data. A Patient Identifier must be reported for each patient record.

Refer: *Patient Identifier*, page **

Remedy Determine the patient's hospital Patient Identifier, enter this number, and resubmit the record.

INVALID PATIENT IDENTIFIER

Effect TYPE 1 (REJECTION)

Problem The Patient Identifier for this patient is in an invalid format.

Valid: Alpha numeric characters, spaces (including embedded spaces)

Length ≤ 10 characters

Invalid: Special characters (for example \$, #)

Length > 10 characters

Refer: *Patient Identifier*, page **

Remedy Correct the Patient Identifier and resubmit the record.

BLANK MEDICARE NUMBER

Effect TYPE 1 (REJECTION)

Problem This patient has a Reason for Removal of:

- ‘A’— *Admission from the Booking List*, or
- ‘B’— *Admission from the Waiting List*,

indicating that the patient has been admitted to this hospital for the awaited procedure. The Medicare Number for this patient is blank, and the Medicare Suffix does not contain a pseudo suffix which allows for a blank Medicare Number. Refer: *Medicare Number* page **, and *Medicare Suffix* page **.

Remedy Determine the patient’s Medicare Number and report this information. If the patients Medicare Card was unavailable on admission, and this has been reported to the VAED, report ‘C-U’—*Card Unavailable* as the Medicare Suffix field which enables reporting of spaces in the Medicare Number field.

INVALID MEDICARE NUMBER

Effect TYPE 1 (REJECTION)

Problem This record contains invalid data in the Medicare Number field.
Valid: All numerics or all spaces.
Refer: *Medicare Number* page **.

Remedy Correct the patient’s Medicare Number and resubmit the record.

BLANK MEDICARE SUFFIX

Effect TYPE 1 (REJECTION)

Problem This patient has a Reason for Removal from the waiting list of ‘A’—*Admission from the Booking List*, or ‘B’—*Admission from the Waiting List*, indicating that the patient has been admitted to this hospital for the awaited procedure. Medicare information must be reported at this time. This record contains no Medicare Suffix data.

Valid: First three characters of the patients first given name or relevant pseudo suffix as listed in this Manual.
Upper case alpha characters only.
Space as second or third characters.
Space as third character.
Hyphen or apostrophe as second character or hyphen or apostrophe as third character.

Refer: *Medicare Suffix* page **.

Remedy Determine the patient’s Medicare Suffix or correct psuedo suffix and report this information.

INVALID MEDICARE SUFFIX

Effect TYPE 1 (REJECTION)

Problem This record contains invalid data in the Medicare Suffix field.

Valid: First three characters of the patients first given name or relevant pseudo suffix as listed in this Manual.
Upper case alpha characters only.
Space as second or third characters.
Space as third character.
Hyphen or apostrophe as second character or hyphen or apostrophe as third character.

Refer: *Medicare Suffix* page **.

Remedy Determine the patient’s correct Medicare Suffix and report this information.

BLANK SEX CODE

Effect TYPE 2 (CORRECTION)

Problem The Sex field for this record contains no data. Sex is a mandatory field.
Valid: 1, 2 and 3
Refer: *Sex*, page **

Remedy Allocate the appropriate Sex code and resubmit the record.

INVALID SEX CODE

Effect TYPE 2 (CORRECTION)

Problem This record's Sex code is invalid
Valid: 1, 2 and 3
Refer: *Sex*, page **

Remedy Correct the Sex code and resubmit the record.

INDETERMINATE SEX, AGE ³ 90 DAYS

Effect TYPE 2 (CORRECTION)

Problem This record's Sex code is '3' *Indeterminate*, and the patient is greater than 90 days old. Indeterminate Sex can only be used for patients less than 90 days old.
Refer: *Sex*, page **

Remedy Check the Date of Birth and Sex code.
Correct the relevant data and resubmit the record.

BLANK DATE OF BIRTH

Effect TYPE 2 (CORRECTION)

Problem The Date of Birth field for this record contains no data. Date of Birth is a mandatory field.

Refer: *Date of Birth, page ***

Remedy Enter the patient's Date of Birth and re-submit the record.

If the Date of Birth is unknown, estimate the year of birth, and enter 0000 (zeros) in DDMM and the estimated year in CCYY. Date 00MMCCYY will not be accepted.

INVALID DATE OF BIRTH

Effect TYPE 2 (CORRECTION)

Problem The Date of Birth for this record is in an invalid format.

Valid: DDMMCCYY.

Century (CC) can be either 18, 19 or 20 only.

Refer: *Date of Birth, page ***

Remedy Check the Date of Birth, and enter the correct date in a valid format. If the Date of Birth is unknown, estimate the year of birth and enter 0000 (zeros) in the DDMM, and the estimated year in CCYY. Date 00MMCCYY will not be accepted.

AGE GREATER THAN 120 YEARS

Effect TYPE 2 (CORRECTION)

Problem The calculated difference between the Registration Date and the Date of Birth gives age at registration of 120 years or more.

Remedy Correct the Date of Birth.

Contact your software supplier to ensure that this cannot happen again.

REGISTRATION DATE BEFORE DATE OF BIRTH

Effect TYPE 2 (CORRECTION)

Problem The Registration Date for this record is earlier than the patient's Date of Birth. The Registration Date must be a date on or after the patient's Date of Birth. A patient may not be entered onto the waiting list prior to his or her birth.
Refer: *Date of Birth* page **, and *Registration Date* page **.

Remedy Check the Registration Date and Date of Birth, correct as appropriate and resubmit the record.

BLANK WAITING NUMBER

Effect TYPE 1 (REJECTION)

Problem The Waiting Number field for this record contains no data. Waiting Number is a mandatory field. These numbers should be sequential, and be automatically generated upon the beginning of a new episode.
Refer: *Waiting Number*, page **

Remedy Determine the Waiting Number for this record, enter the correct number and resubmit the record.

INVALID WAITING NUMBER

Effect TYPE 1 (REJECTION)

Problem The Waiting Number for this record is in an invalid format.
Valid: Numeric character
2 characters
Right justified, zero filled
Invalid: Special characters (for example \$, #) and alphabetic characters
<2 characters
Refer: *Waiting Number*, page **

Remedy Determine the Waiting Number for this record, enter the correct number and resubmit the record.

AREA OF RESIDENCE ERROR

Effect TYPE 2 (CORRECTION)

Problem Either this record's Locality field is blank without a default Postcode to indicate this, or its Postcode is 1000 or 9988, but the Locality is not blank (Postcode 8888 can have an overseas country entered in the Locality field).

Default Postcodes:

1000 No fixed abode

8888 Overseas

9988 Unknown

Refer: *Postcode* page ** and *Locality* page **.

Remedy Check the Postcode and Locality, correct as appropriate and resubmit the record.

INVALID LOCALITY

Effect TYPE 2 (CORRECTION)

Problem The Locality field contains invalid data. There must be an exact match for Locality and Postcode in the Statistical Local Area reference table if the postcode begins with a 3.

If the Postcode does not begin with a 3, the Locality must match on at least the first three letters for that Postcode.

Valid: Alpha numeric characters or blank (including embedded spaces)
≤30 characters

Invalid: Special characters (for example \$, #)

Refer: *Locality*, page **

Remedy Check the Locality, correct the field and resubmit the record.

BLANK POSTCODE

Effect TYPE 2 (CORRECTION)

Problem The Postcode for this record has not been recorded. Postcode is mandatory for all records.

Refer: *Postcode*, page **

Remedy Determine the correct postcode, enter the postcode and resubmit the record.

INVALID POSTCODE

Effect TYPE 2 (CORRECTION)

Problem The Postcode for this record is invalid. It does not exist in the Postcode reference table. Official postcodes aside, the following only are valid codes:

1000 No fixed abode

8888 Overseas

9988 Unknown

Refer: *Postcodes*, page **

Remedy Correct the Postcode and resubmit the record.
Ensure that your software supplier regularly updates the Postcode reference file so that new postcodes can be recorded.

INVALID COMBINATION POSTCODE AND SUBURB

Effect TYPE 2 (CORRECTION)

Problem This record's Locality does not match the record's Postcode according to the Statistical Local Area (SLA) file.

Refer: *Postcode* page ** and *Locality* page **.

Remedy Check the Locality and Postcode. Correct these fields as necessary. If there does not appear to be an error, contact the PRS/2 Help Desk.
Ensure that your software supplier regularly updates the postcode file.

BLANK PRINCIPAL PRESCRIBED PROCEDURE

Effect TYPE 1 (REJECTION)

Problem The Principal Prescribed Procedure for this record has not been recorded. Principal Prescribed Procedure is a mandatory field.

Refer: *Principal Prescribed Procedure*, page **

Remedy Determine the correct Principal Prescribed Procedure code for this episode, enter the code and resubmit the record.

INVALID PRINCIPAL PRESCRIBED PROCEDURE

Effect TYPE 1 (REJECTION)

Problem The Principal Prescribed Procedure code for this record is invalid. Valid Principal Prescribed Procedure codes are listed in this manual.
Refer: *Principal Prescribed Procedure*, page **

Remedy Determine the correct Principal Prescribed Procedure code for this episode, enter the code and resubmit the record.

PATIENT ALREADY ON WAITING LIST FOR SAME PPP

Effect TYPE 3 (WARNING)

Problem Another waiting episode exists with the same Patient Identifier and the same Principal Prescribed Procedure.
Refer: *Principal Prescribed Procedure*, page**

Remedy Check that the Principal Prescribed Procedure is correct for this episode. Correct and resubmit the record if necessary.
If this is a duplicate entry for the same waiting period, remove the duplicate waiting record (that is, the record entered more recently onto the waiting list), using a Reason for Removal code E *Data Error*.

PROCEDURE MISMATCH BETWEEN MONTHS

Effect TYPE 3 (WARNING)

Problem This patient has previously been reported with the same Unique Key and waiting number. The Principal Prescribed Procedure reported in this month's transmission is different to that reported in previous transmissions for this episode.
Refer: *Principal Prescribed Procedure* page **.

Remedy Determine the reason for the alteration of the Principal Prescribed Procedure code.

If this has occurred in error, amend to the previous Principal Prescribed Procedure code and resubmit the record.

If the patient is now waiting for a different procedure which will treat the same condition as the previously reported Principal Prescribed Procedure, this is a valid change, and the current episode may be continued.

If the patients procedure has been altered to a new Principal Prescribed Procedure to treat a separate condition, a new episode must be started.

The Principal Prescribed Procedure cannot be changed unless the intention of the new Principal Prescribed Procedure is to treat the condition that the patient was originally placed on the waiting list for.

BLANK SURGICAL SPECIALTY

Effect TYPE 1 (REJECTION)

Problem The Surgical Specialty for this record has not been recorded. Surgical Specialty is a mandatory field.
Refer: *Surgical Specialty* page **.

Remedy Determine the correct Surgical Specialty for this episode. Enter the Surgical Specialty and resubmit the record.

INVALID SURGICAL SPECIALTY

Effect TYPE 1 (REJECTION)

Problem The Surgical Specialty code for this record is invalid. Valid Surgical Specialty codes are listed in this Manual.
Refer: *Surgical Specialty*, page **

Remedy Determine the correct Surgical Specialty for this episode. Correct and resubmit the record.

SURGICAL SPECIALTY MISMATCH BETWEEN MONTHS

Effect TYPE 3 (WARNING)

Problem This patient has previously been reported with the same Unique Key and Waiting Number in previous months. The Surgical Specialty reported in this month's transmission is not the same as that reported in previous transmissions for this episode.

Remedy Determine the reason for the alteration of the Surgical Specialty code.

If this has occurred in error, amend to the previous Surgical Specialty code and resubmit the record.

If the Surgical Specialty has been changed and the patient is waiting for a procedure which will treat the same condition as previously reported, this is a valid change, and the current episode may be continued.

If the Surgical Specialty has been altered to treat a separate condition, a new episode must be started.

The Surgical Specialty cannot be changed unless the intention of the new Surgical Specialty is to treat the condition that the patient was originally placed on the waiting list for.

BLANK CLINICAL URGENCY CATEGORY

Effect TYPE 1 (REJECTION)

Problem The Clinical Urgency Category field for this episode is blank. Clinical Urgency Category is a mandatory item.

Refer: *Clinical Urgency Category*, page **

Remedy Determine the correct Clinical Urgency Category for this episode. You may need to consult with the treating clinician to determine the correct code. Enter the correct Clinical Urgency Category and resubmit the record.

INVALID CLINICAL URGENCY CATEGORY

Effect TYPE 1 (REJECTION)

Problem The Clinical Urgency Category for this record is invalid. Valid Clinical Urgency Category codes are listed in this manual.

Refer: *Clinical Urgency Category*, page **

Remedy Correct the Clinical Urgency Category for this patient (you may need to consult with the treating clinician to determine the correct code). Resubmit the record.

CLINICAL URGENCY REASSIGNMENT INCOMPLETE

Effect TYPE 2 (CORRECTION)

Problem When a patient's Clinical Urgency is recategorised, it is necessary for the *Urgency Reassignment Date* and the *Previous Urgency Category* to be reported. This record has data reported in only one of these fields.

Refer: *Urgency Reassignment Date* page **and *Previous Urgency Category* page **.

Remedy Check to ensure that the patient's Urgency Category has been reassigned. If so, determine which of the above related fields is blank or contains an invalid code. Enter the correct value for blank/invalid field and resubmit the record. If the patient's Urgency Category has remained the same, determine which of the above fields contains data, delete this and resubmit the record.

BLANK PLANNED LENGTH OF STAY

Effect TYPE 2 (CORRECTION)

Problem The Planned Length of Stay field for this record is blank. Planned Length of Stay is a mandatory data item.

Valid: 1 and 2.

Refer: *Planned Length of Stay*, page **

Remedy Determine the correct Planned Length of Stay. Correct and resubmit the record.

INVALID PLANNED LENGTH OF STAY

Effect TYPE 2 (CORRECTION)

Problem The Planned Length of Stay field for this record is invalid.

Valid: 1 and 2

Refer: *Planned Length of Stay*, page **

Remedy Correct the Planned Length of Stay and resubmit the record.

BLANK REGISTRATION DATE

Effect TYPE 1 (REJECTION)

Problem The Registration Date field for this episode is blank. Registration Date is a mandatory field as this allows calculation of Total Waiting Time.

Refer: *Registration Date*, page **

Remedy Determine the correct Registration Date. Correct and resubmit the record.

INVALID REGISTRATION DATE

Effect TYPE 1 (REJECTION)

Problem The Registration Date for this record is in an invalid format.

Valid: DDMMCCYY.

Century (CC) can be either 19 or 20 only.

Refer: *Registration Date*, page **

Remedy Check the Registration Date, and enter the correct date in a valid format. The Registration Date is the date on which the patient was entered onto the waiting list. Following correction of the field, resubmit the record.

NEW RECORD, REG DATE PRIOR TO THIS MONTH

Effect TYPE 3 (WARNING)

Problem This is a new episode. The Registration Date for this record indicates that this patient was placed on the waiting list in a previous month, however this is the first transmission in which this episode has been received.

Refer: *Registration Date*, page **.

Remedy Ensure that the correct Registration Date has been entered.

If this is incorrect, correct the field and resubmit the record.

If the Registration Date is correct, endeavour to include all registrations in transmissions for the month during which the patient was registered.

This patient may have been removed from the waiting list because the patient was admitted for a procedure which was subsequently rebooked due to lack of time or other reasons. If this episode has been reinstated on the waiting list, this is the correct procedure, and no action need be taken.

REG DATE = URGENCY REASSIGNMENT DATE

Effect TYPE 1 (REJECTION)

Problem If the Registration Date for this episode is on or after 1 July 1999, the Registration Date should not be the same as the Urgency Reassignment Date. The Registration Date is the date on which the hospital accepts notification that a patient requires elective surgery.
From 1 July 1999, Urgency Reassignments do not cause the Registration Date to be overwritten. The Registration Date stays the same for the entire episode.
Refer: *Registration Date* page ** and *Urgency Reassignment Date* page **.

Remedy Check the Registration Date and the Urgency Reassignment Date. Correct errors and resubmit the record.
This may be a software problem. If your software is automatically overwriting the Registration Date with the Urgency Reassignment Date, contact your software supplier to have this amended.

DATE OF REG = STATUS REASSIGNMENT DATE

Effect TYPE 1 (REJECTION)

Problem If the Registration Date for this episode is on or after 1 July 1999, the Registration Date should not be the same as the Status Reassignment Date. The Registration Date is the date on which the hospital accepts notification that a patient requires elective surgery.
From 1 July 1999, Status Reassignments do not cause the Registration Date to be overwritten. The Registration Date stays the same for the entire episode.
Refer: *Registration Date* page ** and *Status Reassignment Date* page **.

Remedy Check the Registration Date and the Status Reassignment Date. Correct errors and resubmit the record.
This may be a software problem. If your software is overwriting the Registration date with Status Reassignment Date, contact your software supplier, as this should not be occurring.

BLANK SOURCE OF REFERRAL

Effect TYPE 2 (CORRECTION)

Problem This episode does not have a reported Source of Referral. Source of Referral is a mandatory item.
Valid codes are listed in this Manual.
Refer: *Source of Referral* page **.

Remedy Determine the Source of Referral for this patient, enter the correct code and resubmit the record.

INVALID SOURCE OF REFERRAL

Effect TYPE 2 (CORRECTION)

Problem The Source of Referral for this patient is invalid.
Valid codes are listed in this Manual.
Refer: *Source of Referral* page **.

Remedy Determine the correct Source of Referral for this patient, enter the correct code and resubmit the record.

BLANK REFERRING HOSPITAL

Effect TYPE 2 (CORRECTION)

Problem This episode has a reported Source of Referral '2'—*Referred by Other Hospital*, and does not have a Referring Hospital reported. When a patient is referred by another hospital, the receiving hospital must report the Campus Code of the referring hospital.
Valid Campus Codes are listed in this Manual.
Refer: *Referring Hospital* page **.

Remedy Determine the Referring Hospital for this patient, enter the Campus Code in the Referring Hospital field and resubmit the record.

INVALID REFERRING HOSPITAL

Effect TYPE 2 (CORRECTION)

Problem This episode has data reported in the Referring Hospital field, which is not a valid Campus Code.
Valid Campus Codes are listed in this Manual.
Refer: *Referring Hospital* page **.

Remedy Determine the correct Referring Campus Code for this patient, enter the code and resubmit the record.

REFERRING HOSPITAL NOT HOSPITAL REFERRED

Effect TYPE 2 (CORRECTION)

Problem This episode has a reported Source of Referral other than '2'—*Referred by Other Hospital*, and has a Referring Hospital Campus Code reported. Referring Hospital should only be reported when the waiting episode has been referred by another hospital.
Refer: *Source of Referral* page ** and *Referring Hospital* page **.

Remedy Check if the patient was referred to this hospital by another hospital. Correct the data and resubmit the record.

PREV URGENCY CATEGORY = CLINICAL URGENCY

Effect TYPE 2 (CORRECTION)

Problem The Previous Urgency Category field contains the same value as the Clinical Urgency Category field. A value is only reported in the Previous Urgency Category field when the Clinical Urgency Category for the episode is changed. Thus, these two fields should never contain the same value.
Refer: *Clinical Urgency Category* page **, and *Previous Urgency Category* page **.

Remedy Determine if the Clinical Urgency for this episode has been reassigned.

If an Urgency Reassignment has occurred, enter the Urgency Reassignment Date, and resubmit the record.

If the patient's Urgency Category remains the same, delete the value reported in the Previous Urgency Category field and resubmit the record.

INVALID PREVIOUS URGENCY CATEGORY

Effect TYPE 1 (REJECTION)

Problem The Previous Urgency Category for this record is invalid. Valid Clinical Urgency Category codes are listed in this manual.
Refer: *Previous Urgency Category* page ** and *Clinical Urgency Category* page **.

Remedy Correct the Previous Urgency Category for this patient and resubmit the record.

INVALID URGENCY REASSIGNMENT DATE

Effect TYPE 1 (REJECTION)

Problem The Urgency Reassignment Date for this record is in an invalid format.
Valid: DDMMCCYY or blank.
Century (CC) can be either 19 or 20 only.
Refer: *Urgency Reassignment Date* page **.

Remedy Check the Urgency Reassignment Date and enter the date in the correct format, and resubmit the record.

BLANK PATIENT LISTING STATUS

Effect TYPE 1 (REJECTION)

Problem This record does not have a value reported in the Patient Listing Status field. Patient Listing Status is a mandatory data item.
Refer: *Patient Listing Status* page **.

Remedy Determine the Patient Listing Status, enter the correct value and resubmit the record.

INVALID PATIENT LISTING STATUS

Effect TYPE 1 (REJECTION)

Problem The Patient Listing Status for this record is invalid. Valid Patient Listing Status codes are listed in this manual.
Refer: *Patient Listing Status* page **.

Remedy Correct the Patient Listing Status and resubmit the record.

INVALID STATUS REASSIGNMENT DATE

Effect TYPE 1 (REJECTION)

Problem The Status Reassignment Date for this record is in an invalid format.
Valid: DDMMCCYY or blank.
Century (CC) can be either 19 or 20 only.
Refer: *Status Reassignment Date* page **.

Remedy Check the Status Reassignment Date and enter the date in the correct format, and resubmit the record.

INVALID REASON FOR NRFC STATUS

Effect TYPE 2 (CORRECTION)

Problem The Reason for Not Ready for Care status for this record is invalid. Valid Reason for Not Ready for Care codes are listed in this manual.
Refer: *Reason for Not Ready for Care status* page **.

Remedy Ensure that the patient is Not Ready for Care.
Determine the correct Reason for Not Ready for Care status code, enter this and resubmit the record.

PATIENT NRFC, NO REASON FOR NRFC

Effect TYPE 2 (CORRECTION)

Problem This patient is Not Ready for Care, however has no Reason for Not Ready for Care Status reported.

Refer: *Reason for Not Ready for Care Status* page **.

Remedy Ensure that the patient is Not Ready for Care.

Determine the Reason for Not Ready for Care, and correct the record.

REASON FOR NRFC PATIENT CURRENT RFC

Effect TYPE 2 (CORRECTION)

Problem This patient is currently Ready for Care and has a Reason for Not Ready for Care Status reported. Reason for Not Ready for Care Status is required only for patients who are Not Ready for Care. When a patient becomes Ready for Care after being Not Ready for Care, the Reason for Not Ready for Care Status should become blank.

Refer: *Reason for Not Ready for Care Status* page **.

Remedy Determine the correct Patient Listing Status for the patient and correct any incorrect fields.

INVALID BOOKING DATE

Effect TYPE 2 (CORRECTION)

Problem The Booking Date for this record is in an invalid format.

Valid: DDMMCCYY or blank.

Century (CC) can be either 19 or 20 only.

Refer: *Booking Date* page **.

Remedy Check the Booking Date and enter the date in the correct format, and resubmit the record.

BOOKING DATE BEFORE REGISTRATION DATE

Effect TYPE 1 (REJECTION)

Problem The Booking Date for this record is prior to the Registration Date. A patient cannot be booked for a procedure prior to being placed on the waiting list. The Booking Date may be the same as the Registration Date.
Refer: *Booking Date* page ** and *Registration Date* page **.

Remedy Determine the correct Booking Date. If the procedure was booked prior to the patient being placed on the waiting list, the Booking Date is the same as the Registration Date. Correct and resubmit the record.

INVALID BOOKING NUMBER

Effect TYPE 2 (CORRECTION)

Problem The Booking Number for this record is in an invalid format.
Valid: Numeric character
2 characters
Invalid: Special characters (for example \$, #) and alphabetic characters
≠2 characters
Refer: *Booking Number*, page **

Remedy Determine the correct Booking Number for this record, enter the correct number and resubmit the record.

INCOMPLETE BOOKING DETAILS

Effect TYPE 1 (REJECTION)

Problem This record has incomplete booking details. When a booking occurs, a Booking Number is generated and a Scheduled Admission Date arranged. The following fields must all be completed and reported when a booking is made:

- Booking Date
- Booking Number
- Scheduled Admission Date

This record has data reported in at least one of these three fields, and at least one of the remaining fields is blank or contains an invalid item.

Refer: *Booking Date* page **, *Booking Number* page **, and *Scheduled Admission Date* page **.

Remedy Determine if a booking has been made.

If so, determine which of the above 'booking' related fields contains no data or an invalid code. Enter the correct value for blank fields and/or correct invalid codes. Resubmit the record.

If no booking has been made, determine which of the three 'booking' fields contains data and delete this. Resubmit the record.

INVALID REASON FOR REBOOKING

Effect TYPE 2 (CORRECTION)

Problem The Reason for Rebooking field for this episode contains an invalid code. Valid codes for Reason for Rebooking are listed in this manual.

Refer: *Reason for Rebooking* page **.

Remedy Determine the reason for the rebooking of the patients procedure. Correct the code and resubmit the record.

INVALID SCHEDULED ADMISSION DATE

Effect TYPE 2 (CORRECTION)

Problem The Scheduled Admission Date for this record is in an invalid format.

Valid: DDMMCCYY.

Century (CC) can be either 19 or 20 only.

Refer: *Scheduled Admission Date* page **.

Remedy Check the Scheduled Admission Date, enter the date in the correct format, and resubmit the record.

SCHEDULED ADM DATE BEFORE BOOKING DATE

Effect TYPE 2 (CORRECTION)

Problem The Scheduled Admission Date is prior to the Booking Date for this record. The Scheduled Admission Date should be equal to or later than the Booking Date.
Refer: *Booking Date* page ** and *Scheduled Admission Date* page **.

Remedy Determine the correct Booking Date and Scheduled Admission Date.
Amend the incorrect date/s and resubmit the record.

SCHEDULED ADMISSION DATE EXCEEDED

Effect TYPE 3 (WARNING)

Problem The Scheduled Admission Date for this record has passed, and the patient has not been admitted to hospital, or a rebooking made. If the patient is not admitted on the Scheduled Admission Date for the booked procedure, the booking must be postponed and the patients name returned to the waiting list
Refer: *Booking Date* page ** and *Reason for Rebooking* page **.

Remedy If the patient has been admitted and the procedure carried out, finalise the record, completing the Reason for Removal field.
If the patient has not been admitted, complete the Reason for Rebooking field, thus returning the patient to the waiting list.

INVALID REMOVAL DATE

Effect TYPE 1 (REJECTION)

Problem The Removal Date for this record is in an invalid format.
Valid: DDMMCCYY or blank.
Century (CC) can be either 19 or 20 only.
Refer: *Removal Date* page **.

Remedy Check the Removal Date, enter the date in the correct format, and resubmit the record.

REMOVAL DATE PRIOR TO REG DATE

Effect TYPE 1 (REJECTION)

Problem The Removal Date for this record is prior to the reported Registration Date.

Remedy Check the Removal Date and the Registration Date, correct the relevant details and resubmit the record.

REMOVED BUT NO REASON

Effect TYPE 1 (REJECTION)

Problem This record has a recorded Removal Date from the waiting list, but there is no Reason for Removal recorded.

Refer: *Reason for Removal* page **.

Remedy Check that the patient required removal from the waiting list.

If the episode has been completed, enter the Reason for Removal and resubmit the record.

If the episode is not yet complete, delete the date from the Removal Date field and resubmit the record.

REMOVED, NO REMOVAL DATE

Effect TYPE 1 (REJECTION)

Problem This record had a Reason for Removal from the waiting list, but there is no Removal Date reported.

Refer: *Reason for Removal* page ** and *Removal Date* page **.

Remedy Check that the patient should have been removed from the waiting list.

If the episode has been completed, enter the Removal Date and resubmit the record.

If the episode is not yet completed, delete the Reason for Removal and resubmit the record.

RECORD REMOVED LAST MONTH

Effect TYPE 3 (WARNING)

Problem This record was reported as being removed from the waiting list last month, therefore the waiting episode was reported as complete last month. This may be valid if some data has been changed and the record resubmitted.

Refer: *Reason for Removal* page ** and *Removal Date* page **.

Remedy Determine the purpose of the reporting of this record in this month's transmission.

If this is an update to previously accepted data, no further action is required.

If the current submission contains the correct data, and the data accepted in a previous month was incorrect, no further action is required, as this month's transmission has overwritten that from any previous transmissions.

If the current submission is incorrect, and data accepted in an earlier transmission was correct, correct the record so that it contains accurate data and resubmit the record. Resubmission is required as the correct data previously held by ESIS, has been overwritten by the current data submission which contains incorrect data.

CANCELLED, NO REASON FOR CANCELLATION

Effect TYPE 1 (REJECTION)

Problem This record has a Reason for Removal of C *Cancellation by the hospital or clinician* or D *Cancellation by the patient*, indicating that the patient was removed from the waiting list and the waiting episode cancelled. There is no value reported in Reason for Cancellation to explain why the patients waiting episode was cancelled.

Refer: *Reason for Removal* page **, and *Reason For Cancellation* page **.

Remedy Determine the reason for the cancellation of the patients waiting episode and enter the appropriate code, then resubmit the record.

INVALID INSURANCE DECLARATION

Effect TYPE 2 (CORRECTION)

Problem The Insurance Declaration field contains an invalid code. Valid codes are listed in this Manual.
Refer: *Insurance Declaration* page **.

Remedy Determine the correct insurance code for this patient, enter this and resubmit the record.

BLANK INSURANCE DECLARATION

Effect TYPE 2 (CORRECTION)

Problem This patient has a Reason for Removal of A *Admission From the Booking List* or B *Admission From the Waiting List*, indicating that they have been admitted to this hospital for the awaited procedure. There is no value entered in the Insurance Declaration on Admission field to indicate the patients billing status for that admission.
Refer: *Insurance Declaration on Admission* page **.

Remedy Determine the patient's insurance code for this admission, enter this code and resubmit the record.

INSURANCE DECLARATION PATIENT NOT ADMITTED

Effect TYPE 2 (CORRECTION)

Problem This patient has a reported Insurance Declaration, however has not yet been admitted for the awaited procedure (that is, there is no Reason for Removal reported which indicates that the patient has been admitted). Insurance Declaration should be reported only when the patient has been admitted.
Refer: *Insurance Declaration* page **.

Remedy If the patient has not yet been admitted, delete the Insurance Declaration and resubmit the record.

If the patient has been admitted, report the appropriate Reason for Removal code and resubmit the record.

BLANK TRANSFER DESTINATION

Effect TYPE 2 (CORRECTION)

Problem This patient has a reported Reason for Removal of T *Transfer of Waiting Episode to Another Hospital*, however has no reported Transfer Destination. When the responsibility for a patients waiting episode is transferred to another hospital, the hospital code for the receiving hospital must be reported in the Transfer Destination field.

Refer: *Reason for Removal* page ** and *Transfer Destination* page **.

Remedy Determine the correct Campus Code for the receiving hospital and report this in the Transfer Destination field.

If the incorrect Reason for Removal has been reported, amend this field and resubmit the record.

WAITING TIME OVER FIVE YEARS

Effect TYPE 3 (WARNING)

Problem This patient has a Registration Date which is more than five years prior to the current date. Therefore, the patient has been on the waiting list for more than five years.

Remedy Take action to determine whether the patient should still be on the waiting list. Does the patient still require the surgery? Discuss this with the treating surgeon. Should this patient be booked for admission some time in the foreseeable future?

CLINICAL URG CAT 1, WAITING > 30 DAYS

Effect TYPE 3 (WARNING)

Problem This patient has a Clinical Urgency rating of one and has been *Ready for Care* and waiting for ≥ 30 days. Patients allocated to this Clinical Urgency Category require treatment within 30 days of being placed on the waiting list. This patient is now considered to be overdue.

Refer: *Clinical Urgency Category*, page **

Remedy Take measures to arrange admission of this patient according to hospital policy.

CLINICAL URG CAT 2, WAITING > 90 DAYS

Effect TYPE 3 (WARNING)

Problem This patient has a Clinical Urgency rating of two and has been *Ready for Care* and waiting for ≥ 90 days. Patients allocated to this Clinical Urgency Category require treatment within 90 days of being placed on the waiting list. This patient is now considered overdue.
Refer: *Clinical Urgency Category*, page **

Remedy Take measures to arrange admission of this patient according to hospital policy.

TOTAL NRFC DAYS NOT NUMERIC OR BLANK

Effect TYPE 1 (REJECTION)

Problem This records Total Not Ready for Care Days field contains invalid data.
Valid: Numeric, zero, blank
Refer: *Total Not Ready for Care Days* page **.

Remedy Correct the Total Not Ready for Care Days and resubmit the record.
If necessary, contact your software supplier to ensure logic.

TOT NRFC DAYS LAST URG REASS NOT NUMERIC/ BLANK

Effect TYPE 1 (REJECTION)

Problem This record's Total Not Ready for Care Days Following Last Urgency Reassignment field contains invalid data.
Valid: Numeric, zero, blank
Refer: *Total Not Ready for Care Days Following Last Urgency Reassignment* page **.

Remedy Correct the Total Not Ready for Care Days Following Last Urgency Reassignment and resubmit the record.
If necessary, contact your software supplier to ensure logic.

TOTAL NRFC LESS THAN TOTAL SINCE URG REASSIGN

Effect TYPE 1 (REJECTION)

Problem This record's Total Not Ready for Care Days Following Last Urgency Reassignment field contains a total which is greater than the total reported in the Total Not Ready for Care Days. Total Not Ready for Care Days includes all days not ready for care since the Registration Date, thus should always be equal to or greater than the Total Not Ready for Care Days Following Last Urgency Reassignment.
Refer: *Total Not Ready for Care Days* page ** and *Total Not Ready for Care Days Following Last Urgency Reassignment* page **..

Remedy Determine the correct totals for both field. Correct the data and resubmit the record. If necessary, contact your software supplier to ensure correct logic.

Appendices

Appendix 1: Campus codes for ESIS reporting hospitals

Appendix 2: Campus codes for Victorian public hospitals