

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

for 1.7.2001

March 2001

**Acute Health Division
Department of Human Services**

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Appendix A: ESIS data edits in SAS

Executive Summary

This document contains details of the revisions to the Elective Surgery Information System (ESIS) for 1 July 2001. The revisions are summarised below.

Edits

To improve data quality:

- Edits applicable to
 - *Not Ready for Care Days*,
 - *Booking* details,
 - *Reason for Cancellation*, and
 - *Transfer Destination*

have been revised, combined or deleted to ensure that accurate data is submitted for appropriate planning and policy development.

Software enhancements

ESIS Software systems must be configured to enable resubmission of data to the Department. The software system must ensure that data can be amended after the file has been extracted for submission. This includes situations where the patient has been admitted to the hospital for the awaited procedure.

Definitions

- Definitions for *Total Waiting Time for Admitted Patients* and *Total Waiting Time for Patients Remaining on the Waiting List* have been revised to ensure that data supplied to national bodies is in accordance with the definitions specified in the National Health Data Dictionary and to ensure the uniform calculation of these values.

Patient Record

- The following data items have been amended:
 - The definition for *Reason for Not Ready for Care Status – Deferred* has been revised to ensure consistent interpretation across all sites.

- *Reason for Removal*

This data item has been combined with data item *Reason for Cancellation*.

The following codes have been deleted from the *Reason for Removal* code set:

- C – Cancellation by the Hospital or Surgeon
- D – Cancellation by the patient

The following values from *Reason for Cancellation* have been added to the *Reason for Removal* code set:

- M – Admitted for awaited procedure as emergency patient to this hospital
- B – Treated elsewhere for the awaited procedure at a public facility
- I – Treated elsewhere for the awaited procedure at a private facility
- U – Treated elsewhere for the awaited procedure – unknown whether public or private
- Q – Surgery declined or not required
- F – Failure of the patient to arrive for treatment
- O – Other reason for cancellation

New codes:

- R – Died
- Z – Not contactable

The code set has been revised to:

- remove the need for dual collection of data,
- differentiate between patients who are removed from the waiting list due to death (new value R – *Died*), and those who are removed due to the patient not responding to reasonable efforts to contact them (new value Z – *Not contactable*),
- allow for the reporting of cases where the clinician cancels the episode due to prolonged periods of deferral. (included in code Q – *Surgery declined or not required*).

- *Reason for Cancellation*

This data item has been deleted. All codes have been included in data item *Reason for Removal*. See *Reason for Removal*.

- *Transfer Destination*

This data item has been extended to include collection of the receiving hospital's four character *Campus Code* where the hospital arranges admission at another hospital. (*Reason for Removal* code X - *This hospital arranged admission at another hospital*.)

Introduction

From 1 July 2001, changes to the ESIS data collection are necessary to ensure that Victoria continues to meet its national reporting obligations, and to assist planning and policy development by the Department of Human Services.

The Department has taken into account the comments made by hospitals and software suppliers on the *Proposals for Revisions to the Elective Surgery Information System (ESIS) for 1 July 2001* document. Suggestions have been accommodated where possible, and changes to the collection kept to a minimum.

It outlines the changes to ESIS by providing:

- details of the new, amended and discontinued ESIS definitions, data items and edits,
- the revised Patient Record file structure for 2001-2002.

These revisions will be incorporated into Version 4.0 of the ESIS Manual which will be distributed to all relevant stakeholders for implementation on 1 July 2001.

Letters have been forwarded to all ESIS reporting hospitals and software suppliers known to have Victorian clients notifying them that this document (*Specification for Revisions to the Elective Surgery Information System (ESIS) for 1.7.2001*) has been posted on our web site at <http://www.dhs.vic.gov.au/ahs/hdss> .

Hospitals are required to alter their externally supplied or in-house waiting list systems for 1 July 2001, to meet the ESIS specification as detailed in this document.

Any questions on this specification may be directed to the HDSS Help Desk on 9616 8141.

Format of this Document

Revisions are denoted as follows:

- New values in code sets and significantly revised definitions/edits are enclosed in a dotted border.
- Additions to existing text are underlined, whilst deletions are ~~struck through~~.

Updated Reference Files and Corresponding Data Items

- Postcode File: *Postcode and Locality*
- Hospital Code Table: *Campus Code, Referring Hospital, Transfer Destination*
- PPP Reference File: *Principal Prescribed Procedure*

Abbreviations

DHS	Department of Human Services
ESIS	Elective Surgery Information System
HDSS	Health Data Standards and Systems
NRFC	Not Ready for Care
RFC	Ready for Care

Revisions: Editing

New edits

S283 Booking Date / Scheduled Admission Date and Booking Number Mismatch

Effect TYPE 1 (REJECTION)

Problem This record has a *Scheduled Admission Date* and/or *Booking Date* however the *Booking Number* is zero.

OR

The *Booking Number* is greater than zero however the *Booking Date* is blank.

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

Remedy If a *Scheduled Admission Date* or *Booking Date* has been recorded, then a *Booking Number* must also be recorded.

If a *Booking Number* is greater than zero then a *Booking Date* must be recorded.

If no booking has been made, delete the *Scheduled Admission Date* and *Booking Date* or *Booking Number* and resubmit.

Revised edits

S326 Status Reassignment Date / NRFC Days Mismatch

Effect TYPE 1 (REJECTION)

Problem 1) This patient is *Ready for Care*, and has a *Status Reassignment Date* which is after the *Registration Date*, however has zero *Total Not Ready for Care Days* reported.

Or

2) This patient is *Ready for Care*, and has a *Status Reassignment Date* after an *Urgency Reassignment Date*, with both dates after the *Registration Date*, however has zero *Total Not Ready for Care Days Following Last Urgency Reassignment* reported.

Or

3) This record has no *Status Reassignment Date* recorded for the month and *Patient Listing Status* is N - NRFC, but the *Total NRFC Days* and *Total NRFC Days Following Last Urgency Reassignment* have not increased by the total number of days for that month.

Or

4) This record has a *Status Reassignment Date* recorded in the month and the *Patient Listing Status* is N - NRFC at the end of the month, but the *Total NRFC days* and *Total NRFC Days Following Last Urgency Reassignment* have not increased by a number which is greater than or equal to the difference between the *Status Reassignment Date* and the *Census Date* or *Removal Date* (whichever is earlier).

Remedy Determine the actual number of days that the patient was *Not Ready for Care*, and correct the *Total Not Ready for Care Days / Total Not Ready for Care Days Following Last Urgency Reassignment*, as necessary.

1) If the *Status Reassignment Date* is a date after the *Registration Date*, and the current *Patient Listing Status* is R – *Ready for Care* then NRFC days should be greater than zero.

2) If the *Status Reassignment Date* is after the *Urgency Reassignment Date* and both these dates are after the *Registration Date*, and, the current *Patient Listing Status* is R – *Ready for Care*, then NRFC days should be greater than zero.

3) If there is no *Status Reassignment Date* recorded for the month and the *Patient Listing Status* is N – NRFC, then the *Total NRFC Days* and *Total Not Ready for Care Days Following Last Urgency Reassignment* must increase by the number of days in that month.

4) If a *Status Reassignment Date* is recorded in the month and the *Patient Listing Status* is N – NRFC at the end of the month,

Or

If the *Patient Listing Status* changes more than once in any given month, then the *Total NRFC Days* and *Total Not Ready for Care Days Following Last Urgency Reassignment* must have increased by at least the difference between the *Status Reassignment Date* and *Census Date* or *Removal Date* (whichever is earlier.)

Refer: *Patient Listing Status, Status Reassignment Date, Registration Date, Total Not Ready for Care Days* and *Total Not Ready for Care Days Following Last Urgency Reassignment*.

S309 Blank Transfer Destination

Effect TYPE 1 (REJECTION)

Problem This patient has a reported *Reason for Removal* of:

T – Transfer of waiting episode to another ESIS hospital, or

N – Transfer of waiting episode to a non ESIS (public) hospital, or

X – This hospital arranged admission at another hospital

however the *Transfer Destination* field is blank.

When the responsibility for a patient's waiting episode is transferred to another ESIS or non-ESIS hospital, or when the hospital has arranged for the patient to be treated at another hospital under contract (or similar arrangement), the *Campus Code* for the receiving hospital must be reported in the *Transfer Destination* field.

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

Remedy Determine the correct *Campus Code* for the receiving hospital and report this in the *Transfer Destination* field. If an incorrect *Reason for Removal* has been reported, amend this field and resubmit.

S310 Transfer Destination not Transferred

Effect TYPE 1 (REJECTION)

Problem This patient has a reported *Transfer Destination* code, but the *Reason for Removal* code is not *T—Transfer of waiting episode to another ESIS hospital*, *N—Transfer of waiting episode to a non ESIS (public) hospital*, *or X—This hospital arranged admission at another hospital.*

Refer: *Reason for Removal*, and *Transfer Destination*

Remedy Determine whether the patient’s waiting episode has been transferred to another hospital or treated at another hospital under contract (or similar arrangement).

If the waiting episode has been transferred, report a *Reason for Removal* of *T—Transfer of waiting episode to another ESIS hospital* or *N—Transfer of waiting episode to a non ESIS (public) hospital*. If the hospital has arranged for the patient to be treated at another hospital under contract (or similar arrangement), report a *Reason for Removal* of *X—This hospital arranged admission at another hospital.*

Record the correct *Campus Code* for the receiving hospital in the *Transfer Destination* field.

Deleted edits

S281 Booking Date Present, Booking Number Zero

S282 Scheduled Admission Date Present, Booking Number Zero

S299 Cancelled, no Reason for Cancellation

S300 Invalid Comb: Removal and Cancellation

S301 Invalid Reason for Cancellation

Revisions: Software Enhancements

Revision Summary ESIS Software systems must be configured to enable amendment and resubmission of data to the Department for all waiting list episodes.

From 1 July 2001 Hospitals must have the ability to amend data once the file has been extracted for submission, including situations where the patient has been admitted to the hospital for the awaited procedure.

Rationale This revision will eliminate the need for hospitals to alter their data extract, or to submit correction tables to the Department. It will also ensure that data collected in the hospital source system is identical to that extracted and forwarded to the Department for editing and analysis.

Revisions: Definitions

Total Waiting Time for Admitted Patients

Revision Summary The definition of *Total Waiting Time for Admitted Patients* has been amended to align with the National Health Data Dictionary.

From 1 July 2001 Waiting time for patients removed from the waiting list on or after 1 July 2001, will be calculated in accordance with the revised definitions, as listed below.

Specification

Definition	The time elapsed from the date that the patient was added to the waiting list for the procedure to the date they were admitted to hospital for the procedure (excludes <i>Not Ready for Care Days</i>).
Guide for use	<p>Total waiting time for patients admitted from the waiting list will be calculated as the time elapsed from the <i>Registration Date</i> or <i>Urgency Reassignment Date</i> to the admission date (indicated by the <i>Removal Date</i>). Total waiting time excludes <i>Not Ready for Care Days</i>.</p> <p>All <i>Ready for Care Days</i> on the waiting list should be counted.</p> <p>Total waiting time for admitted patients equals:</p> <p>Removal Date minus</p> <ul style="list-style-type: none"> • <i>Urgency Reassignment Date</i>, (if <u>current Clinical Urgency Category is greater than the Previous Urgency Category</u>) minus the sum of <i>Not Ready for Care Days Following Last Urgency Reassignment</i>. <p>Or</p> <ul style="list-style-type: none"> • <i>Registration Date</i>, (if there has been no change in <i>Clinical Urgency Category</i> or <u>if current Clinical Urgency Category is less than the Previous Urgency Category</u>) minus the sum of <i>Not Ready for Care Days</i>.

Guide for use cont

c The current *Clinical Urgency Category* is **greater than** the *Previous Urgency Category*, if the patient's *Clinical Urgency Category* is now:

- Urgent (1) having previously been Semi-Urgent (2) or Non-Urgent (3);

Or

- Semi-Urgent (2), having previously been Non-Urgent (3).

In this instance, *Total Waiting Time for Admitted Patients* is calculated from the *Urgency Reassignment Date*. **Subtract Total Not Ready for Care Days Following Last Urgency Reassignment.**

For example:

Patient registered on 01/01/2001 with a *Clinical Urgency Category* of Non-Urgent (3). On 01/05/2001 the patient changes *Clinical Urgency Category* to Semi-Urgent (2). Patient was 'not ready for care' from 10/06/2001 to 30/06/2001 and was admitted for the procedure on 01/08/2001 (Removal Date).

In this case, as the patient went to a **higher** *Clinical Urgency Category*, the number of days are calculated by subtracting the *Urgency Reassignment Date* (01/05/2001) from the *Removal Date* (01/08/2001), minus any days the patient was 'not ready for care' following last urgency reassignment.

Therefore:

$$\begin{aligned}\text{Total Waiting Time} &= (01/08/01 - 01/05/01) - (30/06/01 - 10/06/01) \\ &= 92 \text{ days} - 20 \text{ days (NRFC)} \\ &= 72 \text{ days}\end{aligned}$$

c The current *Clinical Urgency Category* is **less than** the *Previous Urgency Category*, if the patient's *Clinical Urgency Category* is now:

- Semi-Urgent (2) having previously been Urgent (1);

Or

- Non-Urgent (3), having previously been Urgent (1) or Semi-Urgent (2).

In this instance *Total Waiting Time for Admitted Patients* is calculated from the *Registration Date*. **Subtract Total Not Ready for Care Days.**

Guide for use cont**For example:**

Patient registered on 01/01/2001 with a *Clinical Urgency Category* of Semi-Urgent (2). On 20/04/2001 the patient changes *Clinical Urgency Category* to Non-Urgent (3). Patient was 'not ready for care' from 10/06/2001 to 30/06/2001 and admitted for the procedure on 01/08/2001 (*Removal Date*).

In this case, as the patient went to a **lower** *Clinical Urgency Category*, the days should be counted from the *Registration Date*, not the *Urgency Reassignment Date*.

The number of days is calculated by subtracting the *Registration Date* (01/01/2001) from the *Removal Date* (01/08/2001), minus any days the patient was 'not ready for care'.

Therefore:

$$\begin{aligned} \text{Total Waiting Time} &= (01/08/01 - 01/01/01) - (30/06/01 - 10/06/01) \\ &= 212 \text{ days} - 20 \text{ days (NRFC)} \\ &= 192 \text{ days} \end{aligned}$$

Related Items

Census Date, Clinical Urgency, Patient Listing Status, Registration Date, Urgency Reassignment Date, Reason for Removal, Total Not Ready for Care Days, Total Not Ready for Care Days Following Last Urgency Reassignment, and Removal Date

Administration**Purpose**

This is a critical elective surgery waiting times data element. It is used to determine whether patients are overdue, or had extended waits at admission. It is used to assist doctors and patients in making decisions about hospital referral, to assist in the planning and management of hospitals and to assist in healthcare related research.

Start Date

n.a.

Version

4 (Effective 1 July 2001)

Definition Source

DHS

Total Waiting Time for Patients Remaining on the Waiting List

Revision Summary The definition of *Total Waiting Time for Patients Remaining on the Waiting List* has been amended to align with the National Health Data Dictionary.

From 1 July 2001 Waiting time for patients remaining on the waiting list on or after 1 July 2001, will be calculated in accordance with the revised definitions, as listed below.

Specification

Definition The time elapsed from the date that the patient was added to the waiting list for the procedure to a designated census date (excludes *Not Ready for Care Days*).

Guide for use Total waiting time for patients remaining on the waiting list will be calculated as the time elapsed from the *Registration Date* or *Urgency Reassignment Date* to the *Census Date*. Total waiting time excludes *Not Ready for Care Days*.

Because the patient has not yet been removed from the list, the first day of the waiting period (either the *Registration Date*, or *Urgency Reassignment Date*), **and** the *Census Date* (last day being reported as being on the list for this month) should **both** be counted as days waiting.

All *Ready for Care Days* on the waiting list should be counted.

Total waiting time for patients remaining on the waiting list equals:

Census Date **minus**

- *Urgency Reassignment Date*, (if current *Clinical Urgency Category* is **greater than** the *Previous Clinical Urgency Category*) **minus** the sum of *Not Ready for Care Days Following Last Urgency Reassignment* **plus** 1.

Or

- *Registration Date*, (if there has been no change in *Clinical Urgency Category* or if the current *Clinical Urgency Category* is **less than** the *Previous Clinical Urgency Category*) **minus** the sum of *Not Ready for Care Days* **plus** 1.

Guide for use cont

c The current *Clinical Urgency Category* is **greater than** the *Previous Urgency Category*, if the patient's *Clinical Urgency Category* is now:

- Urgent (1) having previously been Semi-Urgent (2) or Non-Urgent (3);

Or

- Semi-Urgent (2), having previously been Non-Urgent (3).

In this instance, *Total Waiting Time for Patients Remaining on the Waiting List* is calculated from the *Urgency Reassignment Date*. **Subtract Total Not Ready for Care Days Following Last Urgency Reassignment.**

For example:

Patient registered on 01/01/2001 with a *Clinical Urgency Category* of Non-Urgent (3). On 01/05/2001 the patient changes *Clinical Urgency Category* to Semi-Urgent (2). Patient was 'not ready for care' from 10/06/2001 to 30/06/2001 and remained 'ready for care' until the current *Census Date* – 31/07/2001.

In this case, as the patient went to a **higher** *Clinical Urgency Category*, the number of days are calculated by subtracting the *Urgency Reassignment Date* (01/05/2001) from the *Census Date* (31/07/2001), minus any days the patient was 'not ready for care' following last urgency reassignment **plus** one day.

Therefore, Total Waiting Time for this patient remaining on the waiting list:

$$\begin{aligned}
 &= (31/07/01 - 01/05/01) - (30/06/01 - 10/06/01) \text{ plus } 1 \\
 &= 91 \text{ days} - 20 \text{ days (NRFC)} \text{ plus } 1 \text{ day} \\
 &= 72 \text{ days}
 \end{aligned}$$

c The current *Clinical Urgency Category* is **less than** the *Previous Urgency Category*, if the patient's *Clinical Urgency Category* is now:

- Semi-Urgent (2) having previously been Urgent (1);

Or

- Non-Urgent (3), having previously been Urgent (1) or Semi-Urgent (2).

In this instance Total waiting time is calculated from the *Registration Date*.

Subtract *Total Not Ready for Care Days.*

For example:

Guide for use cont

Patient registered on 01/01/2001 with a *Clinical Urgency Category* of Semi-Urgent (2). On 20/02/2001 the patient changes *Clinical Urgency Category* to Non-Urgent (3). Patient was 'not ready for care' from 10/06/2001 until 30/06/2001. They remained 'ready for care' until the current *Census Date* - 31/07/2001.

In this case, as the patient went to a **lower** *Clinical Urgency Category*, the days should be counted from the *Registration Date*, not the *Urgency Reassignment Date*.

The number of days is calculated by subtracting the *Registration Date* (01/01/2001) from the *Census Date* (31/07/2001), minus any days the patient was 'not ready for care' **plus** one day.

Therefore, Total Waiting Time for this patient waiting on the waiting list:

$$\begin{aligned} &= (31/07/01 - 01/01/01) - (30/06/01 - 10/06/01) \\ &= 211 \text{ days} - 20 \text{ days (NRFC) plus 1 day} \\ &= 192 \text{ days} \end{aligned}$$

Related Items

Census Date, Clinical Urgency, Patient Listing Status, Registration Date, Urgency Reassignment Date, Reason for Removal, Total Not Ready for Care Days, Total Not Ready for Care Days Following Last Urgency Reassignment, and Removal Date

Administration

Purpose

This is a critical elective surgery waiting times data element. It is used to determine whether patients are overdue, or had extended waits at a census date. It is used to assist doctors and patients in making decisions about hospital referral, to assist in the planning and management of hospitals and to assist in healthcare related research.

Collection Start

n.a.

Version

4 (Effective 1 July 2001)

Definition Source

DHS

Revisions: Patient Record

Reason for Not Ready for Care Status

Revision Summary The definition for *Reason for Not Ready for Care Status – Deferred* has been expanded to ensure consistent interpretation across all sites.

From 1 July 2001 The new reporting guide should be utilised for patients who defer for long periods, or whose deferral is considered unreasonable.

Specification

Definition The reason for a *Patient Listing Status* of *Not Ready for Care*.

Datatype Alpha/numeric **Form** Code

Field Size One **Layout** A

Reported For all patients who have a reported *Patient Listing Status* of: *N – Not Ready for Care*.

Code Set	Code	Descriptor
	C	Clinically unfit
	D	Deferred
	S	Staged

Collection Guide Report the appropriate reason to explain why the patient is *Not Ready for Care*.

Reporting Guide

D – Deferred

Patients who refuse booking or admission for personal, non clinical reasons.

Hospitals are expected to exercise discretion to distinguish between patients who are reasonably negotiating an admission date to suit their particular circumstances (taking the patient's *Clinical Urgency Category* into consideration), and those who declare themselves unavailable for treatment for prolonged periods.

Reporting Guide
cont

If the patient's clinician considers the patient's deferral to be unreasonable, (eg. the patient wishes to defer indefinitely, or repeatedly defers for long periods) and removes the patient from the waiting list, a Reason for Removal code of Q – Surgery declined or not required, should be assigned.

As a general rule, patients who are unable to present for admission within a six week period may be considered to be deferred.

Edits

- S267 – Invalid Reason for NRFC status
- S268 – Patient NRFC, no reason for NRFC
- S269 – Reason for NRFC patient current RFC
- S326 – Status Reassignment Date / NRFC Days Mismatch

Related Items

Patient Listing Status, and Status Reassignment Date

Administration

Purpose

This item is used to identify the reasons why patients are *Not Ready for Care*.

Collection Start

1 July 1997

Version

2 (Effective 1 July 2001)

Definition Source

DHS

Code Set

DHS

Source

Reason for Removal

Revision Summary *Reason for Removal* codes have been combined with codes described in *Reason for Cancellation*. Two new *Reason for Removal* codes have been added to the data set.

From 1 July 2001 All patients removed from the waiting list must have a code reported from the new *Reason for Removal* code set.

Specification

Definition The reason why a patient is removed from the waiting list.

Datatype Alpha/numeric *Form* Code

Field Size One *Layout* A

Reported for Patients removed from the waiting list.

Reported when The decision is made to remove the patient from the waiting list.

<i>Codeset</i>	Code	Descriptor
<i>Admitted to this Hospital?</i>	W	Admitted to this hospital for awaited procedure
	<u>M</u>	<u>Admitted for awaited procedure as emergency patient to this hospital</u>
<i>Treated elsewhere?</i>	<u>B</u>	<u>Treated elsewhere for awaited procedure at a public facility</u>
	<u>I</u>	<u>Treated elsewhere for awaited procedure at a private facility</u>
	<u>U</u>	<u>Treated elsewhere for awaited procedure – unknown whether public or private</u>
	X	This hosp arranged admission at another hospital
<i>Transfer of ESIS episode?</i>	N	Transfer of waiting episode to a non-ESIS (Public) hospital
	T	Transfer of waiting episode to another ESIS hospital
<i>Cancellation?</i>	<u>R</u>	<u>Died</u>
	<u>Z</u>	Not contactable
	<u>Q</u>	<u>Surgery declined or not required</u>
	<u>F</u>	<u>Failure of the patient to arrive for treatment</u>
	E	Data error
	<u>O</u>	<u>Other reason for cancellation</u>

Reporting Guide

Report the appropriate reason to explain why the patient's waiting episode has been removed from the waiting list. When the patient is removed from the waiting list, the *Removal Date* must also be reported.

Admitted to this Hospital:**W—Admitted to this hospital for awaited procedure**

The patient has been admitted to this hospital for the awaited procedure.

~~A Reason for cancellation code is not required for this code.~~

If this code is used, the following fields must also be completed: *Insurance declaration, Medicare Number and Medicare Suffix.*

M – Admitted for awaited procedure as emergency patient to this hospital

Patients whose condition has worsened to the extent that he/she is admitted through the Emergency Department at this hospital, for the awaited procedure.

The patient is removed from the waiting list with a Reason for Removal code M – Admitted for awaited procedure as emergency patient to this hospital, ~~with a Reason for removal of C – Cancellation by the Hospital or Surgeon~~ and is not reported as an elective admission.

Patients admitted to another hospital for the awaited procedure as an emergency patient, should be removed from the waiting list at this hospital with a *Reason for Removal of C – Cancellation by the Hospital or Surgeon* and B, I or U – *Treated elsewhere for awaited procedure.*

Reporting Guide

cont

Treated elsewhere:

B,I,U—Treated elsewhere for the awaited procedure

Patients whose awaited procedure has been performed at another facility.
(includes as an emergency patient).

Includes patients who:

- have initiated treatment at another hospital (includes private hospitals)
- have been admitted through the Emergency Department of another hospital for the awaited procedure, due to the worsening of the clinical condition requiring treatment.

The hospital is asked to determine wherever possible, whether the patient was treated at a private or public facility. If this cannot be determined, code *U—Unknown facility* should be reported.

A *Transfer Destination* code is not required. (~~*Reason for removal of D—Cancellation by the patient.*~~)

Patients who elect to be treated in a private hospital and a contract has not been negotiated between the hospitals, should be removed from the Waiting List, with a *Reason for Removal* code of *I – Treated elsewhere for awaited procedure at a private facility.*

X—This hospital arranged admission at another hospital

This hospital arranged for the patient to be treated at another hospital under contract (or similar arrangement), however the responsibility for the patient's waiting episode remains with the ESIS hospital reporting this episode.

Note: These patients should remain on the waiting list until admitted.

This is not a transfer of reporting responsibility, however, in order to distinguish where the patient is receiving treatment under contract, the *Transfer Destination* field must be completed in instances where the *Reason for Removal* code is *X – This hospital arranged admission at another hospital.*

Where the patient initiates treatment at another hospital, use code ~~*D—Cancellation by the patient.*~~ *B, I or U – Treated elsewhere for the awaited procedure.*

Reporting Guide

cont

Transfer of ESIS**episode:****N—Transfer of waiting episode to a non ESIS public hospital**

The reporting responsibility for the patient's waiting episode has been transferred from this ESIS hospital to a non ESIS reporting (public) hospital. The patient's surgery will be performed at the receiving hospital.

If this code is used, the field *Transfer Destination* must also be completed.

Where the patient initiates treatment at another hospital, use code, ~~D—Cancellation by the patient~~ B, I or U – Treated elsewhere for the awaited procedure.

~~A Reason for cancellation code is not required for this code.~~

T—Transfer of waiting episode to another ESIS hospital

The reporting responsibility for the patient's waiting episode has been transferred from one ESIS hospital to another. Usually this occurs when it is possible for the patient to be treated in a more timely manner at the receiving hospital.

When transferring the reporting responsibility for a waiting episode, it is important that all of the original registration and waiting list details are provided to the receiving hospital. When the patient is entered onto the waiting list system at the receiving hospital, all waiting details to date are entered for that patient. That is, the original *Registration Date* must be entered, as well as any other events which will enable the total waiting time to be calculated from the time when the patient was placed on the waiting list at the original hospital.

If this code is used, the field *Transfer Destination* must also be completed.

Episodes should be reported as transferred when the reporting responsibility for the patient's waiting episode is being transferred to another hospital or where the patient is treated at another hospital under contract (or similar arrangement).

~~A Reason for cancellation code is not required for this code~~

Where the patient initiates treatment at another hospital, use code, ~~D—Cancellation by the patient~~ B, I or U – Treated elsewhere for the awaited procedure.

Reporting Guide

cont

Cancellation:

R—Died

Patients who have died since their name was placed on the waiting list.

~~(Reason for removal of D—Cancellation by the patient.)~~

Z—Not contactable

Patients who cannot be contacted.

~~(Reason for removal of D—Cancellation by the patient.)~~

Q—Surgery declined or not required

Includes:

- Patients who refuse treatment at their own initiative and no longer wish to receive treatment at the hospital. ~~(Reason for removal of D—Cancellation by the patient.)~~
- Patients whose clinical condition has either improved or worsened to the extent that they are no longer suitable candidates for the awaited surgery. ~~(Reason for removal of C—Cancellation by the Hospital or Surgeon.)~~
- Patients on the waiting list for a reportable procedure but are requiring alternative treatment which is listed as an excluded procedure. ~~(Reason for removal of C—Cancellation by the Hospital or Surgeon.)~~
- Patients who are removed from the waiting episode by a clinician for non-clinical reasons. This includes instances where the patient's clinician considers the patient's deferral to be unreasonable, (eg. the patient wishes to defer indefinitely, or repeatedly defers for long periods).

NOTE: Hospitals are expected to exercise discretion to distinguish between patients who are reasonably negotiating an admission date to suit their particular circumstances (taking the patient's *Clinical Urgency Category* into consideration), and those who declare themselves unavailable for treatment for a prolonged period. As a general rule, patients who are unable to present for admission within a six week period may be considered to be deferred.

Reporting Guide*cont***Cancellation cont:****F—Failure of the patient to arrive for treatment**

Patients who have a booking for admission, and fail to arrive at the hospital on that day without giving prior notice, may be removed from the waiting list. Hospitals should exercise their discretion on a case by case basis to avoid disadvantaging patients in the case of genuine hardship, misunderstanding and other unavoidable circumstances. ~~(Reason for removal of D—Cancellation by the patient.~~

E—Data error

Note: All records with a Reason for Removal of E—Data Error, are not subject to data edits.

Records that are erroneously entered onto the hospital waiting list system and reported to ESIS, are removed from ESIS using this code. This must be reported only when the record is a genuine error. Reasons for entry of incorrect episodes onto the hospital waiting list system can include:

- A duplicate waiting episode exists for the same *Patient Identifier* and *Principal Prescribed Procedure*.
- An incorrect *Patient Identifier*, and therefore the wrong patient, has been entered onto the waiting list system.
- Two or more *Patient Identifiers* have been issued for one patient.
- An incorrect *Registration Date* has been entered.

Where more than one waiting list record exists for the same waiting episode, the hospital should retain the episode which reflects the correct information for that patient. In particular, the *Registration Date* must be the original (or first) date on which the hospital accepted notification that the patient required admission for elective hospital care.

~~A Reason for cancellation code is not required for this code.~~

Reporting Guide

cont

Cancellation cont:

O—Other reason for removal

Circumstances for removal that do not fit into the other ~~thirteen~~ ^{five} *Reason for Removal Cancellation* categories. (~~Reason for removal of C—Cancellation by the Hospital or Surgeon or D—Cancellation by the patient~~).

Edits

- S080 - Blank Medicare Number
- S081 - Invalid Medicare Number
- S087 - Blank Medicare Suffix
- S088 - Invalid Medicare Suffix
- S287 - Scheduled Admission Date exceeded
- S292 - Removed but no reason
- S293 - Removed, no Removal Date
- S294 - Record removed last month

Edits cont

- S295 - Removal date \neq Scheduled Admission Date
- S296 - Patient admitted, Not Ready for Care
- S298 - Invalid Reason for Removal
- S303 - Blank Insurance Declaration
- S304 - Insurance Declaration, patient not admitted
- S309 - Blank Transfer Destination
- S310 - Transfer Destination not transferred

Related Items

Removal Date, Reason for Cancellation, and Transfer Destination

Administration

Purpose This is a critical element of waiting list data, as it identifies the completion of the waiting episode at this hospital. It is used to provide information about the number of patients admitted, cancelled and transferred and to determine which patients are still waiting.

Collection Start July 1997 **Version** 4 (Effective 1 July 2001)

Definition Source DHS **Code Set** DHS
Source

Reason for Cancellation

Revision Summary This data item has been deleted. All relevant codes have been included with data item *Reason for Removal*.

Refer *Reason for Removal*, page 14.

Transfer Destination

Revision Summary The *Transfer Destination* field has been extended to include episodes where the hospital has arranged for the patient to be treated at another hospital under contract (or similar arrangement). (*Reason for Removal* code X – *This hospital arranged admission at another hospital.*)

From 1 July 2001 All episodes that are removed from the waiting list with a *Reason for Removal* of X – *This hospital arranged admission at another hospital*, must also record a *Transfer Destination* Campus Code.

Specification

Definition Identification of the public hospital which is accepting responsibility for the patient's waiting episode, or the hospital where the patient is receiving treatment under contract (or similar arrangement).

Datatype Alpha/numeric **Form** Code

Field Size Four **Layout** NNNN or spaces

Reported for All patients removed from the waiting list with a *Reason for Removal* of:
T—Transfer of waiting episode to another ESIS hospital or
N—Transfer of waiting episode to a non-ESIS (public) hospital or
X—This hospital arranged admission at another hospital

Reported when The patient is removed from the waiting list.

Codeset Refer to Appendix E—*Campus codes for ESIS reporting*

Reporting guide

Patients who initiate treatment in a private hospital

Patients who elect to be treated in a private hospital are not considered to be a transfer, rather they should be removed from the waiting list, with a *Reason for Removal* of ~~D – Cancellation by the patient and a Reason for Cancellation of I – Treated elsewhere for the awaited procedure at a private facility~~, and no *Transfer Destination* recorded.

Patients who are treated under contract (or similar arrangement) at another hospital

Patients treated under a contract (or similar arrangement) at another hospital, are not considered to be a transfer because the reporting responsibility for the patients waiting episode remains with the contracting hospital. However, in order to distinguish where the patient is receiving treatment under contract, the *Transfer Destination* field is mandatory in instances where the *Reason for Removal* code is X – *This hospital arranged admission at another hospital.*

~~These patients should be removed from the waiting list with a *Reason for removal* of X – *This hospital arranged admission at another hospital* and no *Transfer destination* recorded.~~

The *Removal Date* must also be reported when a *Transfer Destination* and *Reason for Removal* are reported.

Edits

- S309 - Blank Transfer Destination
- S310 - Transfer Destination not transferred

Related items

Reason for Removal

Administration

Purpose For analysis of service delivery patterns.

Principal data users Access Unit (DHS)

Collection start July 1999 *Version* 3 (Effective 1 July 2001)

Definition source DHS *Code set source* DHS

Revisions: 2001–2002 File Structure

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

	Data Item	Field size	Datatype	Layout/Code set
M	Unique Key	8	A/N	XXXXXXXXX, right justified, hospital generated
M	Patient Identifier	10	A/N	XXXXXXXXXX, left justified, hospital generated
■	Medicare Number	11	N	NNNNNNNNNNN or all spaces
■	Medicare Suffix	3	A/N	AAA
M	Waiting Number	2	A/N	NN, left justified
M	Date of Birth	8	N	DDMMCCYY
M	Sex	1	A/N	1,2,3
M	Postcode	4	N	NNNN
◆	Locality	30	A/N	AAAAAAAAAAAAAAAAAA AAAAAAAAAAAAAAAAAA Left justified
M	Principal Prescribed Procedure	3	A/N	NNN, left justified
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

	Data Item	Field size	Datatype	Layout/Code set
M	Source of Referral	1	A/N	1,2,3,4,5
●	Referring Hospital	4	A/N	NNNN or spaces
1	Urgency Reassignment Date	8	N	DDMMCCYY or blank
1	Previous Urgency Category	1	A/N	1,2,3
M	Patient Listing Status	1	A/N	N,R
✘	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
M	Booking Number	2	A/N	NN, left justified
◆	Reason for Rebooking	1	A/N	A,C,D,F,H,P,X
■	Scheduled Admission Date	8	N	DDMMCCYY or blank
2	Removal Date	8	N	DDMMCCYY or blank
2	Reason for Removal	1	A/N	E , D , <u>W</u> , <u>M</u> , <u>B</u> , <u>I</u> , <u>U</u> , <u>X</u> , N, <u>T</u> , <u>R</u> , <u>Z</u> , <u>Q</u> , <u>F</u> , <u>E</u> , <u>O</u>
■	Insurance Declaration	1	A/N	A,C,M,O,P,S,T,V,W,X
✘	Reason for Cancellation	1	A/N	B , F , I , M , N , O , Q , U
☆	Transfer Destination	4	A/N	NNNN or spaces

Revisions (Patient Record)

	Data Item	Field size	Datatype	Layout/Code set
M	Total Not Ready for Care Days	4	N	NNNN or all zeros Right justified, zero filled
M	Total Not Ready for Care Days Following Last Urgency Reassignment	4	N	NNNN or all zeros Right justified, zero filled
M	Hospital Initiated Postponement	2	A/N	NN, left justified
	Total excluding commas	159		
	Total including commas	190		

All alpha characters must be in uppercase.

- M = Mandatory.
- = Mandatory if *Reason for Removal* = W.
- ◆ = Mandatory if *Postcode* not 1000 or 9988.
- = Mandatory if *Source of Referral* = 2.
- ✕ = Mandatory if the *Patient Listing Status* changes.
- ◎ = Mandatory if the patient becomes *Not Ready for Care*.
- ◆ = Mandatory if the *Scheduled Admission Date* has been changed or deleted.
- ☆ = Mandatory if *Reason for Removal* = T, N or X.
- ▼ = Mandatory if Booking Number > zero
- 1 = If data reported in one of these fields, the other field is mandatory.
- 2 = If data reported in one of these fields, the other field is mandatory.