

Specifications for Revisions to the  
Elective Surgery Information  
System (ESIS) for 1 January  
2005

July 2005

Appendix A

Published by the Victorian Government Department of Human Services  
Melbourne, Victoria

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# Executive Summary

The Elective Surgery Information System specification for 2004–05 comprises the *ESIS Manual, 6<sup>th</sup> Edition, 1 July 2003, Specifications for Revisions to the Elective Surgery Information System (ESIS) for 1 July 2004 – March 2004*, enhancements notified in HDSS Bulletins 63 onwards, and this document.

This document contains details of new and revised data items, edits and business rules, as well as minor additions/revisions to material published in the March Specifications document. Specifically, changes to the March 2004 document include:

- Implementation of changes now due by 1 January 2005.
- Simplifying reporting requirements for Transfers of Waiting Episodes
- Simplifying reporting requirements for merging of duplicated patient records
- Reverting to the 2003-2004 definition of Registration Date
- 

## Introduction

### **Revised implementation date**

Following concerns raised by several hospitals regarding the cost and timing of implementing the submission restructure of the Elective Surgery Information System (ESIS), a decision has been taken that this work should now be implemented by sites by no later than 1 January 2005. This means, in practice, that the initial load and all January changes/additions/deletions should be submitted to the department by no later than 10 Feb 2005 and error free by 21 Feb 2005.

DHS is also considering the use of pilot sites to assist in this transition. More details will be available in future HDSS Bulletins.

### **Registration Date definition**

After discussion with health services, the proposed change to Registration Date definition as outlined in the *Specifications for Revisions to ESIS for 1 July 2004* document, will now be implemented 1 July 2005.

### **Changes to Transfer of Ownership of Waiting Episode**

After discussion with software vendors and sites, HDSS has reviewed the proposed process of reporting transfers and has opted for a simplified method. As a result a new data item *Previous Identifier of Transferred Episode* has been created. This data item will be functionally similar to last year's data item *Referring Hospital* except that it will also capture the Episode Identifier from the originating campus/health service.

### **Changes to merging patient level records**

It was identified that the merge process as originally specified may not always be able to accommodate some merges. For example, if a patient has a waiting episode completed in 2004-05 and different one completed in 2005-06, resubmitting the older completed episode in the new format may not be possible for the campus/health service. To manage this, a Merge Table has been introduced which will remove the need to resubmit episode level records that may have been collected in older formats.

# Amended Concept and Derived Items Definitions

Note correction to calculation of Total Waiting Time dot point 6

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## Total Waiting Time

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**Definition** DHS measures Total Waiting Time at monthly intervals, on the last day of the month. This day is known as the Census Date.

**Guide for use** Total Waiting Time is calculated as:

**Patient admitted during the month, no Clinical Urgency increase (ever):**

- (Date of Admission) minus (Registration Date) minus (Total Not Ready For Care Days).

**Patient admitted during the month, Clinical Urgency increase (at any time):**

- (Date of Admission) minus (Clinical Urgency increase date) minus (Total Not Ready for Care Days since most recent Clinical Urgency increase).

**Patient removed (not admitted) during the month, no Clinical Urgency increase (ever):**

- (Removal Date) minus (Registration Date) minus (Total Not Ready For Care Days).

**Patient removed (not admitted) during the month, Clinical Urgency increase (at any time):**

- (Removal Date) minus (Registration Date) minus (Clinical Urgency increase date) minus (Total Not Ready For Care Days since most recent Clinical Urgency increase).

**Patient not removed, no Clinical Urgency Increase (ever):**

- (Census Date) minus (Registration Date) minus (Total Not Ready For Care Days) plus 1.

**Patient not removed, Clinical Urgency Increase (at any time):**

- (Census Date) minus (Clinical Urgency increase date) minus (Total Not Ready For Care Days since most recent Clinical Urgency increase) plus 1.

Refer to:

- Section 2: *Census Date* and *Total Not Ready For Care Days*.
- Section 3: *Event Type-Readiness*, *Readiness For Care* and *Registration Date*.

# Amendments to Data Items

The following amendments have been made to the data items listed below:

- There is no longer a requirement to report a Destination code for Removal of code T
- Removal of code 'Transfer' from Event Type codeset;
- Removal of reference to 'Transfer Received' in the Event Value data item;
- Removal of the Transfer Received data item;
- Reinstatement of Reason for Removal code T;
- Reverting to 2003-2004 definition of Registration Date; and
- Reinstatement of Source of Referral code 2.

## Destination

### Specification

<b>Definition</b>	Identification of the <del>hospital</del> campus, ( <b>not</b> the health service) which is accepting responsibility for the patient's waiting episode or the <del>hospital</del> campus where the patient is receiving treatment under contract or similar arrangement.		
<b>Label</b>	Destination		
<b>Field size</b>	N/A	<b>Valid values</b>	Code from Campus Codes codeset or blank
<b>Reported in</b>	Episode Table		
<b>Reported for</b>	Episodes removed from the Waiting List with a <i>Reason for Removal</i> of: <ul style="list-style-type: none"> <li><del>T</del> — <del>Transfer of waiting episode to another ESIS hospital</del></li> <li>N Transfer of waiting episode to a non-ESIS (public) <del>hospital</del> campus</li> <li>S <del>Treatment for awaited procedure arranged by ESAS</del> Admitted to another campus arranged by ESAS and has received the awaited procedure</li> <li>X <del>This hospital arranged admission at another hospital under other contract or similar arrangement.</del> Admitted to another campus arranged by this campus/health service and has received the awaited procedure under other contract or similar arrangement</li> </ul>		
<b>Reported when</b>	One of the Reason for Removal codes listed above is reported.		
<b>Code set</b>	Campus Codes codeset.		

## Reporting guide

### Patients treated at another hospital, arranged by ESAS:

A patient treated at another hospital, arranged by ESAS, is not considered to be a transfer of the waiting episode, because the responsibility for the patient's waiting episode remains with the original hospital. However, in order to identify where the patient ~~is to or~~ has received treatment report the *Destination* code for the treating ~~hospital~~ campus.

Remove the patient from the Waiting List with Reason for Removal code:

S ~~Treatment for awaited procedure arranged by ESAS~~ Admitted to another campus arranged by ESAS and has received the awaited procedure

The Destination must be reported when the Removal Date and the Reason for Removal are reported.

### Patients who are treated under other contract or similar arrangement at another hospital (public or private):

A patient treated under other contract or similar arrangement at another hospital (public or private), arranged by this hospital, is not considered to be a transfer of the waiting episode because the reporting responsibility for the patient's waiting episode remains with the contracting hospital. However, in order to identify where the patient ~~is to or~~ has received treatment, report the *Destination* code for the treating ~~hospital~~ campus.

Remove the patient from the Waiting List with Reason for Removal code:

X ~~This hospital arranged admission at another hospital under other contract or similar arrangement.~~ Admitted to another campus arranged by this campus/health service and has received the awaited procedure under other contract or similar arrangement

**Note:** Patients who initiate treatment in a private hospital are not considered to be a transfer of the waiting episode, where a patient elects to be treated in a private hospital and this has not been arranged by this hospital. In this instance, do not report a Destination code. Remove the patient from the Waiting List with Reason for Removal code:

I ~~Treated elsewhere for awaited procedure at a private facility, not arranged by this hospital~~ Received the awaited procedure at a private campus, not arranged by this campus/health service

## Edits

S306 Destination Invalid

S310 Invalid Destination/ ~~Not Transferred~~ Reason for Removal combination

## Related items

Section 3: ~~Campus/Health Service Code~~, Reason for Removal and Removal Date.

## Administration

### Purpose

Used for analysis of service delivery patterns.

### Principal data users

DHS

### Collection start

July 1999

### Version

- |   |                      |
|---|----------------------|
| 1 | (Effective 01.07.99) |
| 2 | (Effective 01.07.00) |
| 3 | (Effective 01.07.01) |
| 4 | (Effective 01.07.03) |
| 5 | (Effective 01.01.05) |

**Definition source** DHS

**Code set source** DHS

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## Event Type

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### Specification

**Definition** The types of Intra Episode Events that may occur multiple times within a waiting episode.

**Label** Event\_Type

**Field size** N/A **Valid values** Code from Event Type code set

**Reported in** Intra Episode Table

**Reported for** All events reported in Intra Episode Table.

**Reported when** An Intra Episode event occurs and is reported in the Intra Episode Table with an Event Date, Event Value and Episode Identifier.

<b>Code set</b>	<b>Code</b>	<b>Descriptor</b>
	Urgency	Clinical Urgency (set or reset)
	Readiness	Readiness For Care (set or reset)
	Set SAD	Scheduled Admission Date (set or reset)
	Postpone SAD	Reason For Postponement Of Scheduled Admission Date
	Transfer	Transfer Received

**Reporting guide** Intra Episode Events may occur multiple times within a waiting episode, but there can only be one event per episode per day of any given type. For example, only one change in Clinical Urgency can occur per episode per day.

Note that when an episode is first registered, it will have an initial Clinical Urgency category and a Readiness For Care value. The Event Dates for these should be the same as the Registration Date.

Each Intra Episode Event will have an Event Value that is relevant to the Event Type. For example, valid values when setting Clinical Urgency (the Event Type) are 1 *Urgent*, 2 *Semi-Urgent* and 3 *Non-Urgent*.

## Edits

S135	Patient Already On Waiting List For Same PPP
S287	Scheduled Admission Date Exceeded
S295	Date Of Admission Not Equal To Scheduled Admission Date
S296	Reason For Removal Implies Procedure Received, But Not Ready For Care
S315	Clinical Urgency Cat 1, Wait More Than 30 Days
S375	Invalid Clinical Urgency Category for ESAS Reason for Removal
S383	Multiple Events of Same Type for Same Episode on One Day
S385	Invalid Event Type
S389	Invalid Intra Episode Event Value For Clinical Urgency Change
S390	Invalid Intra Episode Event Value For Readiness Change
S391	Invalid Intra Episode Event Value For SAD Postponement Reason
S392	Invalid Intra Episode Event Value For Set SAD Event
S400	Date Of Admission For Awaited Procedure Invalid
S412	Episode Registered Without a Clinical Urgency
S413	Episode Registered Without a Readiness For Care value

## Related items

Section 3: *Event Date, Event Value, Clinical Urgency, Readiness For Care, Scheduled Admission Date, Reason For Postponement Of Scheduled Admission Date* and ~~*Transfer Received*~~.

Section 4: *Transfer Of Ownership Of Waiting Episode*.

Section 5: *Structure*.

## Administration

**Purpose** To collect the data relating to Intra Episode Events.

**Principal data users** DHS

**Collection start** July 2004

**Version** 1

**Definition source** DHS

**Code set source** DHS

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## Event Value

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## Specification

**Definition** The value of the Event Type reported in the Intra Episode Table.

**Label** Event\_Value

**Field size** N/A

**Layout/Valid values**

See:

- Clinical Urgency
- Reason For Postponement Of Scheduled Admission Date
- Readiness For Care

- Scheduled Admission Date
- ~~Transfer Received~~

<b>Reported in</b>	Intra Episode Table
<b>Reported for</b>	All events reported in the Intra Episode Table.
<b>Reported when</b>	An Intra Episode event occurs and is reported in the Intra Episode Table with an Event Date, Event Type and Episode Identifier.
<b>Reporting guide</b>	<p>Intra Episode Events may occur multiple times within a waiting episode, but there can only be one event per episode per day of any given type. For example, only one change in Clinical Urgency can occur per episode per day.</p> <p>Event values are described in the following Data Definitions:</p> <ul style="list-style-type: none"> <li>• Clinical Urgency</li> <li>• Readiness For Care</li> <li>• Reason For Postponement Of Scheduled Admission Date</li> <li>• Scheduled Admission Date</li> <li>• <del>Transfer Received</del></li> </ul>
<b>Edits</b>	<p>S135 Patient Already On Waiting List For Same PPP</p> <p>S287 Scheduled Admission Date Exceeded</p> <p>S295 Date Of Admission Not Equal To Scheduled Admission Date</p> <p>S296 Reason For Removal Implies Procedure Received, But Not Ready For Care</p> <p>S315 Clinical Urgency Cat 1, Wait More Than 30 Days</p> <p>S375 Invalid Clinical Urgency Category for ESAS Reason for Removal</p> <p>S389 Invalid Intra Episode Event Value For Clinical Urgency Change</p> <p>S390 Invalid Intra Episode Event Value For Readiness Change</p> <p>S391 Invalid Intra Episode Event Value For SAD Postponement Reason</p> <p>S392 Invalid Intra Episode Event Value For Set SAD Event</p> <p>S400 Date Of Admission For Awaited Procedure Invalid</p>
<b>Related items</b>	<p>Section 3: <i>Event Date, Event Type, Clinical Urgency, Readiness For Care, Scheduled Admission Date, and Reason For Postponement Of Scheduled Admission Date and Transfer Received.</i></p> <p><del>Section 4: Transfer Of Ownership Of Waiting Episode.</del></p> <p>Section 5: <i>Structure.</i></p>

## Administration

<b>Purpose</b>	To collect the data relating to Intra Episode Events.		
<b>Principal data users</b>	DHS		
<b>Collection start</b>	July 2004	<b>Version</b>	1
<b>Definition source</b>	DHS	<b>Code set source</b>	DHS

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# Transfer Received (New)

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## Specification

<b>Definition</b>	The reporting responsibility for this waiting episode has been transferred from another campus/health service and has been received by this campus/health service.		
<b>Label</b>	Event_Value		
<b>Field-size</b>	N/A	<b>Layout</b>	NNNNNNNNNNNNNNNNN or NNNN
<b>Reported-in</b>	Intra-Episode-Table		
<b>Reported-for</b>	Waiting episodes where the reporting responsibility has been transferred to this campus/health service.		
<b>Reported-when</b>	The Event Type <i>Transfer</i> is reported.		
<b>Reporting-guide</b>	<p>If the sending organisation is an ESIS reporting organisation, the Event Value for Event Type <i>Transfer</i> is the sending organisation's campus code and Episode Identifier of the waiting episode being transferred. For example, the Event Value of a Transfer Received from The Alfred Hospital for waiting episode 000654321 is:</p> <ul style="list-style-type: none"> <li>• 1010000654321</li> </ul> <p>If the sending organisation is <i>not</i> an ESIS reporting organisation, the Event Value for Event Type <i>Transfer</i> is the sending organisation's campus code only. For example, the Event Value of a Transfer Received from Caulfield General Medical Centre is:</p> <ul style="list-style-type: none"> <li>• 1370</li> </ul> <p>Intra-Episode Events may occur multiple times within a waiting episode, but there can only be one event per episode per day of any given type.</p>		
<b>Edits</b>	<i>[Detailed in Appendix A released separately]</i>		
<b>Related-items</b>	Section 3: <i>Event Date and Event Type</i> . Section 4: <i>Transfer Of Ownership Of Waiting Episode</i> . Section 5: <i>Structure</i> . Section 8: <i>Treatment Campus</i> .		

## Administration

<b>Purpose</b>	To collect the raw data relating to Intra-Episode Events.		
<b>Principal data users</b>	DHS		
<b>Collection start</b>	July 2004	<b>Version</b>	4
<b>Definition sourcee</b>	DHS	<b>Code set sourcee</b>	N/A

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# Reason For Removal

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## Specification

<b>Definition</b>	The reason a waiting episode is removed from the Waiting List.		
<b>Label</b>	Reason_For_Removal		
<b>Field size</b>	N/A	<b>Valid values</b>	Code from Reason For Removal code set
<b>Reported in</b>	Episode Table		
<b>Reported for</b>	All Waiting List Episodes removed from the Waiting List.		
<b>Reported when</b>	The Removal Date is reported.		
<b>Code set</b>	<b>Admitted to this campus</b>		
	<b>Code</b>	<b>Descriptor</b>	
	W	Admitted to the intended campus and has received the awaited procedure as a planned admission	
	M	Admitted to the intended campus or (if reporting at health service level) another any campus within the health service, and has received the awaited procedure as an emergency admission	
	<b>Treated elsewhere</b>		
	<b>Code</b>	<b>Descriptor</b>	
	B	Received the awaited procedure at another public campus, not arranged by this campus/health service	
	I	Received the awaited procedure at a private campus, not arranged by this campus/health service	
	U	Received the awaited procedure at another campus unknown whether public or private, not arranged by this campus/health service	
	S	Admitted to another campus arranged by ESAS and has received the awaited procedure	
	X	Admitted to another campus arranged by this campus/health service and has received the awaited procedure under other contract or similar arrangement	
	<b>Transfer of ESIS episode</b>		
	<b>Code</b>	<b>Descriptor</b>	
	N	Transfer of waiting episode to a non-ESIS (public) campus	
	T	Transfer of waiting episode to another ESIS campus/health service	
	<b>Cancellation</b>		
	<b>Code</b>	<b>Descriptor</b>	
	R	Died	
	Z	Not contactable	
	Q	Surgery declined or not required	

- F Failure of the patient to arrive for treatment
- O Other reason for cancellation

**Reporting guide**

Report the appropriate reason to explain why the patient's waiting episode has been removed from the Waiting List.

*Note:* If reporting at the health service level, the term campus/health service means *health service*. If reporting at the campus level, the term campus/health service means *campus*.

**W Admitted to the intended campus and has received the awaited procedure as a planned admission**

Patient was admitted to the intended campus and received the awaited procedure as a planned (rather than an emergency) admission.

Where ESIS data are reported at health service level, and the patient is admitted to any ESIS reporting campus within the health service, this code indicates the actual treatment campus.

**M Admitted to the intended campus or another campus with the health service and has received the awaited procedure as an emergency admission**

Patient was admitted and has received the awaited procedure through the Emergency Department at this campus (or another campus of this health service) rather than as an elective admission.

Where ESIS data are reported at health service level, and the patient is admitted through the Emergency Department of any ESIS reporting campus within the health service, this code indicates the actual treatment campus.

*Excludes:* A patient admitted to another campus outside this health service for the awaited procedure as an emergency patient: report as Reason for Removal code B, I or U *Treated elsewhere for awaited procedure, not arranged by this campus/health service*.

**B, I, U Treated elsewhere for the awaited procedure not arranged by this campus/health service**

Patient whose awaited procedure has been performed at another campus.

*Includes:*

- a) Patient has initiated treatment at another campus (including a private hospital)
- b) Patient admitted through the Emergency Department of another campus for the awaited procedure. If reporting at the health service level, it must be a campus outside this health service.

Determine, wherever possible, whether the patient was treated at a private or public campus. If this cannot be determined, report Reason For Removal code U *Received the awaited procedure at another campus unknown whether public or private, not arranged by this campus/health service*.

If a patient was treated in a private hospital where a contract has not been negotiated between this campus/health service and the private hospital, remove the patient from the Waiting List with Reason For Removal code I *Received the awaited procedure at a private campus, not arranged by this campus/health service*.

*Note:* For codes B, U, or I do not report a Destination code.

**S Admitted to another campus arranged by ESAS and has received the awaited procedure**

The Elective Surgery Access Service has arranged the patient's treatment at another campus.

The responsibility of the patient's waiting episode remains with the target campus/health service, that is, the campus/health service that originally placed the patient on their Waiting List.

Report a Destination code to indicate the campus where the patient was admitted and received the awaited procedure arranged by ESAS.

**X            *Admitted to another campus arranged by this campus/health service and has received the awaited procedure under other contract or similar arrangement***

This campus/health service arranged for the patient to be treated at another campus under contract or similar arrangement but the responsibility for the patient's waiting episode remains with the ESIS campus/health service reporting this episode.

This patient should remain on the Waiting List until admitted.

Report a Destination code to indicate the campus where the patient was admitted and received the awaited procedure under contract or similar arrangement.

*Excludes:*

- Where the patient initiates treatment at another hospital, report Reason for Removal codes B, I or U *Treated elsewhere for the awaited procedure, not arranged by this campus/health service*
- Where the patient is admitted and receives the awaited procedure under the Hub and Spoke arrangement, the Hub reports Reason For Removal code W *Admitted to the intended campus and has received the awaited procedure as a planned admission*. Refer to the VAED Manual 14<sup>th</sup> Edition July 2004 for definition of Hub and Spoke available from:  
<http://www.health.vic.gov.au/hdss/vaed/index.htm>

**N            *Transfer of waiting episode to a non ESIS (public) campus***

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

Report a Destination code to indicate the campus to which responsibility has been transferred.

*Excludes:* Where the patient initiates treatment at another campus, report Reason for Removal code B, I or U *Treated elsewhere for the awaited procedure, not arranged by this campus/health service*.

**T** ***Transfer of waiting episode to another ESIS campus/health service***

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

When transferring the reporting responsibility for a waiting episode, it is important that the Episode Identifier, the Removal Date, and the originating campus/health service's code are provided to the receiving campus/health service.

*Excludes:* Where the patient initiates treatment at another campus, report Reason for Removal code B, I or U *Treated elsewhere for the awaited procedure, not arranged by this campus/health service.*

**Q** ***Surgery declined or not required***

Includes:

- Episodes for patients who refuse treatment at their own initiative and no longer wish to receive treatment at the hospital
- Episodes for patients whose clinical condition has either improved or worsened to the extent that they are no longer suitable candidates for the awaited surgery
- Episodes for patients on the Waiting List for a reportable procedure but after study require alternative treatment that is a Procedure Not Reported To ESIS
- Episodes recorded in error for a reportable procedure but the correct procedure is a Procedure Not Reported To ESIS
- Episodes removed from the Waiting List by a surgeon for non-clinical reasons. This includes instances where the patient's surgeon considers the patient's deferral of this episode to be unreasonable for example, the patient wishes to defer this episode indefinitely, or repeatedly defers this episode for long periods.

**Note:** Reporting organisations 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 into consideration) and those who declare themselves unavailable for treatment for a prolonged period.

Guidelines for the Removal of Patients from the Waiting List are available from: <http://electivesurgery.health.vic.gov.au/>

**F** ***Failure of the patient to arrive for treatment***

Patient who is booked for admission, and fails to arrive at the hospital on that day without giving prior notice, may be removed from the Waiting List.

Reporting organisations 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. The alternative is for the reporting organisation to rebook the patient (see Reason For Postponement Of Scheduled Admission Date) leaving Reason for Removal blank.

**O** ***Other reason for removal***

Circumstances for removal that do not fit into any other Reason for Removal category.

**Edits**

- S292 Removal Date But No Reason
- S293 Reason For Removal But No Removal Date
- S295 Removal Date Not Equal To Scheduled Admission Date
- S296 Removed As Admitted But Status Not Ready for Care
- S298 Reason for Removal Invalid
- S303 Insurance Declaration Invalid
- S310 Destination, Not Transferred

**Related items**

Section 2: *Admission For The Awaited Procedure and Total Waiting Time.*  
 Section 3: *Destination, Event Type, Insurance Declaration, Readiness For Care and Reason For Postponement Of Scheduled Admission Date.*  
 Section 4: *Deletion, Removal, and Transfer Of Ownership Of Waiting Episode.*

## Administration

**Purpose** Used to monitor Waiting List management.

**Principal data users** DHS

**Collection start** July 1997

**Version** 2

**Definition source** DHS

**Code set source** DHS



---

# Source Of Referral

---

## Specification

<b>Definition</b>	The source of this episode's referral to the Waiting List.		
<b>Label</b>	Source_Of_Referral		
<b>Field size</b>	N/A	<b>Valid values</b>	Code from Source Of Referral code set
<b>Reported in</b>	Episode Table		
<b>Reported for</b>	All Waiting List episodes.		
<b>Reported when</b>	The episode is first registered on the Waiting List.		
<b>Code set</b>	<b>Code</b>	<b>Descriptor</b>	
	1	Referred by private practitioner or private clinic	
	2	Referred from Waiting List at other ESIS campus/health service	
	3	Referred by outpatient department at this campus/health service	
	4	Referred by other department at this campus/health service	
	5	Referred by other (not at this campus/health service)	
<b>Reporting guide</b>	If reporting at the health service level, the term campus/health service means <i>health service</i> . If reporting at the campus level, the term campus/health service means <i>campus</i> .		

**1 Referred by private practitioner or private clinic**

A private practitioner has referred patient to the Waiting List at this reporting organisation from his/her private rooms or private clinic where the patient has been billed under Medicare for the consultation.

**2 Referred from Waiting List at other ESIS campus/health service**

The reporting responsibility for the patient's waiting episode has been transferred from another ESIS reporting hospital campus/health service.

When this code is reported in the *Source of Referral* field, the *campus/health service* code concatenated with the nine-character episode identifier for the referring hospital campus/health service must be reported in the *Previous Identifier Of Transferred Episode* field.

If the patient has been referred to the Waiting List at this hospital campus/health service by a hospital campus/health service which does not report to ESIS, use *Source of Referral* code 5 Referred by other (not at this campus/health service). Generally this would not be necessary as most patients referred from other hospitals would first attend the outpatient clinic at the hospital to which they are referred, and then if necessary will be referred from the Outpatient Department to the Waiting List at that hospital. This would be reported as *Source of Referral* code 3 Referred by outpatient department at this hospital.

Patients treated at this hospital campus/health service under contract from another hospital campus/health service remain on the Waiting List system at the contracting hospital campus/health service. When a patient is treated under contract, that patient's waiting episode remains the reporting responsibility of the contracting hospital campus/health service and not the hospital campus/health service where the procedure is performed.

**3 Referred by Outpatient Department at this campus/health service**

Patient has been referred from an Outpatient Department at this campus/health service.

**4 Referred by other department at this campus/health service-**

Patient has been referred from a department within this campus/health service excluding Outpatient Departments. This includes admitted patient wards and the Emergency Department.

**5 Referred by other (not at this campus/health service)**

Patient has been referred from a source other than those outlined in the codes above. This includes patients who have been referred directly to the Waiting List by a public hospital that does not report to ESIS.

Patients referred from other hospitals who attend the Outpatient Department of the campus/health service at which they are being referred, would be reported as Source of Referral code 3 *Referred by Outpatient Department at this campus/health service.*

**Edits** S193 Source of Referral Invalid

**Related items** Section 3: ~~Event Type Transfer and Transfer Received, Previous Identifier Of Transferred Episode.~~  
Section 4: *Transfer Of Ownership Of Waiting Episode.*

## Administration

**Purpose** Used for analysis of referral patterns.

**Principal data users** DHS

**Collection start** July 1999 **Version** 2 (Effective 01.01.05)

**Definition source** DHS **Code set source** DHS

## New Data Items

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### Previous Identifier of Transferred Episode (New)

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#### Specification

<b>Definition</b>	The campus/health service code concatenated with the nine-character episode identifier from campus/health service transferring the waiting episode.		
<b>Label</b>	Previous_Identifier_of_Transferred_Episode		
<b>Field size</b>	Thirteen	<b>Layout</b>	NNNNXXXXXXXXXX
<b>Reported in</b>	Episode Table		
<b>Reported for</b>	All waiting list episodes with a <i>Source of Referral</i> of: 2 Referred from Waiting List at other ESIS campus/health service		
<b>Reported when</b>	The episode is first registered on the Waiting List at this campus/health service.		
<b>Code set</b>	N/A		
<b>Reporting guide</b>	Report the campus/health service code concatenated with the nine-character Episode Identifier from the originating campus/health service. For example if you have received a waiting episode from Austin Health and the Episode Identifier at Austin Health was 000123456, report 5530000123456.  Valid campus/health service codes are listed in the submitting organisations codeset. <b>Note:</b> Where organisations report at the health service level, the code will be a health service code, and where reporting at the campus level the code will be a campus code.  A <i>Previous Identifier of Transferred Episode</i> code is not required for patients that have been referred directly to the Waiting List by a campus/health service that does not report to ESIS.		
<b>Edits</b>	S397 Unmatched transfer as reported by receiving organisation S414 Previous Identifier of Transferred Episode Invalid		
<b>Related items</b>	Section 3: <i>Source of Referral</i> .		

#### Administration

<b>Purpose</b>	Used for analysis of referral patterns.		
<b>Principal data users</b>	DHS		
<b>Collection start</b>	January 2005	<b>Version</b>	1 (Effective 01.01.05)
<b>Definition source</b>	DHS	<b>Code set source</b>	DHS

---

## Ceased Patient Identifier (New)

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### Specification

<b>Definition</b>	The Patient Identifier that is to be ceased, where two or more patient records are merged.		
<b>Label</b>	Ceased_Patient_Identifier		
<b>Field size</b>	Nine	<b>Layout</b>	XXXXXXXXXX
<b>Reported in</b>	Merge Table		
<b>Reported for</b>	All patient records that are being discontinued as a result of a merge.		
<b>Reported when</b>	The campus/health service identifies the need to merge two or more patient records.		
<b>Code set</b>	N/A		
<b>Reporting guide</b>	The discontinued Patient Identifier is reported in the Merge Table and paired with the Patient Identifier being retained. The merge will only be successful when both the Identifier being retained and the Identifier being continued have previously been submitted to ESIS.		
<b>Edits</b>	S415 Ceased Patient Identifier Invalid S408 The Patient Identifier to Which This Episode Relates, has Changed		
<b>Related items</b>	Section 4: <i>Merging of Patient Identifiers.</i>		

### Administration

<b>Purpose</b>	To facilitate the merge of patient records.		
<b>Principal data users</b>	DHS		
<b>Collection start</b>	January 2005	<b>Version</b>	1 (Effective 01.01.05)
<b>Definition source</b>	DHS	<b>Code set source</b>	DHS

---

## Retained Patient Identifier (New)

---

### Specification

<b>Definition</b>	The Patient Identifier that is to be retained, where two or more patient records are merged.		
<b>Label</b>	Retained_Patient_Identifier		
<b>Field size</b>	Nine	<b>Layout</b>	XXXXXXXXXX
<b>Reported in</b>	Merge Table		
<b>Reported for</b>	The Patient record being retained when two or more patient records are merged.		

<b>Reported when</b>	The campus/health service identifies the need to merge two or more patient records.
<b>Code set</b>	N/A
<b>Reporting guide</b>	The retained Patient Identifier is reported in the Merge Table paired with the Patient Identifier being discontinued. The merge will only be successful when both the Identifier being retained and the Identifier being continued have previously been submitted to ESIS.
<b>Edits</b>	S416 Retained Patient Identifier Invalid S408 The Patient Identifier to Which This Episode Relates, has Changed
<b>Related items</b>	Section 4: <i>Merging of Patient Identifiers</i> .

## Administration

<b>Purpose</b>	To facilitate the merge of patient records.		
<b>Principal data users</b>	DHS		
<b>Collection start</b>	January 2005	Version	1 (Effective 01.01.05)
<b>Definition source</b>	DHS	Code set source	DHS

# Amended Business Rules

Note the following amendments to the business rules listed below:

- For Backdated Data Entry references to transfers have been removed;
  - For Deletions, where a patient level has no episode level records, deletion of the patient level record is optional.
- 

## Backdated Data Entry (*New*)

---

### **Guide for use**

Software suppliers must provide hospitals with the capacity to enter into their systems, additions, changes or deletions for Episode and Intra Episode Events that have occurred at some point in the past. This is necessary where:

- A waiting episode that has not been entered should have been. This will, when subsequently discovered, require the original Registration Date and all other relevant dates to be entered.
- ~~A waiting episode is transferred from another reporting organisation. The original Registration Date and all Intra Episode details from the previous reporting organisation must be entered into the episode created at the receiving reporting organisation.~~
- An Intra Episode Event has been overlooked. For example a patient who becomes Ready For Care on 5 October 2004, but whose change is not discovered until 20 October 2004; or a patient whose Scheduled Admission Date is postponed but the Reason For Postponement Of Scheduled Admission Date is not entered at the time.

Refer to:

Section 3-Data Definitions: *Event Type* and *Registration Date*.

~~Section 4-Business Rules: *Transfer Of Ownership Of Waiting Episode*.~~

Section 5-Compilation and Submission: *Submission Frequency*.

---

## Deletion (*New*)

---

**Guide for use** Deletions are conceptually different from removals. A *removal* refers to the end of a valid waiting list episode that occurs on a Removal Date and has a Reason For Removal. Deletion means deleting a record from a table because the record was never intended to be there in the first place.

For example, patient 0012345678 is reported in error, instead of patient 0012345687. If patient 0012345678 should *never have* been reported, the record in the Patient Table ~~should~~ **can** be deleted. When submitting a delete trigger for the Patient Table, deletions should also be submitted for the records relating to that patient in the Episode Table and the Intra Episode Table.

### Deleting a submitted record:

Where a record has been loaded in error, the reporting organisation must submit a deletion trigger.

A deletion trigger must appear in the text file of the relevant table in the row containing the Primary Key of the record to be deleted.

Deletion triggers must only be submitted in the text files that are subsequent to (submitted later than) any text files containing an addition or a change for that record.

To delete a record from the Patient Table the text extract should contain:

- The primary key (the Patient Identifier); and
- The word "delete" in the Medicare Number field; and
- No values in any other fields.

For example:

Patient_ID	Medicare_Number	[Other fields...]
000X123456	DELETE	
[Other records...]		

To delete a record from the Episode Table the text extract should contain:

- The primary key (Episode Identifier); and
- The word "delete" in the Reason For Removal field; and
- No values in any other fields.

For example:

Episode_ID	Reason_For_Removal	[Other fields...]
0000123456	DELETE	
[Other records...]		

To delete a record from the Intra Episode Table the text extract should contain:

- The primary key (the composite of the Episode Identifier, the Event type, and the Event date of the record you wish to delete), and
- The word "delete" in the Event Value field.

For example:

Episode_ID	Event_Type	Event_Date	Event_Value
0000123456	Set SAD	05092004	DELETE

**Resubmitting a deleted record (deleted in error):**

If a reporting organisation discovers that a delete trigger has been submitted in error, the reporting organisation may submit the deleted record again. Provided that the Primary Key of the record is the same, it will take the place of the previously deleted record.

# Merging of Patient Identifiers (*New*)

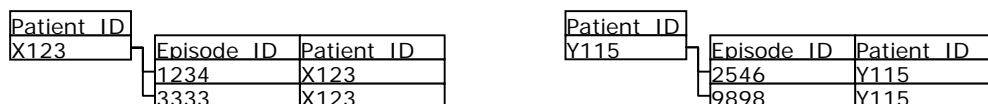
## Guide for use

Occasionally a reporting organisation will discover that one patient has several Patient Identifiers at a campus or across a health service. This situation may require merging the patient records into one of the existing Patient Identifiers, or a new one. For ESIS to accommodate this, reporting organisations will have to submit a 'merge' extract that identifies:

- The Patient Identifier or Identifiers to be ceased.
- The Patient Identifier to be retained.

Both Patient Identifiers must be loaded in the HDSS ESIS editing database for the merge to be successful. Merges will be processed after patient records have been validated. This means that new patient records affected by merges can be sent in the same submission as the merge. The data associated with the patient identifier to be retained takes precedence over data in the other merged records.

For example:



- In the diagram above the reporting organisation discovers that X123 and Y115 are the same patient. The reporting organisation decides to retain Patient Identifier X123, therefore, submits the following:

Merge Table	
Ceased_Patient_ID	Retained_Patient_ID
000000Y115	000000X123

In the following example the hospital discovers that X123, Y115 and Z107 are the same patient. They decide to create a new Patient Identifier (A001) in which to merge the existing records. The merge table will be submitted as follows:

Merge Table	
Ceased_Patient_ID	Retained_Patient_ID
000000Y115	000000A001
000000X123	000000A001
000000Z107	000000A001

There is no requirement to submit any episode or intra episode event records.

### Patient Identifiers merged in error:

To unmerge records merged in error, submit the 'merge' extract again but this time with the word UNMERGE in place of the Ceased Patient Identifier. Following on from the previous example, the resubmitted merge extract would be as follows:

Merge Table	
Ceased_Patient_ID	Retained_Patient_ID
UNMERGE	000000A001

There is no requirement to submit any episode or intra episode event records.

---

# Transfer Of Ownership Of Waiting Episode (*New*)

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**Guide for use** The following business rule relates to transfers between ESIS campus/health services.

Transfer of ownership of a waiting episode will involve dialogue between the organisation sending the episode and the organisation receiving the episode. It needs to cover the following:

- An agreed transfer date (usually today). This date represents the Removal Date from the sending organisation and Registration Date at the receiving organisation. It cannot be a future date.
- The current Readiness for Care
- The current Urgency Category
- The sending organisation informing the receiving organisation of the Episode Identifier
- The sending organisation informing the receiving organisation of the sending organisation's campus/health service code.

When a transfer of ownership of a waiting episode occurs from any campus or health service to an ESIS campus or health service the following reporting requirements apply:

**Sending ESIS campus/health service:**

- Report a Reason For Removal code of T *Transfer of waiting episode to another ESIS ~~hospital~~ campus/health service*
- Report the Removal Date as the date of transfer of the waiting episode
- Report a Destination code of the receiving campus.

**Receiving ESIS campus/health service:**

- In the Source of Referral field report code 2 *Referred from waiting list at other ESIS campus/health service*
- In the Previous Identifier of Transferred Episode field, report the campus/health service code concatenated with the Episode Identifier from the sending campus/health service. For example a transfer received from Austin Health would look like 5530000123456
- Start a new episode with the Registration Date being the date of transfer.
- Report the Intra Episode Event Date as the date the transfer occurred. This should be the same date as the Removal Date of the sending campus/health service

**Note:**

- Do not report a Destination for episodes with a Reason for Removal of T.
- Organisations reporting as a health service who encounter a change of intended treatment campus within the health service should not report this as a transfer. Instead they should report the change in the Treatment Campus field.

### S066 Patient Identifier Invalid

---

<b>Effect</b>	Rejection
<b>Problem</b>	The Patient Identifier is invalid.
<b>Remedy</b>	Correct the Patient Identifier and resubmit.

Valid:

- Alpha numeric characters only.
- Length equal to exactly 10 characters.
- Leading zero filled.

Report this error to your software supplier.

Refer:

- Section 3 – Data Definitions: Patient Identifier.
- 

### S081 Medicare Number Invalid

---

<b>Effect</b>	Rejection
<b>Problem</b>	The Medicare Number is invalid.
<b>Remedy</b>	Correct and resubmit.

Valid:

- 11 Numeric characters
- Valid check digit (the ninth digit)
- First digit is between 2 and 6
- If blank, valid suffixes are C-U, P-N, or N-E.

If the correct Medicare Code cannot be determined because of card unavailability report a blank Medicare Number and 'C-U' in the Medicare Suffix field.

Refer:

- Section 3 – Data Definitions: Medicare Number.

---

## S082 Medicare Code Is '0' And Age Is Greater Than 180 Days

---

**Effect** Warning

**Problem** This record contains a zero as the Medicare Code (11th character in the Medicare Number field), but the patient's Date of Birth indicates that the patient is older than 180 days.

The Medicare code indicates the infant has not yet been placed on a parent's Medicare Card. However if the patient is older than 180 days, it is unlikely that they do not have a Medicare number and code.

**Remedy** If the Medicare Code is incorrect, correct the Medicare Number and Code and resubmit.

Refer:

- Section 2 – Concept Definitions: Date of Processing
- Section 3 – Data Definitions: Date of Birth and Medicare Number.

---

## S083 Medicare code Is '0' And Age Is Greater Than 365 Days

---

**Effect** Notifiable

**Problem** This record contains a zero as the Medicare Code (11th character in the Medicare Number field), but the patient's Date of Birth indicates that the patient is older than 365 days.

The Medicare code indicates the infant has not yet been placed on a parent's Medicare Card. However if the patient is older than 365 days, it is expected that they would have a Medicare number and code.

**Remedy** If the Medicare Code is incorrect, correct the Medicare Number and Code and resubmit.

Refer:

- Section 2 – Concept Definitions: Date of Processing.
- Section 3 – Data Definitions: Date of Birth and Medicare Number.

---

## S088 Medicare Suffix Invalid

---

**Effect** Rejection

**Problem** The Medicare Suffix is invalid.

**Remedy** Amend as appropriate and re-submit the patient-level record.

- If the Medicare Number is present, enter the Medicare Suffix as first three characters of the patient's given name as it appears on the card, or BAB for an unnamed neonate.
- If the Medicare Number was not reported but is now available, enter the Medicare Number and Medicare Suffix.
- If the Medicare Number was not reported and is not available, enter the Medicare Suffix as C-U, P-N or N-E.

Medicare Suffix may be less than three characters in length where the patient's given name is less than three characters in length.

Refer:

- Section 3 – Data Definitions: Medicare Suffix, Medicare Number.

---

## S091 Sex Code Invalid

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**Effect** Rejection

**Problem** A Sex code has not been reported or the code specified does not exist in the Sex codeset.

**Remedy** Correct or allocate the Sex code and resubmit.

Report this error to your software supplier.

Refer:

- Section 3 – Data Definitions: Sex.

---

## S093 Unusual Sex Code Reported

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<b>Effect</b>	Notifiable
<b>Problem</b>	This record's Sex code is '3' (Indeterminate) or '4' (Intersex).
<b>Remedy</b>	<p>Although these codes are allowed, their incidence is exceedingly rare, and the patient's record should be checked to verify that the appropriate Sex code has been allocated. If Sex Code is incorrect, correct and resubmit the patient-level record.</p> <p>If Sex Code is correct, notify HDSS via <a href="mailto:ESIS.ESIS@dhs.vic.gov.au">ESIS.ESIS@dhs.vic.gov.au</a></p> <p>Refer:</p> <ul style="list-style-type: none"><li>• Section 3 – Data Definitions: Sex.</li></ul>

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## S096 Date of Birth Invalid

---

<b>Effect</b>	Rejection
<b>Problem</b>	The Date of Birth is invalid or blank.
<b>Remedy</b>	<p>Valid: DDMMCCYY</p> <p>Correct the Date of Birth and resubmit the patient-level record.</p> <p>If the Date of Birth is unknown, estimate the year of birth and report 0000 (zeros) in the DDMM, and the estimated year in CCYY: date 00MMCCYY is not a valid entry.</p> <p>Refer:</p> <ul style="list-style-type: none"><li>• Section 3 – Data Definitions: Date of Birth.</li></ul>

---

## S099 Registration Date Before Date of Birth

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<b>Effect</b>	Rejection
<b>Problem</b>	The Registration Date for this episode-level record is earlier than the patient's Date of Birth.
<b>Remedy</b>	<p>Check the Registration Date and Date of Birth. Amend whichever is incorrect and resubmit.</p> <p>Report this error to your software supplier.</p> <p>Refer:</p> <ul style="list-style-type: none"><li>• Section 3 – Data Definitions: Date of Birth and Registration Date.</li></ul>

---

## S122 Postcode/Locality Combination Invalid

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<b>Effect</b>	Notifiable
<b>Problem</b>	The combination of postcode and locality reported, does not exist in the postcode locality codeset.
<b>Remedy</b>	<p>Correct postcode and/or locality and resubmit.</p> <p>If you encounter a newly created Postcode/Locality that does not exist in HDSS' Postcode Locality codeset, please notify DHS via <a href="mailto:ESIS.ESIS@dhs.vic.gov.au">ESIS.ESIS@dhs.vic.gov.au</a> so that the file can be updated.</p> <p>Refer:</p> <ul style="list-style-type: none"><li>• Section 3 – Data Definitions: Postcode, and Locality.</li></ul>

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## S134 Principal Prescribed Procedure Invalid

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<b><i>Effect</i></b>	Rejection
<b><i>Problem</i></b>	A Principal Prescribed Procedure code has not been reported or the code specified does not exist in the Principal Prescribed Procedure codeset.
<b><i>Remedy</i></b>	Allocate or correct the Principal Prescribed Procedure code and resubmit.  Report this error to your software supplier.  Refer: <ul style="list-style-type: none"><li>• Section 3 – Data Definitions: Principal Prescribed Procedure.</li></ul>

---

## S135 Patient Already On Waiting List For Same PPP

---

**Effect**

Notifiable

**Problem**

There is at least one other episode with the same PPP for this patient.  
There are two circumstances under which this edit will be triggered:

1. The patient has more than one episode with the same PPP AND
  - These episodes overlap AND
  - More than one of these episodes are Ready for Care simultaneously AND
  - The PPP is not from the 'PPPs for Concurrent RFC Episodes' list.
2. The patient has more than one episode with the same PPP AND
  - These episodes overlap AND
  - No more than one of these episodes are Ready for Care simultaneously, AND
  - The PPP is not from the 'PPPs for Concurrent NRFC Episodes' list.

**Remedy**

If this is a duplicate entry for the same waiting episode, transmit a delete trigger for one of the episodes.

If the PPP does not exist in either:

- The 'PPPs for Concurrent RFC Episodes' codeset, or
- The 'PPPs for Concurrent NRFC Episodes' codeset

and you believe a procedure should be included in one of the lists, email [ESIS.ESIS@dhs.vic.gov.au](mailto:ESIS.ESIS@dhs.vic.gov.au) providing the PPP code number and an explanation of the circumstances.

Refer:

- Section 3 – Data Definitions: Patient Identifier, Principal Prescribed Procedure, Registration Date, Removal Date and Readiness For Care.

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## S147 Surgical Specialty Invalid

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<b>Effect</b>	Rejection
<b>Problem</b>	A Surgical Specialty code has not been reported or the code specified does not exist in the Surgical Specialty codeset.
<b>Remedy</b>	Correct or allocate the Surgical Specialty and resubmit.  Refer: <ul style="list-style-type: none"><li>• Section 3 – Data Definitions: Surgical Specialty.</li></ul>

---

## S167 Planned Length Of Stay Invalid

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<b>Effect</b>	Rejection
<b>Problem</b>	A Planned Length of Stay code has not been reported or the code specified does not exist in the Planned Length of Stay codeset.
<b>Remedy</b>	Correct or allocate the Planned Length of Stay and resubmit.  Refer: <ul style="list-style-type: none"><li>• Section 3 – Data Definitions: Planned Length of Stay.</li></ul>

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## S169 Registration Date Invalid

---

<b>Effect</b>	Rejection
<b>Problem</b>	The Registration Date for this record is invalid or blank.
<b>Remedy</b>	Valid: DDMMCCYY  Correct or insert the Registration Date and resubmit.  Refer: <ul style="list-style-type: none"><li>• Section 3 – Data Definitions: Registration Date.</li></ul>

---

## S174 New Episode, Old Registration Date

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<b>Effect</b>	Notifiable
<b>Problem</b>	This is a new record but the Registration Date is more than one month prior to the month of submission. For example if the month of submission (the current month) is February, this episode's registration date is prior to January.
<b>Remedy</b>	<p>If the Registration Date is incorrect, correct the Registration Date and resubmit.</p> <p>If the Registration Date is correct, notify HDSS via <a href="mailto:ESIS.ESIS@dhs.vic.gov.au">ESIS.ESIS@dhs.vic.gov.au</a></p> <p>Refer:</p> <ul style="list-style-type: none"><li>• Section 3 – Data Definitions: Registration Date.</li></ul>

---

## S193 Source of Referral Invalid

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<b>Effect</b>	Rejection
<b>Problem</b>	A Source of Referral code has not been reported or the code specified does not exist in the Source of Referral codeset.
<b>Remedy</b>	<p>Correct or allocate the Source of Referral and resubmit.</p> <p>Refer:</p> <ul style="list-style-type: none"><li>• Section 3 – Data Definitions: Source of Referral.</li></ul>

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## S287 Scheduled Admission Date Exceeded

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**Effect**

Rejection

**Problem**

Either:

- This episode has not been removed; AND
- The most recently reported Scheduled Admission Date for this episode has passed; AND
- A Reason for Postponement was not reported between the date the most recent Scheduled Admission Date was booked, and that Scheduled Admission Date;

or

- This episode has been removed; AND
- The most recently reported Scheduled Admission Date for this episode is earlier than the Removal date; AND
- A Reason for Postponement was not reported between the date the most recent Scheduled Admission Date was booked, and that Scheduled Admission Date.

**Remedy**

If the episode has been removed with a Reason for Removal of W, S or X, then the admission must have been rescheduled, and this has not been reported. Follow Step 1 and Step 2.

If the episode has been removed with a Reason for Removal other than W, S, or X, or has not been removed at all, complete Step 1 but not Step 2.

Step 1:

Report a Postpone SAD event representing the reason and the date the previously scheduled admission was postponed. The event date will be less than or equal to the most recent Scheduled Admission Date, and greater than the date on which the Scheduled Admission Date was booked.

Step 2:

Report the Set SAD event that represents the rescheduling that should have been reported. The Event Date should be the date the rescheduling occurred. The final Scheduled Admission Date should equal the Date of Admission.

Refer:

- Section 3 – Data Definitions: Event Type, Event Date, Event Value, Reason for Removal and Scheduled Admission Date.

---

## S290 Removal Date Invalid

---

**Effect** Rejection

**Problem** The Removal Date is invalid.

**Remedy** Valid: DDMMCCYY or Blank

Invalid: Removal Date Later than date of receipt by HDSS.

Correct the Removal Date and resubmit.

Refer:

- Section 3 – Data Definitions: Removal Date.

---

## S291 Removal Date is Before Registration Date

---

**Effect** Rejection

**Problem** The reported Removal Date is before the reported Registration Date.

**Remedy** Check the Removal Date and the Registration Date, correct whichever is incorrect and resubmit.

Report this error to your software supplier.

Refer:

- Section 3 – Data Definitions: Registration Date and Removal Date.

---

## S295 Date Of Admission Not Equal To Scheduled Admission Date

---

**Effect** Rejection

**Problem** This waiting episode has a Reason for Removal of W, X or S but the latest Scheduled Admission Date is not equal to the Date of Admission.

**Remedy** The latest Scheduled Admission Date should equal the Date of Admission, if the reason for removal is W, X or S.

Correct the Scheduled Admission Date and/or the Admission Date and resubmit.

Refer:

- Section 3 – Data Definitions: Date Of Admission for Awaiting Procedure, Event Type, Event Value, Reason for Removal, and Scheduled Admission Date.

---

## S296 Reason For Removal Implies Procedure Performed, But Not Ready For Care

---

**Effect** Rejection

**Problem** This waiting episode has a Reason for Removal of W, X or S but the patient was not Ready For Care at removal for this episode.

**Remedy** If the waiting episode ended with the patient receiving the awaited procedure, determine the date the patient became Ready For Care, and report an intra-episode event reflecting that and resubmit.

If the episode has ended, but the patient has not receiving the awaited procedure, correct the Reason for Removal and resubmit.

If the episode has ended, correct the Reason For Removal and the Removal Date and resubmit.

Refer:

- Section 3 – Data Definitions: Reason for Removal, Event Type, and Event Value.

---

## S298 Reason for Removal Invalid

---

<b>Effect</b>	Rejection
<b>Problem</b>	The Reason for Removal does not exist in the Reason for Removal codeset.
<b>Remedy</b>	Enter the correct Reason for Removal and resubmit.  Refer: <ul style="list-style-type: none"><li>• Section 3 – Data Definitions: Reason for Removal.</li></ul>

---

## S303 Insurance Declaration Invalid

---

<b>Effect</b>	Rejection
<b>Problem</b>	This record has a Reason for Removal of W, X, S or M but there is no value in the Insurance Declaration to indicate the billing status or the value reported does not exist in the Insurance Declaration codeset.
<b>Remedy</b>	Correct or allocate the Insurance Declaration and resubmit.  Refer: <ul style="list-style-type: none"><li>• Section 3 – Data Definitions: Insurance Declaration and Reason for Removal.</li></ul>

---

## S310 Invalid Destination/Reason For Removal Combination

---

<b>Effect</b>	Rejection
<b>Problem</b>	<p>The waiting episode has a Reason for Removal that requires a valid Destination code to be completed</p> <p>OR</p> <p>The waiting episode has a Destination code, but either no Reason for Removal, or a Reason for Removal that does not require a Destination code.</p>
<b>Remedy</b>	<p>Check whether the record was transferred to another hospital or treated at another hospital under contract, ESAS, or similar arrangement:</p> <p>If Reason for Removal is:</p> <ul style="list-style-type: none"><li>• N, Destination must be in the 'Non ESIS campus' codeset.</li><li>• X, Destination must be in the 'Destination (Contract Arrangement)' codeset.</li><li>• S, Destination must be in the 'Destination (ESAS Treatment Campus)' codeset.</li></ul> <p>If the patient has not been removed, do not report a Destination.</p> <p>Refer:</p> <ul style="list-style-type: none"><li>• Section 3 – Data Definitions: Reason for Removal and Destination.</li></ul>

---

## S311 Wait Equals Five Years Or More

---

<b>Effect</b>	Warning
<b>Problem</b>	The total duration of this unremoved episode (including days not Ready for Care) equals or exceeds five years.
<b>Remedy</b>	<p>Determine whether the patient should still be on the waiting list. If not, report the date the patient was intended to be removed, and the Reason for Removal. Complete the appropriate fields and resubmit.</p> <p>Waiting time for this edit is calculated as the difference in years, between the Registration Date and the date this submission is received by HDSS.</p> <p>Refer:</p> <ul style="list-style-type: none"><li>• Section 3 – Data Definitions: Registration Date</li></ul>

---

## S315 Clinical Urgency Cat 1, Wait More Than 30 Days

---

<b>Effect</b>	Notifiable
<b>Problem</b>	This episode's most recent period as Urgency Category 1 exceeds 30 days.
<b>Remedy</b>	<p>If the record's most recent Urgency Category is "1", notify HDSS via ESIS.ESIS@dhs.vic.gov.au</p> <p>If it is not:</p> <ul style="list-style-type: none"><li>• Report any date(s) the episode's Clinical Urgency changed,</li><li>• Report any date(s) the patient's Readiness for Care changed,</li></ul> <p>and resubmit.</p> <p>If the episode should have been removed previously, report the correct removal date and resubmit.</p> <p>Refer:</p> <ul style="list-style-type: none"><li>• Section 3 – Data Definitions: Clinical Urgency, Readiness For Care, Registration Date, Removal Date.</li></ul>

---

## S370 Treatment Campus Invalid

---

**Effect** Rejection

**Problem** The Treatment Campus code has not been reported or the code specified is invalid.

**Remedy** For submitting organisations reporting at the campus level, report Treatment Campus as your Campus code in all cases.

For submitting organisations reporting at the Health Service level the Treatment Campus code must represent a campus from within your Health Service:

- For episodes removed with a Reason for Removal of W, report the actual campus within your Health Service at which treatment took place.
- For all other Reasons for Removal, and for unremoved episodes, report the campus within your Health Service at which it is intended treatment will take place.

Refer:

- Section 3 – Treatment Campus

---

## S375 Invalid Clinical Urgency Category for ESAS Reason for Removal

---

**Effect** Rejection

**Problem** This record has a Reason for Removal code of S but the Clinical Urgency category is "1".

**Remedy** If the Clinical Urgency is incorrect, go back to the intra-episode event in which it was set, and change the Event Value to the correct Clinical Urgency.

If the Clinical Urgency was "1" but has since changed, then this change has not been reported, report the intra-episode event in which the change was made, including the date the change was made (the event date) and the Urgency category to which the episode changed (the event value).

If the Reason for Removal is incorrect, correct and resubmit.

Refer:

- Section 3 – Data Definitions: Clinical Urgency and Reason for Removal.

---

## S376 Incorrect Zip file name

---

**Effect** Run Terminated

**Problem** The zip file received does not conform to the specified file naming convention.

**Remedy** Correct the filename so that it conforms to the zip file naming convention.

Check that the sequence number is one greater than the previous submission.

Check that the month and year in the current submission's filename are no greater than one month more than the previous submission's month and year, and no less than the previous submission's month and year.

Refer:

- Section 5 – Compilation and Submission.

---

## S377 Incorrect Text Extract Name

---

**Effect** Run Terminated

**Problem** The text extract received does not conform to the specified file naming convention.

**Remedy** Correct the filename so that it conforms to the text extract naming convention.

Check that sequence number corresponds with the sequence number in this submission's zip filename.

Check that month and year correspond with month and year in this submission's zip filename.

Refer:

- Section 5 – Compilation and Submission.

---

## S378 Invalid Episode Identifier

---

<b>Effect</b>	Rejection
<b>Problem</b>	<p>The Episode Identifier is invalid.</p> <p>Valid:</p> <ul style="list-style-type: none"><li>• Alpha numeric characters only.</li><li>• Length exactly nine characters.</li><li>• Leading zero filled.</li></ul>
<b>Remedy</b>	<p>Correct, resubmit, and if the system is not validating this data, report the error to your software supplier. This record will not be processed and therefore this error will affect reconciliation.</p> <p>Refer:</p> <ul style="list-style-type: none"><li>• Section 3 – Data Definitions: Episode Identifier.</li></ul>

---

## S379 Episode Identifier Exists Multiple Times in One Episode-Level Extract

---

<b>Effect</b>	Rejection
<b>Problem</b>	<p>There is more than one instance of an Episode Identifier in the Episode-level extract for this submission (excluding delete triggers). Each extract can only contain a maximum of one instance of each episode and one instance of each episode deletion.</p>
<b>Remedy</b>	<p>All instances of the duplicated Episode Identifier in this submission will not be processed. This will affect reconciliation.</p> <p>In the next submission, resubmit a maximum of one instance of the affected episode and one instance of each episode deletion.</p> <p>Report this error to your software supplier.</p> <p>Refer:</p> <ul style="list-style-type: none"><li>• Section 3 – Data Definitions: Episode Identifier.</li></ul>

---

## S380 Referential Integrity Error Between Episode and Patient

---

<b>Effect</b>	Rejection
<b>Problem</b>	The Patient Identifier reported in this Episode-level record, is: <ul style="list-style-type: none"><li>• Not in the Patient-level table, OR</li><li>• Is blank.</li></ul>
<b>Remedy</b>	Correct and resubmit the Episode-level Patient Identifier, or the patient-level record that is intended to relate to this episode-level record.  Refer: <ul style="list-style-type: none"><li>• Section 3 – Data Definitions: Episode Identifier, Patient Identifier.</li></ul>

---

## S381 Referential Integrity Error Between Intra Episode Event and Episode

---

<b>Effect</b>	Rejection
<b>Problem</b>	The Episode Identifier reported in this Intra Episode-level record, is: <ul style="list-style-type: none"><li>• Not in the Episode-level table, or</li><li>• Is blank.</li></ul>
<b>Remedy</b>	Correct and resubmit the Episode Identifier in the Intra Episode level table.  Refer: <ul style="list-style-type: none"><li>• Section 3 – Data Definitions: Episode Identifier.</li></ul>

---

## S382 Patient Identifier Exists Multiple Times in One Patient-Level Extract

---

**Effect** Rejection

**Problem** There is more than one instance of this Patient Identifier in the Patient-level extract for this submission (excluding delete triggers). Each extract can only contain a maximum of one instance of each patient-level record and one instance of each patient-level deletion.

**Remedy** All instances of the duplicated Patient Identifier in this submission will not be processed.

In the next submission, resubmit a maximum of one instance of the affected patient-level record and one instance of each patient-level deletion.

Report this error to your software supplier.

Refer:

- Section 3 – Data Definitions: Patient Identifier.

---

## S383 Multiple Events of Same Type for Same Episode on One Day

---

**Effect** Rejection

**Problem** More than one event of the same type has been reported for the same day. For example two changes in Readiness Status cannot be reported for an episode on the same day.

**Remedy** All instances of the duplicated Intra Episode event in this submission will not be processed.

In the next submission, resubmit a maximum of one instance of the affected intra episode-level record (a maximum of one instance of each type of event per episode per day).

Report this error to your software supplier.

Refer:

- Section 3 – Data Definitions: Episode Identifier, Event Type, Event Date.

---

## S384 Invalid Event Date

---

**Effect** Rejection

**Problem** The format of the event date is invalid or blank.

**Remedy** Valid format:

- DMMCCYY

Invalid:

- Before the registration date, or
- After the removal date, or
- After the date the data is received at HDSS.

Correct and resubmit.

Report this error to your software supplier.

Refer:

- Section 3 – Data Definitions: Episode Identifier, Event Type, Event Date.

---

## S385 Invalid Event Type

---

**Effect** Rejection

**Problem** The Event Type is blank or invalid. Valid Event Types are listed in the Event Types Codeset.

**Remedy** Correct and resubmit.

Report this error to your software supplier.

Refer:

- Section 3 – Data Definitions: Event Type.

---

## S386 PPP for this Episode has Changed

---

**Effect** Warning

**Problem** The PPP reported in this submission is different to the PPP previously reported for this episode.

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

- If the patient's 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 for which the patient was originally placed on the waiting list.
- If the change is due to a previous data entry error or the patient is now waiting for a different procedure that will treat the same condition as the previously reported Principal Prescribed Procedure, no further action needs to be taken.

Refer:

- Section 3 – Data Definitions: Principal Prescribed Procedure, Unique Key and Waiting Number.

---

## S387 Surgical Specialty has Changed

---

**Effect** Warning

**Problem** The Surgical Specialty reported in this submission is not the same as that reported in previous submissions.

**Remedy** Determine the reason for the alteration of the Surgical Specialty code:

- 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 same condition that resulted in the patient being originally placed on the waiting list.
- If the change is due to a previous data entry error or the Surgical Specialty has been changed and the patient is waiting for a procedure that will treat the same condition as previously reported, no further action needs to be taken.

Refer:

- Section 3 – Data Definitions: Surgical Specialty, Episode Identifier.

---

## S388 Registration Date Has Changed

---

<b>Effect</b>	Notifiable
<b>Problem</b>	This record's Registration Date has changed since the previous submission.
<b>Remedy</b>	<p>Check the Registration Date:</p> <ul style="list-style-type: none"><li>• If the Registration Date was originally reported incorrectly, and this submission is a correction, notify HDSS at <a href="mailto:ESIS.ESIS@DHS.vic.gov.au">ESIS.ESIS@DHS.vic.gov.au</a> explaining the circumstances.</li><li>• If the Registration Date was changed in error, resubmit the original Registration Date.</li></ul> <p>Refer:</p> <ul style="list-style-type: none"><li>• Section 3 – Data Definitions: Registration Date.</li></ul>

---

## S389 Invalid Intra Episode Event Value For Clinical Urgency Change

---

<b>Effect</b>	Rejection
<b>Problem</b>	A change in Clinical Urgency Event Type has been reported, but the reported event value does not exist in the Clinical Urgency codeset, or it is the same value that was reported for this episode when a Clinical Urgency change event was last reported.
<b>Remedy</b>	<p>Correct the Event Type or Event Value and resubmit.</p> <p>If this event was reported in error, submit a delete trigger.</p> <p>Report this error to your software supplier.</p> <p>Refer:</p> <ul style="list-style-type: none"><li>• Section 3 – Data Definitions: Clinical Urgency, Event Type, Event Value.</li></ul>

---

## S390 Invalid Intra Episode Event Value For Readiness Change

---

**Effect** Rejection

**Problem** A change in Readiness For Care Event Type has been reported, but the reported event value does not exist in the Clinical Urgency codeset, or it is the same value that was reported for this episode when a Readiness change event was last reported.

**Remedy** Correct the Event Type or Event Value and resubmit.

If this event was reported in error, submit a delete trigger.

Report this error to your software supplier.

Refer:

- Section 3 – Data Definitions: Readiness For Care, Event Type, Event Value.

---

## S391 Invalid Intra Episode Event Value For SAD Postponement Reason

---

**Effect** Rejection

**Problem** An SAD Postponement Event Type has been reported, but the reported event value does not exist in the Reason For Postponing SAD codeset.

**Remedy** Correct the Event Type or Event Value and resubmit.

Report this error to your software supplier.

Refer:

- Section 3 – Data Definitions: Reason for Postponement Of Scheduled Admission Date, Event Type, Event Value.

---

## S392 Invalid Intra Episode Event Value For Set SAD Event

---

**Effect** Rejection

**Problem** A Set SAD Event Type has been reported, but the reported event value (the Scheduled Admission Date) is either:

- Not a valid date format (DDMMCCYY)
- Less than the Set SAD event date (for example the patient was scheduled to be admitted on 3 April 2005, but the booking reportedly occurred on 9 March 2005).
- More than 1 year later than the Event Date (the Booking Date).
- The same Scheduled Admission Date as the Scheduled Admission Date reported in the previous Set SAD event.

**Remedy** Correct the Event Type or Event Value and resubmit.

Report this error to your software supplier.

Refer:

- Section 3 – Data Definitions: Scheduled Admission Date, Event Type, Event Value.

---

## S395 Removal Date/Reason For Removal Mismatch

---

**Effect** Rejection

**Problem** Either:

- A Removal Date has been reported without a Reason for Removal, or
- A Reason for Removal has been reported without a Removal Date.

**Remedy** If the Episode has been removed from the waiting list:

- Complete the missing field with the correct information.
- Resubmit the episode level record.

If the Episode has not been removed from the waiting list:

- Resubmit the episode-level record without data in the Removal Date field or the Reason for Removal field.

Refer:

- Section 3 – Data Definitions: Reason For Removal, Removal Date.

---

## S397 Unmatched Transfer as Reported by Receiving Organisation

---

**Effect** Rejection

**Problem** Transfer-related data from this organisation does not match the originating organisation's transfer data.

**Remedy** Either of the following fields could be affected:

- Registration Date (needs to match removal date from the originating organisation);
- Transferred Episode ID (must be the reporting organisation code and the nine digit episode identifier from the originating organisation);

If this episode is not a received transfer, resubmit with the appropriate Source Of Referral and blank Transferred Episode ID.

If the episode is a received transfer, contact the originating organisation and verify that you have reported:

- The correct originating Episode Identifier, and
- The correct transfer date, and
- The correct originating organisation code

and that the originating organisation has reported the correct Reason For Removal and Removal Date.

The error will be cleared by the receiving and/or originating organisation correcting and resubmitting so that the records in both datasets match. It therefore cannot be applied in real-time because it is reliant on the receipt of data from both the originating organisation and the receiving organisation. It applies only to transfers between ESIS organisations.

Refer:

- Section 3 – Data Definitions: Event Type, Event Value.
- Section 4 – Business Rules: Transfer Of Ownership Of Waiting Episode

---

## S398 Unmatched Transfer as Reported by Originating Organisation

---

**Effect** Rejection

**Problem** Transfer-related data from this organisation does not match the receiving organisation's transfer data.

**Remedy** This edit is triggered where Reason for Removal is T and Episode Identifier and Removal Date

do not correspond with transfer data reported by the receiving organisation.

If the episode is not a transfer to another ESIS organisation, resubmit with correct Removal Date, Reason for Removal values.

If the episode is a transfer to another ESIS organisation, contact that organisation and verify that they have reported:

- The correct Episode Identifier,
- The correct transfer date, and
- The correct originating organisation code.

The error will be cleared by the receiving and/or originating organisation correcting and resubmitting so that the records from both sites match.

Refer:

- Section 3 – Data Definitions: Event Type, Event Value.
- Section 4 – Business Rules: Transfer Of Ownership Of Waiting Episode

---

## S399 Date Of Admission For Awaited Procedure But No Removal Date

---

<b>Effect</b>	Rejection
<b>Problem</b>	This record has a Date of Admission for the Awaited Procedure but no Removal Date.
<b>Remedy</b>	<p>If the waiting episode has been removed, AND the awaited procedure has been performed, report the appropriate Removal Date and Reason for Removal and resubmit.</p> <p>If the waiting episode has been removed, AND the awaited procedure has NOT been performed, remove the Date of Admission, report the appropriate Removal Date and Reason for Removal and resubmit.</p> <p>If the awaited procedure has not been performed, remove the date of admission and resubmit.</p> <p>Refer:</p> <ul style="list-style-type: none"><li>• Section 3 – Data Definitions: Date Of Admission for Awaited Procedure, Removal Date</li></ul>

---

## S400 Date Of Admission For Awaited Procedure Invalid

---

<b>Effect</b>	Rejection
<b>Problem</b>	This record has a Reason for Removal of W but the Date of Admission is invalid.
<b>Remedy</b>	<p>Valid: A date of format DDMMCCYY that is on or before the Removal Date.</p> <p>Where Reason For Removal is W, S, or X, Date of Admission must equal the latest Scheduled Admission Date.</p> <p>Correct Date of Admission for Awaited Procedure and resubmit.</p> <p>Refer:</p> <ul style="list-style-type: none"><li>• Section 3 – Data Definitions: Date of Admission For Awaited Procedure, Reason for Removal and Removal Date.</li></ul>

---

## S401 Date of Admission/Reason for Removal Mismatch

---

**Effect** Rejection

**Problem** This record has a Date of Admission for Awaited Procedure but Reason for Removal is not W, S, X, M, B, U or I.

or

This record's Date of Admission is blank but Reason for Removal is W, S, X, M, B, U or I.

**Remedy** If Reason for Removal is not W, S, X, M, B, U or I, remove data from Date of Admission for Awaited Procedure field and resubmit.

If Reason for Removal should be W, S, X, M, B, U or I, correct and resubmit.

Refer:

- Section 3 – Data Definitions: Date of Admission For Awaited Procedure, Reason for Removal and Removal Date.

---

## S403 Date of Admission For Awaited Procedure is After Removal Date

---

**Effect** Rejection

**Problem** The reported Date of Admission For Awaited Procedure is later than Removal Date.

**Remedy** Correct Removal Date and/or Date of Admission For Awaited Procedure and resubmit.

Refer:

- Section 3 – Data Definitions: Date of Procedure and Removal Date.

---

## S404 Removal Date is After Admission Date, But Planned Same Day

---

**Effect** Warning

**Problem** This record has a Date of Admission for Awaited Procedure that is earlier than Removal Date but the Planned Length of Stay is "1" (Planned Same Day).

**Remedy** Check dates in Date of Procedure and Planned Length of Stay fields. If both are correct, for example, the patient unexpectedly needed to stay longer than overnight, no action is required.

If either field is incorrect, amend and resubmit.

Refer:

- Section 3 – Data Definitions: Date of Procedure, Planned Length of Stay, Reason for Removal and Registration Date.

---

## S405 Non Specific ("Other") PPP Code Used, but no PPP Description

---

**Effect** Rejection

**Problem** A non-specific PPP code has been used (for example "130" Other orthopaedic surgery), but the free text description of the procedure has not been reported.

**Remedy** Either allocate a more specific PPP code, or report the PPP description (minimum 3 characters). Descriptions greater than 100 characters will be accepted but right trimmed to a length of 100 characters.

Refer:

- Section 3 – Data Definitions: Principal Prescribed Procedure, PPP Description.

---

## S406 Invalid Aggregate Identifier

---

<b>Effect</b>	Rejection
<b>Problem</b>	The reported Aggregate Identifier does not exist in the Aggregate Identifiers codeset.
<b>Remedy</b>	Correct and resubmit.  Report this error to your software supplier.  Refer: <ul style="list-style-type: none"><li>• Section 4 – Business Rules: Reconciliation</li></ul>

---

## S408 The Patient Identifier to Which This Episode Relates, has Changed

---

<b>Effect</b>	Notifiable
<b>Problem</b>	The Patient Identifier reported in this Episode-level record submission, is different from the Patient Identifier that has previously been reported.
<b>Remedy</b>	This will be valid only where: <ul style="list-style-type: none"><li>• Histories are merged and a waiting episode goes to a different Patient Identifier.</li><li>• A waiting episode was originally allocated to the wrong patient and the reporting organisation's system has the capacity to move it to the correct patient.</li></ul> <p>If new Patient Identifier is verified as correct, notify HDSS via <a href="mailto:ESIS.ESIS@dhs.vic.gov.au">ESIS.ESIS@dhs.vic.gov.au</a> explaining the circumstances for the change.</p> <p>If the new Patient Identifier is incorrect, correct and resubmit.</p> <p>Refer:</p> <ul style="list-style-type: none"><li>• Section 3 – Data Definitions: Patient Identifier, Episode Identifier</li></ul>

---

## S409 Age Greater Than 120 Years

---

<b>Effect</b>	Notifiable
<b>Problem</b>	The patient's age is calculated as being greater than 120 years.
<b>Remedy</b>	<p>If the patient has no unremoved episodes, age is calculated as the difference in years between the Date of Birth and the Removal Date of the most recently removed episode.</p> <p>If the patient has any unremoved episodes, age is calculated as the difference in years between the Date of Birth and the date HDSS received this submission.</p> <p>Refer:</p> <ul style="list-style-type: none"><li>• Section 2 – Concept Definitions: Date of Processing</li><li>• Section 3 – Data Definitions: Date of Birth, Removal Date</li></ul>

---

## S411 Sex/Surgical Specialty Mismatch

---

<b>Effect</b>	Notifiable
<b>Problem</b>	This episode's Surgical Specialty does not appear compatible with this patient's sex.
<b>Remedy</b>	<p>If sex and Surgical Specialty are verified as correct, notify HDSS via ESIS.ESIS@dhs.vic.gov.au explaining the circumstances.</p> <p>If Sex or Surgical Specialty are incorrect, correct and resubmit.</p> <p>Refer:</p> <ul style="list-style-type: none"><li>• Section 3 – Data Definitions: Sex, Surgical Specialty</li></ul>

---

## S412 Episode Registered Without a Clinical Urgency

---

**Effect** Rejection

**Problem** The episode's Registration Date does not have a corresponding Clinical Urgency event recorded on that date. All episodes should have a Clinical Urgency at registration.

**Remedy** Determine the Clinical Urgency at Registration and submit the Clinical Urgency event with the Event Date being the same as the Registration Date.

Refer:

- Section 3 – Data Definitions: Event Date, Event Type, Registration Date

---

## S413 Episode Registered Without a Readiness For Care value

---

**Effect** Rejection

**Problem** The episode's Registration Date does not have a corresponding Readiness for Care event recorded on that date. All episodes should have a Readiness for Care at registration.

**Remedy** Determine the Readiness for Care at Registration and submit the Readiness for Care event with the Event Date being the same as the Registration Date.

Refer:

- Section 3 – Data Definitions: Event Date, Event Type, Registration Date

---

## S414 Previous Identifier of Transferred Episode Invalid

---

<b>Effect</b>	Rejection
<b>Problem</b>	<p>The Source of Referral is "2" but the Previous Identifier of Transferred Episode is either blank or an invalid format</p> <p>Or</p> <p>The Source of Referral is not "2" but the Previous Identifier of Transferred Episode is not blank.</p>
<b>Remedy</b>	<p>If the Waiting Episode's source of Referral is "2", report the Previous Identifier as described in Section Three.</p> <p>If the Waiting Episode's source of Referral is not "2", report this field as blank (null).</p> <p>Refer:</p> <ul style="list-style-type: none"><li>• Section 3 – Data Definitions: Previous Identifier of Transferred Episode</li></ul>

---

## S415 Ceased Patient Identifier Does Not Exist

---

<b>Effect</b>	Rejection
<b>Problem</b>	The Ceased Patient Identifier reported in the merge extract has not previously been reported (it is acceptable to report the word UNMERGE in this field).
<b>Remedy</b>	<p>Either correct and resubmit the merge extract, or submit the patient level record whose identifier cannot be located.</p> <p>Refer:</p> <ul style="list-style-type: none"><li>• Section 3 – Data Definitions: Ceased Patient Identifier</li></ul>

---

## S416 Retained Patient Identifier Does Not Exist

---

<b>Effect</b>	Rejection
<b>Problem</b>	The Retained Patient Identifier reported in the merge extract has not previously been reported.
<b>Remedy</b>	Either correct and resubmit the merge extract, or submit the patient level record whose identifier cannot be located.
	Refer:
	<ul style="list-style-type: none"><li>• Section 3 – Data Definitions: Retained Patient Identifier</li></ul>

### Deleted edits

S001 Census Date Invalid  
S002 No Header Record Found  
S003 Incorrect Campus / Health Service Code  
S004 Total Number Of Records Not Equal To Total Patient Records  
S005 Control File Name Incorrect  
S006 Control File Content Incorrect  
S051 Data File Name Incorrect  
S052 Record Date After Census Date  
S053 Record Not Removed Last Month, Missing From File  
S060 Unique Key Invalid  
S061 Unique Key Is Not Unique  
S111 Waiting Number Invalid  
S136 Procedure Mismatch Between Months  
S148 Surgical Specialty Mismatch Between Months  
S161 Clinical Urgency Category Invalid  
S162 Clinical Urgency Reassignment Incomplete  
S170 Different Registration Date  
S195 Referring Hospital Invalid  
S196 Referring Hospital Conflict  
S199 Date Of Last Clinical Urgency Increase Invalid  
S200 Clinical Urgency Increase Incomplete  
S261 Previous Urgency Category Equals Clinical Urgency  
S262 Previous Urgency Category Invalid  
S263 Urgency Reassignment Date Invalid  
S265 Readiness Status Invalid  
S266 Readiness Change Date Invalid  
S267 Reason For NRFC Status Invalid  
S268 Status NRFC, No Reason For NRFC  
S269 Reason For NRFC Status Current RFC  
S270 Readiness Status Changed But No Readiness Change Date  
S274 Booking Number Blank  
S275 Booking Date Invalid  
S276 Booking Date Before Registration Date  
S277 Booking Number Invalid  
S278 Incomplete Booking Details  
S279 Reason For Scheduled Admission Date Change Invalid

S280 Booking Number Mismatch Between Months  
 S283 Booking Date / Scheduled Admission Date & Booking Number Mismatch  
 S285 Scheduled Admission Date Invalid  
 S286 Scheduled Admission Date Before Booking Date  
 S288 Booking Date But Booking Number Blank/Zero  
 S289 Booking Number But Booking Date Blank  
 S292 Removed But No Reason  
 S293 Removed, No Removal Date  
 S294 Record Removed Last Month  
 S306 Destination Invalid  
 S318 Total NRFC Days Following Last Clinical Urgency Increase Invalid  
 S319 Total NRFC Days Less Than Total Since Last Urgency Increase  
 S320 Total NRFC Days Invalid  
 S321 Total NRFC Days Following Last Urgency Reassignment Invalid  
 S322 Total NRFC Days Less Than Total Since Urgency Reassignment  
 S323 Total NRFC Days Not Equal To Zero  
 S324 Negative Waiting Time (No Urgency Reassignment)  
 S325 Negative waiting time (Urgency Reassignment)  
 S328 Hospital Initiated Postponement Blank  
 S329 Reason for Scheduled Admission Date Change/Hospital Initiated Postponement Combination Invalid  
 S330 Hospital Initiated Postponements decreased Between Months  
 S331 Booking Number Less Than Hospital Initiated Postponements  
 S332 Booking Number Increased, Hospital Initiated Postponements Unchanged  
 S336 Total Not Ready For Care Days Mismatch  
 S337 Total NRFC Days Following Last Urgency Reassignment Mismatch  
 S338 Total NRFC Following Last Clinical Urgency Increase Mismatch  
 S339 Total Not Ready For Care Days Warning Mismatch  
 S340 Total NRFC Days Following Last Urgency Reassignment Warning Mismatch  
 S341 Total NRFC Days Following Last Clinical Urgency Increase Warning Mismatch  
 S342 Total NRFC Days Following Last Urgency Reassignment Without Clinical Urgency Reassignment  
 Details  
 S343 Total NRFC Days Following Last Urgency Increase Without Clinical Urgency Increase Details  
 S346 Urgency Reassignment Date before Date of Last Clinical Urgency Increase  
 S350 Clinical Urgency More Urgent But Date Last Clinical Urgency Increase Blank  
 S351 Clinical Urgency Less Urgent But Urgency Reassignment Date Blank  
 S352 Clinical Urgency More Urgent But Date Last Clinical Urgency Increase Unchanged  
 S353 Clinical Urgency Less urgent But Urgency Reassignment Date Unchanged  
 S360 Date Of Procedure But Record Not Removed  
 S361 Date Of Procedure Invalid  
 S362 Date of Procedure Not Required  
 S363 Date Of Procedure Blank  
 S364 Date of Procedure Before Removal Date  
 S365 Date of Procedure After Removal Date, But Planned Same Day  
 S366 Date of Procedure More Than 7 Days After Removal

# Amended Compilation and Submission

## Compilation

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### File Format (*Amended*)

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Reporting organisations are required to submit up to five text files that are fed into the following related tables maintained by HDSS:

- Patient Table
- Episode Table
- Intra Episode Table
- Reconciliation Table
- Merge Table

All text files must:

- Be tab-delimited ASCII, with fields trimmed of leading and trailing spaces
  - Have the labels that represent the field names in the first row (HDSS will have a preferred order of fields but labels will enable the processing of extracts with fields not in the preferred order).
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### File Naming Convention (*Amended*)

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*[At the time of printing, HDSS and some submission organisations were experiencing difficulties e-mailing zip attachments through their firewalls. The following information assumes that hospitals can e-mail zip files as prescribed below. In the event that alternative means of data submission have been devised, further details will be provided. The variables that comprise the file name and the format of the file name will be consistent regardless].*

#### Submission zip file

All text files for a submission must be zipped into **one** password protected zip file, and e-mailed to [ESIS.ESIS@dhs.vic.gov.au](mailto:ESIS.ESIS@dhs.vic.gov.au)

The zip file submitted to ESIS must be named according to the following naming convention:

Position	Variable Required	Format	Example
1 – 4	Submission code	NNNN	1010
5	Underscore		
6 – 7	Year of submission	YY	04
8	Underscore		
9 – 10	Month of submission	MM	09
11	Underscore		
12 – 13	Submission number for this financial year.	NNN	001
16 – 19	".zip"		.zip

[Reporting body's code] & "\_" & [Year] & "\_" & [Month of Submission] & "\_" & [Submission Number] & ".zip"

For example:

1010\_04\_09\_012.zip (Alfred, twelfth submission for 2004-2005, extracted in September 2004).

## Text files

The text files submitted to ESIS must be named according to the following convention:

Position	Variable Required	Format	Example
1 – 4	Submission code	NNNN	1010
5	Underscore		
6 – 7	Year of submission	YY	04
	Underscore		
9 – 10	Month of submission	MM	07
11	Underscore		
12 – 13	Submission number for that month	NNN	001
14	Underscore		
15	Table identifier P = patient table E = episode table I = Intra episode table R = Reconciliation table M = Merge table	A	P
16 – 19	".txt"		.txt

[Reporting organisation's code] & "\_" & [Year] & "\_" & [Month of Submission] & "\_" & [Submission Number] & "\_" & [Table identifier] & ".txt"

For example:

- 1010\_04\_07\_002\_P.txt (Alfred, second submission for this year, July 2004 submission, Patient Table records).
- 5530\_04\_10\_013\_I.txt (Austin Health, thirteenth submission for this year, July 2004 submission, Intra Episode Table records).

The submission month is the month in which data is extracted.

The submission number is a count of the submissions. Submission "001" is the first and the number sequence should continue (theoretically to "999") and then cycle back to "001" at the start of the new financial year. This will enable any break in sequence to be identified. The submission number in the text files must equal the submission number in the zip file.

The subject line of the e-mail should contain the name of the zip file and nothing else.

## Amended ESIS Structure

### File Structure (*Amended*)

#### Patient Table

Note	Data Item	Label	Field size	Layout/Code Set
M	Patient Identifier	Patient_Identifier	10	XXXXXXXXXX
M	Date Of Birth	Date_Of_Birth	8	DDMMCCYY
M	Sex	Sex	N/A	Code from code set
1	Medicare Number	Medicare_Number	11	NNNNNNNNNNNN or blank
M	Medicare Suffix	Medicare_Suffix	Between 1 and 3 characters.	AAA, AA, A'A, AA', A, A-A, AA-
M	Postcode	Postcode	N/A	Code from code set
M	Locality	Locality	N/A	Code from code set

#### Episode Table

Note	Data Item	Label	Field size	Layout/Code Set
M	Episode Identifier	Episode_Identifier	9	XXXXXXXXXX
M	Patient Identifier	Patient_Identifier	10	XXXXXXXXXX
2	Date Of Admission	Date_Of_Admission		DDMMCCYY
3	Destination	Destination	N/A	Code from code set
4	Insurance Declaration	Insurance_Declaration	N/A	Code from code set
M	Planned Length Of Stay	Planned_Length_Of_Stay	N/A	Code from code set
M	Principal Prescribed Procedure	Principal_Prescribed_Procedure	N/A	Code from code set
5	Principal Prescribed Procedure Description	PPP_Description	Up to 100	Free text excluding tabs, linefeeds and carriage returns
M	Reason For Removal	Reason_For_Removal	N/A	Code from code set
M	Registration Date	Registration_Date	8	DDMMCCYY
M	Removal Date	Removal_Date	8	DDMMCCYY
M	Source Of Referral	Source_Of_Referral	N/A	Code from code set
M	Surgical Specialty	Surgical_Specialty	N/A	Code from code set
M	Treatment Campus	Treatment_Campus	N/A	Code from code set
6	Previous Identifier of Transferred Episode	Previous_Identifier_of_Transferred_Episode	9	XXXXXXXXXX

#### Intra Episode Table

Note	Data Item	Label	Field size	Layout/Code Set
M	Episode Identifier	Episode_Identifier	9	XXXXXXXXXX
M	Event Type	Event_Type	N/A	Code from code set
M	Event Date	Event_Date	8	DDMMCCYY
M	Event Value	Event_Value	N/A	Code from code set

## Reconciliation Table

Note	Data Item	Label	Field size	Layout/Code Set
M	Aggregate Identifier	Aggregate_Identifier	N/A	Code from code set
M	Aggregate Description	Aggregate_Description	N/A	Code from code set
M	Aggregate Value	Aggregate_Value	N/A	NNNNN

## Merge Table

Note	Data Item	Label	Field size	Layout/Code Set
M	Ceased Patient Identifier	Ceased_Patient_Identifier	10	"UNMERGE" or XXXXXXXXXX
M	Retained Patient Identifier	Retained_Patient_Identifier	10	XXXXXXXXXX

*Note:* No fields in any of the tables are case sensitive.

Key To Note	
M	Mandatory
1	Report when made available by the patient
2	Mandatory for Reason For Removal codes W, M, S, X, B, I and U
3	Mandatory for Reason For Removal codes T, N, S and X
4	Mandatory for Reason For Removal codes W, M, S and X
5	Mandatory for non specific PPP codes
6	Mandatory for Source of Referral code 2

Key To Layout	
X	Alpha or Numeric character in range A-Z, a-z, 0-9
DD	Numeric characters representing day of the month. Leading zero filled. Range 01-31
MM	Numeric characters representing month. Leading zero filled. Range 01-12
CCYY	Numeric characters representing year. Range 1883-2006
A	Alpha character in range A-Z, a-z
N	Numeric character in range 0-9

### Records to be submitted (*New*)

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#### Initial submission

The new submission structure will require an initial submission of data that has been collected on waiting episodes *unremoved* at ~~30 June 2004~~ 31 December 2004, including all intra episode events, whether this data has been previously submitted in the old format or not.

~~June~~ December 2004 data in the old format will also be required.

The number of unremoved episodes in the initial load of the new data, and the number of unremoved episodes in the old format June submission must match.

The number of distinct Patient Identifiers in the new and old format must also be the same.

#### Ongoing submission

For each table submit only the records that have been added or changed since the previous submission. Software should date-stamp changes internally, to facilitate correct extraction. Extractions should also be uniquely identified and stored by the software for regeneration if needed.

For example:

- A patient who is currently waiting for three different procedures contacts the hospital to advise of a new address. This affects postcode and locality data reported. There are no intra episode events added (no change in booking details, readiness for care, or urgency). Only one record should be resubmitted, namely the record for that patient in the Patient Table.
- A patient, who has already been reported to ESIS for a different waiting episode earlier this year, commences waiting for a new episode. None of the patient level details have changed. Only submit episode and intra episode records for the new episode.
- A waiting episode's Clinical Urgency changes from 2 to 1 on 5 October. No Patient level or Episode level changes and no other Intra Episode Events occur. Only submit the Intra Episode Event.

There is no requirement to separate corrections of errors from any other type of change or addition. They should all be submitted together. Therefore in any submission it would be reasonable to see:

- New episodes occurring between the previous extraction and the point of this extraction;
- Error corrections identified in the previous extraction and subsequently corrected;
- Removals between the previous extraction and the point of this extraction; and
- Other changes between the previous extraction and the point of this extraction.