

Proposals for revisions to the Elective Surgery Information System (ESIS) for 1 July 2007

December 2006

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Executive Summary

Each year the Department of Human Services (DHS) reviews the data elements and format of the Elective Surgery Information System (ESIS). This review seeks to ensure that the collection supports the Department's state and national reporting obligations, remains relevant to DHS planning and policy development, and incorporates appropriate feedback from data providers on improvements.

This document has been produced to invite comment and stimulate discussion on the proposal outlined below. If you would like to comment on the proposal, please see the introduction section in the ESIS proposals document on how to do so.

In order to be accepted into ESIS, proposals need to demonstrate clear business justification and be fully costed, meaning funding streams will need to be identified and confirmed. Final acceptance of all proposals is dependent on the Executive Director, Metropolitan Health and Aged Care Services (based upon recommendations by the Data Management Advisory Committee (DMAC)).

For further information on the revisions process and time table contact the HDSS Help Desk on 9096 8141.

The ESIS proposals document details the proposed revisions to the Elective Surgery Information System for 1 July 2007. These proposed revisions are summarised below:

1. Replace ACCSS Country codeset with SACC Country codeset for Country of Residence reported in the Locality field to standardise across collections.
2. Addition of Date of Birth Accuracy Flag. This proposal involves introducing a new patient-level field to record the accuracy of the Date of Birth. The change is proposed to improve the quality of the Date of Birth data item in ESIS by reducing the incidence of defaulted values.
3. Reason for Scheduled Admission Date Change - revised codeset. Proposed to capture more specific information on the reasons patients have their elective surgery postponed.
4. Multi-attribute Prioritisation Tool (MAPT). The proposal involves collecting a score derived by the MAPT tool (a tool to rank patients requiring joint replacement surgery on a 0-100 point scale by differentiating levels of severity). This score can be used to assist ranking, priority and state-wide resource allocation.
5. Planned Length of Stay. It is proposed to amend the Planned Length of Stay codeset to differentiate intended 23 hour stay episodes from other intended lengths of stay, to assist in the monitoring of the intention to facilitate "23-hour stay" episodes.

Introduction

The ESIS proposals consultation process

Each year the Department of Human Services (DHS) reviews the data elements and format of the Elective Surgery Information System (ESIS). This review seeks to ensure that the data collection supports the Department's state and national reporting obligations, remains relevant to DHS planning and policy development, and incorporates appropriate feedback from data providers on improvements.

This document is being distributed to all Victorian hospitals, to patient management system suppliers known to have Victorian clients, and to a range of industry bodies. It outlines *proposals* for change to ESIS, as at the time of its release in December 2006. This should not be regarded as a complete list of changes to be made for 2007—08. Items in this publication are not guaranteed to change or to change in the form suggested here; nor does the absence of an item from this publication indicate it will not change from 1 July 2007. Confirmed changes will be published in the document *Specification for Revisions to Elective Surgery Information System (ESIS) for 1 July 2007*.

Prompt feedback is sought on this proposal. Hospitals and software suppliers should review this document and assess the feasibility of the proposal. All are invited to provide written feedback to the Department by completing the proforma provided as an Appendix to this document, and forwarding it to the Department as indicated, **by 11 December 2006**. Copies of the proforma may also be obtained from the HDSS web site located at <http://www.health.vic.gov.au/hdss>.

Proposed revisions

Proposal 1: Replace ACCSS Country codeset with SACC Country codeset for Country of Residence reported in the Locality field

It is proposed to Change codeset to SACC to standardise across collections.

Proposed by Andrew Brown
Manager
Health Data Standards and Systems Unit
Department of Human Services

Implementation Date 1 July 2007

Background The change will align ESIS with:

- the NHDD
- other DHS data collections, such as VINAH.
- HealthSmart.

It will also facilitate Commonwealth reporting requirements.

Like the ACCSS codeset, the SACC codeset uses a four-digit numeric code to represent countries. Many codes are duplicated between the two classifications but represent different countries. Therefore, HDSS will be undertaking a data quality analysis to identify services that have not updated their codeset prior to sending July 2007 data.

It is not intended this change introduce extra work for data collection staff rather that it be managed in hospital systems reference tables.

All patient-level extracts with a Postcode of 8888 and an extract end date greater than or equal to 1 July 2007 would be submitted using the SACC codeset.

Proposal 2: Addition of Date of Birth Accuracy Flag

It is proposed to Introduce a new field to record the accuracy of the Date of Birth.

Proposed by Andrew Brown
Manager
Health Data Standards and Systems Unit
Department of Human Services

Implementation Date 1 July 2007

Background This change is intended to improve the quality of the Date of Birth data item in ESIS by reducing the incidence of defaulted values when dates are unknown or estimated and improving the quality of statistical analysis.

The current method of indicating an estimated Date of Birth requires 0000 to be reported for DDMM and an estimated year of birth.

The proposal will also align ESIS with the NHDD and other DHS data collections, such as VINAH.

Note that the order, Year-Month-Day, of the accuracy code is the reverse of the current date order DDMMCCYY. The reason for this is to maintain consistency of the data element across DHS collections. Comment on whether this ordering in the ESIS extract is likely to cause problems is particularly welcome.

Date of Birth Accuracy Code (*New*)

Specification

Definition A code representing the accuracy of the components of a date - year, month, day.

Label Date_Of_Birth_Accuracy

Field size 3 **Valid values** Code from Date Of Birth Accuracy codeset

Reported in Patient Table

Reported for All patient level records

Reported when The waiting list episode is first registered and updated as necessary.

Codeset Refer to the Date of Birth Accuracy reference file available from:

<http://www.health.vic.gov.au/hdss/reffiles/index.htm>

(not available at time of publication)

Code	Descriptor
A	The referred date component is accurate
E	The referred date component is not known but is estimated
U	The referred date component is not known and not estimated.

This data element contains three positional components (YMD) that reflect the order of the date components in the format (YYYYMMDD) of the reported *Date of Birth*.

Component	Descriptor
1st – Y	Refers to the accuracy of the year component.
2nd – M	Refers to the accuracy of the month component
3rd - D	Refers to the accuracy of the day component

Reporting guide Any combination of the values A, E, U representing the corresponding level of accuracy of each date component of the reported date.

Example 1: A date has been sourced from a reliable source and is known as accurate then the date accuracy indicator should be informed as 'AAA'.

Example 2: If only the age of the person is known and there is no certainty of the accuracy of this, then the date accuracy indicator should be reported as 'EUU'. That is the day and month are "unknown" and the year is "estimated".

A Year component value of *U – Unknown* is not accepted.

Edits SXXX Date of Birth Accuracy code Invalid

Related items Section 2: Age
Section 3: Date of Birth

Administration

Purpose	To derive age for demographic analyses and for analysis by age at a point of time.		
Principal data users	Multiple internal and external research users.		
Collection Start	2007-08		
Definition source	NHDD (DHS modified)	Value Domain source	NHDD 94429 (DHS Modified)

Date Of Birth (*Amended*)

Specification

Definition	Patient's Date of Birth.		
Label	Date_Of_Birth		
Field size	8	Layout	DDMMCCYY
Reported in	Patient Table		
Reported for	All patient level records.		
Reported when	The patient is first registered on the waiting list for any episode.		
Reporting guide	The Date of Birth must be on or before the Clinical Registration Date.		
	Unknown Date Of Birth:		
	Estimate the year of birth and enter 0000 (zeros) in DDMM and the estimated year in CCYY.		
	A valid date must be reported. See <i>Date of Birth Accuracy Code</i> for more information on reporting estimated and unknown dates.		
Edits	S082 Medicare Code '0' And Age Is Greater Than 180 Days S083 Medicare Code '0' And Age Is Greater Than 365 Days S096 Date Of Birth Invalid S099 Clinical Registration Date Before Date Of Birth S409 Age Greater Than 120 Years		
Related items	Section 3: <i>Medicare Number and Registration Date.</i> Section 3: <i>Date of Birth Accuracy Code</i>		

Administration

Purpose	Used to derive age for demographic analyses.		
Principal data users	DHS		
Collection start	July 1997	Version	1 (Effective 1 July 1997) 2 1 July 2007
Definition source	National Health Data Committee	Code set source	N/A

Proposal 3: Reason for Scheduled Admission Date Change - revised codeset

It is proposed to To capture more specific information on the reasons patients have their elective surgery postponed.

Proposed by Jane McKercher
Project Officer
Statewide Elective Surgery Program,
Access and Metropolitan Performance,
Department of Human Services

Implementation Date 1 July 2007

Background At present health services have many different lists of internal codes for postponements. There are large numbers of different classifications, the terminology is inconsistent and there are ambiguous classifications. To promote consistency of reporting, the Department, in consultation with health services has developed a list of codes that could be implemented across the sector.

In order for this change to be effective, it will also be necessary for a new ESIS postponement code set to be introduced. At present there are only 6 codes (listed under the Reason for Scheduled Admission Date Change field). These are very broad and do not give adequate insight into the reasons why a patients surgery is postponed. It is therefore proposed to introduce 16 new codes to reflect the internal postponement codes agreed to by the sector. This will enable health services to compare data with 'like' hospitals and specialties where appropriate, and share more specific strategies to improve performance.

All intra episode event records with an Event Date that is greater or equal to 1 July 2007 must report codes from the revised codeset.

Refer to Appendix A for proposed codeset

Reason For Scheduled Admission Date Change (Amended)

Specification

Definition The reason this episode's Scheduled Admission Date has been revised or cancelled.

Label Event_Value

Field size N/A **Valid values** Code from Reason Scheduled Admission Date Change code set

Reported in Intra Episode Table

Reported for All waiting list episodes where the Scheduled Admission Date has been revised or cancelled.

Reported when The decision is made not to admit the patient on the Scheduled Admission Date. **Note:** This decision will be made between the date the scheduling takes place and the date the admission is scheduled for. A cancellation cannot physically take place after the date the admission was scheduled for

Code set **Hospital Initiated Postponement**

Code Descriptor

- H Hospital
- ⊖ Surgeon
- ?? Surgeon unavailable
- ?? Surgical unit initiated
- ?? Hospital staff unavailable
- ?? Ward bed unavailable
- ?? Critical care bed unavailable
- ?? Equipment unavailable
- ?? Theatre overbooked
- ?? Theatre over-run
- ?? Emergency priority
- ?? Elective priority
- ?? Hospital/surgeon has not prepared patient

Other Postponement

Code Descriptor

- ?? Patient is unprepared
- ?? Patient is unwell
- ?? Patient has postponed
- ?? Patient has failed to attend

- A ~~Administrative change before patient notification~~
- X Admission postponed, surgery date unchanged
- C Clinical
- P Patient

Scheduled Admission Date Brought Forward

- F Booking brought forward

Reporting guide

Report the appropriate reason the patient's Scheduled Admission Date has been changed or cancelled.

Reason For Scheduled Admission Date Change must be reported with Event Type *Reason SAD Changed*, Event Date and SAD Identifier.

Where multiple reasons for Scheduled Admission Date change exist, select the most appropriate code.

It is possible that the awaited procedure may be cancelled after the planned admission has commenced. In these instances the "Reason SAD Changed" event should reflect the reason the procedure was cancelled.

H ~~Hospital~~

~~Admission (where the patient *has* been given a Scheduled Admission Date) has been postponed because the operating room, hospital bed, staff or other hospital resource is unavailable, for example, because of the need to treat other patients in the hospital. Hospital resource includes prostheses for implantation, etc, but not blood (see code C *Clinical*).~~

~~*Excludes:* A Scheduled Admission Date postponed because of unavailability of a hospital resource and the patient has *not* been given a Scheduled Admission Date, (assign code A *Administrative change before patient notification*).~~

D ~~Surgeon~~

~~Admission (where the patient *has* been given a Scheduled Admission Date) has been postponed because the surgeon booked to perform this procedure has cancelled their scheduled theatre time.~~

~~*Excludes:* A Scheduled Admission Date postponed because the surgeon has cancelled their theatre time and the patient has *not* been given a Scheduled Admission Date, (assign code A *Administrative change before patient notification*).~~

A ~~Administrative change before patient notification~~

~~A tentative Scheduled Admission Date allocated to a patient (where the patient has not been notified) has now changed. This code must not be used if the patient has been advised of the Scheduled Admission Date.~~

C ~~Clinical~~

The surgeon has assessed the patient as being temporarily not Ready for Care due to a change in their clinical condition. This code is also used if the Scheduled Admission Date change is caused by shortage of blood for transfusion.

P Patient

Booking is postponed at the request of the patient for personal, social or other non-clinical reasons.

Surgeon unavailable

The surgeon booked to perform the procedure has cancelled some or all of their scheduled theatre time due to leave, illness, lateness or being called away. Where the postponement is due to leave, the surgeon has not informed the hospital within a timeframe that prevents the patient from being booked and informed of their date for surgery.

Surgical unit initiated

Surgery postponed due to surgeon/registrar preference to perform surgery on another patient.

Do not use this code when surgery is postponed because of the need to perform surgery on a patient of higher clinical urgency (use *Emergency priority* or *Elective priority*).

Use this code when the surgeon/registrar initiates the postponement and it is not due to leave, illness, lateness or being called away, or higher priority patient.

Hospital staff unavailable

Insufficient hospital staff (nurses, anaesthetists, non-clinical staff).

Report this code for Industrial action.

Ward bed unavailable

A bed (other than a critical care bed) is not available in the hospital.

Critical care bed unavailable

A critical care bed (intensive care, coronary care or high dependency) is not available in the hospital.

Equipment unavailable

Equipment (including power or water) is unavailable or has failed, or prosthesis for implantation is unavailable.

Theatre overbooked

Too many cases scheduled in the planning of the list. If the postponement is due to an unintentional list overrun because cases took longer than anticipated, report *Theatre over-run*.

Theatre over-run

Unintentional list over-run due to cases taking longer than anticipated.

Emergency priority

Rescheduled due to a higher priority emergency patient (currently admitted or presenting via the emergency department including obstetric emergencies).

Elective priority

Rescheduled due to a higher priority elective patient (who may have been seen in the outpatient department or private rooms).

Hospital/Surgeon has not prepared patient

Further preoperative workup is required.

This code is only to be reported when the patient has been insufficiently prepared for surgery by the hospital/surgeon. Where the patient has not prepared sufficiently report *Patient unprepared*.

Patient is unprepared

The patient has not adhered to the required preparations for surgery for example has eaten or not done bowel preparation.

Patient is unwell

The patient has an illness/condition that results in their surgery being postponed. This includes when the surgeon has assessed the patient as being temporarily not ready for care due to a change in their clinical condition.

This code to also reported when there is a shortage of blood for transfusion or anaesthetic complications.

Patient has postponed

Surgery postponed at the request of the patient for personal, social or other non-clinical reasons.

Patient has failed to attend

Surgery is postponed because the patient fails to attend (FTA).

X Admission postponed, surgery date unchanged

Patient was admitted after the Scheduled Admission Date, but the procedure was performed on the day originally planned

F Booking brought forward

Patient's Scheduled Admission Date has been brought forward for any reason.

Edits

- S297 Reason For Scheduled Admission Date Change Invalid
- S287 Scheduled Admission Date Exceeded
- S391 Intra Episode Event Value For Reason SAD Changed Invalid
- S417 Scheduled Admission Date Changed Without Reason For Change
- S418 Reason For SAD Change Reported But No Admission Currently Scheduled
- S429 SAD Identifier/Event Type Mismatch

Related items Section 2: *Hospital Initiated Postponement, Hospital Initiated Postponement Ratio and Postponement.*

 Section 3: *Event Type, Event Date and SAD Identifier.*

 Section 4: *Scheduling.*

 Section 5: *Structure.*

Administration

Purpose Used to monitor waiting list management.

Principal data users DHS

Collection start	July 1997	Version	1	(Effective 1 July 1997)
			2	(Effective 1 July 2005)
			3	(Effective 1 July 2006)

Definition source	DHS	Code set source	DHS
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Proposal 4: Multi-attribute Prioritisation Tool (MAPT)

It is proposed to To collect a score derived by the MAPT tool (a tool to rank patients requiring joint replacement surgery on a 0-100 point scale by differentiating levels of severity).

Proposed by Maree Roberts
Manager
Statewide Elective Surgery Program,
Access and Metropolitan Performance,
Department of Human Services

Implementation Date 1 July 2007

Background In 2003 the department funded a University of Melbourne and Melbourne Health partnership to develop a new system to manage orthopaedic waiting lists through the development of a Multi-attribute Arthritis and Prioritisation Tool (MAPT). Central to this project was the development of an evidence-based method for prioritising people waiting for joint replacement surgery and a service delivery model for coordinating care while patients wait. The MAPT was developed using current clinimetric and psychometric techniques with high-level input from clinical and hospital management groups, particularly orthopaedics. Priority criteria for the tool were identified through patient and clinician workshops. The MAPT has high clinical and statistical validity and can assist prioritisation. It ranks patients requiring joint replacement surgery on a 0-100 point scale, differentiating levels of severity even at the severe to very severe disease end of the scale. Consultation with stakeholders indicates that, in addition to prioritising those waiting for hip or knee joint replacement surgery, the MAPT also has the potential to improve referral from General Practitioners and prioritise outpatient appointments. When used widely the MAPT could support the identification of geographic regions of greatest disease burden and support evidence based allocation of resources.

The MAPT score is calculated according to patient responses to an 11-item questionnaire. The questionnaire may be self administered or undertaken with the assistance of another. A musculoskeletal coordinator at each participating health service is responsible for ensuring the surveys are administered and for collation and data entry of scores.

Inputting this number can be undertaken at the time the patient is placed on the elective surgery waiting list. It will be a requirement that the questionnaire is completed and a MAPT score calculated as a prerequisite for placement on the list for those patients listed for hip or knee joint replacement surgery.

Please refer to the Summary Report of this project for further information.

The report is available at:

<http://www.health.vic.gov.au/electivesurgery/pubs/owlsumrep.pdf>.

The MAPT was developed at four sites in Victoria, Melbourne Health, Dandenong Hospital, Goulburn Valley, and Western Health. Austin Health and Barwon Health have also participated in validating the tool. All ESIS reporting health services submitted to participate as pilot sites for implementation of the associated service delivery model. Accordingly, there is an overall awareness of the MAPT and reporting requirements at ESIS sites.

The four pilot sites are currently in the process of initiating systems for the collection of MAPT scores. Based on the findings and recommendations of the implementation it is expected that the MAPT and service delivery model will be 'rolled-out' to all ESIS reporting health services providing joint replacement services.

MAPT assessments may be conducted multiple times and may relate to periods before or after the patient's time on the waiting list. Of interest to ESIS are those MAPT scores that exist at Clinical Registration and any reassessments during the waiting episode.

Intended data utilisation:

- To assist in prioritising patients who may require joint replacement surgery.
- To monitor patients while they wait for surgery to detect signs of deterioration.
- To assist with service planning, by identifying areas with highest disease burden, to provide an evidence base for resource allocation.
- To assist in determining the efficacy of joint replacement surgery.
- Quality:
- Validation of MAPT scores has been undertaken as part of the tool's development. Retesting at 3-month intervals will detect erroneous scoring. Scores are determined according to an algorithm not publicly available. Patient gaming has been considered as part of the tool's development.
- **Sensitivities:** High burden of disease as demonstrated by MAPT scores may highlight areas where Orthopaedic services are under resourced.

Multi-attribute Prioritisation Tool (MAPT) (*New*)

Specification

Definition	A ranking for patients requiring joint replacement surgery on a 0-100 point scale, differentiating levels of severity.		
Label	MAPT		
Field size	7	Layout	<i>NNN.NNN</i>
			Leading and trailing zero filled, numeric characters and decimal point only
Reported in	Intra Episode Table		
Reported for	Waiting list episodes where the patient undergoes a MAPT assessment or assessments.		

Reported when Report a new MAPT Intra Episode Event each time a MAPT assessment is conducted.

Reporting guide Report the number that the MAPT tool generates zero filled as appropriate. For example, report a score of 2.3 as 002.300

If a MAPT score exists at the Clinical Registration Date report that value with the Clinical Registration Date as the Event Date. For example, if a patient had a MAPT assessment of 033.933 on 2 November 2007 and was clinically registered on 16 December 2007 and the MAPT was still current on this date report the following:

Episode ID	Event Date	Event Type	Event Value
000123456	16122007	MAPT	033.933

Do not report any MAPT assessments that occur after the Removal Date.

Edits S383 Multiple Events Of Same Type For Same Episode On One Day
S385 Invalid Event Type
S4XX Intra Episode Event Value For MAPT Invalid

Related items Section 3: *Clinical Registration Date, Event Date, Event Value and Removal Date.*

Section 5: *Structure.*

Administration

Purpose To support the evidence based allocation of resources for patients awaiting hip or knee joint surgery.

Principal data users DHS

Collection start **Version** 1

Definition source DHS **Code set source** DHS

Event Type

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.

Code set	Code	Descriptor
	Urgency	Clinical Urgency (set or reset)
	Readiness	Readiness For Care (set or reset)
	Set SAD	Scheduled Admission Date (set or reset)
	Reason SAD Changed	Reason For Scheduled Admission Date Change
	MAPT	Multi-attribute Prioritisation Tool Score

Reporting guide Intra Episode Events may occur multiple times within a waiting episode, but there can only be one event per episode per day for Readiness, Clinical Urgency or MAPT. For example, only one change in Clinical Urgency can be reported per episode per day.

Scheduling events (Set SAD and Reason SAD Changed) can be reported as having occurred more than once per day provided the SAD Identifier is unique for each pair of bookings and cancellations within an episode.

Note that when an episode is first registered (clinically), 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 Clinical 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	
S287	Scheduled Admission Date Exceeded
S295	Date Of Admission Not Equal To Scheduled Admission Date
S296	Reason For Removal Implies Procedure Performed, But Not Ready For Care
S315	Clinical Urgency Cat 1, Wait More Than 30 Days
S375	Clinical Urgency Category For ESAS Reason For Removal Invalid
S383	Multiple Events Of Same Type For Same Episode On One Day
S385	Invalid Event Type
S389	Intra Episode Event Value For Clinical Urgency Change Invalid
S390	Intra Episode Event Value For Readiness Change Invalid
S391	Intra Episode Event Value For Reason SAD Changed Invalid
S392	Intra Episode Event Value For Set SAD Event Invalid
S412	Episode Registered Without A Clinical Urgency
S413	Episode Registered Without A Readiness For Care Value
S417	Scheduled Admission Date Changed Without Reason For Change

S418 Reason For SAD Change Reported But No Admission Currently Scheduled

S427 SAD Identifier Previously Reported For This Episode

S429 SAD Identifier/Event Type Mismatch

S4XX Intra Episode Event Value For MAPT Invalid

Related items

Section 3: *Clinical Registration Date, Event Date, Event Value, Clinical Urgency, Readiness For Care, Scheduled Admission Date, Reason For Scheduled Admission Date Change and SAD Identifier.*

Section 5: *Structure.*

Administration

Purpose

To identify the type of events relevant to ESIS that happened to Waiting List patients for a given episode.

Principal data users

DHS

Collection start

July 2005

Version

1 (Effective 1 July 2005)

Definition source

DHS

Code set

DHS

source

Proposal 5: Planned Length of Stay

It is proposed to Amend the Planned Length of Stay codeset to differentiate intended "23-hour stay" episodes from other intended lengths of stay.

Proposed by Clayton Prentice
Project Manager
Statewide Elective Surgery Program
Access and Metropolitan Performance
Department of Human Services

Implementation Date 1 July 2007

Background The Statewide Elective Surgery Program of the Department of Human Services is in the final stages in the preparation of guidelines for the implementation of 23-hour care units in Victoria. A copy of the working draft is available from Clayton.prentice@dhs.vic.gov.au on request. It is anticipated that health services will be allocated some project funding to implement the requirements of these guidelines.

Currently ESIS does not capture those episodes for which it is intended that the 23-hour stay units will be used.

Health services will be encouraged to nominate specified procedures for 23-hour care. The field will assist in monitoring compliance of this service model and identifying opportunities for improvement.

The inclusion of the 23-hour value in the Intended Length Of Stay field will also assist waiting list managers and operating theatre schedulers, with more detailed information about proposed length of stay, in order to maximise utilisation of services.

The concept of the Extended Day Only model is that of an insulated area that provides certainty in the availability of resources to carry out both emergency and elective surgery.

Key elements include:

- Appropriate patient selection using specific admission criteria
- Compulsory screening of all admission notifications by the peri-operative medical service for procedures suitable for admission to the EDO unit
- Staggered admission times dependent on the timing of their surgery
- Use of clinical protocols to inform, direct and record the patient's clinical pathway, admission and discharge and post discharge management.
- Beds that are insulated for surgical services only
- Routine selection of patients having procedures from specific DRGs through the EDO model.
- Where there is clinical uncertainty regarding patient's suitability for Day Only or Extended Day Only for admission, this may be referred to the Area Program Director of Surgery.

Planned Length Of Stay (Amended)

Specification

Definition The intention of the responsible clinician at the time the patient is placed on the waiting list, to separate (discharge) the patient either on the day of admission or a subsequent date.

Label Planned_Length_Of_Stay

Field size N/A **Layout** N

Reported in Episode Table

Reported for All waiting list episodes.

Reported when The waiting list episode is first registered and updated when the planned length of stay is revised during the waiting episode.

Code set	Code	Descriptor	Clinical Registration Date between:	
			Start date	End date
	1	Planned same day	01071980	Null
	2	Planned overnight	01071980	30062007
	3	Planned 23 hour stay	01071980	Null
	4	Planned multiday stay	01071980	Null

Reporting guide May be altered at any time during the waiting episode, for example, after a clinical review of the patient or because a procedure that had been considered multi-day is now being performed on a same-day basis.

The field represents planning during the waiting period, not intention, as decided on day of admission therefore the field must not be altered at, or after, admission regardless of any change in planned length of stay apparent at that time. In such an event, the ESIS Planned Length of Stay and the VAED Intended Duration of Stay will differ.

Edits S167 Planned Length Of Stay Invalid

S404 Removal Date Is After Admission Date, But Planned Same Day

Related items

Administration

Purpose	Used in calculation of DOSA rates: the denominator is 'Total number of elective surgery admissions that were planned overnight'.		
Principal data users	DHS, AIHW and the Commonwealth Department of Health and Aged Care.		
Collection start	July 1997	Version	1 (Effective 1 July 1997)
			2 (Effective 1 July 1999)
			2 (Effective 1 July 2002)
Definition source	National Health Data Committee	Code set source	NHDD

Appendix A

Reason for Scheduled Admission Date Change – proposed codeset for 2007-08

Hospital-initiated postponements (HIPs)

	Reason	Which existing code does this map to?	Used in calculation of HIPs KPI?
	Surgeon unavailable	D	Yes
	Surgical unit initiated	No appropriate code	Yes
	Hospital staff unavailable	H	Yes
	Ward bed unavailable	H	Yes
	Critical care bed unavailable	H	Yes
	Equipment unavailable	H	Yes
	Theatre overbooked	H	Yes
	Theatre over-run	No appropriate code	No
	Emergency priority	H	Yes
	Elective priority	H	Yes
	Hospital/surgeon has not prepared patient	No appropriate code	Yes

Other postponements

	Reason	Which existing code does this map to?	Used in calculation of HIPs KPI?
	Patient unprepared	P	No
	Patient unwell	C	No
	Patient Postpones	P	No
	Patient Fails to Attend	P	No
	Admission postponed, surgery date unchanged	X	No

Booking Brought Forward

	Reason	Which existing code does this map to?	Used in calculation of HIPs KPI?
	Booking brought forward	F	No

Feedback: Proposals for Revisions - VAED, VEMD or ESIS, 1 July 2006

To:	HDSS Help Desk, Department of Human Services		
Send to:	Email: HDSS.Help-Desk@dhs.vic.gov.au Fax: (03) 9096 7743	Date sent:	
Sender name:			
Telephone number:			
Email address:			
Organisation name:			
My comment/question relates to (please indicate [X]): <input type="checkbox"/> VAED <input type="checkbox"/> VEMD <input type="checkbox"/> ESIS <i>Please use one email/form per item. Thank you for your input.</i>			
Proposal Reference (number & title)			

Comments/Questions: