

# Proposals for revisions to the Elective Surgery Information Systems for 1 July 2008

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## Executive Summary

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

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

The proposed revisions for the ESIS for 1 July 2008 are minimal. There is one proposed new data item to record the accuracy of the patient's reported date of birth. Additionally, DHS is seeking specific feedback from the industry regarding a potential future requirement for DHS to collect or derive mesh blocks for geocoding addresses

# Introduction

## The ESIS proposals consultation process

This *Proposals* 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 changes to the ESIS at the time of its release in November 2007. This should not be regarded as a complete list of changes to be made for 2008—09. 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 2008. Confirmed changes will be published in the document *Specification for Revisions to the Elective Surgery Information System for 1 July 2008* scheduled for release in February 2008.

It is expected that release of these proposals will stimulate discussion within the health industry. **Prompt feedback is sought on these proposals.** Hospitals and software suppliers should review this document and assess the feasibility of the proposals. Please provide written feedback to DHS by completing the proforma provided as an Appendix to this document, and forwarding it to HDSS as indicated **by 30 November 2007**. Copies of the proforma can also be obtained from the HDSS web site located at <http://www.health.vic.gov.au/hdss>.

There will be no HDSS forum this year. Queries or concerns regarding the proposals can be discussed with a member of the Health Data Standards and Systems Unit.

## Orientation to this document

As this document provides 'proposals' for revisions, there are a few features that require explanation:

- Proposed new edits will be shown with an edit number of ###.
  - The text is divided into the categories of 'Specification' and 'Administration' as presented in the *Elective Surgery Information System Manual*.
    - Specification*: details the reporting requirements for the item.
    - Administration*: provides additional information including the purpose for the collection of the data item and the source of the code set and definitions.
- Further information such as the background to each proposal is provided.

## Abbreviations and symbols

CMI	Client Management Interface
DHS	Department of Human Services
DMAC	Data Management Advisory Committee
ESIS	Elective Surgery Information System
NHDD	National Health Data Dictionary
ODS	Operational Data Store
SLA	Statistical Local Area
VINAH	Victorian Integrated Non-Admitted Health Minimum Dataset

**Proposal One: Add a new data item to record the accuracy of the date of birth**

**It is proposed to** Introduce a new field to record the accuracy of the patient's reported Date of Birth.

**Proposed by** Health Data Standards & Systems  
Funding Health and Information Policy  
Metropolitan Health and Aged Care Services  
Department of Human Services

**Implementation Date** 1 July 2008

**Background** This change is proposed to improve the quality of the Date of Birth data item in the 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. This method may not pass date validation processes in some systems.

The change will also bring the ESIS into line with the NHDD and other DHS data collections, such as VINAH and the Mental Health CMI/ODS.

Date Accuracy and its code set is a National Standard Data Element: <http://meteor.aihw.gov.au/content/index.phtml/itemId/294429>. However DHS is aware that many IT systems, if they flag date accuracy at all, do so in a binary manner, that is that the date is accurate or not. DHS endorses the idea of explicitly flagging estimated or unknown dates, rather than using sentinel values such as 1/1/1900, as a quality of care and patient safety issue. However, while DHS believes that the Date of Birth Accuracy code set as presented is useful and encourages its adoption, DHS will accept mapping a known accurate date as 'AAA' and a date other than accurate (for example where a binary flag may be set on the date) as 'EEE'. DHS expects that for all dates of birth transmitted with an 'EEE' value, some attempt using visual cues and other available information has been made to make as accurate an estimate as possible.

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# Date of Birth Accuracy Code (*New*)

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## Specification

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

**Datatype** Alpha **Form** Structured Code

**Field size** 3 **Layout** AAA

**Reported for** All patient level records..

**Value domain** Consists of a combination of three codes, each of which denotes the accuracy of one date component:

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 (DMY) that reflect the order of the date components in the format (DDMMYYYY) of the reported *Date of Birth*.

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

Example 2 (assuming full code set implementation): 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 'UUE'. That is the day and month are 'unknown' and the year is 'estimated'.

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

**Edits** ### Invalid Date of Birth Accuracy code

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

## Administration

**Purpose** Required 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** 2008-09

**Definition source** NHDD (DHS modified) **Value Domain source** NHDD 294429

## Potential Changes and Developments – Feedback sought

This section identifies a future development and possible change that will not be introduced for 2008-09 but is being considered for the future. Your feedback is sought so that we can evaluate the implications of introducing this change.

### Replacement of SLA with mesh blocks – Geocoding addresses

The ABS plans to implement a new National statistical geography framework to overcome a number of issues; pertinent to health data collection are problems related to Statistical Local Areas (SLAs). SLAs do not integrate well with postcode and electoral boundaries, and are not proportional with population distribution, particularly in rural areas. They are not common to all data collections and therefore statistical analysis of health data in comparison with other social or economic data is problematic.

Currently, DHS is required to report SLA-level data from the ESIS as part of Victoria's National reporting obligations. At this time, SLA is derived in ESIS from the postcode and locality data items based on conversion information sourced from the ABS.

The ABS is proposing to introduce 'mesh blocks', which will not only provide more equitable population ranges within statistical areas but also enable the integration and comparison of health data with other statistical data.

Mesh blocks are a spatial unit containing a relatively small number (between thirty and sixty) of households. They can be used as a building block for, or to approximate, larger geographic areas. Mesh block boundaries are designed to remain stable over time. In areas of growth, mesh blocks will be split.

Thus mesh blocks greatly improve the ability to create, disseminate and analyse geographically referenced data both spatially and over time. They provide a stable basis from which to build boundaries and provide the ability to recast data on different geographies.<sup>1</sup>

It is expected that in future, Commonwealth reporting requirements will be changed away from SLA-level data. The ABS will no longer be supporting SLAs, and the conversion tables currently used by DHS to derive SLA from postcode and locality will be discontinued.

It is proposed that the ESIS either collect or derive mesh blocks. There are two options:

1. The patient's street name and number is reported to the ESIS and the mesh block is then calculated by DHS; or
2. The hospital reports the mesh block identifier.

Option 1 would place the least burden on hospitals but will raise concerns regarding patient privacy. There may also be issues around common and reliable reporting of rural addresses.

Option 2 would require hospitals to have the facility to calculate mesh blocks from address information.

HDSS is seeking your comments and highlighting of possible issues in order to decide the best way to implement this change.

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<sup>1</sup> Review of the Australian Standard Geographical Classification, 2007

Australian Bureau of Statistics

<http://www.abs.gov.au/ausstats/abs@.NSF/papersbycatalogue/43C8836095D76DA1CA2573380019D946?OpenDocument>

# Appendix: Feedback Proforma

