

Section 1: Introduction

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Development and purpose of the Elective Surgery Information System

The Elective Surgery Information System (ESIS) was introduced in 1997 to provide electronic episode-level elective surgery waiting list information, replacing a paper-based system that collected aggregate data.

Accurate, timely waiting list data are an important requirement for monitoring community access to acute health services and contribute to improved management and planning of elective surgery, both within individual hospitals and statewide. Data provided to the department by hospitals are regularly reported to the Commonwealth and the public.

The Department of Human Services (DHS) works collaboratively with hospitals to review and update the ESIS data collection on an annual basis to ensure that it:

- supports the development and introduction of administrative and management processes to enable accurate and timely measurement and assessment of waiting lists
- supports clinical decision-making and allocation of resources to meet demand
- contains data items that identify areas of elective surgery services requiring improvement, for example, improving timely access
- has consistent definitions and conforms to national reporting requirements.

Scope of ESIS

Patient coverage

Hospitals participating in the ESIS data collection process are required to provide timely and accurate data for all patients on waiting lists for elective surgery.

Hospitals maintain waiting lists which may include patients awaiting hospital care other than elective surgery. For state and national reporting purposes, only data relating to elective surgery is required to be reported to ESIS. For hospital convenience, to allow data to be edited and managed efficiently, hospitals may choose to also submit data relating to non-elective surgery to ESIS. These non-elective data will be processed by ESIS and the results returned to the submitting organisation. This ensures uniform data management for all waiting list patients of a hospital.

Hospitals may use their own waiting list system to schedule procedures for patients who are currently admitted and will receive the awaited procedure within the current admitted episode. Scheduling of this nature should not be reported to ESIS as these patients are not considered to be waiting for their elective surgery.

Refer to: Section 4 Common procedures that are not considered to be elective surgery.

Participating hospitals

Hospitals can be required to participate in the ESIS data collection process if a hospital campus is providing elective surgery separations totalling more than 3000 Weighted Inlier Equivalent Separations (WIES) per year.

The department periodically reviews hospital participation in the ESIS data collection. In the interest of maintaining a high level of coverage of elective surgery provided in public hospitals and to be able to accurately reflect patient access to elective surgery, public hospitals that undertake a significant amount of elective surgery will be considered for inclusion in the ESIS data collection.

For further details about eligibility contact the Statewide Elective Surgery Program <http://www.health.vic.gov.au/electivesurgery/index.htm>.

Data Submission Timelines

Submitting Organisations must submit ESIS data in accordance with the reporting schedule to avoid Data Quality and Timeliness (DQT) penalties. The reporting schedule for ESIS is published in the *General conditions of funding in the Victoria-Public hospitals and mental health services Policy and funding guidelines 2008-09* (<http://www.health.vic.gov.au/pfg/index.htm>). This information is reproduced here for information.

Data Quality and Timeliness assessments will not be applied to edits relating to episodes whose PPP is 500+.

ESIS Technical Reference Group

The role of the ESIS Technical Reference Group is to oversee the ongoing development and maintenance of Elective Surgery Information Systems, particularly as they relate to the provision of data to the Department of Human Services. Membership comprises representatives from ESIS reporting hospitals and DHS.

The range of issues considered by the Technical Reference Group includes:

- specification of the data items which constitute the ESIS Minimum Dataset
- business rules for data editing
- data submission including reconciliation reports
- data quality issues
- standard and ad-hoc reporting requirements
- linkage with, and relationship to, other datasets
- provision of data to users outside the Department of Human Services.

HDSS policy on data manipulation

Manipulation of Data Extracts

In the normal course of business HDSS will not condone manipulation of any data extracts (for example with Microsoft Excel, Notepad or any other data manipulation tool) that causes change in data values prior to processing by the Department.

The rationale for this is as follows:

- It is expected that hospitals have a contractual arrangement with software vendors that obliges vendors to provide software to hospitals that allows them to meet their statutory reporting requirements. When negotiating software contracts, hospitals are strongly advised to consider the impact of data quality and timeliness penalties that may apply where the vendor fails to deliver a product that meets statutory reporting requirements. In effect, the vendor's software should be capable of producing an extract in the format required by HDSS.
HDSS acknowledges that any software may have the potential to extract data that can trigger 'Rejection' edits. Software vendors and hospitals should work together to ensure that, where this occurs, data can be and are corrected via the hospital's relevant operational database, thus eliminating the need for secondary data manipulation.
- 'Correcting' errors in the extract, but not in the hospital's operational database can lead to a misrepresentation of the hospital's true position.
- There is an audit requirement that data received by HDSS is an accurate reflection of the hospital's medicolegal system of record.

Responsibilities of the hospital

In situations where software does not allow the hospital to meet its reporting obligations, hospitals should, in the first instance, report the problem to their software vendor. The terms of the contract between the hospital and software vendor should ensure that these problems are addressed as a priority. In these situations, the use of third party data manipulation software may be an inevitable short-term consequence.

In such cases the hospital must:

- notify HDSS in writing of the specific problem, including the affected fields
- specify the plan and timeframe negotiated between the hospital and vendor for the resolution of the situation
- receive written permission from HDSS before proceeding with the proposed data manipulation.

HDSS will maintain a register of such occurrences. Failure to meet the above conditions may result in the application of data quality and timeliness penalties. The written permission advice will include a date by which HDSS expects the problem to be resolved and data manipulation to cease. If the problem has not been resolved by this date, hospitals need to advise HDSS again of progress.

Responsibilities of HDSS

In rare circumstances a hospital may prefer HDSS to adjust an extract in order to address a specific data quality issue.

HDSS will only consider this where:

- all other avenues have been exhausted
- the hospital requests the changes in writing, confirming that it has made the changes to its own data (or indicating that this is not possible)
- the changes accurately reflect the hospital's medicolegal system of record.

HDSS will maintain a register of such occurrences.

Manual content

The ESIS manual provides contributors and users of ESIS with a complete information resource on the dataset as it is intended to be reported to DHS. It is designed to:

- provide contributors with the information needed to successfully compile and submit data
- familiarise contributors and users with data items and edits
- detail or provide the location of related reference files and code lists
- identify support services and contact details.

Where appropriate, data items and code sets utilised in ESIS have been based on, or taken from, definitions and code sets specified in the National Health Data Dictionary (NHDD) and the DHS Common Client Dataset (CCDS). ESIS items may also inform the development of the NHDD.

The Eleventh edition of the ESIS manual is divided into seven sections. A detailed contents listing appears at the beginning of each section.

A broad overview of each section is provided below:

Section 1: Introduction

Provides information on the development and purpose of the ESIS data collection, scope and coverage, contact details and a list of relevant abbreviations.

Section 2: Concept and Derived Item Definitions

Provides definitions of concepts that are the foundation of the ESIS collection and information that the department derives from the data submitted.

Section 3: Data Definitions

Details the specifications of data items relating to individual waiting episodes for reporting to ESIS. The data items are arranged in alphabetical order.

Section 4: Business Rules

Draws together a number of concepts and data items as well as describing the technical functions of the ESIS processing.

Section 5: Compilation and Submission

Specifies the required format of ESIS records submitted to HDSS. It includes details such as file naming conventions, file structures, reporting requirements and data security.

Section 6: Reports and Reconciliation

Details edit reports provided to each hospital following the submission and processing of ESIS data and a guide to the reconciliation process of ESIS data with in-house data.

Section 7: Editing

Each ESIS edit message is listed in this section in numerical order. The entry for each edit message describes the problem and the remedy.

Section 8: Supplementary Code lists




The supplementary code lists are comprised of reference files and code sets used in ESIS. Most code sets are short and are included in Section 3. The list of applicable reference files and code sets is listed this section.

Section 9: Testing

Provides detailed information regarding the process for undertaking testing, and issues to consider when changing software.

Contacts

For general assistance and queries relating to the collection and reporting of ESIS data, Data Quality and Timeliness penalties and about this manual, contact Health Data Standards & Systems Unit (HDSS), Department of Human Services, Victoria:

HDSS Help Desk  9096 8141
 9096 7743
 ESIS.ESIS@dhs.vic.gov.au

Send submission files to: ESIS.ESIS@dhs.vic.gov.au

For questions relating to Waiting List policy, please refer to <http://www.health.vic.gov.au/electivesurgery/>

Abbreviations

ACAES	Advisory Committee on Access to Elective Surgery
AIHW	Australian Institute of Health and Welfare
CCDS	Common Client Dataset
DHS	Department of Human Services, Victoria
DOSA	Day of Surgery Admission
ESAS	Elective Surgery Access Service
ESIS	Elective Surgery Information System
HDSS	Health Data Standards and Systems Unit
HIP	Hospital Initiated Postponement
NHDC	National Health Data Committee
NHDD	National Health Data Dictionary
PPP	Principal Prescribed Procedure
RFC	Ready for Care
SESP	Statewide Elective Surgery Program
VAED	Victorian Admitted Episode Dataset
VEMD	Victorian Emergency Minimum Dataset
WIES	Weighted Inlier Equivalent Separation