

## Section 2: Concept and derived item definitions

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## Introduction

This section lists concept definitions relating to the Elective Surgery Information System (ESIS) and where appropriate provides a guide for their use.

Detailed specifications for reporting data to ESIS are provided in Sections 3 and 4 of this Manual.

The definitions contained in this section are based, wherever possible, on the *National Health Data Dictionary* (NHDD) and the DHS Common Client Dataset (CCDS).

## Admission for the Awaited Procedure

**Definition** The patient has been admitted and has received the awaited procedure or a related procedure that addresses the clinical condition for which they were placed on the Waiting List.

**Guide for use** The procedure may have been performed in an admission:

- As planned by this campus/health service, or
- That was not planned by this campus/health service.

**Refer to:** Section 3a *Reason for Removal*  
Section 4 *Removal*

# Age

**Definition** The age of the patient at a given point in time.

**Guide for use** For the purposes of editing, Age can be considered to be the time elapsed between the Date of Birth and a later reference point, for example, Extract End Date or Census Date. Depending on the edit, the units of measurement for Age will be either years or days. If all of a patient's waiting list episodes have been removed (completed), the reference point is the patient's most recent Removal Date. If a patient has any unremoved episodes, the reference point is the extract end date of the submission file.

Age is calculated as:

	Calculation	Examples
Age in Years:	If months and days of Date of Birth are less than the months and days of the reference point then Age is the number of years between Date of Birth and the reference point.	Date Of Birth: 12 July 1970 Date of most recent removal: 5 August 2005 Age in years: 35
		Date Of Birth: 1 July 1920 Extract End Date of most recent submission: 1 November 2005 Age in years: 85
	If months and days of Date of Birth are greater than the months and days of the reference point then Age is the number of years between Date of Birth and the reference point minus 1.	Date Of Birth: 12 December 1970 Date of most recent removal: 5 August 2005 Age in years: 34
		Date Of Birth: 12 July 1970 Extract End Date of most recent submission: 25 May 2005 Age in years: 34
Age in Days:	Number of Days between Date of Birth and the reference point.	Date Of Birth: 1 June 2005 Extract End Date of most recent submission: 1 December 2005 Age in days: 183
		Date Of Birth: 1 December 2004 Date of most recent removal: 1 December 2005 Age in days: 365

**Note:** Age for reporting purposes is not addressed here and is not necessarily calculated the same way. Consult the source of the reports for their age calculations.

**Refer to:** Section 3 *Date Of Birth and Removal Date*  
Section 5 *Compilation and Submission*

## Campus

**Definition** A physically distinct site owned or occupied by a public health service/hospital, where treatment and/or care is regularly provided to patients.

**Guide for use** A **single campus hospital** provides admitted patient services at one location, through a combination of overnight stay beds and day stay facilities, or day stay facilities only.

Unless designated otherwise by DHS, a **multi-campus hospital** has two or more locations providing admitted patient services, where the locations:

- Are separated by land (other than public road) not owned, leased or used by that hospital.
- Have the same management at the public health service/hospital level.
- Each has overnight stay facilities. A separate location (see first dot point) providing day only services, such as a satellite dialysis unit, is considered to be part of a campus.
- Are not private homes. Private homes where hospital services are provided are considered to be part of a campus.

Data is not always submitted to ESIS at the campus level. For health services managing their waiting list centrally, data may be submitted at the health service level.

**Refer to:** *Submitting Organisation* page 2-18

## Census Date

**Definition** A Census Date is a date on which a snapshot of certain features of a population of interest is taken.

**Guide for use** Used by DHS for reporting purposes, not part of the raw data submitted to ESIS.

**Refer to:** *Total Not Ready For Care Days* page 2-20 and  
*Total Waiting Time* page 2-20

## Deletion

**Definition** The purging of a record (a row of data) from Patient, Episode and Intra Episode data, which was reported to ESIS in error.

**Guide for use** Deletion is effected by the transmission of a 'deletion trigger'. This tells the ESIS editing system to remove a particular row of data, based on the Primary Key.

A deletion trigger should be submitted to purge a record that has already been reported to ESIS. This is used only when a row of data has been reported to DHS that was never intended to be reported, and does not represent what actually happened to the patient.

Deletion is not analogous to the 'removal' of a patient's waiting episode from the waiting list, because:

- Removal only relates to episode-level data, and
- Deleted data no longer exists in DHS' reporting database whereas an episode with removal details does exist, but the patient in question is no longer waiting for the procedure in question.

**Refer to:** Section 4 *Deletion*

## Elective Care

**Definition** Care that, in the opinion of the treating clinician, is necessary and admission for which can be delayed for at least twenty-four hours.

## Elective Surgery

**Definition** Elective care where the procedures required by patients are listed in the surgical operations section of the Medicare Benefits Schedule, with the exclusion of specific procedures frequently done by non-surgical clinicians.

**Refer to:** Section 1 *Scope of ESIS*  
Section 4 *Common procedures that are not considered to be elective surgery*

## Extract

**Definition** An ESIS extract is a tab-delimited text file generated by a Submitting Organisation's waiting list management software, and sent to DHS as part of a submission. Extracts contain structured data about varying aspects waiting list activity. Extracts must conform to a specified structure and a naming convention.

**Refer to:** *Submission* page 2-18  
Section 5 *Compilation and Submission*

## Foreign Key

**Definition** A field or combination of fields that relate Table A to Table B. The Foreign Key in Table A is the Primary Key in Table B.

**Guide for use** The Foreign Key in the Intra-Episode table (Episode Identifier) is the Primary Key in the Episode table.

The Foreign Key in the Episode table (Patient Identifier) is the Primary Key in the Patient table.

**Refer to:** *Primary Key* page 2-14

# Hospital

## **Definition**

A health care facility established under Commonwealth, State or Territory legislation as a hospital or a freestanding day procedure unit, and authorised to provide treatment and/or care to patients.

## **Guide for Use**

A hospital may be located at one physical site or may be a multi-campus hospital. For the purposes of these definitions, 'hospital' includes satellite units managed and staffed by the hospital and private homes used for service provision under the Hospital in the Home program.

The definition includes:

- Public hospitals, denominational hospitals, public health services, and privately operated (public) hospitals as defined in the Health Services Act 1988, as amended.
- Private hospitals and day procedure centres registered under the Victorian Health Services Act 1988, as amended. Private hospitals are required to maintain separate registrations for each site.

Nursing homes and hostels, which are now approved under the Aged Care Act 1997 (Commonwealth) are excluded from the definition, as are supported residential services registered under the Health Services Act 1988, as amended.

**Refer to:** *Campus* page 2-4 and *Transfer* page 2-21.

# Hospital Initiated Postponement

## **Definition**

A postponement of a patient's Scheduled Admission Date that has been initiated by the hospital.

## **Guide for use**

For calculation of performance indicator data refer to *Victorian Public Hospitals Performance Monitoring Framework Business Rules*  
<http://www.health.vic.gov.au/hospital-performance/busrule09.pdf>

**Refer to:** Section 3a: *Reason For Scheduled Admission Date Change*  
Section 3b: *Event Type, Scheduled Admission Date Identifier*

## Intra Episode Event

**Definition** A change in state or status of a waiting list episode occurring during that episode.

**Guide for use** Intra episode events occur when:

- The patient's Clinical Urgency is set or changed
- A Scheduled Admission date is advised
- A Scheduled Admission date is changed and the reason for this recorded
- A MAPT score is recorded.

Intra Episode Events are reported in the Intra Episode Event table. They are described by five fields and are uniquely identified by the Episode Identifier, Event Type, Event Date and SAD Identifier.

**Refer to:** Section 3b *Event Date, Event Type, Event Value*  
Section 4 *Scheduling and Intra Episode Events*

## Label

**Definition** The field identifier that appears in the first row of a text extract.

**Guide for use** A label represents a field name. In the ESIS submission process the difference between the label and the field name itself is that the label will substitute spaces with underscores. For example, in the episode level text extract, the field name Insurance Declaration has the label Insurance\_Declaration.

Labels remove the requirement for the fields to be submitted in a specified order.

## Medicare Eligibility Status - Eligible Person

**Definition** The patient's eligibility for Medicare as specified under the Commonwealth Health Insurance Act 1973.

Persons eligible for Medicare include:

- A person who resides in Australia and whose stay in Australia is not subject to any limitation as to time imposed by law.
- Persons visiting Australia who are ordinarily resident in Finland, Ireland, Italy, Malta, the Netherlands, New Zealand, Norway, Sweden or the United Kingdom as they are covered by Reciprocal Health Care Agreements (RHCA). However, persons from Malta and Italy are covered for six months only.
- A person or a class of persons declared eligible by the Commonwealth Minister of Health and Aged Care.

**Guide for use** This category does not include a foreign diplomat or family (except where eligibility is expressly granted to such persons by the terms of a Reciprocal Health Care Agreement).

An asylum seeker who has a valid temporary entry visa and is an applicant for a protection visa and has work rights or a spouse, parent or child who is a permanent Australian resident, is eligible to apply for a Medicare card and is therefore an eligible person once they have their Medicare card.

It should be noted that in some cases where the patient is an 'eligible person' they personally, or a third party could be liable for the payment of charges for hospital services received, for example:

- Prisoners;
- Patients with Defence Force personnel entitlements;
- Compensable patients;
- Department of Veterans' Affairs beneficiaries;
- Nursing Home Type patients.

A newborn will usually take the Medicare eligibility status of the mother. However, the eligibility status of the father will be applied to the newborn if the baby is not eligible solely by virtue of the eligibility status of the mother. For example, if the mother of a newborn is an ineligible person but the father is eligible for Medicare, then the newborn will be eligible for Medicare.

### Categories of Eligibility

A person eligible to receive Medicare benefits will be one of the following:

- an Australian Resident;
- an Eligible Overseas Representative;
- a person declared eligible by the Minister;
- from a country with which Australia has a Reciprocal Health Care Agreement.

### **Australian Resident**

A person who resides in Australia and fulfils one of the following criteria:

- Is an Australian citizen.
- Holds an entry permit not being a temporary entry permit.
- Holds a return endorsement or resident return visa.
- Has been granted refugee status.
- Is the holder of a valid temporary entry permit with an application for permanent residence, and has a spouse, parent or child who is the holder of a permanent entry permit, or has authorisation to work.

Patients in this category will hold a *green* Medicare Card or (if legally eligible and entitled to all health services with no restrictions) an Interim *blue* Medicare Card (also entitled to all health services with no restrictions).

Australians lose entitlement to Medicare if they have been living out of the country for five or more years (as do others with permanent visas for Australia). To become re-entitled to Medicare, they need to prove that they have returned to Australia to live (for example lease papers, employment statements).

### **Eligible Overseas Representative**

A member of diplomatic or consular staff or a member of their family, of a diplomatic mission of a country with which Australia has a Reciprocal Health Care Agreement (RHCA), except New Zealand.

Eligible overseas representatives have full Medicare eligibility and are not limited to immediately necessary medical treatment. Such persons are issued with a *green* Medicare Card endorsed 'Visitor RHCA'.

### **Persons Declared Eligible by the Minister**

The Commonwealth Minister for Health and Aged Care also has a discretionary power to make persons eligible for Medicare. Such persons are eligible for, and generally will hold, a Medicare card.

### **Reciprocal Health Care Agreements (RHCA)**

Agreements negotiated by Australian authorities with other countries which enable visitors to Australia, who are ordinarily *resident* in a country with which Australia has a RHCA, to access *immediately necessary* treatment of ill health *arising during the stay and which requires attention before the patient returns home: pre-arranged and elective treatment is not covered*. This agreement provides for admitted patient care, but only as a public patient, for such medical treatment as is clinically necessary for the diagnosis, alleviation or care of the condition requiring attention, on terms no less favourable than would apply to an Australian resident.

A RHCA patient may hold *yellow-green* RHCA Medicare Card (a lighter version of the green card). Not all persons entitled to care under a RHCA will hold a RHCA card.

The RHCA countries at June 2008 are:

- Finland;
- Ireland;
- Italy (Note 1);
- Malta (Note 1);
- Netherlands;
- New Zealand (Note 2);
- Norway;
- Sweden;
- United Kingdom (Note 3).

Note:

1. Persons from Italy and Malta are limited to the first six months of their visit only commencing on the date of arrival, except where a continuing course of treatment starts before and extends over the six-month limit.
2. New Zealand diplomats and their families are not included in the Australian/New Zealand RHCA and are therefore not eligible persons.

For New Zealand residents, Medicare cover for private medical treatment was removed from September 1999. Medicare cards are no longer issued to New Zealand residents.

3. United Kingdom incorporates residents of England, Scotland, Wales, Northern Ireland, Isle of Man and the Channel Islands.

Students holding student visas from a country with which Australia has a RHCA are not eligible but should register with the Overseas Student Health Cover administered by Medibank Private.

Hospitals who are having difficulty in determining the eligibility for overseas residents should ring Medicare on 132011 (Medicare hotline) for advice between 8.30 am – 5.00 pm, Monday to Friday while the patient is still in hospital.

## **Backdating Medicare Eligibility**

In the past there have been queries regarding the backdating of Medicare eligibility. Medicare Australia has provided the following answers to commonly asked questions.

Question: Does the backdating of Medicare eligibility occur?

Answer: Yes, infrequently.

Question: What evidence should the patient present to the hospital to show that they have been given backdated eligibility?

Answer: A letter from Medicare Australia, on Medicare Australia letterhead.

Question: Is the hospital obliged to return the money paid by the patient?

Answer: Yes. Hospitals should refund the money, and change the Account Class for the episode.

Question: Should the hospital check this information with Medicare Australia prior to a refund?

Answer: No. Medicare Australia would not release this information due to Privacy legislation.

**Refer to** *Medicare Eligibility Status – Ineligible Person* page 2-13  
Section 3a *Insurance Declaration, Medicare Number, and Medicare Suffix.*

## Medicare Eligibility Status - Ineligible Person

**Definition** The patient's eligibility for Medicare as specified under the Commonwealth Health Insurance Act 1973.

Persons ineligible for Medicare include:

- Those who do not fit into one of the categories of eligibility.
- A visitor to Australia from a country with which Australia has a Reciprocal Health Care Agreement who elects to be treated as a private patient.
- A foreign diplomat or a member of their family, from a country with which Australia does not have a Reciprocal Health Care Agreement.

**Guide for use** Types of Ineligible Patient:

### **Exempt Patient**

- An ineligible, non-Australian resident specifically referred to Australia for hospital services not available in the patient's own country and for whom the Secretary of the Department has determined that no fee be charged; or
- A person who has been declared a safe haven resident and whose treatment is provided or arranged by a designated hospital.
- Medicare Ineligible Asylum Seekers.

### **Non-Exempt Patient**

An ineligible patient not exempted from fees by the Secretary of the Department of Human Services.

Under current legislation non-exempt ineligible patients cannot be categorised as Nursing Home Type. Non-exempt ineligible patients otherwise meeting Nursing Home Type patient criteria are deemed to be Non-Acute ineligible patients.

**Refer to:** *Medicare Eligibility Status – Eligible Person* page 2-9  
Section 3a: *Insurance Declaration, Medicare Number, and Medicare Suffix.*

## Postponement

**Definition** Postponement occurs when a Scheduled Admission Date for a planned procedure is put off to a later date.

**Guide for use** For ESIS purposes, a postponement is considered to have occurred for all cancelled Scheduled Admission Dates where the Reason for Scheduled Admission Date change is other than 130-*Booking brought forward*.

**Refer to:** *Hospital Initiated Postponement* page 2-7

Section 3a: *Reason for Scheduled Admission Date Change and Reason for Scheduled Admission Date Change*

Section 3b: *Event Type*

## Primary Key

**Definition** A field or fields that uniquely identify a row (record) within a table.

**Guide for use** In the Patient Table, the Primary Key is the Patient Identifier. In the Episode Table, the Primary Key is the Episode Identifier. The Episode Table contains the Patient Identifier as the Foreign Key. This enables a join to the Patient Table. In the Intra-Episode Table, the Primary Key is a composite of the Episode Identifier, Event Type, Event Date and Scheduled Admission Date Identifier. The Episode Identifier also acts as a Foreign Key joining back to the Episode table.

**Refer to:** *Foreign Key* page 2-6

## Procedure

**Definition** A clinical intervention that:

- Is surgical in nature; and/or
- Carries a procedural risk; and/or
- Carries an anaesthetic risk; and/or
- Requires specialised training; and/or
- Requires special facilities or equipment only available in an acute care setting.

## Procedures reported to ESIS

**Definition** Elective surgery where the procedures required by the patient are listed in the surgical operations sections of the Medicare Benefits Schedule with the exclusion of specific procedures frequently done by non-surgical clinicians.

**Refer to:** Section 3a *Principal Prescribed Procedure*  
Section 4 *Procedures not normally considered to be elective surgery*

## Referential Integrity

**Definition** Referential integrity ensures relationships between records in related tables are valid.

**Guide for use** Every Intra Episode event record needs to have a 'parent' Episode record and every Episode record needs to have a 'parent' Patient level record.

Referential Integrity Rejection Edits will be triggered where:

- An Episode record has no related Patient record
- An Episode record has no related Intra Episode record
- An Intra Episode record has no related Episode record

### **Primary Key/Foreign Key Changes**

There are very limited circumstances where Primary and Foreign Keys can change. These are discussed in Section 4 *Merging records*.

**Refer to:** *Foreign Key* page 2-6, *Primary Key* page 2-14  
Section 4 *Merging records*

## Registration—Administrative

**Definition** The administrative process whereby the hospital/health service accepts notification that a patient requires admission for elective care.

**Guide for use** The acceptance of the notification by the hospital/health service is conditional upon the provision of adequate information about the patient and the appropriateness of the patient referral. Hospitals are expected to administratively register the episode within three days of receipt of the referral form. Further information is available from the Statewide Surgical Services Program <http://www.health.vic.gov.au/surgery/wl.htm>

**Refer to:** Section 3a: *Administrative Registration Date*

## Registration—Clinical

**Definition** The clinical assessment at which it was agreed that surgery was required.

**Guide for use** The date of the clinical assessment (known as the Clinical Registration Date) should be recorded on the waiting list referral form by the surgeon. Further information is available from the Statewide Surgical Services Program <http://www.health.vic.gov.au/surgery/wl.htm>

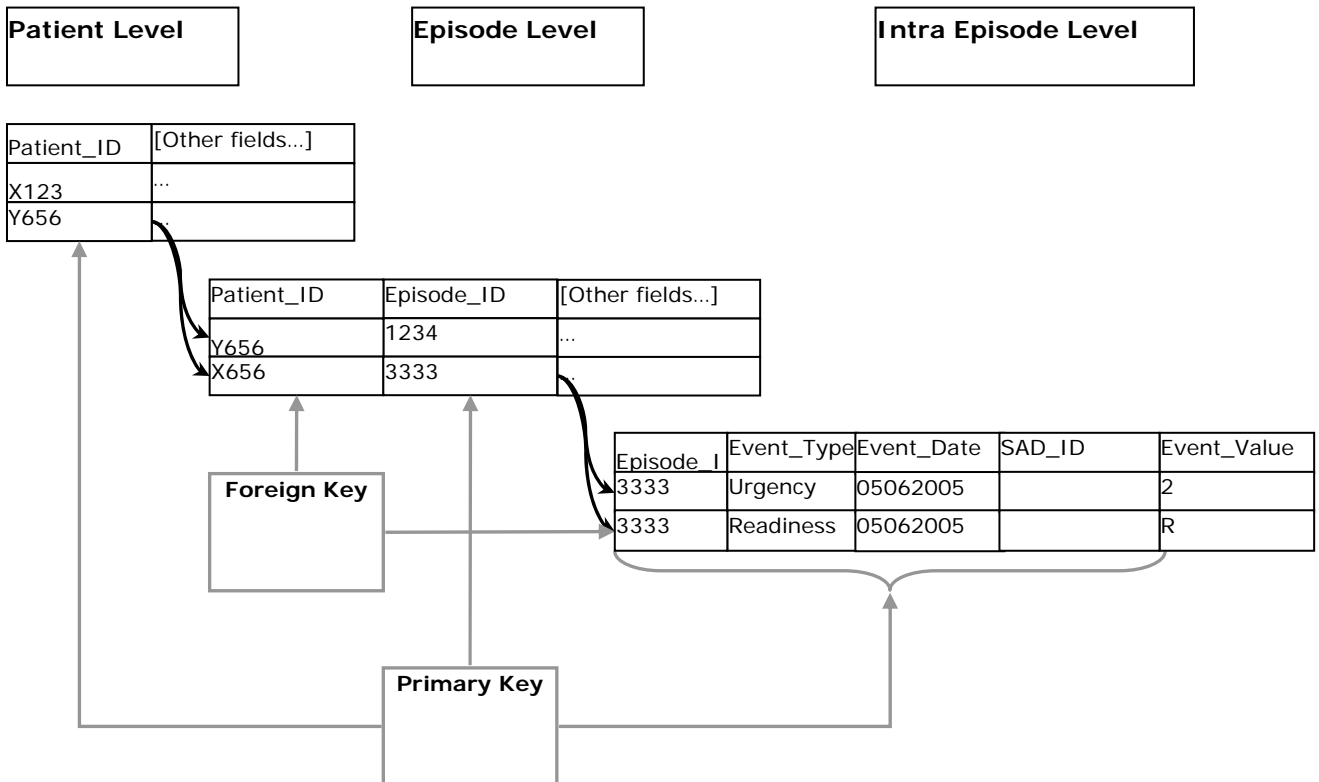
**Refer to:** Section 3a: *Clinical Registration Date*

# Relation

**Definition** A table that is related to another table or tables via Primary or Foreign Keys.

**Refer to** *Foreign Key* page 2-6 and *Primary Key* page 2-14

## Relationship between ESIS tables



## Removal

**Definition** The patient is removed from the waiting list when they are no longer waiting for their elective surgery. This may be because the surgery has been performed, is no longer required, the patient has been unable to be contacted, or another reason.

**Guide for use** The Removal Date is the date on which this event occurs.  
The removal reason is identified by the code of the event that removes the patient from the waiting list.

**Refer to:** Section 3a: *Reason for Removal and Removal Date*

## Submission

**Definition** An ESIS submission is a zipped, encrypted collection of extracts that are transmitted to DHS.

Submissions are intended to contain:

- New data relating to hospital waiting list activity up to a given extract end-date, and
- Updates (including data corrections), and
- Deletes of previously transmitted data.

**Refer to:** *Extract* page 2-6  
Section 5 *Compilation and Submission*

## Submitting Organisation

**Definition** A hospital campus or health service that manages a Waiting List and submits ESIS data to the Department of Human Services.

**Guide for use** Many health services see advantages in managing their Waiting Lists centrally, and therefore ESIS accommodates reporting at both the campus and the health service level. The term *Submitting Organisation* is used to describe both.

# Table

**Definition** A collection of data representing a single specific subject organised by fields (columns) and records (rows). A record represents a unique instance of the subject of the table. A field represents a characteristic of the subject of the table.

**Guide for use** The ESIS structure is divided into the following five tables:

- Patient table represents data that describe the patient rather than the episode, for example, sex. Although many of these features may change over time, they should remain consistent across any waiting episodes that exist concurrently for the patient. For example if a patient was simultaneously waiting for a hip replacement and a cholecystectomy, values in fields such as Sex, Postcode, Locality, and Indigenous Status will be consistent across those waiting episodes.
- Episode table represents data that describe the episode. Most of these features should only occur once per episode. For example a patient can only be registered once per episode. In some cases certain features may change but it is not essential to maintain a history of the changes. For example, an episode's Principal Prescribed Procedure may change, but at any given point in time there will only be one of them.
- Intra Episode table represents events that may happen multiple times within the episode. Each event must have an Event Date (the date on which the event actually occurred) an Event Type describing what event has taken place, an Event Value and the Episode Identifier which links the Intra Episode Event to the episode level record. For example, a change in clinical urgency (the type of event) also requires the date of the change and the value of the change to be reported.
- Merge table contains rows of pairs of Patient Identifiers. The Patient Identifier being ceased in a merge is paired with the Patient Identifier being retained.
- Reconciliation table contains summary statistics to enable the reporting organisation to balance against figures generated by HDSS following validation of the data submitted.

**Refer to:** Section 5 *Submission and compilation*

## Total Days Not Ready For Care

**Definition** A count of the total number of days on which a patient is not ready for care for a particular waiting episode.

**Guide for use** Days not ready for care are those in the waiting episode where the Readiness For Care is C *Clinically Initiated Deferral* or P *Patient Initiated Deferral*. The total is derived from:

- Readiness Intra Episode events
- Clinical Urgency Intra Episode events
- Clinical and Administrative Registration Dates
- Census Dates
- Removal and Admission Dates

**Refer to:** *Total Waiting Time* page 2-20  
Section 3a: *Readiness For Care*

## Total Waiting Time

**Definition** The time elapsed (in days) for a patient on the elective surgery waiting list, from the date the patient was registered on the waiting list to a designated census date.

**Guide for use** The information below should be considered a simplified overview. For detailed calculation information, refer to section 4 *Calculation of total waiting time* and note that the source code used by DHS is also available.

The number of days waiting is calculated by subtracting the Administrative Registration Date from the Census Day, minus days not ready for care and minus days the patient was waiting with a less urgent clinical urgency category than their clinical urgency category at the census date.

**Refer to:** *Census Date* page 2-4 and *Total Not Ready For Care Days* page 2-20  
Section 3a: *Readiness For Care* and *Clinical Registration Date*  
Section 4 *Calculation of Total Waiting Time*

## Transfer

**Definition** Transfer of responsibility for an ESIS waiting episode from one ESIS submitting organisation to another ESIS submitting organisation.

**Refer to:** Section 4 *Transfer of ownership of waiting episode*

## Urgency Reassignment (Recategorisation)

**Definition** A change in the patient's *Clinical Urgency* category (that is, the *Clinical Urgency* has been reassigned or recategorised).

**Guide for use** A patient may only be recategorised by the treating surgeon. ESIS can accommodate multiple changes of Clinical Urgency for an episode over time. All Clinical Urgency values for a given episode, over time, are reported as *Urgency Intra Episode* events.

**Refer to:** *Total Waiting Time* page 2-20  
Section 3a: *Clinical Urgency*  
Section 3b: *Event Type*

## Waiting List Episode

**Definition** The period between entry to (Registration Date) and removal from (Removal Date) the waiting list for a specific elective procedure.

**Guide for use** Multiple procedures performed in a single operative episode treating the same clinical condition should be considered one waiting episode. This includes multiples of the same procedure. When a patient requires more than one operative episode, then these should be recorded as separate waiting list episodes (even if these episodes are to treat the same clinical condition).