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| Addendum to Specifications for revisions to the Elective Surgery Information System (ESIS) for 2023-24 |
| March 2023 |
| OFFICIAL |



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# Executive Summary

The addendum to revisions for the Elective Surgery Information System (ESIS) for 2023-24 are summarised below:

Scope of collection

* Amend ESIS scope to include reporting of IP401 Gastroscopy and IP402 Colonoscopy

Amendment to existing data element cancelled

* Optional reporting of Surgeon Identifier continues in 2023-24

# Introduction

This document should be read in addition to *Specifications for revisions to the Elective Surgery Information System (ESIS) for 2023-24* published December 2022. The additional revisions set out in this document are complete as at the date of publication. Where further changes are required during the year, for example to reference files such as the postcode locality file, data validation rules or supporting documentation, these will be advised via the HDSS Bulletin.

An updated ESIS manual will be published in due course. Until then, the current ESIS manual and subsequent HDSS Bulletins, together *Specifications for revisions to the Elective Surgery Information System (ESIS) for 2023-24* and this document, form the data submission specifications for 2023-24.

Victorian health services must ensure their software can create a submission file in accordance with the revised specifications and ensure reporting capability is achieved to maintain compliance with reporting timeframes set out in the relevant Department of Health policy and funding guidelines*.*

## Orientation to this document

* New data elements are marked as (new).
* Changes to existing data elements are highlighted in green
* Redundant values and definitions relating to existing elements are ~~struck through~~.
* Comments relating only to the specifications document appear in *[square brackets and italics].*
* Validations to be changed are marked \* when listed as part of a data element or below a validation table.
* Anticipated changes are shown under the appropriate manual section headings.

# Amend ESIS scope to include reporting of Gastroscopy and Colonoscopy

## Section 1 Introduction

## ESIS scope (amend)

The ESIS data collection covers waiting episodes for elective surgery at public hospital campuses that have demonstrated to the department:

* their compliance with the Victorian Elective Surgery Access Policy, July 2015, and
* their capacity to reliably report elective surgery activity in accordance with the data specifications outlined in this manual.

Elective surgery is planned surgery that can be booked in advance as a result of a specialist clinical assessment resulting in placement on an elective surgery waiting list.

Procedures reportable to ESIS are in the surgical operations section of the Medicare Benefits Schedule, with the exclusion of specific procedures commonly performed by non-surgical clinicians.

A number of procedures are not ESIS-reportable, and these generally include procedures for which the waiting time cannot be controlled, such as caesarean sections and organ transplants.

Gastrointestinal endoscopy procedures, both diagnostic and therapeutic are ESIS reportable from 1 July 2023.

## Section 2 Concepts and derived item definitions

## Procedures reported to ESIS (amend)

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| **Definition** | Elective surgery where the procedures required by the patient are listed in the surgical operations section of the Medicare Benefits Schedule, with the exclusion of specific procedures commonly performed by non-surgical clinicians. Gastrointestinal endoscopy procedures, both diagnostic and therapeutic are ESIS reportable from 1 July 2023. |
| **Guide for use** | Refer to:Section 3a Intended ProcedureSection 4 Common procedures not considered to be elective surgery |

## Section 3a Data Definitions – data elements

## Intended Procedure (amend)

Specification

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| **Definition** | The procedure for which a patient has been placed on an elective surgery waiting list |
| **Label** | Intended\_Procedure |
| **Valid values** | Code from the Intended Procedure code set |
| **Reported in** | Episode extract |
| **Reported for** | All waiting list episodes |
| **Reported when** | The waiting list episode is first registered and can be updated in the circumstances outlined below |
| **Code set** | List of ESIS Intended Procedure (IP) codes is available on the HDSS website: [HDSS reference files](https://www2.health.vic.gov.au/hospitals-and-health-services/data-reporting/health-data-standards-systems/reference-files) <https://www2.health.vic.gov.au/hospitals-and-health-services/data-reporting/health-data-standards-systems/reference-files >List of IP codes and guide to ACHI procedures available at: [Intended procedure](https://meteor.aihw.gov.au/content/759947) <https://meteor.aihw.gov.au/content/759947 >Gastrointestinal endoscopy procedure codes (both diagnostic and therapeutic)IP401 GastroscopyIP402 Colonoscopy |
| **Reporting guide** | First two characters prefix IP, followed by Intended Procedure code. For example, Intended Procedure 011 (Septoplasty) is reported as IP011The Intended Procedure (IP) is the procedure prescribed by the surgeon, to treat (that is, cure, alleviate or control) the patient’s condition. The ACHI codes which are listed under each IP code provide guidance as to what the intended procedures would be likely to include.These are planned procedures for the waiting list, not what is performed during surgery.Whilst full details of the procedure undergone by the patient will not be known until after the surgery, the surgeon will provide an explanation of the proposed nature of the procedure to be performed. This information provides the basis for the Intended Procedure code assignment.Gastroscopy and Colonoscopy codes are reportable for episodes registered from 1 July 2023.In instances where the gastroscopy/colonoscopy is not the primary procedure (e.g. Colonoscopy & Hemorrhoidectomy) report the elective surgery procedure e.g. IP005 Haemorrhoidectomy.*[No change to remainder of item ]* |

## Clinical Urgency (amend reporting guide)

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| **Reporting guide** | Urgency categorisation is based on factors such as the degree of pain, dysfunction and disability caused by the condition and its potential to deteriorate quickly into an emergency. Clinical Urgency categorisation is a clinical decision that may only be made by the clinician responsible for the patient’s treatment, whether it is that patient’s specialist, the head of the unit (or his/her delegate) or an appropriate panel of surgeons.A patient’s Clinical Urgency may change if he or she undergoes clinical review during the waiting period. The need for clinical review varies with the patient’s condition and is therefore at the discretion of the treating clinician.There can be only one Urgency Event per episode per day.For further information regarding the clinical urgency process refer to the [Access policy](https://www2.health.vic.gov.au/hospitals-and-health-services/patient-care/acute-care/surgical-services/surgical-services-policies) <https://www2.health.vic.gov.au/hospitals-and-health-services/patient-care/acute-care/surgical-services/surgical-services-policies> Gastrointestinal endoscopy procedure codes should be reported according to the current clinical urgency categorisations however health services must ensure the patients awaiting gastrointestinal endoscopy procedures are treated in accordance with [Victorian Endoscopy Categorisation guidelines](https://www.health.vic.gov.au/patient-care/specialist-clinics-resources) <https://www.health.vic.gov.au/patient-care/specialist-clinics-resources>  |

## Section 4 Business rules

## Common procedures not considered elective surgery (amend)

Elective surgery comprises 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 commonly performed by non-surgical clinicians.

Gastrointestinal endoscopy procedures, both diagnostic and therapeutic are not considered elective surgery, but are ESIS reportable from 1 July 2023

## Section 6 Validation

## S134 Intended Procedure invalid (change to function only)

# Optional reporting of Surgeon Identifier continues in 2023-24

## Surgeon Identifier (amend)

### Specification

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| **Definition** | The Australian Health Practitioner Regulation Agency (AHPRA) number of the surgeon referring the patient on to an elective surgery waiting list |
| **Label** | Surgeon\_ID |
| **Field size** | 13 |
| **Reported in** | Episode extract |
| **Reported for** | All waiting list episodesOptional for all episodes in ~~2022-23~~ 2023-24 |
| **Reported when** | The waiting list is first registered |
| **Reporting guide** | Report Australian Health Practitioner Regulation Agency (AHPRA) number of the surgeon referring the patient on to an elective surgery waiting list |
| **Validations** | S437 Surgeon Identifier invalid |

### Administration

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| **Purpose** | To analyse waiting list metrics such as time to surgery, clearance rates, categorisation for clinical urgency, not ready for surgery rates |
| **Principal data users** | Department of Health |
| **Collection start** | July 2019 |
| **Definition source** | Department of Health |
| **Code set source** | Australian Health Practitioner Regulation Agency (AHPRA) |

## Section 5 Compilation and submission

Episode Extract structure (amend)

| Order | Note | Data element | Label | Field size | Layout/code set |
| --- | --- | --- | --- | --- | --- |
| 18 | 8 | Surgeon Identifier | Surgeon\_ID | 13 | XXXXXXXXXXXXX |

Note:

M Mandatory

8 Optional in ~~2022-23~~ 2023-24, ~~mandatory for episodes registered from 1 July 2023~~