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| Elective Surgery Information System (ESIS) manual 2025-26 |
| 28th edition |
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# Section 1: Introduction

The Elective Surgery Information System (ESIS) is a patient-level collection of planned surgery waiting list data from approved Victorian public healthcare services. ESIS was introduced in 1997 to provide electronic waiting list data to the Department of Health.

Accurate and timely waiting list data is important for monitoring community access to acute health services and planned surgery planning for individual health and state-wide services. The department regularly reports planned surgery data to the Commonwealth and to the public.

The ESIS manual provides ESIS contributors and users with a complete dataset resource including:

* definitions of data elements
* how to compile and submit data
* information for contributors and data users
* code lists and links to reference files
* contact details for support services.

This manual together with subsequent HDSS Bulletins forms the data submission specifications for the financial year.

## Contact details

For assistance and queries relating to this manual and the collection and reporting of ESIS data, [email HDSS help desk](mailto:HDSS.Helpdesk@health.vic.gov.au) <HDSS.helpdesk@health.vic.gov.au>.

## ESIS scope

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

* their compliance with the Victorian Planned Surgery Access Policy 2024, and
* their capacity to reliably report planned surgery activity in accordance with the data specifications outlined in this manual.

Planned surgery is surgery that can be booked in advance as a result of a specialist clinical assessment resulting in placement on a planned 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.

Refer to:

Section 2 Planned Surgery

Section 4 Common Procedures Not Considered Planned Surgery

## Data quality statement

This is a summary of what the department does to ensure consistent capturing and reporting of data quality across data sets and over time.

### Accuracy

The department publishes the ESIS manual on the HDSS website to provide clarity on reporting requirements for health services and information for data users. There are lists of valid codes in the manual and reference files on the HDSS website.

Data submitted by health services is subject to a validation process, checking for valid values and compliance with ESIS business rules.

The ESIS is subject to audits. The audit program is managed by Health Data Integrity Unit in the Department of Health.

### Validity

The ESIS validation process provides reports for the health service to verify the accuracy of data submitted, reconcile the data accepted with internal systems, and make appropriate corrections.

### Completeness

The department distributes a monthly compliance report to monitor completeness of submissions.

The department monitors completeness through regular analyses of the ESIS, sending out compliance emails to health services when a reporting deadline is missed, or corrections are outstanding.

### Coherence

Each year the department reviews ESIS to ensure the data collection:

* supports the department's state and national reporting obligations
* assists planning and policy development
* reflects changes in hospital funding and service provision arrangements for the coming financial year
* incorporates appropriate feedback from data providers on improvements.

Definitions for common data items are consistent across data collections.

### Interpretability

The ESIS manual provides definitions of concepts, data items, reporting guides and business rules relating to more than one data item.

Changes to the data collection during the year are published in the HDSS Bulletin.

The department provides data reporting advice and support to health services via the HDSS help desk.

### Timeliness

The ESIS core database is updated daily from data held in the ESIS processing database.

Health services must submit data to ESIS at least twice monthly.

Data reporting for the financial year must be completed by the annual consolidation date published in the Department of Health policy and funding guidelines.

### Accessibility

The department provides a suite of reports that allows health services to verify that all relevant data has been submitted.

The Victorian Health Services Performance website provides statistical information on Victoria’s public hospitals and health services. Activity and performance data are updated quarterly, with an aim to provide greater transparency and a better understanding of Victoria's public health and ambulance services.

## Publications and useful links

### HDSS Bulletins

The Bulletin, published by the department provides advice on several data collections including ESIS. [HDSS Bulletins](https://www.health.vic.gov.au/data-reporting/health-data-standards-and-systems-communications) <https://www.health.vic.gov.au/data-reporting/health-data-standards-and-systems-communications>

### Annual changes

Proposals and specifications for revisions to data collections are published on the [HDSS annual changes](https://www.health.vic.gov.au/data-reporting/annual-changes) <https://www.health.vic.gov.au/data-reporting/annual-changes>

### Policy and funding guidelines

Funding and financial policy outline. Data quality and timeliness penalties [Policy and funding guidelines](https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services) <https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services>

### Performance monitoring

Key Performance Indictor outlines, used to monitor health service performance. [performance monitoring](https://www.health.vic.gov.au/funding-performance-accountability/performance-monitoring-framework) <https://www.health.vic.gov.au/funding-performance-accountability/performance-monitoring-framework>

Planned Surgery Access Policy 2024

The [Planned Surgery Access Policy 2024](https://www.health.vic.gov.au/patient-care/surgical-services-policies-and-guides) <https://www.health.vic.gov.au/patient-care/surgical-services-policies-and-guides> sets out the department’s expectations for access to planned surgery and procedures in Victorian public health services. This policy replaces the 2015 Elective surgery access policy. The target audience is Victorian public health services, particularly the executive and management teams of these services.

## History and development of ESIS

**2025-26**

* **Add new data elements ASA score and NDIS participant identifier**
* **Remove Surgeon Identifier**

**2024-25**

* **Amend existing data element from Sex to Sex at Birth; remove codes 3: Indeterminate and 4: Other, add code 5: Another term**
* **Update reporting of existing data element Gender from optional to mandatory**
* **Reporting of Surgeon ID remains optional**

**2023-24**

* Amend ESIS scope to include reporting of Gastroscopy and Colonoscopy
* New data element Gender – reporting optional in 2023-24, mandatory from 1 July 2024

**2022-23**

* **Amend reporting guide for Sex**

**2021-22**

* Amend rule for dates included in an ESIS submission
* Add new data element Referral Accepted Date
* Add emergency use codes to Readiness for Surgery, Reason for Scheduled Admission Date Change and Reason for Removal
* Add Surgical Specialty code 12 Paediatric surgery

**2020-21**

* Amend business rules for ESIS submissions, removing option allowing fields in text files to be in any order, restricting to order in manual
* Added Reason for SAD Change code 119 COVID-19
* Designated special purpose Reason for Removal code P COVID-19

**2019-20**

* Add new data element Surgeon Identifier
* Principal Prescribed Procedure (PPP) replaced by Intended Procedure (IP)
* Principal Prescribed Procedure Description replaced by Intended Procedure Description
* Amend guide for use of concept: Registration - Administrative

**2018-19**

Amendments to existing data elements

* Remove non-reportable Principal Prescribed Procedure (PPP) 500+ codes from ESIS reporting
* Remove obsolete codes from the Principal Prescribed Procedure code list

Amendments to validations

* Change effect of notifiable validations

**2017-18**

Amendments to existing data items

* Amend Source of Referral code descriptor for code 1 Referred by private practitioner
* Amend Clinical Urgency code descriptors to match ESAP 2015
* Amend Principal Prescribed Procedure (PPP) code list, including removal of PPP 509 Plastics/Aesthetic (cosmetic) procedures
* Amend Reason for Removal code set to include code H Admission cancelled – received awaited procedure on non-admitted basis
* Amend Sex definition, reporting guide and code descriptor, to enable reporting of Other

**Validations**

* Amend S434 Intra episode event, Event Date in earlier fin year
* Amend wording of S430 Episode record, Removal or Admission Date in earlier fin year
* New validation S436 New episode, Administrative Registration Date in earlier financial year

Reference files

* Updated country of residence code set to be used in postcode locality file

**2016-17**

* Addition of new data item Previous Total Waiting Time of Transferred Episode to include the waiting time of previous waiting list episodes at other campuses or health services in the calculation of total waiting time

Change to ESIS scope

* Amendment to definition of elective surgery to align with new national definitions for elective surgery, emergency surgery and other surgery. Includes amendment to reporting guide for Source of Referral.

Amendments to existing data items and associated validations

* Amendment to reporting guide for Removal Date and its use in calculation of total waiting time to align with national reporting requirements
* Amendment to Principal Prescribed Procedure code set to align with updated national Intended Procedure list
* Removal of Planned Length of Stay code 3 Planned 23 hour stay
* Amendments to Reason for Removal including:
  + removal of code K Received the awaited procedure at another campus under the Competitive Elective Surgery Funding Initiative
  + addition of code P Special purpose

New validations

S433 Previous TWT of transferred episode does not match total waiting time of previous episode

S434 Intra episode event, Event Date in earlier financial year

S435 Reason for Removal P, not approved to report

**2015-16**

Addition of Readiness for Surgery code F Not ready for surgery – programmed procedure

**2014-15**

* Addition of new Reason for Removal code K to identify patients who have received the awaited procedure at another campus under the Competitive Elective Surgery Funding Initiative
* Amendment to Readiness for Care definition and code set to Readiness for Surgery, includes a new code S Not ready for surgery – staged patients

**2013-14**

No revisions

**2012-13**

* S297 to flag a warning when a patient is admitted before their scheduled admission date (SAD). Modification to edit S295 to remain a ‘correction’ only where the scheduled admission date (SAD) is less than the Date of Admission
* Addition of warning validation S297 - Date of Admission less than Scheduled Admission Date

**2009-10, 2010-11, 2011-12**

No revisions

**2008-09**

* Date of Birth amended to include provision for estimation.
* An additional data item Date of Birth Accuracy Flag to provide means of identifying that the reported Date of Birth is an estimate.
* Amendment to the code set for the Indigenous Status data item.
* Patient extract amended to include new Date of Birth Accuracy Flag

**2007-08**

* ASCCSS Country code set replaced with SACC Country code set for Country of Residence reported in the Locality field to standardise across collections.
* Reason for Scheduled Admission Date Change code set update to capture more specific information on reasons patients have their elective surgery postponed.
* Addition of Multi-attribute Prioritisation Tool (MAPT) - a score derived by the MAPT tool (a tool to assess 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.
* Planned Length of Stay - revised code set will 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.

**2006-07**

Additional Reason for Removal code Y to identify patients who receive the awaited procedure not in the planned admission and not in an emergency admission.

**2005-06**

* Addition of Administrative Registration Date, to report the date the waiting list episode is entered onto the reporting organisations waiting list system.
* Amendment of the name of the data item Registration Date to Clinical Registration Date to reflect its new definition ‘. The date on which the need for a procedure to treat a clinical condition is identified, where a patient requires admission for elective care’.
* To report Indigenous Status for episodes registered onto the waiting list.
* To include an end date in the ESIS extract file name.

**2004-05**

The main change involves a restructure of the ESIS submission format to:

* Remove all derived and calculated data items, instead collecting only raw data
* Collect all raw data relating to relevant intra episode events (all changes in urgency, readiness and booking details that occur throughout the episode)
* Only require data to be submitted when it is new, a change, or a deletion
* Deconstruct the existing flat file into three related tables – Patient, Episode, and Intra Episode Tables.

New concepts and derived items - Age, Campus, Census Date, Date of Receipt, Deletion, Foreign Key, Hospital Initiated Postponement, Hospital Initiated Postponement Ratio, Intra Episode Event, Label, Primary Key, Referential Integrity, Relation, Reporting Organisation, Table, Total Not Ready for Care Days

Deleted concepts and derived items

* Not Ready for Care Patients (Replaced by Readiness for Care)
* Ready for Care Patients (Replaced by Readiness for Care)
* Statistical Local Area (Statistical Local Areas are not relevant to validation process)
* Total Waiting Time for Admitted Patients (Replaced by Total Waiting Time)
* Total Waiting Time for Patients Remaining on The Waiting List (Replaced by Total Waiting Time)

The change to the ESIS submission format resulted in a significant net reduction in the number of data items

* Five new data items – Date of Admission, Event Date, Event Type, Event Value, Principal Prescribed Procedure Description, Transfer Received
* Eighteen deleted data items -

Header Record - Campus/Health Service Code, Census date, Total Number of Records

Patient Record - Booking Date, Booking Number, Date of Last Clinical Urgency Increase, Date of Procedure, Hospital Initiated Postponement, Previous Urgency Category, Readiness Change Date, Reason for Not Ready for Care (NRFC) Status, Referring Hospital, Scheduled Admission Date, Total NRFC Days, Total NRFC Days following Last Clinical Urgency Increase, Total NRFC Days following Last Clinical Urgency Reassignment, Urgency Reassignment Date, Waiting Number

**2003-04**

* Addition of new Concept Definitions for Waiting List Episode and Procedure
* Date of Procedure amended from date of first ‘operating room procedure’ to ‘date of first procedure’
* Change from optional to mandatory reporting of Insurance Declaration with Reason for Removal of W, X or S
* Addition of Reason for Removal code to identify those patients whose treatment at another hospital was arranged by the Elective Surgery Access Service (ESAS)
* Amend the reporting guide for Principal Prescribed Procedure to include all patients waiting for a surgical or non-surgical procedure
* Amend field name from Transfer Destination to Destination

# Section 2: Concepts and derived item definitions

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

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

## Age

|  |  |
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| Definition | The age of the patient at a given point in time |
| Guide for use | Depending on the validation, the units of measurement for Age will be either years or days.  Age is calculated as:   * Extract End Date minus Date of Birth (unremoved episodes) * Removal Date minus Date of Birth   Refer to:  Section 3a Date of Birth, Removal Date  Section 5 Extract end date |

## Campus

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| 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 Department of Health, 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 may be submitted to ESIS at the campus level. Health services managing their waiting list centrally, may submit data at health service level.  Refer to Section 2 Health Service |

## Census Date

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| Definition | Date on which a snapshot of certain features of a population of interest is taken |
| Guide for use | Used by the department for reporting purposes, not part of the raw data submitted to ESIS  Refer to:  Section 2 Total Waiting Time |

## Elective Surgery Access Service

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| ****Definition**** | The Elective Surgery Access Service (ESAS) is an initiative of the Victorian Government. It assists semi-urgent (Urgency Category 2) and non-urgent (Urgency category 3) planned surgery patients with long waiting times to receive treatment earlier, by arranging surgery at a hospital that has the capacity to treat their condition. |

## Foreign Key

|  |  |
| --- | --- |
| ****Definition**** | A field or combination of fields used to create a relationship between tables in a relational database (such as ESIS) |
| ****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:  Section 2 Primary Key, Relation |

## Health Service

|  |  |
| --- | --- |
| ****Definition**** | A hospital campus or health service that manages a Waiting List and submits ESIS data to the Department of Health. |
| ****Guide for use**** | Many health services see advantages in managing their Waiting Lists centrally. Therefore, ESIS accommodates reporting at both the campus and the health service level. |

## 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 hospitals 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 Section 2 Campus |

## 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: [Performance monitoring](https://www.health.vic.gov.au/funding-performance-accountability/performance-monitoring-framework) <https://www.health.vic.gov.au/funding-performance-accountability/performance-monitoring-framework>  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:   * Clinical Urgency (set or reset) * Readiness for Surgery (set or reset) * Scheduled Admission date (set or reset) * Reason for Scheduled Admission date change * MAPT (Multi-Attribute Prioritisation Tool score)   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 or Booking, Intra Episode Events |

## Medicare Eligibility Status

|  |  |
| --- | --- |
| **Definition** | The patient’s eligibility for Medicare as specified under the Commonwealth Health Insurance Act 1973 |
| **Guide for use** | Guide for use: An eligible person includes a person who resides in Australia and is:   * An Australian citizen * A permanent resident * A New Zealand citizen * A temporary resident who has applied for a permanent visa and who has either   + an authority to work in Australia or   + can prove relationship to an Australian citizen (other requirements may apply)   Other persons who are eligible for Medicare in certain circumstances include:  Visitors to Australia from a country that has a Reciprocal Health Care Agreement  In practice, the primary method for ascertaining Medicare eligibility is sighting the patient’s Medicare card.  **Newborns**  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.  For further information regarding eligibility to Medicare refer to: [Medicare card](https://www.servicesaustralia.gov.au/medicare-card) <https://www.servicesaustralia.gov.au/medicare-card>  Refer to: Section 3a Insurance Declaration, Medicare Number, Medicare Suffix |

## Planned Surgery

|  |  |
| --- | --- |
| Definition | Planned surgery is surgery that can be booked in advance as a result of a specialist clinical assessment resulting in placement on a planned surgery waiting list. |
| Guide for use | Surgery is classified as either emergency surgery, planned surgery or other surgery on the basis of a patient’s presentation and subsequent care (not by time periods to surgery).  Planned surgery excludes:   * Emergency surgery to treat trauma or acute illness subsequent to an emergency presentation. The patient may require immediate surgery or present for surgery at a later time following this unplanned presentation. This includes where the patient leaves hospital and returns for a subsequent admission. Emergency surgery includes unplanned surgery for admitted patients and unplanned surgery for patients already awaiting a planned surgery procedure (for example, in cases of acute deterioration of an existing condition). (Meteor ID 534125) * Other surgery where the procedure cannot be defined as either emergency surgery or planned surgery, for example, transplant surgery and planned obstetrics procedures. (Meteor ID 568786) |

## Primary Key

|  |  |
| --- | --- |
| **Definition** | A field or fields that uniquely identify a row (record) within a table |
| **Guide for use** | * The Primary Key in the Patient Table is the Patient Identifier. * The Primary Key in the Episode Table is the Episode Identifier. * The Episode Table contains the Patient Identifier as the Foreign Key, which enables a relationship to be established with the Patient Table. * The Primary Key in the Intra episode Table 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: Section 2 Foreign Key, Relation |

## Procedures reported to ESIS

|  |  |
| --- | --- |
| **Definition** | Planned 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 Procedure  Section 4 Common procedures not considered to be planned 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 validations will be triggered where an:   * Episode record has no related Patient record * 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 identifiers  Refer to:  Section 2 Foreign Key, Primary Key  Section 4 Merging Patient Identifiers  Section 5 Referential Integrity |

## Registration – Administrative

|  |  |
| --- | --- |
| **Definition** | The administrative process whereby the hospital/health service accepts notification that a patient requires admission for planned 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.  Further information is available from the State-wide [Surgical services](https://www.health.vic.gov.au/patient-care/surgical-services) <https://www.health.vic.gov.au/patient-care/surgical-services>  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 State-wide [Surgical services](https://www.health.vic.gov.au/patient-care/surgical-services) <https://www.health.vic.gov.au/patient-care/surgical-services>  Refer to: Section 3a Clinical Registration Date |

## Relation

|  |  |
| --- | --- |
| **Definition** | A table that is related to another table or tables in the database via Primary or Foreign Keys  Relationship between ESIS tables  Diagram describing relationship between ESIS tables as outlined in Section 2 Foreign Key and Primary Key  Refer to: Section 2 Foreign Key, Primary Key |

## Removal

|  |  |
| --- | --- |
| **Definition** | The patient is removed from the waiting list when they are no longer waiting for their planned 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** | A removal refers to the end of a valid waiting episode that occurs on a Removal Date and has a Reason for Removal.  Removal is not the same as ‘deletion’. A deletion should be submitted to purge an episode reported to ESIS in error.  Refer to:  Section 2 Deletion  Section 3a Reason for Removal, Removal Date |

## Total Waiting Time

|  |  |
| --- | --- |
| **Definition** | The time elapsed (days where patient is ready for surgery) for a patient on the planned surgery waiting list, from the date the patient was registered on the waiting list to a designated census date  Refer to:  Section 2 Census Date  Section 4 Calculation of total waiting time  Section 3a Administrative Registration Date, Clinical Registration Date, Readiness for Surgery  Section 4 Calculation of Total Waiting Time |

## Transfer

|  |  |
| --- | --- |
| **Definition** | Transfer of responsibility for an ESIS waiting episode from one ESIS health service to another ESIS health service  Refer to:  Section 4 Transfer of Ownership of Waiting Episode |

## Waiting List Episode

|  |  |
| --- | --- |
| **Definition** | The period between entry to and removal from the waiting list for a specific planned 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 multiple occurrences 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). |

# Section 3a: Data Definitions – data elements

This section provides the specifications for each data element submitted to ESIS.

## Data Definition Structure

### Specification

|  |  |
| --- | --- |
| **Definition** | A statement that expresses the essential nature of a data element |
| **Label** | The first row of a field in a text extract. Labels represent field names |
| **Field size** | The maximum number of characters accommodated by this field |
| **Layout** | Alpha or Numeric character in range A-Z, a-z, 0-9  DD Numeric characters representing day of the month. Range 01-31  MM Numeric characters representing month. Range 01-12  YYYY Numeric characters representing year  A Alpha character in range A-Z, a-z  N Numeric character in range 0-9 |
| **Reported in** | The specific text extract in which this data element is submitted to ESIS |
| **Reported for** | The specified circumstances when this data element must be reported |
| **Reported when** | The stage in the episode/data submission cycle when this data element is reported |
| **Code set** | The valid values for the data element (current financial year only) |
| **Reporting guide** | Additional comments or advice on reporting the element |
| **Validations** | A list of validations (validation numbers and titles) that relate to this data element |
| **Related items** | A reference to related data elements within this collection |

### Administration

|  |  |
| --- | --- |
| **Purpose** | The main reason/s for the collection of this data element |
| **Principal data users** | Identifies the key/primary users of this information |
| **Collection start** | The date the collection of this data element commenced. |
| **Version** | A new version number is allocated when changes have been made to one or more of the following attributes: Name, Definition or Code set |
| **Definition source** | Identifies the authority that defined this data element and the unique identifier for the data element if applicable |
| **Code set source** | Identifies the authority that developed the code set for this data element |

## Administrative Registration Date

### Specification

|  |  |
| --- | --- |
| **Definition** | The date that the waiting list episode is first entered on the reporting health service waiting list system |
| **Label** | Administrative\_Registration\_Date |
| **Field size** | 8 |
| **Layout** | DDMMYYYY |
| **Reported in** | Episode Extract |
| **Reported for** | All waiting list episodes |
| **Reported when** | The waiting list episode is first reported |
| **Reporting guide** | The Administrative Registration Date will be on or after the date of the Clinical Registration Date. It should be an automatic date stamp of the date of data entry. Because this date should reflect the system's processing date it cannot be updated once reported.  An episode may commence and conclude before there is an opportunity to enter it into the system. The Administrative Registration Date will be the date on which the data entry was made. |
| **Validations** | S315 Clinical Urgency Cat 1, Wait more than 30 days  S422 Clinical Registration Date after Administrative Registration Date  S423 Administrative Registration Date has changed  S424 Administrative Registration Date invalid |
| **Related items** | Section 2 Registration-Administrative, Registration-Clinical  Section 3a Clinical Registration Date |

### Administration

|  |  |
| --- | --- |
| **Purpose** | To determine the duration between a doctor’s referral to the waiting list and the time patient’s details are entered onto the health service waiting list.  To enable compliance with national reporting requirements. |
| **Principal data users** | Department of Health |
| **Collection start** | July 2005 |
| **Version** | 1 effective 1 July 2005 |
| **Definition source** | Department of Health Based on Listing Date for Care (METeOR Id 684808) |

## ASA score

### Specification

|  |  |
| --- | --- |
| **Definition** | The ASA score is a physical status classification system for assessing a patient before surgery. |
| **Label** | ASA\_Score |
| **Reported in** | Episode extract |
| **Reported for** | All waiting list episodes registered from 1 July 2025. |
| **Reported when** | The patient is first registered on the waiting list for this episode. |
| **Code set** | 1 A normal healthy patient  2 A patient with mild systemic disease  3 Patient with a severe systemic disease that limits activity  4 Patient with a severe systemic disease that is a constant threat to life  5 A moribund patient who is not expected to survive longer than 24 hours without surgical intervention  9 No documentation of ASA score |
| **Reporting guide** | The ASA score should be recorded on the day the patient is placed on the waiting list. It will be recorded either by the referring clinician/surgeon, the perioperative nurse, or the anaesthetist if anaesthetic review occurs.  Where it’s not possible to collect detailed patient health information at the time of referral to inform ASA assessment and reporting, the surgeon may record ASA 9. Health services should consider alternative means of gathering patient health information such as sending health questionnaires at the time of waiting list registration. Following the timely receipt of the patient health information, the ASA score should be assessed and updated by the clinician. If the required patient health information is not available in a timely manner, the ASA remains a 9’.  If the ASA score changes while the patient is on the waiting list, it should not be updated. |
| **Validations** | S444 ASA score invalid |
| **Related items** | Section 3 Administrative Registration Date |

### Administration

|  |  |
| --- | --- |
| **Purpose** | To support system planning. |
| **Principal data users** | Department of Health |
| **Collection start** | July 2025 |
| **Definition source** | Department of Health |
| **Code set source** | ASA DH modified |

## Clinical Registration Date

### Specification

|  |  |
| --- | --- |
| **Definition** | The date of the clinical assessment at which it was agreed that surgery was required, and the relevant referral paperwork completed by the clinician |
| **Label** | Clinical\_Registration\_Date |
| **Field size** | 8 |
| **Layout** | DDMMYYYY |
| **Reported in** | Episode Extract |
| **Reported for** | All waiting list episodes |
| **Reported when** | The episode is first registered on the waiting list |
| **Reporting guide** | Where data entry of a patient’s waiting episode takes place after the date on which the need for a procedure is identified, the Clinical Registration Date should be backdated.  The Clinical Registration Date remains the date on which the need for a procedure to treat a clinical condition is identified, even where the ‘Consent for Surgery’ form has not been signed and the administrative registration process is delayed because of this.  For further information regarding the registration process refer to the [Surgical Services Policies](https://www.health.vic.gov.au/patient-care/surgical-services-policies-and-guides) <https://www.health.vic.gov.au/patient-care/surgical-services-policies-and-guides>  **Changes to Clinical Registration Date**  The Clinical Registration Date may only be altered if a data entry error has occurred.  **Clinical Registration After Admission**  Sites that use their booking system to schedule procedures for patients who are currently admitted, and who will receive the awaited procedure in the same admission should ensure that these episodes are not reported to ESIS as they are not within the scope of this data collection.  **Transferred waiting episode from another ESIS hospital**  The Clinical Registration Date for a transferred waiting episode (as reported by the receiving hospital) is the ‘agreed transfer date’. |
| **Validations** | S099 Clinical Registration Date before Date of Birth  S169 Clinical Registration Date invalid  S174 New episode, old Clinical Registration Date  S291 Removal Date is before Clinical Registration Date  S311 Wait equals five years or more  S315 Clinical Urgency Cat 1, wait more than 30 days  S388 Clinical Registration Date has changed  S397 Unmatched transfer as reported by receiving health service  S422 Clinical Registration Date after Administrative Registration Date |
| **Related items** | Section 2 Registration-Administrative, Registration-Clinical, Total Waiting Time  Section 3a Administrative Registration Date  Section 4 Transfer of Ownership of Waiting Episode |

### Administration

|  |  |
| --- | --- |
| **Purpose** | Used for waiting time calculations.  To determine the duration between a doctor’s referral to the waiting list and the time that the patient’s details are entered onto the health service waiting list. |
| **Principal data users** | Department of Health, AIHW and the Commonwealth Department of Health |
| **Collection start** | July 1997 |
| **Version** | 3 effective 1 July 2005 |
| **Definition source** | Department of Health |

## Clinical Urgency

### Specification

|  |  |
| --- | --- |
| **Definition** | A clinical assessment of the urgency with which a patient requires planned surgery, as represented by a code |
| **Label** | Event\_Value |
| **Reported in** | Intra Episode extract |
| **Reported for** | All waiting list episodes |
| **Reported when** | The waiting list episode is first registered and each subsequent urgency categorisation |
| **Code set** | Code Descriptor  1 Admission within 30 days is desirable for a condition that has the potential to deteriorate quickly to the point that it might become an emergency  2 Admission within 90 days is desirable due to the clinical condition of the patient  3 Admission within 365 days is desirable due to the clinical condition of the patient |
| **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://www.health.vic.gov.au/patient-care/surgical-services-policies-and-guides) <https://www.health.vic.gov.au/patient-care/surgical-services-policies-and-guides>  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> |
| **Validations** | 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  S384 Invalid Event Date  S385 Invalid Event Type  S389 Invalid Intra Episode Event Value for Clinical Urgency Change  S412 Episode Registered without a Clinical Urgency |
| **Related items** | Section 2 Intra Episode Event, Urgency Reassignment (Re-categorisation)  Section 3b Event Date, Event Type, Event Value  Section 4 Intra Episode Events required for registration |

### Administration

|  |  |
| --- | --- |
| **Purpose** | Allows hospitals to prioritise patients waiting for planned surgery based on their clinical urgency.  Provides an indicator for monitoring patients who wait more than the maximum desirable time for their planned surgery. |
| **Principal data users** | Department of Health, AIHW and the Commonwealth Department of Health |
| **Collection start** | July 1997 |
| **Definition source** | NHDD METeOR ID 732423 |
| **Code set source** | NHDD (DH amended) |

## Date of Admission

### Specification

|  |  |
| --- | --- |
| **Definition** | Date on which an admitted patient commences an episode of care during which the patient receives the awaited procedure |
| **Label** | Date\_Of\_Admission |
| **Field size** | 8 |
| **Layout** | DDMMYYYY |
| **Reported in** | Episode extract |
| **Reported for** | Episodes where the patient has received the awaited procedure  (Reason for Removal codes W, M, Y, B, I, U, S, X, P) |
| **Reported when** | The patient is admitted for, and has received, the awaited procedure for this waiting episode |
| **Reporting guide** | Report the Date of Admission for all waiting episodes where the patient has received the awaited procedure.  The Date of Admission will be on or before the Removal Date.  Do not report any scheduling that occurs after the Date of Admission. |
| **Validations** | S295 Date of Admission greater than Scheduled Admission Date  S297 Date of Admission less than Scheduled Admission Date  S399 Date of Admission for Awaited Procedure but No Removal Date  S400 Date of Admission for Awaited Procedure Invalid  S401 Date of Admission/Reason for Removal Mismatch  S403 Date of Admission for Awaited Procedure Is After Removal Date |
| **Related items** | Section 3a Reason for Removal, Removal Date |

### Administration

|  |  |
| --- | --- |
| **Purpose** | Calculation of key performance indicators under Performance Monitoring Framework |
| **Principal data users** | Department of Health |
| **Collection start** | July 2005 |
| **Definition source** | Department of Health |

## Date of Birth

### Specification

|  |  |
| --- | --- |
| **Definition** | The date of birth of the person |
| **Label** | Date\_Of\_Birth |
| **Field size** | 8 |
| **Layout** | DDMMYYYY |
| **Reported in** | Patient extract |
| **Reported for** | All patient level records |
| **Reported when** | The patient is first registered on the waiting list |
| **Reporting guide** | The date of birth must be on or before the Clinical Registration Date  Unknown date of birth  If the patient’s date of birth is unknown, the patient’s approximate age should be used to estimate the year of birth. Sentinel dates should not be used. |
| **Validations** | S096 Date of Birth Invalid  S099 Clinical Registration Date Before Date of Birth  S409 Age Greater Than 105 Years |
| **Related items** | Section 2 Age  Section 3a Date of Birth Accuracy Code |

### Administration

|  |  |
| --- | --- |
| **Purpose** | Used to derive age for demographic analyses |
| **Principal data users** | Department of Health |
| **Collection start** | July 1997 |
| **Definition source** | NHDD METeOR Id 287007 |

## Date of Birth Accuracy Code

### Specification

|  |  |
| --- | --- |
| **Definition** | A code representing the accuracy of the components of a date - day, month, year |
| **Label** | DOB\_Accuracy\_Code |
| **Field size** | 3 |
| **Layout** | AAA |
| **Reported in** | Patient extract |
| **Reported for** | All patient level records |
| **Reported when** | The patient is first registered on the waiting list |
| **Value domain** | 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  The three components (DMY) reflect the order of the date components DDMMYYYY in Date of Birth.  1st component (D) refers to the accuracy of the day component  2nd component (M) refers to the accuracy of the month component  3rd component (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.  Where possible, report the accuracy of each date component. However, where software systems allow the collection of a binary value for Date of Birth Accuracy (that is the system has an ‘estimated date of birth’ check box or similar) values such as ‘AAA’ and ‘EEE’ will be acceptable.  It is understood that the Date of Birth Accuracy Code will be reported as ‘AAA’ unless the date has been flagged as an estimated date. It is not necessary to validate the Date of Birth provided by every patient unless there is a reasonable suspicion that the date provided is not correct. Where there is a question over the date provided, or where the patient is unable or unwilling to provide their date of birth, the date should be estimated and flagged as such.  If the date of birth is provided by a reliable source (for example the patient or close relative) and is known as accurate then the date accuracy indicator should be reported as ‘AAA’.  If the patient’s approximate age is known, then this should be used to calculate an estimated year of birth. Sentinel dates should not be used.  The Date of Birth Accuracy code would 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 acceptable.  Where the date part is accurate or estimated, the date part cannot be ‘00’. Where the date part is unknown, the date part may be ‘00’ or ‘NN’.  Examples of valid combinations:  DOB Accuracy = ‘AAA’, DOB = ‘03/11/1956’  DOB Accuracy = ‘EEE’, DOB = ‘03/11/1956’  DOB Accuracy = ‘UUE’, DOB = ‘00/00/1945’  DOB Accuracy = ‘UUE’, DOB = ‘01/01/1945’  Invalid combinations include:  DOB Accuracy = ‘AAA’, DOB = ‘00/00/1956’  DOB Accuracy = ‘AAA’, DOB = ‘00/06/1956’  DOB Accuracy = ‘EEE’, DOB = ‘00/00/1956’  DOB Accuracy = ‘UUE’, DOB = ‘00/00/0000’  DOB Accuracy = ‘UEE’, DOB = ‘00/00/1956’ |
| **Validations** | S432 Invalid Date of Birth Accuracy code |
| **Related items** | Section 2 Age  Section 3a 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** | July 2008 |
| **Definition source** | NHDD (Department of Health modified) |
| **Value domain source** | NHDD Date-Accuracy Indicator (METeOR Id 294429) |

## Destination

### Specification

|  |  |
| --- | --- |
| **Definition** | Identification of the Campus:   * that is accepting responsibility for the patient’s waiting episode, OR * where the patient is receiving treatment under contract or similar arrangement. |
| **Label** | Destination |
| **Reported in** | Episode extract |
| **Reported for** | Episodes removed from waiting list with Reason for Removal N, P, S, T, X |
| **Reported when** | The patient is removed from the waiting list |
| **Code set** | Code from campus code list or blank |
| **Reporting guide** | A Destination code must be reported when Reason for Removal is:  **N Transfer to non-ESIS public campus**  Report campus code  **P COVID-19 response**  A patient treated under contract or similar arrangement at another campus/health service due to the COVID-19 response. The responsibility for the patient’s waiting list episode remains with the contracting hospital. Report campus code of treating hospital.  **S Patients treated at another hospital, arranged by ESAS**  A patient treated at another hospital, arranged by ESAS, is not considered to be a transfer of the waiting episode, because responsibility for the patient’s waiting episode remains with the original hospital. Report campus code of treating hospital.  **T Transfer to another ESIS campus/health service**  Report ESIS submission organisation code  **X Patients who are treated under other contract or similar arrangement at another hospital (public or private)**  A patient treated under other contract or similar arrangement at another hospital (public or private), arranged by this hospital, is not considered to be a transfer of the waiting episode because the reporting responsibility for the patient’s waiting episode remains with the contracting hospital. Report campus code of treating hospital.  Includes:  Patients treated under Hub and spoke arrangement where the Hub retains responsibility for the patient’s waiting episode  Excludes:  Patients treated in a private hospital, not arranged by this hospital (Reason for Removal I) |
| **Validations** | S310 Invalid Destination / Reason for Removal Combination |
| **Related items** | Section 2 Elective Surgery Access Service  Section 3a Reason for Removal |

### Administration

|  |  |
| --- | --- |
| **Purpose** | Used for analysis of service delivery patterns. |
| **Principal data users** | Department of Health |
| **Collection start** | July 1999 |
| **Version** | 5 effective July 2005  6 effective April 2020 |
| **Definition source** | Department of Health |
| **Code set source** | Department of Health |

## Gender

### Specification

|  |  |
| --- | --- |
| **Definition** | How a person describes their gender, as represented by a code |
| **Label** | Gender |
| **Reported in** | Patient extract |
| **Reported for** | All patient level records |
| **Reported when** | The patient is first registered on the waiting list for any episode |
| **Code set** | **Code Descriptor**  1 Man, or boy, or male  2 Woman, or girl, or female  3 Non-binary  4 Different term  5 Prefer not to answer  9 Not stated |
| **Reporting guide** | [Gender](https://meteor.aihw.gov.au/content/750032) is a social and cultural concept. It is about social and cultural differences in identity, expression, and experience as a man, boy, woman, girl, or non-binary person.  The terms [sex](https://meteor.aihw.gov.au/content/750030) and gender are interrelated, and are often used interchangeably, however they are distinct concepts:   * Sex is understood in relation to sex characteristics. Sex recorded at birth refers to what was determined by sex characteristics observed at birth or in infancy * Gender is about social and cultural differences in identity, expression, and experience.   A person's gender may differ from their sex and may also differ from what is indicated on their legal documents.  A person's gender may stay the same or can change over the course of their lifetime.  **1 Man, or boy, or male**  A person who describes their [gender](https://meteor.aihw.gov.au/content/750032) as man, or boy, or male.  **2 Woman, or girl, or female**  A person who describes their gender as woman, or girl, or female.  **3 Non-binary**  A person who describes their gender as non-binary.  Non-binary is an umbrella term describing gender identities that are not exclusively male or female  **4 Different term**  A person who describes their gender as a term other than man/boy/male, woman/girl/female or non-binary.  **5 Prefer not to answer**  A person who prefers not to respond on how they describe their gender.  **9 Not stated or inadequately described**  Includes:  Question unable to be asked such as when the patient is unconscious or too unwell. |
| **Validations** | S442 Gender code invalid |

### Administration

|  |  |
| --- | --- |
| **Purpose** | To measure usage of services and identify needs and gaps in provision.  To inform development of targeted programs and funding of services. |
| **Principal data users** | Multiple internal and external data users |
| **Collection start** | July 2023 |
| **Definition source** | Person—gender, code X (METEOR 741842) |
| **Code set source** | Australian Bureau of Statistics Alternative Code system for Gender, Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables, 2020. |

## Indigenous Status

### Specification

|  |  |
| --- | --- |
| **Definition** | Whether a person identifies as being of Aboriginal or Torres Strait Islander origin |
| **Label** | Indigenous\_Status |
| **Reported in** | Patient extract |
| **Reported for** | All patient level records |
| **Reported when** | The waiting list episode is first registered and whenever the field is updated. This field should be updated on each occasion that any other demographics are updated. |
| **Code set** | Code Descriptor  1 Indigenous - Aboriginal but not Torres Strait Islander origin  2 Indigenous - Torres Strait Islander but not Aboriginal origin  3 Indigenous - Aboriginal and Torres Strait Islander origin  4 Not-indigenous – Not Aboriginal or Torres Strait Islander origin  8 Question unable to be asked  9 Patient refused to answer |
| **Reporting guide** | Code 8 Question unable to be asked should only be used under the following circumstances:   * When the patient’s medical condition prevents the question of Indigenous Status being asked. * In the case of an unaccompanied child who is too young to be asked their Indigenous Status. * Where registration for a waiting list episode occurs without the patient being present and cannot be determined from the information supplied. In this case it is expected that Indigenous Status will be updated prior to or at admission.   Note: Systems must not be set up to input a default code. |
| **Validations** | S425 Indigenous Status Invalid |

### Administration

|  |  |
| --- | --- |
| **Purpose** | To enable planning, service delivery and monitoring of indigenous health at state and national level, facilitate application of specific funding arrangements |
| **Principal data users** | Department of Health |
| **Collection start** | July 2005, version 2 July 2008 |
| **Definition source** | NHDD (METeOR Id 602543) |
| **Code set source** | NHDD (Department of Health modified) |

## Insurance Declaration

### Specification

|  |  |
| --- | --- |
| **Definition** | The patient’s insurance election, for a given episode |
| **Label** | Insurance\_Declaration |
| **Reported in** | Episode extract |
| **Reported for** | Mandatory for all episodes where the patient has received the awaited procedure and the patient was either admitted to this Health Service/Campus or the admission was arranged by this Health Service/Campus. (Reason for Removal code of W, M, Y, S, X, P) |
| **Reported when** | The patient is removed from the waiting list (mandatory). May be reported at any time during the waiting episode. |
| **Code set** | Code Descriptor  M Public  P Private  V Department of Veterans Affairs  W Worksafe Victoria  T Transport Accident Commission  A Armed Services  S Seamen  C Common Law Recoveries  O Other Compensable  X Ineligible |
| **Reporting guide** | If the episode is not removed, the Insurance Declaration reflects the patient’s intended insurance election for that episode. If the intended Insurance Declaration changes, the episode record should be re-sent to update the episode record already at the Department of Health.  Prisoners are treated and funded as public patients. |
| **Validations** | S303 Insurance Declaration Invalid |
| **Related items** | Section 3a Reason for Removal |

### Administration

|  |  |
| --- | --- |
| **Purpose** | Analysis of utilisation and health care financing |
| **Principal users** | Department of Health |
| **Collection start** | July 1997 |
| **Version** | 4 effective 1 July 2005 |
| **Definition source** | Department of Health |
| **Code set source** | Department of Health |

## Intended Procedure

### Specification

|  |  |
| --- | --- |
| **Definition** | The procedure for which a patient has been placed on a planned 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, including ACHI codes for IP401 and IP402, is available on the HDSS website: [HDSS reference files](https://www.health.vic.gov.au/data-reporting/vemd-vaed-vinah-esis-reference-files) <https://www.health.vic.gov.au/data-reporting/vemd-vaed-vinah-esis-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 Gastroscopy  IP402 Colonoscopy |
| **Reporting guide** | First two characters prefix IP, followed by Intended Procedure code. For example, Intended Procedure 011 (Septoplasty) is reported as IP011  The 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 planned surgery procedure e.g. IP005 Haemorrhoidectomy.  In instances where a patient is intended to undergo a colonoscopy and a gastroscopy during the same operative episode, the IP code reported to ESIS is IP402 [Colonoscopy].  **Changing the Intended Procedure code within a single episode**  The Intended Procedure can be changed within the waiting episode when:   * the new Intended Procedure will treat the same condition in the patient, as was intended when the patient was placed on the waiting list * a data entry error has occurred, and a change to the Intended Procedure code is simply a correction of that error   **Note**: If the patient requires a new procedure for the treatment of a different condition, a new waiting episode must be started.  **Multiple procedures to be performed in the same operative episode**  When the surgeon indicates that the patient will undergo more than one procedure during the same operative episode, assign the most resource intensive procedure as Intended Procedure.  **Multiple procedures to be performed in separate operative episodes**  A patient may be waiting for more than one procedure to treat more than one clinical condition. In this event, the patient will be reported several times under the same Patient Identifier but different Episode Identifier/s with different Intended Procedures. For example, the patient may be waiting for a hip replacement and release of carpal tunnel. The unique Episode Identifier allows the recording of more than one waiting episode per patient.  A patient may be waiting for the same procedure to treat the same clinical condition to be performed in separate operative episodes. In this event, the patient will be reported several times under the same Patient Identifier but different Episode Identifiers. For example, the patient may be waiting for a cataract repair on the left eye then the right eye.  Therefore, number of waiting list episodes is likely to exceed the number of patients waiting. |
| **Validations** | S134 Intended Procedure invalid  S386 IP for this episode has changed  S405 Non-specific IP, but no IP description |
| **Related items** | Section 3a Intended Procedure Description, Surgical Specialty  Section 4 Common Procedures not considered planned surgery |

### Administration

|  |  |
| --- | --- |
| **Purpose** | Waiting time data by procedure assists in planning and resource allocation, audit, and performance monitoring. Used by hospitals to book and schedule procedures. |
| **Principal data users** | Department of Health, AIHW and the Commonwealth Department of Health |
| **Collection start** | July 1997 |
| **Version** | 2 effective 1 July 1999  3 effective 1 July 2016  4 effective 1 July 2017  5 effective 1 July 2017  6 effective 1 July 2018  7 effective 1 July 2019 (PPP replaced by IP)  8 effective 1 July 2023 (IP401 and IP402 added) |
| **Definition source** | Department of Health |
| **Code set source** | AIHW Meteor ID 759947 (DH amended) |

## Intended Procedure Description

### Specification

|  |  |
| --- | --- |
| **Definition** | A free-text description of this episode’s awaited procedure |
| **Label** | IP\_Description |
| **Field size** | Between 3 and 100 characters |
| **Valid values** | Free text but field cannot contain tabs, linefeeds, or carriage returns |
| **Reported in** | Episode extract |
| **Reported for** | All waiting list episodes with a non-specific Intended Procedure (IP) code (mandatory) and optional for all other IP codes |
| **Reported when** | The waiting list episode is first registered, and whenever the field is updated |
| **Reporting guide** | The IP description is mandatory for the non-specific IP code. Descriptions cannot be generic, default values or system-generated descriptions.  The non-specific IP code is:  888 Other |
| **Validations** | S405 Non-specific IP, but no IP description |
| **Related items** | Section 3a Intended Procedure |

### Administration

|  |  |
| --- | --- |
| **Purpose** | To analyse the use of the non-specific IP code to assist in further refining and enhancing the IP code set. |
| **Principal data users** | Department of Health |
| **Collection start** | July 2005 |
| **Version** | 2 effective 1 July 2019 |
| **Definition source** | Department of Health |

## Locality

### Specification

|  |  |
| --- | --- |
| **Definition** | Geographic location (suburb/town/locality for Australian residents, country for overseas residents) of usual residence of the person (not postal address) |
| **Label** | Locality |
| **Reported in** | Patient extract |
| **Reported for** | All waiting list episodes patient level records except where postcode is 1000 or 9988 |
| **Reported when** | The patient is first registered for any episode on the waiting list and updated as required |
| **Code set** | Refer to the postcode-locality reference file.  The Department of Health is only permitted to share this reference file with Victorian health services for non-commercial use, for the purpose of reporting and submitting data to the department.  Victorian health services can request a copy of the postcode-locality reference file for departmental reporting via email to HDSS helpdesk: [hdss.helpdesk@health.vic.gov.au](mailto:hdss.helpdesk@health.vic.gov.au) |
| **Reporting guide** | The postcode-locality file excludes non-residential postcodes.  **Locality for overseas residents**  Where the Postcode is 8888 (Overseas), report the four-digit country code representing country of residence. Country codes are listed against 8888 (overseas) codes in the Postcode/Locality reference file.  Locality remains blank for postcodes  1000 No fixed abode  9988 Address unknown |
| **Validations** | S122 Postcode/Locality combination invalid |
| **Related items** | Section 3a Postcode |

### Administration

|  |  |
| --- | --- |
| **Purpose** | To calculate (with Postcode field) the patient’s Local Government Area (LGA) code which enables: analysis of service utilisation and need for services, identification of patients living outside Victoria for purposes of cross-border funding. |
| **Principal data users** | Department of Health, AIHW |
| **Collection start** | July 1997 |
| **Version** | 4 effective July 2004  5 effective July 2009  6 effective July 2025 |
| **Definition source** | Department of Health |
| **Code set source** | Australia Post (DH modified) |

## Medicare Number

### Specification

|  |  |
| --- | --- |
| **Definition** | Personal identifier allocated by Medicare Australia to eligible persons under the Medicare scheme |
| **Label** | Medicare\_Number |
| **Field size** | 11 |
| **Layout** | NNNNNNNNNNN or blank |
| **Reported in** | Patient extract |
| **Reported for** | All patient level records except in the circumstances covered under Medicare Suffix |
| **Reported when** | The Medicare card is made available by the patient. Health Services should check for updated Medicare card details at each patient attendance |
| **Reporting guide** | Valid:   * First character can only be a: 2, 3, 4, 5, or 6 * Numeric * Check digit (ninth character) is the remainder of the following equation: [(1st digit \* 1) + (2nd digit \* 3) + (3rd digit \* 7) + (4th digit \* 9) +(5th digit \* 1) + (6th digit \* 3) + (7th digit \* 7) + (8th digit \* 9)] / 10 * 11th digit only zero if date of birth <6 months   Report the full Medicare Number from a patient’s Medicare card, the eleventh digit being the Medicare IRN (the number printed to the left of the printed name of the patient).  The Medicare Suffix is reported at the same time as the Medicare Number.  When the Medicare Number is reported, it must be numeric and contain the appropriate check digit (second last digit on the card).  **Neonates**  For neonates who have not yet been added to the family Medicare Card, and therefore have no Medicare IRN, there are two reporting options:   * Mother’s/family’s Medicare Number in the first ten characters and a zero (0) as the eleventh character * Mother’s/family Medicare Number in the first ten characters and the mother’s IRN as the eleventh character.   **Card Unavailable / Ineligible / Prisoners**  If the Medicare Number is not available or the patient is not eligible for Medicare, or the patient is a prisoner, the field should be reported as blank, and the appropriate suffix reported in the Medicare Suffix field. |
| **Validations** | S081 Medicare Number Invalid  S082 Medicare Code ‘0’ And Age Greater Than 180 Days  S088 Medicare Suffix Invalid |
| **Related items** | Section 2 Medicare Eligibility Status  Section 3a Medicare Suffix |

### Administration

|  |  |
| --- | --- |
| **Purpose** | To assist in monitoring continuity of care across hospitals and ensure eligibility for publicly funded health care |
| **Principal data users** | Department of Health |
| **Collection start** | July 1999 |
| **Version** | 2 July 2005 |
| **Definition source** | NHDD (METeOR Id 270101) |
| **Code set source** | Medicare Australia |

## Medicare Suffix

### Specification

|  |  |
| --- | --- |
| **Definition** | The first three characters of the patient’s first given name (as it appears on the persons Medicare card) |
| **Label** | Medicare\_Suffix |
| **Field size** | Between 1 and 3 characters |
| **Layout** | AAA, AA, A’A, AA’, A, A-A, AA- |
| **Reported in** | Patient extract |
| **Reported for** | All patient level records |
| **Reported when** | The waiting list episode is first registered and updated as required |
| **Reporting guide** | Characters permitted:   * Alphas only * Space as second and third characters * Space as third character * Hyphen or apostrophe as second character * Hyphen or apostrophe as third character.   **Card Unavailable / Ineligible / Prisoner**  If the Medicare Number is not available or the patient is ineligible for a Medicare Number, or the patient is a prisoner leave the Medicare Number blank and enter the appropriate suffix, from the list below:  Code Descriptor  C-U Card unavailable  N-E Not eligible for Medicare  P-N Prisoner  **Unnamed Neonate - f**or unnamed neonates where the family has a Medicare Number, report a Medicare Suffix of ‘BAB’. The Medicare Number issued to the mother / family must also be reported with a Medicare IRN (11th character) of ‘0’ or the Medicare IRN for the mother. |
| **Validations** | S088 Medicare Suffix Invalid |
| **Related items** | Section 2 Medicare Eligibility Status, Section 3a Medicare Number |

### Administration

|  |  |
| --- | --- |
| ****Purpose**** | To assist in monitoring continuity of care across hospitals and ensure eligibility for publicly funded health care |
| ****Principal users**** | Department of Health |
| ****Collection start**** | July 1999 |
| ****Version**** | 2 effective July 2005 |
| ****Definition source**** | Department of Health |

## Multi-Attribute Prioritisation Tool (MAPT) Score

### Specification

|  |  |
| --- | --- |
| **Definition** | A score used to assist in prioritising, monitoring and service planning for patients who may require joint replacement surgery. It is a value between 0 and 100 and is derived from patient responses to an 11-item questionnaire using an underlying algorithm. |
| **Label** | Event\_Value |
| **Layout** | NNN.NNN  Leading and trailing zero filled, numeric characters and decimal point only |
| **Reported in** | Intra Episode extract as an Event Value |
| **Reported for** | Waiting list episodes where the patient undergoes one or more MAPT assessments |
| **Reported when** | A MAPT assessment is conducted |
| **Intra Episode Event** | Event Type: MAPT  Event Date: The date of the MAPT assessment or the Clinical Registration Date, whichever is the most recent. |
| **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  Although MAPT assessments may continue after removal, do not report MAPT score where the date of the MAPT assessment is greater than Removal Date.  The Event Date is either the date of the MAPT assessment or the Clinical Registration Date, whichever is the most recent.  There can be only one MAPT Event per episode per day. |
| **Validations** | S383 Multiple Events of Same Type for Same Episode on One Day  S384 Invalid Event Date  S385 Invalid Event Type  S431 Intra Episode Event Value for MAPT Invalid |
| **Related items** | Section 2 Intra Episode Event  Section 3b Event Date, Event Type, Event Value |

### Administration

|  |  |
| --- | --- |
| **Purpose** | To support the evidence-based allocation of resources for patients awaiting hip or knee joint surgery. |
| **Principal data users** | Department of Health |
| **Collection start** | July 2007 |
| **Definition source** | Department of Health |
| **Code set source** | Department of Health |

## NDIS Participant Identifier

### Specification

|  |  |
| --- | --- |
| **Definition** | National Disability Insurance Scheme (NDIS) participant number of person who is a registered NDIS participant |
| **Label** | NDIS |
| **Reported in** | Patient extract |
| **Reported for** | Registered NDIS participant |
| **Reported when** | The patient is first registered on the waiting list for any episode |
| **Code set** | Allocated by the National Disability Insurance Agency (NDIA) |
| **Reporting guide** | The NDIS participant number is the unique reference number allocated to the individual by the NDIS as a form of identification once the agency has approved the provision of NDIS services for that person.  For new NDIS participants, report the NDIS participant number as soon as this becomes available.  Valid:   * All numeric or blank * For NDIS participants who are unable to provide their number report 999999999   For non-NDIS participants the field should be blank |
| **Validations** | S443 NDIS Participant identifier invalid |

### Administration

|  |  |
| --- | --- |
| **Purpose** | To identify NDIS participants within health data collections, and the primary identifier for data linkage between health data collections and the NDIA |
| **Principal data users** | Department of Health |
| **Collection start** | July 2025 |
| **Definition source** | Department of Health |
| **Code set source** | National Disability Insurance Agency |

## Patient Identifier

### Specification

|  |  |
| --- | --- |
| **Definition** | An identifier unique to a patient within this submitting health service. Commonly referred to as the unit record, or UR number |
| **Label** | Patient\_Identifier |
| **Field size** | 10 |
| **Layout** | XXXXXXXXXX Leading zero filled, alphanumeric characters only |
| **Reported in** | Patient extract (Primary Key)  Episode extract (Foreign Key) |
| **Reported for** | All waiting list episodes |
| **Reported when** | The waiting list episode is first registered |
| **Code set** | Hospital generated. Individual health services may use their own alphabetic, numeric, or alphanumeric coding systems. |
| **Reporting guide** | If reporting as a health service, the Patient Identifier must be unique within the health service.  If the campuses submit ESIS data separately, the Patient Identifier must be unique within each campus |
| **Validations** | S066 Patient Identifier Invalid  S380 Referential Integrity Error Between Episode and Patient  S382 Patient Identifier Exists Multiple Times in One Patient Level Extract  S408 The Patient Identifier to Which This Episode Relates, Has Changed |
| **Related items** | Section 3b Ceased Patient Identifier, Retained Patient Identifier  Section 4 Merging Patient Identifiers |

### Administration

|  |  |
| --- | --- |
| **Purpose** | To enable individual episodes to be identified and updated. |
| **Principal data users** | Department of Health |
| **Collection start** | July 1997 |
| **Version** | 2 Effective July 2000 |

## Planned Length of Stay

### Specification

|  |  |
| --- | --- |
| **Definition** | The intention of the responsible clinician at the time the patient is placed on the waiting list, to separate the patient either on the day of admission or a subsequent date |
| **Label** | Planned\_Length\_Of\_Stay |
| **Reported in** | Episode extract |
| **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  1 Planned same day  4 Planned multiday stay |
| **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.  Planned same day  Patient is intended to be admitted and separated on the same day. |
| **Validations** | S167 Planned Length of Stay invalid |

### Administration

|  |  |
| --- | --- |
| **Purpose** |  |
| **Principal data users** | Department of Health, AIHW and the Commonwealth Department of Health |
| **Collection start** | July 1997 |
| **Version** | 3 effective July 2007  4 effective July 2016 |
| **Definition source** | Department of Health |
| **Code set source** | Department of Health |

## Postcode

### Specification

|  |  |
| --- | --- |
| **Definition** | Postcode of the locality in which the patient usually resides (not postal address) |
| **Label** | Postcode |
| **Reported in** | Patient extract |
| **Reported for** | All waiting list episodes |
| **Reported when** | The waiting list episode is first registered |
| **Code set** | Refer to the postcode-locality reference file.  The Department of Health is only permitted to share this reference file with Victorian health services for non-commercial use, for the purpose of reporting and submitting data to the department.  Victorian health services can request a copy of the postcode-locality reference file for departmental reporting via email to HDSS helpdesk: [hdss.helpdesk@health.vic.gov.au](mailto:hdss.helpdesk@health.vic.gov.au)  Additional codes for use in this field  Code Descriptor  1000 No fixed abode  8888 Overseas  9988 Unknown address |
| **Reporting guide** | Non-residential postcodes are excluded from the department’s postcode – locality file.  Please notify the department of any new residential postcode/locality combinations so that our reference data can be updated. |
| **Validations** | S122 Postcode/Locality Combination Invalid |
| **Related items** | Section 3a Locality |

### Administration

|  |  |
| --- | --- |
| **Purpose** | To enable calculation (with Locality field) of the patient’s appropriate Local Government Area (LGA) which enables:   * Analyses of service utilisation and need for services. * Identification of patients living outside Victoria for purposes of cross border funding. |
| **Principal data users** | Multiple internal and external users |
| **Collection start** | July 1997 |
| **Version** | 1 effective July 1997  2 effective July 2025 |
| **Definition source** | Department of Health |
| **Code set source** | Australia Post (DH modified) |

## Previous Identifier of Transferred Episode

### Specification

|  |  |
| --- | --- |
| **Definition** | The campus/health service code concatenated with the nine-character episode identifier from campus/health service transferring the waiting episode |
| **Label** | Previous\_Identifier\_of\_Transferred\_Episode |
| **Field size** | 13 |
| **Layout** | NNNNXXXXXXXXX |
| **Reported in** | Episode extract |
| **Reported for** | All waiting list episodes that have been transferred from an ESIS reporting campus /health service (Source of Referral = 2) |
| **Reported when** | The waiting list episode is first registered at this campus/health service |
| **Reporting guide** | Report the campus/health service code concatenated with the nine-character Episode Identifier from the originating campus/health service. For example, if you have received a waiting episode from Austin Health, health service code 5530, and the Episode Identifier at Austin Health was 0A0123456, report 55300A0123456  ESIS submission organisation codes are listed in Section 4.  A Previous Identifier of Transferred Episode code is not required for patients that have been referred directly to the waiting list by a campus/health service that does not report to ESIS. |
| **Validations** | S397 Unmatched transfer as reported by receiving health service  S398 Unmatched transfer as reported by originating health service  S414 Previous Identifier of transferred episode invalid |
| **Related items** | Section 3a Source of Referral  Section 4 ESIS submission organisation codes, Transfer of Ownership of Waiting Episode |

### Administration

|  |  |
| --- | --- |
| **Purpose** | Used for analysis of referral patterns |
| **Principal data users** | Department of Health |
| **Collection start** | July 2005 |
| **Definition source** | Department of Health |

## Previous Total Waiting Time of Transferred Episode

### Specification

|  |  |
| --- | --- |
| **Definition** | The patient’s total waiting time as at the agreed transfer date from the campus/health service transferring the waiting episode |
| **Label** | Previous\_TWT |
| **Field size** | 4 |
| **Layout** | NNNN |
| **Reported in** | Episode extract |
| **Reported for** | All waiting list episodes that have been transferred from an ESIS reporting campus /health service (Source of Referral = 2) |
| **Reported when** | The waiting list episode is first registered at this campus/health service |
| **Reporting guide** | Report the total waiting time from the transferred waiting episode  For example, if you have received a waiting episode from Peninsula Health, and the Total Waiting Time at Peninsula Health on the agreed transfer date was 20 days, report 0020. |
| **Validations** | S433 Previous TWT of transferred episode ≠ TWT of previous episode |
| **Related items** | Section 4 Transfer of Ownership of Waiting Episode, Calculation of Total Waiting Time |

### Administration

|  |  |
| --- | --- |
| **Purpose** | Used for calculation of total waiting time |
| **Principal data users** | Department of Health |
| **Collection start** | July 2016 |
| **Definition source** | Department of Health |

## Readiness for Surgery

### Specification

|  |  |
| --- | --- |
| **Definition** | A patient’s readiness at a given point in time to undergo this episode’s awaited procedure |
| **Label** | Event\_Value |
| **Field size** | N/A |
| **Reported in** | Intra Episode extract |
| **Reported for** | All waiting list episodes |
| **Reported when** | The patient is first registered on the waiting list for this episode and for each change in the patient’s readiness during the waiting episode |
| **Code set** | Code Descriptor  R Ready for surgery  S Not ready for surgery – staged patients  F Not ready for surgery – programmed procedure  C Not ready for surgery – pending improvement of clinical condition  P Not ready for surgery – deferred for personal reasons  E Not ready for surgery – emergency use |
| **Reporting guide** | The patient may or may not be Ready for Surgery when they are first registered on the waiting list. Their Readiness for Surgery can change multiple times throughout the waiting episode. Each change in readiness is reported as an Intra Episode Event. This date must reflect the patient’s actual experience rather than the date of data entry.  There can be only one Readiness Event per episode per day.  **R: Ready for Surgery**  A patient who is available to undergo the awaited procedure  **S: Not ready for surgery – staged patients**  Includes a patient whose medical condition will not require or be amenable to surgery until some future date. For example, a patient who has had internal fixation of a fractured bone and will require removal of the fixation device after a suitable time delay.  **F: Not ready for surgery – programmed procedure**  Includes a patient who will not require the procedure until some future date; for example, those having a 12-monthly cystoscopy  **C: Not ready for surgery – pending improvement of medical condition**  Includes a patient whose health status has temporarily declined to the extent that they are not presently suitable for the prescribed procedure.  If a patient’s health has permanently declined and the surgery is no longer an option, remove the episode from the waiting list with Reason for Removal code Q Surgery declined or not required.  **P: Not ready for surgery – deferred for personal reasons**  A patient who refuses or seeks a delay in the booking for personal, non-clinical reasons. Health services are expected to exercise discretion in distinguishing between a patient who is reasonably negotiating an admission date to suit their circumstances (consider the patient’s Clinical Urgency) and one who declares themselves unavailable for treatment for prolonged periods.  **E Not ready for surgery – emergency use**  Only to be used under the direction of the Department of Health. The department will provide reporting guidelines when an ‘emergency use’ code is enacted.  If the surgeon considers a patient’s deferral to be unreasonable (for example the patient wishes to defer indefinitely or repeatedly defers for long periods) and removes the patient from the waiting list, assign Reason for Removal code Q Surgery declined or not required.  For policy advice on management of patient deferrals refer to the [Access policy](https://www.health.vic.gov.au/patient-care/surgical-services-policies-and-guides) <https://www.health.vic.gov.au/patient-care/surgical-services-policies-and-guides> |
| **Validations** | S296 Reason for Removal implies procedure performed, but not Ready for Surgery  S315 Clinical Urgency Cat 1, Wait More Than 30 Days  S383 Multiple events of same type for same episode on one day  S384 Invalid Event Date  S385 Invalid Event Type  S390 Invalid Intra Episode Event Value for Readiness  S413 Episode registered without a Readiness for Care value  S429 SAD Identifier/Event Type mismatch  S439 Readiness for Surgery E, not approved to report |
| **Related items** | Section 2 Intra Episode Event, Total Waiting Time  Section 3b Event Date, Event Type, Event Value  Section 4 Intra Episode Events Required for Registration |

### Administration

|  |  |
| --- | --- |
| **Purpose** | Used in calculation of Total Waiting Time |
| **Principal users** | Department of Health, AIHW and the Commonwealth Department of Health |
| **Collection start** | July 1997 |
| **Version** | 5 effective July 2015  6 effective April 2020  7 effective July 2021 |
| **Definition source** | NHDD, DH |
| **Code set source** | Department of Health |

## Reason for Removal

### Specification

|  |  |
| --- | --- |
| **Definition** | The reason a waiting episode is removed from the waiting list |
| **Label** | Reason\_For\_Removal |
| **Field size** | N/A |
| **Reported in** | Episode extract |
| **Reported for** | All waiting list episodes removed from the waiting list |
| **Reported when** | The patient is removed from the waiting list |
| **Code set** | **Admitted to this campus**  Code Descriptor  W Admitted to the intended campus and has received the awaited procedure  M Admitted to the intended campus or (if reporting at health service level) any campus within the health service and has received the awaited procedure as an emergency admission  Y Procedure received at intended campus, not planned at admission (excludes emergency admission)  **Treated elsewhere**  B Received the awaited procedure at another public campus, not arranged by this campus/health service  I Received the awaited procedure at a private campus, not arranged by this campus/health service  U Received the awaited procedure at another campus unknown whether public or private, not arranged by this campus/health service  S Admitted to another campus arranged by ESAS and has received the awaited procedure  X Admitted to another campus arranged by this campus/health service and has received the awaited procedure under contract or similar arrangement  **Special**  P COVID-19 - Admitted to another campus arranged by this campus/health service and has received the awaited procedure under contract or similar arrangement due to the COVID-19 response  G Emergency use  **Transfer of ESIS episode**  N Transfer of waiting episode to a non-ESIS (public) campus  T Transfer of waiting episode to another ESIS campus/health service  **Cancellation**  R Died  Z Not contactable  Q Surgery declined or not required  F Failure of the patient to arrive for treatment  H Admission cancelled – received awaited procedure on non-admitted basis  O Other reason for cancellation |
| **Reporting guide** | The patient is removed from the waiting list when they are no longer waiting for their planned surgery. This may be because:   * the surgery has been performed * the surgery is no longer required * the patient has been unable to be contacted, or * another reason   A removal refers to the end of a valid waiting list episode that occurs on a Removal Date and has a Reason for Removal.  Excludes:Waiting list episode created in error. Submit a deletion.  Report the appropriate reason to explain why the patient’s waiting episode has been removed from the waiting list.  **W Admitted to the intended campus and has received the awaited procedure**  Patient was admitted to the intended campus and received the awaited procedure as a planned (rather than an emergency) admission.  Includes:  Patients treated under a Hub and Spoke arrangement where the Spoke retains responsibility for the patient’s waiting episode.  **M Admitted to the intended campus or (if reporting at health service level) any campus with the health service and has received the awaited procedure as an emergency admission.**  Patient was admitted and has received the awaited procedure through the Emergency Department at this campus (or another campus of this health service) rather than as a planned admission.  Excludes:  A patient admitted to another campus outside this health service for the awaited procedure as an emergency patient. Report a Reason for Removal code B, I or U Treated elsewhere for awaited procedure, not arranged by this campus/health service.  **Y Procedure received at intended campus, not planned at admission (excludes emergency admission)**  Patient was already registered on the waiting list for the procedure before this (non-emergency) admission occurred. The intent of this admission was for a reason other than the performance of this waiting list procedure. During this admission the clinician makes the decision to perform the awaited procedure.  The Date of Admission must be after the Clinical Registration Date. The Date of Admission need not equal any Scheduled Admission Date (SAD) whether the SAD has been cancelled or not because the procedure is unplanned (unscheduled) at the time of admission.  Excludes:  Patients receiving the awaited procedure as an emergency admission.  Where a patient is already admitted before the need for a procedure is determined. These episodes are outside the scope of ESIS as the Date of Admission is before the Clinical Registration Date.  **B, I, U Treated elsewhere for the awaited procedure not arranged by this campus/health service**  Includes:  Patient has initiated treatment at another campus (including a private hospital)  Patient admitted through the Emergency Department of another campus for the awaited procedure. If reporting at the health service level, it must be a campus outside this health service.  Determine, wherever possible, whether the patient was treated at a private or public campus.  **S Admitted to another campus arranged by ESAS and has received the awaited procedure**  The Elective Surgery Access Service has arranged the patient’s treatment at another campus.  The responsibility for the patient’s waiting episode remains with the campus/health service that originally placed the patient on their waiting list.  Destination code required  **X Admitted to another campus arranged by this campus/health service and has received the awaited procedure under contract or similar arrangement**  This campus/health service arranged for the patient to be treated at another campus under contract or similar arrangement. The responsibility for the patient’s waiting episode remains with the ESIS campus/health service reporting this episode.  This patient should remain on the waiting list until admitted. Destination code required  Includes:  Patients treated under a Hub and spoke arrangement where the Hub retains responsibility for the patient’s waiting episode.  Excludes:  Where the patient initiates treatment at another hospital, report Reason for Removal codes B, I or U Treated elsewhere for the awaited procedure, not arranged by this campus/health service.  **P COVID-19**  Admitted to another campus arranged by this campus/health service and has received the awaited procedure under contract or similar arrangement due to the COVID-19 response. Destination code required.  **G Emergency use**  Only to be used under the direction of the Department of Health. The department will provide reporting guidelines when an ‘emergency use’ code is enacted.  **N Transfer of waiting episode to a non ESIS (public) campus**  The reporting responsibility for the patient’s waiting episode has been transferred from this ESIS reporting health service to a non-ESIS reporting (public) campus. The patient’s surgery will be performed at the receiving campus. Destination code required  Excludes:  Where the patient has initiated their own treatment at another campus. Report Reason for Removal code B, I or U.  **T Transfer of waiting episode to another ESIS campus/health service**  The reporting responsibility for the patient’s waiting episode has been transferred from this ESIS reporting health service to another ESIS reporting health service.  Usually this occurs when it is possible for the patient to be treated in a timely manner at the receiving campus/health service.  It is essential that the Episode Identifier, the Removal Date, and the originating campus/health service’s code are provided to the receiving campus/health service. Destination code required  Excludes:  Where the patient has initiated their own treatment at another campus. Report Reason for Removal code B, I or U.  **Q Surgery declined or not required**  Includes:   * patients who refuse treatment at their own initiative and no longer wish to receive treatment at the hospital * patients whose clinical condition has either improved or worsened to the extent that they are no longer suitable candidates for the awaited surgery * patients on the waiting list for an ESIS reportable procedure but after study require alternative treatment that is a not within the scope of ESIS (refer to Section: Common procedures that are not considered to be planned surgery). * episodes removed from the waiting list by a surgeon for non-clinical reasons. This includes instances where the patient’s surgeon considers the patient’s deferral of this episode to be unreasonable for example, the patient wishes to defer this episode indefinitely, or repeatedly defers this episode for long periods.   Refer to the [Access policy](https://www.health.vic.gov.au/patient-care/surgical-services-policies-and-guides) for guidelines regarding removal of patients from the waiting list <https://www.health.vic.gov.au/patient-care/surgical-services-policies-and-guides>  **F Failure of the patient to arrive for treatment**  Patient who is booked for admission and fails to arrive at the hospital on that day without giving prior notice, may be removed from the waiting list.  Health services are required to exercise discretion to avoid disadvantaging patients in hardship, misunderstanding and other extenuating circumstances.  The alternative is for the reporting health service to rebook the patient (see Reason for Scheduled Admission Date Change) leaving Reason for Removal blank.  **H Admission cancelled** – received awaited procedure on non-admitted basis  Patient has received procedure, but treatment did not meet criteria for admission.  Code for use by health service unable to submit deletion for episode.  **O Other reason for removal**  Circumstances for removal that do not fit into any other Reason for Removal category.  Excludes: Waiting list episode created in error. Submit a deletion. |
| **Validations** | S287 Scheduled Admission Date exceeded  S296 Reason for Removal implies procedure performed, but Not Ready for Surgery  S298 Reason for Removal Invalid  S303 Insurance Declaration Invalid  S310 Invalid Destination/Reason for Removal combination  S375 Clinical Urgency Category for ESAS Reason for Removal Invalid  S395 Removal Date/Reason for Removal mismatch  S397 Unmatched transfer as reported by receiving health service  S398 Unmatched transfer as reported by originating health service  S399 Date of Admission for awaited procedure but no Removal Date  S400 Date of Admission for awaited procedure invalid  S401 Date of Admission/Reason for Removal mismatch  S435 Reason for Removal P, not approved to report  S440 Reason for Removal G, not approved to report |
| **Related items** | Section 2 Admission for The Awaited Procedure, Total Waiting Time  Section 3a Destination, Treatment Campus  Section 4 Deletion, Transfer of Ownership of Waiting Episode |

### Administration

|  |  |
| --- | --- |
| **Purpose** | Used to monitor waiting list management |
| **Principal data users** | Department of Health, AIHW and the Commonwealth Department of Health |
| **Collection start** | July 1997 |
| **Version** | 2 effective July 2001  3 effective July 2005  4 effective July 2014  5 effective July 2016  6 effective April 2020  7 effective July 2021 |
| **Definition source** | Department of Health |
| **Code set source** | Department of Health |

## Reason for Scheduled Admission Date Change

### Specification

|  |  |
| --- | --- |
| **Definition** | The reason this episode’s Scheduled Admission Date has been revised or cancelled |
| **Label** | Event\_Value |
| **Field size** | N/A |
| **Reported in** | Intra Episode extract |
| **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 |
| **Code set** | Code Descriptor  100 Surgeon unavailable  101 Surgical unit initiated  102 Hospital staff unavailable  103 Ward bed unavailable  104 Critical care bed unavailable  105 Equipment unavailable  106 Theatre overbooked  107 Theatre over-run  108 Emergency priority  109 Elective priority  110 Hospital/surgeon has not prepared patient  111 Clerical/Booking error  118 Emergency use  119 COVID-19  120 Patient is unprepared  121 Patient deemed unfit  122 Patient has postponed  123 Patient has failed to attend  124 Admission postponed: surgery date unchanged  130 Booking brought forward |
| **Reporting guide** | Report the reason that most accurately reflects why the patient’s Scheduled Admission Date has been changed or cancelled. Where multiple reasons for Scheduled Admission Date change exist, select the most appropriate code.  The decision not to admit a patient as scheduled will be made after the date the scheduling takes place and before the scheduled admission date.  **Cancellation after the patient has been admitted**  Whilst an admission cannot be cancelled after it has occurred, 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, and the Event Date can be the date of the admission.  **Cancellation before patient receives booking advice**  If a booking (the setting of a Scheduled Admission Date) is entered onto the system but not communicated to the patient, and a decision is made not to proceed with that booking, the booking should be DELETED rather than reported as a booking and cancellation.  **Hospital initiated postponements**  The Department of Health monitors the rates of Hospital Initiated Postponements (HIPs) through its Performance Monitoring Framework.  **100 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.  **101 Surgical unit initiated**  Surgery postponed due to surgeon/registrar preference to perform surgery on another patient.  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.  Excludes:  When surgery is postponed because of the need to perform surgery on a patient of higher clinical urgency (report 108 Emergency priority or 109 Elective priority).  **102 Hospital staff unavailable**  Insufficient hospital staff (nurses, anaesthetists, non-clinical staff). Report this code for Industrial action.  **103 Ward bed unavailable**  A bed (other than a critical care bed) is not available in the hospital.  **104 Critical care bed unavailable**  A critical care bed (intensive care, coronary care or high dependency) is not available in the hospital.  **105 Equipment unavailable**  Equipment (including power or water) is unavailable or has failed, or prosthesis for implantation is unavailable.  **106 Theatre overbooked**  Too many cases scheduled in the planning of the list.  Excludes: Unintentional list overrun because cases took longer than anticipated (report 107 Theatre over-run).  **107 Theatre over run**  Unintentional list over-run due to cases taking longer than anticipated  **108 Emergency priority**  Rescheduled due to a higher priority emergency patient requiring surgery.  Includes:   * Emergency patients currently admitted * Patients presenting via the emergency department * Obstetric emergencies.   **109 Elective priority**  Rescheduled due to a higher priority elective patient requiring surgery. Includes elective patients seen in outpatients or private rooms.  **110 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.  Excludes:  Where the patient has not prepared sufficiently (report 120 Patient unprepared).  **111 Clerical/booking error**  The patient has been incorrectly advised of date of surgery. A clerical/booking error occurred, for example advising patient of incorrect date of surgery.  **118 Emergency use**  Only to be used under the direction of the Department of Health. The department will provide reporting guidelines when an ‘emergency use’ code is enacted.  **119 COVID-19**  Scheduled admission for non-urgent surgery (Cat 2 or 3) was cancelled due to the COVID-19 response (not considered to be a hospital-initiated postponement)  **120 Patient is unprepared**  The patient has not adhered to the required preparations for surgery, for example has eaten or not done bowel preparation.  **121 Patient deemed unfit**  The patient has been assessed as unwell by a general practitioner, surgeon, anaesthetist, or other clinical staff.  Includes:   * Surgeon’s assessment that patient is temporarily not ready for care due to a change in their clinical condition * Shortage of blood for transfusion * Anaesthetic complications.   Excludes:  Patients declaring themselves unwell (report 122 Patient has postponed).  **122 Patient has postponed**  Surgery postponed at the request of the patient for personal reasons, or because they have declared themselves unwell.  **123 Patient has failed to attend**  Surgery postponed because the patient has failed to attend.  **124 Admission postponed: surgery date unchanged**  Patient was admitted after the Scheduled Admission Date, but the procedure was performed on the day originally planned.  **130 Booking brought forward**  Patient’s Scheduled Admission Date has been brought forward for any reason. |
| **Validations** | S287 Scheduled Admission Date exceeded  S391 Invalid Intra Episode Event Value for SAD Change Reason  S417 Scheduled Admission Date changed without Reason for Change  S418 Reason for SAD Change reported but no related SAD  S429 SAD Identifier/Event Type mismatch  S441 Reason for SAD Change is 118, not approved to report |
| **Related items** | Section 2: Hospital Initiated Postponement, Intra Episode Event  Section 3b: Event Type, Event Date, Scheduled Admission Date Identifier |

### Administration

|  |  |
| --- | --- |
| **Purpose** | Used to monitor waiting list management |
| **Principal data users** | Department of Health |
| **Collection start** | July 1997 |
| **Version** | 2 effective July 2005  3 effective July 2007  4 effective April 2020  5 effective July 2021 |
| **Definition source** | Department of Health |
| **Code set source** | Department of Health |

## Referral **Accepted Date**

### Specification

|  |  |
| --- | --- |
| **Definition** | The date on which a completed referral is accepted by the health service |
| **Label** | Referral\_Accepted\_Date |
| **Field size** | 8 |
| **Layout** | DDMMYYYY |
| **Reported in** | Episode Extract |
| **Reported for** | All waiting list episodes |
| **Reported when** | The episode is first registered on the waiting list |
| **Reporting guide** | The Referral Accepted Date will be on or after the Clinical Registration Date, and on or before the Administrative Registration Date. |
| **Validation** | S438 Referral Accepted Date invalid |
| **Related items** | Section 2 Registration – Administrative, Registration – Clinical  Section 3a Clinical Registration Date, Administrative Registration Date |

### Administration

|  |  |
| --- | --- |
| **Purpose** | To monitor delays in registering patients for planned surgery |
| **Principal data users** | Department of Health, Victorian Agency for Health Information |
| **Collection Start** | July 2021 |
| **Definition source** | Department of Health |

## Removal Date

### Specification

|  |  |
| --- | --- |
| **Definition** | The date on which the patient’s waiting episode is completed by an event listed in the Reason for Removal code set |
| **Label** | Removal\_Date |
| **Field size** | 8 |
| **Layout** | DDMMYYYY or blank |
| **Reported in** | Episode extract |
| **Reported for** | All waiting episodes removed from the waiting list |
| **Reported when** | Reason for Removal is reported |
| **Reporting guide** | **Admission at or arranged by this health service/campus**  Removal Date is the date of procedure.  **Admission at another health service/campus, not arranged by this health service/campus**  Removal Date is the date that the hospital becomes aware that the patient has already received the awaited procedure.  **Transfer of waiting episode**  Removal Date is the agreed transfer date of the waiting episode. Refer to Section 4: Transfer of ownership of waiting episode for further details.  **Patient is deceased**  Removal date is the date on which the health service was notified of the patient’s death.  **Patient not contactable**  Removal Date is the date of final attempt of reasonable effort (per Planned Surgery Access Policy).  **Surgery Declined**  Removal Date is the date that the patient declined the surgery and contacted the health service to advise this.  **Surgery no longer required**  Date on which the clinical decision was made that the patient no longer requires the awaited procedure.  **Patient failure to arrive for treatment**  Removal Date is the Scheduled Admission Date on which the patient failed to attend for their awaited procedure. |
| **Validations** | S290 Removal Date invalid  S291 Removal Date is before Clinical Registration Date  S296 Reason for Removal implies procedure performed but Not Ready for Surgery  S315 Clinical Urgency Cat 1, wait more than 30 days  S395 Removal Date/Reason for Removal mismatch  S397 Unmatched Transfer as reported by receiving health service  S398 Unmatched Transfer as reported by originating health service  S399 Date of Admission for awaited procedure but no Removal Date  S403 Date of Admission for awaited procedure is after Removal Date  S409 Age greater than 105 years |
| **Related items** | Section 2: Total Waiting Time  Section 3: Reason for Removal  Section 4: Business rules, Transfer of ownership of waiting episode |

### Administration

|  |  |
| --- | --- |
| **Purpose** | Used to calculate Total Waiting Time |
| **Principal data users** | Department of Health, Commonwealth Department of Health |
| **Collection start** | July 1997 |
| **Version** | 2 effective July 2005 |
| **Definition source** | Department of Health |

## Scheduled Admission Date

### Specification

|  |  |
| --- | --- |
| **Definition** | The date on which the admission for the awaited procedure is intended to occur |
| **Label** | Event\_Value |
| **Field size** | 8 |
| **Layout** | DDMMYYYY |
| **Reported in** | Intra Episode extract |
| **Reported for** | Episodes that have one or more admissions scheduled |
| **Reported when** | Each time a new admission is scheduled for this episode |
| **Reporting guide** | ESIS collects the Scheduled Admission Date not scheduled procedure date.  Scheduled admissions are ‘open’ (or uncancelled) if a related Reason SAD Changed event does not exist. Set SAD events and Reason SAD Changed events are related to one another by a common SAD Identifier.  There should only ever be one ‘open’ (uncancelled) admission scheduled for a given procedure at any point in time.  If the patient is admitted as planned for the awaited procedure, the uncancelled Set SAD event should contain the actual Date of Admission.  If a patient is not admitted on a given Scheduled Admission Date, a Reason SAD Changed event must be reported (with the correct SAD Identifier). |
| **Validations** | S287 Scheduled Admission Date exceeded  S295 Date of Admission greater than Scheduled Admission Date  S297 Date of Admission less than Scheduled Admission Date  S392 Invalid Intra Episode Event Value for Set SAD Event  S400 Date of Admission for Awaited Procedure invalid  S417 Scheduled Admission Date changed without Reason for Change  S418 Reason for SAD Change reported but no related SAD  S429 SAD Identifier/Event Type mismatch |
| **Related items** | Section 3a: Reason for Scheduled Admission Date Change  Section 3b: Scheduled Admission Date Identifier  Section 4: Scheduling or Booking |

### Administration

|  |  |
| --- | --- |
| **Purpose** | Used for analysis of admission scheduling patterns. |
| **Principal data users** | Hospitals, Department of Health |
| **Collection start** | July 1997 |
| **Definition source** | Hospitals, Department of Health |

## Sex at birth

### Specification

|  |  |
| --- | --- |
| **Definition** | The sex of the person as recorded at birth or infancy.  The distinction between male, female, and others who do not have biological characteristics typically associated with either the male or female sex, as represented by a code. |
| **Label** | Sex |
| **Reported in** | Patient extract |
| **Reported for** | All patient level records |
| **Reported when** | The patient is first registered on the waiting list for any episode |
| **Code set** | Code Descriptor  1 Male  2 Female  5 Another term |
| **Reporting guide** | The term 'sex' refers to a person's biological characteristics. A person's sex is usually described as being either male or female; some people may have both male and female characteristics, or neither male nor female characteristics, or other sexual characteristics.  Sex recorded at birth refers to what was determined by sex characteristics observed at birth or infancy.  Hospitals should refrain from making assumptions about a person's sex based on indicators such as their name, voice or appearance.  **1 Male**  Persons whose sex at birth or infancy was recorded as male.  **2 Female**  Persons whose sex at birth or infancy was recorded as female.  **5 Another term**  Persons whose sex at birth or infancy was recorded as another term (not male or female). |
| **Validations** | S091 Sex at birth code invalid |

### Administration

|  |  |
| --- | --- |
| **Purpose** | To enable analyses of service utilisation and epidemiological studies |
| **Principal users** | Multiple internal and external data users |
| **Collection start** | July 1997 |
| **Version** | 3 effective July 2004  4 effective July 2017  5 effective July 2024 (Sex updated to Sex at birth) |
| **Definition source** | Person—sex, code X (METEOR 741686) |
| **Code set source** | Person—sex, code X (METEOR 741686) |

## Source of Referral

### Specification

|  |  |
| --- | --- |
| **Definition** | The source of the patient’s referral to the waiting list |
| **Label** | Source\_Of\_Referral |
| **Reported in** | Episode extract |
| **Reported for** | All waiting list episodes |
| **Reported when** | The episode is first registered on the waiting list |
| **Code set** | Code Descriptor  1 Referred by private practitioner  2 Referred from waiting list at other ESIS campus/health service  3 Referred by outpatient department at this campus/health service  4 Referred by other department at this campus/health service  5 Referred by other (not at this campus/health service) |
| **Reporting guide** | If reporting at:   * health service level, ‘campus/health service’ means health service * campus level, ‘campus/health service’ means campus   **1 Referred by private practitioner**  A private practitioner has referred the patient to the waiting list at this reporting health service from his/her private rooms.  **2 Referred from waiting list at other ESIS campus/health service**  The reporting responsibility for the patient’s waiting episode has been transferred from another ESIS reporting campus/health service.  Excludes:  Transfer of waiting episode from non-ESIS reporting hospital (report code 5)  **3 Referred by outpatient department at this campus/health service**  Patient has been referred from an Outpatient Department at this campus/health service.  Includes:  Patient referred from MBS clinic  **4 Referred by other department at this campus/health service**  Patient has been referred from a department within this campus/health service excluding Outpatient Departments. This includes admitted patient wards.  Excludes:  Patients referred from the Emergency Department. Not in scope for ESIS.  **5 Referred by other (not at this campus/health service)**  Patient has been referred from a source other than those outlined in the codes above. This includes patients who have been referred directly to the waiting list by a public hospital that does not report to ESIS.  Excludes:  Patients referred from other hospitals who first attend the Outpatient Department at this campus/health service (report code 3) |
| **Validations** | S193 Source of Referral invalid  S397 Unmatched Transfer as reported by receiving health service  S414 Previous Identifier of Transferred Episode Invalid |
| **Related items** | Section 3a: Previous Identifier of Transferred Episode  Section 4: Transfer of Ownership Of Waiting Episode |

### Administration

|  |  |
| --- | --- |
| **Purpose** | Used for analysis of referral patterns |
| **Principal data users** | Department of Health |
| **Collection start** | July 1999 |
| **Version** | 2 effective July 2005 |
| **Definition source** | Department of Health |
| **Code set source** | Department of Health |

## Surgical Speciality

### Specification

|  |  |
| --- | --- |
| **Definition** | The area of clinical expertise of the surgeon who will perform the planned surgery |
| **Label** | Surgical\_Specialty |
| **Reported in** | Episode extract |
| **Reported for** | All waiting list episodes |
| **Reported when** | The episode is first registered on the waiting list and can be updated at any time |
| **Code set** | Code Descriptor  01 Cardio-thoracic surgery  02 Ear, nose, and throat surgery  03 General surgery  04 Gynaecology  05 Neurosurgery  06 Ophthalmology  07 Orthopaedic surgery  08 Plastic surgery  09 Urology  10 Vascular surgery  11 Other  12 Paediatric surgery |
| **Reporting guide** | If there is no code that exactly matches the Surgical Specialty, record the best match.  When a patient is placed on the waiting list for multiple procedures to be performed during the same episode (that might be performed by different surgeons), select the Surgical Specialty code appropriate for the IP code assigned.  **Changes to Surgical Specialty codes within a single episode**  Changes to the Surgical Specialty within an episode of waiting are allowed in the following circumstances:   * when a surgeon of a different specialty (indicated by the new Surgical Specialty code) will treat the same condition in the patient as was intended when the patient was placed on the waiting list * when a data input error has occurred, and a change to the Surgical Specialty code is simply a correction of that error.   **Start new waiting episode**  If the patient requires a new procedure (and therefore new Surgical Specialty) for treatment of a different condition. |
| **Validations** | S147 Surgical Specialty Invalid  S387 Surgical Specialty Has Changed |
| **Related items** | Intended Procedure |

### Administration

|  |  |
| --- | --- |
| **Purpose** | Used for analysis of waiting times by specialty |
| **Principal data users** | Department of Health, AIHW and the Commonwealth Department of Health |
| **Collection start** | July 1997 |
| **Version** | 2 effective July 2021 |
| **Definition source** | NHDD |
| **Code set source** | NHDD (DH modified) |

## Treatment Campus

### Specification

|  |  |
| --- | --- |
| **Definition** | Where reporting is at the campus level, the Treatment Campus is the reporting campus in all cases.  Where reporting at the health service level, the Treatment Campus is the campus within the health service at which it is intended treatment will take place |
| **Label** | Treatment\_Campus |
| **Reported in** | Episode extract |
| **Reported for** | All waiting list episodes |
| **Reported when** | The waiting list is first registered.  Updated when a health service revises the intended/actual treatment campus during the waiting period. |
| **Code set** | Treatment Campus reference data is available from [HDSS reference files](https://www.health.vic.gov.au/data-reporting/vemd-vaed-vinah-esis-reference-files) <https://www.health.vic.gov.au/data-reporting/vemd-vaed-vinah-esis-reference-files> |
| **Reporting guide** | Where reporting is at campus level, the Treatment Campus is always the reporting campus.  Where reporting is at health service level and the episode is not removed:   * report the campus within the health service where it is intended the patient will undergo the awaited procedure   Where reporting is at health service level and the episode is removed, and Reason for Removal is:   * W, M or Y (admitted to this campus), report the actual campus at which the patient has undergone the awaited procedure. * For all other Reason for Removal codes, the Treatment Campus represents the campus it was intended the patient have the awaited procedure. |
| **Validations** | S370 Treatment Campus invalid |
| **Related items** | Section 2: Campus, Section 3a: Reason for Removal |

### Administration

|  |  |
| --- | --- |
| **Purpose** | To allow hospitals to report at either the health service or campus level, depending on how their waiting list is managed |
| **Principal data users** | Department of Health |
| **Collection start** | July 2002 |
| **Version** | 2 effective July 2005 |
| **Definition source** | Department of Health |
| **Code set source** | Department of Health |

# Section 3b: Data Definitions – Technical elements

Section 3b provides the specifications for each ESIS database specific item and alphabetically sets out the required technical elements for submission of ESIS data.

Note: Section 3a details the related ESIS collection data elements in the data collection.

Sites and software vendors should be aware that this manual describes how to submit data to the department, not how it is stored in a site’s system. Sites should map from their stored values to the specified ESIS values.

## Ceased Patient Identifier

### Specification

|  |  |
| --- | --- |
| **Definition** | The Patient Identifier that is to be ceased, where two or more patient records are merged |
| **Label** | Ceased\_Patient\_Identifier |
| **Field size** | 10 |
| **Layout** | XXXXXXXXXX |
| **Reported in** | Merge extract |
| **Reported for** | All patient records that are being discontinued because of a merge |
| **Reported when** | The campus/health service identifies the need to merge two or more patient records |
| **Reporting guide** | The discontinued Patient Identifier is reported in the Merge extract and paired with the Patient Identifier being retained. The merge will only be successful when both the Identifier being retained, and the Identifier being continued have previously been submitted to ESIS. |
| **Validations** | S415 Ceased Patient Identifier Does Not Exist |
| **Related items** | Section 4: Merging Patient Identifiers |

### Administration

|  |  |
| --- | --- |
| **Purpose** | To facilitate the merge of patient records |
| **Principal data users** | Department of Health |
| **Collection start** | July 2005 |
| **Definition source** | Department of Health |
| **Code set source** | Hospital generated |

## Episode Identifier

### Specification

|  |  |
| --- | --- |
| **Definition** | A string of characters that uniquely identifies a waiting episode for a given health service |
| **Label** | Episode\_Identifier |
| **Field size** | 9 |
| **Layout** | XXXXXXXXX Leading zero filled, alphanumeric characters only |
| **Reported in** | Episode extract (Primary Key) and Intra Episode extract (Foreign Key) |
| **Reported for** | All waiting list episodes |
| **Reported when** | The episode is first registered on the waiting list |
| **Reporting guide** | The Episode Identifier must be unique to a single episode and cannot be re-used; an Episode Identifier must not be re-assigned to another episode for the same patient or to another patient.  It is usually generated and allocated by the health service’s computer system and should have no relationship with the patient’s unit record number/Patient Identifier. Once allocated to an episode the Episode Identifier cannot be changed.  When migrating data from an existing hospital system to a new one, the Episode Identifier must be preserved. |
| **Validations** | S174 New episode, old Clinical Registration Date  S378 Episode Identifier invalid  S379 Episode Identifier exists multiple times in one Episode-level extract  S381 Referential integrity error between Intra Episode Event and episode  S383 Multiple events of same type for same episode on one day  S386 IP for this episode has changed  S387 Surgical Specialty has changed  S388 Clinical Registration Date has changed  S397 Unmatched transfer as reported by receiving health service  S398 Unmatched transfer as reported by originating health service  S408 The Patient Identifier to which this episode relates, has changed  S414 Previous Identifier of Transferred Episode invalid |
| **Related items** | Section 2: Foreign Key, Intra Episode Event, Primary Key, Referential Integrity |

### Administration

|  |  |
| --- | --- |
| **Purpose** | To identify a waiting list episode and relate intra episode events to their episode |
| **Principal users** | Department of Health, health services |
| **Collection start** | July 1999 (previously called Unique Key) |
| **Version** | 2 effective July 2005 |
| **Definition source** | Department of Health |
| **Code set source** | Hospital generated |

## Event Date

### Specification

|  |  |
| --- | --- |
| **Definition** | The date on which an intra episode event occurred |
| **Label** | Event\_Date |
| **Field size** | 8 |
| **Layout** | DDMMYYYY |
| **Reported in** | Intra Episode extract |
| **Reported for** | All events reported in the Intra Episode extract |
| **Reported when** | An intra episode event occurs |
| **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.  The Event Date must represent the date on which the event occurred, not the date of data entry.  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.  When an episode is first registered clinically, it will have an initial Clinical Urgency and a Readiness for Care value. The Event Dates for this should be the same as the Clinical Registration Date. |
| **Validations** | S287 Scheduled Admission Date exceeded  S383 Multiple Events of same type for same episode on one day  S384 Invalid Event Date  S412 Episode registered without a Clinical Urgency  S413 Episode registered without a Readiness for Care  S417 Scheduled Admission Date changed without Reason for Change  S418 Reason for SAD Change reported but no related SAD  S426 Invalid SAD identifier  S427 SAD Identifier previously reported for this episode |
| **Related items** | Section 2: Intra Episode Event  Section 3a: Clinical Urgency, Readiness for Surgery, Scheduled Admission Date, Reason for Scheduled Admission Date Change, Scheduled Admission Date Identifier  Section 3b: Event Type, Event Value |

### Administration

|  |  |
| --- | --- |
| **Purpose** | To identify the date of the intra episode event |
| **Principal users** | Department of Health |
| **Collection start** | July 2005 |
| **Definition source** | Department of Health |

## Event Type

### Specification

|  |  |
| --- | --- |
| **Definition** | The types of intra episode events that may occur multiple times within a waiting episode |
| **Label** | Event\_Type |
| **Reported in** | Intra Episode extract |
| **Reported for** | All events reported in Intra Episode extract |
| **Reported when** | An intra episode event occurs |
| **Code set** | Code Descriptor  Urgency Clinical Urgency (set or reset)  Readiness Readiness for Surgery (set or reset)  Readiness - Covid Special variation on Readiness to enable readiness code V and have it mean ready  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 or Clinical Urgency or MAPT.  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.  When an episode is first registered clinically, it will have an initial Clinical Urgency category and a Readiness for Surgery 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. Refer to Section 4: Business Rules Intra Episode events for additional information |
| **Validations** | S287 Scheduled Admission Date exceeded  S295 Date of Admission greater than Scheduled Admission Date  S296 Reason for Removal implies procedure received, but Not Ready for surgery  S297 Date of Admission less than Scheduled Admission Date  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 Invalid Intra Episode Event Value for Readiness  S391 Invalid Intra Episode Event Value for SAD Change reason  S392 Invalid Intra Episode Event Value for Set SAD event  S412 Episode registered without a Clinical Urgency  S413 Episode registered without a Readiness for Surgery  S417 Scheduled Admission Date changed without Reason for Change  S418 Reason for SAD Change reported but no related SAD  S427 SAD Identifier previously reported for this episode  S429 SAD Identifier/Event Type mismatch  S431 Intra Episode Event Value for MAPT invalid |
| **Related items** | Section 3a Clinical Registration Date, Clinical Urgency, Readiness for Surgery, Scheduled Admission Date, Reason for Scheduled Admission Date Change.  Section 3b Event Date, Event Value, SAD Identifier.  Section 4 Intra Episode Events |

### Administration

|  |  |
| --- | --- |
| **Purpose** | To identify the type of events relevant to ESIS that happened to waiting list patients for a given episode |
| **Principal data users** | Department of Health |
| **Collection start** | July 2005 |
| **Version** | 2 effective July 2007  3 effective March 2020 |
| **Definition source** | Department of Health |
| **Code set source** | Department of Health |

## Event Value

### Specification

|  |  |
| --- | --- |
| **Definition** | The value of the Event Type reported in the Intra Episode extract |
| **Label** | Event\_Value |
| **Field size** | N/A |
| **Layout** | DDMMYYYY NNN.NNN |
| **Valid values** | DELETE  Code from code sets:   * Clinical Urgency * Reason for Scheduled Admission Date Change * Readiness for Surgery |
| **Reported in** | Intra Episode extract |
| **Reported for** | All events reported in the Intra Episode extract |
| **Reported when** | An event occurs and is reported in the Intra Episode Event with an Event Date, Event Type, Episode Identifier and SAD Identifier for scheduling events |
| **Reporting guide** | Episode Events can occur multiple times within a waiting episode. For MAPT, Urgency and Readiness events there can only be one event per episode per day. Scheduling events can occur multiple times in a single day. Refer to the Scheduling/booking business rules for direction on how this is to be reported.  Event values are described in the following Data Definitions:  Clinical Urgency  Readiness for Surgery  Reason or Scheduled Admission Date Change  Scheduled Admission Date  Multi-attribute Prioritisation Tool (MAPT) Score  **Event Value is the only field in an Intra Episode event that can be changed** **(updated)** All other change to Intra Episode data requires the submission of an Intra Episode event Deletion and then reporting the correct data.  **Deleting an intra episode event**  When deleting an intra episode level record, the event value field contains the word ‘DELETE’ |
| **Validations** | S287 Scheduled Admission Date exceeded  S295 Date of Admission greater than Scheduled Admission Date  S296 Reason for Removal implies procedure received, but not ready for surgery  S297 Date of Admission less than Scheduled Admission Date  S315 Clinical Urgency Cat 1, wait more than 30 days  S375 Invalid Clinical Urgency category for ESAS Reason for Removal  S383 Multiple Events of same type for same episode on one day  S389 Invalid Intra Episode Event Value for Clinical Urgency change  S390 Invalid Intra Episode Event Value for Readiness change  S391 Invalid Intra Episode Event Value for SAD Change Reason  S392 Invalid Intra Episode Event Value for Set SAD event  S400 Date of Admission for awaited procedure invalid  S412 Episode registered without a Clinical Urgency  S413 Episode registered without a Readiness for Surgery  S417 Scheduled Admission Date changed without reason for change  S418 Reason for SAD Change reported but no related SAD |
| **Related items** | Section 3a Clinical Urgency, Readiness for Surgery, Scheduled Admission Date, Reason for Scheduled Admission Date Change, Multi-Attribute Prioritisation Tool (MAPT) Score  Section 3b Episode Identifier, Event Date, Event Type  Section 4 Scheduling or Booking |

### Administration

|  |  |
| --- | --- |
| **Purpose** | To collect data relating to intra episode events |
| **Principal data users** | Department of Health |
| **Collection start** | July 2005 |
| **Version** | 2 effective July 2007 |
| **Definition source** | Department of Health |
| **Code set source** | Department of Health |

## Retained Patient Identifier

### Specification

|  |  |
| --- | --- |
| **Definition** | The Patient Identifier that is to be retained, where two or more patient records are merged |
| **Label** | Retained\_Patient\_Identifier |
| **Field size** | 10 |
| **Layout** | XXXXXXXXXX |
| **Reported in** | Merge extract |
| **Reported for** | The Patient record being retained when two or more patient records are merged |
| **Reported when** | The campus/health service identifies the need to merge two or more patient records |
| **Reporting guide** | The retained Patient Identifier is reported in the Merge extract paired with the Patient Identifier being discontinued. The merge will only be successful when both the Identifier being retained, and the Identifier being continued, have previously been submitted to ESIS. |
| **Validations** | S416 Retained Patient Identifier does not exist |
| **Related items** | Section 4 Merging of Patient Identifiers |

### Administration

|  |  |
| --- | --- |
| **Purpose** | To facilitate the merge of patient records |
| **Principal data users** | Department of Health |
| **Collection start** | July 2005 |
| **Definition source** | Department of Health |

## Scheduled Admission Date Identifier

### Specification

|  |  |
| --- | --- |
| **Definition** | An identifier that links a Set SAD event to its Reason SAD Changed event |
| **Label** | SAD\_Identifier |
| **Field size** | 10 |
| **Valid values** | XXXXXXXXXX |
| **Reported in** | Intra Episode extract |
| **Reported for** | Event Types Set SAD and Reason SAD Changed |
| **Reported when** | On each occasion a new Scheduled Admission Date is allocated and on each occasion the Reason SAD changed event is reported |
| **Reporting guide** | A new Scheduled Admission Date Identifier (SAD Identifier) must be reported each time Event Type Set SAD is reported for an episode.  When it becomes evident that the Scheduled Admission Date will not proceed as planned a Reason SAD Changed event must be reported. The SAD Identifier generated for this Reason SAD Changed event must be the same as the SAD Identifier previously reported for the related Set SAD event.  The SAD Identifier should be generated by a health service’s computer system and must be unique to each pair of bookings and cancellations (Set SAD and Reason SAD Changed events) within an episode. |
| **Validations** | S287 Scheduled Admission Date exceeded  S417 Scheduled Admission Date changed without reason for change  S418 Reason for SAD Change reported but no related SAD  S426 Invalid SAD Identifier  S427 SAD Identifier previously reported for this episode  S429 SAD Identifier/Event Type mismatch |
| **Related items** | Section 2 Intra Episode Event  Section 3a Reason for SAD Change, Scheduled Admission Date  Section 3b Episode Identifier, Event Date, Event Type  Section 4 Scheduling or booking |

### Administration

|  |  |
| --- | --- |
| **Purpose** | To definitively link an episode’s booking to its cancellation (Set SAD and Reason SAD Changed events). |
| **Principal data users** | Department of Health |
| **Collection start** | July 2005 |
| **Definition source** | Department of Health |
| **Code set source** | Hospital generated |

# Section 4: Business rules

## Introduction

This section provides business rules associated with reporting to the ESIS data collection. The business rules for ESIS relate both to the various data items, as well as providing technical information associated with reporting to the ESIS data collection.

## Backdated data entry

Software vendors must provide hospitals with systems that have the capacity for data entry of additions, changes or deletions for Episode and Intra Episode Events that have occurred at some point in the past. This is necessary where:

* the waiting episode has not been correctly entered. This may require the original Clinical Registration Date and all other relevant dates to be entered.
* the waiting episode has been wrongly removed at some point in the past and requires reinstating.
* an Intra Episode Event has been overlooked.

Refer to: Section 3a Clinical Registration Date

## Calculation of total waiting time

* Count starts on Administrative Registration Date
* Includes days where patient is ready for surgery – situation at the end the day 23:59
* End date is the Admission Date (when procedure received) or Removal Date when not admitted
* When start date and end date are the same total waiting time = 0 days

Exception – when Administrative Registration Date is after the Removal Date or Admission Date, the start date is the Clinical Registration Date

Exception – when the Urgency Category has increased (eg from 3 to 2) then the start date is the event date of the most recent urgency increase. Please note that this means that if a record has had an urgency increase then it will have different start dates for the calculation depending on whether the census date for the calculation is before or after the urgency increase.

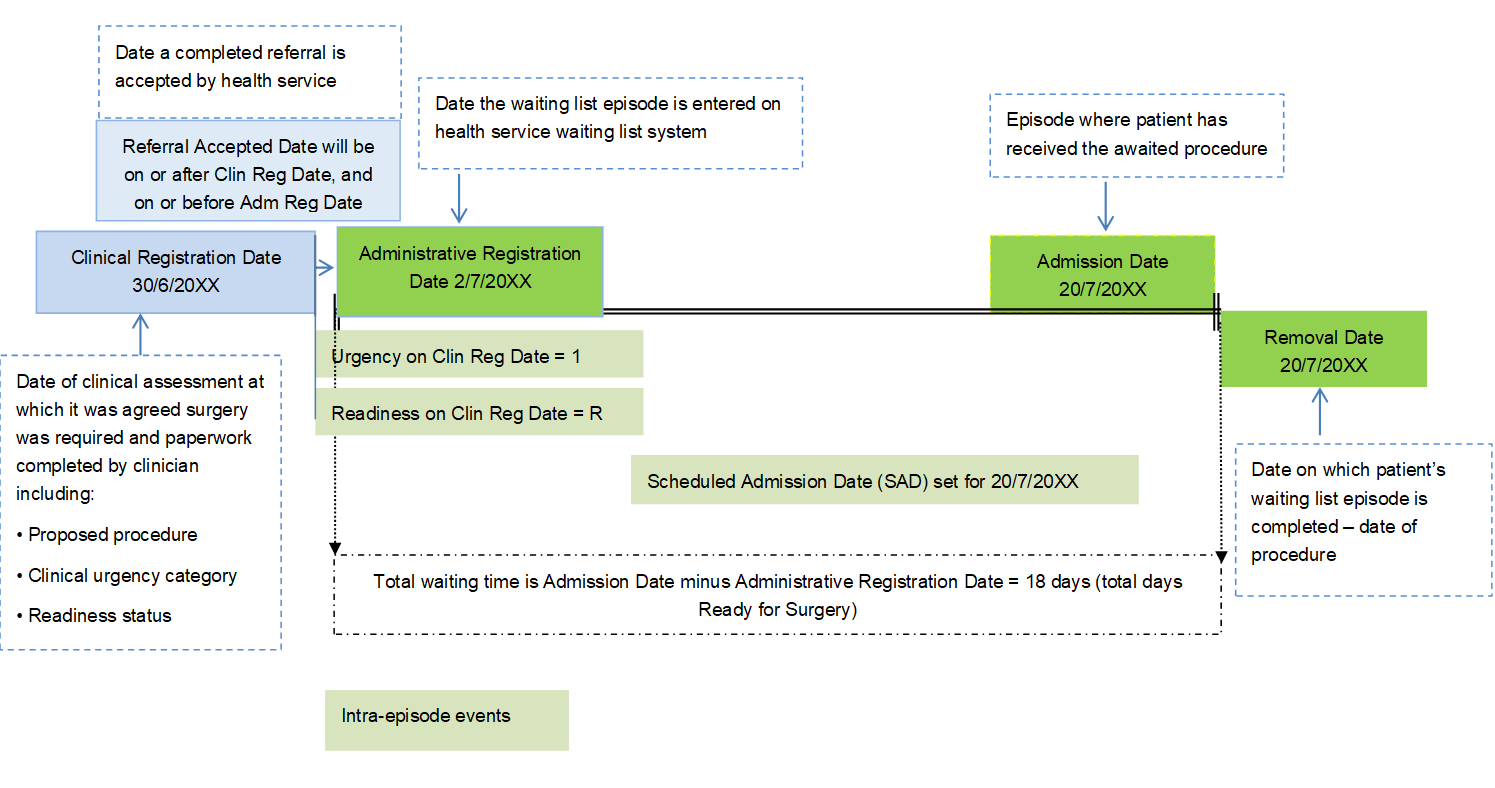
For records that are:

* Not removed (ie Removal Date is either null or greater than census date) and not admitted (ie Admission Date is either null or greater than census date) at census date, the census date is included in the count if patient is RFS still waiting ‘as at midnight’
* Admitted (ie Admission Date is <= census date and Reason for Removal is M, Y, W, X, P or S) on or before census date regardless of whether removed or not at census date, then end date is Admission Date.
* Treated elsewhere – not arranged by this campus/health service (ie Admission Date is <= census date and Reason for Removal is B. I, or U) on or before census date, then end date is Removal Date
* Removed (ie Removal Date is <= census date) but not admitted (ie Reason for Removal is N, T, H, O, Q, R, F or Z) at census date, then end date is Removal Date.
* Transferred from another ESIS campus/health service (Source of Referral 2) total waiting time includes the Previous Total Waiting Time of Transferred Episode.

Table 1 End dates by Reason for Removal

|  |  |  |
| --- | --- | --- |
| Aggregation Reason for Removal | Reason for Removal code / description | End date (excluded from count of total waiting time) |
| Admitted other | B Treated elsewhere for awaited procedure - public facility  I Treated elsewhere for awaited procedure - private facility  U Treated elsewhere for awaited procedure – unknown whether public or private | Removal Date |
| Admitted other (this campus) | M Admitted for awaited procedure as emergency patient to this hospital  Y Procedure received – neither planned nor emergency | Admission Date |
| Admitted planned | W Admitted to this campus and has received the awaited procedure  X Hospital arranged admission at other hospital  S Treatment for proc arranged by ESAS  P COVID-19 | Admission Date |
| Transfer | N Transfer to non-ESIS hospital  T Transfer to another ESIS campus/health service | Removal Date |
| Not admitted | F Failure of patient to arrive for treatment  H Admission cancelled, received procedure on non-admitted basis  O Other reason for cancellation  Q Surgery declined or not required  R Died  Z Not contactable | Removal Date |

Calculation of total waiting time (patient admitted as planned)



## Calculation – total waiting time patient admitted for awaited procedure (includes period NRFS)

Episode extract

|  |  |
| --- | --- |
| Clinical\_Registration\_Date | 20 July 20XX |
| Administrative\_Registration\_Date | 22 July 20XX |
| Date\_Of\_Admission | 15 August 20XX |
| Reason\_For\_Removal | W |
| Removal\_Date | 16 August 20XX |

Intra episode events for episode

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Episode\_ID | Event\_Type | Event\_Date | Event\_Value | SAD\_Identifier |
| 000999555 | Readiness | 200720XX | R |  |
| 000999555 | Urgency | 200720XX | 1 |  |
| 000999555 | Set SAD | 230720XX | 040820XX | 0000000001 |
| 000999555 | Reason SAD Changed | 010820XX | 121 | 0000000001 |
| 000999555 | Readiness | 010820XX | P |  |
| 000999555 | Set SAD | 010820XX | 150820XX | 0000000002 |
| 000999555 | Readiness | 080820XX | R |  |

Calculation of waiting time

|  |  |  |
| --- | --- | --- |
| Census Date | Waiting time | Explanation |
| 31 July 20XX | 10 days | RFS days 22-31 July (Census date included since not removed or admitted) |
| 31 August 20XX | 17 days | Total RFS days = 10 in July plus RFS days 8-14 August (admission date not counted) |

## Common procedures not considered planned surgery

Planned surgery comprises 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.

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

The below procedures, which are taken from the National Health Data Dictionary (NHDD), are not considered to be planned surgery and are therefore not within the scope of ESIS.

Waiting list episodes for the following procedures must not be reported to ESIS.

**Common Procedures NOT Part of Planned Surgery include:**

* laryngoscopy
* cosmetic surgery not attracting a Medicare rebate
* dental procedures not attracting a Medicare rebate
* in vitro fertilisation
* obstetrics
* organ or tissue procurement or transplant
* peritoneal and renal dialysis
* procedures associated with obstetrics (for example, planned caesarean section, cervical suture)
* other diagnostic and non-surgical procedures (for example, chemotherapy).

Source: NHDD (Meteor Identifier 732440) [Procedures excluded from planned surgery](https://meteor.aihw.gov.au/content/732440)

<https://meteor.aihw.gov.au/content/732440>

## Changing episode from excluded to ESIS reportable

If because of a data entry error, it becomes necessary to change an episode from excluded to ESIS reportable, the following warning validation may trigger:

S174 New episode, old clinical registration date

Corrections must be completed by the financial year consolidation applicable to the Administrative Registration Date or data will be rejected by the following validations:

S434 Intra episode event, Event Date in earlier fin year

S436 New episode, Administrative Registration Date in earlier fin year

## Deletion of episode for excluded procedure reported in error

If an episode for an excluded procedure (not planned surgery) is reported in error, the hospital system must create a deletion record to delete the episode from the ESIS database.

## Deletion

Deletion means deleting a record from a table because the record was never intended to be there in the first place. A removal refers to the end of a valid waiting list episode that occurs on a Removal Date and has a Reason for Removal.

Example: Patient 0012345678 is entered on the waiting list for a tonsillectomy

Valid waiting list episode – Removal reported when patient receives awaited procedure

|  |  |  |
| --- | --- | --- |
| Episode\_Identifier | Reason\_For\_Removal | Intended\_Procedure |
| 000333666 | W | IP012 |

Hospital discovers a second episode has been created in error.

Episode deletion submitted for episode created in error

|  |  |  |
| --- | --- | --- |
| Episode\_Identifier | Reason\_For\_Removal | Intended\_Procedure |
| 000333667 | DELETE | IP012 |

### Effect of deletions

* Patient table deletion: all episode and intra-episode events relating to that patient will also be deleted
* Episode table deletion: all intra episode events relating to that episode will also be deleted.

### Deleting a submitted record

* A deletion trigger must appear in the text file of the relevant table in the row containing the Primary Key of the record to be deleted.
* Deletion triggers must only be submitted in the text files that are after (submitted later than) any text files containing an addition or a change for that record.
* Delete records must have the required number of fields for each file type though only the key and delete field need to be populated

### Patient Table deletion

To delete a record from the Patient Table the text extract should contain:

Patient Identifier (the primary key); and word ‘DELETE’ in the Medicare Number field

Note: Data in all other fields is ignored when a delete is processed.

Additional note: Delete is only permitted to happen if either the patient record does not have any episodes or if the submission also contains a delete instruction for the episode belonging to the patient.

### Episode Table deletion

To delete a record from the Episode Table the text extract should contain:

Episode Identifier (the primary key); and word ‘DELETE’ in the Reason for Removal field

Note: Data in all other fields is ignored when a delete is processed.

### Intra Episode Table deletion

To delete a record from the Intra Episode Table the text extract should contain the:

Episode Identifier, Event type, Event date of the record to be deleted (the composite of these three items forms the primary key for this table), and The SAD identifier, word ‘DELETE’ in the Event Value field.

Intra episode table deletion example:

Episode\_ID Event\_Type Event\_Date SAD Identifier Event\_Value

0000123456 Set SAD 050920XX 00X0123456 DELETE

### Resubmitting a deleted record

If a reporting health service discovers that a delete trigger has been submitted in error, the reporting health service may re-submit the deleted record in a later extract. The Primary Key of the record must be the same, so it will take the place of the previously deleted record.

All patient, episode and intra-episode events need to be included in the re-submission.

## Intra Episode Events required for Registration

Each time a patient is placed on the planned surgery waiting list for a new waiting episode, the following Intra Episode Events must be reported upon registration of the patient.

* Clinical Urgency on Clinical Registration Date
* Readiness for Surgery on Clinical Registration Date

A change to Clinical Urgency is reported as an Intra Episode Event with:

* Event Type – Urgency
* Event Date – Date that the clinician reviewed and altered the patient’s Clinical Urgency

## Merging Patient Identifiers

Occasionally one patient may have been allocated two or more Patient Identifiers. This situation may require merging the patient records into one of the existing Patient Identifiers, or the creation of a new one. To ensure the changed Patient Identifier data is reported to ESIS, health services will have to submit a ‘merge’ extract that identifies the:

* Patient Identifier or Identifiers to be ceased.
* Patient Identifier to be retained.

Both Patient Identifiers must be loaded in the ESIS editing database for the merge to be successful. Merges will be processed after patient records have been validated. This means that new patient records affected by merges can be sent in the same submission as the merge. The data associated with the patient identifier to be retained takes precedence over data in the other merged records.

For example, health service discovers that 123 and 124 is the same patient

|  |  |
| --- | --- |
| Episode Identifier | Patient Identifier |
| 00B111222 | 0000000123 |
| 00B333333 | 0000000124 |

The health service decides to retain Patient Identifier 123, therefore, submits the following:

Merge table

|  |  |
| --- | --- |
| Ceased\_Patient\_Identifier | Retained\_Patient\_Identifier |
| 000000124 | 0000000123 |

In the following example the health service discovers that Y123, Y115 and Z107 is the same patient. They decide to create a new Patient Identifier (A001) in which to merge the existing records. The merge table will be submitted as follows. There is no requirement to submit any episode or intra episode event records

Merge table

|  |  |
| --- | --- |
| Ceased\_Patient\_Identifier | Retained\_Patient\_Identifier |
| 000000Y123 | 000000A001 |
| 000000Y115 | 000000A001 |
| 000000Z107 | 000000A001 |

## Patient Identifiers Merged in Error

To unmerge records merged in error, submit the ‘merge’ extract again but this time with the word UNMERGE in place of the Ceased Patient Identifier. To unmerge Patient ID A001 submit:

Merge table

|  |  |
| --- | --- |
| Ceased\_Patient\_Identifier | Retained\_Patient\_Identifier |
| UNMERGE | 000000A001 |

## Transfer of ownership of waiting episode

An ESIS waiting episode may be transferred from one ESIS reporting campus or health service to another ESIS reporting campus or health service. The transfer must be reported to ESIS.

A waiting episode is not reported as transferred between campuses of a health service reporting to ESIS at the health service level. This is simply reported as a change in the Treatment Campus field.

Transfer of ownership of a waiting episode will involve dialogue between the health service sending the episode and the health service receiving the episode. It needs to cover the following:

* an agreed transfer date which represents the Removal Date from the sending health service and Clinical Registration Date at the receiving health service. It cannot be a future date.
* the total waiting time as at the agreed transfer date
* the current Readiness for Surgery
* the current Urgency Category
* the sending health service informing the receiving health service of the Episode Identifier
* the sending health service informing the receiving health service of the sending health service’s Campus Code (or Health Service Code)

When a transfer of ownership of a waiting episode occurs from any health service to an ESIS health service, the following reporting requirements apply:

Sending ESIS campus/health service reports:

|  |  |
| --- | --- |
| Reason for Removal | T Transfer of waiting episode to another ESIS Campus/Health service |
| Removal Date | Agreed transfer date |
| Destination | ESIS submission code of the receiving campus/health service |

Receiving ESIS campus/health service reports new waiting episode:

|  |  |
| --- | --- |
| Source of Referral | 2 Referral from waiting list at other ESIS campus/health service |
| Clinical Registration Date | Agreed transfer date |
| Intra Episode Event Date | Initial Urgency and Readiness must be on agreed transfer date |
| Previous Identifier of Transferred Episode | NNNNXXXXXXXXX |
| Previous TWT | NNNN |

## ESIS submission organisation codes

| ESIS submission code | ESIS organisation name |
| --- | --- |
| 1010 | Alfred |
| 1021 | Bendigo |
| 1121 | Shepparton |
| 1130 | Colac Area Health |
| 1150 | Wangaratta |
| 1160 | Mercy Hospital for Women |
| 1191 | Royal Children’s Hospital |
| 1230 | Royal Women’s Hospital |
| 1240 | Royal Victorian Eye and Ear Hospital |
| 5560 | Central Highlands Rural Health |
| 1280 | Northern Health |
| 1320 | Mercy Werribee |
| 1334 | Royal Melbourne Hospital |
| 1360 | Sandringham |
| 1450 | St Vincent’s |
| 1550 | Peter MacCallum |
| 1580 | West Gippsland |
| 1660 | Albury Wodonga Health |
| 1670 | Bass Coast Health |
| 2010 | Grampians Health Ballarat |
| 2050 | Geelong |
| 2160 | South West Healthcare |
| 2170 | Grampians Health Horsham |
| 2180 | Echuca Regional Health |
| 2260 | Grampians Health Stawell |
| 2320 | Mildura Base Public Hospital |
| 2440 | Latrobe Regional |
| 5510 | Monash Health |
| 5520 | Peninsula Health |
| 5530 | Austin Health |
| 5540 | Western Health |
| 5550 | Eastern Health |
| 1670 | Bass Coast |

## Scheduling or Booking

When reporting the scheduling of an admission, there are two aspects to consider:

* The setting of a Scheduled Admission Date (the ‘Set SAD’ event) and
* The reason a Scheduled Admission Date changes (the ‘Reason SAD Changed’ event)

Reporting the setting of a SAD requires:

* date on which the scheduling (or booking) is done (this is the event date)
* SAD (the proposed date of admission - this is the event value)
* system generated SAD Identifier (used to link the setting of a SAD to its reason for change)

Reporting the reason that a scheduled admission date changes requires:

* existing Set SAD
* date on which the SAD revised or cancelled (this is the event date)
* reason the SAD changed (this is the event value)
* system generated SAD identifier (used to link the setting of a SAD to its reason for change)

The change of a SAD can occur on or after the date the SAD was originally set, and an episode can have multiple pairs of these events. A ‘Reason SAD Changed’ event must always have a related ‘Set SAD’ event. All but the latest ‘Set SAD’ event for an episode must have a related ‘Reason SAD Changed’ event. The latest ‘Set SAD’ event will also require a ‘Reason SAD Changed’ event where the Scheduled Admission Date has passed.

Once a Scheduled Admission Date has been set, it may be impacted by a variety of events. The scheduled admission may:

* be brought forward (the next SAD that is set will be earlier than the previous one)
* be postponed (the next SAD that is set will be later than the previous one)
* be cancelled (no new SAD has been set but episode not removed)
* go ahead as planned
* go ahead, but not as planned
* not go ahead at all (the patient no longer requires the surgery, and this episode is therefore removed from the list).

### Example: Booking brought forward

The patient is scheduled on 12 November 20XX, for admission on 28 November 20XX. Later that day an earlier theatre slot becomes available on 19 November.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Episode\_Identifier | Event\_Type | Event\_Date | Event\_Value | SAD\_Identifier |
| 000123456 | Set SAD | 121120XX | 281120XX | 0000000001 |
| 000123456 | Reason SAD Changed | 121120XX | 130 | 0000000001 |
| 000123456 | Set SAD | 121120XX | 191120XX | 0000000002 |

### Example: Scheduled Admission Date cancelled

Where a patient’s admission is cancelled (no new SAD has been set) ‘Reason SAD Changed’ event is required but a new ‘Set SAD’ event is not. The ‘Reason SAD Changed’ event must have an Event Date that is greater than or equal to the ‘Set SAD’ event date, and less than or equal to the end date of the extract in which it is reported.

Report the ‘Reason SAD Changed’ event as occurring on the date the procedure is cancelled. Where data entry relating to this is performed at some point after the SAD has passed, software should allow users to backdate the Event Date to the time the SAD was cancelled.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Episode\_Identifier | Event\_Type | Event\_Date | Event\_Value | SAD\_Identifier |
| 000999999 | Set SAD | 200720XX | 030820XX | 0000000006 |
| 000999999 | Reason SAD Changed | 290720XX | 121 | 0000000006 |

### Example: Admission goes ahead as planned

The patient is scheduled on 12 December 20XX for admission on 28 December 20XX and gets admitted as planned on that date. The event value must equal the date of admission.

Note: The Removal Date (the date the procedure is performed) is independent of this business rule as it may be after the Date of Admission.

Intra Episode Level Data:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Episode\_Identifier | Event\_Type | Event\_Date | Event\_Value | SAD\_Identifier |
| 000777777 | Set SAD | 121220XX | 281220XX | 0000000001 |

Episode Level Data:

|  |  |  |  |
| --- | --- | --- | --- |
| Episode\_Identifier | Reason\_For\_Removal | Date\_Of\_Admission | Removal\_Date |
| 000777777 | W | 281220XX | 281220XX |

Note:

* If the patient is treated elsewhere (B, U, I, S, P or X) and the most recently set SAD is earlier than the date of admission, it must be accompanied by its ‘Reason SAD Changed’ event.
* If the patient is treated elsewhere, the Date of Admission and the date of procedure (the Removal Date) may not be readily available. In these cases, use the best information available at the time as a plausible estimate for date of admission and date of procedure.
* Do not report booking events that occur at other organisations (if reporting as a campus this means organisations other than your campus, if reporting as a Health Service, this means organisations other than your Health Service).

## Validation tables for S310 and S401

Reason for Removal and Date of Admission – valid reporting combinations

|  |  |
| --- | --- |
| Reason for Removal | Date of Admission |
| W, M, Y, B, I, U, S, X, P | Valid date (DDMMYYYY) |
| N, T, R, Z, Q, F, H, O, Null | Null |

Validation S401 Date of Admission/Reason for removal mismatch

Reason for Removal and Destination – valid reporting combinations

|  |  |
| --- | --- |
| Reason for Removal | Destination |
| N | Valid non-ESIS campus code |
| P, X | Valid campus code |
| S | Valid ESAS treatment campus code |
| T | Valid ESIS submission code |
| W, M, Y, B, I, U, R, Z, Q, F, H, O | Null |

Validation S310 Invalid Destination/Reason for Removal combination

# Section 5: Compilation and submission

This section specifies how to format ESIS data for reporting to the department, the submission timelines and information about the ESIS output files returned to health services after each submission.

Health services are required to submit five types of text files that are used to update the following tables maintained by the department:

* Patient Table (Patient Extract)
* Episode Table (Episode Extract)
* Intra Episode Table (Intra Episode Extract)
* Merge Table (Merge Extract)
* Reconciliation Table (Reconciliation Extract).

All text files must:

* be tab-delimited ASCII, with fields trimmed of leading and trailing spaces
* have labels that represent the field names in the first row
* follow the file naming convention detailed below
* There is no requirement that these files be fixed width
* be zipped into one zip file.

## File naming convention

If the file-naming convention is not followed for either the zip file or the text files, the processing system will not recognise the submission as valid, and the run will be terminated.

The submission number is a count of the submissions whose extract end dates fall in a given financial year. Submission ‘001’ is the first and this number must increase by one for each submission. This is intended to help identify any break in sequence (data extracted but not sent).

Zip file naming – example 5000\_XX\_07\_15\_001.zip

| Position | Variable required | Format | Example |
| --- | --- | --- | --- |
| 1-4 | Health service code | NNNN | 5000 |
| 5 | Underscore | \_ | \_ |
| 6-7 | Year | YY | XX |
| 8 | Underscore | \_ | \_ |
| 9-10 | Month | MM | 07 |
| 11 | Underscore | \_ | \_ |
| 12-13 | Extract End Date | DD | 15 |
| 14 | Underscore | \_ | \_ |
| 15-17 | Submission number for this financial year | NNN | 001 |
| 18-21 | .zip | .zip | .zip |

## Extract end date

The year, month and date represent the end date up to which the data has been extracted.

The following dates must all be earlier than or equal to the extract end date of a submission:

* Date of Birth
* Clinical Registration Date
* Administrative Registration Date
* Event Date
* Admission Date
* Removal Date

The extract end date cannot be greater than today’s date and cannot be less than the previous extract’s end date. The same end date may be resubmitted multiple times, but the submission sequence number must increase by one each time. For example:

24th submission for the financial year: 5000\_XX\_11\_15\_024.zip

25th submission for the financial year: 5000\_XX\_11\_15\_025.zip

Text file naming

| Position | Variable required | Format |
| --- | --- | --- |
| 1-4 | Health service code | NNNN |
| 5 | Underscore | \_ |
| 6-7 | Year | YY |
| 8 | Underscore | \_ |
| 9-10 | Month | MM |
| 11 | Underscore | \_ |
| 12-13 | Extract End Date | DD |
| 14 | Underscore | \_ |
| 15-17 | Submission number for this financial year | NNN |
| 18 | Underscore | \_ |
| 19 | P = Patient table  E = Episode table  I = Intra episode table  R = Reconciliation table  M = Merge table | A |
| 20-23 | .txt | .txt |

Text file naming example: 5000\_XX\_11\_15\_016\_E.txt (Test health service, 16th submission for the year, 15 November 20XX submission, Episode Table records)

The first eighteen characters of the text file’s name should be identical to the first eighteen characters of the name of the zip file in which the text file is submitted.

## Text Extracts

Each planned surgery waiting list episode must be reported to ESIS. When extract files are generated for submission, health services should submit only the records that have been added or changed since the previous submission. Software should date stamp changes internally to facilitate correct extraction. Extractions should also be uniquely identified and stored by the software for re-use if required. Each time a submission is processed by ESIS, the related data will be updated until the waiting episode is completed, and the record removed from the planned surgery waiting list.

Unit record level planned surgery data is reported in the following text extracts:

**Patient extract**: contains Patient Identifier and demographic data specific to the patient.

**Episode extract**: contains Episode Identifier, Patient Identifier (to link to the Patient Extract data) and waiting list data specific to a single waiting list episode.

**Intra Episode Event extract**: contains data relating to changes of patient urgency and status throughout the waiting list episode.

The health service generated Episode Identifier links data relating to a single waiting episode. The Episode Identifier is the primary key in the Episode table and the foreign key in the Intra Episode Event table.

The Patient Identifier reported by the health service is the primary key in the patient table and the foreign key in the Episode table. This enables identification of all episodes for a patient at a single health service.

Patient Extract structure

| Order | Note | Data element | Label | Field size | Layout/code set |
| --- | --- | --- | --- | --- | --- |
| 1 | M | Patient Identifier | Patient\_Identifier | 10 | XXXXXXXXXX |
| 2 | M | Date of Birth | Date\_Of\_Birth | 8 | DDMMYYYY |
| 3 | M | Date of Birth Accuracy Code | DOB\_Accuracy\_Code | 3 | NNN |
| 4 | M | Indigenous Status | Indigenous\_Status | N/A | code from code set |
| 5 | M, 3 | Sex at birth | Sex | N/A | code from code set |
| 6 | 1 | Medicare Number | Medicare\_Number | 11 | NNNNNNNNNNN or blank |
| 7 | M | Medicare Suffix | Medicare\_Suffix | Between 1 and 3 characters | AAA, AA, A’A, AA’, A, A-A, AA- |
| 8 | M | Postcode | Postcode | N/A | code from code set |
| 9 | M | Locality | Locality | N/A | code from code set |
| 10 | M | Gender | Gender | N/A | code from code set |
| 11 | 4 | NDIS Participant Identifier | NDIS | 9 | NNNNNNNNN or blank |

Note: M Mandatory

1 Report when made available by the patient

3 Code from Sex at birth code set to be reported for all patients registered on the waiting list from 1 July 2024

4 Report if patient is a NDIS participant

Episode Extract structure

| Order | Note | Data element | Label | Field size | Layout/code set |
| --- | --- | --- | --- | --- | --- |
| 1 | M | Episode Identifier | Episode\_Identifier | 9 | XXXXXXXXX |
| 2 | M | Patient Identifier | Patient\_Identifier | 10 | XXXXXXXXXX |
| 3 | 2 | Date of Admission | Date\_Of\_Admission | 8 | DDMMYYYY |
| 4 | 3 | Destination | Destination | N/A | Code from code set |
| 5 | 4 | Insurance Declaration | Insurance\_Declaration | N/A | Code from code set |
| 6 | M | Planned Length of Stay | Planned\_Length\_Of\_Stay | N/A | Code from code set |
| 7 | M,7 | Intended Procedure | Intended\_Procedure | N/A | Code from code set IPXXX |
| 8 | 5 | Intended Procedure Description | IP\_Description | Up to 100 | Free text excluding tabs, line feeds and carriage returns |
| 9 | M | Reason for Removal | Reason\_For\_Removal | N/A | Code from code set |
| 10 | M | Administrative Registration Date | Administrative\_Registration\_Date | 8 | DDMMYYYY |
| 11 | M | Clinical Registration Date | Clinical\_Registration\_Date | 8 | DDMMYYYY |
| 12 | M | Removal Date | Removal\_Date | 8 | DDMMYYYY |
| 13 | M | Source of Referral | Source\_of\_Referral | N/A | Code from code set |
| 14 | M | Surgical Specialty | Surgical\_Specialty | N/A | Code from code set |
| 15 | M | Treatment Campus | Treatment\_Campus | N/A | Code from code set |
| 16 | 6 | Previous Identifier of Transferred Episode | Previous\_Identifier\_of\_Transferred\_Episode | 13 | XXXXXXXXXXXXX |
| 17 | 6 | Previous Total Waiting Time of transferred episode | Previous\_TWT | 4 | NNNN |
| 18 | 8 |  | Surgeon\_ID |  | Collection ceased 1/7/25. Field must be blank |
| 19 | M | Referral Accepted Date | Referral\_Accepted\_Date | 8 | DDMMYYYY |
| 20 | M | ASA score | ASA\_Score | 1 | Code from code set |

Note:

M Mandatory

2 Mandatory for Reason for Removal codes W, M, S, Y, B, I, U, P and X

3 Mandatory for Reason for Removal codes N, P, S, and X

4 Mandatory for Reason for Removal codes W, M, S, Y, P and X

5 Mandatory for non-specific IP code

6 Mandatory for Source of Referral code 2

7 PPP codes (XXX) were only valid until 30 June 2021, for episodes registered before 1 July 2019

8 Not reported from 1/7/25. Leave blank

Intra Episode Extract structure

| Order | Note | Data element | Label | Field size | Layout/code set |
| --- | --- | --- | --- | --- | --- |
| 1 | M | Episode Identifier | Episode\_Identifier | 9 | XXXXXXXXX |
| 2 | M | Event Type | Event\_Type | N/A | Code from code set |
| 3 | M | Event Date | Event\_Date | 8 | DDMMYYYY |
| 4 | M | Event Value | Event\_Value | N/A | Code from code set or DDMMYYYY |
| 5 | 7 | Scheduled Admission Date Identifier | SAD\_Identifier | 10 | NNNNNNNNNN |

Note:

M Mandatory

7 Mandatory for SET SAD and Reason SAD Changed events. Must be blank for all other intra-episode events

### Merge Extract

The Merge extract contains data to instruct the merge of Patient Identifiers. This identifies the Patient Identifier/s to be ceased and the Patient Identifier to be retained.

Merge Extract structure

| Order | Note | Data element | Label | Field size | Layout/code set |
| --- | --- | --- | --- | --- | --- |
| 1 | M | Ceased Patient Identifier | Ceased\_Patient\_Identifier | 10 | XXXXXXXXXX |
| 2 | M | Retained Patient Identifier | Retained\_Patient\_Identifier | 10 | XXXXXXXXXX |

Note: M Mandatory (Refer to Section 4 Merging Records)

Reconciliation Table structure

| Order | Note | Data element | Label | Field size | Layout/code set |
| --- | --- | --- | --- | --- | --- |
| 1 | M | Aggregate Identifier | Aggregate\_ID | 1 | N |
| 2 | M | Aggregate Description | Aggregate\_Description | N/A | Code from code set |
| 3 | M | Aggregate Value | Aggregate\_Value | Up to 6 characters | NNNNNN |

Note: M Mandatory

**Reporting guide**

Aggregate\_ID Aggregate\_Description

1 Number of registrations year to date

2 Number of removals year to date

**Number of registrations, year to date**:

A count of the total number of Registrations in all submissions for the current financial year to date, regardless of the year in which the Registration Dates fall

For example: The first submission in July contains 35 new registrations from June (previous financial year) and 45 new registrations from July (current financial year). The Aggregate Value for Number of registrations year to date in the first July submission is 80.

**Number of removals, year to date:**

A count of total number of Removals in all submissions for the current financial year to date, regardless of the year in which the Removal Date falls

For example: The first submission in July contains 103 removals from June (previous financial year) and 20 removals from July (current financial year). The aggregate value for number of removals year to date in the first July submission is 123.

See: Section 6 Validation

## ESIS Operational Data Store (ODS) Files

On receipt of each health service’s ESIS submission a series of reports are returned to health services. These reports provide health services a range of valuable information including waiting list performance data and summaries regarding data Validations. The reports are provided in two zip files containing the submission file name followed by “ODS” and “Edits”. Operational Data Store (ODS) files are a snapshot summary of your health service’s ESIS data that has been successfully loaded into the ESIS database for the current financial year. Note, a minimum of 4 months of ODS data is provided at the commencement of the financial year, therefore from July to September the ODS data will contain ODS data from the previous financial year.

ESIS ODS file naming convention example –

The two output files returned to health service code 5000 for their 3rd submission in 2025-26 with an extraction end date of 31st August 2025 would be labelled in the following format.

5000\_25\_08\_31\_003\_ODS.zip and 5000\_24\_08\_31\_003Edits.zip

Refer to the Census File format specification below for the fields included in the ODS census extract.

Census ODS File Structure (XXXX\_YY\_MM\_DD\_ODS\_C.txt)

|  |  |  |  |
| --- | --- | --- | --- |
| Data Item | Label | Format / Values | Description |
| Patient Identifier | Patient Identifier | XXXXXXXXXX | An identifier unique to a patient within this submitting health service. Commonly referred to as the unit record, or UR number. |
| Episode Identifier | Episode Identifier | XXXXXXXXX | A string of characters that uniquely identifies a waiting episode for a given health service. |
| Treatment Campus | Treatment Campus | NNNN | Reporting at campus level, Treatment Campus is the reporting campus.  Reporting at health service level, Treatment Campus is the campus within the health service at which it is intended treatment will take place |
| Census Date | Census Date | DD MMM YYYY | Date on which a snapshot of a waiting list is taken for reporting purposes. ESIS census dates occur on the 15th and the final day of each month |
| Reportable procedures | Reportable PPP | PPP < 500  PPP 500+ | PPP < 500 = IP001-IP152, IP888 (planned surgery)  PPP 500+ = IP401, IP402 (scopes) |
| Total Ready for Surgery Days | Total RFS Days | N | The total number of days an episode has been waiting as “ready for care” |
| Total Not Ready for Surgery Days | Total NRFS Days | N | The total number of days an episode has been waiting as “NOT ready for surgery” |
| Census Urgency | Census Urgency | 1, 2, 3 | Clinical urgency category at census date |
| Census Readiness | Census Readiness | Ready  Not Ready | Readiness for surgery status as at census date |
| Within Time | Within Time | Yes  No | Flag which denotes whether a record is within desired waiting time for urgency:  Category 1 < 30 days  Category 2 < 90 days  Category 3 < 365 days |
| Census Removal | Census Rmvl | Adm as planned  (RFR W, S, P, or X)  Adm not as planned  (RFR B, I, U, M, or Y)  Not Rmvd RFR is blank  Other Rmvl  (RFR R, Z, Q, F, O, H, N, or T) | This field defines the removal status at the census date. |
| Total Waiting Time | TWT | N | The total number of days an episode has been waiting as “ready for surgery” plus previous total waiting time of transferred episode |

The Patient, Episode, and Intra-episode ODS files contain data items as reported in ESIS submission, and reflect the Patient, Episode and Intra-episode data stored in ESIS for the last four census dates.

Patient ODS File Structure (XXXX\_YY\_MM\_DD\_ODS\_P.txt)

|  |  |  |  |
| --- | --- | --- | --- |
| Data Item | Label | Field size | Layout/Code set |
| Patient Identifier | Patient\_Identifier | 10 | XXXXXXXXXX |
| Medicare Number | Medicare\_Number | 11 | NNNNNNNNNNN or blank |
| Medicare Suffix | Medicare\_Suffix | Between 1 and 3 characters | AAA, AA, A’A, AA’, A, A-A, AA- |
| Date of Birth | Date\_Of\_Birth | 8 | DDMMYYYY |
| Sex at birth | Sex | N/A | code from code set |
| Indigenous Status | Indigenous\_Status | N/A | code from code set |
| Postcode | Postcode | N/A | code from code set |
| Locality | Locality | N/A | code from code set |
| Gender | Gender | N/A | code from code set |
| NDIS Participant Identifier | NDIS | 9 | NNNNNNNNN or blank |

Episode ODS File Structure (XXXX\_YY\_MM\_DD\_ODS\_E.txt)

| Data element | Label | Field size | Layout/code set |
| --- | --- | --- | --- |
| Episode Identifier | Episode\_Identifier | 9 | XXXXXXXXX |
| Clinical Registration Date | Clinical\_Registration\_Date | 8 | DDMMYYYY |
| Administrative Registration Date | Administrative\_Registration\_Date | 8 | DDMMYYYY |
| Source of Referral | Source\_Of\_Referral | N/A | code from code set |
| Intended Procedure | Intended\_Procedure | N/A | code from code set  XXX or IPXXX |
| Intended Procedure Description | IP\_Description | Up to 100 | Free text excluding tabs, linefeeds, and carriage returns |
| Surgical Specialty | Surgical\_Specialty | N/A | code from code set |
| Treatment Campus | Treatment\_Campus | N/A | code from code set |
| Destination | Destination | N/A | code from code set |
| Insurance Declaration | Insurance\_Declaration | N/A | code from code set |
| Planned Length of Stay | Planned\_Length\_Of\_Stay | N/A | code from code set |
| Date of Admission | Date\_Of\_Admission | 8 | DDMMYYYY |
| Removal Date | Removal\_Date | 8 | DDMMYYYY |
| Reason for Removal | Reason\_For\_Removal | N/A | code from code set |
| Patient Identifier | Patient\_Identifier | 10 | XXXXXXXXXX |
| Previous Identifier of Transferred Episode | Previous\_Identifier\_of\_Transferred\_Episode | 13 | XXXXXXXXXXXXX |
| Previous Total Waiting Time of transferred episode | Previous\_TWT | 4 | NNNN |
| Referral Accepted Date | Referral\_Accepted\_Date | 8 | DDMMYYYY |
| ASA Score | ASA\_Score | 1 | Code from code set |

Intra-Episode ODS File Structure (XXXX\_YY\_MM\_DD\_ODS\_I.txt)

| Data item | Label | Field size | Layout/code set |
| --- | --- | --- | --- |
| Episode Identifier | Episode\_Identifier | 9 | XXXXXXXXX |
| Event Type | Event\_Type | N/A | code from code set |
| Event Date | Event\_Date | 8 | DDMMYYYY |
| Event Value | Event\_Value | N/A | code from code set or DDMMYYYY |
| SAD Identifier | SAD\_Identifier | 10 | NNNNNNNNNN |

## Using your ODS files - Convert ODS text file to Excel

* Unzip and save the text file eg XXXX\_YY\_MM\_DD\_ODS\_C.txt to a folder on your computer.
* Open Microsoft Excel. Select census file from folder on your computer > Open
* In the Text Import Wizard – Step 1 of 3 Pop-Up Box, Delimited. Click Next
* In the Text Import Wizard – Step 2 of 3 Pop-Up Box, Tab. Click Next
* In the Text Import Wizard – Step 3 of 3 Pop-Up Box, General. Click Finish.
* Save file as Excel

Or open text file > Edit > Select All > Copy and paste into Excel spreadsheet

## Using Census ODS file to identify Cat 1 overdue IP401 and IP402

Currently ESIS validation S315 Clinical Urgency Cat 1, wait more than 30 days is set to trigger only for planned surgery (PPP < 500) episodes. You can use your Census ODS file to identify Cat 1 overdue IP401 Gastroscopy and IP402 Colonoscopy (PPP 500+) episodes.

To identify Cat 1 overdue episodes at 30 September 2023 filter on:

Census Date                30-Sep-23

Reportable PPP           PPP 500+

Census Urgency          1

Census Readiness      Ready

Within Time                 No



## ESIS KPI – Number of patients on the planned surgery waiting list

Filter the census data in the Excel spreadsheet is to ensure only the following data is returned:

Reportable PPP PPP < 500

Census Urgency ALL

Census Readiness Ready

Census Removal Not Rmvd

Census Date filtered to the month in question.

## Data submission – Managed File Transfer (MFT) portal

* ESIS submissions must be sent via the Managed File Transfer (MFT) web portal.
* The MFT portal provides a secure data transfer for ESIS data submission, and for return of reports generated following the processing of submission files.

### Requesting access to the MFT portal for ESIS reporting

Each person submitting ESIS data and/or retrieving reports via the MFT must have their own user account, to request access to the MFT portal:

* Complete the Request Access to the [MFT Portal form](https://www.health.vic.gov.au/data-reporting/health-data-standards-and-systems-hdss-forms) <https://www.health.vic.gov.au/data-reporting/health-data-standards-and-systems-hdss-forms> from the HDSS website and arrange management approval for the request
* You will receive an email advising your MFT Login ID and the link to the MFT login page and the MFT password reset site.
* If you have not received an email in response to your request within 5 business days, please contact the HDSS HelpDesk by email for assistance.

### System requirements

The MFT system can be utilised using the following browsers:

Chrome - latest version (must be opened in INCOGNITO mode)

Microsoft Edge – latest version (must be opened in PRIVACY mode)

**Please note that Cookies and JavaScript must be enabled in the browser.**

### Connection information

The URLs for access to the environments are:

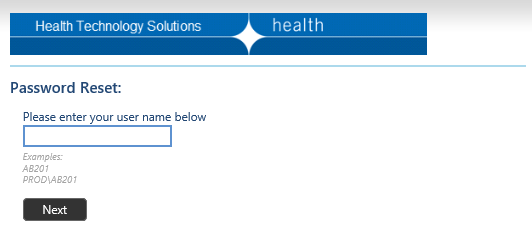
**Managed File Transfer:** Connect to the Managed File Transfer (MFT) application to send your data file and retrieve your reports. [MFT production services](https://prs2-mft.prod.services) <https://prs2-mft.prod.services>

**Multi-Factor Authentication** requires all users to obtain their one-time **MFA** **Token** code (one time password) before proceeding to connect to the MFT portal.

**Self Service Password Reset:** Access the self-service password reset (SSPR) to reset your password at initial use and then on password expiry. [Password reset](https://ehvfimpwdreset.prod.services) <https://ehvfimpwdreset.prod.services>

### Setting your Password for a new/existing account

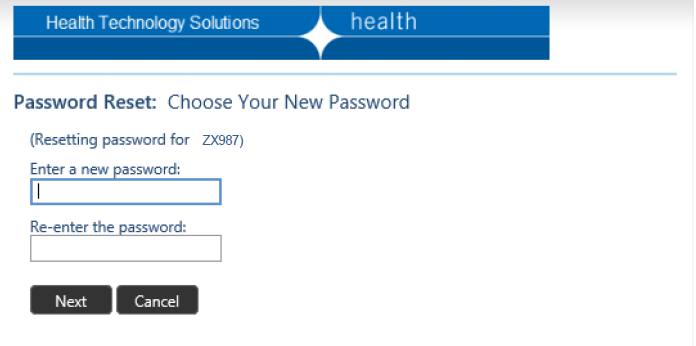
* Once you have your MFT Login ID you will need to create a password. Go to the [self-service password reset site](https://ehvfimpwdreset.prod.services) <https://ehvfimpwdreset.prod.services>, enter your Login ID in the space beneath the instruction ‘Please enter your username below’, and click on the ‘Next’ button:



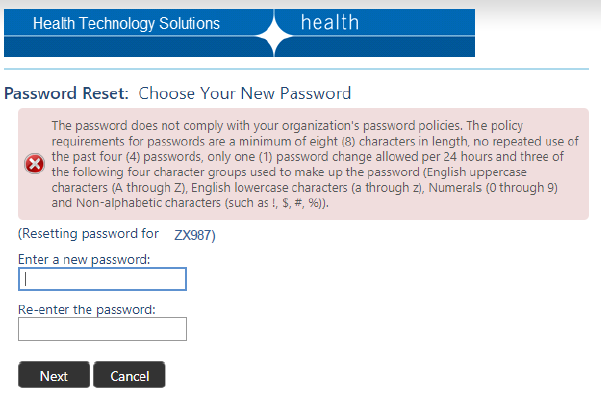
* A security code will be sent to the email address linked to your MFT account. Enter this security code and click ‘Next’:



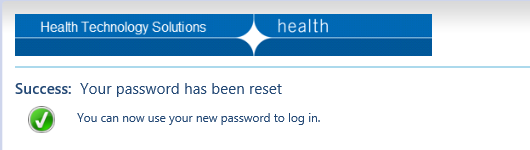
* In a few moments you will be taken to a new screen which displays your unique User ID (eg ZX987 below) into which you can enter and repeat a new password, then click on the ‘Next’ button:



* If your proposed new password doesn’t meet the system requirements, you will be notified and the restrictions on passwords message is displayed. Enter a new password that meets the requirements, re-enter the same password and click the ‘Next’ button:



* When you have entered a password that meets system requirements you will receive confirmation of acceptance:

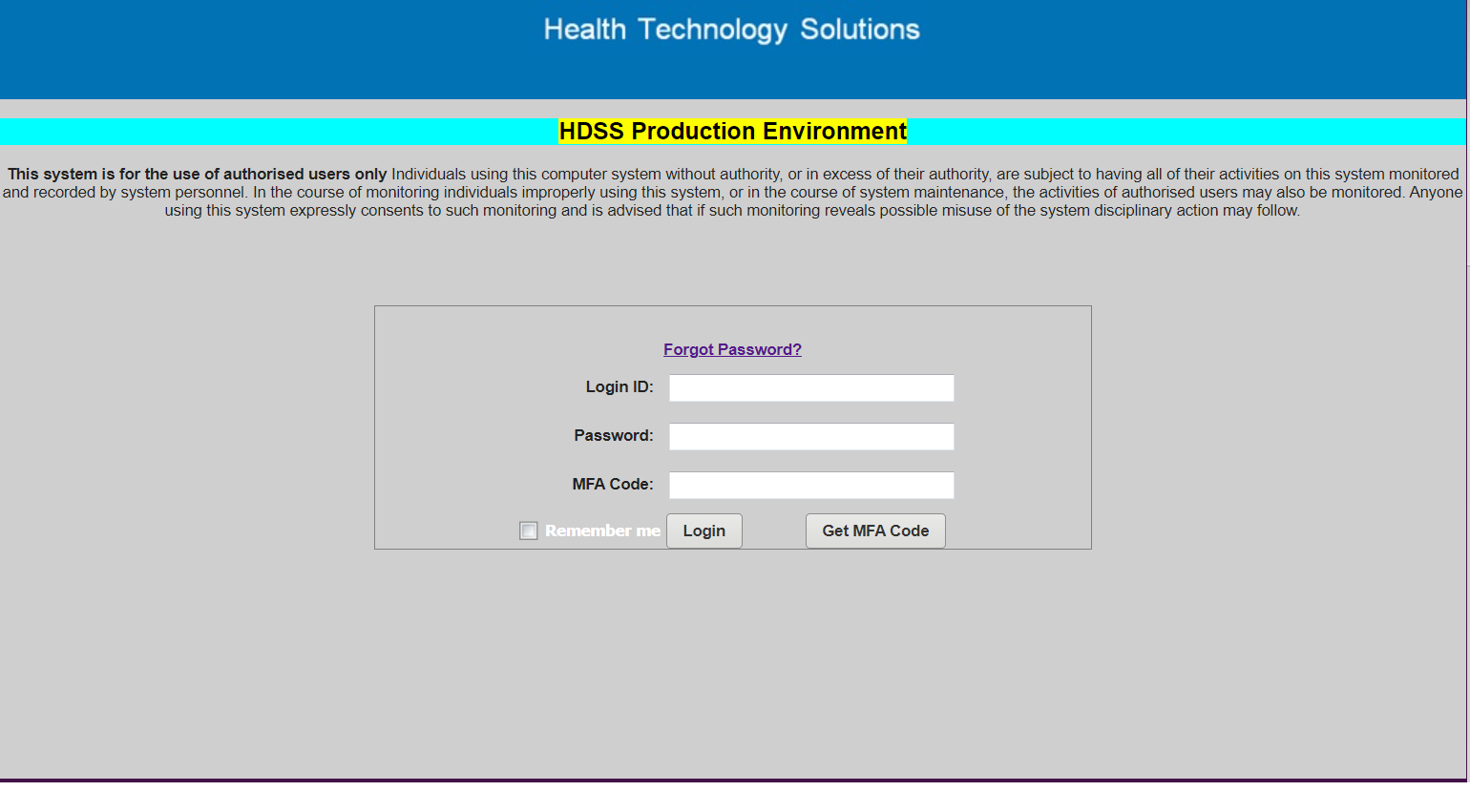


Password expiry is enforced for all MFT user accounts. Users will need to reset their account passwords regularly to continue accessing the portal

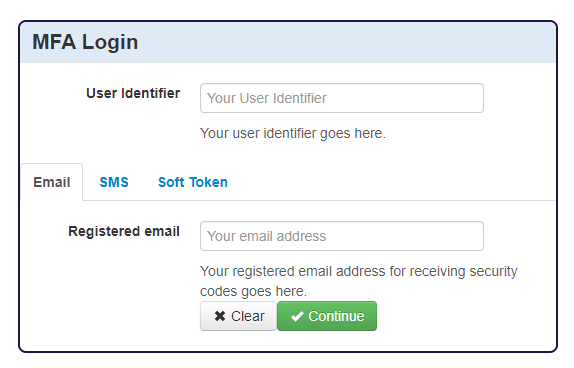
If your account password has expired, you can set a new password using the **“FORGOT PASSWORD”** link from MFT login page. This link will re-direct you to the Password Reset portal where you can follow the steps listed above to set a new MFT account password.

### Logging into the MFT Portal

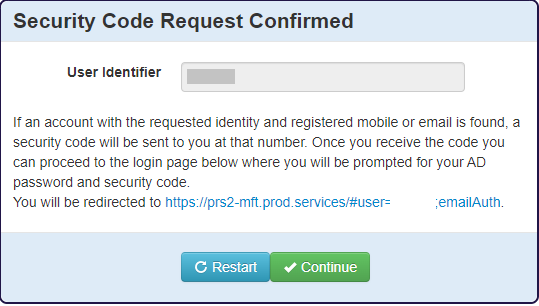
* Open the internet browser, and enter the [MFT portal](https://prs2-mft.prod.services) address <https://prs2-mft.prod.services>
* Bookmark this address to facilitate easy access in future



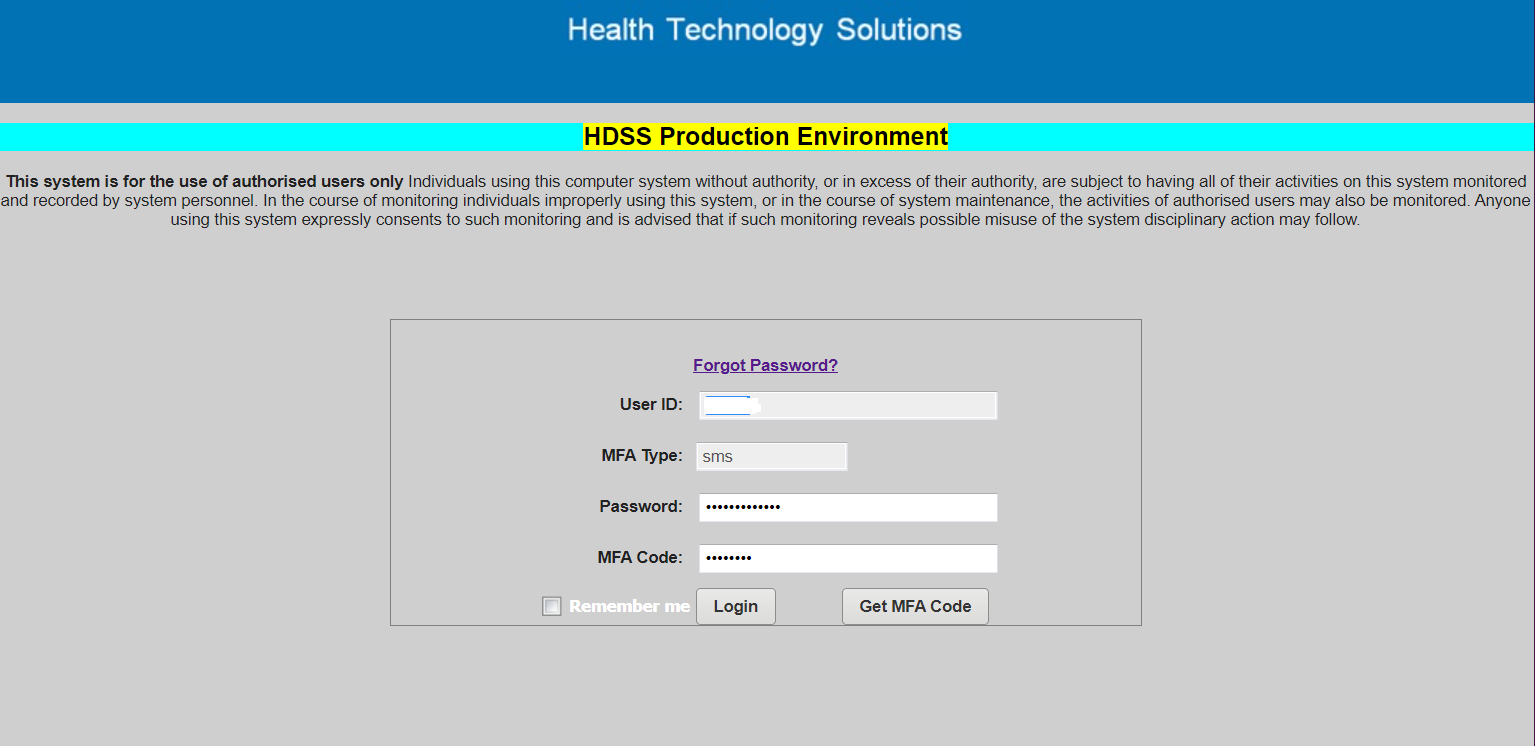
* Leave all field entries blank, select the ‘Get MFA Code’ button which will redirect you to the MFA Login page shown below:



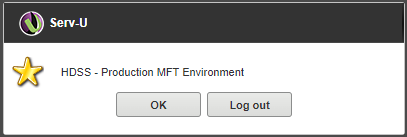
* Enter your MFT User Identifier (User ID) in the top box and select Email option and then enter the email address that is registered to your MFT User ID account in the bottom box and select ‘**Continue**’ (you will be prompted to enter the User Identifier (MFT login ID) again
* If you have your mobile phone number linked to your MFT User ID you can select ‘SMS’ option in the window shown above. You must then enter your mobile phone number in the lower box and select ‘**Continue**’. **Only one option may be selected**
* You will then be redirected to the following window to confirm that you have requested a MFA security code. Select ‘**Continue**’ and the MFA authentication code (one time password) should be received quickly via the method you selected – either email or SMS.



* You will then be re-directed back to the MFT login page where your MFT Login ID has been loaded, enter your account password and the MFA code you have just received.
* **Do not tick the ‘Remember me’ box as you are required to obtain a new unique MFA code each time you log into the MFT portal**



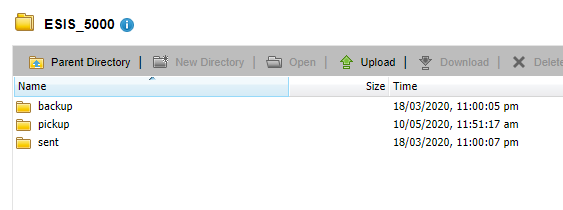
* Once you have entered your MFT Login ID, account password and MFA authentication code (one time password) the following message box is displayed:



* HDSS – Production MFT Environment: - select ‘OK’ if you wish to proceed or ‘Log out’ if you wish to log out.

## Uploading a submission file and collecting reports

* On connecting to the MFT application you will see a folder ESIS\_NNNN where NNNN is your hospital’s ESIS submission code.
* Double click on this folder to be in the HOME directory, as shown below.



* ESIS submission files must be uploaded into the HOME directory. Use the Upload option to submit the file. **Note:** Do not upload a submission file to the **sent, pickup or backup** folders.
* The upload process once completed will place the submission file in the **sent** folder.

### Collecting reports

* After the ESIS submission has processed your reports will be available to download from the **\pickup** folder. Select this folder by double clicking on it and use the **Download** option and open and **save** the report file to your local drive.
* Once a report file has been opened/downloaded it is moved to the \**backup** folder and saved here for 7 days before MFT automatically archives the file. The report file may be downloaded as many times as required from \**backup folder** within the 7 days.

### Retention of reports in MFT pickup and backup folders

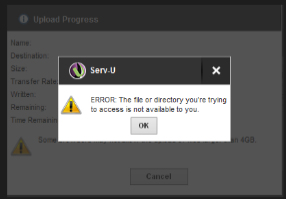
* Reports files in the MFT \**pickup** folderare retained for 35 days only, after this time MFT will archive the files whether they have been downloaded or not
* When reports are downloaded from the \**pickup** folder, the file is transferred to the \**backup** folder where it is retained for 7 days before being archived
* A copy of the uploaded submission file is transferred to the \**sent** folder where it is retained for 7 days before being archived. All sites are advised to retain copies of their submission files on their local network.
* MFT archiving is automatic, so users must take care to download files within these timeframes.
* Contact the HDSS HelpDesk if seeking access to a report no longer present in an MFT folder.

### Help with using the MFT portal

* A [short tutorial video](https://vimeo.com/629735934/8100600020) <https://vimeo.com/629735934/8100600020> shows how to access the MFT portal using the Multi Factor Authentication (MFA).

### Common problems when uploading files through the MFT

* Submission files uploaded into the wrong folder/location or with an incorrect filename will not be collected/transferred by MFT and will not be processed. These files are ignored and eventually removed from the MFT folder.
* The following error message is displayed if the user attempts to upload a submission file to the MFT portal without first selecting the site folder and navigating to the HOME directory:



* If you encounter this error message, click ‘OK’ and return to the MFT portal then select the required MFT site folder and double click to navigate to the site’s HOME directory
* Failure to connect to the portal after following the login steps: your MFT account password may have expired. Use the FORGOT PASSWORD link from the MFT login page to set a new MFT account password (users are not notified when their MFT account passwords have expired)

### MFT FAQs

**Can I upload multiple files at the same time?**

NO – it’s not possible to upload multiple files at the same time. ESIS submissions must be uploaded and processed in sequence. For example, 5000\_24\_08\_15\_03.zip must be uploaded before 5000\_24\_08\_15\_04.zip

Allow a 5-minute interval between each file upload. MFT must collect/transfer the current file before proceeding to upload the next ESIS submission file.

**Can one person send a file and another person download the reports?**

Yes. One user account can submit the data file and another user account can login and collect the reports – if all required user accounts have been nominated for this site.

**How many times can I enter an incorrect MFT password?**

You can enter an incorrect MFT password three times. After the third time, your account will be locked for 24 hours. It is not possible to unlock or reset your password if it has been locked.

### Support

Note that any queries relating to your service’s internal network and firewall configuration must be directed to IT support within your organisation.

For assistance, please contact our help desk:

[Email HDSS help desk](mailto:HDSS.Helpdesk@health.vic.gov.au) <hdss.helpdesk@health.vic.gov.au>

## Data Submission Timelines

ESIS data must be submitted in accordance with the reporting schedule to avoid Data Quality and Timeliness (DQT) penalties.

Health Services are required to adhere to the following ESIS minimum submission timelines but may submit ESIS data more frequently.

Data submission timelines

|  |  |
| --- | --- |
| Data | Due |
| All activity (registrations, removals, readiness, urgency, and scheduling events) for the first 15 days of the month | Must be submitted by 5.00pm on the third working day after the 15th of the reporting month |
| All activity (registrations, removals, readiness, urgency, and scheduling events) for the remaining days of the month (16th and subsequent) | Must be submitted by 5.00pm on the third working day of the following month |
| All activity for the full month without errors | Data must be complete and correct – that is, zero rejections, notifiables or corrections by the 14th day of the following month, or the prior business day if the 14th day is a weekend or a public holiday |

Any outstanding corrections for the financial year must be submitted before consolidation of ESIS 2025-26 as advised in the Policy and funding guidelines.

### Late data exemption request form

If it is anticipated that there will be some difficulty experienced in meeting the ESIS deadlines, health services must complete an [ESIS Late Data Exemption Request form](https://www.health.vic.gov.au/data-reporting/health-data-standards-and-systems-hdss-forms) < https://www.health.vic.gov.au/data-reporting/health-data-standards-and-systems-hdss-forms> on the HDSS website.

Submissions for exemption should be received by the appropriate consolidation deadline. For any period that the health service is unable to supply unit record data, the health service is required to submit manual aggregate data. Manual aggregate data should be submitted using the ESIS manual data form available on the HDSS website at: [HDSS ESIS](https://www.health.vic.gov.au/publications/elective-surgery-information-system-esis-manual-data-form) < https://www.health.vic.gov.au/publications/elective-surgery-information-system-esis-manual-data-form>.

### Documented process requirements

It is expected that sites will have a robust succession policy to ensure that more than one staff member is aware of processes relating to submission and management of ESIS data at any point in time.

To ensure that management of ESIS data is not compromised by staff turnover or modifications to software all procedures relating to the extraction, correction, completeness, and accuracy of ESIS data must be clearly documented and accessible.

Leave and staff turnover issues will not automatically be viewed as sufficient grounds for waiving penalties for late submission.

## Referential Integrity

Referential integrity is enforced between Patient, Episode, and Intra Episode level data. This means that if an:

* invalid Patient Identifier is reported in the Patient extract, the record will not be inserted into the ESIS validation database, it will be ‘rejected’. Any related Episode or Intra Episode records will also fail to be inserted until the patient record is corrected and resubmitted.
* invalid Patient Identifier is reported for a new episode record in the Episode extract, the episode record in question will not be inserted into the ESIS validation database, it will be ‘rejected’. Any related Intra Episode records will also fail to be inserted until the episode record is corrected and resubmitted.
* invalid Patient Identifier is reported for an existing episode record in the ESIS validation database, it will not be updated. The update will be ‘rejected’ but the Episode record in its existing state will remain. Intra Episode records can still be inserted and updated because the episode record exists.

For details regarding validations relating to Referential Integrity, refer to Section 6: Validation (S380 and S381).

## Test Submission and System Migration

When changes occur in the Waiting List Management Systems (WLMS) or sites move to a new system, the health service and software vendor are required to follow these testing requirements to meet statutory reporting requirements.

Note: Sites that implement any changes without appropriate testing may compromise their capacity to meet reporting requirements.

It is a condition of funding that health services provide the DH with accurate and timely data. For further information refer to the [Policy and funding guidelines](https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services) < https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services>

Health Services should not accept delivery of a system that requires any manipulation of extracts after they have been extracted by the system. All corrections to data should be able to be made through the system front-end.

Health Services must not decommission their existing software until they are given approval from the department to go live with the new system. This will enable sites to continue to meet reporting requirements during the testing phase.

## Details of the testing process

### When is testing necessary?

The submission of test data to ESIS is required:

* if a site is new to ESIS reporting
* if a site changes software vendor or system

The submission of test data to ESIS is advised:

* if a site makes changes within the current software that may impact on the capacity to report
* to test annual revisions to reporting specifications

The department has a test environment that accurately replicates the live environment, so sites can test at any time by prior arrangement. All test submissions must include the word ‘TEST’ at the end of the zip file name. The zipped text extracts should maintain the normal file naming convention.

### Period of data subject to testing

Unless otherwise agreed with the department, two consecutive months of waiting list activity should be successfully submitted to the ESIS test system. See Compilation of Test Data below for further details. When migrating test data to a new system, all migrated data should be tested to enable comparison with the existing data.

### Notification of intention to test

Health Services should involve the department from the earliest stages of the decision to migrate to a new system. [Email HDSS help desk](mailto:HDSS.Helpdesk@health.vic.gov.au) <HDSS.helpdesk@health.vic.gov.au> and include details such as:

* Name of vendor
* Version of software
* Proposed date of go-live
* Proposed testing plan
* Strategy for the electronic migration of data from old system to new system
* Nature of interface between the PMI and waiting list system

## Considerations when changing software

Health Services changing software must consider the following:

* Patients Identifiers and Episode Identifiers must not change and cannot be re-used
* Scheduled Admission Date (SAD) Identifiers must be preserved and must not be re-used in the same episode
* Campus codes cannot be changed
* Data must not be migrated manually (that is, data may not be re-keyed into the new system)

Health Services must ensure that new Episode Identifiers allocated by the new software have not been previously used. Most systems’ Episode Identifiers are incrementing integers, so if a site was up to 000323760, the new system must start from a number higher than that. It is also important that the vendor NEVER reset the incrementing of Episode Identifiers.

### Considerations for a PMI merge

Health services undertaking a PMI merge at the time of changing software must ensure that the Patient Identifiers reported by one campus have not already been reported by another campus. A new Patient Identifier must be assigned to a patient who presents to the merged campus where the existing Patient Identifier has already been assigned by the other campus.

In a merge of PMIs, it can transpire that episodes from one site have the same Episode Identifier as episodes from another site involved in the merge. The original Episode Identifiers reported to ESIS for both sites must be preserved in a way that allows them to continue to be reported to ESIS. To achieve this, vendors may have to store both a new Episode Identifier for internal purposes and the original Episode Identifier for reporting purposes, against the episode so that both internal and external reporting requirements can be accommodated.

### Data migration

One of the most important aspects of moving to a new system is managing the migration of data from the old system to the new system. Ideally all operational data should be migrated from the old system to the new one. Without this, sites may lose access to important historical information required for business management, planning and analysis and patient care.

Data must not be migrated manually, that is, by re-keying data into the new system.

### Compilation of test data

If a site is new to ESIS reporting, testing expectations will be different to a site currently submitting to ESIS.

In their first submission, a new site will need to submit all historic activity (all urgency readiness and scheduling events for all episodes that are unremoved) as at the date of commencement as agreed between the department and the site.

In a test submission for a site currently reporting to ESIS, continuity between the test submission and previously submitted data will need to be maintained. That is, all intra episode events that have occurred since the last submission should be contained within the first test submission. All unremoved episodes in the system as at an agreed date, in addition to the normal submission, must be included to ensure that ESIS data reconciles with the Health Service’s internal system.

For the department to test the effectiveness of a migration to a new system, sites need to be aware of the following:

* The first extract end date from the new system must be within seven days of the extract end date of the last submission generated from the previous system.
* The first submission from the new system must contain all records for episodes unremoved (and all related patient and intra-episode data) as at that submission's extract end date.
* The first submission from the new system must also contain all reportable activity occurring between the extract end date of the last submission generated from the previous system and the new submission's extract end date.
* The department returns raw data files known as ‘ODS text files’ to sites after each run. They represent the ESIS view of the site's waiting list, in a similar format originally sent to the department. The new system must provide the site with sufficient reporting access to the site's operational data to allow for reconciliation between that data, and the ODS text files.

The data sent in the first submission from the new system, will be compared with what should be the same data sent from the old system. While it will not be a requirement that new data exactly correspond with data sent from the old system, discrepancies will only be accepted where it can be demonstrated that the data from the new system is a more accurate representation of the patient's actual experience than data from the old system.

Health Services may optionally wish to send to the department a small subset or sample of their extracted data at any stage for preliminary inspection. The department will assess things such as:

File naming convention

* Text file field and row delimiters
* Column headers and number of columns

Note: this data will not be run in the test or live ESIS processing system.

## Submission of live data for testing

Test data should be submitted via MFT.

Note: to prevent a test submission accidentally being run in the live system the zip file naming convention should have the word ‘TEST’ added to the end of the zip file name.

For example: ‘5000\_XX\_11\_15\_024TEST.zip’.

Leave the zipped text files named according to the prescribed convention:

For example:

5000\_XX\_11\_15\_024\_p.txt.

### Evaluation

Health Services and the department must be satisfied that the new software can successfully perform:

* Deletions (at Patient, Episode, and Intra-Episode level)
* Merges
* Updates to episode and intra-episode records irrespective of whether they are removed or waiting
* Insertion of missing intra-episode records irrespective of whether the episode is removed or waiting
* Alteration of Clinical Registration Date and dependant dates (such as the episode’s initial Urgency and Readiness event dates)

The test data must be free of referential integrity errors. See: Section 6 Validation (S380 and S381).

A site cannot go live if the validation process generates any errors that are unable to be corrected through the normal user interface.

A department ESIS representative will assist in the interpretation of errors throughout the testing process.

### Manual data collection during testing

If testing delays normal submission, then until normal submissions of ESIS data resume, an agreed minimum dataset must be submitted via a form. The minimum dataset will consist of:

* admission activity
* number of waiting list episodes by speciality and urgency
* number of cancellations
* number of hospital-initiated postponements and scheduled admission dates.

Manual data should be submitted using the ESIS manual data form available on the HDSS website at: [HDSS ESIS](https://www.health.vic.gov.au/data-reporting/elective-surgery-information-system-esis) <https://www.health.vic.gov.au/data-reporting/elective-surgery-information-system-esis>

### Exemptions from submission deadlines during testing

Exemptions from submission deadlines are only applicable to those who have demonstrated strong evidence of a well-planned migration.

In the normal course of migrating to a different system, some consideration will be given to extended reporting deadlines.

## Data Manipulation Policy

In the normal course of business, the department 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 health services have a contractual arrangement with software vendors, obliging vendors to provide software to health services allowing them to meet their statutory reporting requirements. When negotiating software contracts, health services 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 the department.
* The department acknowledges that any software may have the potential to extract data that can trigger ‘Rejection’ validations. Where this occurs, data must be corrected via the health service’s relevant operational database, thus eliminating the need for secondary data manipulation.
* Correcting errors in the extract, but not in the operational database, can lead to a misrepresentation of the health service’s true position.
* There is an audit requirement that data received by the department is an accurate reflection of the health service’s medico legal system of record.

## Health service responsibilities

In situations where software does not allow the health service to meet its reporting obligations, in the first instance, the health service should report the problem to their software vendor. The terms of the contract between the health service and software vendor should ensure that these problems are addressed as a priority. In such cases, the health service must:

* notify the department in writing of the specific problem, including the affected fields
* specify the plan and timeframe negotiated between the health service and vendor for the resolution of the situation.

The department maintains a register of such occurrences. Failure to meet the above conditions may result in the application of data quality and timeliness penalties. If the problem has not been resolved within the timeframe, the department requires further notification.

## Department of Health responsibilities

In rare circumstances a health service may request that the department adjust a record to address a specific data quality issue. The department will only consider this where:

* all other avenues have been exhausted
* the health service 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 health service’s medico legal system of record
* the changes do not relate to an episode which has been purged from the processing database.

The department maintains a register of all ESIS manual data changes for audit purposes.

# Section 6: Validation

This section describes the action to be taken by health services when an ESIS validation is encountered.

**Rejection**: indicates there is a problem with this record's Primary or Foreign Key. The record has not been accepted into the ESIS database.

* If the record was submitted in error, no action is required.
* If the record was intended to be either an update or an insert, correct and resubmit by the relevant ESIS clean date.

**Correction**: the record has been accepted into the ESIS database but there are errors in the data.

* Correct and resubmit by the relevant ESIS clean date.

**Notifiable**: S315 Clinical Urgency Cat 1, wait more than 30 days

The record has been accepted into the ESIS database.

* If the data is wrong, correct as appropriate and resubmit by the relevant ESIS clean date.
* If the record's most recent Urgency Category is "1" and data is correct, [email HDSS help desk](mailto:HDSS.Helpdesk@health.vic.gov.au) <hdss.helpdesk@health.vic.gov.au>

**Warning:** the record includes data which is unusual but may be correct. The record has been accepted into the ESIS database.

* Check the record/s, correct if appropriate and resubmit.

## S066 Patient Identifier invalid

|  |  |
| --- | --- |
| Effect | Rejection |
| Problem | The Patient Identifier is invalid |
| Remedy | Correct the Patient Identifier and re-submit  Refer to: Section 3a Patient Identifier |

## S081 Medicare Number invalid

|  |  |
| --- | --- |
| Effect | Correction |
| Problem | The Medicare number is invalid. |
| Remedy | Correct and resubmit  Refer to: Section 3a Medicare Number |

## S082 Medicare IRN is ‘0’ and age is greater than 180 days

|  |  |
| --- | --- |
| Effect | Warning |
| Problem | This record contains a zero as the Medicare IRN (11th character in the Medicare Number field, but the patient’s Date of Birth indicates age is more than 180 days. |
| Remedy | Check the Medicare IRN, correct and re-submit  Refer to: Section 2 Extract End Date, Section 3a Medicare Number |

## S088 Medicare Suffix invalid

|  |  |
| --- | --- |
| Effect | Correction |
| Problem | The Medicare Suffix is invalid |
| Remedy | Amend as appropriate and re-submit the patient record if the Medicare Number:   * is present, enter the Medicare Suffix as first three characters of the patient’s given name as it appears on the card, or BAB for an unnamed neonate. * was not reported but is now available, enter the Medicare Number and Medicare Suffix. * was not reported and is not available, enter Medicare Suffix as C-U, P-N or N-E   Medicare Suffix may be less than three characters in length where the patient's given name is less than three characters in length.  Refer to: Section 3a Medicare Number, Medicare Suffix |

## S091 Sex at birth code invalid

|  |  |
| --- | --- |
| Effect | Correction |
| Problem | A Sex at birth code has not been reported or is invalid |
| Remedy | Correct or allocate Sex at birth code and re-submit  Refer to: Section 3a Sex |

## S096 Date of Birth invalid

|  |  |
| --- | --- |
| Effect | Correction |
| Problem | The Date of Birth is invalid or blank |
| Remedy | Valid: DDMMCCYY  Correct the Date of Birth and re-submit.  If Date of Birth is unknown, estimate the year of birth and report 0000 (zeros) for DDMM, and the estimated year in CCYY, for example 00001965  Refer to: Section 3a Date of Birth |

## S099 Clinical Registration Date before Date of Birth

|  |  |
| --- | --- |
| Effect | Correction |
| Problem | Episode record’s Clinical Registration Date is earlier than patient record Date of Birth |
| Remedy | Check Clinical Registration Date and Date of Birth. Correct and re-submit  Refer to: Section 3a Date of Birth, Clinical Registration Date |

## S122 Postcode/Locality combination invalid

|  |  |
| --- | --- |
| Effect | Correction |
| Problem | The combination of Postcode and Locality reported does not exist in the Postcode/ Locality code set. |
| Remedy | Correct Postcode and/or Locality and resubmit.  Notify the department via [email HDSS help desk](mailto:HDSS.Helpdesk@health.vic.gov.au) <HDSS.helpdesk@health.vic.gov.au> of new residential postcode / locality combinations  Refer to: Section 3a Postcode, Locality |

## S134 Intended Procedure invalid

|  |  |
| --- | --- |
| Effect | Correction |
| Problem | An Intended Procedure code has not been reported or the code specified does not exist in the Intended Procedure code set. |
| Remedy | Allocate or correct the Intended Procedure code and re-submit.  Report this error to your software supplier.  Refer to: Section 3a Intended Procedure |

## S147 Surgical Specialty invalid

|  |  |
| --- | --- |
| Effect | Correction |
| Problem | A Surgical Specialty code has not been reported or the code specified does not exist in the Surgical Specialty code set. |
| Remedy | Correct or allocate the Surgical Specialty and re-submit.  Refer to: Section 3a Surgical Specialty |

## S167 Planned Length of Stay invalid

|  |  |
| --- | --- |
| Effect | Correction |
| Problem | A Planned Length of Stay code has not been reported or the code specified does not exist in the Planned Length of Stay code set. |
| Remedy | Correct or allocate Planned Length of Stay and re-submit  Refer to: Section 3a Planned Lengthy of Stay |

## S169 Clinical Registration Date invalid

|  |  |
| --- | --- |
| Effect | Correction |
| Problem | The Clinical Registration Date for this record is invalid or blank. |
| Remedy | Valid format: DDMMYYYY  Correct or allocate and re-submit  Refer to: Section 3a Clinical Registration Date |

## S174 New episode, old Clinical Registration Date

|  |  |
| --- | --- |
| Effect | Warning |
| Problem | This is a new record (it did not exist in ESIS prior to this submission) but the Clinical Registration Date is three or more months prior to the extract end date of this submission. |
| Remedy | If Clinical Registration Date is incorrect, correct and re-submit  Refer to: Section 3a Clinical Registration Date |

## S193 Source of Referral invalid

|  |  |
| --- | --- |
| Effect | Correction |
| Problem | A Source of Referral code has not been reported or the code specified does not exist in the Source of Referral code set. |
| Remedy | Correct or allocate the Source of Referral and re-submit.  Refer to: Section 3a Source of Referral |

## S287 Scheduled Admission Date exceeded

|  |  |
| --- | --- |
| Effect | Correction |
| Problem | This SAD has been exceeded and:   * the related Reason SAD Changed event (or cancellation) was not reported as having occurred between the date on which the scheduling occurred (the event date) and the SAD, OR * no removal details on or before the SAD were reported.   "Exceeded" means that either the:   * extract end date is greater than the SAD and no removal details exist, OR * removal date reported is greater than the SAD, OR * cancellation date (the Reason SAD Changed event date) for this booking is greater than the SAD |
| Remedy | If this episode was not removed on the Scheduled Admission Date, please report a  Reason SAD Changed event, occurring between the Date on which the scheduling (or booking) took place and the SAD.  If this episode was removed on or before the SAD, report the removal details.  Bookings and their Cancellations are linked together using the SAD Identifier.  Refer to:  Section 3a Reason for Removal, Scheduled Admission Date  Section 3b Event Type, Event Date, Event Value |

## S290 Removal Date invalid

|  |  |
| --- | --- |
| Effect | Correction |
| Problem | The Removal Date is invalid |
| Remedy | Valid: DDMMYYYY or blank  Invalid: Removal Date later than extract end date  Refer to:  Section 3a Removal Date  Section 5 Extract end date |

## S291 Removal Date is before Clinical Registration Date

|  |  |
| --- | --- |
| Effect | Correction |
| Problem | The reported Removal Date is before the reported Clinical Registration Date. |
| Remedy | Check the Removal Date and the Clinical Registration Date, correct whichever is incorrect and resubmit.  Report this error to your software supplier.  Refer to: Section 3a Clinical Registration Date, Removal Date |

## S295 Date of Admission greater than Scheduled Admission Date

|  |  |
| --- | --- |
| Effect | Correction |
| Problem | This waiting episode has a Reason for Removal of W but this uncancelled Scheduled Admission Date is greater than the Date of Admission. An uncancelled SAD is one that does not have a corresponding "Reason SAD Changed" event. |
| Remedy | The latest Scheduled Admission Date should be uncancelled and equal the Date of Admission if the reason for removal is W. Note, there are some instances where it is valid for the Date of Admission to be less than the Scheduled Admission Date  Correct the Scheduled Admission Date and/or the Admission Date and resubmit.  Refer to: Section 3a Date of Admission, Reason for Removal, Scheduled Admission Date |

## S296 Reason for Removal implies procedure received, but not ready for surgery

|  |  |
| --- | --- |
| Effect | Correction |
| Problem | This waiting episode has a Reason for Removal of W, X, P or S but the patient was not ready for surgery at removal for this episode. |
| Remedy | If the waiting episode ended with the patient receiving the awaited procedure, determine the date the patient became ready for surgery, and report an intra-episode event reflecting that.  If the episode has ended, but with the patient not receiving the awaited procedure, correct the Reason for Removal.  If the episode has not ended, correct the Reason for Removal and the Removal Date.  Refer to: Section 3a Reason for Removal |

## S297 Date of Admission less than Scheduled Admission Date

|  |  |
| --- | --- |
| Effect | Warning |
| Problem | This waiting episode has a Reason for Removal of W but this uncancelled Scheduled Admission Date is greater than the Date of Admission. An uncancelled SAD is one that does not have a corresponding "Reason SAD Changed" event. |
| Remedy | The latest Scheduled Admission Date should be uncancelled and equal the Date of Admission if the reason for removal is W. There are few instances where it is valid for the SAD to be greater than the Date of Admission.  Check the validity of the Scheduled Admission Date and/or the Admission Date and resubmit if necessary.  Refer to: Section 3a Date of Admission, Scheduled Admission Date |

## S298 Reason for Removal invalid

|  |  |
| --- | --- |
| Effect | Correction |
| Problem | The Reason for Removal does not exist in the Reason for Removal code set. |
| Remedy | Enter the correct Reason for Removal and resubmit  Refer to: Section 3a Reason for Removal |

## S303 Insurance Declaration invalid

|  |  |
| --- | --- |
| Effect | Correction |
| Problem | * The value reported does not exist in the Insurance Declaration code set, OR * This record has a Reason for Removal of W, X, M, P or Y but Insurance Declaration is null (blank), OR * This record has a reason for removal of S, AND a destination that is a valid ESAS campus code AND Insurance Declaration is null (blank).   Note: Insurance Declaration for episodes removed with an S, whose destination is a valid Public/Private Planned Surgery Initiative campus code, can be either null (blank) or any valid Insurance Declaration code. |
| Remedy | Correct or allocate the Insurance Declaration and resubmit  Refer to: Section 3a Insurance Declaration, Reason for Removal |

## S310 Invalid Destination/Reason for Removal combination

|  |  |
| --- | --- |
| Effect | Correction |
| Problem | The waiting episode has a Reason for Removal that requires a valid Destination code to be completed (N, P, S, T, X)  OR  The waiting episode has a Destination code, but either no Reason for Removal, or a Reason for Removal that does not require a Destination code. |
| Remedy | Check whether the record was transferred to another hospital or treated at another hospital under contract, ESAS, or similar arrangement:  If Reason for Removal is:  N, Destination must be in the 'Non ESIS campus' code set  X, Destination must be in the ‘Destination (Contract Arrangement)’ code set  S, Destination must be in the ‘Destination (ESAS Treatment Campus)’ code set  If the patient has not been removed, do not report a Destination.  Refer to:  Section 3a Reason for Removal, Destination  Section 4 Reason for Removal and Destination |

## S311 Wait equals five years (1827 days) or more

|  |  |
| --- | --- |
| Effect | Warning |
| Problem | The total duration of this unremoved episode (including days not Ready for Surgery) equals or exceeds 1827 days. |
| Remedy | Determine whether the patient should still be on the waiting list. If not, report the date the patient was intended to be removed, and the Reason for Removal. Complete the appropriate fields and resubmit.  Waiting time for this validation is calculated as the difference in days, between the Clinical Registration date and the Extract End Date.  Refer to: Section 3a Clinical Registration Date |

## S315 Clinical Urgency Cat 1, wait more than 30 days

|  |  |
| --- | --- |
| Effect | Notifiable |
| Problem | This episode's most recent period as Urgency Category 1 exceeds 30 days. |
| Remedy | If the record's most recent Urgency Category is "1", [email HDSS help desk](mailto:HDSS.Helpdesk@health.vic.gov.au) <hdss.helpdesk@health.vic.gov.au>  If it is not:   * Report any date(s) the episode's Clinical Urgency changed, * Report any date(s) the patient's Readiness for Surgery changed and resubmit. * If the episode should have been removed previously, report the correct removal date, and resubmit.   Refer to: Section 3a Clinical Urgency, Readiness for Surgery, Administrative, Registration Date, Removal Date |

## S370 Treatment Campus invalid

|  |  |
| --- | --- |
| Effect | Correction |
| Problem | The Treatment Campus code has not been reported or the code specified is invalid. |
| Remedy | For health services reporting at the campus level, report Treatment Campus as your campus code in all cases.  For health services reporting at the health service level, the Treatment Campus code must represent a campus within your health service:  for episodes removed with a Reason for Removal of W, report the actual campus within your health service at which treatment took place.  for all other Reasons for Removal, and for unremoved episodes, report the campus within your health service at which it is intended treatment will take place.  Refer to: Section 3a Treatment Campus |

## S375 Invalid Clinical Urgency category for ESAS Reason for Removal

|  |  |
| --- | --- |
| Effect | Warning |
| Problem | This record has a Reason for Removal code of S but the Clinical Urgency category at removal is "1" |
| Remedy | If the Clinical Urgency is incorrect, go back to the intra-episode event in which it was set, and change the Event Value to the correct Clinical Urgency.  If the Clinical Urgency was "1" but has since changed, then this change has not been reported, report the intra-episode event in which the change was made, including the date the change was made (the event date) and the Urgency category to which the episode changed (the event value).  If the Reason for Removal is incorrect, correct and resubmit.  Refer to: Section 3a Clinical Urgency, Reason for Removal |

## S376 Incorrect zip file name

|  |  |
| --- | --- |
| Effect | Run terminated |
| Problem | The zip file received does not conform to the specified file naming convention |
| Remedy | Correct the filename so that it conforms to the zip file naming convention.  Check that the sequence number is one greater than the previous submission.  Check that the year, month, and day in the current submission's filename are no greater than one month more than the previous submission's year, month, and day.  Check that year, month and day are at least one day greater than the previous submission's year, month, and day.  Refer to: Section 5 Compilation and Submission |

## S377 Incorrect text extract name

|  |  |
| --- | --- |
| Effect | Run terminated |
| Problem | The text extract received does not conform to the specified file naming convention. |
| Remedy | Correct the filename so that it conforms to the text extract naming convention.  Check that sequence number corresponds with the sequence number in this submission's zip filename.  Check that year, month and day correspond with year, month and day in this submission's zip filename.  Refer to: Section 5 Compilation and Submission |

## S378 Invalid Episode Identifier

|  |  |
| --- | --- |
| Effect | Rejection |
| Problem | The Episode Identifier is invalid |
| Remedy | Valid:   * Alpha numeric characters only * Length exactly nine characters * Leading zero filled.   Correct, resubmit, and if the system is not validating this data, report the error to your software supplier. This record will not be processed and therefore this error will affect reconciliation.  Refer to: Section 3b Episode Identifier |

## S379 Episode Identifier exists multiple times in one Episode-level Extract

|  |  |
| --- | --- |
| Effect | Rejection |
| Problem | There is more than one instance of an Episode Identifier in the Episode-level extract for this submission (excluding delete triggers). Each extract can only contain a maximum of one instance of each episode and one instance of each episode deletion. |
| Remedy | All instances of the duplicated Episode Identifier in this submission will not be processed. This will affect reconciliation.  In the next submission, resubmit a maximum of one instance of the affected episode and one instance of each episode deletion.  Report this error to your software supplier.  Refer to: Section 3b Episode Identifier |

## S380 Referential Integrity error between episode and patient

|  |  |
| --- | --- |
| Effect | Rejection |
| Problem | The Patient Identifier reported in this Episode-level record, is:   * not in the Patient-level table, or * is blank. |
| Remedy | Correct and resubmit the Episode-level Patient Identifier, or the patient-level record that is intended to relate to this episode-level record.  Refer to: Section 3b Episode Identifier, Patient Identifier |

## S381 Referential Integrity error between Intra Episode Event and episode

|  |  |
| --- | --- |
| Effect | Rejection |
| Problem | The Episode Identifier reported in this Intra Episode-level record, is:   * not in the Episode-level table, or * is blank. |
| Remedy | Correct and resubmit the Episode Identifier in the Intra Episode level table.  Refer to: Section 3b Episode Identifier |

## S382 Patient Identifier exists multiple times in one Patient-level Extract

|  |  |
| --- | --- |
| Effect | Rejection |
| Problem | There is more than one instance of this Patient Identifier in the Patient-level extract for this submission (excluding delete triggers). Each extract can only contain a maximum of one instance of each patient-level record and one instance of each patient-level deletion. |
| Remedy | All instances of the duplicated Patient Identifier in this submission will not be processed.  In the next submission, resubmit a maximum of one instance of the affected patient-level record and one instance of each patient-level deletion.  Report this error to your software supplier.  Refer to: Section 3b Patient Identifier |

## S383 Multiple events of same type for same episode on one day

|  |  |
| --- | --- |
| Effect | Rejection |
| Problem | Event Type is 'Urgency' or 'Readiness' and more than one event of the same type has been reported for the same day. For example, two changes in Readiness Status cannot be reported for an episode on the same day. |
| Remedy | In the next submission, submit a maximum of one instance of the affected intra episode-level record (a maximum of one instance of each type of event per episode per day).  Report this error to your software supplier.  Refer to: Section 3b Episode Identifier, Event Type, Event Date |

## S384 Invalid Event Date

|  |  |
| --- | --- |
| Effect | Rejection |
| Problem | The format of the event date is invalid or blank |
| Remedy | Valid format: DDMMYYYY  Invalid:   * Before the Clinical Registration date, or * After the removal date, or * After the extract end date.   Correct and resubmit.  Report this error to your software supplier.  Refer to: Section 3b Episode Identifier, Event Type, Event Date |

## S385 Invalid Event Type

|  |  |
| --- | --- |
| Effect | Rejection |
| Problem | The Event Type is blank or invalid. Valid Event Types are listed in the Event Type code set. |
| Remedy | Correct and resubmit.  Refer to: Section 3b Event Type |

## S386 IP for this episode has changed

|  |  |
| --- | --- |
| Effect | Warning |
| Problem | The Intended Procedure (IP) reported in this submission is different to the IP previously reported for this episode. |
| Remedy | Determine the reason for the alteration of the IP code.  If the patient’s procedure has been altered to a new IP to treat a separate condition, a new episode must be started.  IP cannot be changed unless the intention of the new IP is to treat the condition for which the patient was originally placed on the waiting list.  If the change is due to a previous data entry error or the patient is now waiting for a different procedure that will treat the same condition as the previously reported IP, no further action needs to be taken.  Refer to:  Section 3a Patient Identifier, Intended Procedure Description  Section 3b Episode Identifier |

## S387 Surgical Specialty has changed

|  |  |
| --- | --- |
| Effect | Warning |
| Problem | The Surgical Specialty reported in this submission is not the same as that reported in previous submissions. |
| Remedy | Determine the reason for the alteration of the Surgical Specialty code:   * If the Surgical Specialty has been altered to treat a separate condition, a new episode must be started. The Surgical Specialty cannot be changed unless the intention of the new Surgical Specialty is to treat the same condition that resulted in the patient being originally placed on the waiting list. * If the change is due to a previous data entry error or the Surgical Specialty has been changed and the patient is waiting for a procedure that will treat the same condition as previously reported, no further action needs to be taken.   Refer to: Section 3a Surgical Specialty |

## S388 Clinical Registration Date has changed

|  |  |
| --- | --- |
| Effect | Warning |
| Problem | This record’s Clinical Registration date has changed since the previous submission. |
| Remedy | Check the Clinical Registration date:  If the Clinical Registration date was changed in error, resubmit the original Clinical Registration date.  Refer to: Section 3a Clinical Registration date |

## S389 Invalid intra episode Event Value for Clinical Urgency change

|  |  |
| --- | --- |
| Effect | Correction |
| Problem | A change in Clinical Urgency Event Type has been reported, but the reported event value does not exist in the Clinical Urgency code set. |
| Remedy | Correct the Event Type or Event Value and resubmit.  If this event was reported in error, submit a delete trigger.  Report this error to your software supplier.  Refer to: Section 3a Clinical Urgency |

## S390 Invalid intra episode Event Value for Readiness change

|  |  |
| --- | --- |
| Effect | Correction |
| Problem | A change in Readiness for Surgery Event Type has been reported, but the reported event value does not exist in the Readiness for Surgery code set. |
| Remedy | Correct the Event Type or Event Value and resubmit.  If this event was reported in error, submit a delete trigger.  Report this error to your software supplier.  Refer to: Section 3a Readiness for Surgery |

## S391 Invalid intra episode Event Value for SAD Change reason

|  |  |
| --- | --- |
| Effect | Correction |
| Problem | A SAD Change Event Type has been reported, but the reported event value does not exist in the Reason for SAD Change code set. |
| Remedy | Correct the Event Type or Event Value and resubmit.  Report this error to your software supplier.  Refer to: Section 3a Reason for Change of Scheduled Admission Date |

## S392 Invalid intra episode Event Value for Set SAD Event

|  |  |
| --- | --- |
| Effect | Correction |
| Problem | A Set SAD Event Type has been reported, but the reported event value (the Scheduled Admission Date) is either:   * not a valid date format (DDMMCCYY) * less than the Clinical Registration Date * more than 1 year later than the Event Date (the Booking Date) |
| Remedy | Correct the Event Type or Event Value and resubmit.  Report this error to your software supplier.  Refer to: Section 3a Scheduled Admission Date |

## S395 Removal Date/Reason for Removal mismatch

|  |  |
| --- | --- |
| Effect | Correction |
| Problem | Either:   * a Removal Date has been reported without a Reason for Removal, OR * a Reason for Removal has been reported without a Removal Date. |
| Remedy | If the Episode has been removed from the waiting list:  Complete the missing field with the correct information.  Resubmit the episode level record.  If the Episode has not been removed from the waiting list:  Resubmit the episode-level record without data in the Removal Date field or the Reason for Removal field.  Refer to: Section 3a Reason for Removal, Removal Date |

## S397 Unmatched Transfer as reported by receiving health service

|  |  |
| --- | --- |
| Effect | Correction |
| Problem | Transfer-related data from this submitting organisation does not match the originating submitting organisations transfer data. |
| Remedy | Either of the following fields could be affected:   * Clinical Registration date (needs to match removal date from the originating submitting organisation). * Previous Identifier of Transferred Episode (must be the reporting submitting organisation code and the nine-digit episode identifier from the originating submitting organisation).   If this episode is not a received transfer, resubmit with the appropriate Source of Referral and blank Transferred Episode ID.  If the episode is a received transfer, contact the originating submitting organisation and verify that you have reported the correct:   * originating Episode Identifier, and * transfer date, and * originating submitting organisation code   Also verify that the originating submitting organisation has reported the correct Reason for Removal and Removal Date.  The error will be cleared by the receiving and/or originating submitting organisation correcting and resubmitting so that the records in both datasets match. It therefore cannot be applied in real-time because it is reliant on the receipt of data from both the originating submitting organisation and the receiving submitting organisation. It applies only to transfers between ESIS submitting organisations.  Refer to: Section 4 Transfer of ownership of waiting episode |

## S398 Unmatched transfer as reported by originating health service

|  |  |
| --- | --- |
| Effect | Correction |
| Problem | Transfer-related data from this submitting organisation does not match the receiving submitting organisations transfer data. |
| Remedy | This edit is triggered where Reason for Removal is T and Episode Identifier and Removal Date do not correspond with transfer data reported by the receiving submitting organisation.  If the episode is not a transfer to another ESIS submitting organisation, resubmit with correct Removal Date, Reason for Removal values.  If the episode is a transfer to another ESIS submitting organisation, contact that submitting organisation and verify that they have reported the correct:   * Episode Identifier, * transfer date, and * the correct originating submitting organisation code (noting that Health Service codes, rather than Campus codes, should be used where the originating submitting organisation reports at health service level).   The error will be cleared by the receiving and/or originating submitting organisation correcting and resubmitting so that the records from both sites match.  Refer to: Section 4 Transfer of ownership of waiting episode |

## S399 Date of Admission for awaited procedure but no Removal Date

|  |  |
| --- | --- |
| Effect | Correction |
| Problem | This record has a Date of Admission for the awaited procedure but no Removal Date. |
| Remedy | If the waiting episode has been removed, AND the awaited procedure has been performed, report the appropriate Removal Date and Reason for Removal, and resubmit.  If the waiting episode has been removed, AND the awaited procedure has NOT (yet) been performed, remove the Date of Admission, report the appropriate Removal Date and Reason for Removal, and resubmit.  Refer to: Section 3a Date of Admission, Removal Date |

## S400 Date of Admission for awaited procedure invalid

|  |  |
| --- | --- |
| Effect | Correction |
| Problem | Date of admission is invalid in that:   * Reason for Removal is W, S, X, P, M, Y, B, U, or I and Date of Admission is null or * Reason for Removal is N, T, R, Z, Q, F, H, or O and Date of Admission is not null or * Date of Admission is greater than Removal Date or * Date of Admission is less than Clinical Registration Date |
| Remedy | Valid: A date of format DDMMYYYY that is on or before the Removal Date and on or after the Clinical Registration Date, where Reason for Removal is W, S, X, P, M, Y, B, U, or I.  Correct Date of Admission for awaited procedure and resubmit.  Refer to: Section 3a Date of Admission, Reason for Removal, Removal Date |

## S401 Date of Admission/Reason for Removal mismatch

|  |  |
| --- | --- |
| Effect | Correction |
| Problem | This record has a Date of Admission for awaited procedure, but Reason for Removal is not W, S, X, P, M, Y, B, U, or I.  OR  This record’s Date of Admission is blank, but Reason for Removal is W, S, X, P, M, Y, B, U, or I. |
| Remedy | If Reason for Removal is not W, S, X, P, M, Y, B, U, or I, remove data from Date of Admission for Awaited Procedure field and resubmit.  If Reason for Removal should be W, S, X, P, M, B, U, or I, correct and resubmit.  Where Reason for Removal is B, U, or I, it may be impractical to determine the exact dates of admission and procedure. If this is the case record the most plausible dates possible given the available evidence.  Refer to: Section 3a Date of Admission, Reason for Removal, Removal Date |

## S403 Date of Admission for awaited procedure is after Removal Date

|  |  |
| --- | --- |
| Effect | Correction |
| Problem | The reported Date of Admission for awaited procedure is later than Removal Date. |
| Remedy | Correct Removal Date and/or Date of Admission for awaited procedure and resubmit.  Refer to: Section 3a Date of Admission, Removal Date |

## S405 Non-specific IP, but no IP description

|  |  |
| --- | --- |
| Effect | Correction |
| Problem | The non-specific Intended Procedure (IP) code 888 Other has been reported, but the free text description of the procedure has not been reported. |
| Remedy | Either allocate a specific IP code or report the IP description (minimum of three characters). Descriptions greater than 100 characters will be accepted but right trimmed to a length of 100 characters.  Refer to: Section 3a Intended Procedure, Intended Procedure Description |

## S408 The Patient Identifier to which this episode relates, has changed

|  |  |
| --- | --- |
| Effect | Warning |
| Problem | The Patient Identifier reported in this Episode-level record submission, is different from the Patient Identifier that has previously been reported |
| Remedy | This will be valid only where:   * histories are merged, and a waiting episode goes to a different Patient Identifier, in which case report the merge using the Merge extract. * a waiting episode was originally allocated to the wrong patient and the reporting Health Service’s system has the capacity to move it to the correct patient   If the new Patient Identifier is incorrect, correct and resubmit  Refer to: Section 3b Patient Identifier, Episode Identifier |

## S409 Age greater than 105 years

|  |  |
| --- | --- |
| Effect | Warning |
| Problem | The patient's age is calculated as being greater than 105 years. |
| Remedy | If the patient has no unremoved episodes, age is calculated as the difference in years between the Date of Birth and the Removal Date of the most recently removed episode.  If the patient has any unremoved episodes, age is calculated as the difference in years between the Date of Birth and the Extract End Date.  Refer to:  Section 2 Extract End Date  Section 3a Date of Birth, Removal Date |

## S412 Episode registered without a Clinical Urgency

|  |  |
| --- | --- |
| Effect | Correction |
| Problem | The episode's Clinical Registration Date does not have a corresponding Clinical Urgency event recorded on that date.  The initial Clinical Urgency of all episodes must be based on the clinical assessment that precipitated the episode, and therefore must be recorded as occurring at Clinical Registration. |
| Remedy | Determine the Clinical Urgency at Clinical Registration and submit the Clinical Urgency event with the Event Date being the same as the Clinical Registration Date.  Refer to:  Section 3a Clinical Registration Date  Section 3b Event Date, Event Type |

## S413 Episode registered without a Readiness for Surgery

|  |  |
| --- | --- |
| Effect | Correction |
| Problem | The episode's Clinical Registration Date does not have a corresponding Readiness for Surgery event recorded on that date.  All episodes should have a Readiness for Surgery at Clinical Registration. |
| Remedy | Determine the Readiness for Surgery at clinical registration and submit the Readiness for Surgery event with the Event Date being the same as the Clinical Registration Date.  Refer to: Section 3a Clinical Registration Date  Section 3b Event Date, Event Type |

## S414 Previous Identifier of Transferred Episode invalid

|  |  |
| --- | --- |
| Effect | Correction |
| Problem | The Source of Referral is "2" but the Previous Identifier of Transferred Episode is either blank or an invalid format  OR  The Source of Referral is not "2" but the Previous Identifier of Transferred Episode is not blank. |
| Remedy | If the Waiting Episode's source of Referral is "2", report the Previous Identifier as described in Section Three.  If the Waiting Episode's source of Referral is not "2", report this field as blank.  Refer to: Section 3a Previous Identifier of Transferred Episode |

## S415 Ceased Patient Identifier does not exist

|  |  |
| --- | --- |
| Effect | Warning |
| Problem | The Ceased Patient Identifier reported in the merge extract has not previously been reported (it is acceptable to report the word UNMERGE in this field). |
| Remedy | Either correct and resubmit the merge extract or submit the patient level record whose identifier cannot be located.  Refer to: Section 3a Ceased Patient Identifier |

## S416 Retained Patient Identifier does not exist

|  |  |
| --- | --- |
| Effect | Rejection |
| Problem | The Retained Patient Identifier reported in the merge extract has not previously been reported. |
| Remedy | Either correct and resubmit the merge extract or submit the patient level record whose identifier cannot be located.  Refer to: Section 3b Retained Patient Identifier |

## S417 Scheduled Admission Date changed without reason for change

|  |  |
| --- | --- |
| Effect | Correction |
| Problem | More than one admission date has been scheduled for this patient, but a Reason for Scheduled Admission Date Change has not been reported for each change.  'Set SAD' and 'Reason SAD Changed' events must be paired together by the Scheduled Admission Date Identifier. Because this episode's SAD has been rescheduled, a Reason SAD Changed' event with a Scheduled Admission Date Identifier corresponding to the previously reported scheduled admission is required. |
| Remedy | For each Scheduled Admission Date reported after the first Scheduled Admission Date is set, a Reason for Scheduled Admission Date Change relating to the previous scheduling must also be reported.  The event date for each Reason for Scheduled Admission Date Change must be greater than or equal to the previous Set SAD event date and less than or equal to the subsequent Set SAD Event date.  The Scheduled Admission Date Identifier for each 'Reason for Scheduled Admission Date Change' event must equal the Scheduled Admission Date Identifier for the 'Set SAD' event immediately prior.  Refer to:  Section 3a Scheduled Admission Date  Section 3b Event Type, Event Value, Scheduled Admission Date Identifier |

## S418 Reason for SAD Change reported, but no related SAD

|  |  |
| --- | --- |
| Effect | Correction |
| Problem | A 'Reason SAD Changed' event has been reported, but the corresponding Scheduled Admission Date has never been set,  OR  The related SAD has already been cancelled (a 'Reason SAD Changed' event related to the setting of a Scheduled Admission Date, has already been submitted).  This could mean that a 'Set SAD' event has not been successfully reported, or that too many 'Reason SAD Changed' events have been reported.  'Set SAD' and 'Reason SAD Changed' events must be paired together (related) by the Scheduled Admission Date Identifier. All 'Reason SAD Changed' events require a 'Set SAD' event with the same Scheduled Admission Date Identifier. |
| Remedy | Determine whether a 'Set SAD' event is missing, or too many 'Reason SAD Changed' events have been reported. If an event has not been reported, report it. If an event has been reported in error, submit a delete trigger for it.  The Scheduled Admission Date Identifier for each 'Reason for Scheduled Admission Date Change' event must equal the Scheduled Admission Date Identifier for the 'Set SAD' event immediately prior.  Refer to:  Section 3a Scheduled Admission Date  Section 3b Scheduled Admission Date Identifier |

## S422 Clinical Registration Date after Administrative Registration Date

|  |  |
| --- | --- |
| Effect | Correction |
| Problem | The Clinical Registration Date for this episode-level record is after the Administrative Registration Date. |
| Remedy | It is assumed that the Administrative Registration Date is a date stamp representing the date of data entry and is therefore accurate and cannot be changed. The Clinical Registration Date must have occurred on or before this date.  Report this error to your software supplier.  Refer to Section 3a Clinical Registration date, Administrative Registration Date |

## S423 Administrative Registration Date has changed

|  |  |
| --- | --- |
| Effect | Rejection |
| Problem | The Administrative Registration Date is different to the previously reported Administrative Registration Date. |
| Remedy | The Administrative Registration Date is assumed to be a system generated date, representing the date a waiting list episode is first entered onto the system. Therefore, it is unable to be changed.  Refer to: Section 3a Administrative Registration Date, Clinical Registration Date |

## S424 Administrative Registration Date invalid

|  |  |
| --- | --- |
| Effect | Correction |
| Problem | The Administrative Registration Date is blank or in an invalid format.  The Administrative Registration Date is assumed to be a system generated date, representing the date a waiting list episode is first entered onto the system. Therefore, it is unable to be altered by the end user.  This entire submission has not been processed. |
| Remedy | Resubmit the file with the correct Administrative Registration Date.  Report this error to your software supplier.  Refer to: Section 3a Administrative Registration Date |

## S425 Indigenous Status invalid

|  |  |
| --- | --- |
| Effect | Correction |
| Problem | An Indigenous Status code has not been reported or the code specified does not exist in the Indigenous Status code set. |
| Remedy | Correct or allocate the Indigenous Status and resubmit.  Refer to: Section 3a Indigenous Status |

## S426 Invalid SAD Identifier

|  |  |
| --- | --- |
| Effect | Rejection |
| Problem | The format of the SAD Identifier is invalid. |
| Remedy | Correct the SAD Identifier and resubmit.  Valid:   * Alpha numeric characters only * Length equal to exactly 10 characters * Leading zero filled.   Report this error to your software supplier.  Refer to: Section 3b Scheduled Admission Date Identifier |

## S427 SAD Identifier previously reported for this episode

|  |  |
| --- | --- |
| Effect | Rejection |
| Problem | The latest SAD Identifier has previously been reported for this episode for this event type. A SAD Identifier can only be used for one Set SAD event and its corresponding Reason SAD Changed event. |
| Remedy | Report a SAD Identifier that has not previously been used for this event type in this episode.  Refer to: Section 3b Scheduled Admission Date Identifier |

## S429 SAD Identifier/Event Type Mismatch

|  |  |
| --- | --- |
| Effect | Rejection |
| Problem | The Event Type is either "Urgency" or "Readiness" or "MAPT" and the SAD Identifier is not blank.  OR  The Event Type is either "Set SAD" or "Reason SAD Changed" but the SAD Identifier is blank. |
| Remedy | If the Event Type is "Urgency" or "Readiness" or "MAPT", ensure that the SAD Identifier is blank. If the Event Type is either "Set SAD" or "Reason SAD Changed" ensure the SAD Identifier is a not blank and valid.  Contact your software vendor.  Refer to: Section 3b Scheduled Admission Date Identifier |

## S430 Episode record, either Removal or Admission Date in earlier fin year

|  |  |
| --- | --- |
| Effect | Rejection |
| Problem | An episode record has been submitted that:   * has either Removal or Admission Date in a previous financial year, AND * final consolidation for that year has passed. |
| Remedy | If the episode was meant to have either:   * no Removal or Admission Date, OR * a Removal and Admission Date in the current financial year,   Then correct the episode record and resend it. |

## S431 Intra episode Event Value for MAPT invalid

|  |  |
| --- | --- |
| Effect | Correction |
| Problem | An event type of "MAPT" has been reported and its event value (the MAPT score) reported is:   * not in the format NNN.NNN, or * not between 0 and 100, or * Null (blank). |
| Remedy | Correct and resubmit.  Contact your software vendor if your system is:   * incorrectly formatting the MAPT score for extraction purposes OR * allowing you to report values less than zero or greater than 100 OR * allowing you to report a Null (blank) MAPT score |

## S432 Invalid Date of Birth Accuracy Code

|  |  |
| --- | --- |
| Effect | Correction |
| Problem | This record's Date of Birth Accuracy Code is null or invalid. |
| Remedy | Check Date of Birth Accuracy for valid format and values.  Correct and resubmit. |

## S433 Previous TWT of transferred episode ≠ TWT of previous episode

|  |  |
| --- | --- |
| Effect | Correction |
| Problem | The Previous Total Waiting Time (TWT) reported by this receiving campus/health service does not match the total waiting time of the previous episode. |
| Remedy | If the episode is a received transfer, contact the originating submitting organisation and verify that you have reported the correct:   * Previous Identifier of Transferred Episode * Previous Total Waiting Time of transferred episode   If the episode is not a received transfer, re-submit without the Previous TWT.  The error will be cleared by the receiving and/or originating submitting organisation correcting and resubmitting so that the records in both datasets match. It therefore cannot be applied in real-time because it is reliant on the receipt of data from both the originating submitting organisation and the receiving submitting organisation. It applies only to transfers between ESIS submitting organisations.  Refer to: Section 4 Calculation of Total Waiting Time, Transfer of ownership of waiting episode |

## S434 Intra episode event, Event Date in earlier fin year

|  |  |
| --- | --- |
| Effect | Rejection |
| Problem | An intra episode record has been submitted that:   * has an Event Date in a previous financial year * Administrative Registration Date for the episode in a previous financial year * final consolidation for that year has passed. |
| Remedy | Because final consolidation for that financial year has passed, the intra episode records will not be inserted into the editing database.  If the intra episode record should have an Event Date in the current financial year, correct the intra episode record and resend. |

## S435 Reason for Removal P, not approved to report

|  |  |
| --- | --- |
| Effect | Correction |
| Problem | The Reason for Removal is P Special purpose, but this submitting organisation is not approved to report this code. |
| Remedy | Enter the correct Reason for Removal and resubmit  Refer to: Section 3a Reason for Removal |

## S436 New episode, Administrative Registration Date in earlier fin year

|  |  |
| --- | --- |
| Effect | Rejection |
| Problem | This is a new record (it did not exist in the ESIS Editing database prior to this submission). The episode record submitted:   * has an Administrative Registration Date in a previous financial year, and * final consolidation for that year has passed. |
| Remedy | Because final consolidation for that financial year has passed, the episode and any related intra episode records will not be inserted into the editing database. |

## S438 Referral Accepted Date invalid

|  |  |
| --- | --- |
| Effect | Correction |
| Problem | Referral Accepted Date is before the Clinical Registration Date, or  after Administrative Registration Date, or invalid format or blank. |
| Remedy | Correct Referral Accepted Date (format DDMMYYYY) and re-submit. |

## S439 Readiness for Surgery E, not approved to report

|  |  |
| --- | --- |
| Effect | Rejection |
| Problem | The Readiness for Surgery is E Emergency use, but this submitting organisation is not approved to report this code. |
| Remedy | Enter the correct Readiness for Surgery code and resubmit  Refer to: Section 3a Readiness for Surgery |

## S440 Reason for Removal G, not approved to report

|  |  |
| --- | --- |
| Effect | Rejection |
| Problem | The Reason for Removal is G Emergency use, but this submitting organisation is not approved to report this code. |
| Remedy | Enter the correct Reason for Removal and resubmit  Refer to: Section 3a Reason for Removal |

## S441 Reason for SAD Change is 118, not approved to report

|  |  |
| --- | --- |
| Effect | Rejection |
| Problem | The Reason for Scheduled Admission Date is 118 Emergency use, but this submitting organisation is not approved to report this code. |
| Remedy | Enter the correct Reason for Scheduled Admission Date Change and resubmit  Refer to: Section 3a Reason for Removal |

## S442 Gender code invalid

|  |  |
| --- | --- |
| Effect | Correction |
| Problem | Gender code has not been reported or is invalid |
| Remedy | Correct Gender code and re-submit  Refer to: Section 3a Gender |

## S443 NDIS participant identifier invalid

|  |  |
| --- | --- |
| Effect | Correction |
| Problem | The NDIS participant identifier reported is not numeric and/or 9 characters in length. |
| Remedy | Correct NDIS participant identifier and re-submit  Refer to: Section 3a NDIS Participant Identifier |

## S444 ASA score invalid

|  |  |
| --- | --- |
| Effect | Correction |
| Problem | The ASA code has either not been reported (blank) or the code reported is invalid. |
| Remedy | Correct the ASA code and re-submit.  Refer to: Section 3a ASA score. |

## S445 Field retired

|  |  |
| --- | --- |
| Effect | Warning |
| Problem | A code has been reported in the Surgeon Identifier field which was retired from 01/07/25. |
| Remedy | Refer this error to your vendor. |