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| Proposals for revisions to the Elective Surgery Information System (ESIS) for 2026-27 |
| September 2025 |
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# Executive summary

Each year the Department of Health (the department) reviews the Elective Surgery Information System (ESIS) to ensure that the data collection supports the department’s business objectives, including national reporting obligations, and reflects changes in hospital funding and service provision arrangements for the coming financial year.

To avoid duplication, the department has prepared a separate *Proposals* document that details proposals relating to items reported in more than one data collection. The *Proposals for revisions across multiple data collections (VAED, VEMD and VINAH MDS) for 2026-27* must be considered alongside the *Proposals for revisions to the* ESIS *for 2026-27*.

The proposed revisions for the ESIS for 2026-27 include the addition of two new Intended Procedure codes to record surveillance colonoscopy and gastroscopy.

# Introduction

This document is intended to invite comment and stimulate discussion on the proposals outlined. All stakeholders, including health services, software vendors and data users (including those within the Department of Health and Safer Care Victoria) should review this document and the *Proposals for revisions across multiple data collections (VAED, VEMD and VINAH MDS) for 2026-2*7 and assess the feasibility of the proposals. Written feedback must be submitted via the Feedback proforma MS form **by 5.00pm Friday 17 October 2025**.

This proposal document and the Feedback proforma MS form will be available at [HDSS annual changes](../Proposals/HDSS%20annual%20changes) <https://www.health.vic.gov.au/data-reporting/annual-changes>.

Specifications for revisions to the ESIS for 2026-27 will be published later and may include additions, amendments or removal of information in this document.

## Orientation to this document

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

# Proposal 12 - Addition of intended procedure codes for surveillance endoscopy

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| **It is proposed to** | Add two new Intended Procedure codes to specifically record surveillance colonoscopy and gastroscopy is a proposed strategic solution stemming from the **Endoscopy Improvement Project** (the project) led by the Planned Care Recovery and Reform branch.  This change will enable the Department of Health to monitor demand and activity for surveillance endoscopy and support health services to improve the management of surveillance patients. As well as improving data accuracy for monitoring of timeliness performance. |
| **Proposed by** | Governance and Accountability, Planned Care Recovery and Reform, Hospitals and Health Services |
| **Does the proposal meet the criteria?** | Meets key government priorities. |
| **Reason for proposed change** | Endoscopies are important investigative procedures for the early detection of patient pathology, including cancers, and timely access to these procedures is critical for avoiding poor patient health outcomes.  An effective and efficient planned surgery system remains a priority of Government, with the Planned Surgery Reform Blueprint released in 2023 setting an extended reform pathway to improving Victorian’s access to planned care. As endoscopy utilises the same system resources in terms of clinicians, support staff and theatre space addressing systemic issues in endoscopy will have a direct benefit in better supporting Victorian’s access to planned care. In addition, improving the visibility of endoscopy data and management of surveillance endoscopies across the system supports other key State and Federal Government priorities including the Victorian Cancer Plan and the National Bowel Cancer Screening Program.  Surveillance endoscopies more specifically, play a critical role in the early detection and prevention of cancer. However, the procedure may be carried out unnecessarily or too frequently in normal to low-risk patients who are unlikely to benefit, and not frequently enough in high-risk patients who will benefit most - an Australian study found that up to 96% of low-risk surveillance procedures were booked early, and close to 40% of high-risk procedures were booked late[[1]](#footnote-1).  Supporting the management of surveillance endoscopies in line with best practice guidelines will reduce the risk of procedural harm related to unnecessary procedures; reduce wait times for high-risk patients and promote timely detection and treatment of disease. In addition, it will reduce costs with correct surveillance helping identify conditions early and reducing the need for complex surgery.  The Victorian health system is seeing increasing demand for endoscopy services, with endoscopy procedures increasing 23% between 2018-19 (pre-COVID baseline) and 2023-24. We have also seen the incidence of category 1 breaches for colonoscopy double in the last 12 months. Many factors are driving this increase in demand, including:   * National Bowel Cancer Screening Program eligibility criteria expansion to 45 years of age from July 2024 (previous threshold was 50 years of age), * Ageing and growing population, * Shift of activity from the private to public sector, * Advances in interventional endoscopy, with more procedures performed endoscopically, and * Potential overservicing, such as over-surveillance and retaining patients rather than discharging to primary care.   Currently there is no way to distinguish surveillance endoscopy from other endoscopy in the ESIS dataset (such as endoscopy for investigation of active symptoms) to determine how much surveillance activity is impacting supply and demand.  Over the past 12 months, the project has undertaken broad sector engagement relating to the management of endoscopies in the Victorian health system, with the key findings and strategic solutions informed by health service feedback.  Sector engagement found that there is variation in the management of surveillance endoscopies across the system. Currently, the varying approaches to surveillance categorisation by health services may be resulting in inflated category one registrations and timeliness breaches. Examples of these varying categorisation practices include creation of a separate category 3S or registering all surveillance as category 1 not ready for care and switching to ready for care when the procedure is due within 30 days.  The reporting of surveillance endoscopy data via the new Intended Procedure codes will provide greater data visibility and accuracy of urgency categorisation and surveillance demand. The improved accuracy and visibility will also support system planning and policy as well as unifying practices across the system. |
| **Details of change** | Two new codes to be added to the Intended Procedure data element |

## Section 3a Data definitions – data elements

## Intended Procedure (amend)

### Specification

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| **Definition** | The procedure for which a patient has been placed on 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 (gastroscopy and colonoscopy) procedure codes (includes ~~both~~ surveillance, diagnostic and therapeutic)  IP401 Gastroscopy (excludes surveillance gastroscopy)  IP402 Colonoscopy (excludes surveillance colonoscopy)  IP403 Surveillance gastroscopy  IP404 Surveillance colonoscopy |
| **Reporting guide** | Please note: the department are working on definitions for surveillance gastroscopy and colonoscopy, which will be available in the specifications.  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. Surveillance Gastroscopy and Colonoscopy codes are reportable for episodes registered from 1 July 2026.  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].  The remainder of the Reporting guide is unchanged |
| **Validations** | S134 Intended Procedure invalid  S386 IP for this episode has changed  S405 Non-specific IP, but no IP description |
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1. Fitzsimmons, T., et al. (2022). Assessing the impact of the 2019 National Health and Medical Research Council polyp surveillance guidelines on compliance with surveillance intervals at two public hospitals. ANZ Journal of Surgery. [↑](#footnote-ref-1)