

**Proposals for Revisions
to the
Elective Surgery Information System (ESIS)**

February 2001

**Acute Health Division
Department of Human Services**

Contents

- Executive Summary ii
- Introduction..... iii
- Format of this Document iv
- Abbreviations..... iv
- Proposed Revisions: *Editing* 5
 - Not Ready for Care Days:..... 5
 - Booking Details: 7
 - Reason for Cancellation..... 8
- Proposed Revisions: *Software enhancements* 9
- Proposed Revisions: *Definitions* 10
 - Total Waiting Time for Admitted Patients 10
 - Total Waiting Time for Patients Remaining on the Waiting List 13
- Proposed Revisions: *Patient Record* 16
 - Reason for Not Ready for Care Status - Deferred 16
 - Reason for Removal 18
 - Reason for Cancellation..... 26
- 2001–2002 File Structure 27

Executive Summary

This document contains details of the proposed revisions to the Elective Surgery Information System (ESIS) for 1 July 2001. The majority of the proposed revisions to the 2001-2002 dataset are adjustments to existing data items and edits. The proposed revisions are summarised below.

- To expand edits applicable to *Not Ready for Care Days* to ensure they are calculated appropriately.
- To combine edits related to *Booking* details.
- To revise edits related to *Reason for Cancellation*.
- To specify that software systems must allow the ability to amend data for patients who have been admitted.
- To revise the definitions for *Total Waiting Time for Admitted Patients* and *Total Waiting Time for Patients Remaining on the Waiting List* to ensure data supplied to national bodies is in accordance with the definitions specified in the National Health Data Dictionary.
- To expand the definition of *Reason for Not Ready for Care Status – Deferred* to ensure consistent interpretation across all sites.
- To combine data items, *Reason for Removal* and *Reason for Cancellation* to remove the need for dual collection of data.

Introduction

From 1 July 2001, changes to the ESIS data collection will be necessary to ensure that Victoria continues to meet its national reporting obligations, and to assist planning and policy development by the Department of Human Services.

This document is being distributed to all Victorian Hospitals which currently report to ESIS, and to software suppliers known to have Victorian clients. It outlines the proposed changes to ESIS, by providing details of the proposal, reporting requirements, the purpose of the amendment and the source of the code set.

It is expected that the release of this document will stimulate discussion within the health industry. **Feedback is sought on these proposals.** Hospitals and software suppliers should review this document and assess the feasibility of these proposals. All are invited to provide written feedback to the Department of Human Services by completing the proforma provided with this document, and forwarding it to the Department by **Tuesday 27 February 2001.**

These proposals should not be considered final. Constructive suggestions are welcomed, both for dealing with the proposed changes identified, and for other alterations to ESIS to improve its utility for hospitals. All comments will be discussed at the HDSS Forum scheduled for **Friday 2 March 2001**, and subsequently assessed by the ESIS Technical Reference Group. It is expected that a 'Specification for Revisions' document will be released in March 2001.

Once changes to ESIS are finalised, hospitals will be required to alter their externally supplied or in-house waiting list systems for 1 July 2001, to meet the ESIS specification.

Format of this Document

Proposed changes are denoted as follows:

- New values in code sets and significantly revised definitions are enclosed by a dotted border.
- Additions to existing text are underlined, whilst deletions are ~~struck through~~.

If you have any comments regarding the information outlined within this document, please contact the HDSS Unit on 9616 8141.

Abbreviations

DHS	Department of Human Services
ESIS	Elective Surgery Information System
HDSS	Health Data Standards and Systems
NRFC	Not Ready for Care
RFC	Ready for Care

Proposed Revisions: *Editing*

Not Ready for Care Days:

It is proposed to Amend edit S326 to ensure that *Not Ready for Care Days* are calculated appropriately.

Amend edit:

S326	Status Reassignment Date / NRFC Days mismatch
<i>Effect</i>	TYPE 1 (REJECTION)
<i>Problem</i>	<p>1) This patient is <i>Ready for Care</i>, and has a <i>Status Reassignment Date</i> which is after the <i>Registration Date</i>, however has zero <i>Total Not Ready for Care Days</i> reported.</p> <p><i>Or</i></p> <p>2) This patient is <i>Ready for Care</i>, and has a <i>Status Reassignment Date</i> after an <i>Urgency Reassignment Date</i>, with both dates after the <i>Registration Date</i>, however has zero <i>Total Not Ready for Care Days Following Last Urgency Reassignment</i> reported.</p> <p><i>Or</i></p> <p>3) This record has no <i>Status Reassignment Date</i> recorded for the month and <i>Patient Listing Status</i> is N - NRFC, but the <i>Total NRFC Days</i> and <i>Total NRFC Days Following Last Urgency Reassignment</i> have not increased by the total number of days for that month.</p> <p><i>Or</i></p> <p>4) This record has a <i>Status Reassignment Date</i> recorded in the month and the <i>Patient Listing Status</i> is N - NRFC at the end of the month, but the <i>Total NRFC days</i> and <i>Total NRFC Days Following Last Urgency Reassignment</i> have not increased by a number which is greater than or equal to the difference between the <i>Status Reassignment Date</i> and the <i>Census Date</i> or <i>Removal Date</i> (whichever is earlier).</p>
<i>Remedy</i>	Determine the actual number of days that the patient was <i>Not Ready for Care</i> , and correct the <i>Total Not Ready for Care Days / Total Not Ready for Care Days Following Last Urgency Reassignment</i> , as necessary.

Remedy cont

1) If the *Status Reassignment Date* is a date after the *Registration Date*, and the current *Patient Listing Status* is R – *Ready for Care* then NRFC days should be greater than zero.

2) If the *Status Reassignment Date* is after the *Urgency Reassignment Date* and both these dates are after the *Registration Date*, and, the current *Patient Listing Status* is R – *Ready for Care*, then NRFC days should be greater than zero.

3) If there is no *Status Reassignment Date* recorded for the month and the *Patient Listing Status* is N – NRFC, then the *Total NRFC Days* and *Total Not Ready for Care Days Following Last Urgency Reassignment* must increase by the number of days in that month.

4) If a *Status Reassignment Date* is recorded in the month and the *Patient Listing Status* is N – NRFC at the end of the month,

Or

If the *Patient Listing Status* changes more than once in any given month, then the *Total NRFC Days* and *Total Not Ready for Care Days Following Last Urgency Reassignment* must have increased by at least the difference between the *Status Reassignment Date* and *Census Date* or *Removal Date* (whichever is earlier.)

Refer: *Patient Listing Status, Status Reassignment Date, Registration Date, Total Not Ready for Care Days* and *Total Not Ready for Care Days Following Last Urgency Reassignment.*

Booking Details:

It is proposed to

Combine edits:

- S281: *Booking Date present, Booking Number zero* **and**
- S282: *Scheduled Admission Date present, Booking Number zero*

Revise edit:

S283 Booking Date / Scheduled Admission Date and Booking Number mismatch

Effect TYPE 1 (REJECTION)

Problem This record has a *Scheduled Admission Date* and/or *Booking Date* however the *Booking Number* is zero.

OR

The *Booking Number* is greater than zero however the *Booking Date* is blank.

Refer: *Booking Date, Booking Number* and *Scheduled Admission Date*.

Remedy If a *Scheduled Admission Date* or *Booking Date* has been recorded, then a *Booking Number* must also be recorded.

If a *Booking Number* is greater than zero than a *Booking Date* must be recorded.

If no booking has been made, delete the *Scheduled Admission Date* and *Booking Date* or *Booking Number* and resubmit.

Enter the correct value for blank fields and/or correct invalid codes and resubmit.

Reason for Cancellation

It is proposed to Delete edits related to *Reason for Cancellation*

Delete edits:

~~S299 Canceled, no Reason for cancellation~~

~~S300 Invalid comb: Removal and cancellation~~

~~S303 Invalid Reason for Cancellation~~

Proposed Revisions: *Software enhancements*

It is proposed to Specify that software systems must allow the ability to amend data for patients who have been admitted.

Specification

Rationale

Hospitals must have the ability to amend data for patients who have been admitted in the hospitals in-house system. This will ensure that data collected in the hospital source system is identical to that extracted and forwarded to the Department for editing and analysis.

Administration

Purpose To ensure that hospitals are able to alter data after the patient has been admitted.

Collection Start July 2001 ***Version*** 1 (Effective 1 July 2001)

Definition Source DHS

Proposed Revisions: *Definitions*

Total Waiting Time for Admitted Patients

It is proposed to Align the definition of *Total Waiting Time for Admitted Patients* with that specified in the National Health Data Dictionary.

Specification

Definition The time elapsed from the date that the patient was added to the waiting list for the procedure to the date they were admitted to hospital for the procedure, (excludes *Not Ready for Care Days*).

Collection Guide

Total waiting time for patients admitted from the waiting list will be calculated as the time elapsed from the *Registration Date* or *Urgency Reassignment Date* to the admission date (indicated by the *Removal Date*). Total waiting time excludes *Not Ready for Care Days*.

All *Ready for Care Days* on the waiting list should be counted.

Total waiting time for admitted patients equals:

Removal Date **minus**

- *Urgency Reassignment Date*, (if current *Clinical Urgency Category* is **greater than** the *Previous Urgency Category*) **minus** the sum of *Not Ready for Care Days Following Last Urgency Reassignment*.

Or

- *Registration Date*, (if there has been no change in *Clinical Urgency Category* or if current *Clinical Urgency Category* is **less than** the *Previous Urgency Category*) **minus** the sum of *Not Ready for Care Days*.

⇒ The current *Clinical Urgency Category* is **greater than** the *Previous Urgency Category*, if the patient's *Clinical Urgency Category* is now:

- *Urgent (1) having previously been Semi-Urgent (2) or Non-Urgent (3);*

Or

- *Semi-Urgent (2), having previously been Non-Urgent (3).*

In this instance, *Total Waiting Time for Admitted Patients* is calculated from the *Urgency Reassignment Date*. **Subtract** *Total Not Ready for Care Days Following Last Urgency Reassignment*.

Collection Guide

For example:

cont

Patient registered on 01/01/2001 with a *Clinical Urgency Category* of Non-Urgent (3). On 01/05/2001 the patient changes *Clinical Urgency Category* to Semi-Urgent (2). Patient was 'not ready for care' from 10/06/2001 to 30/06/2001 and was admitted for the procedure on 01/08/2001 (Removal Date).

In this case, as the patient went to a **higher** *Clinical Urgency Category*, the number of days are calculated by subtracting the *Urgency Reassignment Date* (01/05/2001) from the *Removal Date* (01/08/2001), minus any days the patient was 'not ready for care' following last urgency reassignment.

Therefore:

$$\begin{aligned} \text{Total Waiting Time} &= (01/08/01 - 01/05/01) - (30/06/01 - 10/06/01) \\ &= 92 \text{ days} - 20 \text{ days (NRFC)} \\ &= 72 \text{ days} \end{aligned}$$

⇒ The current *Clinical Urgency Category* is **less than** the *Previous Urgency Category*, if the patient's *Clinical Urgency Category* is now:

- Semi-Urgent (2) having previously been Urgent (1);

Or

- Non-Urgent (3), having previously been Urgent (1) or Semi-Urgent (2).

In this instance *Total Waiting Time for Admitted Patients* is calculated from the *Registration Date*. **Subtract Total Not Ready for Care Days.**

For example:

Patient registered on 01/01/2001 with a *Clinical Urgency Category* of Semi-Urgent (2). On 20/04/2001 the patient changes *Clinical Urgency Category* to Non-Urgent (3). Patient was 'not ready for care' from 10/06/2001 to 30/06/2001 and admitted for the procedure on 01/08/2001 (Removal Date).

In this case, as the patient went to a **lower** *Clinical Urgency Category*, the days should be counted from the *Registration Date*, not the *Urgency Reassignment Date*.

The number of days is calculated by subtracting the *Registration Date* (01/01/2001) from the *Removal Date* (01/08/2001), minus any days the patient was 'not ready for care'.

Therefore:

$$\begin{aligned} \text{Total Waiting Time} &= (01/08/01 - 01/01/01) - (30/06/01 - 10/06/01) \\ &= 212 \text{ days} - 20 \text{ days (NRFC)} \\ &= 192 \text{ days} \end{aligned}$$

Related Items

Census Date, Clinical Urgency, Patient Listing Status, Registration Date, Urgency Reassignment Date, Reason for Removal, Total Not Ready for Care

Proposed Revisions (Definitions)

Days, Total Not Ready for Care Days Following Last Urgency Reassignment, Removal Date

Administration

Purpose

This is a critical elective surgery waiting times data element. It is used to determine whether patients are overdue, or had extended waits at admission. It is used to assist doctors and patients in making decisions about hospital referral, to assist in the planning and management of hospitals and in healthcare related research.

Note: NHDD definition (Waiting time at admission) is used for Commonwealth reporting of this item.

Start Date July 1999 ***Version*** 3 (Effective 1 July 2001)

Definition Source DHS

Total Waiting Time for Patients Remaining on the Waiting List

It is proposed to Align the definition of *Total Waiting Time for patients Remaining on the Waiting List* with that specified in the National Health Data Dictionary

Specification

Definition	The time elapsed from the date that the patient was added to the waiting list for the procedure to a designated census date, (excludes <i>Not Ready for Care Days</i>).
Collection Guide	<p>Total waiting time for patients remaining on the waiting list will be calculated as the time elapsed from the <i>Registration Date</i> or <i>Urgency Reassignment Date</i> to the <i>Census Date</i>. Total waiting time excludes <i>Not Ready for Care Days</i>.</p> <p>Because the patient has not yet been removed from the list, the first day of the waiting period (either the <i>Registration Date</i>, or <i>Urgency Reassignment Date</i>), and the <i>Census Date</i> (last day being reported as being on the list for this month) should both be counted as days waiting.</p> <p>All <i>Ready for Care Days</i> on the waiting list should be counted.</p> <p><i>Total waiting time for patients remaining on the waiting list equals:</i></p> <p><i>Census Date</i> minus</p> <ul style="list-style-type: none"> • <i>Urgency Reassignment Date</i>, (if current <i>Clinical Urgency Category</i> is greater than the <i>Previous Clinical Urgency Category</i>) minus the sum of <i>Not Ready for Care Days Following Last Urgency Reassignment</i> plus 1. <p>Or</p> <ul style="list-style-type: none"> • <i>Registration Date</i>, (if there has been no change in <i>Clinical Urgency Category</i> or if the current <i>Clinical Urgency Category</i> is less than the <i>Previous Clinical Urgency Category</i>) minus the sum of <i>Not Ready for Care Days</i> plus 1.
Collection Guide cont	⇒ The current <i>Clinical Urgency Category</i> is greater than the <i>Previous Urgency Category</i> , if the patient's <i>Clinical Urgency Category</i> is now:

Proposed Revisions (Definitions)

Urgency Category, if the patient's *Clinical Urgency Category* is now:

- Urgent (1) having previously been Semi-Urgent (2) or Non-Urgent (3);

Or

- Semi-Urgent (2), having previously been Non-Urgent (3).

In this instance, *Total Waiting Time for Patients Remaining on the Waiting List* is calculated from the *Urgency Reassignment Date*. **Subtract Total Not Ready for Care Days Following Last Urgency Reassignment.**

For example:

Patient registered on 01/01/2001 with a *Clinical Urgency Category* of Non-Urgent (3). On 01/05/2001 the patient changes *Clinical Urgency Category* to Semi-Urgent (2). Patient was 'not ready for care' from 10/06/2001 to 30/06/2001 and remained 'ready for care' until the current *Census Date* – 31/07/2001.

In this case, as the patient went to a **higher** *Clinical Urgency Category*, the number of days are calculated by subtracting the *Urgency Reassignment Date* (01/05/2001) from the *Census Date* (31/07/2001), minus any days the patient was 'not ready for care' following last urgency reassignment **plus** one day.

Therefore, Total Waiting Time for this patient remaining on the waiting list:

$$\begin{aligned} &= (31/07/01 - 01/05/01) - (30/06/01 - 10/06/01) \text{ plus } 1 \\ &= 91 \text{ days} - 20 \text{ days (NRFC)} \text{ plus } 1 \text{ day} \\ &= 72 \text{ days} \end{aligned}$$

⇒ The current *Clinical Urgency Category* is **less than** the Previous Urgency Category, if the patient's *Clinical Urgency Category* is now:

- Semi-Urgent (2) having previously been Urgent (1);

Or

- Non-Urgent (3), having previously been Urgent (1) or Semi-Urgent (2).

In this instance Total waiting time is calculated from the *Registration Date*. **Subtract Total Not Ready for Care Days.**

Proposed Revisions (Definitions)

cont

Patient registered on 01/01/2001 with a *Clinical Urgency Category* of Semi-Urgent (2). On 20/02/2001 the patient changes *Clinical Urgency Category* to Non-Urgent (3). Patient was 'not ready for care' from 10/06/2001 until 30/06/2001. They remained 'ready for care' until the current *Census Date* - 31/07/2001.

In this case, as the patient went to a **lower** *Clinical Urgency Category*, the days should be counted from the *Registration Date*, not the *Urgency Reassignment Date*.

The number of days is calculated by subtracting the *Registration Date* (01/01/2001) from the *Census Date* (31/07/2001), minus any days the patient was 'not ready for care' **plus** one day.

Therefore, Total Waiting Time for this patient waiting on the waiting list:
= (31/07/01 – 01/01/01) – (30/06/01 – 10/06/01)
= 211 days – 20 days (NRFC) **plus 1 day**
= 192 days

Related Items

Census Date, Clinical Urgency, Patient Listing Status, Registration Date, Urgency Reassignment Date, Reason for Removal, Total Not Ready for Care Days, Total Not Ready for Care Days Following Last Urgency Reassignment, Removal Date

Administration Purpose

This is a critical elective surgery waiting times data element. It is used to determine whether patients are overdue, or had extended waits at a census date. It is used to assist doctors and patients in making decisions about hospital referral, to assist in the planning and management of hospitals and in healthcare related research.

Note: NHDD definition (Waiting time at a census date) is used for Commonwealth reporting of this item.

Collection Start	July 1999	Version	3 (Effective 1 July 2001)
Definition Source	DHS		

Proposed Revisions: *Patient Record*

Reason for Not Ready for Care Status - Deferred

It is proposed to Expand the definition of *Reason for Not Ready for Care Status – Deferred* to ensure consistent interpretation across all sites.

Specification

Definition The reason for a *Patient Listing Status* of *Not Ready for Care*.

Datatype Alpha/numeric **Form** Code

Field Size One **Layout** A

Reported For all patients who have a reported *Patient Listing Status* of: *N – Not Ready for Care*.

Code Set	Code	Descriptor
	C	Clinically unfit
	D	Deferred
	S	Staged

Collection Guide Report the appropriate reason to explain why the patient is *Not Ready for Care*.

Reporting Guide

D – Deferred

Patients who refuse booking or admission for personal, non clinical reasons.

Hospitals are expected to exercise discretion to distinguish between patients who are reasonably negotiating an admission date to suit their particular circumstances (taking the patient’s *Clinical Urgency Category* into consideration), and those who declare themselves unavailable for treatment for a prolonged period.

As a general rule, patients who are unable to present for admission within a six week period may be considered to be deferred.

If the hospital, in consultation with the patient’s clinician, considers the patient’s deferral to be unreasonable, (eg. the patient wishes to defer indefinitely, or repeatedly defers for long periods) and removes the patient from the waiting list, a Reason for Removal code = Q – Surgery Declined or not required, should be assigned.

Removal of patients from the waiting list for non clinical reasons should be considered on a case by case basis. The patient’s clinician must be consulted before the patient is removed from the waiting list for non clinical reasons.

Proposed Revisions (Patient Record)

Edits

- S267 – Invalid Reason for NRFC status
- S268 – Patient NRFC, no reason for NRFC
- S269 – Reason for NRFC patient current RFC
- S326 – Status Reassignment Date / NRFC Days Mismatch

Related Items

Patient Listing Status, Status Reassignment Date

Administration

Purpose

This item is used to identify the reasons why patients are Not Ready for Care.

Collection Start

January 1998

Version

2 (Effective 1 July 2001)

Definition Source

DHS

***Code Set
Source***

DHS

Reason for Removal

It is proposed to Expand *Reason for Removal* codeset to include codes described in *Reason for Cancellation*.

Specification

Definition The reason why a patient is removed from the waiting list.

Datatype Alpha/numeric **Form** Code

Field Size One **Layout** A

Reported for Patients removed from the waiting list.

Reported when The decision is made to remove the patient from the waiting list.

Codeset	Code	Descriptor
<i>Admitted to this Hospital?</i>	W	Admitted to this hospital for awaited procedure
	<u>M</u>	<u>Admitted for awaited procedure as emergency patient to this hospital</u>
<i>Treated elsewhere?</i>	<u>B</u>	<u>Treated elsewhere for awaited procedure at a public facility</u>
	<u>I</u>	<u>Treated elsewhere for awaited procedure at a private facility</u>
	<u>U</u>	<u>Treated elsewhere for awaited procedure – unknown whether public or private</u>
	X	This hosp arranged admission at another hospital
<i>Transfer of ESIS episode?</i>	N	Transfer of waiting episode to a non-ESIS (Public) hospital
	T	Transfer of waiting episode to another ESIS hospital
<i>Cancellation?</i>	<u>R</u>	<u>Died</u>
	<u>Z</u>	<u>Not contactable</u>
	<u>Q</u>	<u>Surgery declined or not required</u>
	<u>F</u>	<u>Failure of the patient to arrive for treatment</u>
	E	Data error
	<u>O</u>	<u>Other reason for cancellation</u>

When the patient is removed from the waiting list, the *Removal Date* must also be reported.

Removal of patients from the waiting list for non clinical reasons should be considered on a case by case basis. The patient’s clinician must be consulted before the patient is removed from the waiting list for non clinical reasons.

Reporting Guide

Report the appropriate reason to explain why the patient's waiting episode has been removed from the waiting list.

Admitted to this Hospital:

W—Admitted to this hospital for awaited procedure

The patient has been admitted to this hospital for the awaited procedure.

~~A Reason for cancellation code is not required for this code.~~

If this code is used, the following fields must also be completed: *Insurance declaration, Medicare Number and Medicare Suffix.*

M – Admitted for awaited procedure as emergency patient to this hospital

Patients whose condition has worsened to the extent that he/she is admitted through the Emergency Department at this hospital, for the awaited procedure. The patient is removed from the waiting list with a Reason for Removal code M – Admitted for awaited procedure as emergency patient to this hospital, ~~with a Reason for removal of C—Cancellation by the Hospital or Surgeon~~ and is not reported as an elective admission.

Patients admitted to another hospital for the awaited procedure as an emergency patient, should be removed from the waiting list at this hospital with a *Reason for Removal of C—Cancellation by the Hospital or Surgeon* and B, I or U – *Treated elsewhere for awaited procedure.*

Proposed Revisions (Patient Record)

Reporting Guide cont

Treated elsewhere:

B,I,U—Treated elsewhere for the awaited procedure

Patients whose awaited procedure has been performed at another facility.
(~~includes as an emergency patient~~).

Includes patients who:

- have initiated treatment at another hospital (includes private hospitals)
- have been admitted through the Emergency Department of another hospital for the awaited procedure, due to the worsening of the clinical condition requiring treatment.

The hospital is asked to determine wherever possible, whether the patient was treated at a private or public facility. If this cannot be determined, code *U—Unknown facility* should be reported.

A Transfer Destination code is not required. (Reason for removal of D—Cancellation by the patient.)

Patients who elect to be treated in a private hospital should be removed from the Waiting List, with a *Reason for Removal* code of *I – Treated elsewhere for awaited procedure at a private facility*, where the patient elects to be treated in a private facility and no contract has been negotiated.

X—This hospital arranged admission at another hospital

This hospital arranged for the patient to be treated at another hospital under contract (or similar arrangement), however the responsibility for the patient's waiting episode remains with the ESIS hospital reporting this episode.

Note: These patients should remain on the waiting list until admitted.

This is not a transfer of reporting responsibility (that is, the patient will not be placed on a waiting list at the receiving hospital) hence a *Transfer destination* is not required.

Where the patient initiates treatment at another hospital, use code ~~*D—Cancellation by the patient*~~. *B, I or U – Treated elsewhere for the awaited procedure.*

A Reason for cancellation code is not required for this code.

Where the patient is treated under a contract between this hospital and a private hospital, a *Reason for Removal* code of '*X*'—*This hospital arranged admission at another hospital* should be utilised. The waiting episode is not transferred to the contracted hospital. The responsibility for the patients waiting episode remains with the contracting hospital.

Reporting Guide
cont

*Transfer of ESIS
episode:*

N—Transfer of waiting episode to a non ESIS public hospital

The reporting responsibility for the patient's waiting episode has been transferred from this ESIS hospital to a non ESIS reporting public hospital. The patient's surgery will be performed at the receiving hospital.

If this code is used, the field *Transfer Destination* must also be completed.

Where the patient initiates treatment at another hospital, use code, ~~*D—Cancellation by the patient*~~ B, I or U – Treated elsewhere for the awaited procedure.

~~*A Reason for cancellation code is not required for this code.*~~

T—Transfer of waiting episode to another ESIS hospital

The reporting responsibility for the patients waiting episode has been transferred from one ESIS hospital to another. Usually this occurs when it is possible for the patient to be treated in a more timely manner at the receiving hospital.

When transferring the reporting responsibility for a waiting episode, it is important that all of the original registration and waiting list details are provided to the receiving hospital. When the patient is entered onto the waiting list system at the receiving hospital, all waiting details to date are entered for that patient. That is, the original *Registration Date* must be entered, as well as any other events which will enable the total waiting time to be calculated from the time when the patient was placed on the waiting list at the original hospital.

If this code is used, the field *Transfer Destination* must also be completed.

Episodes should be reported as transferred only when the reporting responsibility for the patient's waiting episode is being transferred to another hospital. Where the patient is treated at another hospital under contract (or similar arrangement) arranged by the original hospital, this is not considered a transfer of reporting responsibility. In this case, use code ~~*X—This hospital arranged admission at another hospital.*~~

~~*A Reason for cancellation code is not required for this code*~~

Where the patient initiates treatment at another hospital, use code, ~~*D—Cancellation by the patient*~~ B, I or U – Treated elsewhere for the awaited procedure.

Proposed Revisions (Patient Record)

Reporting Guide cont

Cancellation:

R—Died

Patients who have died since their name was placed on the waiting list.

(Reason for removal of D—Cancellation by the patient.)

Z—Not contactable

Patients who cannot be contacted.

(Reason for removal of D—Cancellation by the patient.)

Q—Surgery declined or not required

Includes:

- Patients who refuse treatment at their own initiative or no longer wish to receive treatment at the hospital or where the waiting episode has been cancelled at the request of the patient. *(Reason for removal of D—Cancellation by the patient.)*
- Patients whose clinical condition has either improved or worsened to the extent that they are no longer suitable candidates for the awaited surgery. *(Reason for removal of C—Cancellation by the Hospital or Surgeon).*
- Patients on the waiting list for a reportable procedure but are requiring alternative treatment which is listed as an excluded procedure. *(Reason for removal of C—Cancellation by the Hospital or Surgeon).*
- Removal of the waiting episode at the instigation of the clinician or other hospital staff for non clinical reasons. For example, patients who request indefinite deferral of surgery or request lengthy, repeated deferrals of surgery.

NB: Removal of patients from the waiting list for non clinical reasons should be considered on a case by case basis, taking the patient's urgency category and individual circumstances into account. The patient's clinician must be consulted before the patient is removed from the waiting list for non-clinical reasons.

**Reporting Guide
cont**

Cancellation cont:

F—Failure of the patient to arrive for treatment

Patients who have a booking for admission, and fail to arrive at the hospital on that day without giving prior notice, may be removed from the waiting list. Hospitals should exercise their discretion on a case by case basis to avoid disadvantaging patients in the case of genuine hardship, misunderstanding and other unavoidable circumstances. ~~(Reason for removal of D—Cancellation by the patient.~~

E—Data error

Note: All records with a Reason for Removal of E—Data Error, are not subject to data edits.

Records that are erroneously entered onto the hospital waiting list system and reported to ESIS, are removed from ESIS using this code. This must be reported only when the record is a genuine error. Reasons for entry of incorrect episodes onto the hospital waiting list system can include:

- A duplicate waiting episode exists for the same *Patient Identifier* and *Principal Prescribed Procedure*.
- An incorrect *Patient Identifier*, and therefore the wrong patient, has been entered onto the waiting list system.
- Two or more *Patient Identifiers* have been issued for one patient.

Where more than one waiting list record exists for the same waiting episode, the hospital should retain the episode which reflects the correct information for that patient. In particular, the *Registration Date* must be the original (or first) date on which the hospital accepted notification that the patient requires admission for elective hospital care.

~~A Reason for cancellation code is not required for this code.~~

Proposed Revisions (Patient Record)

Collection Guide

Cont

O—Other reason for removal

Cancellation cont:

Circumstances for removal that do not fit into the other ~~thirteen~~ ~~five~~ *Reason for Removal Cancellation* categories. (~~Reason for removal of C—Cancellation by the Hospital or Surgeon or D—Cancellation by the patient~~).

Edits

- S080 - Blank Medicare number
- S081 - Invalid Medicare number
- S087 - Blank Medicare suffix
- S088 - Invalid Medicare suffix
- S287 - Scheduled admission date exceeded
- S292 - Removed but no reason
- S293 - Removed, no Removal date
- S294 - Record removed last month
- S295 - Removal date \neq Scheduled admission date
- S296 - Patient admitted, Not ready for care
- S298 - Invalid Reason for removal
- S303 - Blank insurance declaration
- S304 - Insurance declaration, patient not admitted
- S309 - Blank Transfer destination
- S310 - Transfer destination not transferred

Related Items

Removal Date, Reason for Cancellation, Transfer Destination

Administration

Purpose

This is a critical element of waiting list data, as it identifies the completion of the waiting episode at this hospital. It is used to provide information about the number of patients admitted, cancelled and transferred and to determine which patients are still waiting.

Collection Start

January 1998

Version

4 (Effective 1 July 2001)

<i>Definition Source</i>	<i>Code Set</i>	<i>Proposed Revisions (Patient Record)</i>
<ul style="list-style-type: none"> • Hospital Access Program Waiting Lists Working Group • Waiting Times Working Group • National Health Data Committee • DHS 	<ul style="list-style-type: none"> • <i>Source</i> 	<ul style="list-style-type: none"> • DHS

Reason for Cancellation

It is proposed to Delete data item *Reason for Cancellation* and combine relevant codes with data item *Reason for Removal*.

Refer *Reason for Removal*, page 18.

2001–2002 File Structure

For conditional mandatory fields, see key at the foot of this table.

	Data Item	Field size	Datatype	Layout/Code set
M	Unique Key	8	A/N	XXXXXXXX, right justified, hospital generated
M	Patient Identifier	10	A/N	XXXXXXXXXX, left justified, hospital generated
■	Medicare Number	11	N	NNNNNNNNNNN or all spaces
■	Medicare Suffix	3	A/N	AAA
M	Waiting Number	2	A/N	NN, left justified
M	Date of Birth	8	N	DDMMCCYY
M	Sex	1	A/N	1,2,3
M	Postcode	4	N	NNNN
◆	Locality	30	A/N	AAAAAAAAAAAAAAAAAA AAAAAAAAAAAAAAAAAA Left justified
M	Principal Prescribed Procedure	3	A/N	NNN, left justified
M	Surgical Specialty	2	A/N	01,02,03,04,05,06,07,08,09,10,11
M	Clinical Urgency	1	A/N	1,2,3
M	Planned Length of Stay	1	A/N	1,2
M	Registration Date	8	N	DDMMCCYY
M	Source of Referral	1	A/N	1,2,3,4,5

Proposed Revisions (Patient Record)

	Data Item	Field size	Datatype	Layout/Code set
●	Referring Hospital	4	A/N	NNNN or spaces
1	Urgency Reassignment Date	8	N	DDMMCCYY or blank
1	Previous Urgency Category	1	A/N	1,2,3
M	Patient Listing Status	1	A/N	N,R
✕	Status Reassignment Date	8	N	DDMMCCYY or blank
◎	Reason for NRFC Status	1	A/N	C,D,S
▼	Booking Date	8	N	DDMMCCYY or blank
M	Booking Number	2	A/N	NN, left justified
◆	Reason for Rebooking	1	A/N	A,C,D,F,H,P,X
■	Scheduled Admission Date	8	N	DDMMCCYY or blank
2	Removal Date	8	N	DDMMCCYY or blank
2	Reason for Removal	1	A/N	€,D,W,M,B,I,U,X, N,T,R,Z,Q,F,E,O
■	Insurance Declaration	1	A/N	A,C,M,O,P,S,T,V,W,X
✱	Reason for Cancellation	±	A/N	B,F,I,M,N,O,Q,U
☆	Transfer Destination	4	A/N	NNNN or spaces
M	Total Not Ready for Care Days	4	N	NNNN or all zeros Right justified, zero filled

Proposed Revisions (Patient Record)

	Data Item	Field size	Datatype	Layout/Code set
M	Total Not Ready for Care Days Following Last Urgency Reassignment	4	N	NNNN or all zeros Right justified, zero filled
M	Hospital Initiated Postponement	2	A/N	NN, left justified
	Total	160		

All alpha characters must be in uppercase.

M = Mandatory.

■ = Mandatory if the patient is admitted.

◆ = Mandatory if *Postcode* not 1000 or 9988.

● = Mandatory if *Source of referral* = 2.

✕ = Mandatory if the *Patient listing status* changes.

◎ = Mandatory if the patient becomes *Not ready for care*.

◆ = Mandatory if the *Scheduled admission date* has been changed or deleted.

⊠ = Mandatory if *Reason for removal* = C or D.

☆ = Mandatory if *Reason for removal* = T or N.

▼ = Mandatory if Booking Number > zero

1 = If data reported in one of these fields, the other field is mandatory.

2 = If data reported in any of these fields, the other fields are mandatory.