

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

For 1.7.2002

November 2001

Department of Human Services

November 2001

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Executive Summary

This document contains details of the proposed revisions to the Elective Surgery Information System (ESIS) for 1 July 2002. The proposed revisions are summarised below:

- To add a new field, *Date of Procedure*, representing the date of the first operating procedure performed during this episode.
- To add a new field, *Intended Treatment Campus*, representing (for a health service) the campus at which it is intended the patient has treatment.
- To subdivide, in *Clinical Urgency*, category 2 *Semi-urgent* into two sub-categories.
- To revise format for *Patient Identifier* to align it with other DHS collections.
- To provide more guidance in *Planned Length of Stay* for assigning the length of stay codes.
- To raise for discussion with ESIS hospitals, the distinction between, in *Reason for Removal*, the codes X *This hospital arranged admission at another hospital* and T *Transfer of waiting episode to another ESIS hospital*.
- To revise format for *Unique Key* to align it with *Patient Identifier*.
- To revise *Campus Code* to become *Campus/Health Service Code*, to permit health services to report at health service level if wished.
- To improve editing aimed at avoiding multiple records for the same patient (other than those genuinely listed for multiple procedures).
- To edit the new fields for validity: *Date of Procedure* and *Intended Treatment Campus*.
- To edit *Transfer Destination* to ensure only valid *Campus/Health Service* codes are used.
- To apply edits to ensure consistency between *Booking Number* and *Booking Date*.
- To apply edits to ensure consistency between *Clinical Urgency* and both *Date Last Clinical Urgency Increase* and *Urgency Reassignment Date*.
- To apply an edit checking for consistency between a low *Booking Number* and *Reason for Removal* code F *Failure of the patient to arrive for treatment*.
- To apply edits to ensure consistency between *Patient Listing Status* and *Status Reassignment Date*.

Introduction

From 1 July 2002, 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 that 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, as at the time of its release in December 2001. This should not be regarded as a complete list of changes to be made for 2002-2003. Items in this publication cannot be guaranteed to change or to change in the form suggested here; nor does the absence of an item from this publication indicate it will not change from 1 July 2002. Confirmed changes will be published in the document *Specification for Revisions to ESIS for 1 July 2002*, which will be published in January/February 2002.

Timelines for release of the *Proposals for Revisions* and *Specifications for Revisions* have been brought forward to allow inclusion of these revisions in the developed specifications for the patient administration system replacement projects presently underway in Victoria.

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 **Monday 10 December 2001.**

There will be a **summary presentation** of these proposals during the HDSS Forum to be conducted on **Thursday 13 December 2001.** Responses to feedback received from hospitals and software suppliers during the feedback period will be address at this forum and subsequently assessed by the ESIS Technical Reference Group.

Constructive suggestions are welcomed, both for dealing with the proposed changes identified in this document, and of other alterations to ESIS, to improve its utility for hospitals.

Abbreviations

ACES	Advisory Committee on Access to Elective Surgery
DHS	Department of Human Services
DOSA	Date of Surgery Admission
ESIS	Elective Surgery Information System
HDSS	Health Data Standards and Systems

Proposed New Data Items: *Patient Record*

Date of Procedure

It is proposed to Add a field, *Date of Procedure*, being the date of the first operating procedure performed in this hospital during this episode.

Proposed by:

Health Service Day of Surgery Admission Benchmarking Working Party

Contact: Jane McKercher, telephone 9616 7896, Inpatient Services, Department of Human Services

Reason for Proposed Change:

The data are needed to enable calculation of day of surgery admission (DOSA) rates.

In line with a key recommendation of the Patient Management Taskforce, DOSA rates were introduced in 2001-2002 as a key indicator of hospital performance. Admission on the day of surgery improves bed utilisation and therefore access to treatment, with evidence showing that it does not delay discharge or increase morbidity or mortality for selected groups of patients.

The Health Service Day of Surgery Admission Benchmarking Working Party examined options for the collection of DOSA rates and recommended ESIS as the preferred dataset.

The advantage of collecting via ESIS is that this easily identifies the patient group for whom DOSA rates are to be calculated by hospitals. If DOSA rates were to be collected via the Victorian Admitted Episode Dataset (VAED), it would be very difficult and resource intensive for hospitals to identify the patients who should have the date of their surgical procedure transmitted to the Department. Collection via ESIS also means that DOSA data is available to hospitals in a more timely way than if it were collected and reported via VAED. Timeliness of data is important for hospitals to be able to improve practice of clinical staff such as registrars, who are regularly rotating through clinical units.

The DOSA rates will be derived from *Reason for Removal* (if code is *W Admitted to this hospital for awaited procedure*), *Removal Date*, *Planned Length of Stay* and (new) *Date of Procedure*. If the date of procedure is blank, the episode will be counted as *not* being a DOSA episode:

- Where the date of procedure field is blank because the patient has not had a procedure at the time ESIS data are transmitted, that episode is, by definition, *not* a DOSA episode and there is no effect on the DOSA rate.
- Where the date of procedure field is blank because the hospital has failed to capture the information:
 - If the episode *was* a DOSA episode, the omission will lower the hospital's DOSA rate.
 - If the episode *was not* a DOSA episode, there is no effect on the DOSA rate.

Collection Mechanism:

Initially collected by hospital theatre staff and then by hospital staff member responsible for ESIS data.

Proposed Specification

Definition	The date the first 'operating room procedure' is performed on the patient in this hospital during this episode.		
Datatype	Numeric	Form	Date
Field size	8	Layout	DDMMCCYY
Reporting Guide	The date is collected only if <i>Reason for Removal</i> is: W <i>Admitted to this hospital for awaited procedure</i>		

The procedure can be either:

- the procedure the patient was waiting for (as assigned in ESIS)
- or
- a related procedure that results in the patient being removed from the waiting list.

If the date is unknown or no procedure has been performed at time of separation of the patient or transmission of ESIS data, the field must remain blank.

Intended Treatment Campus

It is proposed to Add a field, *Intended Treatment Campus*, being the campus code at which a health service intends the patient to be treated for this waiting list procedure.

The field must be completed only if the Header Record *Campus/Health Service Code* indicates a health service.

Requested by:

Southern Health Service, Peninsula Health Service

Contact: Jane McKercher, telephone 9616 7896, Inpatient Services, Department of Human Services

Reason for Proposed Change:

Elective surgery waiting lists are managed at either the health service or campus level. However, the current ESIS does not enable recording of the management of waiting lists at the health service level, requiring a separate transmission for each campus within a health service.

It is important that the ESIS accurately reflects the way in which waiting lists are managed. It is therefore proposed that an alteration be made to enable recording of the management of waiting lists at the health service level, if this is applicable. This will ensure that ESIS reflects practice.

It is important that the campus to which the patient is waiting to be admitted, and the campus to which they are admitted, be identified. This will enable ongoing analysis of data on patients waiting and admitted for elective surgery at the campus level and comparison of performance of 'like' campuses. It is also important for campus level data to be available in case of any future desegregation of health services.

When a health service is recorded as managing the waiting list, the new field *Intended Treatment Campus* will enable the identification of the campus to which the patient is waiting to be admitted. Where a hospital is recorded as managing the waiting list, the header record will continue to be the used to identify the campus to which the patient is waiting to be admitted.

Collection Mechanism:

Health services that chose to transmit ESIS data at health service level will record the intended campus in their waiting list system.

Definition	The campus within the health service reporting the waiting list information where it is intended to admit the patient for the awaited procedure.		
Datatype	Alpha/numeric	Form	Code
Field size	4	Layout	XXXX
Reported for	All patients registered by a health service that elects to report at health service (rather than campus) level (ie, a health service is recorded in the header record <i>Campus/Health Service Code</i> field)..		
Reported when	The patient is first registered on the waiting list.		
Reporting Guide	If the intended treatment campus changes while the patient remains on the waiting list to another campus of the health service or to another hospital, enter in <i>Reason for Removal</i> (as appropriate):		
	T <i>Transfer of waiting list episode to another ESIS hospital</i>		
	N <i>Transfer of waiting list episode to a non-ESIS hospital</i>		

Proposed Modifications to Existing Data Items: *Patient Record*

Clinical Urgency

- It is proposed to**
- Amend definitions
 - Increase the number of categories (subdivide category 2)
 - Increase the field size

Proposed by:

Advisory Committee on Access to Elective Surgery (ACAES) (ACAES provides advice to DHS on issues relating to access to elective surgery)

Contact: Jane McKercher, telephone 9616 7896

Inpatient Services, Department of Human Services

Reason for Proposed Change:

The proposed splitting of Category 2 into 2A and 2B is recommended for two reasons. Firstly, 'streaming' of patients within categories is occurring with many patients admitted shortly after they are placed on the waiting list and others admitted after comparatively long waits. For example, during 2000-2001, although 50% of Category 2 patients were admitted within 37 days, 22% of Category 2 patients waited more than 90 days before they were admitted and 10% waited more than 167 days.

In addition, since July 1998 there has been a significant increase (51%) in the number of Category 2 patients on the waiting list. This compares to a 16% growth in the total waiting list during this time. There is a view that this growth in Category 2 is the result of inherent weaknesses in the system that encourages patients to be allocated to the higher urgency categories.

In these circumstances many clinicians and hospitals are reporting that the most urgent Category 2 patients or those with 'unstable' conditions are being overlooked in the long tail of Category 2 patients waiting for elective surgery. This means that the system is not entirely achieving what it was designed to do (ie, identify the relative priority of patients so that they are treated on the basis of their clinical need).

The creation of Category 2A and Category 2B will help to ensure the current categorisation system better differentiates clinical need within Category 2 and better reflects clinical practice. It will also enable the more urgent patients within the category to be 'flagged' for the attention of hospitals and clinicians. The desirable time for admission for both sub-categories would remain at 90 days.

There is also a view that the current definitions associated with the categories are too broad. The definitions have also been refined to reduce their ambiguity and subjectivity and take into account the creation of sub-categories.

These proposed changes are subject to a consultation process currently being undertaken within the sector.

Categories in current field

Category		
1 - Urgent (30 days)	2 - Semi-Urgent (90 days)	3 - Non-Urgent (No maximum)
Admission within 30 days desirable for a condition that has the potential to deteriorate quickly to the point that it may become an emergency.	Admission within 90 days desirable for a condition causing some pain, dysfunction or disability but which is not likely to deteriorate quickly or become an emergency.	Admission at some time in the future acceptable for a condition causing minimal or no pain, dysfunction or disability, which is unlikely to deteriorate quickly and which does not have the potential to become an emergency.

Proposed model and definitions:

Category			
1 - Urgent (30 days)	2A - Semi-Urgent (90 days)	2B - Semi-Urgent (90 days)	3 - Non-Urgent (No maximum)
Admission within 30 days clinically important for a condition with a significant probability of deterioration to the point of becoming life threatening.	Admission within 90 days clinically desirable for a condition which severely impairs quality of life (pain, dysfunction, disability) and/or has a significant probability of deteriorating and/or where timely treatment will impact on outcome.	Admission within 90 days clinically acceptable for a condition which causes mild to moderate impairment of quality of life (pain, dysfunction, disability) and/or which may deteriorate over time.	Admission at some time in the future clinically acceptable for a condition with minimal impact on quality of life (pain, dysfunction, disability) and which is unlikely to deteriorate significantly.

The coding convention would be:

Category	Code	Definition
Category 1	1	as above
Category 2A	2A	as above
Category 2B	2B	as above
Category 3	3	as above

Patient Identifier

It is proposed to Revise format of *Patient Identifier* to bring ESIS in line with VEMD
(and VAED, after proposed revision for 2002).

Proposed by:

Health Data Standards and Systems

Contact: Irene Kearsey, telephone 9616 8799

Layout XXXXXXXXXXXXX
Leading zero filled

Planned Length of Stay

It is proposed to Provide more guidance for assigning codes in this field.

The following definition of the field is provided as a basis for discussion with ESIS hospitals. The definition also incorporates guidance already provided elsewhere in the *Planned Length of Stay* section of the ESIS manual.

Proposed by:

Inpatient Services, Department of Human Services

Contact: Jane McKercher, telephone 9616 7896

Proposed revised entries for ESIS manual:

Definition The intended length of stay for this patient taking into account:

- the surgery planned

and

- this patient's clinical and social circumstances.

This should be determined by the responsible clinician at the time the patient is first registered on the waiting list, but it can be revised at any time *before* the time of admission.

Recorded when The patient is first registered on the waiting list or when the planned length of stay is revised during the waiting period.

Reason for Removal

Proposed by:

Inpatient Services, Department of Human Services

Contact: Jane McKercher, telephone 9616 7896

It is proposed to Consult with ESIS about the coding in *Reason for Removal* of patients treated under contract.

It is proposed to Revise certain labels for certain existing codes *only* to clarify their use. Revised labels in *italics* below.

	2001-2002 definition	Proposed definition
W	Admitted to this hospital for awaited procedure	<i>Admitted to this hospital for awaited procedure as a planned admission</i>
M	Admitted for awaited procedure as emergency patient to this hospital	<i>Admitted to this hospital for awaited procedure as emergency patient</i>
B	Treated elsewhere for awaited procedure at a public facility	<i>Treated elsewhere for awaited procedure at a public facility, not arranged by this hospital</i>
I	Treated elsewhere for awaited procedure at a private facility	<i>Treated elsewhere for awaited procedure at a private facility, not arranged by this hospital</i>
U	Treated elsewhere for awaited procedure – unknown whether public or private facility	<i>Treated elsewhere for awaited procedure – unknown whether public or private facility, not arranged by this hospital</i>
X	This hospital arranged admission at another hospital	This hospital arranged admission at another hospital
N	Transfer of waiting episode to a non-ESIS (public) hospital	Transfer of waiting episode to a non-ESIS (public) hospital
T	Transfer of waiting episode to another ESIS hospital	Transfer of waiting episode to another ESIS hospital <i>or campus of this health service</i>
Q	Surgery declined or not required	<i>Surgery declined (patient) or deemed unnecessary (clinician)</i>

Unique Key

It is proposed to Revise format of *Unique Key* to bring it into line with format for *Patient Identifier* (after proposed revision for 2002).

Proposed by:

Health Data Standards and Systems

Contact: Irene Kearsey, telephone 9616 8799

Layout XXXXXXXXXXXX
 Leading zero filled

Proposed Modifications to Existing Data Items: *Header Record*

Campus/Health Service Code

It is proposed to Revise *Campus Code* to permit Health Service codes to be used in place of codes for individual campuses, to enable a health service to elect to report to ESIS at health service level.

Appendix E will become *Campus/Health Service Codes for ESIS reporting*.

Requested by:

Southern Health Service, Peninsula Health Service

Contact: Jane McKercher, telephone 9616 7896, Inpatient Services, Department of Human Services

Reason for Proposed Change:

Elective surgery waiting lists are managed at either the health service or campus level. However, the current ESIS does not enable recording of the management of waiting lists at the health service level, requiring a separate transmission for each campus within a health service.

It is important that the ESIS accurately reflects the way in which waiting lists are managed. It is therefore proposed that an alteration be made to enable recording of the management of waiting lists at the health service level, if this is applicable. This will ensure that ESIS reflects practice.

It is important that the campus to which the patient is waiting to be admitted, and the campus to which they are admitted, be identified. This will enable ongoing analysis of data on patients waiting and admitted for elective surgery at the campus level and comparison of performance of 'like' campuses. It is also important for campus level data to be available in case of any future desegregation of health services.

When a health service is recorded as managing the waiting list, the new field *Intended Treatment Campus* will enable the identification of the campus to which the patient is waiting to be admitted. Where a hospital is recorded as managing the waiting list, the header record

will continue to be the used to identify the campus to which the patient is waiting to be admitted.

Definition Identification of ESIS hospital or health service reporting the waiting list information.

Code set Appendix E – *Campus /Health Service Codes for ESIS reporting.*

Reporting Guide A health service determines whether to change from reporting ESIS data at the hospital level to reporting at the health service level. A health service code will be allocated by the Department following advice that ESIS data will be reported at the health service level. The change can occur only from 1 July in any year.

Purpose

Proposed Revisions: **Existing Editing**

Proposed by:

Health Data Standards and Systems

Contact: Irene Kearsey, telephone 9616 8799

It is proposed to Tighten editing to eliminate incorrect multiple registrations of the same patient on the waiting list.

A new edit is proposed in the following section (Unique Key for same patient already on list) would eliminate repeated *Unique Keys*. In addition, edit S135 (below) could be tightened to eliminate duplicate *Patient Identifiers* with the same *Principal Prescribed Procedure* (but it is important to identify first procedures that would justify a patient being on the waiting list more than once)

Principal Prescribed Procedure

It is proposed to Revise the entry for Edit S135 *Patient already on waiting list for same PPP* in an effort to reduce the number of duplications of *Patient Identifier* currently in ESIS.

Request to ESIS hospitals Review list of Principal Prescribed Procedure codes below to ensure it comprises only procedures that are inherently bilateral or are normally planned to be repeated at separate episodes, and that no procedures are missing that should be listed.

The suggested list of procedures that *would not generate an edit*:

- 34 *Release of carpal tunnel*
- 35 *Ligation and stripping of varicose veins of legs*
- 91 *Repair of cataract*
- 94 *Procedures on lacrimal system*
- 99 *Report of blepharoptosis*
- 100 *Insertion of prosthetic lens*
- 112 *Excision of meniscus of knee*
- 113 *Total hip replacement*
- 114 *Total knee replacement*
- 133 *Release of Dupuytren's contracture*
- 213 *Skin graft*

S135 Patient already on waiting list for same PPP

Effect TYPE 2 (REJECTION)

Problem Another waiting episode exists with the same *Patient Identifier* and the same *Principal Prescribed Procedure* and the *Principal Planned Procedure* code does *not* represent a procedure that is inherently bilateral or is normally planned to be repeated at separate episodes.

Refer: *Principal Prescribed Procedure*, page 3-44 and *Patient Identifier*, page 3-33.

Remedy Check the *Principal Prescribed Procedure*, correct if necessary and resubmit.

If this is a duplicate entry for the same waiting period, remove the duplicate waiting record using a *Reason for Removal* code *E – Data error*.

If you consider the procedure code is appropriate for multiple waiting list records, contact the HDSS HelpDesk.

Proposed Revisions: **New Editing**

Unique Key

Proposed by:

Health Data Standards and Systems

Contact: Irene Kearsley, telephone 9616 8799

It is proposed to Tighten editing to eliminate incorrect multiple registrations of the same patient on the waiting list.

A revision to edit S135 *Patient already on waiting list for same PPP* is proposed in the preceding section. Below, a new edit is proposed, to eliminate repeated *Unique Keys* for the same patient.

S### Unique Key for same patient already on list

Effect

TYPE 1 (HIGH PRIORITY REJECTION)

Problem

Another waiting episode exists for this *Patient Identifier* with the same *Unique Key*. If the patient needs to be on the waiting list for multiple procedures, a different *Unique Key* must be used for each registration.

Refer: *Patient Identifier*, page 3-33.

Remedy

Check whether the patient should be on the waiting list more than once.

If yes, assign a different *Unique Key* for subsequent registration(s) and resubmit.

If no, delete the duplicate registration(s) with *Reason for Removal* code E *Data error* and resubmit.

Date of Procedure

- It is proposed to** Edit the new field, *Date of Procedure*, to ensure:
- Data are present (when *Reason for Removal* is W)
 - Dates are in correct format
 - Logical date sequence

If Reason for Removal is not W and there is data in Date of Procedure field:

S### Date of Procedure not required

<i>Effect</i>	TYPE 2 (REJECTION)
<i>Problem</i>	This record has a <i>Registration Date</i> on or after 1 July 2002 but <i>Reason for Removal</i> is not: W <i>Admitted to this hospital for awaited procedure</i> However, there is data in <i>Date of Procedure</i> field.
<i>Remedy</i>	Check <i>Reason for Removal</i> : if correct, remove data from <i>Date of Procedure</i> field and resubmit. If <i>Reason for Removal</i> is incorrect, correct and resubmit. If the correct code is <i>not</i> W or M, also remove data from <i>Date of Procedure</i> field before resubmission.

If Reason for Removal is W and the Date of Procedure is invalid:

S### Date of Procedure not valid date

<i>Effect</i>	TYPE 1 (HIGH PRIORITY REJECTION)
<i>Problem</i>	This record has a <i>Registration Date</i> on or after 1 July 2002 and <i>Reason for Removal</i> is: W <i>Admitted to this hospital for awaited procedure</i> There is data in <i>Date of Procedure</i> field but it is not in the valid date format: DDMMCCYY
<i>Remedy</i>	Correct <i>Date of Procedure</i> field to valid date, and resubmit.

If Reason for Removal is W and if Date of Procedure is a valid date but Date of Procedure is earlier than Removal Date:

S### Date of Proc <Removal Date

Effect	TYPE 1 (REJECTION)
Problem	This record has a <i>Registration Date</i> on or after 1 July 2002 but the date in <i>Date of Procedure</i> field is earlier than <i>Removal Date</i> .
Remedy	Check <i>Date of Procedure</i> and <i>Removal Date</i> , and correct either or both, and resubmit.

If Reason for Removal is W or M and if Date of Procedure is a valid date and Date of Procedure is later than Removal Date but Planned Length of Stay is Intended Same Day:

S### Date of Proc >Removal Date, but Intended Same Day

Effect	TYPE 3 (WARNING)
Problem	This record has a <i>Registration Date</i> on or after 1 July 2002 and the date in <i>Date of Procedure</i> is later than <i>Removal Date</i> but the <i>Planned Length of Stay</i> is 1 <i>Intended Same Day</i> . This could be correct if, for example, the patient unexpectedly needed to stay longer than overnight.
Remedy	Check dates in <i>Date of Procedure</i> and <i>Planned Length of Stay</i> fields. If both are correct, no action is required. If either field is incorrect, correct and resubmit.

Possible edit:

If Reason for Removal is W and if Date of Procedure is blank:

S### Date of Procedure blank

Effect	TYPE 3 (WARNING)
Problem	This record has a <i>Registration Date</i> on or after 1 July 2002 and <i>Date of Procedure</i> is blank but <i>Reason for Removal</i> is: W <i>Admitted to this hospital for awaited procedure</i> This will occur if admission occurs <i>before</i> a <i>Census Date</i> but the first procedure occurs <i>after</i> the <i>Census Date</i> . However, the omission could be caused by an oversight.
Remedy	If patient had procedure on date of admission, enter <i>Date of Procedure</i> and resubmit (otherwise the DOSA rate will be incorrect). If patient had procedure on a date later than date of admission, either enter <i>Date of Procedure</i> and resubmit, or take no action (the DOSA rate will be the same whether or not the later date is submitted).

Intended Treatment Campus

- It is proposed to** Edit the new field, *Intended Treatment Campus*, to ensure:
- Data are present (when *Campus/Health Service Code* indicates a health service)
 - Code is a valid campus code

S### Health service, no Intended Treatment Campus

- Effect** TYPE 1 (HIGH PRIORITY REJECTION)
- Problem** This record has been reported by a health service but the *Intended Treatment Campus* field is blank. Health services must report the code for the intended campus.
- Refer: *Intended Treatment Campus*.
- Remedy** Enter *Intended Treatment Campus* and resubmit.

S### Health service, invalid Intended Treatment Campus

- Effect** TYPE 1 (HIGH PRIORITY REJECTION)
- Problem** This record has been reported by a health service but the *Intended Treatment Campus* code is not valid.
- Refer: *Appendix E Campus Codes for ESIS Reporting*.
- Remedy** Enter correct *Intended Treatment Campus* code and resubmit.

Transfer Destination

It is proposed to Edit *Transfer Destination* to ensure that only valid codes are entered, as set out in Appendix E *Campus/Health Service Codes for ESIS reporting*.

S### Invalid Transfer Destination

Effect TYPE 1 (HIGH PRIORITY REJECTION)

Problem This episode has data reported in the *Transfer Destination* field that is not a valid *Campus Code*. Valid *Campus Codes* are listed in Appendix E.

Remedy Determine the correct *Transfer Destination* for this patient, enter the code and resubmit.

Booking Number and Booking Date

- It is proposed to** Edit more tightly *Booking Number* and *Booking Date* to ensure consistency.
- Existing edit S283 *Booking Date/Scheduled Admission Date and Booking Number Mismatch* identifies records where:
- A *Scheduled Admission Date* and/or *Booking Date* appears with a *Booking Number* of zero
 - A *Booking Number* greater than zero appears with a blank *Booking Date*

There is a *Booking Date* but *Booking Number* is blank/zero

S### Booking Date but Number blank/zero

- Effect** TYPE 1 (HIGH PRIORITY REJECTION)
- Problem** This episode has a date in *Booking Date* but there is no *Booking Number* (it is blank or zero).
- If a *Scheduled Admission Date* *has* been booked, there should be a *Booking Date*
 - If a *Scheduled Admission Date* has *not* been booked, there should be no *Booking Number*
- Remedy** If a *Scheduled Admission Date* has *never* been booked, delete the *Booking Date* and resubmit.
- If a *Scheduled Admission Date* *has* been booked, complete the *Scheduled Admission Date* field (identified by edit S283), enter the correct *Booking Number* and resubmit.

There is a *Booking Number* but *Booking Date* is blank**S### Booking Number but Date blank**

Effect	TYPE 1 (HIGH PRIORITY REJECTION)
Problem	<p>This episode has no <i>Booking Date</i> but there is a number in <i>Booking Number</i>.</p> <ul style="list-style-type: none"> • If a Scheduled Admission Date has <i>not</i> been booked, there should be no <i>Booking Number</i> • If a Scheduled Admission Date <i>has</i> been booked, there should be a <i>Booking Date</i>.
Remedy	<p>If a Scheduled Admission Date has <i>not</i> been booked, delete the <i>Booking Number</i> and resubmit.</p> <p>If a Scheduled Admission Date <i>has</i> been booked, complete the <i>Booking Date</i> field and resubmit.</p>

Clinical Urgency and Date Last Clinical Urgency Increase Clinical Urgency and Urgency Reassignment Date

It is proposed to Edit relationship between *Clinical Urgency* and the fields *Date Last Clinical Urgency Increase* and *Urgency Reassignment Date* , to ensure consistency.

S### Clin Urgency higher but Date Last Clinical Urgency Increase blank

Effect TYPE 1 (HIGH PRIORITY REJECTION)

Problem This record has a *Registration Date* on or after 1 July 2001 and *Clinical Urgency* category is higher than the *Clinical Urgency* category reported last month but the *Date of Last Clinical Urgency Increase* is blank.

Remedy If a higher *Clinical Urgency* category has been correctly assigned, enter the date in the *Date of Last Clinical Urgency Increase*, and resubmit.

If the *Clinical Urgency* category has not changed, correct *Clinical Urgency*, and resubmit.

S### Clinical Urgency lower but Urgency Reassignment Date blank

Effect TYPE 1 (HIGH PRIORITY REJECTION)

Problem This episode's *Clinical Urgency* category is lower than the *Clinical Urgency* category reported last month but the *Urgency Reassignment Date* is blank.

Remedy If a lower *Clinical Urgency* category has been correctly assigned, enter the date in the *Urgency Reassignment Date*, and resubmit.

If the *Clinical Urgency* category has not changed, correct *Clinical Urgency*, and resubmit.

Booking Number and Reason for Removal

It is proposed to Edit more tightly *Booking Number and Reason for Removal* code F *Failure of the patient to arrive for treatment*.

It would not be appropriate to remove a patient from the waiting list for failing to arrive for treatment on the first or second occasion.

Reason for Removal F with low Booking Number

Effect TYPE 3 (WARNING)

Problem This episode's *Booking Number* is 1 or 2 but the *Reason for Removal* is F *Failure of the patient to arrive for treatment*.

It would be inappropriate to remove a patient from the waiting list for failing to arrive for treatment on the first or second occasion without ascertaining from the patient that they are declining surgery (or the surgery will not occur for some other reason).

Remedy If the patient has been removed from the waiting list, assign another *Reason for Removal* code (perhaps Q *Surgery declined or not required*).

Patient Listing Status and Status Reassignment Date

It is proposed to Edit *Patient Listing Status* and *Status Reassignment Date* to ensure consistency.

S### Patient Listing Status changed but no Status Reassignment Date

Effect TYPE 1 (REJECTION)

Problem This record's *Patient Listing Status* has changed since last month but the *Status Reassignment Date* is either blank or has not changed since last month's data submission.

If the *Patient Listing Status* has changed from N *NRFC* to R *RFC* or vice versa, the *Status Reassignment Date* must reflect the date when this field was revised.

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*.

Remedy If a code was entered inappropriately in *Patient Listing Status*, delete the code and resubmit.

If a code was appropriately entered in *Patient Listing Status*, enter the correct *Status Reassignment Date* and resubmit.

Proposed 2002–2003 File Structure

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

	Data Item	Field size	Datatype	Layout/Code set	Excel column
M	Unique Key	8	A/N	XXXXXXXX Leading zero filled, hospital generated	A
M	Patient Identifier	10	A/N	XXXXXXXXXX Leading zero filled, hospital generated	B
■	Medicare Number	11	N	NNNNNNNNNNN or all spaces	C
■	Medicare Suffix	3	A/N	AAA	D
M	Waiting Number	2	A/N	NN, left justified	E
M	Date of Birth	8	N	DDMMCCYY	F
M	Sex	1	A/N	1,2,3	G
M	Postcode	4	N	NNNN	H
◆	Locality	30	A/N	AAAAAAAAAAAAAAAAAA AAAAAAAAAAAAAAAAAA	I
M	Principal Prescribed Procedure	3	A/N	NN or NNN	J
M	Surgical Specialty	2	A/N	01,02,03,04,05,06,07,08,09, 10,11	K
M	Clinical Urgency	2	A/N	1,2A,2B,3	L
M	Planned Length of Stay	1	A/N	1,2	M
M	Registration Date	8	N	DDMMCCYY	N
M	Source of Referral	1	A/N	1,2,3,4,5	O
●	Referring Hospital	4	A/N	NNNN or spaces	P
1	Urgency Reassignment Date	8	N	DDMMCCYY or blank	Q
3	Date of Last Clinical Urgency Increase	8	N	DDMMCCYY or blank	R
1	Previous Urgency Category	1	A/N	1,2,3	S
M	Patient Listing Status	1	A/N	N,R	T
✕	Status Reassignment Date	8	N	DDMMCCYY or blank	U

	Data Item	Field size	Datatype	Layout/Code set	Excel column
⊙	Reason for NRFC Status	1	A/N	C,D,S	V
▼	Booking Date	8	N	DDMMCCYY or blank	W
M	Booking Number	2	A/N	N or NN or blank	X
◆	Reason for Rebooking	1	A/N	A,C,D,F,H,P,X	Y
■	Scheduled Admission Date	8	N	DDMMCCYY or blank	Z
2	Removal Date	8	N	DDMMCCYY or blank	AA
2	Reason for Removal	1	A/N	W,M,B,I,U,X,N,T,R,Z,Q,F,E,O	AB
■	Insurance Declaration	1	A/N	A,C,M,O,P,S,T,V,W,X	AC
✧	Transfer Destination	4	A/N	NNNN or spaces	AD
M	Total Not Ready for Care Days	4	N	NNNN or all zeros Leading zero filled	AE
M	Total Not Ready for Care Days Following Last Urgency Reassignment	4	N	NNNN or all zeros Leading zero filled	AF
M	Total Not Ready for Care Days Following Last Clinical Urgency Increase	4	N	NNNN or all zeros Leading zero filled	AG
M	Hospital Initiated Postponement	2	A/N	N or NN	AH
Ω	Date of Procedure	8	N	DDMMCCYY or blank	AI
Φ	Intended Treatment Campus	4	A/N	NNNN or blank	AJ
	Total excluding commas	184			
	Total including commas	207			

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* = T, N or X
- ▼ = 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
- 3 = Mandatory if *Clinical Urgency* becomes **more urgent**
- Ω = If left blank, episode counted as a non-DOSA episode
- Φ = Mandatory if *Campus/Health Service Code* represents a health service