

# Specification for Revisions to the Elective Surgery Information System for 1 July 2009

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## Executive Summary

Each year the Department of Human Services (DHS) reviews the data elements and format of the Elective Surgery Information System (ESIS). This review seeks to ensure that the elective surgery waiting list data collection supports the Department's state and national reporting obligations, assists DHS planning and policy development, and incorporates appropriate feedback from data providers on improvements.

The revisions to the ESIS for 1 July 2009 include:

- o A revised codeset for the *Locality* field for reporting country of residence for overseas residents,
- o A change to the list of hospitals required to report the Multi-attribute Prioritisation Tool.
- o A revised Principal Prescribed Procedure codeset.

ESIS reporting hospitals are now required to arrange for their software to be modified in accordance with these revised specifications.

# Introduction

## The need for ESIS modifications

From 1 July 2009, minor changes to the ESIS are necessary to assist Victorian health program monitoring, planning and policy development.

Comments from hospitals and software suppliers regarding the content of the document *Proposals for Revisions to the Elective Surgery Information System for 1 July 2009* have been considered, and where possible these suggestions have been accommodated.

Please note that items presented in the *Proposals for Revisions to the Elective Surgery Information System for 1 July 2009* may be altered from their initial presentation in that document.

## Distribution and contents of this document

This document has been distributed to all Victorian hospitals, software suppliers known to have Victorian clients, and to a range of industry bodies and DHS staff. It provides details of amended, deleted and new concept definitions, data items and business rules.

Victorian hospitals are required to arrange for their software to be modified in accordance with the revised specifications.

The *ESIS Manual, 12<sup>th</sup> Edition, July 2009* will be distributed at a later date.

Any questions related to this document may be directed to the HDSS Help Desk on 9096 8141 or [HDSS.HelpDesk@dhs.vic.gov.au](mailto:HDSS.HelpDesk@dhs.vic.gov.au).

## Outcomes of the *Proposals for Revisions to the ESIS*

In October 2008 the *Proposals for Revisions to the Elective Surgery Information System for 1 July 2009* were released. The release of this document generated good feedback and discussion in Health Services and at the Department of Human Services.

The three proposals detailed in that document have all been accepted for implementation for 1 July 2009.

The revised *Principal Prescribed Procedure* codeset will be released in 2009 for a 1 July 2009 implementation.

Thank you to everyone who participated in this process. Your feedback and discussion is invaluable, and provides DHS with greater insight into hospital processes, resulting in better outcomes.

## Orientation to this document

There are a few features that require explanation:

- New values and definitions relating to existing items are highlighted in orange
- Changes to existing items are highlighted in green
- ~~Redundant values and definitions relating to existing items are struck through.~~
- Page numbers representing cross-referencing to another section of the ESIS Manual are represented by a hash (#).
- Edits with changes are marked with an asterisk (\*) when listed as part of a Data Item or after an Edit Table.
- The complete edit description for changed edits is listed in 'Section 7'.
- The text is divided into the categories of 'Specification' and 'Administration' as presented in the *Elective Surgery Information System* Manual.
  - *Specification*: details the reporting requirements for the item.
  - *Administration*: provides additional information including the purpose for the collection of the data item and the source of the code set and definitions.

This document is structured in the same order as the ESIS Manual. Revisions to a Section of the Manual are detailed under the appropriate Section heading. Where a Section has been omitted from this document, there are no revisions to that Section of the ESIS Manual.

# ESIS Manual Content Summary

## **Section 1: Introduction**

Provides information on the development and purpose of the ESIS data collection, scope and coverage, contact details and a list of relevant abbreviations.

## **Section 2: Concept and Derived Item Definitions**

Provides definitions of concepts that are the foundation of the ESIS collection and information that the Department derives from the data submitted.

## **Section 3: Data Definitions**

Details the specifications of data items relating to individual waiting episodes for reporting to ESIS. The data items are arranged in alphabetical order.

## **Section 4: Business Rules**

Draws together business rules that incorporate a combination of two or more data items.

## **Section 5: Compilation and Submission**

Specifies the required format of ESIS records submitted to HDSS. It includes details such as file naming conventions, file structures, reporting requirements and data security. This section also outlines the process of testing.

## **Section 6: Reports and Reconciliation**

Details edit reports provided to each hospital, following the submission and processing of ESIS data and a guide to the reconciliation process of ESIS data with in-house data.

## **Section 7: Editing**

Each ESIS edit message is listed in this section in numerical order. The entry for each edit message describes the problem and the remedy.

## Abbreviations

DHS	Department of Human Services
DMAC	Data Management Advisory Committee
ESIS	Elective Surgery Information System
NHDD	National Health Data Dictionary
SACC	Standard Australian Classification of Countries

## Section Three: *Data Definitions*

### Locality

<b>Revision Summary</b>	<p>Update the code set for reporting Country of Residence in the <i>Locality</i> data element to be consistent with the Standard Australian Classification of Countries (SACC) Second edition 2008.</p> <p>Specific changes are listed below.</p> <p>An updated reference file (<i>Country of Birth and Country of Residence</i>) will be available for 1 July 2009.</p>
<b>Implementation notes</b>	<p>Health Services will be required to apply these changes for all data submissions from 1 July 2009.</p>

### Changed in name

Code	SACC Second Edition for 1 July 2009	Formerly
2100	United Kingdom, Channel Islands and Isle of Man	United Kingdom
2402	Faroe Islands	Faeroe Islands
5105	Vietnam	Viet Nam
6101	China (Excludes SARS and Taiwan)	China (Excludes SARS and Taiwan Province)
7206	Kyrgyzstan	Kyrgyz Republic

### Added to the classification

Code	SACC Second Edition for 1 July 2009	Formerly in or part of
1513	Pitcairn Islands	1599 Polynesia (excludes Hawaii), nec
2107	Guernsey	2101 Channel Islands
2108	Jersey	2101 Channel Islands
2408	Aland Islands	2403 Finland
3216	Kosovo	3215 Serbia
4108	Spanish North Africa	4199 North Africa, nec
8431	St Barthelemy	8413 Guadeloupe
8432	St Martin (French part)	8413 Guadeloupe

### Removed from the classification

Code	Name	SACC Second Edition for 1 July 2009
2101	Channel Islands	Separately identified as 2107 Guernsey and 2108 Jersey
4199	North Africa, nec	All parts now in 4108 Spanish North Africa

# Locality

## Specification

<b>Definition</b>	Geographic location (suburb/town/locality for Australian residents, country for overseas residents) of usual residence of the person (not postal address).		
<b>Label</b>	Locality	<b>Layout</b>	AAAAAAAAAAAAAAAAAAAAAAAAAAAA
<b>Field size</b>	N/A		
<b>Reported in</b>	Patient extract		
<b>Reported for</b>	All waiting list episodes patient level records without a Postcode of 1000 or 9988.		
<b>Reported when</b>	The patient is first registered for any episode on the waiting list. Updated as required.		
<b>Codeset</b>	Updated codeset will be available at <a href="http://www.health.vic.gov.au/hdss/reffiles/index.htm">http://www.health.vic.gov.au/hdss/reffiles/index.htm</a> .		
<b>Reporting guide</b>	<p>Australia Post web-site listing of postcodes and localities is available from <a href="http://www.auspost.com.au">www.auspost.com.au</a></p> <p>The DHS file excludes non-residential postcodes listed in the Australia Post file. Common variations of locality spellings, as used in Melway references and the Australian Bureau of Statistics National Locality Index (Cat. No. 1252), are included in the DHS file.</p> <p><b>Overseas Locality</b></p> <p>Where the Postcode is 8888 (overseas), report <i>Locality</i> as a four-digit SACC Country code representing the patient's country of residence. The four-digit country code must be one that corresponds with a code listed against 8888 (overseas) codes in Postcode/Locality reference data.</p> <p>If Postcode is 1000 or 9988, Locality remains blank.</p> <p>The reporting organisation may collect the patient's postal address for its own purposes. However, for submission to ESIS, the <i>Locality</i> field must represent the patient's residential address.</p>		
<b>Edits</b>	*S122 Postcode/Locality Combination Invalid		
<b>Related items</b>	Section 3: <i>Postcode</i>		

## Administration

### **Purpose**

To calculate (with Postcode field) the patient's Statistical Local Area (SLA) code which enables:

- Analysis of service utilisation and need for services.
- Identification of patients living outside Victoria for purposes of cross-border funding.
- Identification of patients living outside Australia for the Reciprocal Health Care Agreement (RHCA).

### **Principal data users**

DHS, AIHW.

### **Collection start**

July 1997

### **Version**

5 1 July 2009

### **Definition source**

DHS

### **Codeset source**

ABS National Locality Index (Cat. No. 1252)  
Australian Standard Classification of Countries for Social Statistics **Second edition**. (Australian Bureau of Statistics, catalogue no. 1269.0).

## Multi-attribute Prioritisation Tool

<b>Revision Summary</b>	<p>Require Multi-attribute Prioritisation Tool (MAPT) scores to be reported by the following additional health services:</p> <ul style="list-style-type: none"> <li>○ Austin Health</li> <li>○ Ballarat Health Services</li> <li>○ Alfred Health</li> <li>○ Bendigo Healthcare Group</li> <li>○ Eastern Health</li> <li>○ Goulburn Valley Health</li> <li>○ Northeast Health Wangaratta</li> <li>○ Northern Health</li> <li>○ Southern Health, and</li> <li>○ Western Health.</li> </ul> <p>There is no change to the specification of this data item; it is reproduced below for information only.</p>
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## Multi-attribute Prioritisation Tool (MAPT) Score

### Specification

<b>Definition</b>	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.		
<b>Label</b>	Event_Value	<b>Layout</b>	NNN.NNN
<b>Field size</b>	7		Leading and trailing zero filled, numeric characters and decimal point only
<b>Reported in</b>	Intra Episode extract as an Event Value.		
<b>Reported for</b>	Waiting list episodes where the patient undergoes one or more MAPT assessments.		
<b>Reported when</b>	When a MAPT assessment is conducted.		
<b>Reporting guide</b>	<p>Report the number that the MAPT tool generates zero filled as appropriate. For example, report a score of 2.3 as 002.300</p> <p>Although MAPT assessments may continue after removal, do not report where the date of the MAPT assessment is greater than the Removal Date.</p> <p><b>Intra Episode Event detail</b></p> <p>A new MAPT or change to MAPT is reported as an Intra Episode Event with:</p> <ul style="list-style-type: none"> <li>○ Event Type – MAPT</li> <li>○ Event Date – Either the date of the MAPT assessment or the Clinical Registration Date, whichever is the most recent.</li> </ul>		

**Edits** 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 3a: *Clinical Registration Date*, and *Removal Date*.  
Section 3b: *Event Date*, *Event Value*  
Section 5: *Structure*.

## **Administration**

**Purpose** To support the evidence-based allocation of resources for patients awaiting hip or knee joint surgery.

**Principal data users** DHS

**Collection start** July 2007 **Version** 1 (Effective 1 July 2007)

**Definition source** DHS **Codeset source** DHS

## Principal Prescribed Procedure

<b>Revision Summary</b>	<p>Update the code set for reporting <i>Principal Prescribed Procedure</i>.</p> <p>A review of this code set is currently underway, incorporating suggestions from health services and results of analysis of the existing ESIS Principal Prescribed Procedure text field.</p> <p>An updated reference file will be available for 1 July 2009.</p>
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## Principal Prescribed Procedure

### Specification

#### **Definition**

The elective procedure for which the patient has principally been placed on the waiting list.

#### **Label**

Principal\_Prescribed\_Procedure

#### **Field size**

N/A

**Valid values**

Code from the Principal Prescribed Procedure codeset

#### **Reported for**

All waiting list episodes.

#### **Reported when**

The waiting list episode is first registered and can be updated in the circumstances outlined below.

#### **Codeset**

Updated codeset will be available at <http://www.health.vic.gov.au/hdss/reffiles/index.htm>.

#### **Reporting guide**

The Principal Prescribed Procedure (PPP) is the procedure prescribed by the surgeon, to treat (that is, cure, alleviate or control) the patient's condition.

PPP codes are not limited to a given Surgical Specialty. Different hospitals may have different surgical specialties under which a procedure is performed; therefore select the PPP code that best matches the description of the procedure.

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 Principal Prescribed Procedure code assignment.

It is recognised that the allocated PPP is essentially a statement of intent and that it may transpire that the procedure originally intended is no longer appropriate.

## **Reporting guide**

### **Changing the Principal Prescribed Procedure code within a single episode**

The Principal Prescribed Procedure can be changed within the waiting episode when:

- The new Principal Prescribed Procedure code will treat exactly the same condition in the patient, as was intended when the patient was placed on the waiting list.
- A data input error has occurred, and a change to the Principal Prescribed Procedure code is simply a correction of that error.

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 Principal Prescribed 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 a number of times under the same Patient Identifier but different Episode Identifier, and Principal Prescribed Procedure. 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 a number of times under the same Patient Identifier but different Episode Identifier. For example, the patient may be waiting for a cataract repair on the left eye then the right eye. The unique Episode Identifier allows the recording of more than one waiting episode per patient.

This number of records submitted to DHS is therefore likely to exceed the actual number of patients waiting.

### **Valid PPPs for Multiple Episodes**

A selection of PPP codes have been identified as procedures that can be repeated for the same patient, that is a patient can be on the waiting list for these procedures more than once

Valid PPPs for concurrent episodes reference data available from <http://www.health.vic.gov.au/hdss/reffiles/index.htm>.

**Edits**

*S134	Principal Prescribed Procedure Invalid
*S135	Patient already On Waiting List For Same PPP
S386	PPP For This Episode Has Changed
S405	Non Specific (Other) PPP Code Used, But No PPP Description

**Related items**

Section 3a: *Patient Identifier* and *Surgical Specialty*.  
Section 3b: *Episode Identifier*  
Section 4: *Procedures not normally considered to be elective surgery*.

**Administration**

**Purpose**

Used to analyse waiting time by procedure, useful to patients and referring doctors. 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**

DHS, AIHW and the Commonwealth Department of Health and Ageing Care.

**Collection start**

July 1997

**Version** 3 1 July 2009

**Definition source**

DHS

**Codeset source** DHS

## Section 7: *Editing*

### Amended Edits

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## S122 Postcode/Locality Combination Invalid

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**Effect** Notifiable

**Problem** The combination of Postcode and Locality reported, does not exist in the Postcode/Locality codeset.

Modify for amended codeset

**Remedy** Correct Postcode and/or Locality and resubmit.

If you encounter a newly created Postcode/Locality that does not exist in the Postcode/Locality reference file, please contact the HDSS help desk so that the file can be updated.

Refer:

- Section 3 – Data Definitions: *Postcode and Locality*.

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## S134 Principal Prescribed Procedure Invalid

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**Effect** Correction

**Problem** A Principal Prescribed Procedure code has not been reported or the code specified does not exist in the Principal Prescribed Procedure codeset.

Modify for amended codeset

**Remedy** Allocate or correct the Principal Prescribed Procedure code and resubmit.

Report this error to your software supplier.

Refer:

- Section 3 – Data Definitions: *Principal Prescribed Procedure*.

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## S135 Patient Already On Waiting List For Same PPP

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**Effect** Notifiable

**Problem** There is at least one other episode with the same PPP for this patient AND these episodes overlap, AND it would be exceedingly unlikely for a patient to be waiting to receive this PPP more than once.

Modify for amended codeset

**Remedy** There are three lists of PPPs that affect this edit:

- List A (PPPs for Concurrent Ready For Care Episodes)
- List B (PPPs for Concurrent Not Ready For Care Episodes)
- PPPs whose PPP code is '500' or higher.

If the PPP for the episodes in question is not in the above lists, and the patient is genuinely waiting to receive the procedure more than once, contact [ESIS.ESIS@dhs.vic.gov.au](mailto:ESIS.ESIS@dhs.vic.gov.au) providing the PPP code number and an explanation of the circumstances, requesting that it be added to the appropriate list. Otherwise correct and resubmit any incorrect PPPs or delete any duplicate episodes.

If the PPP is in List B, only one episode can be Ready For Care at any given point in time, please correct either the PPP or the Readiness for Care for the affected episodes OR delete any duplicate episodes.