

Elective Surgery Information System (ESIS) User Manual

13th Edition 2010–11


Section 3B Data Definitions

Download from the Department of Health web site at:
<http://www.health.vic.gov.au/hdss/>

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ESIS Manual Sections

The Elective Surgery Information System (ESIS) Manual sections are:

	<p>Please follow the arrow and click the manual section number you require.</p>
Glossary	<p>Lists the terms and abbreviations used in the ESIS manual.</p>
Section 1	<p>ESIS Manual Introduction Provides information on the development and purpose of the ESIS data collection, scope and coverage, contact details and a list of relevant abbreviations.</p>
Section 2	<p>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.</p>
Section 3a	<p>Data Definitions Details the specifications of data items relating to individual waiting episodes for reporting to ESIS.</p>
Section 3b	<p>Details the technical or database elements required for submission of ESIS data.</p>
Section 4	<p>Business Rules Draws together a number of concepts and data items as well as describing the technical functions of the ESIS processing.</p>
Section 5	<p>Compilation and Submission Specifies the required format of ESIS records submitted to AED. It includes details such as file naming conventions, file structures, reporting requirements, data security, test submission and system migration.</p>
Section 7	<p>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.</p>
Section 8	<p>Supplementary Code Lists http://www.health.vic.gov.au/hdss/reffiles/index.htm</p>

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SECTION 3B: Data Definitions

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

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

Sites and software vendors should be aware that this manual describes how to submit the data to the Department of Health and not as they are stored in a sites' system. Sites should map from their stored values to the specified ESIS values.

Data Definition Structure

Specification

Definition	A statement that expresses the essential nature of a data item.
Label	The first row of a field in a text extract. Labels represent field names.
Field Size	The maximum number of characters accommodated by this field.
Valid Values	The title of the Code set valid for this data item when these are not specifically listed in Section 3 of this Manual. Code sets not listed in Section 3 of this Manual are available from:

<http://health.vic.gov.au/hdss/reffiles/index.htm>

Layout	X	Alpha or Numeric character in range A-Z, a-z, 0-9
	DD	Numeric characters representing day of the month. Leading zero filled. Range 01-31.
	MM	Numeric characters representing month. Leading zero filled. Range 01-12.
	YYYY	Numeric characters representing year.
	A	Alpha character in range A-Z, a-z
	N	Numeric character in range 0-9

Reported in	The specific text extract in which this data item is submitted to ESIS.
Reported for	The specified circumstances when this data item must be reported.
Reported when	The stage in the episode/data submission cycle when this data item is to be reported to ESIS.

Code set The valid values for the data item (current financial year only).

Reporting guide Additional comments or advice on reporting the item.

Edits A list of edits (edit numbers and titles) that relate to this data item.

Related items A reference to related data items within this collection.

Administration

Purpose The main reason/s for the collection of this data item.

Principal data users Identifies the key/primary users of this information.

Collection start The date the collection of this data item commenced.

Version	A version number for each data item, beginning with 1 for the initial version of the data item and incremented by one, for each subsequent revision. A new version number is allocated to a data item when changes have been made to one or more of the following attributes: Name, Definition or Code set.
Definition source	Identifies the authority that defined this data item and the unique identifier for the data item if applicable.
Code set source	Identifies the authority that developed the code set for this data item.

Data Items

Ceased Patient Identifier

Specification

Definition	The Patient Identifier that is to be ceased, where two or more patient records are merged.		
Label	Ceased_Patient_Identifier		
Field Size	10		
Layout	XXXXXXXXXX		
Reported in	Merge extract		
Reported for	All patient records that are being discontinued as a result of a merge.		
Reported when	The campus/health service identifies the need to merge two or more patient records.		
Reporting guide	The discontinued Patient Identifier is reported in the Merge extract and paired with the Patient Identifier being retained. The merge will only be successful when both the Identifier being retained and the Identifier being continued have previously been submitted to ESIS.		
Edits	S415	Ceased Patient Identifier Does Not Exist	
Related items	Section 4	Merging Patient Identifiers.	
Administration			
Purpose	To facilitate the merge of patient records.		
Principal data users	Department of Health		
Collection start	July 2005	Version	1 (Effective 1 July 2005)
Definition source	Department of Health	Code set source	Department of Health

Episode Identifier

Specification

Definition	A string of characters that uniquely identifies a waiting episode for a given health service.
Label	Episode_Identifier
Field Size	9
Layout	XXXXXXXXX Leading zero filled, alphanumeric characters only
Reported in	Episode extract (Primary Key) Intra Episode extract (Foreign Key)
Reported for	All waiting list episodes.
Reported when	The episode is first registered on the waiting list.
Reporting guide	<p>The Episode Identifier must be unique to a single episode, and cannot be re-used; an Episode Identifier must not be re-assigned to another episode for the same patient or to another patient.</p> <p>It is usually generated and allocated by the health service's computer system, and should have no relationship with the patient's unit record number/Patient Identifier.</p> <p>Once allocated to an episode the Episode Identifier cannot be changed.</p> <p>The Episode Identifier remains constant throughout the episode. Whilst other information in the episode record may be changed (including the Patient Identifier), the Episode Identifier ensures that the episode can be identified by the health service.</p> <p>When migrating data from an existing hospital system to a new one, the Episode Identifier must be preserved.</p>
Edits	<p>S174 New Episode, Old Clinical Registration Date</p> <p>S378 Episode Identifier Invalid</p> <p>S379 Episode Identifier Exists Multiple Times In One Episode Level Extract</p> <p>S381 Referential Integrity Error Between Intra Episode Event and Episode</p> <p>S383 Multiple Events Of Same Type For Same Episode On One Day</p> <p>S386 PPP For This Episode Has Changed</p> <p>S387 Surgical Specialty Has Changed</p> <p>S388 Clinical Registration Date Has Changed</p> <p>S397 Unmatched Transfer As Reported By Receiving health service</p> <p>S398 Unmatched Transfer As Reported By Originating health service</p> <p>S408 The Patient Identifier To Which This Episode Relates, Has Changed</p> <p>S414 Previous Identifier Of Transferred Episode Invalid</p>

Related items	Section 2	Foreign Key, Intra Episode Event, Primary Key and Referential Integrity
	Section 3A	Previous Identifier of Transferred Episode
	Section 4	Transfer Of Ownership Of Waiting Episode

Administration

Purpose	To uniquely identify a row of episode level data.		
	To relate Intra Episode events to their episode.		
Principal data users	Department of Health, Health Services.		
Collection start	July 1999 (previously called Unique Key)	Version	1 (Effective 1 July 1999)
		Code set source	2 (Effective 1 July 2005)
Definition source	Department of Health	Code set source	Hospital generated

Event Date

Specification

Definition	The date on which an Intra Episode Event occurred.
Label	Event_Date
Field Size	8
Layout	DDMMYYYY
Reported in	Intra Episode extract
Reported for	All events reported in the Intra Episode extract.
Reported when	An Intra Episode event.
Reporting guide	Intra Episode Events may occur multiple times within a waiting episode, but there can only be one event per episode per day for Readiness, Clinical Urgency or MAPT.

The Event Date must represent the date on which the event occurred, not the date of data entry.

Scheduling events (Set SAD and Reason SAD Changed) can be reported as having occurred more than once per day provided the SAD Identifier is unique for each pair of bookings and cancellations within an episode.

When an episode is first registered clinically, it will have an initial Clinical Urgency and a Readiness for Care value. The Event Dates for this should be the same as the Clinical Registration Date.

Edits	S287	Scheduled Admission Date Exceeded
	S383	Multiple Events Of Same Type For Same Episode On One Day
	S384	Invalid Event Date
	S412	Episode Registered Without A Clinical Urgency
	S413	Episode Registered Without A Readiness For Care
	S417	Scheduled Admission Date Changed Without Reason For Change
	S418	Reason For SAD Change Reported But No related SAD
	S426	Invalid SAD identifier
	S427	SAD Identifier Previously Reported For This Episode

Related items	Section 2	Intra Episode Event
	This section	Event Type Event Value
	Section 3A	Clinical Urgency Readiness For Care Scheduled Admission Date Reason For Scheduled Admission Date Change Scheduled Admission Date Identifier

Administration

Purpose	To identify the dates on which certain events relevant to ESIS happened to Waiting List patients for a given episode.		
Principal data users	Department of Health		
Collection start	July 2005	Version	1 (Effective 1 July 2005)
Definition source	Department of Health		

Event Type

Specification

Definition	The types of Intra Episode Events that may occur multiple times within a waiting episode.
Label	Event_Type
Field Size	N/A
Reported in	Intra Episode extract
Reported for	All events reported in Intra Episode extract.
Reported when	An Intra Episode event occurs.

Code set

Code	Descriptor
Urgency	Clinical Urgency (set or reset)
Readiness	Readiness For Care (set or reset)
Set SAD	Scheduled Admission Date (set or reset)
Reason SAD Changed	Reason For Scheduled Admission Date Change
MAPT	Multi-attribute Prioritisation Tool Score

Reporting guide

Intra Episode Events may occur multiple times within a waiting episode, but there can only be one event per episode per day for Readiness or Clinical Urgency or MAPT.

Scheduling events (Set SAD and Reason SAD Changed) can be reported as having occurred more than once per day provided the SAD Identifier is unique for each pair of bookings and cancellations within an episode.

When an episode is first registered clinically, it will have an initial Clinical Urgency category and a Readiness For Care value. The Event Dates for these should be the same as the Clinical Registration Date.

Each Intra Episode Event will have an Event Value that is relevant to the Event Type. Refer to Section 4: Business Rules Intra Episode events for additional information.

Edits

S287	Scheduled Admission Date Exceeded
S295	Date Of Admission Not Equal To Scheduled Admission Date
S296	Reason For Removal Implies Procedure received, But Not Ready For Care
S315	Clinical Urgency Cat 1, Wait More Than 30 Days
S375	Clinical Urgency Category For ESAS Reason For Removal Invalid
S383	Multiple Events Of Same Type For Same Episode On One Day
S385	Invalid Event Type
S389	Intra Episode Event Value For Clinical Urgency Change Invalid
S390	Intra Episode Event Value For Readiness Change Invalid
S391	Invalid Intra Episode Event Value For SAD Change reason

Edits (Cont'd)	S390	Intra Episode Event Value For Readiness Change Invalid
	S391	Invalid Intra Episode Event Value For SAD Change reason
	S392	Invalid Intra Episode Event Value For Set SAD Event
	S412	Episode Registered Without A Clinical Urgency
	S413	Episode Registered Without A Readiness For Care
	S417	Scheduled Admission Date Changed Without Reason For Change
	S418	Reason For SAD Change Reported But No related SAD
	S427	SAD Identifier Previously Reported For This Episode
	S429	SAD Identifier/Event Type Mismatch
	S431	Intra Episode Event Value For MAPT Invalid

Related items	Section 3A	Clinical Registration Date Clinical Urgency Readiness For Care Scheduled Admission Date Reason For Scheduled Admission Date Change.
	This section	Event Date Event Value SAD Identifier.
	Section 4	Intra Episode Events

Administration

Purpose	To identify the type of events relevant to ESIS that happened to Waiting List patients for a given episode.		
Principal data users	Department of Health		
Collection start	July 2005	Version	1 (Effective 1 July 2005) 2 (Effective 1 July 2007)
Definition source	Department of Health	Code Set Source	Department of Health

Event Value

Specification

Definition	The value of the Event Type reported in the Intra Episode extract.
Label	Event_Value
Field Size	N/A
Layout	DDMMYYYY NNN.NNN
Valid Values	DELETE

Code from code sets:

- Clinical Urgency
- Reason For Scheduled Admission Date Change
- Readiness For Care

Reported in	Intra Episode extract
Reported for	All events reported in the Intra Episode extract.
Reported when	An Intra Episode event occurs and is reported in the Intra Episode extract with an Event Date, Event Type, Episode Identifier, (and SAD Identifier for scheduling events).

Reporting guide Intra Episode Events can occur multiple times within a waiting episode. For MAPT, Urgency and Readiness events there can only be one event per episode per day. Scheduling events can occur multiple times in a single day. Refer to the Scheduling/booking business rules for direction on how this is to be reported.

Event values are described in the following Data Definitions:

- Clinical Urgency
- Readiness For Care
- Reason For Scheduled Admission Date Change
- Scheduled Admission Date
- Multi-attribute Prioritisation Tool (MAPT) Score

The Event Value is the only field in an Intra Episode event that can be changed (updated). All other change to Intra Episode data requires the submission of an Intra Episode event Deletion and then reporting the correct data.

Deleting an intra episode event

When deleting an intra episode level record, the event value field contains the word 'DELETE'.

Edits	S287 Scheduled Admission Date Exceeded
	S295 Date Of Admission Not Equal To Scheduled Admission Date
	S296 Reason For Removal Implies Procedure received, But Not Ready For Care

Edits (cont'd)	S315	Clinical Urgency Cat 1, Wait More Than 30 Days
	S375	Invalid Clinical Urgency Category For ESAS Reason For Removal
	S383	Multiple Events of Same Type for Same Episode on One Day
	S389	Invalid Intra Episode Event Value For Clinical Urgency Change
	S390	Invalid Intra Episode Event Value For Readiness Change
	S391	Invalid Intra Episode Event Value For SAD Change Reason
	S392	Invalid Intra Episode Event Value For Set SAD Event
	S400	Date Of Admission For Awaited Procedure Invalid
	S412	Episode Registered Without a Clinical Urgency
	S413	Episode Registered Without a Readiness For Care
	S417	Scheduled Admission Date Changed Without Reason For Change
	S418	Reason For SAD Change Reported But No related SAD

Related items	Section 3A	Clinical Urgency Readiness For Care Scheduled Admission Date Reason For Scheduled Admission Date Change Multi-Attribute Prioritisation Tool (MAPT) Score
	This section	Episode Identifier Event Date Event Type
	Section 4	Scheduling Booking

Administration

Purpose	To collect the data relating to Intra Episode Events.		
Principal data users	Department of Health		
Collection start	July 2005	Version	1 (Effective 1 July 2005) 2 (Effective 1 July 2007)
Definition source	Department of Health	Code set source	Department of Health

Retained Patient Identifier

Specification

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

Administration

Purpose	To facilitate the merge of patient records.		
Principal data users	Department of Health		
Collection start	July 2005	Version	1 (Effective 1 July 2005)
Definition source	Department of Health	Code set source	N/A

Scheduled Admission Date Identifier

Specification

Definition	An identifier that links a Set SAD event to its Reason SAD Changed event.
Label	SAD_Identifier
Field Size	10
Layout	XXXXXXXXXX
Reported in	Intra Episode extract
Reported for	Event Types Set SAD and Reason SAD Changed.
Reported when	On each occasion a new Scheduled Admission Date is allocated and on each occasion the Reason SAD changed event is reported.
Reporting guide	<p>A new Scheduled Admission Date Identifier (SAD Identifier) must be reported each time Event Type Set SAD is reported for an episode.</p> <p>When it becomes evident that the Scheduled Admission Date will not proceed as planned a Reason SAD Changed event must be reported. The SAD Identifier generated for this Reason SAD Changed event must be the same as the SAD Identifier previously reported for the related Set SAD event.</p> <p>The SAD Identifier should be generated by a health service's computer system and must be unique to each pair of bookings and cancellations (Set SAD and Reason SAD Changed events) within an episode.</p>

Edits	<p>S287 Scheduled Admission Date Exceeded</p> <p>S417 Scheduled Admission Date Changed Without Reason For Change</p> <p>S418 Reason For SAD Change Reported But No related SAD</p> <p>S426 Invalid SAD Identifier</p> <p>S427 SAD Identifier Previously Reported For This Episode</p> <p>S429 SAD Identifier/Event Type Mismatch</p>
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Related items	<p>Section 2 Intra Episode Event</p> <p>Section 3A Reason For SAD change Scheduled Admission Date</p> <p>This section Episode Identifier Event Date Event Type</p> <p>Section 4 Scheduling/Booking</p>
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Administration

Purpose	To definitively link an episode's booking to its cancellation (Set SAD and Reason SAD Changed events).		
Principal data users	Department of Health, health service.		
Collection start	July 2005	Version	1 (Effective 1 July 2005)
Definition source	Department of Health	Code set source	Hospital generated