

OFFICIAL

Enterprise Data & Information

Elective Surgery Waiting List

Data Elements 2022-2023

Date 15th February 2023



Government
of South Australia

SA Health

Table of Contents

Change History	4
Approvals	4
Document Endorsement.....	4
Introduction.....	5
Elective Surgery Waiting List (ESWL) Scope.....	5
Purpose	5
Contact details.....	5
Data quality statement	7
Reference Files	8
Confidentiality, Privacy and Security.....	9
Collection.....	9
Data Definitions.....	10
Introduction.....	10
Data definition format	10
[Data element name]	10
[Admission Category]	12
[Admission/Removal Date]	14
[Admitting Doctor - Given Name].....	16
[Admitting Doctor - Last Name]	17
[Booking Date].....	18
[Cancellation Date]	19
[Cancellation Type].....	20
[Category Assessment Date].....	25
[Category Change Date].....	26
[Clinical Unit].....	27
[CMBS]	28
[Date Added To List].....	29
[Date Of Birth].....	30
[Deferral Reason]	31
[Election].....	35
[Hospital Code]	36
[Indigenous Status].....	37
[Intended Procedure].....	40
[Patient Unit Record Number].....	42

OFFICIAL

[Postcode].....	44
[Reason For Removal].....	46
[Record Number]	48
[Same Day Flag].....	49
[Scheduled Admission Date]	50
[Sex].....	51
[Suburb]	52
[Treatment Status]	53
Validations.....	55
Data Quality Checks	55
Appendices	56
Constructs.....	56
Additions to a Booking List	56
Admission Category.....	56
Admitted and Treated	56
Booking List Definition	56
Category Assessment Date	56
Category Change Date	56
Deferral Reason.....	57
Failed Admission.....	57
Inpatient of Hospital	57
Non ESWL Hospitals (Public/Private Provider Panel Arrangements)	58
Not Ready for Surgery	58
Postponements	58
Ready for Surgery.....	58
Removals from a Booking List.....	58
Removed for Other Reasons	59
Scheduled Admission	59
Special Considerations	59
Treat in Turn	60
Unscheduled Admission	60
Document Control Information	61

OFFICIAL

CHANGE HISTORY

Document Version	Date	Updated By	Change Summary
1.0	28/11/2022	Mark Hall	2022/23 release Cancellation codes 10 & 11 Covid-19 reference updated

APPROVALS

This document is approved on the basis that it meets the following acceptance criteria.

Document Endorsement

This document requires the following endorsement:

Version	Date	Name	Endorsed Yes/No?	Signature
1.0	15-Feb-2023	Anthony Fantasia: Manager, Data Governance & Quality Assurance		

INTRODUCTION

Elective Surgery Waiting List (ESWL) Scope

All public hospitals in South Australia are required to submit information to the EDI Elective Surgery Wait List (ESWL) data domain.

Although no patient names or addresses are stored on the ESWL database, the sensitive nature of such clinical information is recognised, and staff and systems are orientated to maintain confidentiality.

Data submitted to ESWL should be timely, accurate and complete, reflecting the types of patients admitted and the treatment provided. These guidelines represent SA Health policy and are intended to be a reference for all hospital personnel who are involved in the collection and use of ESWL data.

ESWL data must be received by the Submit By Date found in the Data Submission Schedule Appendix.

Elective Surgery Waiting List

Purpose

The ESWL contains state-wide data about patients who are on the waiting list for elective surgery in public hospitals.

The EDI ESWL provides SA Health with the information necessary to effectively fund, monitor, evaluate, and plan health services, as well as meet its national obligations through submissions to the Australian Institute of Health and Welfare (AIHW) and the Independent Health and Aged Care Pricing Authority (IHACPA). ESWL data is linked to Admitted Activity information collected in the Admitted Patient Care Data Collection, which forms part of the Admitted Patient Care National Minimum Data Set also submitted nationally.

Contact details

The **Data Governance and Quality Assurance (DGQA)** unit can assist with information about:

- > Data submissions
- > Due dates for submissions
- > Obtaining reports or data
- > Category definitions
- > Data standards
- > Error report distribution
- > Correcting errors
- > Content and maintenance of this manual
- > Non-clinical data quality checks (edits/queries)

The DGQA unit can be contacted via:

Email: Enterprisedataandinformation@sa.gov.au

OFFICIAL

Health Information Governance Unit (HIGU) formally Medical Record Advisory Unit can supply further information about:

- > Clinical coding
- > Clinical coder workforce issues
- > Clinical data quality checks (edits/queries)
- > AR-DRG assignment issues

You can contact the Health Information Governance Unit (HIGU) via:

Email: medicalrecords@sa.gov.au

DATA QUALITY STATEMENT

To ensure data is fit for multiple uses the submission and collection processes include the following features:

Accuracy: The ESWL Manual is published on the SA Health website as a reference for the ESWL data submissions and collection requirements. It provides details of data definitions and describes the data validations undertaken to verify the accuracy of the data. Where quality issues are detected the health data suppliers are required to promptly correct the identified data quality issue.

Validity: The validation process includes making available validation reports to assist health data suppliers in identifying data elements requiring attention and correcting and resubmitting the data.

Completeness: The completeness of submitted data is monitored monthly to identify when submission deadlines are not met or when records are outstanding. Significant instances of incomplete submissions are published in the monthly collection refresh notices to ensure data end users such as analysts and researchers are notified of this quality issue.

Coherence: The ESWL collection is reviewed annually to ensure it provides SA Health with the information necessary to effectively fund, organise, evaluate, and plan health services and to meet its national obligations through submissions to the Australian Institute of Health and Welfare (AIHW), the Independent Health and Aged Care Pricing Authority (IHACPA), and the National Health Funding Body. Common data elements are defined and consistent within and across collections.

Interpretability: The ESWL Manual provides details of the data concepts, definitions, edits and rules across the ESWL collection. The collection is reviewed annually in consultation with SA Health data suppliers.

Timeliness: The ESWL data updated on the File Refresh Date (see Data Submission Schedule Appendix) from data held in the ESWL processing database. Health services must submit data monthly.

With the introduction of the IHACPA national quarterly submissions from 2018-19 data suppliers must ensure their supplied data quality reporting must be completed on a quarterly basis.

Accessibility: The department makes data accessible through reports and dashboards.

OFFICIAL

REFERENCE FILES

Reference files are available on the SA Health website for download from

<http://inside.sahealth.sa.gov.au/wps/wcm/connect/Public+Content/SA+Health+Internet/About+us/Our+performance/Our+data+collections/>

OFFICIAL

CONFIDENTIALITY, PRIVACY AND SECURITY

Although no patient names or addresses are stored in the ESWL database, the sensitive nature of clinical information is recognised. Staff are bound by the Public Sector Act and the Code of Ethics to ensure that patient confidentiality is protected and maintained.

The use and release of ESWL data (eg. through the Health Information Portal (HIP)) is governed by SA Health's Code of Fair Information Practice, data management protocols, various legislation and other relevant privacy codes and regulations. Other usage is properly authorised before release.

The ESWL database and the SA Health Central Data Warehouse reside on physically and logically secure computer systems which are accessible to authorised staff only.

ESWL data are made available for research where approval by relevant Ethics Committees is evident.

COLLECTION

The ESWL database covers all patients placed on an elective surgery waiting list from every South Australian Public hospital, metropolitan and country.

All public hospitals are required to submit details for every patient requiring surgery under the following broad surgical procedure classifications:

- > Craniofacial Surgery
- > ENT (Ear, Nose & Throat)
- > General Surgery
- > Gynaecology
- > Neurosurgery
- > Ophthalmology
- > Orthopaedics
- > Paediatric Surgery (Commonwealth specialty only)
- > Plastic Surgery
- > Thoracic Surgery (Cardio-Thoracic Surgery)
- > Urology
- > Vascular Surgery

Exclusions

The following patients are excluded from the Booking List Information System, as the surgery required cannot be classified under the approved surgical procedures:

- > Cosmetic Surgery
- > Dental Surgery
- > Obstetrics
- > Gastroenterology Services
- > Excluded procedures listed in the Elective Surgery Policy
- > Patients requiring diagnostic services

DATA DEFINITIONS

Introduction

This section describes the 27 data elements required to complete the ESWL Collection. Each element belongs to one broad category, which is related to timing points during the episode of care.

Chronologically, these timing points are:

- > At Entry to the Wait List
- > During Wait for Surgery
- > At Admission / Removal from Wait List

At Entry to the Wait List contains three sub categories:

- > Demographics
- > General
- > Identifiers

During Wait for Surgery contains five sub categories:

- > Clinical
- > Contracted Service
- > General
- > Leave
- > Status Change

At Admission / Removal from Wait List contains one sub category:

- > General

Data definition format

Each data element is described using standard metadata. The meaning of these metadata are described below.

[Data element name]

Identification – the group of items that identify the data element

Technical name:	<i>The name of the data element in the context of other metadata</i>
ESWL data item:	<i>Data item number within the collection – use in conjunction with file specifications. Some quality edits may reference this number to help identify which data item requires quality review</i>
SAHMR identifier:	<i>SA Health metadata item number reference</i>

OFFICIAL

Registration status:	<i>Refers to the date upon which the data element became an authorised standard. This is not necessarily the same as the date from which it became actively used (ie a data element may become standard on 24 June but active from 1 July)</i>
Definition:	<i>Describes in detail the meaning and intent of the data element</i>
Data element concept:	<i>Provides contextual understanding of the metadata</i>

Value domain – the group of items that describe acceptable values and format for the data element

Class:	<i>Data value classification</i>
Type:	<i>Type of data to be recorded (eg string, numeric, etc)</i>
Format:	<i>Format the data must take where A – alphanumeric, N – numeric, [?] – optional characters</i>
Length:	<i>The maximum length of the data for the data element</i>
Values:	<i>Describes the values or refers to a Reference File</i>

Obligation – describes any dependencies associated with the data element

Class:	<i>Conditional / Mandatory / Optional</i>
Dependency:	<i>Describes any dependencies (eg of other data elements) associated with this data element</i>

Collection – any supporting information to assist with consistent interpretation and meaning of capture of the data element values

Data Quality Checks – lists any associated data quality checks for the data element

OFFICIAL

[Admission Category]

Identification

Technical name:	Elective surgery waiting list episode – admission category, code N
ESWL data item:	1
SAHMR identifier:	SA647
Registration status:	SA Health, Standard 10/08/2009
Definition:	Indicates whether a person is available for admission at the first available opportunity. A person available at the first available opportunity is known as a Ready for Surgery; a person unavailable at the first opportunity is known as a Not Ready For Surgery
Data element concept:	Elective surgery waiting list episode

Value domain

Class:	Code
Type:	Number
Format:	N
Length:	1
Values:	1 (Procedures that are clinically indicated within 30 days) 2 (Procedures that are clinically indicated within 90 days) 3 (Procedures that are clinically indicated within 365 days) 4 (Not Ready for Surgery (admission deferred)) 9 (Unknown)

Obligation

Class:	Mandatory
Dependency:	None

Collection

Patient can be listed as not ready for surgery under the following categories:

- > Staged patients
- > Pending improvement of clinical condition
- > Deferred for personal reason.

Events which might change a patient's [Admission Category]:

- > A Ready for Surgery patient or a Not Ready for Surgery patient postpones their admission to hospital for personal reasons or advises not ready for admission the first opportunity.
- > The patient's current [Admission Category] determines the action to take:
 - If a patient's [Admission Category] is a 1 or [Admission Category] is a 2, but then the responsible authorised medical practitioner decides whether to assign an [Admission

OFFICIAL

Category] of 4 with an appropriate [Deferral Reason]. If assigned [Admission Category] of 4, then the [Category Change Date] equals the postponement date or date of advice.

- [Admission Category] is 3 or not ready for surgery the [Admission Category] can be assigned to 4 with an appropriate [Deferral Reason]. The medical officer sets a [Category Assessment Date], and the [Category Change Date] equals the postponement date or date of advice.
- > A [Ready for Surgery] patient fails to attend hospital for a booked admission for personal reasons, then the patient's [Admission Category] determines the action to take:
 - If a patient's [Admission Category] is a 1 or [Admission Category] is a 2, but then the responsible medical officer decides whether to assign an [Admission Category] of 4 with an appropriate [Deferral Reason]. If assigned an [Admission Category] of 4 then the [Category Change Date] equals the date the patient failed to attend hospital.
 - [Admission Category] is 3 or not ready for surgery the [Admission Category] can be assigned to 4 with an appropriate [Deferral Reason]. The medical officer sets a [Category Assessment Date] and the [Category Change Date] equals the date the patient failed to attend hospital.

Every time the patient's [Admission Category] is changed, a [Category Change Date] should also be recorded.

Patients who are not ready for surgery should not be added to the booking list until they have been reviewed and are ready for surgery. These patients may need to be returned to their general practitioner for management until they become ready for surgery as determined by their authorised medical practitioner.

Related Source Data Files

- > Treat.txt
- > Admhis.txt

Data Quality Checks

- > 22: Invalid priority code
- > 27: Invalid Category Assessment Date
- > 29: Invalid Old Category
- > 30: Invalid New Category
- > 45: Deferred Admission (Cat 4) With Treatment Status
- > 45: Removal Reason Emergency (03) and Deferred Admission (Cat 4) With Treatment Status

OFFICIAL

[Admission/Removal Date]

Identification

Technical name:	Elective surgery waiting list episode – admission or removal date, YYYYMMDD
ESWL data item:	2
SAHMR identifier:	SA683
Registration status:	SA Health, Standard 10/08/2009
Definition:	Date the patient was admitted to hospital for surgery or what date was the patient removed from the elective surgery waiting list
Data element concept:	Elective surgery waiting list episode

Value domain

Class:	Date
Type:	Date/time
Format:	DDMMYYYY
Length:	8
Values:	

Obligation

Class:	Conditional
Dependency:	Mandatory for: <ul style="list-style-type: none">> Patients who have been [Admitted and Treated]> Patients who have been [Removed]

Collection

The field includes patients who are inpatients, [Admitted and Treated] or [Removed] for other reason.

Related Source Data Files

- > Treat.txt

Data Quality Checks

- > 20: Invalid Admit/Remove Date
- > 21: Admit/Remove Date prior TO Date Added
- > 29: Invalid Old Category
- > 30: Invalid New Category
- > 35: Change Date earlier than date Added
- > 35: Change Date later than date Removed
- > 37: Invalid Blank Deferral Reason
- > 37: Invalid Deferral Reason

OFFICIAL

- > 46: Admit/Remove Date Prior TO Date Created
- > 47: Excluded Legacy Indicator Procedure Code
- > 48: Excluded Intended Procedure Code For Past Record

OFFICIAL

[Admitting Doctor - Given Name]

Identification

Technical name:	Staff member – doctor given name, identifier A[60]
ESWL data item:	3
SAHMR identifier:	SA701
Registration status:	SA Health, Standard 10/08/2009
Definition:	The given name of the admitting doctor
Data element concept:	Doctor given name

Value domain

Class:	Name
Type:	String
Format:	AA AAAAAAAAAA
Length:	60
Values	Free text

Obligation

Class:	Mandatory
Dependency:	None

Collection

The given name of the doctor under which the patient was added to the waiting list for elective surgery

Related Source Data Files

- > Treat.txt

Data Quality Checks

- > None

OFFICIAL

[Admitting Doctor - Last Name]

Identification

Technical name:	Staff member – doctor last name, identifier A[30]
ESWL data item:	4
SAHMR identifier:	SA702
Registration status:	SA Health, Standard 10/08/2009
Definition:	The last name of the admitting doctor
Data element concept:	Doctor last name

Value domain

Class:	Name
Type:	String
Format:	AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA
Length:	30
Values:	Free text

Obligation

Class:	Mandatory
Dependency:	None

Collection

The last name of the doctor under which the patient was added to the waiting list for elective surgery

Related Source Data Files

- > Treat.txt

Data Quality Checks

- > None

OFFICIAL

[Booking Date]

Identification

Technical name:	Elective surgery waiting list episode – booking date, date YYYYMMDD
ESWL data item:	5
SAHMR identifier:	SA1346
Registration status:	SA Health, Standard 22/04/2013
Definition:	Date a patient was given a scheduled admission date to be admitted to hospital for an elective surgery procedure
Data element concept:	Elective surgery waiting list episode

Value domain

Class:	Date
Type:	Date/time
Format:	YYYYMMDD
Length:	8
Values:	

Obligation

Class:	Conditional
Dependency:	Mandatory for: > Patient who has been given a [Scheduled Admission Date]

Collection

The date when the patient was offered and accepted their latest [Scheduled Admission Date] to be admitted to hospital for an elective surgery procedure

Related Source Data Files

- > Treat.txt

Data Quality Checks

- > 40: Empty Booking Date For Status
- > 41: Booking Date Before Date on List

OFFICIAL

[Cancellation Date]

Identification

Technical name:	Elective surgery waiting list episode: date cancelled or postponed, YYYYMMDD
ESWL data item:	6
SAHMR identifier:	SA684
Registration status:	SA Health, Standard 10/08/2009
Definition:	The date of the patient's postponement/cancellation or failure to attend hospital
Data element concept:	

Value domain

Class:	Date
Type:	Date/time
Format:	YYYYMMDD
Length:	8
Values:	

Obligation

Class:	Conditional
Dependency:	Mandatory for: <ul style="list-style-type: none">> When a reason for cancellation or postponement has been identified.

Collection

The date the cancellation or postponement occurred is recorded.

Related Source Data Files

Cancl.txt

Data Quality Checks

- > 24: Invalid Change Date

OFFICIAL

[Cancellation Type]

Identification

Technical name:	Elective surgery waiting list episode: reason for cancellation or postponement, code NN
ESWL item:	7
SAHMR identifier:	SA676
Registration status:	SA Health, Standard 10/08/2009
Definition:	The reason for the cancellation/postponement of elective surgery
Data element concept:	Elective surgery waiting list episode

Value domain

Class:	Code
Type:	Number
Format:	NN
Length:	2
Values:	01 (Patient Cancelled) 02 (Patient Failed to Attend) 03 (Unfit for Surgery) 04 (Bed Shortage) 05 (Theatre Time Unavailable) 06 (Doctor Unavailable) 08 (Staff Unavailable) 09 (Equipment Unavailable) 10 (Demand Management: System or Local Demand (not COVID-19 related)) 11 (Demand Management Epidemic or State of Emergency: COVID-19 related) 12 (Patient Quarantined Epidemic or State of Emergency) 13 (Patient Initiated Epidemic or State of Emergency) 98 (Other Hospital Reason) 99 (Unknown)

Obligation

Class:	Conditional
Dependency:	Mandatory for: > When a reason for cancellation or postponement has been identified.

Collection

OFFICIAL

A postponement or cancellation occurs when the [Scheduled Admission] of a patient on a booking list, who still requires admission to the hospital, is postponed or cancelled. An admission may be postponed or cancelled by a patient for personal reasons, or by the hospital.

A postponement or cancellation also occurs when a patient, who after being admitted to the hospital from a booking list, is discharged before receiving the required treatment. This occurs when a patient is admitted to the hospital, but unfit for surgery (eg. a patient with a cold or other infection).

If a patient is postponed and removed from the booking list at the same time, no postponement record should be sent to the Department for the postponement related to the removal.

A reason a patient's scheduled admission to hospital for elective surgery was postponed, cancelled or the reason a patient was discharged from hospital without receiving the required treatment is recorded using one of the supplied codes. The supplied codes are grouped into patient initiated and hospital initiated.

Exclusions

No postponement record should be recorded in the following instances:

- > Where the patient is removed from the waiting list at the same time eg patient is deceased, operation no longer required, transferred to another hospital list

Notes

A [Cancellation Type] is used after a [Booking date] has been given. If a [Booking date] has not been given, then a [Deferral Reason] is used.

The codes below are corporate codes that are required to be submitted to the Department for Health and Wellbeing (DHW). Some sites may have different codes that are used to manage elective surgery postponements or cancellations that are rolled up/translated into these corporate codes. Where possible, detail has been added to the definitions to make these roll ups more apparent. If you are unsure how your local codes roll up into these corporate codes, please contact your local system administrator.

[Cancellation Types] 01 (Patient cancelled), 02 (Patient failed to attend) and 13 (Patient initiated Epidemic or State of Emergency) are patient initiated, whereas the remainder [Cancellation Types] are initiated by the hospital.

[Cancellation Types] 11 (Demand Management Epidemic or State of Emergency), 12 (Patient Quarantined Epidemic or State of Emergency) and 13 (Patient initiated Epidemic or State of Emergency) should only be used following the declaration of a public health related State of Emergency by the Government of South Australia.

01 (Patient cancelled)

The patient may request postponement or cancellation of booked surgery for unforeseen clinical, personal or social reasons. If postponement or cancellation of surgery occurs, the patient is listed as not ready for care (category 4 [Deferral Reason] for the duration of the period they are unavailable.

02 (Patient failed to attend)

The patient failed to attend scheduled elective surgery booking and did not actively postpone or cancel the booking.

OFFICIAL

03 (Unfit for surgery)

The patient has been declared medically unfit for surgery by a medical officer of the hospital. This may occur prior to the scheduled date or after admission. This includes that the patient has not fasted correctly.

04 (Bed shortage)

The patient is postponed or cancelled as the hospital does not have a bed available. This includes unavailable critical care bed.

05 (Theatre time unavailable)

The patient is postponed or cancelled as the hospital no longer has theatre time available at the scheduled time. Includes more urgent case, session overrun, list overbooked prior to operation date.

06 (Doctor unavailable)

The patient is postponed or cancelled as the doctor or anaesthetist scheduled to undertake the surgery is no longer available at the scheduled time.

08 (Staff unavailable)

The patient is postponed or cancelled as nursing staff are unavailable.

09 (Equipment unavailable)

The patient is postponed or cancelled as the equipment required for the surgery is not available. Includes prosthesis or that the equipment has malfunctioned.

10 (Demand Management: System or Local Demand (not COVID-19 related))

This code was introduced for use from 1 June 2018 to support capture/reporting of postponements specifically arising from activation of local hospital/Local Health Network (LHN) and/or state-wide demand management strategies during periods of unprecedented demand which are not COVID-19 related..

This code should only be used when all the following conditions have been met:

- > Postponement occurs during 1 June to 30 September (or as otherwise formally agreed and communicated by DHW/LHNs)
- > All clinical urgency categorisation types (eg. Category 1, Category 2, Category 3) postponed as a result of activation of either local and/or state-wide demand management strategies should be recorded using this code.

Use of this code will replace hospital initiated categories where the postponement was explicitly caused by activation of a demand management strategy being enacted. For example:

- > a) Air conditioner break down results in theatres not being available for use during the Demand Management period. This is an operational matter and should be recorded using 05 (Theatre Unavailable)
- > b) A surge in emergency department presentations occurs during the demand management period. SA Health activates its state-wide postponement of elective surgery strategy. This would be recorded using code 10 (Demand Management)

OFFICIAL

- > c) A surge in emergency surgery occurs at hospital X during the demand management period. Local Executive authorise postponement of elective surgery for the day. This would be recorded using code 10 (Demand Management)

Patient initiated postponements should continue to be recorded using usual ESWL codes/reasons.

11 (Demand Management Epidemic or State of Emergency: COVID-19 related)

This code was introduced for use from 19 March 2020 and should only be used when COVID-19 related and all the following conditions have been met:

- > The Government of South Australia has declared a public health related State of Emergency.
- > SA Health activates state-wide demand management postponement strategies and/or hospitals/LHNs declare a period of unprecedented demand and activate local demand management postponement strategies

All clinical urgency categorisation types (eg. Category 1, Category 2, Category 3) postponed as a result of activation of either local and/or state-wide demand management strategies should be recorded using this code

Use of this code will replace hospital initiated categories where the postponement was explicitly caused by activation of a demand management strategy being enacted during a declared public health State of Emergency. For example:

- > a) Air conditioner break down results in theatres not being available for use following the declaration of a public health related State of Emergency. This is an operational matter and should be recorded using 05 (Theatre Unavailable)
- > b) A surge in emergency department presentations occurs following the declaration of a public health related State of Emergency. SA Health activates its state-wide postponement of elective surgery strategy. This would be recorded using code 11 (Demand Management Epidemic or State of Emergency)
- > c) A surge in emergency surgery occurs at hospital X following the declaration of a public health related State of Emergency. Local Executive authorise postponement of elective surgery for the day. This would be recorded using code 11 (Demand Management Epidemic or State of Emergency)
- > d) The patient is postponed or cancelled as the doctor, anaesthetist or theatre staff scheduled to undertake the surgery is/are no longer available at the scheduled time due to increased hospital demand or due to required medical staff having been diagnosed/quarantined or mandated to self-isolate. This would be recorded using code 11 (Demand Management Epidemic or State of Emergency)

12 (Patient Quarantined Epidemic or State of Emergency)

This code was introduced for use from 19 March 2020 and should only be used following the declaration of a public health related State of Emergency by the Government of South Australia and when cancellation occurs as a result of any of the below;

- > A patient is diagnosed/quarantined/mandated to self-isolate due to close contact with an individual who has been diagnosed and mandated to quarantine/isolate

OFFICIAL

- > A patient is displaying symptoms consistent with the declared public health related State of Emergency but does not meet the threshold for testing

13 (Patient Initiated: Epidemic or State of Emergency)

This code was introduced for use from 19 March 2020 and should only be used following the declaration of a public health related State of Emergency when a patient cites epidemic, pandemic or a public health related State of Emergency as a reason for cancellation.

Examples include;

- > Patient cancels citing fear of a declared epidemic, pandemic or public health related State of Emergency
- > Patients who are not displaying symptoms, have not had contact with a confirmed case or a person displaying symptoms and are self-isolating.

98 (Other hospital reason)

All other hospital initiated postponements where the primary reason for postponement does not fall within one of the other categories. This includes Industrial action.

99 (Unknown)

The reason for postponement is unknown.

Related Source Data Files

Cancl.txt

Data Quality Checks

- > 25: Invalid Change Code

OFFICIAL

[Category Assessment Date]

Identification

Technical name:	Elective surgery waiting list episode – category assessment date, YYYYMMDD
ESWL data item:	8
SAHMR identifier:	SA650
Registration status:	SA Health, Standard 10/08/2009
Definition:	Date the authorised medical practitioner assessed whether or not the patient is ready for admission
Data element concept:	Elective surgery waiting list episode

Value domain

Class:	Date
Type:	Date/time
Format:	YYYYMMDD
Length:	8
Values:	

Obligation

Class:	Conditional
Dependency:	Mandatory for: > Being booked for assessment

Collection

Date by which time an authorised medical practitioner should assess whether a [Not Ready for Surgery] patient is ready for admission to hospital at the first available opportunity

See detailed notes under Admission Category

Related Source Data Files

- > Treat.txt

Data Quality Checks

- > 27: Invalid Category Assessment Date

OFFICIAL

[Category Change Date]

Identification

Technical name:	Elective surgery waiting list episode: [Category Change Date], YYYYMMDD
ESWL data item:	14
SAHMR identifier:	SA689
Registration status:	SA Health, Standard 10/08/2009
Definition:	The date the patient's [Admission Category] changed
Data element concept:	Elective surgery waiting list episode

Value domain

Class:	Date
Type:	Date/time
Format:	YYYYMMDD
Length:	8
Values:	

Obligation

Class:	Conditional
Dependency:	Mandatory for: > When an [Admission Category] has changed for a patient.

Collection

Date when a patient's [Admission Category] changed.

Hospital staff should record a [Category Change Date] each time a patient's [Admission Category] changes.

A [Category Change Date] is not recorded when a patient is added to the booking list.

Related Source Data Files

Admhis.txt

Data Quality Checks

- > 24: Invalid Change Date
- > 35: Change Date earlier than date Added
- > 35: Change Date later than date Removed

OFFICIAL

[Clinical Unit]

Identification

Technical name:	Staff member: clinical designation of unit, clinical unit code NN
ESWL data item:	9
SAHMR identifier:	SA652
Registration status:	SA Health, Standard 10/08/2009
Definition:	The [Clinical Unit] for the procedure to be undertaken
Data element concept:	[Clinical Unit]

Value domain

Class:	Code
Type:	Number
Format:	NN
Length:	2
Values:	Reference File xxx

Obligation

Class:	Mandatory
Dependency:	None

Collection

Hospitals may choose to develop their own [Clinical Unit] codes but must then map these to the SA Health Standard Clinic Unit Codes.

Linked to doctor specialty for elective surgery reporting purposes.

Related Source Data Files

- > Treat.txt

Data Quality Checks

- > 17: Invalid Unit Code
- > 17: Warning Unexpected Unit Code

OFFICIAL

[CMBS]

Identification

Technical name:	Elective surgery waiting list episode: [CMBS] code, NNNNN
ESWL data item:	10
SAHMR identifier:	SA1348
Registration status:	SA Health, Standard 22/04/2013
Definition:	The [CMBS] is a code referring to the Medicare Benefits Schedule (MBS) which lists all Medicare services subsidised by the Australian Government. More than one CMBS code can be specified however the first must relate to the primary procedure to be performed, with other codes to follow
Data element concept:	Elective surgery waiting list episode

Value domain

Class:	Code
Type:	Number
Format:	NNNNN
Length:	5
Values:	

Obligation

Class:	Optional
Dependency:	None

Collection

Codes and descriptions should be sourced from the National CMBS reference files available online at

<http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Home>

Related Source Data Files

- > CMBS.txt

Data Quality Checks

- > 42: Main CMBS Code Invalid
- > 43: Main CMBS Code Excluded

OFFICIAL

[Date Added To List]

Identification

Technical name:	Elective surgery waiting list episode: date patient added to list, date YYYYMMDD
ESWL data item:	11
SAHMR identifier:	SA655
Registration status:	SA Health, Standard 10/08/2009
Definition:	Date the patient was added to the waiting list
Data element concept:	Elective surgery waiting list episode

Value domain

Class:	Date
Type:	Date/time
Format:	YYYYMMDD
Length:	8
Values:	

Obligation

Class:	Mandatory
Dependency:	None

Collection

As soon as a decision has been made that a patient is in need of admission to the hospital and the admission is not required within 24 hours, the authorised medical practitioner or authorised delegate should add the patient to a booking list with the correct added date.

Related Source Data Files

Treat.txt

Data Quality Checks

- > 18: Invalid Date Added
- > 19: Date Added Prior To Birth Date
- > 21: Admit/Remove Date prior TO Date Added
- > 35: Change Date earlier than date Added
- > 41: Booking Date Before Date on List
- > 46: Admit/Remove Date Prior TO Date Created

OFFICIAL

[Date Of Birth]

Identification

Technical name:	Patient: [Date Of Birth] YYYYMMDD
ESWL data item:	12
SAHMR identifier:	SA690
Registration status:	SA Health, Standard 10/08/2009
Definition:	The patient's [Date Of Birth]
Data element concept:	Patient

Value domain

Class:	Date
Type:	Date/time
Format:	YYYYMMDD
Length:	8
Values:	

Obligation

Class:	Mandatory
Dependency:	None

Collection

If entering the patient's full [Date of Birth] manually, use day, month and year with leading zeros where necessary. For example, record a patient born on 5 July 1946 as:

- > [Date Of Birth]: 05071946

Related Source Data Files

Treat.txt

Data Quality Checks

- > 13: Invalid Birth Date
- > 19: Date Added Prior To Birth Date

OFFICIAL

[Deferral Reason]

Identification

Technical name:	Elective surgery waiting list episode: [Deferral Reason] code NN
ESWL data item:	13
SAHMR identifier:	
Registration status:	
Definition:	The reason for deferral of elective surgery.
Data element concept:	

Value domain

Class:	Code
Type:	Number
Format:	NN
Length:	2
Values:	01 (Vacation) 02 (Work/study commitments) 03 (Transport issues) 04 (Family reasons) 05 (Patient unwell) 06 (Chronic illness) 07 (Awaiting test results) 08 (Pregnancy) 09 (Other planned procedure) 10 (Cardiac issues) 11 (Outpatient review prior to surgery) 12 (Follow up procedure) 13 (Patient Quarantined Epidemic or State of Emergency) 14 (Patient Initiated: Epidemic or State of Emergency) 15 (Pend Remove) 16 (Cannot be contacted)

Obligation

Class:	Conditional
Dependency:	Mandatory for: > A reason has been provided for deferral of the elective surgery.

Collection

As patients should not be added to the booking list until [Ready For Surgery], the [Deferral Reason] codes should generally be used when a patient on the booking list has their [Admission Category]

OFFICIAL

changed from being [Ready For Surgery] to [Not Ready For Surgery], and this change request has been signed by the patient's authorised medical practitioner or delegate.

Additional notes

A [Deferral Reason] is used before a [Booking date] is given. If a [Booking date] has been given then [Cancellation Type] is used.

The following provides more information on assigning the correct [Deferral Reason] code.

Deferral Codes: 13 (Patient Quarantined Epidemic or State of Emergency) and 14 (Patient Initiated: Epidemic or State of Emergency)

Should only be used if a public health related State of Emergency has been declared by the Government of South Australia.

1 (Vacation)

The patient advised they are going on vacation and do not wish to have surgery before they go.

The patient is on an extended overseas vacation when they are contacted regarding a [Date For Surgery].

2 (Work/Study Commitments)

The patient is unable to negotiate time away from work at the present time (including if self-employed).

The patient has study commitments and can only commit to having elective surgery at a particular time.

3 (Transport Issues)

The patient cannot arrange transport in order to be admitted for surgery, and is not eligible for PATS.

4 (Family Reasons)

The patient has a family event (eg. Wedding, birthday, reunion etc) and does not want to have surgery prior to the event.

The patient has dependent children and can only have the surgery done in school holidays.

A member of the patient's family is terminally ill and the patient does not want to contemplate having surgery at this time.

The patient is a carer (including parents) and cannot arrange relief care for a specified period of time.

Other circumstances of a personal nature (sporting commitments, sick animal etc).

5 (Patient Unwell)

Patient is unable to proceed with surgery due to an illness (short term, not chronic) (eg. They have a cold, or when assessed by medical staff at time of pre-admission or on admission).

OFFICIAL

6 (Chronic Illness)

Patient is undergoing treatment for a chronic illness and is unable to have surgery until stabilised (with the exception of cardiac illness, which are category 10). Includes when medication must be ceased prior to surgery.

7 (Awaiting Test Results)

Tests are required prior to surgery, and until the results of these tests are known, the patient cannot be allocated a [Date For Surgery] (with the exception of cardiac tests, which are category 10).

8 (Pregnancy)

Patient is pregnant and/or breastfeeding.

9 (Other Planned Procedure)

The patient has a planned surgery date for another procedure.

The patient requires bilateral procedures, and one needs to be deferred until the first procedure is performed.

10 (Cardiac Issues)

Cardiac issues have been identified which require investigation and/or stabilisation prior to confirmation of a [Date For Surgery]. Includes when cardiac medication must be ceased prior to surgery.

11 (Outpatient Review Prior to Surgery)

Patient is required to attend an outpatient appointment to assess whether they are suitable to proceed with surgery.

Patient is required to attend an outpatient appointment for BMI monitoring prior to plastic surgery.

Patient who becomes asymptomatic but requires an outpatient review prior to being removed from the booking list as surgery is no longer required or being returned to [Ready For Surgery].

Patient trying alternative treatment who requires a follow up outpatient appointment prior to being removed from the booking list as surgery is no longer required or being returned to [Ready For Surgery].

12 (Follow Up Procedure)

Patient to have surgery at a later date following other major surgery (eg. follow up after cancer related bowel or prostate/urology surgery).

Patient who requires repeat procedures at regular intervals (eg. children requiring regular oesophageal dilations).

13 (Patient Quarantined Epidemic or State of Emergency)

This code should only be used following the declaration of a public health related State of Emergency by the Government of South Australia.

This reason may apply where;

OFFICIAL

- A patient has been deferred as a result of a positive diagnosis relating to the declared public health related State of Emergency
- A patient has been mandated to quarantine/self-isolate due to close contact with an individual who has been diagnosed and mandated to quarantine/isolate.
- A patient is displaying symptoms consistent with the declared public health related State of Emergency but does not meet the threshold for testing.

14 (Patient Initiated: Epidemic or State of Emergency)

This code should only be used following the declaration of a public health related State of Emergency by the Government of South Australia.

This reason applies where a patient elects to defer their procedure out of a desire to not attend hospital following the declaration of a public health related State of Emergency.

15: (Pend Remove)

When awaiting medical officer to sign off the removal authorisation.

Example: the patient called and said they had their procedure done elsewhere, defer them and put PENDING REMOVE + date in comments. When the medical officer signs the authorisation form remove using the relevant removal code.

16: (Cannot be contacted)

> In one week:

1. Contact patient three times (can include, phone call, voicemail and txt message)
2. Contact next of kin
3. Contact GP and send patient deferral letter and add as deferred cannot be contacted

> 4 weeks after sending letter

1. Try contacting patient one more time (phone call)
2. Confer with clinical – provide evidence of attempts if required
3. Remove 'cannot be contacted'

Related Source Data Files

Treat.txt

Data Quality Checks

- > 37: Invalid Blank Deferral Reason
- > 37: Invalid Deferral Reason

OFFICIAL

[Election]

Identification

Technical name:	Patient admission: Admission [Election] (care type) code A
ESWL data item:	15
SAHMR identifier:	SA662
Registration status:	SA Health, Standard 10/08/2009
Definition:	Indicates if the patient is admitted as a hospital or private patient
Data element concept:	Patient admission

Value domain

Class:	Code
Type:	String
Format:	A
Length:	1
Values:	H (Hospital patient) P (Private patient)

Obligation

Class:	Mandatory
Dependency:	Note

Collection

If [Election] by that patient or a responsible relative cannot be made at the time of admission, or where the patient's private health insurance status cannot be determined, the patient's [Election] may be made retrospectively to the date of admission.

At the time that the patient makes an [Election] to be a private or a hospital patient, hospital staff should ensure that the patient is fully aware of the implications of this [Election] choice. Hospital staff may advise patients regarding [Election], but should not bias the choice.

If a patient [Election] form is not signed by the patient, then the default admission [Election] should be H (Hospital patient).

Related Source Data Files

Treat.txt

Data Quality Checks

- > 14: Invalid Election Code

OFFICIAL

[Hospital Code]

Identification

Technical name:	Hospital: Administrative identifier, hospital code NNNN
ESWL data item:	16
SAHMR identifier:	SA1053
Registration status:	SA Health, Standard 24/04/2013
Definition:	The [Hospital Code] of the treating hospital
Data element concept:	

Value domain

Class:	Code
Type:	Number
Format:	NNNN
Length:	4
Values:	Reference file -Hospital Listing

Obligation

Class:	Mandatory
Dependency:	Note

Collection

A code list for all hospitals in South Australia submitting to ESWL is available on the Our data collections website

<https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/our+performance/our+data+collections>

Click on 'Elective Surgery Waiting List' tab. Public hospitals have three digit codes and require a leading zero.

The number should be entered as follows:

> 0106

Related Source Data Files

Contr.txt

Data Quality Checks

> None

OFFICIAL

[Indigenous Status]

Identification

Technical name:	Patient - indigenous status, code N
ESWL data item:	18
SAHMR identifier:	SA1104
Registration status:	SA Health, Standard 24/04/2013
Definition:	Indicates if a person identifies themselves as being of Aboriginal and/or Torres Strait Islander origin. An Indigenous person is a person of Aboriginal and/or Torres Strait Islander descent who identifies as an Aboriginal and/or Torres Strait Islander person.
Data element concept:	Patient

Value domain

Class:	Code
Type:	Number
Format:	N
Length:	1
Values:	1 (Aboriginal but not Torres Strait Islander origin) 2 (Torres Strait Islander but not Aboriginal origin) 3 (Both Aboriginal and Torres Strait Islander origin) 4 (Neither Aboriginal nor Torres Strait Islander origin) 9 (Not stated / Inadequately described)

Obligation

Class:	Mandatory
Dependency:	Note

Collection

This metadata item is based on the Australian Bureau of Statistics (ABS) standard for Indigenous status. For detailed advice on its use and application please refer to the ABS Website.

The classification for Indigenous status has a hierarchical structure comprising two levels. There are four categories at the detailed level of the classification which are grouped into two categories at the broad level.

1 (Aboriginal but not Torres Strait Islander origin)

An Aboriginal is a person of Aboriginal descent who identifies as an Australian Aboriginal.

2 (Torres Strait Islander but not Aboriginal origin)

A Torres Strait Islander is a person of Torres Strait Island descent who identifies as Torres Strait Islander.

OFFICIAL

3 (Both Aboriginal and Torres Strait Islander origin)

A person who identifies as both an Australian Aboriginal and Torres Strait Islander.

4 (Neither Aboriginal nor Torres Strait Islander origin)

A person who identifies as neither an Australian Aboriginal nor Torres Strait Islander.

9 (Not stated)

Use this category if the indigenous status of the patient cannot be accurately established (not stated).

Termed non-indigenous. This category is not to be available as a valid answer to the questions but is intended for use:

- > Primarily when importing data from other data collections that do not contain mapped data.
- > Where an answer was refused.
- > Where the question was not able to be asked prior to completion of admission because the client was unable to communicate or a person who knows the client was not available.

Only in the last two situations may the tick boxes on the questionnaire be left blank.

Additional Notes

When requesting information on Indigenous Status the following question structure is recommended: [Are you] [Is the person] [is (name)] of Aboriginal or Torres Strait Islander origin?

- > No
- > Yes, Aboriginal
- > Yes, Torres Strait Islander

For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.

This question is recommended for self-enumerated or interview-based collections. It can also be used in circumstances where a close relative, friend or another member of the household is answering on behalf of the subject.

When someone is not present, the person answering for them should be in a position to do so i.e. this person must know the person about whom the question is being asked well and feel confident to provide accurate information about them. However, it is strongly recommended that this question be asked directly wherever possible.

In circumstances where it is impossible to ask the person directly, such as in the case of death, the question should be asked of a close relative or friend, and only if a relative or friend is not available should the undertaker or other such person answer.

This element should always be asked even if the person does not 'look' like they are Aboriginal or Torres Strait Islander origin.

Based on the response for this data element, the broad classifications are:

- > Indigenous
 - 1 (Aboriginal but not Torres Strait Islander origin)
 - 2 (Torres Strait Islander but not Aboriginal origin)

OFFICIAL

- 3 (Both Aboriginal and Torres Strait Islander origin)
- > Non-Indigenous
 - 4 (Neither Aboriginal nor Torres Strait Islander origin)

Related Source Data Files

Treat.txt

Data Quality Checks

- > 36: Invalid Indigenous Status

OFFICIAL

[Intended Procedure]

Identification

Technical name:	Episode of care – proposed procedure type, intended procedure code NNN
ESWL data item:	17
SAHMR identifier:	SA703
Registration status:	SA Health, Standard 10/08/2009
Definition:	The proposed procedure code
Data element concept:	Episode of care

Value domain

Class:	Total
Type:	Number
Format:	NNN
Length:	3
Values:	National Elective Surgery Urgency Categorisation Guideline April 2015

Obligation

Class:	Mandatory
Dependency:	Note

Collection

Reference file:

COAG Health Council 2015. National Elective Surgery Urgency Categorisation Guideline - April 2015. Viewed 28 October 2015,

<http://www.coaghealthcouncil.gov.au/Publications/Reports/ArtMID/514/ArticleID/57/National-Elective-Surgery-Urgency-Categorisation-Guideline-April-2015>.

The structure of the classification is based around twelve surgical specialties. Ten of the twelve specialties have one or more specific procedures and/or diagnoses defined. These specialties have as their final category an "Other" group against which to code other procedures/diagnoses of the specialty.

SA Health only considers patients requiring surgery which fall into one of the first 12 specialties (plus Unknown Surgery) when calculating elective surgery booking list statistics. Specifically, surgery that may be classified as:

- > Craniofacial Surgery
- > ENT (Otolaryngology Head and Neck Surgery)
- > General Surgery

OFFICIAL

- > Gynaecology
- > Ophthalmology
- > Orthopaedics
- > Plastic Surgery
- > Neurosurgery
- > Paediatric Surgery (Commonwealth Specialty Only)
- > Thoracic Surgery (Cardio Thoracic)
- > Urology
- > Vascular Surgery
- > Unknown Surgery

Patients on the list for other forms of surgery (eg. patients requiring Dental or Obstetric surgery) or non-surgical treatment (eg. patients requiring a biopsy treatment) or excluded procedures listed in the ES Policy are assigned a code of 999.

Surgical Procedure

In broad terms, a procedure is surgical if it is performed in an operating theatre under general anaesthesia.

Non-Surgical or Diagnostic Procedure

In broad terms, a procedure is non-surgical or diagnostic if it is performed outside an operating theatre or in an operating theatre but not under general anaesthesia.

Note

Not all medical terms for non-surgical and diagnostic procedures are included in the list of permissible procedure codes. A comprehensive list exists in the ICD-10-AM coding book. If you suspect that a planned procedure is non-surgical but no entry for it exists in the list, refer to the ICD-10-AM coding book. If the procedure has an ICD-10-AM code in the block code range 1820 – 1899, then assign a procedure code 999.

Related Source Data Files

Treat.txt

Data Quality Checks

- > 15: Invalid Procedure Code
- > 47: Excluded Legacy Indicator Procedure Code
- > 48: Excluded Intended Procedure Code For Past Record

OFFICIAL

[Patient Unit Record Number]

Identification

Technical name:	Patient admission: patient unit record number, identifier N(9)
ESWL data item:	19
SAHMR identifier:	SA417
Registration status:	SA Health, Standard 01/07/1985
Definition:	The Patient Unit Record Number, also known as the Unit Record Number (or URN), is a unique identifying number which is allocated to a patient on the first visit or admission to the hospital/health care service and retained for all subsequent admissions and treatments at that hospital.
Data element concept:	Patient admission: Patient unit record number

Value domain

Class:	Identifier
Type:	Number
Format:	NNNNNNNNN
Length:	9
Values:	Free text

Obligation

Class:	Mandatory
Dependency:	Note

Collection

The use of a unit record numbering system is a prerequisite of the system.

Any one patient should have only one Unit Record Number at any one hospital. Conversely, the issuing of the same number to more than one patient should not occur.

The same number should be used for the same patient on all admissions; the number should not be allocated to any other patient.

Though a patient may die or not receive treatment for a considerable period of time, with the medical record being moved to an inactive filing area, the Unit Record Number should NOT be reused for any other patient.

Enter the number assigned to the patient by your hospital. A maximum of 9 digits is allowed. Use numbers only. The unit record number should be entered as follows, using leading zeros where necessary:

For example, Patient Unit Reference Number 537859:

> 000537859

OFFICIAL

Related Source Data Files

Treat.txt

Data Quality Checks

- > 34: Invalid Patient Unit Number

OFFICIAL

[Postcode]

Identification

Technical name:	Patient: home postcode, code NNNN
ESWL data item:	20
SAHMR identifier:	SA431
Registration status:	SA Health, Standard 01/07/1985
Definition:	The postcode where the patient usually resides
Data element concept:	Patient: Home postcode

Value domain

Class:	Code
Type:	Number
Format:	NNNN
Length:	4
Values:	Reference file: Locality Names, Postcodes and SLA's

Obligation

Class:	Mandatory
Dependency:	Note

Collection

Enter the postcode of the patient's residential address

Refer to the Reference Table – Locality July 2019 available on the ISAAC Resources web page.

<https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/our+performance/our+data+collections>.

As of 1 July 2014:-

A postcode of '0999' should be entered for the following:

- > Unconscious patients
- > No Fixed Abode
- > Not Known

A postcode of '9999' should be entered for the following:

- > Overseas

Related Source Data Files

Treat.txt

Data Quality Checks

OFFICIAL

> 12: INVALID POST CODE

OFFICIAL

[Reason For Removal]

Identification

Technical name:	Elective surgery waiting list episode – reason for removal, code NN
ESWL data item:	21
SAHMR identifier:	SA677
Registration status:	SA Health, Standard 10/08/2009
Definition:	The reason a person no longer requires admission to hospital. Excludes the reason admitted and treated.
Data element concept:	Elective surgery waiting list episode

Value domain

Class:	Code
Type:	Number
Format:	NN
Length:	2
Values:	01 (Received treatment elsewhere) 02 (Died) 03 (Admitted as emergency case) 04 (Moved from area) 05 (No longer requires treatment) 06 (Patient requested to be removed) 07 (Cannot be contacted) 08 (Inter-hospital transfer) 09 (Multiple patient deferrals) 10 (Patient failed to attend) 98 (Other reason) 99 (Unknown)

Obligation

Class:	Conditional
Dependency:	Mandatory for: <ul style="list-style-type: none"> > When the [Treatment Status] has been coded as 05 (Removed for other reasons).

Collection

Code 03 (Admitted as emergency case) identifies patients admitted to hospital on an emergency basis because the elective condition requiring treatment deteriorated while waiting. Excludes patients admitted on an emergency basis but whose elective condition is treated incidentally. The [Treatment Status] is [Admitted and Treated].

OFFICIAL

Related Source Data Files

Treat.txt

Data Quality Checks

- > 33: Status is Not Removed;Invalid Reason
- > 33: Status is Removed;Invalid Reason
- > 45: Deferred Admission (Cat 4) With Treatment Status

OFFICIAL

[Record Number]

Identification

Technical name:	Elective surgery record number
ESWL data item:	22
SAHMR identifier:	
Registration status:	
Definition:	The record number allocated by the hospital to the elective surgery record. This number has to be unique per hospital
Data element concept:	

Value domain

Class:	Identifier
Type:	Number
Format:	NNNNNN
Length:	6
Values:	

Obligation

Class:	Mandatory
Dependency:	None

Collection

For most sites, an on list or inpatient record is assigned a [Record Number] that is between '000001' and '009999'. When the patient has been [Admitted And Treated] or [Removed] for other reasons the record is assigned a permanent number greater than '010000'. For Flinders and Modbury Hospitals though, the record number remains the same throughout the Elective Surgery journey.

When ESWL data extracts are created, the [Record Number] is automatically assigned.

Related Source Data Files

Treat.txt

Data Quality Checks

> None

OFFICIAL

[Same Day Flag]

Identification

Technical name:	Patient admission: same day flag, day stay patient code A
ESWL data item:	23
SAHMR identifier:	SA658
Registration status:	SA Health, Standard 10/08/2009
Definition:	Indicates if the patient is expected to be discharged from hospital prior to midnight on the day of admission
Data element concept:	Patient admission

Value domain

Class:	Code
Type:	String
Format:	A
Length:	1
Values:	Y (To be admitted as a same day patient) N (Not to be admitted as a same day patient) U (Unknown or unstated)

Obligation

Class:	Mandatory
Dependency:	None

Collection

Indicates whether a patient is being admitted for day surgery.

Related Source Data Files

Treat.txt

Data Quality Checks

- > 32: Invalid Same Day Code

OFFICIAL

[Scheduled Admission Date]

Identification

Technical name:	Elective surgery waiting list episode: scheduled admission date, date YYYYMMDD
ESWL data item:	24
SAHMR identifier:	SA1339
Registration status:	SA Health, Standard 22/04/2013
Definition:	The date the patient is scheduled to be admitted for their elective surgery waiting list procedure
Data element concept:	Elective surgery waiting list episode

Value domain

Class:	Date
Type:	Date/time
Format:	YYYYMMDD
Length:	8
Values:	

Obligation

Class:	Conditional
Dependency:	Mandatory for: <ul style="list-style-type: none">> When a patient has been provided with a [Scheduled Admission Date]

Collection

This attribute is the date the patient was offered and accepted their latest [Scheduled Admission Date] to be admitted to hospital for an elective surgery procedure.

Related Source Data Files

Treat.txt

Data Quality Checks

- > 38: Empty Scheduled Admission Date For Status
- > 39: Scheduled Admission Date Before Date on List

OFFICIAL

[Sex]

Identification

Technical name:	Patient: sex, code A
ESWL data item:	25
SAHMR identifier:	SA611
Registration status:	SA Health, Standard 10/08/2009
Definition:	The person's sex
Data element concept:	Patient

Value domain

Class:	Code
Type:	String
Format:	A
Length:	1
Values:	M (Male) F (Female)

Obligation

Class:	Mandatory
Dependency:	None

Collection

If doubt exists over a person's gender (for example with transsexual) use the person's preferred gender.

Related Source Data Files

Treat.txt

Data Quality Checks

- > 11: Invalid Sex Code

OFFICIAL

[Suburb]

Identification

Technical name:	Patient - home suburb/locality, identifier X[30]
ESWL data item:	26
SAHMR identifier:	SA1343
Registration status:	SA Health, Standard 22/04/2013
Definition:	The suburb, town, or locality of the patient's usual place of residence
Data element concept:	Patient - Home suburb

Value domain

Class:	Code
Type:	String
Format:	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Length:	30
Values:	Free text

Obligation

Class:	Mandatory
Dependency:	None

Collection

Enter the name of the suburb/town of the patient's usual residence.

If the patient is from interstate, enter the patient's usual (permanent) address and NOT their holiday (temporary) address.

Ensure that the spelling of the Suburb or Locality is consistent with Australia Post listings or the ISAAC Reference File 'Locality / Suburb Listing available on the ISAAC Resources web page at <https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/our+performance/our+data+collections>, click on 'Integrated SA Activity Collection (ISAAC) Resources' tab.

Related Source Data Files

Treat.txt

Data Quality Checks

> None

OFFICIAL

[Treatment Status]

Identification

Technical name:	Patient: treatment status, code N
ESWL data item:	27
SAHMR identifier:	SA679
Registration status:	SA Health, Standard 10/08/2009
Definition:	The treatment status of a patient while on a booking list
Data element concept:	Patient

Value domain

Class:	Code
Type:	Number
Format:	N
Length:	1
Values:	1 (Unscheduled admission) 2 (Scheduled admission) 3 (Inpatient of hospital) 4 (Admitted and treated) 5 (Removed for other reasons)

Obligation

Class:	Mandatory
Dependency:	None

Collection

If a patient's [Treatment Status] is (Scheduled admission) code 2 then report a valid [Booked Date] and [Scheduled Admission Date].

If a patient's [Treatment Status] is (Inpatient of hospital) code 3 or (Admitted and treated) code 4 then report a valid [Booked Date], [Scheduled Admission Date] and [Admitted/Removed Date].

If a patient's [Treatment Status] is (Removed for other reasons) code 5 then report a valid [Admitted/Removed Date] as well as a code for the data item [Reason For Removal].

Related Source Data Files

Treat.txt

Data Quality Checks

- > 16: Invalid Status Code
- > 27: Invalid Category Assessment Date

OFFICIAL

- > 33: Status is Not Removed;Invalid Reason
- > 33: Status is Removed;Invalid Reason
- > 38: Empty Scheduled Admission Date For Status
- > 40: Empty Booking Date For Status
- > 45: Deferred Admission (Cat 4) With Treatment Status
- > 45: Removal Reason Emergency (03) and Deferred Admission (Cat 4) With Treatment Status
- > 47: Excluded Legacy Indicator Procedure Code

OFFICIAL

VALIDATIONS

An error arises when an invalid or inconsistent value is submitted for a data item.

Improving Errors

If you suspect that a data quality check is incorrect, or raising a large number of queries unnecessarily, please contact the DGQA Unit via email: Enterprisedataandinformation@sa.gov.au to raise your concerns.

DATA QUALITY CHECKS

Data quality checks are explained in the document: **Elective Surgery Waiting List Data Quality Checks**.

APPENDICES

Constructs

This topic provides general rules and definitions for adding a patient to a booking list, as well as removing or postponing a patient from the booking list

Additions to a Booking List

As soon as a decision has been made that a patient needs admission to the hospital, and the admission is not required within 24 hours, the authorised medical practitioner (or authorised delegate) should add the patient to a booking list.

Admission Category

This indicates whether a patient is available for admission to hospital at the first available opportunity. A patient available at the first available opportunity is known as Ready for Surgery. A patient unavailable at the first opportunity is known as Not Ready for Surgery. Patients who are not ready for surgery should not be added to the booking list, even as deferred, including patients who are required to lose weight before surgery

Admitted and Treated

This refers to a patient who, after being admitted to hospital from a booking list, has received the required treatment:

- > Includes patients admitted to hospital on an emergency basis but whose elective condition (not the cause of the admission) is treated incidentally.
- > Excludes patients admitted to hospital on an emergency basis because the elective condition requiring treatment deteriorated while waiting (to be recorded as Removed for Other Reasons).

Booking List Definition

A booking list consists of the names and details of persons about whom there has been a decision made where that admission is required to a hospital as a same day or overnight stay patient.

A booking list should consist of all persons who fulfil the above criteria including those who:

- > Are scheduled or unscheduled for admission

And/or

- > Will be a public or private patient when admitted.

Category Assessment Date

The date by which an authorised medical practitioner should assess whether a patient who is not ready for surgery may be ready for surgery.

Category Change Date

Date when a patient's Admission Category changed.

OFFICIAL

Deferral Reason

A deferral reason will be recorded when a patient has been deferred on the elective surgery booking list. The deferral reason indicates the reason a patient has been deferred or is Not Ready for Surgery. The following are possible deferral reasons under three Not Ready for Surgery sub-headings:

- > **Deferred for Personal Reasons:** Patients who for personal reasons are not yet prepared to be admitted to hospital due to:
 - Vacation
 - Work/study commitments
 - Transport issues
 - Family reasons
- > **Staged Patients:** Patients who have undergone a procedure or other treatment and are waiting for follow up elective surgery, where the patient is not in a position to be admitted to hospital or to begin the process leading directly to admission for surgery, because the patient's clinical condition means that the surgery is not indicated until some future, planned period of time.
 - Other planned procedure
 - Follow up procedure
 - Awaiting test results
 - Outpatient review prior to surgery
 - Pregnancy
- > **Pending Improvement of Clinical Conditions**

Patients for whom surgery is indicated, but not until their clinical condition is improved, for example, as a result of a clinical intervention.

For such patients, a decision has already been made that surgery should take place. Patients should not be regarded as 'not ready for surgery—pending improvement of their clinical condition' when they are undergoing routine monitoring or investigations before a decision is made as to whether surgery is required.

- Patient unwell
- Chronic illness (eg. diabetes)
- Cardiac issues

Failed Admission

This occurs when a patient on a booking list fails to attend hospital on the scheduled day of admission. Refer to the Elective Surgery Policy for information regarding the management of these patients.

Inpatient of Hospital

This refers to a patient on a booking list who is currently an inpatient or same-day patient of the hospital.

OFFICIAL

Non ESWL Hospitals (Public/Private Provider Panel Arrangements)

A patient's complete treatment may be transferred to a hospital that does not report data to ESWL (eg. private hospitals). For such transfers, the destination hospital will not report any data to ESWL. However, they will forward a list of transferred patients to the Department's Operational Service Policy team who retain a collection of all patients transferred to hospitals that do not report to ESWL.

Not Ready for Surgery

Patients are not available for admission to hospital at the first available opportunity due to medical grounds (eg recovering from a heart attack), or have chosen to defer their admission for personal reasons (eg going overseas for three months).

Overnight Patient Stay

An Overnight Stay Patient is a patient who is admitted to and separated from the hospital on different dates. The admission and separation may be formal, or administrative (ie an episode of care type change)

Postponements

A postponement occurs when the scheduled admission of a patient on a booking list, who still requires admission to the hospital, is postponed. An admission may be postponed by a patient for personal reasons, or by the hospital.

A postponement also occurs when a patient, who after being admitted to the hospital from a booking list, is discharged before receiving the required treatment. This occurs when a patient is admitted to the hospital, but unfit for surgery (eg a patient with a cold or other infection).

A postponement is to be recorded even when a patient's scheduled admission date is brought forward, in which case the postponement reason "14-Administrative" should be used.

If a patient is postponed and removed from the booking list at the same time, no postponement record should be sent to the Department for the postponement related to the removal.

Ready for Surgery

Patients are available for admission to hospital at the first available opportunity. Priority for surgery is based on patients' clinical urgency categorisation.

Removals from a Booking List

A patient should be removed from a booking list if the patient is no longer waiting for admission to this hospital. This occurs when the patient has:

- > Already been admitted to the hospital and received the required treatment
- > Received the required treatment elsewhere
- > Died
- > Moved from the area
- > Been admitted as an emergency case
- > Cannot be contacted following a review of the list
- > Improved to the extent that treatment in hospital is no longer needed
- > Requested to be removed from the list for any reason

OFFICIAL

- > Inter hospital transfer of the elective surgery procedure
- > Multiple patient deferrals
- > Failed to attend

Removed for Other Reasons

This refers to a patient who was previously added to a booking list but no longer requires admission to hospital to receive the treatment.

- > this excludes a patient who has been Admitted and Treated
- > includes patients admitted to hospital on an emergency basis because the elective condition requiring treatment deteriorated while waiting
- > this excludes patients admitted to hospital on an emergency basis but whose elective condition (not the cause of the admission) is treated incidentally (to be recorded as “Admitted and Treated”).

Same-day Patient

A Same-day Patient is a patient who is admitted and separated on the same calendar day. The admission and separation may be formal or administrative (ie an episode of care type change).

Scheduled Admission

This refers to a patient on a booking list who has a date for admission to hospital.

Special Considerations

There are a few specific scenarios relating to Booking List data, which are described below:

- > Transfer of care: a patient’s complete treatment is transferred to another hospital for complete management, including:
 - When a patient is transferred from the care of an authorised medical practitioner and Department to another authorised medical practitioner and Department in another hospital (eg. transfer of care from the Orthopaedic Department at the Royal Adelaide Hospital to the Orthopaedic Department at the Lyell McEwin Hospital)
 - When the authorised medical practitioner does not change, but a surgical procedure is undertaken at another hospital where the authorised medical practitioner has admitting rights. This includes patients who are transferred for their surgery with post-op outpatient follow up to occur at the receiving hospital, but ongoing Outpatient management will continue by the originating hospital
- > Data reporting guidelines:
 - ESWL: The originating hospital must remove the patient from its booking list system and record the Reason for Removal as code 08 Inter-hospital Transfer. The destination hospital must add the patient to its booking list system, recording the Date Added to List as the date the patient was added to the list of the originating hospital. The destination hospital is to treat the patient like any other patient on its waiting list.
 - Admitted Patient Care: The originating hospital is not to treat the transferred patient as an admission to its hospital. The destination hospital is to treat the admission like any other admission to its hospital.

OFFICIAL

Treat in Turn

The principle of 'treat in turn' has been endorsed for elective surgery waiting list management. 'Treat in turn' provides that patients should be treated in accordance with their clinical urgency category, and that patients within each urgency category should generally be treated in order of longest length of wait on the elective surgery waiting list. Treat in turn aims to assist in standardising urgency categorisation practices through providing greater predictability for the time that patients wait for surgery.

Unscheduled Admission

This refers to a patient on a booking list who does not have a date for admission to hospital.

DOCUMENT CONTROL INFORMATION

Title: Elective Surgery Waiting List: Data Elements: Reference Manual 2022-2023

Description: This document describes the data elements used in the Elective Surgery Waiting List data set.

Version 1.0

Version Date 15-02-2023

Document Owner: Anthony Fantasia: Manager, Data Governance & Quality Assurance

Contributors: Mark Hall: Senior Quality Assurance Officer

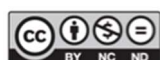
Document Location: A4492226

Document Classification For Official Use Only-I1-A1

For more information

Data Governance & Quality Assurance
Enterprise Data & Information
Level 6 11 Hindmarsh Square
Adelaide SA 5000
Contact: [Enterprise Data and Information](#)
www.sahealth.sa.gov.au

Confidentiality (caveat if required)-I#-A#



<https://creativecommons.org/licenses/>