

|  |
| --- |
| Proposals for revisions to the Elective Surgery Information System (ESIS) for 2024-25 |
| October 2023 |
| OFFICIAL |



|  |
| --- |
| To receive this document in another format, [email HDSS help desk](mailto:HDSS.Helpdesk@health.vic.gov.au) <HDSS.helpdesk@health.vic.gov.au>.  Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.  © State of Victoria, Australia, Department of Health, October 2023.  Available at [HDSS annual changes](https://www.health.vic.gov.au/data-reporting/annual-changes) < https://www.health.vic.gov.au/data-reporting/annual-changes> |
|  |

Contents

[Executive summary 4](#_Toc146118330)

[Introduction 5](#_Toc146118331)

[Orientation to this document 5](#_Toc146118332)

[Proposal 5 – Add NDIS Participant Identifier 6](#_Toc146118333)

[Section 3a Data definitions – data elements 6](#_Toc146118334)

[NDIS Participant Identifier (new) 6](#_Toc146118335)

[Proposal 6 – Add ASA score 8](#_Toc146118336)

[Section 3 Data definitions – data elements 8](#_Toc146118337)

[ASA score (new) 8](#_Toc146118338)

[Proposal 7 – Add Clinical indication for surgery 9](#_Toc146118339)

[DCU comments 9](#_Toc146118340)

[Proposal 8 – Remove Surgeon Identifier 10](#_Toc146118341)

[Proposal withdrawn 10](#_Toc146118342)

# Executive summary

Each year the Department of Health review the Elective Surgery Information System (ESIS) to ensure that the data collection supports the department’s business objectives, including national reporting obligations, and reflects changes in hospital funding and service provision arrangements for the coming financial year.

To avoid duplication, the department has prepared a separate *Proposals* document that details proposals relating to items reported in more than one data collection. The *Proposals for revisions across multiple data collections (AIMS, ESIS, VAED, VEMD, and VINAH) for 2024-25* must be considered alongside the *Proposals for revisions to the* *Elective Surgery Information System (ESIS) for 2024-25*.

The proposed revisions to ESIS for 2024-25 include:

Addition of data elements

* NDIS Participant Identifier
* ASA score
* Clinical indication for surgery

Amendments to existing data elements

* Remove Surgeon Identifier

# Introduction

This document is intended to invite comment and stimulate discussion on the proposals outlined. All stakeholders, including health services, software vendors and data users (including those within the Department of Health and Safer Care Victoria) should review this document and the *Proposals for revisions across multiple data collections (AIMS, ESIS, VAED, VEMD and VINAH) for 2024-25* and assess the feasibility of the proposals. Written feedback must be submitted in the feedback proforma by 5.00pm Friday 20 October 2023.

This proposal document and the [online feedback form](https://forms.office.com/Pages/ResponsePage.aspx?id=H2DgwKwPnESciKEExOufKII_2IfNHexFkH_EAj2AB_tUQ0dWRTBFVEVQVjM2TjU3SkxVR0RTUTNENiQlQCN0PWcu) are available [HDSS annual changes](https://www.health.vic.gov.au/data-reporting/annual-changes) < https://www.health.vic.gov.au/data-reporting/annual-changes>

Specifications for revisions to the Elective Surgery Information System (ESIS) for 2024-25 will be published later and may include additions, amendments or removal of information in this document.

## Orientation to this document

* New data elements are marked as (new).
* Changes to existing data elements are highlighted in green
* Redundant values and definitions relating to existing elements are ~~struck through~~.
* Comments relating only to the proposal document appear in *[square brackets and italics].*
* New validations are marked ###
* Validations to be changed are marked \* when listed as part of a data element or below a validation table.
* Anticipated changes are shown under the appropriate manual section headings.

The proposals in this document are numbered 5 through to 8. Proposals 1 through to 4 apply to multiple data collections including the ESIS and are available in the *Proposals for revisions across multiple Data Collections for 2024-25 document.*

# Proposal 5 – Add NDIS Participant Identifier

|  |  |
| --- | --- |
| **It is proposed to** | Add a new data element to capture National Disability Insurance Scheme (NDIS) participant number of each person who is a registered NDIS participant. |
| **Proposed by** | Surgical Recovery and Reform Branch, Commissioning and System Improvement Division |
| **Reason for proposed change** | The above change will support the Department of Health to identify patients with disability waiting for planned surgery.  The proposed change is to identify NDIS participants within ESIS, and support data linkage between health data collections and the NDIA.  Collection of the data will enable the Department of Health to better understand the volume of patients waiting for planned surgery who may be living with disability and in turn tailor interventions to ensure equitable planned surgery access and outcomes.  The data will allow the department, health services and Health Service Partnerships (HSP) to monitor and evaluate initiatives implemented across the state to ensure equity in access to planned surgery is maintained and improved. |
| **Details of change** | New data element |

## Section 3a Data definitions – data elements

## NDIS Participant Identifier (new)

### Specification

|  |  |
| --- | --- |
| **Definition** | National Disability Insurance Scheme (NDIS) participant number of person who is a registered NDIS participant |
| **Label** | NDIS\_Identifier |
| **Reported in** | Patient extract |
| **Reported for** | Registered NDIS participant |
| **Reported when** | The patient is first registered on the waiting list for any episode |
| **Code set** | Allocated by the National Disability Insurance Agency |
| **Reporting guide** | The NDIS participant number is the unique reference number allocated to the individual by the NDIS as a form of identification once the agency has approved the provision of NDIS services for that person.  For new NDIS participants, report the NDIS participant number as soon as this becomes available.  Valid:   * First two characters can only be ‘43’ (in that order) or ‘99’ * For NDIS participants who are unable to provide their number report 99999999 |
| **Validations** | ### Invalid NDIS Participant identifier |

# Proposal 6 – Add ASA score

|  |  |
| --- | --- |
| **It is proposed to** | Add a new data element to capture ASA score for patients being placed on the elective (planned) surgery waiting list |
| **Proposed by** | Safer Care Victoria |
| **Reason for proposed change** | Collecting ASA scores prior to surgery will help improve the care of patients who are about to undergo surgery by assessing preoperative risk and enabling tailored optimisation of high-risk patients. The ASA score (pre-surgery) is a tool to promote patients’ health and wellbeing and improve patient outcomes by identifying high risk patients and optimising them before surgery. In addition, by identifying high risk patients, health services also ensure that their facility is the right one to conduct the surgery ensuring alignment with the Capability Framework.  **Alignment with the Planned Surgery Reform Blueprint**  The Planned Surgery Reform Blueprint outlines 10 reforms, setting a clear direction for innovation and best practice to enable the delivery of safe, timely, and effective planned surgical care for all Victorians.  The capture of ASA score in ESIS strongly aligns with, and enables, the following Blueprint reforms:  Reform 1: Expand same-day models of care   * The capture of a patients ASA score in ESIS will facilitate this reform, enabling health services to proactively and safely identify patients, based on risk and comorbidities that may be most appropriate to undergo same-day surgery versus requiring an overnight or multi-day admission.   Reform 2: Increase the availability of non-surgical treatment pathways   * This includes the implementation and scale of non-surgical optimisation pathways aimed at increasing a patient’s health and function prior to surgery, to improve post operative outcomes and reduce length of stay. * Inclusion of ASA in ESIS is central to the efficient identification and prioritisation of patients who may benefit most from undergoing pre-surgical optimisation, ensuring proactive and resource efficient identification and streaming of patients to the best care pathway. * Through this process patients will receive timely access to optimisation pathways to improve their health and function whilst awaiting surgery.   Reform 6: High throughput approaches (such as High Intensity Theatre (HIT) lists)   * High throughput approaches support quick turn over of procedures in a short period of time, targeting low complexity, high throughput procedures. * Currently identification of patients suitable for HIT lists is a manual and resource intensive process. Inclusion of ASA in ESIS will enable proactive and safe identification of patients that may be suitable to receive their surgery sooner through delivery of a HIT lists at their health service.   Reform 9: Regionalise planned surgery preparation lists   * Regionalising planned surgery preparation lists (also known as waitlists) will enable health services to streamline, coordinate and improve equity of access of planned surgery. * Through this process HSPs will be better able to match capacity with demand across the system, enabling patients to receive their surgery sooner. * Inclusion of ASA in ESIS is a key enabler to support this, allowing the identification and streaming of patients to the most appropriate health service across the regionalised preparation list, based on ASA assessment of risk.   While the ASA score is currently reported in the VAED it does not offer any predictive or proactive value for patients, as it is reported at the time of surgery. |
| **Details of change** | New data element |

## Section 3a Data definitions – data elements

## ASA score (new)

### Specification

|  |  |
| --- | --- |
| **Definition** | ASA score for person added to waiting list |
| **Label** | ASA\_score |
| **Reported in** | Patient extract |
| **Reported for** | All patient level records |
| **Reported when** | The patient is first registered on the waiting list |
| **Code set** | 1 A normal healthy patient  2 A patient with mild systemic disease  3 Patient with a severe systemic disease that limits activity  4 Patient with a severe systemic disease that is a constant threat to life  5 A critically ill patient not expected to survive without the operation  9 No documentation of ASA score |
| **Reporting guide** | ASA should be recorded pre-surgery on the day the patient is placed on the waiting (preparation) list. It will be recorded either by the surgeon, the perioperative nurse, or the anaesthetist.  In the event the ASA score was to dramatically change, the surgeon, perioperative nurse, or the anaesthetist could record it again, replacing the previous value.  Reporting will align with capability framework for perioperative and identification of high risk patients up front when on waiting list |
| **Validations** | TBA |
|  |  |
|  |  |
|  |  |

# Proposal 7 – Add Clinical indication for surgery

|  |  |
| --- | --- |
| **It is proposed to** | Add a new data element to capture clinical indication for surgery as free text |
| **Proposed by** | Safer Care Victoria (SCV) |
| **Reason for proposed change** | It is currently difficult to monitor for low value surgery. SCV have developed clear indications for when a procedure is indicated (in conjunction with the Victorian Perioperative Consultative Council (VPCC)) and have published this guidance.  Providing an indication for the surgery will enable SCV to better promote “best care”.  **Reasons for reporting clinical indication for surgery.**   1. Will help reduce low value procedures to ensure the correct indication for surgery, which is a Department of Health priority. 2. It is essential to be able to identify potentially low risk procedures. 3. Collection and reporting clinical indication for surgery in ESIS is the only way to minimise low value surgery. Assessing low value surgery is very difficult if the only data available is the name of the procedure as there are appropriate and less appropriate indications for many procedures 4. Collection and reporting of clinical indication for surgery is a key enabler of Reform 2 in the Planned Surgery Reform Blueprint: Increase availability of non-surgical treatment pathways. Specifically, collection of this data will support clinical decision making and promote safe diversion of patients to non-surgical treatment alternatives where considered best practice, reducing unnecessary surgery and hospital admissions.   While VAED enables retrospective monitoring after the procedure has been performed, what is required here is a proactive system hence the collection of clinical indication for surgery prior to a surgery in ESIS.  **Use of the clinical indication.**  Clinical indication for surgery will be reviewed at health service level by managers and directors of surgery to review whether or not the patient indication is appropriate and aligned to the recommended surgery. If not, it will allow further consideration of the potential value for the proposed surgery. The data will also provide an opportunity for health services to consider providing possible alternatives to surgery, in alignment with Reform 2 in the Planned Surgery Reform Blueprint: Increase availability of non-surgical treatment pathways  At the system steward level, this data will allow us to compare health services and benchmark health services if one is doing too many low value surgeries for example.  In summary, collecting clinical indications in ESIS will help reduce low value surgeries, promote alternatives to surgery and therefore make the whole surgical throughput more efficient and effective. |
| **Details of change** | New data element to be reported when the waiting list episode is first registered. |

## Section 3a Data definitions – data elements

## Clinical indication for surgery

### Specification

|  |  |
| --- | --- |
| **Definition** | Clinical indication for the procedure for which patient has been placed on an elective surgery waiting list |
| **Label** | Clinical\_Indication |
| **Field size** | Between 3 and 100 characters |
| **Valid values** | Free text but field cannot contain tabs, linefeeds, or carriage returns |
| **Reported in** | Episode extract |
| **Reported for** | All waiting list episodes |
| **Reported when** | The waiting list episode is first registered, and whenever the field is updated |
| **Reporting guide** | An indication for surgery is already provided on the majority of health service operation booking forms. It is usually provided by the surgeon placing the patient on the waiting list.  Inclusion of the clinical indication for surgery will be reviewed at health service level by managers and directors of surgery to review whether or not the patient indication is appropriate and aligned to the recommended surgery. |
| **Validations** |  |
| **Related items** | Section 3a Intended Procedure |

# Proposal 8 – Remove Surgeon Identifier

|  |  |
| --- | --- |
| **It is proposed to** | Remove surgeon identifier data element in the ESIS data collection |
| **Proposed by** | Health Services Data, Data and Digital, VAHI |
| **Reason for proposed change** | Optional reporting of the surgeon identifier data element was first introduced into the ESIS data collection in July 2019, and has remained in place throughout COVID. Surgeon identifier reporting was scheduled to become mandatory for episodes registered from 1 July 2023, but optional reporting continued for 2023-24.  Consultations with the Department of Health and Safer Care Victoria highlighted practical implications of reporting surgeon identifier in the context of pooled elective surgery waiting lists. Coupled with the reporting burden on health services, it was recommended that reporting surgeon identifier be ceased. |
| **Details of change** | Remove data element |

# Proposal withdrawn

The following proposal was withdrawn after discussions between the proposer and Health Services Data staff, pending review of the *Elective surgery access policy July 2015*.

**Proposal 10 Expand Readiness code set**