

Modified data elements

1. It was originally proposed that the data element *Anticipated patient election status* be included in the National Minimum Data Set for Waiting times for elective surgery. The Waiting Times for Elective Surgery Working Group felt that *Anticipated patient election status* would be useful at the hospital level, but that national analysis would be better based on waiting times admissions data linked to hospital morbidity data, that is, using information on actual election status. It is proposed that this data element remain in the NHDD for local use. The NHDC decided to include the data element in the NHDD, but not to include it in the NMDS at this stage. It was decided that its inclusion in the NMDS would be reviewed in 2002.
2. The Intergovernmental Committee on Drugs' NMDS Working group requested the revision of two data elements to more accurately reflect collection practice in Alcohol and Other Drug Treatment Service Centres. The two modified data elements *Client type – alcohol and other drug treatment services* and *Number of service contacts within a treatment episode for alcohol and other drugs* form part of the national collection of data for Alcohol and other drug treatment services. Not all jurisdictions will be able to collect the data as implemented from 1 July 2002 but will be able to comply by 1 July 2003.
3. The Department of Veterans' Affairs advised the NHDC that modifications were required to the data element *Department of Veterans' Affairs file number* due to a need to improve the accuracy of the definition and to allow for the release of new numbers from 1 January 2002. This data element is not part of a national collection but the Department of Veterans' Affairs requires the information be provided as part of the payment process. Any problems that jurisdictions have with this data element should be referred to the Department of Veterans' Affairs.
4. In order to facilitate the approved changes to the Elective Surgery Waiting Times NMDS the following data elements have been revised:
 - ***Admission date***
The reference to the Waiting times for elective surgery NMDS has been deleted.
 - ***Category reassignment date***
The reference to the Waiting times for elective surgery NMDS has been deleted.
 - ***Hospital waiting list***
A reference has been made to indicate that patients on waiting lists for elective hospital care can be 'ready for care' or 'not ready for care'. There was some uncertainty about whether patients who are 'not ready for care' are included.
The definition of elective care from the 'elective care' data element concept has been added because elective hospital care is not defined in the hospital waiting list data element concept.
A reference to the 'elective care' data element concept has been added to the 'related data' section.
 - ***Listing date for care***
The reference to '...waiting time at admission' in the 'related data' section was replaced with '...waiting time at removal from elective surgery waiting list'.

➤ ***Patient listing status***

The reference to the Waiting times for elective surgery NMDS has been deleted.

➤ ***Reason for removal from elective surgery waiting list***

The wording for categories 1, 2 and 4 has been changed to incorporate the scope which includes patients removed from waiting lists that are managed by public acute hospitals, and that the subject of this NMDS is the waiting list of the hospital, not necessarily patients treated by the hospital. Therefore, the following changes have been made:

The words 'or another hospital' have been added to categories 1 and 2

The words '...but not as a patient of this hospital's waiting list' have been added to category 4.

➤ ***Waiting list category***

The reference to the Waiting times for elective surgery NMDS has been deleted.

➤ ***Waiting time at admission***

To make the data element more generic and facilitate the collection of waiting times where patients are removed from a waiting list for reasons other than admission, this data element has been renamed *Waiting time at removal from elective surgery waiting list*.

The newly named data element has also had the following changes made:

References to 'admission' have been replaced with the concept of a removal from a waiting list.

➤ ***Waiting time at a census date***

The words 'for the procedure' have been removed from the definition.
Changes have been made to the comments field.

Admission date

Admin. status: CURRENT 1/07/1999

Identifying and definitional attributes

Knowledgebase ID: 000008 *Version number:* 4

Data element type: DATA ELEMENT

Definition: Date on which an admitted patient commences an episode of care.

Context: Required to identify the period in which the admitted patient episode and hospital stay occurred and for derivation of length of stay.

Relational and representational attributes

Datatype: Numeric *Field size: Min.* 8 *Max.* 8 *Layout:* DDMMYYYY

Data domain: Valid date

Verification rules: Right justified and zero filled.
Admission date <= separation date.
Admission date >= date of birth

Related data: is used in the calculation of Length of stay, version 3
supersedes previous data element Admission date, version 3
is used in the derivation of Diagnosis related group, version 1
is used in the calculation of Emergency Department waiting time to admission, version 1
relates to Type of visit to emergency department, version 2
relates to Departure status, version 1
used in conjunction with Care type, version 4
relates to concept Admitted patient, version 3
is used in the calculation of Waiting time at admission, version 1
relates to concept Admission, version 3
relates to Admission time, version 2

Administrative attributes

Source organisation: National Health Data Committee

National minimum data sets: Admitted patient care from 1/07/1999 to
Admitted patient mental health care from 1/07/1999 to
Admitted patient palliative care from 1/07/2000 to

Anticipated patient election status

Admin. status: CURRENT 1/07/2001

Identifying and definitional attributes

Knowledgebase ID: 000631 *Version number:* 1

Data element type: DATA ELEMENT

Definition: Accommodation chargeable status nominated by the patient when placed on an elective surgery waiting list.

Context: Elective surgery waiting times.

Relational and representational attributes

Datatype: Numeric *Field size:* Min. 1 Max. 1 *Layout:* N

Data domain:

| | |
|---|---------|
| 1 | Public |
| 2 | Private |

Guide for use: The election status nominated by the patient at the time of being placed on an elective surgery waiting list, to be treated as either:

- a public patient; or
- a private patient

This item is independent of patient's hospital insurance status. The definitions of a public and private patient are those in the 1998–2003 Australian Health Care Agreements:

1. Public patient: an eligible person who receives or elects to receive a public hospital service free of charge.
2. Private patient: an eligible person who elects to be treated as a private; and elects to be responsible for paying fees of the type referred to in clause 57 (clause 58 of the Northern Territory Agreement) of the Australian Health Care Agreements.

Clause 57 states that 'Private patients and ineligible persons may be charged an amount for public hospital services as determined by the State.'

Patients whose charges are to be met by the Department of Veterans' Affairs are regarded as private patients.

Administrative attributes

Comments: Under the Australian Health Care Agreements patients are required to elect to be treated as a public or private patient, at the time of, or as soon as practicable after admission. Therefore, the anticipated patient election status is not binding on the patient and may vary from the election the patient makes on admission.

Category reassignment date

Admin. status: CURRENT 1/07/1997

Identifying and definitional attributes

Knowledgebase ID: 000391 *Version number:* 2

Data element type: DATA ELEMENT

Definition: The date on which a patient awaiting elective hospital care is assigned to a different urgency category as a result of clinical review for the awaited procedure, or is assigned to a different patient listing status category ('ready for care' or 'not ready for care').

Context: Elective surgery: this date is necessary for the calculation of Waiting time at admission and Waiting time at a census date.

Relational and representational attributes

Datatype: Numeric *Field size:* Min. 8 Max. 8 *Layout:* DDMMYYYY

Data domain: Valid date

Guide for use: The date needs to be recorded each time a patient's urgency classification or listing status changes.

Related data: relates to Clinical review, version 1
used in conjunction with Patient listing status, version 3
used in conjunction with Clinical urgency, version 2
supersedes previous data element Urgency reassignment date, version 1
is used in the calculation of Waiting time at a census date, version 1
is used in the calculation of Waiting time at admission, version 1

Administrative attributes

Source organisation: AIHW, National Health Data Committee

Client type—alcohol and other drug treatment services

Admin. status: CURRENT 1/7/2002

Identifying and definitional attributes

Knowledgebase ID: 000426 *Version number:* 2

Data element type: DATA ELEMENT

Definition: The status of a client in terms of whether contact with the service concerns their own alcohol and/or other drug use or that of another person.

Context: Alcohol and other drug treatment services. Required to differentiate between clients according to whether contact with the service concerns their own alcohol and/or other drug use or that of another person to provide a basis for description of the people accessing alcohol and other drug treatment services.

Relational and representational attributes

Datatype: Numeric *Field size: Min.* 1 *Max.* 1 *Layout:* N

Data domain:

| | |
|---|-------------------------------|
| 1 | Own drug use |
| 2 | Other's drug use |
| 3 | Both own and other's drug use |

Guide for use:

| | |
|--------|---|
| Code 1 | A client who contacts a service to receive treatment or assistance concerning their own alcohol and/or other drug use. |
| Code 2 | A client who contacts a service to receive support and/or assistance in relation to the alcohol and/or other drug use of another person. |
| Code 3 | A client who contacts a service to receive treatment or assistance concerning both their own alcohol and/or other drug use and the alcohol and/or other drug use of another person. |

Collection methods: To be collected on commencement of a treatment episode with a service. For clients covered under code 2, exclude the collection of the following data elements: Principal drug of concern, Other drugs of concern, Injecting drug use and Method of use for principal drug of concern. For clients covered under code 3, ensure these data elements relate to the person's own drug use.

Related data: supersedes previous data element Client type, version 1
Qualifies the data elements:
Principal drug of concern, version 1
Other drugs of concern, version 1
Injecting drug use, version 1
Method of use for principal drug of concern, version 1

Administrative attributes

Source organisation: Intergovernmental Committee on Drugs NMDS Working Group

National minimum data sets: Alcohol and other drug treatment services from 01/07/2000 to

Department of Veterans' Affairs file number

Admin. status: CURRENT 1/07/2002

Identifying and definitional attributes

Knowledgebase ID: 000204 *Version number:* 2

Data element type: DATA ELEMENT

Definition: A unique number issued to veterans by the Department of Veterans' Affairs

Context: Admitted patient care, admitted patient mental health care. This number must be recorded by a service provider each time a service is provided to a person who holds the entitlement for reimbursement purposes.

Relational and representational attributes

Datatype: Alphanumeric *Field size: Min.* 9 *Max.* 9 *Layout:* AAANNNNNA

Data domain: Valid identification number

Guide for use: All veterans and veteran community clients are issued with a DVA File Number. The veteran community may access many different benefits, ranging from pensions to health services, through their DVA File Number.

The DVA File Number should only be collected from clients eligible to receive health services that are to be funded by the DVA. The number may be reported to the appropriate government agency to reconcile payment for the service provided.

1st character is the *State Code* (an alpha)

'N' 'V' 'Q' 'W' 'S' or 'T' for the appropriate State/Territory.

ACT is included in NSW (N) and NT with SA (S).

Next 7 characters are the *File Number*, made up of:

War Code + numeric digits, where:

if War Code is 1 alpha character, add 6 digits (ANNNNNNN)

if War Code is 2 alpha characters, add 5 digits (AANNNNNN)

if War Code is 3 alpha characters, add 4 digits (AAANNNNN)

9th character is the *Segment Link* (an alpha) which represent members related to the veteran. The alpha code is generated in the order that cards are issued. For example A, B, C, D etc.

CAUTIONARY NOTE: For veterans the 9th character is left blank.

Note that veterans may have a Medicare Card Number and a Department of Veterans' Affairs (DVA) Number *or* only a DVA Number.

Related data: supersedes data element Department of Veterans' Affairs file number version 1

is related to data element Department of Veterans' Affairs patient, version 1

Administrative attributes

Source organisation: Department of Veteran's Affairs, National Health Data Committee

Hospital waiting list

Admin. status: CURRENT 1/07/2002

Identifying and definitional attributes

Knowledgebase ID: 000067 *Version number:* 2

Data element type: DATA ELEMENT CONCEPT

Definition: A register which contains essential details about patients who have been assessed as needing elective hospital care.

Elective care is care that, in the opinion of the treating clinician, is necessary and admission for which can be delayed for at least twenty-four hours.

Patients on waiting lists for elective hospital care can be 'ready for care' or 'not ready for care' (as defined in Patient listing status).

Context: Admitted patient care

Relational and representational attributes

Related data: Relates to Patient listing status, version 3
relates to Waiting list category, version 3
relates to Elective care, version 1

Listing date for care

Admin. status: CURRENT 1/07/2002

Identifying and definitional attributes

Knowledgebase ID: 000082 *Version number:* 4

Data element type: DATA ELEMENT

Definition: The date on which a hospital or a community health service accepts notification that a patient/client requires care/treatment.

Context: Hospital non-admitted patient care
Community health care
Elective surgery (admitted patient care)

Relational and representational attributes

Datatype: Numeric *Field size: Min.* 8 *Max.* 8 *Layout:* DDMMYYYY

Data domain: Valid dates

Guide for use: The acceptance of the notification by the hospital or community health service is conditional upon the provision of adequate information about the patient and the appropriateness of the patient referral.
For elective surgery, the listing date is the date on which the patient is added to an elective surgery waiting list.

Related data: supersedes previous data element Listing date, version 1
is used in conjunction with Patient listing status, version 3
is used in conjunction with Scheduled admission date, version 2
is used in the calculation of Waiting time at a census date, version 1
is used in the calculation of Waiting time at removal from elective surgery waiting list, version 1

Administrative attributes

Source organisation: National Health Data Committee

National minimum data sets: Elective surgery waiting times from 1/07/1994 to

Comments: The hospital or community health service should only accept a patient onto the waiting list when sufficient information has been provided to fulfil State/Territory, local and national reporting requirements.

Number of service contacts within a treatment episode for alcohol and other drugs

Admin. status: CURRENT 1/07/2002

Identifying and definitional attributes

Knowledgebase ID: 000641 *Version number:* 2

Data element type: DERIVED DATA ELEMENT

Definition: Number of service contacts recorded between a client and the service provider within a treatment episode for the purpose of providing alcohol and other drug treatment.

Context: Alcohol and other drug treatment services. This data element provides a measure of the frequency of client contact and service utilisation within a treatment episode.

Relational and representational attributes

Data type: Numeric *Field size:* Min. 1 Max. 3 *Layout:* NNN

Data domain: Valid integer

Guide for use: This data element is a count of service contacts related to treatment, that are recorded on a client record. Any client contact that does not constitute part of a treatment should not be considered a service contact. Contact with the client for administrative purposes, such as arranging an appointment, should not be included.

This data element is not collected for residential clients.

Where multiple service provider staff have contact with the client at the same time, on the same occasion of service, the contact is counted only once.

When multiple service contacts are recorded on the same day, each independent contact should be counted separately.

Collection methods: To be collated at the close of a treatment episode.

Related data: Relates to the concepts:
 Service contact, version 1
 Treatment episode for alcohol and other drugs, version 1.
 Commencement of treatment episode for alcohol and other drugs, version 2.
 Cessation of treatment episode for alcohol and other drugs, version 2.

Administrative attributes

Source organisation: Intergovernmental Committee on Drugs NMDS-WG

National minimum data sets: Alcohol and other drug treatment services from 01/07/2001

Patient listing status

Admin. status: CURRENT 1/07/1997

Identifying and definitional attributes

Knowledgebase ID: 000120 *Version number:* 3

Data element type: DATA ELEMENT

Definition: An indicator of the person's readiness to begin the process leading directly to being admitted to hospital for the awaited procedure. A patient may be 'ready for care' or 'not ready for care'.

Relational and representational attributes

Datatype: Numeric *Field size:* Min. 1 Max. 1 *Layout:* N

Data domain:

- 1 Ready for care
- 2 Not ready for care

Guide for use: Ready for care patients are those who are prepared to be admitted to hospital or to begin the process leading directly to admission. These could include investigations/procedures done on an outpatient basis, such as autologous blood collection, pre-operative diagnostic imaging or blood tests.

Not ready for care patients are those who are not in a position to be admitted to hospital. These patients are either:

- staged patients whose medical condition will not require or be amenable to surgery until some future date; for example, a patient who has had internal fixation of a fractured bone and who will require removal of the fixation device after a suitable time; or
- deferred patients who for personal reasons are not yet prepared to be admitted to hospital; for example, patients with work or other commitments which preclude their being admitted to hospital for a time.

Not ready for care patients could be termed staged and deferred waiting list patients, although currently health authorities may use different terms for the same concepts.

Staged and deferred patients should not be confused with patients whose operation is postponed for reasons other than their own unavailability; for example, surgeon unavailable, operating theatre time unavailable owing to emergency workload. These patients are still 'ready for care'. Periods when patients are not ready for care should be excluded in determining 'Waiting time at admission' and 'Waiting time at a census date'.

Related data: relates to concept Hospital waiting list, version 1
supersedes previous data element Patient listing status, version 2
used in conjunction with Waiting list category, version 3
is a qualifier of Category reassignment date, version 2

Administrative attributes

Source organisation: Hospital Access Program Waiting Lists Working Group / Waiting Times Working Group / National Health Data Committee

Comments: Only patients ready for care are to be included in the National Minimum Data Set – Elective surgery waiting times. The dates when a patient listing status changes need to be recorded. A patient's classification may change if he or she is examined by a clinician during the waiting period, i.e. undergoes clinical review. The need for clinical review varies with the patient's condition and is therefore at the discretion of the treating clinician. The waiting list information system should be able to record dates when the classification is changed (data element Category reassignment date).

At the Waiting Times Working Group meeting on 9 September 1996, it was agreed to separate data elements Patient listing status and Clinical urgency as the combination of these items had led to confusion.

Principal diagnosis

Admin. status: CURRENT 1/07/1998

Identifying and definitional attributes

Knowledgebase ID: 000136 *Version number:* 3

Data element type: DATA ELEMENT

Definition: The diagnosis established after study to be chiefly responsible for occasioning the patient's episode of care in hospital (or attendance at the health care facility).

Context: Health services: the principal diagnosis is one of the most valuable health data elements. It is used for epidemiological research, casemix studies and planning purposes.

Admitted patient care: The principal diagnosis is a major determinant in the classification of Australian Refined Diagnosis Related Groups and Major Diagnostic Categories.

Relational and representational attributes

Datatype: Alphanumeric *Field size:* Min. 3 Max. 6 *Layout:* ANN.NN

Data domain: ICD-10-AM (3rd edition)

Guide for use: The principal diagnosis must be determined in accordance with the Australian Coding Standards. Each episode of admitted patient care must have a principal diagnosis and may have additional diagnoses.

The diagnosis can include a disease, condition, injury, poisoning, sign, symptom, abnormal finding, complaint, or other factor influencing health status.

The first edition of ICD-10-AM, the Australian modification of ICD-10, was published by the National Centre for Classification in Health in 1998 and implemented from July 1998. The second edition was published for use from July 2000 and the third edition for use from July 2002.

For the National Minimum Data Set for Community Mental Health Care, codes can be used from ICD-10-AM or from The ICD-10-AM Mental Health Manual: *An Integrated Classification and Diagnostic Tool for Community-Based Mental Health Services*, published by the National Centre for Classification in Health in 2002.

Verification rules: As a minimum requirement the Principal diagnosis code must be a valid code from ICD-10-AM (3rd edition).

Some diagnosis codes are too imprecise or inappropriate to be acceptable as a principal diagnosis and will group to 951Z, 955Z and 956Z in the Australian Refined Diagnosis Related Groups, Version 4. A list of these diagnosis codes is available from the Acute and Coordinated Care Branch, Health Services Division, Department of Health and Aged Care.

Diagnosis codes starting with a V, W, X or Y, describing the circumstances that cause an injury, rather than the nature of the injury, cannot be used as principal diagnosis. Diagnosis codes which are

| | |
|--|--|
| Verification rules (continued): | morphology codes, cannot be used as principal diagnosis. |
| Collection methods: | <p>A principal diagnosis should be recorded and coded upon separation, for each episode of patient care. The principal diagnosis is derived from and must be substantiated by clinical documentation.</p> <p>Admitted patients where the principal diagnosis is recorded prior to discharge (as in the annual census of public psychiatric hospital admitted patients), it is the current provisional principal diagnosis. Only use the admission diagnosis when no other diagnostic information is available. The current provisional diagnosis may be the same as the admission diagnosis.</p> |
| Related data: | <p>supersedes previous Principal diagnosis – ICD-10-AM code, version 3</p> <p>relates to Diagnosis related group, version 1</p> <p>is used in the derivation of Major diagnostic category, version 1</p> <p>is used as an alternative to Nature of main injury – non-admitted patient, version 1</p> <p>is an alternative to Bodily location of main injury, version 1</p> <p>relates to External cause – human intent, version 4</p> <p>relates to External cause – admitted patient, version 4</p> <p>relates to Additional diagnosis, version 4</p> <p>relates to External cause – non-admitted patient, version 4</p> <p>relates to Procedure, version 5</p> |

Administrative attributes

| | | |
|------------------------------------|--|-------------------|
| Source document: | International Statistical Classification of Diseases and Related Health Problems - Tenth Revision - Australian Modification 3rd Edition (2002) National Centre for Classification in Health, Sydney | |
| Source organisation: | National Health Data Committee, National Centre for Classification in Health and National Data Standard for Injury Surveillance Advisory Group | |
| National minimum data sets: | Admitted patient care | from 1/07/1989 to |
| | Admitted patient mental health care | from 1/07/1997 to |
| | Community mental health care | from 1/07/1998 to |
| | Admitted patient palliative care | from 1/07/2000 to |

Reason for removal from elective surgery waiting list

Admin. status: CURRENT 1/07/2002

Identifying and definitional attributes

Knowledgebase ID: 000142 *Version number:* 4

Data element type: DATA ELEMENT

Definition: The reason why a patient is removed from the waiting list.

Context: Elective surgery: routine admission for the awaited procedure is only one reason why patients are removed from the waiting list. Each reason for removal provides different information. These data are necessary to augment census and throughput data. For example, after an audit the numbers of patients on a list would be expected to reduce. If an audit were undertaken immediately prior to a census the numbers on the list may appear low and not in keeping with the number of additions to the list and patients admitted from the list.

Relational and representational attributes

Datatype: Numeric *Field size:* Min. 1 Max. 1 *Layout:* N

Data domain:

- 1 Admitted as an elective patient for awaited procedure in this hospital or another hospital
- 2 Admitted as an emergency patient for awaited procedure in this hospital or another hospital
- 3 Could not be contacted (includes patients who have died while waiting whether or not the cause of death was related to the condition requiring treatment)
- 4 Treated elsewhere for awaited procedure, but not as a patient of this hospital's waiting list
- 5 Surgery not required or declined
- 6 Transferred to another hospital's waiting list
- 9 Not known

Guide for use: Patients undergoing the awaited procedure whilst admitted for another reason are to be coded as code 1.

Code 2 identifies patients who were admitted ahead of their normal position in the queue because the condition requiring treatment deteriorated whilst waiting. Admission as an emergency patient could also be due to other causes such as inappropriate urgency rating, delays in the system, or unpredicted biological variation.

Codes 3-5 provide an indication of the amount of clerical audit of the waiting lists. Code 4 gives an indication of patients treated other than as a patient of the hospital's waiting list. The awaited procedure may have been performed as an emergency or as an elective procedure.

Guide for use:
(continued)

Code 6 identifies patients who were transferred from one hospital's elective surgery waiting list to that of another hospital. The waiting time on the waiting lists at the initial hospital and subsequent hospitals should be combined for national reporting.

Code 9 identifies patients removed from the waiting list for reasons unknown.

Related data: Supersedes previous data element Reason for removal from elective surgery waiting list, version 3

Administrative attributes

Source organisation: Hospital Access Program Waiting Lists Working Group / Waiting Times Working Group / National Health Data Committee

National minimum data sets: Elective surgery waiting times from 01/07/1994 to

Waiting list category

Admin. status: CURRENT 1/01/1995

Identifying and definitional attributes

Knowledgebase ID: 000176 *Version number:* 3

Data element type: DATA ELEMENT

Definition: The type of elective hospital care that a patient requires.

Context: Admitted patients: hospitals maintain waiting lists which may include patients awaiting hospital care other than elective surgery – for example, dental surgery and oncology treatments. This item is necessary to distinguish patients awaiting elective surgery (code 1) from those awaiting other types of elective hospital care (code 2).
The waiting period for patients awaiting transplant or obstetric procedures is largely independent of system resource factors.

Relational and representational attributes

Datatype: Numeric *Field size:* Min. 1 Max. 1 *Layout:* N

Data domain:

| | |
|---|------------------|
| 1 | Elective surgery |
| 2 | Other |

Guide for use: Elective surgery comprises elective care where the procedures required by patients are listed in the surgical operations section of the Medicare Benefits Schedule, with the exclusion of specific procedures frequently done by non-surgical clinicians.

Elective care is care that, in the opinion of the treating clinician, is necessary and admission for which can be delayed for at least twenty-four hours.

Patients awaiting the following procedures should be classified as Code 2 – other:

- organ or tissue transplant procedures
- procedures associated with obstetrics (eg. elective caesarean section, cervical suture)
- cosmetic surgery, ie. when the procedure will not attract a Medicare rebate
- biopsy of:
 - kidney (needle only)
 - lung (needle only)
 - liver and gall bladder (needle only)
- bronchoscopy (including fibre-optic bronchoscopy)
- peritoneal renal dialysis; haemodialysis
- colonoscopy
- endoscopic retrograde cholangio-pancreatography (ERCP)

**Guide for use
(continued):**

- endoscopy of:
 - biliary tract
 - oesophagus
 - small intestine
 - stomach
- endovascular interventional procedures
- gastroscopy
- miscellaneous cardiac procedures
- oesophagoscopy
- panendoscopy (except when involving the bladder)
- proctosigmoidoscopy
- sigmoidoscopy
- anoscopy
- urethroscopy and associated procedures
- dental procedures not attracting a Medicare rebate
- other diagnostic and non-surgical procedures.

These procedure terms are also defined by the ICD-10-AM (International Classification of Diseases - Tenth Revision - Australian Modification (3rd edition, 2002) National Centre for Classification in Health, Sydney) codes which are listed under Comments below. This coded list is the recommended, but optional, method for determining whether a patient is classified as requiring elective surgery or other care.

All other elective surgery should be included in waiting list Code 1 – elective surgery.

Related data:

relates to concept Elective care, version 1
 supersedes previous data element Waiting list category – ICD-9-CM code, version 2
 used in conjunction with Patient listing status, version 3
 is supplemented by the data element Indicator procedure, version 3

Administrative attributes

Source document: International Classification of Diseases - Tenth Revision - Australian Modification (3rd edition, 2002) National Centre for Classification in Health, Sydney.

Source organisation: Hospital Access Program Waiting Lists Working Group / Waiting Times Working Group / National Health Data Committee

National minimum data sets: Elective surgery waiting times from 1/07/1994 to

Comments The table of ICD-10-AM procedure codes was prepared by the National Centre for Classification in Health. Some codes were excluded from the list on the basis that they are usually performed by non-surgeon clinicians.

A more extensive and detailed listing of procedure descriptors is under development. This will replace the list in the Guide for use above, to facilitate more readily the identification of the exclusions when the list of codes is not used.

ICD-10-AM CODES FOR THE EXCLUDED PROCEDURES:

Organ or tissue transplant

90172-00 [555] 90172-01 [555] 90204-00 [659] 90204-01 [659] 90205-00 [660] 90205-01 [660] 13700-00 [801]
13706-08 [802] 13706-00 [802] 13706-06 [802] 13706-07 [802] 13706-09 [802] 13706-10 [802] 30375-21 [817]
90317-00 [954] 90324-00 [981] 36503-00 [1058] 36503-01 [1058] 14203-01 [1906]

Procedures associated with obstetrics

16511-00 [1274] Obstetric Blocks [1330] to [1345] and [1347]

Biopsy (needle) of:

kidney 36561-00 [1047]

lung 38412-00 [550]

liver and gall bladder 30409-00 [953] 30412-00 [953] 90319-01 [951] 30094-04 [964]

Bronchoscopy

41889-00 [543] 41892-00 [544] 41904-00 [546] 41764-02 [416] 41895-00 [544] 41764-04 [532] 41892-01 [545]

41901-00 [545] 41898-00 [543] 41898-01 [544] 41889-01 [543] 41849-00 [520] 41764-03 [520] 41855-00 [520]

Peritoneal renal dialysis

13100-06 [1061] 13100-07 [1061] 13100-08 [1061] 13100-00 [1060]

Endoscopy of biliary tract, ERCP

30484-00 [957] 30484-01 [957] 30484-02 [974] 30494-00 [971] 30452-00 [971] 30491-00 [958] 30491-01 [958]

30485-00 [963] 30485-01 [963] 30452-01 [958] 30450-00 [959] 30452-02 [959] 90349-00 [975]

Endoscopy of oesophagus

30473-03 [850] 30473-04 [861] 41822-00 [861] 30478-11 [856] 41819-00 [862] 30478-10 [852] 30478-13 [861]

41816-00 [850] 41822-00 [861] 41825-00 [852] 30478-12 [856] 41831-00 [862] 30478-12 [856] 30490-00 [853]

30479-00 [856]

Panendoscopy

30476-03 [874] 32095-00 [891] 30568-00 [893] 30569-00 [894] 30473-05 [1005] 30473-00 [1005] 30473-02 [1005]

30478-00 [1006] 30478-14 [1006] 30478-01 [1007] 30478-02 [1007] 30478-03 [1007] 30478-15 [1007] 30478-16 [1007]

30478-17 [1007] 30478-20 [1007] 30478-21 [1007] 30473-01 [1008] 30478-04 [1008] 30473-06 [1008] 30478-18 [1008]

Endoscopy of large intestine, rectum and anus

32075-00 [904] 32090-00 [905] 32084-00 [905] 30479-02 [908] 90308-00 [908] 32075-01 [910] 32078-00 [910]

32081-00 [910] 32090-01 [911] 32093-00 [911] 32084-01 [911] 32087-00 [911] 30479-01 [931] 90315-00 [933]

Miscellaneous cardiac

38603-00 [642] 38600-00 [642] 38256-00 [647] 38256-01 [647] 38256-02 [647] 38278-00 [648] 38278-01 [648]

38284-00 [648] 90202-00 [649] 38470-00 [649] 38473-00 [649] 38281-01 [650] 38281-02 [650] 38281-03 [650]

38281-04 [650] 38281-05 [650] 38281-06 [650] 38281-07 [651] 38281-07 [651] 38281-08 [651] 38281-09 [651]

38281-10 [651] 38281-00 [652] 38278-02 [654] 38456-07 [654] 90203-00 [654] 38284-01 [654] 90219-00 [663]

38281-11 [655] 38281-12 [655] 38212-00 [665] 38209-00 [665] 38200-00 [667] 38203-00 [667] 38206-00 [667]

35324-00 [740] 35315-00 [758] 35315-01 [758]

Endovascular interventional

35304-01 [670] 35305-00 [670] 35304-00 [670] 35305-01 [670] 35310-00 [671] 35310-01 [671] 35310-03 [671]

35310-04 [671] 35310-02 [671] 35310-05 [671] 34524-00 [694] 13303-00 [694] 34521-01 [694] 32500-01 [722]

32500-00 [722] 13300-01 [738] 13300-02 [738] 13319-00 [738] 13300-00 [738] 13815-00 [738] 13815-01 [738]

34521-02 [738] 34530-04 [738] 90220-00 [738]

Urethroscopy

36800-00 [1090] 36800-01 [1090] 37011-00 [1093] 37008-01 [1093] 37008-00 [1093] 37315-00 [1112] 37315-01 [1116]

37318-01 [1116] 36815-01 [1116] 37854-00 [1116] 35527-00 [1116] 37318-04 [1117]

Dental - Blocks [450] to [490]

Other diagnostic and non-surgical

90347-01 [983] 90760-00 [1780] 90767-00 [1780] 13915-00 [1780] 13918-00 [1780] 13921-00 [1780] 13927-00 [1780]

13939-00 [1780] 13942-00 [1780] 90768-00 [1780]

Blocks [1820] to [1939], [1940] to [2016]

Waiting time at a census date

Admin. status: CURRENT 1/07/2002

Identifying and definitional attributes

Knowledgebase ID: 000412 *Version number:* 2

Data element type: DERIVED DATA ELEMENT

Definition: The time elapsed for a patient on the elective surgery waiting list from the date they were added to the waiting list to a designated census date.

Context: Elective surgery: this is a critical elective surgery waiting times data element. It is used to determine whether patients are overdue, or had extended waits at a census date. It is used to assist doctors and patients in making decisions about hospital referral, to assist in the planning and management of hospitals and in health care related research.

Relational and representational attributes

Datatype: Numeric *Field size:* Min. 1 Max. 4 *Layout:* NNNN

Data domain: Count in number of days

Guide for use: The number of days is calculated by subtracting the Listing Date from the Census date, minus any days when the patient was 'not ready for care', and also minus any days the patient was waiting with a less urgent clinical urgency category than their clinical urgency category at the Census date.

Days when the patient was not ready for care is calculated by subtracting the date(s) the person was recorded as 'not ready for care' from the date(s) the person was subsequently recorded as again being 'ready for care'.

If, at any time since being added to the waiting list for the elective surgical procedure, the patient has had a less urgent clinical urgency category than the category at the Census date, then the number of days waited at the less urgent clinical urgency category should be subtracted from the total number of days waited.

In cases where there has been only one category reassignment (i.e. to the more urgent category attached to the patient at Census date) the number of days at the less urgent clinical urgency category should be calculated by subtracting the Listing date from the Category reassignment date. If the patient's clinical urgency was reclassified more than once, days spent in each period of less urgent clinical urgency than the one applying at the Census date should be calculated by subtracting one Category reassignment date from the subsequent Category reassignment date, and then adding the days together.

When a patient is admitted from an elective surgery waiting list but the surgery is cancelled and the patient remains on or is placed back on the waiting list within the same hospital, the time waited on the list should continue. Therefore at the Census date the patient's waiting time includes the number of days waited on an elective surgery waiting list, both before and after any cancelled surgery admission. The time waited before the cancelled surgery should be counted as part of the total time waited by the patient.

Related data: is calculated using Listing date for care, version 3
is calculated using Census date, version 2
is calculated using Patient listing status, version 3
is qualified by Clinical urgency, version 2
is calculated using Category reassignment date, version 2
is used in the derivation of Overdue patient, version 3
is used in the derivation of Extended wait patient, version 1

Administrative attributes

Source organisation: Australian Institute of Health and Welfare National Health Data Committee

National minimum data sets: Elective surgery waiting times from 01/07/1999 to

Comments: Elective surgery waiting times data collections include measures of waiting times at removal and at designated census dates. This data element is used to measure waiting times at a designated census date whereas the data element Waiting time at removal from elective surgery waiting list measures waiting times at removal.

The calculation of waiting times for patients who are transferred from an elective surgery waiting list managed by one public acute hospital to another will be investigated in the future. In this case, the amount of time waited on previous lists should follow the patient to the next. Therefore the Census date, their waiting time includes the total number of days on all lists (less days not ready for care and days in lower urgency categories).

Waiting time at removal from elective surgery waiting list

Admin. status: CURRENT 1/07/2002

Identifying and definitional attributes

Knowledgebase ID: 000413 *Version number:* 2

Data element type: DERIVED DATA ELEMENT

Definition: The time elapsed for a patient on the elective surgery waiting list from the date they were added to the waiting list for the procedure to the date they were removed from the waiting list.

Context: Elective surgery: this is a critical elective surgery waiting times data element. It is used to determine whether patients were overdue, or had extended waits when they were removed from the waiting list. It is used to assist doctors and patients in making decisions about hospital referral, to assist in the planning and management of hospitals and in health care related research.

Relational and representational attributes

Datatype: Numeric *Field size:* Min. 1 Max. 4 *Layout:* NNNN

Data domain: Count in number of days

Guide for use: The number of days is calculated by subtracting the Listing Date from the Removal date, minus any days when the patient was 'not ready for care', and also minus any days the patient was waiting with a less urgent clinical urgency category than their clinical urgency category at removal.

Days when the patient was not ready for care is calculated by subtracting the date(s) the person was recorded as 'not ready for care' from the date(s) the person was subsequently recorded as again being 'ready for care'.

If, at any time since being added to the waiting list for the elective surgical procedure, the patient has had a less urgent clinical urgency category than the category at removal, then the number of days waited at the less urgent clinical urgency category should be subtracted from the total number of days waited.

In cases where there has been only one category reassignment (i.e. to the more urgent category attached to the patient at removal) the number of days at the less urgent clinical urgency category should be calculated by subtracting the Listing date from the Category reassignment date. If the patient's clinical urgency was reclassified more than once, days spent in each period of less urgent clinical urgency than the one applying at removal should be calculated by subtracting one Category reassignment date from the subsequent Category reassignment date, and then adding the days together.

When a patient is removed from an elective surgery waiting list, for admission on an elective basis for the procedure they were awaiting, but the surgery is cancelled and the patient remains on or is placed back on the waiting list within the same hospital, the time waited on the list should continue.

Guide for use: (continued) Therefore at the removal date the patient's waiting time includes the number of days waited on an elective surgery waiting list, both before and after any cancelled surgery admission. The time waited before the cancelled surgery should be counted as part of the total time waited by the patient.

Related data: supersedes Waiting time at admission, version 1
is calculated using Listing date for care, version 3
is calculated using Removal date, version 4
is calculated using Category reassignment date, version 2
is qualified by Patient listing status, version 3
is qualified by Clinical urgency, version 2
is used in the derivation of Overdue patient, version 3
is used in the derivation of Extended wait patient, version 1

Administrative attributes

Source organisation: Australian Institute of Health and Welfare National Health Data Committee

National minimum data sets: Elective surgery waiting times from 01/07/1999 to

Comments: Elective surgery waiting times data collections include measures of waiting times at removal and at designated census dates. This data element is used to measure waiting times at removal whereas the data element Waiting time at Census Date measures waiting times at a designated census date.

The calculation of waiting times for patients who are transferred from an elective surgery waiting list managed by one public acute hospital to another will be investigated in the future. In this case, the amount of time waited on previous lists would follow the patient to the next. Therefore when the patient is removed from the waiting list (for admission or other reason), their waiting time would include the total number of days on all lists (less days not ready for care and days in lower urgency categories).