

Reforming Elective Surgery in Tasmania

NATIONAL PARTNERSHIP AGREEMENT ON IMPROVING HEALTH SERVICES IN TASMANIA

PRELIMINARIES

- A1 The outcomes and outputs of this Schedule will contribute to an increase in Tasmania's capacity to provide cost-effective and sustainable elective surgery. This will ensure patients who have waited the longest for surgery receive their operations as a priority, subject to clinical need, while supporting Tasmania in reducing its elective surgery waiting times for people who have waited longer than clinically recommended.
- A2 In order to achieve a sustainable approach to elective surgery through this Schedule, it is recognised that alternative purchasing options will be required, which may include cost effective targeted strategies involving the private sector either in Tasmania or on the mainland. Sustainability will be further promoted through this Schedule by supporting an important programme of elective surgery reform, including taking forward recommendations made by the Commission on Delivery of Health Services in Tasmania.
- A3 The Commonwealth will provide Tasmania with \$53.9 million for the delivery of additional elective surgery procedures in 2012-13 to 2016-2017 and a targeted elective surgery reform programme.
- A4 The Commonwealth will fund at least 4,647 additional procedures and a reform programme under this Schedule, which are to be outlined in annual action plans. This funding is separate from and additional to that provided to all States and Territories under the National Health Reform Agreement.

TERMS OF THIS SCHEDULE

- A5 This revised Schedule takes effect from the date that it is signed by the Commonwealth and Tasmania. This Schedule may be terminated earlier or extended, as agreed in writing by the Parties, in accordance with Part 6 – Governance Arrangements, of the National Partnership Agreement.

OUTCOMES AND OUTPUTS

Outcomes

- A6 The outcome of this Schedule is to improve health outcomes in Tasmania by improving access to elective surgery. This will be achieved through funding additional elective surgery activity and reforming elective surgery management. These initiatives aim to sustainably reduce Tasmania's elective surgery waiting times and increase efficiency and productivity through improved elective surgery management practices.

Outputs

- A7 This Schedule actively supports Tasmania to achieve state-wide system reform to deliver sustainable, equitable, transparent and consistent benefits to the management and function of its elective surgery activity and the delivery of at least 4,647 additional elective surgery procedures.
- A8 The specific outputs of this Schedule will be agreed in annual action plans. These measures will be based on, but may not be limited to, recommendations of the Commission on Delivery of Health Services in Tasmania to support a programme of reform of elective surgery to reduce Tasmania's elective surgery waiting times while ensuring patients who have waited the longest for surgery receive their operations as a priority.
- A9 Outputs of this Schedule will include, but not be limited to, an increase in Tasmania's elective surgery throughput, improved elective surgery management and the adoption of state-wide 'treat in turn' surgery scheduling and reporting.
- A10 This agreement will support a programme of reform of elective surgery management and service provision, based on the recommendations of the Commission on Delivery of Health Services in Tasmania.
- A11 Priority will be given to those patients who have waited the longest, at the time of signing this Agreement, with a focus on surgical categories to be agreed under the Action Plan.

ROLES AND RESPONSIBILITIES

- A12 To realise the outcomes and outputs of this Schedule, each Party has specific roles and responsibilities in addition to the roles and responsibilities set out in the National Partnership Agreement.

Role of the Commonwealth

- A13 The Commonwealth agrees to be accountable for the following additional roles and responsibilities:
- (a) accepting satisfactory progress reports demonstrating:
 - 1 improved service delivery of elective surgery procedures through the elective surgery reform programme; and
 - 2 delivery of the additional elective surgery procedures across Tasmania.

Role of Tasmania

- A14 Tasmania agrees to be accountable for the following additional roles and responsibilities:
- (a) developing an annual action plan in accordance with the template at Annex 1, which sets out its plan for delivering additional elective surgery procedures and the elective surgery reform programme including any arrangements Tasmania enters into with the private sector to achieve the outcomes and objectives of this Schedule;
 - (b) implementing the state-wide service delivery improvements through the elective surgery reform programme;
 - (c) including the National Weighted Activity Unit counts for the additional elective surgery procedures performed under this Schedule (both estimates and actuals) in its reports to

the Administrator of the National Health Funding Pool. Data provision to the Administrator will separately identify these services (for each local Hospital Network) and Tasmania will direct the Administrator to exclude these services from the calculation of the Commonwealth contribution and share of the National Efficient Price (NEP) to Tasmanian public hospital services funded on an activity basis under the National Health Reform Agreement (NHRA).

- (d) maintaining its existing effort based on the previously agreed baseline measure of 14,506 procedures per year in respect of elective surgery waiting list activity, as procedures performed under this Schedule are additional to planned activity, including that funded or partially funded under other funding mechanisms and state government commitments such as the 'Rebuilding Health Services';
- (e) meeting all performance monitoring and reporting requirements of this Schedule; and
- (f) identifying any variances from the action plan in its six-monthly progress report, and including an explanation and rationale for the change.

Shared roles and responsibilities

A15 The Commonwealth and Tasmania share the following roles and responsibilities:

- (a) agreeing to annual action plans for this Schedule and any variation required to enable successful achievement of the objectives of this Schedule; and
- (b) agreeing to the performance outcomes that will apply to this Schedule to be reviewed and update annually.

Delivery of improved elective surgery outcomes

A16 The Commonwealth and Tasmania will agree to an annual action plan to deliver additional surgical procedures in accordance with the terms of this Schedule, based on who has waited the longest beyond the clinically recommended time for their surgery with a focus on surgical categories as agreed between the Commonwealth and Tasmania in the Action Plan.

A17 Tasmania will prioritise elective surgery under this Schedule using the principles contained within this Schedule and developed through the reform programme.

A18 The action plan for 2015-16 and 2016-17 years to be agreed by 31 August 2015.

A19 Amendments to the agreed action plan will be agreed between the Commonwealth and Tasmania on acceptance of the amended action plan by the Commonwealth. Tasmania will identify any proposed amendments in its six-monthly progress report, and include an explanation and rationale for the proposed amendments.

A20 Tasmania will supply its elective surgery waiting list as at 30 June 2015 to the Commonwealth. The Commonwealth and Tasmania will agree as part of the Action Plan the longest waiting patients who will receive priority treatment under this Schedule. Tasmania will ensure consistency with the principles of the Elective Surgery Reform Program, and ensure that as far as practical, any patient who is removed from the priority list (other than 'admitted for surgery') is replaced with the next longest waiting patient on the waiting list.

A21 Where competitive pricing strategies are used to purchase selected packages for patients, a price signal such as the National Efficient Price will be used.

A22 Having regard to the National Efficient Price (NEP), Tasmania will not be required to pay a refund to the Commonwealth if the actual cost of purchased packages is less than the NEP.

Similarly, Tasmania bears all risk should the actual cost of the package exceed the NEP. This acknowledges and provides the maximum incentive to introduce competitive price pressure into the Tasmanian market.

PERFORMANCE BENCHMARKS

Performance Benchmarks

- A23 The performance benchmarks, and associated performance indicators agreed as part of the acceptance of annual action plans, will reflect the outputs and outcomes to be achieved under this Schedule.
- A24 The performance benchmarks agreed to under the Action Plan will measure Tasmania's progress to target patients who have waited the longest beyond the clinically recommended period for their surgery, across a range of agreed surgical categories. Patients will receive treatment in order of longest waiting beyond the clinically recommended period to shortest waiting time, based on clinical assessment.

PERFORMANCE MONITORING AND REPORTING

- A25 Tasmania will provide six-monthly progress reports to the Commonwealth.
- A26 Tasmania will provide quarterly data reports to the Commonwealth on key performance indicators to be outlined in annual action plans.

Data provision

- A27 All performance reporting under this Schedule is to be consistent with the scope, definition, format, data items and reporting requirements of the most current Elective Surgery Waiting List / Admitted Patient Dataset Specifications, as set out in Appendix 1.
- A28 Performance against the benchmarks will be calculated from accurate and verified unit level data provided to the Commonwealth Department of Health (the Department) by Tasmania on a quarterly basis from June 2014 to June 2017, with reports due to the Department one month after the completion of the relevant quarter.
- A29 A de-identified data set of patients that receive surgery in accordance with this Schedule is required. Tasmania will provide de-identified data to the Department for performance assessment.
- A30 Tasmania will ensure the information at the level of individual hospitals reported to the Commonwealth will be made available on a website, with the exception of date and the reason for removal of individual patients.

Progress Reports

- A31 Tasmania will report progress on a six-monthly basis until the conclusion of this Schedule. Reports are due to the Commonwealth within one month of the end of the preceding reporting period.
- A32 All Progress Reports will cover progress against the accepted Action Plan and performance benchmarks. As a minimum, all Progress Reports under this Schedule will provide documented evidence of additional procedures that have been provided for those individuals who have waited longer than clinically recommended times in the agreed surgical categories.

- A33 All progress reports will cover progress against the action plan, performance benchmarks, and associated performance indicator data.
- A34 All progress reports will include a status update current as of the final day of the progress report period, covering:
- (a) the number of additional procedures performed during this period and accumulated to date under this Schedule, per hospital, per surgical category and per year;
 - (b) progress towards implementing the state-wide system changes in the elective surgery reform programme;
 - (c) expenditure to date;
 - (d) reporting against agreed performance indicators; and
 - (e) any variance against the accepted action plan, and planned remedial action.
- A35 The format of progress reports should follow the template at Annex 2 to this Schedule.

Monitoring and assessment

- A36 The Commonwealth will make an overall assessment of progress against the agreed action plan and performance benchmarks on a six-monthly basis.
- A37 The Commonwealth has discretion in the acceptance of progress reports to consider any exceptional circumstances that may have impacted on Tasmania's capacity to meet the performance benchmarks outlined in the Schedule.
- A38 Consistent with Clauses A27-A30, Tasmania will ensure that the Commonwealth is able to reconcile performance data against the longest waiting patients on the elective surgery waiting list for each year.
- A39 Further to Clause 12(a) of this Agreement and A13(c) of this Schedule, Tasmania's performance in maintaining elective surgery service delivery levels will be measured relative to the agreed baseline of 14,506. Future performance will be measured against the agreed baseline and the reasons for any deviation in service levels will be reported annually in accordance with this Schedule.

FINANCIAL ARRANGEMENTS

Financial contributions

- A40 Under this Schedule, the Commonwealth will provide an estimated financial contribution to Tasmania of \$53.9 million as outlined in **Table A1**.

Table A1: Estimated Commonwealth financial contribution

Year	2012-13	2013-14	2014-15	2015-16	2016-17	Total
	\$ million	\$ million	\$ million	\$ million	\$ million	\$ million
TOTAL ALLOCATION	8.8	14.9	9.7	13.0	7.5	53.9

Note: All figures are rounded - actual payments will be calculated to the nearest dollar.

A4.1 Payments will be made as set out in Table A2.

Table A2: Milestones and Associated Payments

2013-14 Milestones	Due date	Amount (millions)
Submission of 2013-14 progress reports	Paid	\$8.3
In advance payment to assist in achieving the outputs of this Schedule	Upon signing	\$3.3
Submission of 2014-15 interim action plan	30 June 2014	\$3.3
2014-15 Milestones		
Agreement of 2014-15 final action plan	31 August 2014	\$9.7
Submission of progress report demonstrating achievement of agreed outputs for the period from signing to 31 October 2014	30 November 2014	\$0
Submission of progress report demonstrating achievement of agreed outputs for the period 1 November 2014 to 30 April 2015	31 May 2015	\$0
2015-16 Milestones		
Agreement of 2015-17 action plan	31 August 2015	\$4.0
Submission of progress report demonstrating achievement of agreed outputs for the period 1 May 2015 to 31 October 2015	30 November 2015	\$4.0
Submission of progress report demonstrating achievement of agreed outputs for the period 1 November 2015 to 30 April 2016	31 May 2016	\$4.0
Submission of progress report demonstrating achievement of agreed outputs for the period 1 May 2016 to 30 June 2016	31 July 2016	\$1.0
2016-17 Milestones		
Submission of progress report demonstrating achievement of agreed outputs for the period 1 July 2016 to 31 October 2016	30 November 2016	\$4.0
Submission of progress report demonstrating achievement of agreed outputs for the period 1 November 2016 to 30 April 2017	31 May 2017	\$3.0
Submission of final report demonstrating and evaluating the outputs of this Schedule.	By 31 May or at an earlier date as agreed to under the Action Plan	\$0.5

DEFINITIONS

Interpretation

A42 For the purposes of this Schedule:

- (a) Elective surgery refers to surgery for patients whose clinical condition requires a procedure that can be managed by placement on a waiting list. This includes procedures that are outside of current reporting arrangements, such as endoscopies.
- (b) Purchased packages refer to the purchasing through competitive tenders to undertake targeted, selected packages for long wait patients. Examples of similar purchasing are the *Competitive Elective Surgery Initiative* (Victoria) and *Surgery Connect* (Queensland).
- (c) Clinically recommended waiting time refers to the recommended waiting time for surgery assigned by a clinician and based on an elective surgery patient's health condition and circumstance (**Table A3** refers). Clinically recommended times are associated with urgency categories, as described below. Updates to these descriptions can be made by the agreement of Health Ministers.

Table A3: Clinical waiting time descriptions

<i>Category</i>	<i>Description</i>
<i>Category One - Urgent</i>	A patient will be allocated to category one if their health condition has the potential to deteriorate quickly to the point that it may become an emergency. Recommended waiting time is no longer than 30 days.
<i>Category Two - Semi-urgent</i>	A patient will be allocated to category two if their health condition is causing some pain, dysfunction or disability but is unlikely to deteriorate quickly or become an emergency. Recommended waiting time is no longer than 90 days.
<i>Category Three - Non-urgent</i>	A patient will be allocated to category three if their health condition is causing them minimal or no pain, dysfunction or disability, is unlikely to deteriorate quickly and does not have the potential to become an emergency. Recommended waiting time is no longer than 365 days.

The Parties have confirmed their commitment to this Schedule as follows:

Signed *for and on behalf of the Commonwealth of Australia by*

The Honourable Sussan Ley MP

Minister for Health of the Commonwealth of Australia

[Day] [Month] [Year]

Signed *for and on behalf of the State of Tasmania by*

The Honourable Michael Ferguson MP

Minister for Health of the State of Tasmania

[Day] [Month] [Year]

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The Honourable Michael Ferguson MP
Minister for Health of the State of Tasmania

**NATIONAL HEALTH REFORM AGREEMENT- NATIONAL PARTNERSHIP AGREEMENT ON
IMPROVING HEALTH SERVICES IN TASMANIA – SCHEDULE A**

ACTION PLAN 20XX-YY

TEMPLATE

Note: This document should be completed in accordance with the terms of the Schedule.

Date submitted:	
Primary contact:	
Phone:	
Email:	
Secondary contact:	
Phone:	
Email:	

Project name:	Building a sustainable approach to elective surgery in Tasmania
Activity Description	
Outputs	
Expected outcomes as a result of this project	
Estimated Cost	
Performance benchmarks	

SUMMARY OF PLANNED REFORM PROGRAMME ACTIVITY 20XX-YY (Statewide)	
Reform programme element	Planned activity, expenditure and benchmark/performance indicator
'Treat-in-turn' policy and implementation	
Development and implementation of state-wide elective surgery categorisation policy	
Hospital initiated postponement reduction strategy development and implementation	
Cross-flow of patients across Tasmania's regions – facilitation	
Broader elective surgery purchasing options	
State-wide, equitable, transparent and consistent elective surgery practices	

SUMMARY OF PLANNED PROCEDURE ACTIVITY VOLUME AND EXPENDITURE 20XX-YY (by hospital)						
Procedure activity category	Quarterly activity				Total No of procedures	Total 20XX-YY cost (\$m)
	Jul – Sep 20XX	Oct – Dec 20XX	Jan – Mar 20YY	Apr – Jun 20YY		
Endoscopy/Non-surgical	<i>Insert no. of procedures</i>	<i>Insert no. of procedures</i>	<i>Insert no. of procedures</i>	<i>Insert no. of procedures</i>	<i>Insert total no. of procedures</i>	<i>Insert total cost for category</i>
Category 1	<i>Insert no. of procedures</i>	<i>Insert no. of procedures</i>	<i>Insert no. of procedures</i>	<i>Insert no. of procedures</i>	<i>Insert total no. of procedures</i>	<i>Insert total cost for category</i>
Category 2	<i>Insert no. of procedures</i>	<i>Insert no. of procedures</i>	<i>Insert no. of procedures</i>	<i>Insert no. of procedures</i>	<i>Insert total no. of procedures</i>	<i>Insert total cost for category</i>
Category 3	<i>Insert no. of procedures</i>	<i>Insert no. of procedures</i>	<i>Insert no. of procedures</i>	<i>Insert no. of procedures</i>	<i>Insert total no. of procedures</i>	<i>Insert total cost for category</i>
Total	<i>Insert total procedures for quarter</i>	<i>Insert total procedures for quarter</i>	<i>Insert total procedures for quarter</i>	<i>Insert total procedures for quarter</i>	<i>Insert total procedures for year</i>	<i>Insert total cost for year</i>

NATIONAL HEALTH REFORM AGREEMENT- NATIONAL PARTNERSHIP AGREEMENT ON IMPROVING HEALTH SERVICES IN TASMANIA – SCHEDULE A

PROGRESS REPORT – [QUARTER, YEAR]

Note: progress reports should be completed in accordance with the terms of the Agreement.

Due date:	
Date submitted:	
Primary contact:	
Phone:	
Email:	
Secondary contact:	
Phone:	
Email:	

PROGRESS

Project name:	Building a sustainable approach to elective surgery in Tasmania
Activity Outcomes	
Outputs	
Actual outcomes as a result of this project	
Expenditure	
Performance benchmarks - outcomes	

Progress on reform activity recommendations from Commission report	
'Treat-in-turn' scheduling	
State-wide, consistent approach to elective surgery categorisation	
Reduction in hospital initiated postponements	
Cross-flow of patients across regions	
Broader purchasing options	
State-wide, equitable, transparent and consistent practices to elective surgery management	
Has there been any variance to the annual plan? (If yes, please provide details of how the activity has changed and the reason why)	
Other issues/sensitivities	

ACTUAL PROCEDURE ACTIVITY VOLUME AND EXPENDITURE 20XX-YY (by hospital)						
Procedure activity category	Quarterly activity				Total No of procedures	Total 20XX-YY cost (\$m)
	Jul – Sep 20XX	Oct – Dec 20XX	Jan – Mar 20YY	Apr – Jun 20YY		
Endoscopy/Non-surgical	<i>Insert no. of procedures</i>	<i>Insert no. of procedures</i>	<i>Insert no. of procedures</i>	<i>Insert no. of procedures</i>	<i>Insert total no. of procedures</i>	<i>Insert total cost for category</i>
Category 1	<i>Insert no. of procedures</i>	<i>Insert no. of procedures</i>	<i>Insert no. of procedures</i>	<i>Insert no. of procedures</i>	<i>Insert total no. of procedures</i>	<i>Insert total cost for category</i>
Category 2	<i>Insert no. of procedures</i>	<i>Insert no. of procedures</i>	<i>Insert no. of procedures</i>	<i>Insert no. of procedures</i>	<i>Insert total no. of procedures</i>	<i>Insert total cost for category</i>
Category 3	<i>Insert no. of procedures</i>	<i>Insert no. of procedures</i>	<i>Insert no. of procedures</i>	<i>Insert no. of procedures</i>	<i>Insert total no. of procedures</i>	<i>Insert total cost for category</i>
Total	<i>Insert total procedures for quarter</i>	<i>Insert total procedures for quarter</i>	<i>Insert total procedures for quarter</i>	<i>Insert total procedures for quarter</i>	<i>Insert total procedures for year</i>	<i>Insert total cost for year</i>

ESWL quarterly NPA data request specifications, 2014 (year-to-date file including each quarters census snapshot and removal data)

Elective Surgery Waiting Times Reduction Program - Data Request Specifications and Edits for 2014					
Data specification for year to date submissions of quarterly data (i.e. including additional data items: (i) Re-admission within 28 days (ii) Adverse event flag (iii) Diagnosis Related Group for records provided in the previous quarter)					
Item No	Data item	Position	Type & size	Valid values / Notes	Edit Rules
1	State Record Identifier METeOR: 459234	1-14	A(14)	Note: New 14 character length as per METeOR definition Stable and unique record identifier	Critical error if blank or not unique

2	<p>Establishment Identifier</p> <p>METeOR: 269973</p>	15-23	A(9)	<p>Use NHDD/METeOR definition.</p> <p>Concatenation of four components in the following order:</p> <p>A(1): Australian state/territory identifier (METeOR 269941)</p> <ul style="list-style-type: none"> 1 - New South Wales 2 - Victoria 3 - Queensland 4 - South Australia 5 - Western Australia 6 - Tasmania 7 - Northern Territory 8 - Australian Capital Territory 9 - Other territories (Cocos (Keeling) Islands, Christmas Island and Jervis Bay Territory) <p>A(1): establishment sector (METeOR 269977)</p> <ul style="list-style-type: none"> 1 - public (excluding psychiatric hospitals) 2 - private (excluding free-standing day hospital facilities) 4 - public psychiatric 5 - private free-standing day hospital facility <p>A(2): region code (METeOR 269940)</p> <p>Values as specified by individual state/territory (Note region must be left-justified and zero filled.)</p> <p>A(5): establishment number (METeOR 269975)</p> <p>(Note establishment number must be left-justified and zero filled)</p>	<p>Critical error if blank</p> <p>Critical error if Establishment ID not in list of Establishment IDs for the public hospital establishment data and establishment sector is (1 or 4)</p> <p>Critical error if Establishment ID not in list of Establishment IDs for the Admitted Patient data</p> <p>Critical error if state identifier not 1, 2, 3, 4, 5, 6, 7, 8 or 9</p> <p>Critical error if establishment sector not 1, 2, 4 or 5</p> <p>Critical error if establishment number is blank and establishment sector is 1 or 4.</p> <p>Warning if region is not left-justified and zero filled.</p> <p>Warning if establishment number is not left-justified and zero filled.</p> <p>Warning if region code is zero and establishment sector is 1 or 4.</p>
3	<p>Person identifier</p> <p>METeOR: 290046</p>	24-43	A(20)	<p>Use NHDD/METeOR definition.</p> <p>Person identifier unique within establishment. (right justified zero filled)</p>	<p>Critical error if blank or not unique within establishment</p>
4	<p>Intended length of hospital stay</p> <p>METeOR: 270399</p>	44	A(1)	<p>Use NHDD/METeOR definition</p> <ul style="list-style-type: none"> 1 - intended same-day 2 - intended overnight 9 - not reported/unknown 	<p>Critical error if not 1, 2 or 9</p>

5	Listing date for care METeOR: 269957	45-52	A(8)	Use NHDD/METeOR definition. Format DDMMYYYY (zero filled) Eg. 3rd March 2014 would be 03032014	Critical error if not in format DDMMYYYY Critical error if waiting list date is > census date
6	Clinical urgency METeOR: 270008	53	A(1)	Use NHDD/METeOR definition. 1 - admission within 30 days desirable for a condition that has the potential to deteriorate quickly to the point that it may become an emergency. 2 - admission within 90 days desirable for a condition causing some pain, dysfunction or disability but which is not likely to deteriorate quickly or become an emergency. 3 - admission at some time in the future acceptable for a condition causing minimal or no pain, dysfunction or disability, which is unlikely to deteriorate quickly and which does not have the potential to become an emergency. (admission within 365 days is used in the calculation of NPA performance indicators)	Critical error if not 1, 2 or 3

7	Overdue patient METeOR: 471710	54	A(1)	<p>Use NHDD/METeOR definition. 1 - overdue patient 2 - other</p> <p>Scope: Patients in clinical urgency category 1, 2 or 3 : (a) based on waiting time at removal for patients who have been removed (b) based on waiting time at census date for patients who are still waiting on the list and ready for care.</p> <p>Leave blank if patient is still waiting on the list but NOT ready for care.</p>	<p>If present, critical error if not 1 or 2.</p> <p>If blank, critical error if clinical urgency = 1, 2 or 3 and [removal date is not blank or reason for removal is not blank or waiting time at removal is not blank].</p> <p>If blank, critical error if clinical urgency = 1, 2 or 3 and [waiting time at census is not blank or census date is not blank] and patient listing status =1</p> <p>If present, critical error if 1 and [clinical urgency = 1 and (waiting time at census is less than, or equal to, 30 days or waiting time at removal is less than, or equal to, 30 days)] or [clinical urgency = 2 and (waiting time at census is less than, or equal to, 90 days or waiting time at removal is less than, or equal to, 90 days)]or [clinical urgency = 3 and (waiting time at census is less than, or equal to, 365 days or waiting time at removal is less than, or equal to, 365 days)]</p> <p>If present, critical error if 2 and [clinical urgency = 1 and (waiting time at census is greater than 30 days or waiting time at removal is greater than 30 days)] or [clinical urgency = 2 and (waiting time at census is greater than 90 days or waiting time at removal is greater than 90 days)] or [clinical urgency = 3 and (waiting time at census is greater than 365 days or waiting time at removal is greater than 365 days)]</p> <p>Warning if present and clinical urgency = 1, 2 or 3 and [waiting time at census is not blank or census date is not blank] and patient listing status = 2</p>
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8	Surgical specialty METeOR: 270146	55-56	A(2)	<p>Use NHDD/METeOR definition.</p> <p>01 - cardio-thoracic surgery 02 - ear, nose and throat surgery 03 - general surgery 04 - gynaecology 05 - neurosurgery 06 - ophthalmology 07 - orthopaedic surgery 08 - plastic surgery 09 - urology 10 - vascular surgery 11 - other 99 - not reported/unknown</p>	<p>Critical error if not 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11 or 99.</p>
9	Removal date METeOR: 270082	57-64	A(8)	<p>Use NHDD/METeOR definition.</p> <p>Format DDMMYYYY (zero filled) Eg. 3rd March 2014 would be 03032014</p> <p>Would expect a patient that is removed from the list (i.e. has a reason for removal) to have a removal date also</p> <p>Leave blank if patient has been added to list in reporting year and not yet removed.</p>	<p>If present, critical error if not in format DDMMYYYY</p> <p>If present, critical error if not within quarter date range (e.g. Sep 13 quarter, error if value > 30 Sep 12 or value < 1 Jul 14)</p> <p>If blank, critical error if [reason for removal is not blank or waiting time at removal is not blank]</p> <p>If present, critical error if < date of listing</p>
10	Waiting time at removal from elective surgery waiting list METeOR: 471744	65-69	N(5)	<p>Use NHDD/METeOR definition.</p> <p>Count in number of days; Format NNNNN (zero filled). Eg. 23 days would be 00023</p> <p>Would not expect many patients to wait longer than 500 days</p> <p>Leave blank if patient has been added to list in reporting year and not yet removed.</p>	<p>Critical error if blank and [reason for removal is not blank or removal date is not blank]</p> <p>Critical error if present and less than 0</p> <p>Warning if Waiting time > 500 days</p> <p>Warning if Waiting time = 0</p>

11	Reason for removal from elective surgery waiting list METeOR: 471735	70	A(1)	<p>Use NHDD/METeOR definition.</p> <p>1 - admitted as elective patient for awaited procedure by or on behalf of this hospital or the state/territory</p> <p>2 - admitted as emergency patient for awaited procedure by or on behalf of this hospital or the state/territory</p> <p>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)</p> <p>4 - treated elsewhere for awaited procedure, but not on behalf of this hospital or the state/territory</p> <p>5 - surgery not required or declined</p> <p>6 - transferred to another hospital's waiting list</p> <p>9 - not known</p> <p>Leave blank if patient has been added to list in reporting year and not yet removed.</p>	<p>If present, critical error if not 1, 2, 3, 4, 5, 6 or 9</p> <p>If blank, critical error if [removal date is not blank or waiting time at removal is not blank]</p>
12	Indicator procedure METeOR: 514033	71-72	A(2)	<p>Australia Classification of Health Interventions (ACHI) 8th edn</p> <p>Use NHDD/METeOR definition.</p> <p>01 - cataract extraction</p> <p>02 - cholecystectomy</p> <p>03 - coronary artery bypass graft</p> <p>04 - cystoscopy</p> <p>05 - haemorrhoidectomy</p> <p>06 - hysterectomy</p> <p>07 - inguinal herniorrhaphy</p> <p>08 - myringoplasty</p> <p>09 - myringotomy</p> <p>10 - prostatectomy</p> <p>11 - septoplasty</p> <p>12 - tonsillectomy</p> <p>13 - total hip replacement</p> <p>14 - total knee replacement</p> <p>15 - varicose veins stripping and ligation</p> <p>88 - other</p> <p>99 - not reported/unknown</p>	<p>Critical error if not 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, 13, 14, 15, 88 or 99.</p>

13	Anticipated accommodation status METeOR: 270074	73	A(1)	1 - public patient 2 - private patient 9 - not reported/unknown [not an NHDD value]	Critical error if not 1,2 or 9
14	Patient Listing status METeOR: 269996	74	A(1)	1 - ready for care 2 - not ready for care Scope: patients who are still on waiting list at census date	Critical error if not 1 or 2 and [waiting time at census is not blank or census date is not blank]
15	Waiting time at a census date METeOR: 471715	75-79	N(5)	Use NHDD/METeOR definition. Count in number of days; Format NNNNN (zero filled). Eg. 23 days would be 00023 <i>[Note NHDD uses N(4) but wish to standardise count of days to N(5)]</i> Scope: patients who are still on waiting list at census date.	Critical error if non-numeric or blank and census date is not blank Critical error if present and less than zero
16	Census date METeOR: 270153	80-87	A(8)	Use NHDD/METeOR definition. Format DDMMYYYY (right justified, zero filled) Eg. 31st March 2014 would be 31032014 Scope: patients who are still on waiting list at census date	Critical error if present and not in format DDMMYYYY Critical error if blank and waiting time at census is not blank If present, critical error if < date of listing
17	Indigenous status METeOR: 291036	88	A(1)	Use NHDD/METeOR definition. 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 Scope: patients with listing date for care on, or after, 1 July 2009.	If present, critical error if not 1,2,3,4 or 9. Critical error if blank and Listing date for care > 30 June 2009

18	Re-admission within 28 days	89	A(1)	<p>The unplanned re-admission (Admission urgency status = "1 - emergency" METeOR 269986) of a patient to hospital within 28 days of discharge from the same hospital, following an episode of elective surgery (the first re-admission following the elective surgery episode only)</p> <p>1 = Unplanned re-admission to hospital within 28 days of separation 2 = No re-admission to hospital within 28 days of separation 9 = Unknown (eg Waiting List record unable to be linked to Admitted Patient record)</p> <p>Unplanned re-admission is defined where the Principal diagnosis code for that separation is associated with an adverse event code as listed below: A(7): Diagnosis codes (METeOR: 514271) Format ANN.NN (left justified, blank filled) E89, G97, H59, H95, I97, J95, K91, M96, N99 – selected post-procedural disorders from blocks T80 - T88 – complications of surgical and medical care, not elsewhere classified T98.3 – sequelae of complications of surgical and medical care, not elsewhere classified Coded using ICD-10-AM, 8th Edition, 2013</p> <p>Scope: patients who have been removed from waiting list as an elective/emergency patient.</p>	<p>Critical error if not 1, 2 or 9 and [removal date is not blank or waiting time at removal is not blank] and reason for removal is 1 or 2</p> <p>Critical error if blank or 9 and Adverse event flag is 1 or 2.</p>
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19	Adverse event flag	90	<p>The incidence of one or more adverse events during the episode of elective surgery:</p> <p>1 = Episode includes one or more adverse event 2 = No adverse event during the episode 9 = Unknown (eg Waiting List record unable to be linked to Admitted Patient record)</p> <p>The episode must contain at least 1 diagnosis code from List A <u>and</u> at least 1 diagnosis code from List B to be defined as an adverse event. A(7): Diagnosis codes (METeOR: 514271) Format ANN.NN (left justified, blank filled)</p> <p>List A: E89, G97, H59, H95, I97, J95, K91, M96, N99 – selected post-procedural disorders from blocks T80 - T88 – complications of surgical and medical care, not elsewhere classified T98.3 – sequelae of complications of surgical and medical care, not elsewhere classified</p> <p>List B: Y60 - Y69 – misadventures to patients during surgical and medical care Y70 - Y82 – medical devices associated with misadventures in diagnostic and therapeutic use Y83 - Y84 – Surgical and other medical procedures as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure.</p> <p>Coded using ICD-10-AM, 8th Edition, 2013</p> <p>Scope: patients who have been removed from waiting list as an elective/ emergency patient.</p>	<p>Critical error if not 1, 2 or 9 and [removal date is not blank or waiting time at removal is not blank] and reason for removal is 1 or 2</p> <p>Critical error if blank or 9 and Re-admission within 28 days is 1 or 2.</p>
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20	Diagnosis Related Group METeOR: 513991	91-94	A(4)	Use NHDD/METeOR definition. AR-DRG Version 7.0 Scope: patients who have been removed from waiting list as an elective/emergency patient.	If present, critical error if not in AR-DRG (version 7.0) look up table Critical error if blank and Re-admission within 28 days or Adverse event flag is 1 or 2.
21	Quarter Indicator	95-101	A(7)	Indicating which quarter each record belongs to. Concatenation of the first 3 characters of the last month of the quarter, and year (no space in-between) Format MMMYYYY e.g.: MAR2014 = data of quarter from 1 January 2014 to 31 March 2014; JUN2014 = data of quarter from 1 April 2014 to 30 June 2014; SEP2014 = data of quarter from 1 July 2014 to 31 September 2014; DEC2014 = data of quarter from 1 October 2014 to 31 December 2014.	Critical error if missing. Critical error if for removals, removal date not within quarter date range (e.g. removal date = 1 December 2013 but Quarter Indicator = MAR2014) Critical error if for patients still waiting, census date not within quarter date range (e.g. census date = 31032014 but Quarter Indicator = JUN2014)