Appendix A – Scope of the 2011-12 and 2012-13 National LSOP Censuses Paper

Reference Committee for LSOP Censuses

Scope of the 2011-12 and 2012-13 national LSOP censuses paper

PURPOSE

This paper outlines the scope of data collection to be undertaken for the 2011-12 and 2012-13 censuses of Long Stay Older Patients (LSOP).

BACKGROUND

At the first teleconference of the LSOP census reference committee on 26 April 2012, the Commonwealth as chair of the committee proposed that DoHA develop a paper on the scope of the consultancy to conduct two national censuses of Long Stay Older Patients in 2011-12 and 2012-13. At the teleconference, it was agreed that jurisdictions will use their existing data systems to report the number of patients who meet the LSOP criteria specified in the *National Partnership Agreement on Financial assistance for long stay older patients* (NPA).

This scoping paper has been discussed at three teleconferences, and has been agreed by the reference committee at the 7 June 2012 teleconference.

A. POPULATION IN SCOPE

For the purposes of the NPA, a **public patient** is considered to be a Long Stay Older Patient if they satisfy the following criteria:

- **they are 65 years or over (50 years or over for Aboriginal and Torres Strait Islander People);**
- **they have been assessed by an Aged Care Assessment Team as being eligible for permanent aged care services (residential care or packaged care[1]); and are unable to return to the community without that care in place; and**
- **They no longer require in-patient or post-acute care (including rehabilitation) and are declared medically ready for discharge.**

The definition excludes all short term aged care services, for example, respite and transition care.

[1] Community Packaged Care means packages of community/aged care services provided under the *Aged Care Act 1997*, and includes Community Aged Care Packages (CACP), the Extended Aged Care at Home (EACH) and Extended Aged Care at Home Dementia (EACHD).

B. HOSPITALS IN SCOPE

Public hospitals and publicly funded beds in privately-operated hospitals are included in the census.

The following types of hospitals are excluded from the census*:

- Sites approved by the Australian Government as Multi-purpose Services; and
- Hospitals not servicing aged persons, e.g. paediatric and maternity hospitals.

Should a public hospital be near an MPS but not officially part of the MPS, it should be included. Public hospitals that form part of the service delivered by the MPS should not be included. The relevant MPS Agreement between the Commonwealth and the state/territory government will detail the services delivered by that MPS.

*To assist DoHA in validating the census data using hospital in-patient data, it is requested that States and Territories provide a list of the excluded hospitals (with Public Hospital Establishment identifiers).

Rationale:

1. The NPA targets older people in public hospitals who have finished acute and post-acute care and have been assessed as being suitable for Commonwealth aged care and who remain in hospital longer than would otherwise be necessary while they secure an appropriate permanent community or residential aged care place.
2. The NPA acknowledges that the number of LSOP places reduces from up to 2,000 in 2011-12 to, up to 1,700 in 2012-13 and up to 1,400 in 2013-14, as other measures, under the National Health Reforms [such as access to care through multi-purpose services in rural and remote areas] increase the availability of aged care places.
3. Comparability with the 2006 LSOP census.

C. DATA TO BE PROVIDED TO THE CONSULTANT

States and territories are requested to provide the following data to the consultant:

- **total number of patients fitting the criteria for LSOP under the NPA, split by 'waiting for residential care' and 'waiting for packaged care'**

- **length of stay for each patient fitting the LSOP criteria under the NPA, from admission to hospital to the census date, measured in days; and**

- **data on distribution of LSOP across rural and urban areas, using a system agreed by the reference committee.**

Rationale:

1. The total number of LSOP in each jurisdiction will be used to determine the amount of funding each jurisdiction will receive under the NPA in 2012-13 and 2013-14.

2. The split by 'waiting for residential care' and 'waiting for packaged care' will allow for comparisons with the 2006 census which included only 'waiting for residential care'.
3. The length of stay for each long stay older patient will be used to
    a. allow for estimating the count accuracy using appropriate data (to be provided to the consultant by DoHA); and
    b. allow comparisons with the 2006 census and trend monitoring.
4. The 2006 census had a particular focus on LSOP in rural and urban areas. LSOP data on rural and urban areas would allow comparisons with the 2006 census.

The Australian Standard Geographical Classification – Remoteness Areas (ASGC-RA) will be used to classify the location of hospitals.

D. DATE OF CENSUS IN EACH JURISDICTION

When negotiating the date for the census in their jurisdiction with the consultant, reference committee members need to be mindful that the numbers of LSOP in each jurisdiction have to be ready for inclusion in the consultancy report *by 29 June 2012* to give the consultant sufficient time to collate them in a draft report *by 3 August 2012.* The 3 August 2012 deadline is critical to ensure the report of the 2011-12 census can be used to distribute funding to jurisdictions in September 2012.

DoHA has received feedback from jurisdictions regarding the census date. A census date in June is not the preferred option for a number of jurisdictions because their internal data collection timeframes include lead times that cannot be easily accommodated in June 2012. There are a range of LSOP data collection timeframes in use across Australia. Several jurisdictions have asked to use their monthly or quarterly data collection, specifically their end of March 2012 data, while one has requested to use their annual aged care census conducted in August each year to inform the 2011-12 and 2012-13 censuses.

To ensure a level playing field, all jurisdictions are given the option of choosing a census date before June 2012, e.g. those jurisdictions with quarterly data collection may wish to choose the first quarter of 2011-12. However, jurisdictions have to ensure that the LSOP census count is conducted on a particular day, not encompassing one or three month's worth of data.

Timeframe for the consultant to complete the 2011-12 and 2012-13 LSOP censuses

Period	Milestone	Due Date
June 2012	Censuses for 2011-12 in States/Territories completed	29 June 2012
July - August 2012	Draft report for the 2011-12 census submitted to the Department	3 August 2012
July - August 2012	Final report for the 2011-12 census submitted to the Department	17 August 2012
April 2013	Commencement of the 2012-13 census	22 April 2013
April - May 2013	Censuses for 2012-13 in States/Territories completed	18 May 2013

May - June 2013	Draft report for the 2012-13 census submitted to the Department	3 June 2013
May - June 2013	Final report for the 2012-13 census submitted to the Department	15 June 2013

E. 2011-12 CENSUS REPORT

The following should be included in the 2011-12 census report:

1. numbers and proportions of LSOP in each state and territory, based on the criteria for LSOP in the National Partnership Agreement, verified by the consultant;
2. analysis of the two groups of LSOP 'waiting for residential care' and 'waiting for packaged care';
3. analysis of length of stay of LSOP, applying the 35 day rule, i.e. how many LSOP had a length of stay of over and under 35 days, and over one year;
4. analysis of LSOP groups across rural and urban areas;
5. comparisons with earlier LSOP censuses (2002 and 2006) and data available in the National Hospital Morbidity (Case-mix) Database; and
6. recommendations for improving national LSOP data collection in public hospitals.

The above types of analysis will be repeated for the 2012-13 census and be included in the final census report, to be completed by 30 June 2013.

State funded initiatives to reduce the number of LSOP in public hospitals
Information on state/territory funded programs to reduce the number of long stay older patients could present a useful learning opportunity for all jurisdictions, should jurisdictions wish to provide it, and could form part of the final report's narrative.

Appendix B - Acronyms

Acronyms and terms

Acronym	Term
ACAT	Aged Care Assessment Team
ACCR	Aged Care Client Record
ACE	Aged Care and Elderly Database in Queensland
ACT	Australian Capital Territory Health Directorate
APC	Admitted Patient Care Collection held by Department of Health and Ageing
CAP	Care Awaiting Placement Program (WA)
COAG	Council of Australian Governments
DoHA	Department of Health and Ageing
DRG	Diagnostic Related Group
LOS	Length of stay (For the purpose of this report LOS is defined as the number of days from admission to day of census count, counted at midnight)
LSOP	Long Stay Older Patient
Metro	Metropolitan
MRN	Medical Record Number
NT	Northern Territory Department of Health
NPA	National Partnership Agreement
NSW	New South Wales Ministry of Health
QLD	Queensland Health
RFT	Request for Tender
TAS	Tasmania Department of Health and Human Services
SA	South Australia Health
VIC	Victoria Department of Health
WA	Western Australia Department of Health

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Appendix C – Data Collection and Verification

Overview

All jurisdictions had different processes for collecting and validating the LSOP data. All processes were documented at a high level and signed off with Communio and the jurisdictions to confirm the census count.

Australian Capital Territory

The ACT Health Directorate has used its data systems to report the number of patients who meet the LSOP criteria as specified in the NPA. The data is collected as part of operating systems for hospital in-patients and ACAT assessments and approvals for aged care placements and packages.

A process of collation and elimination was conducted to arrive at the final count number. This included:

1. Extract data from the Admitted In-Patient database
   - Include all patients in hospital on 10th August 2011
   - In either Calvary Public Hospital and The Canberra Hospital
   - Discount all patients under the age of 65
   - Reviewed list for ATSI patients (there were none)
2. Matched LSOP listed records against ACE ACAT database and records:
   - Manually checked using MRN and DOB
   - Checked that there was an ACAT Approved Date between Date of Admission and Date of Census
   - If ACAT Approved in hospital – then Medically Ready for Discharge = Yes
   - Eliminated any Care Types other than Residential Care and Packaged Care*

Note*: The definition excludes all short term aged care services, for example, respite and transition care.

[redacted] Communio conducted a teleconference with [redacted] ACT Health on the 6th July. On this call the data collection and validation process was further explained. The process is documented at a high-level.

No patient record data or internal data sets were cited to confirm the number beyond this process.

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Appendix C – Data Collection and Verification, Continued

New South Wales

New South Wales conducts an annual Aged Care Census across Health Districts and Hospitals. The census has become a routine process each year to collect a range aged care data from health service areas for Departmental monitoring and management of programs. The data is collated and compared with centrally held in-patient and ACAT databases. NSW Health has used its central data systems to report the number of patients who meet the LSOP criteria as specified in the NPA.

NSW conducted the last Aged Care Census on 24th August 2011, which is the date used for the purpose of the LSOP Census 2011/12. A similar date is being scheduled for 2012/13.

A process of collation and elimination was conducted to arrive at the final count number. This included:

- Use the list of 712 patients that were captured in NSW Aged Care Census 2011
- Exclude from that list on that census date:
  - Number of patients who were **not** medically ready for discharge
  - Number of patient who **did not** meet the LSOP age criteria (including ATSI)
  - Number of people who **were not** ACAT Assessed
- MPS were excluded as per agreed scope.
- Identified a small number of records that had incomplete data fields but meet LSOP criteria
- To validate the MRN, DoB, DoA for each record were matched against the Health Information Exchange (HIE).

The Date of Discharge was confirmed for each record to be greater than or equal to 24 Aug 2011. A 97% success rate was achieved with this check.

On the 4th July [redacted] Communio met with [redacted] and data analyst [redacted] when the data collection and validation process was explained.

[redacted] sighted the HIE data sets against LSOP lists and how data was eliminated to arrive at the final count number. This was checked against a number of random records to verify process. LSOP records which did not have all data fields complete were also explained in the HIE.

Through this process it was found that the ACAT Assessment Date was used in the NSW Census rather than the ACAT Delegated Date. The additional date data was requested on 11th July once requirement was confirmed with DOHA. The additional data was provided by NSW Health on 19th July.

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Appendix C – Data Collection and Verification, Continued

Northern Territory

NT conducted a manual census process to collect LSOP data. The data collected in the manual process was then matched against hospital in-patient data and ACAT data to confirm the count and resolve any anomalies.

NT selected the 21st June 2012 for the purpose of the LSOP Census 2011/12.

A process of collation and cross checking was conducted to arrive at the final count number. This included:

- Extract data from the Admitted In-Patient database as per Scoping requirements including:
  - In scope hospitals (e.g. Royal Darwin, Tennant Creek, Alice Springs and Katherine)
  - Patients over 65 or over 50 for ATSI
  - Assessed medically ready for discharge
- Checked those listed patients against ACAT data which was sent in from each hospital including:
  - Check that patient has an ACAT Completed date
  - Have an approved assessment of Residential Care or Packaged Care
  - That they were waiting in hospital on the day of census
- Matched and checked against manual census returns provided by hospitals

Communio received PDF copies of the Hospital In-patient data report and ACAT reports from each of the hospitals (de-identified) to review and confirm the count number provided in the data.

[redacted] Communio checked the numbers from these PDF reports supplied and confirmed the overall number matched the count number provided in the census.

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Appendix C – Data Collection and Verification, Continued

Queensland

Queensland conducts an annual data collection for Longer Stay patient from its hospitals each year. This is a manual process which requires a Memo Request to District CEOs to request the data, and an Excel spreadsheet to be completed by each hospital and returned to the central office. The data collection is in line with LSOP census requirements, helps inform and monitor LSOP type patient numbers in QLD, and is used for other health service planning for older patients. The census data is then validated against ACAT databases (ACE) and In-patient data centrally.

QLD selected the 20th June 2012 for the purpose of the LSOP Census 2011/12.

A process of collation and elimination was conducted to arrive at the final count number. This included:

- Exclude any out of scope facilities as per scoping requirements
- Exclude:
  - people who do not have an ACAT approval for permanent care
  - people whose ACAT approval has lapsed, i.e. is not current
  - people who are not an admitted patient
- Check ACAT approvals supplied against the ACAT databases (i.e. Aged Care database system in Queensland - ACE) that relate to each site
- Verify admitted status and age at selected hospitals for each LSOP patient based on separate admission data forms from the medical files at sites that were used for verification in 2006 – Bowen and Prince Charles (process of going back and checking against medical files and ACAT system entries)
- Confirm that only those patients in acute care facilities were included in the count where there was a co-located Multipurpose (Health) Service (e.g. Childers, Biggenden)
- Examine the results of census count with previously conducted censuses and found the results comparable and numbers trending down.

[redacted] Communio visited QLD Health on the 6th July and met with [redacted]. The data collection and validation process was explained.

[redacted] cited the Patient Admission Form and Patient ACE Summary Sheet against census data sheet provided to confirm dates for two randomly selected LSOP patients (958 and 219018). Patient admission date, MRN, ACAT Approval Date, and Care Type were checked against the spreadsheet data provided to verify the overall count numbers were valid.

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Appendix C – Data Collection and Verification, Continued

South Australia

SA conducted a manual process to request and collect LSOP census data from metro and country hospitals. It was not possible to accurately identify the eligible patient population group from data held centrally. The ACAT data collection is not managed by the Department.

The Department produced listing of potentially eligible patients. A patient was deemed to be potentially eligible if the age criteria were met. These listings were circulated to hospitals, which then provided data on whether the patient had been assessed as eligible for permanent aged care services, the ACAT Delegation date and whether the patient was medically ready for discharge.

The Department then removed patients who failed to meet all the eligibility criteria.

A census date was set for the 5th June 2012 to allow sufficient time to collect and validate the data for the LSOP census 2011/12.

A process of collation and elimination was conducted to arrive at the final count number. This included:

- Eliminate facilities out of scope for the purpose of the census (e.g. MPS)
- Collate and list data from the hospital census returns
- Check the list against in-patient data sets (i.e. MRN, DoB, Hospital, DoA)
- Eliminate list around age criteria
- Check for Date of Discharge, ACAT Completed Date, medically ready for discharge on census date
- ACAT Assessment split between Packaged Care and Residential care
- Finalise any outstanding missing data fields through hospital site follow-up

Note – ACAT Assessment Completed Date was originally supplied for the ACCR Completed Date. This was resolved through a follow up process to clarify and confirm dates supplied. ACAT Delegated Date was supplied on the 24th July 2012.

[redacted] Communio held a teleconference with [redacted] on the 9th July to understand and confirm the process conducted to arrive at the census count. The process is documented at a high-level.

No patient record data or internal data sets were cited to confirm the number beyond this process.

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Appendix C – Data Collection and Verification, Continued

Tasmania

Tasmania conducts a monthly reporting process of LSOP type patients across its three local areas on the 1st day of each month via the *ACAT Central Waiting List*. This data is captured and reported separately by the three local health areas. For the purpose of the LSOP census, this data is then checked against a secondary data source (for patient medical record number and admission details) in the hospital-based DMR (Digital Medical Record) system.

As detailed records enabling verification with secondary hospital data are not available for past data unless it has been specifically required and requested, the timing of this exercise and additional reporting requirements for the LSOP census precluded Tasmania from using the 1 June 2012 data. July data would be too late.

A separate census date was conducted in mid June to request the data from the Areas and hospitals. The LSOP 2011/12 census was effectively conducted on Thursday 14 June 2012 in Southern Tasmania, and on Thursday 28 June 2012 in Northern and North West Tasmania to accommodate different internal data collection and reporting timetables and processes.

A process of collation and elimination was conducted to arrive at the final count number. This included:

- Exclude any out of scope facilities
- From census list provided from Areas match LSOP patients between In-patient Hospital data and ACAT data (Hospital, MRN, DoB)
- Check and eliminate list to match LSOP scope criteria (i.e. over 65, ACAT Approved, medically ready for discharge etc.)
- Confirm that LSOP patient was in hospital on census day from reviewing Date of Admission and Date of Discharge against MRN from central databases
- Calculate Length of Stay from Date of Admission to Date of Census for each LSOP
- Review census count figures against previous months for trends and comparable results

It was confirmed with TAS that the ACAT Delegated Date was used for the ACCR Completed Date as described in the data request spreadsheet for the census.

[redacted] Communio held a teleconference with [redacted] TAS Health and Human Services on the 5th July. The data collection and validation process was explained.

No patient data or internal data sets were cited to confirm the number beyond this process.

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Appendix C – Data Collection and Verification, Continued

Victoria

Victoria collects LSOP related data on a routine basis as part of standard data capture in their systems. The information resides in both their In-patient data set and their APAP database when a patient is assessed for aged care.
Potential census dates could have been selected at the end of quarter in line with ACAT reporting. The 28th March 2012 was selected for the purpose of the LSOP census 2011/12.

A process of collation and elimination was conducted to arrive at the final count number. This included:

- Data extracted from centrally held data systems as per scoping requirement criteria (i.e. patient in hospital, over the age of 65, medically ready for discharge, ACAT Approved etc.)
- Ensure correct hospitals are included in the count (remove any MPS's – although Victoria have very few MPS facilities)
- Provide all ACAT assessment dates for completeness (i.e. ACAT Assessment date, ACAT Approved Date)
- Check Date of Admission and Date of Discharge to confirm the patients were in hospital on the census date
- Provide ACAT approved split between Residential Care (167), Packaged Care (3), and Flexible Care New Transition Care (69) and blank (3). No follow up with patient records was conducted to finalise the 3 blank fields
- Flexible care new transition care was included in the count and identified separately as part of the ACAT Approved Care Types

[redacted] Communio held a teleconference with [redacted] VIC Health on the 5th July 2012 to understand and confirm the process conducted to arrive at the census count. The process is documented at a high-level in this document.

Clarification was sought about the inclusion of flexible care / short term care LSOP numbers. The Department of Health and Ageing indicated their acceptance to include short term arrangements if residential care or packaged had also been selected in the ACAT approval. It is understood that this was not the case for these flexible care type patients and therefore they are excluded from the overall census count as it was deemed out of scope (i.e. 242 – 69 = 173).

No patient record data or internal data sets were cited to confirm the number beyond this process.

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Appendix C – Data Collection and Verification, Continued

Western Australia

WA collect LSOP related data on a regular basis across Metro and Country hospitals. Metro and Country hospital data is collected and reported weekly and quarterly respectively. The data is collected under *Patients Awaiting Aged Care Services* template and is collated into a central dataset.

A census date for both country and metro could be selected each quarter. The 28th September 2011 was selected for the purpose of the LSOP census 2011/12.

A process of collation and elimination was conducted to arrive at the final count number. This included:

- Collation of Metro and Country datasets – *Patients Awaiting Aged Care Services*
- Eliminate list around age criteria
- For Country hospital data – go back to each site to confirm MRN, DoB, ACAT Delegated Date. WA confirmed that all Country patients included in the census were waiting for residential aged care
- For Metro hospital data – check against internal held databases (MRN, Date of Admission and currency of in-patient status at census date) – against ACAT Database (DoB match and ACAT approval date and type – packaged or residential care)

Note – ATSI indicators could not be supplied due to the unreliability of the data.

[redacted] Communio held a teleconference with [redacted] WA Health on the 5th July 2012 to understand and confirm the process conducted to arrive at the census count. The process is documented at a high-level in this document.

No patient record data or internal data sets were cited to confirm the number beyond this process. It was also confirmed that the ACAT Delegated Date was used for the ACAT date provided in the census.

Appendix D: Comparative Analysis Process

Overview

Communio was requested to analyse and compare census data against data provided by the Department to determine if Admitted Patient Care (APC) data could be used as a proxy to support LSOP estimates now and into the future.

National Dataset for Comparison

On the 23rd of July the Department supplied a data extract from the National APC database for LSOP analysis. The data extract provided a patient separations list of 26,383 records from 2010/11. The Department did not hold 2011/12 state and territory admitted patient data at the time of analysis, so a 2010/11 dataset was used.

The Department also provided commentary statements on how the data items are derived by the Commonwealth from state data. Data items and their descriptions are listed in the table below.

Data Item	Description
Multi-purpose service	This data was derived using public hospital peer group categories published by the AIHW on their internet site. Hospitals were excluded from the APC analysis if they had a peer group of 'E2'
Hospital remoteness area	The remoteness area values were calculated using hospital address details as reported in the Department's Declared Hospital database
Patient type	Patient type is defined using a combination of supplied APC data items and, for public patients, is consistent with the AIHW's definition as reported in Australian Hospital Statistics 2010-11. Public patients include separations for Medicare eligible patients who elected to be treated as a public patient and separations with a funding source of reciprocal health care arrangements, other hospital or public authority (with a public patient election status) and no charge raised (in public hospitals).

The dataset provided a list of separated patients aged over 65 years (over 50 years for indigenous) whose length of stay was over 35 days. The data fields provided for each record were:

Data Item	SAS Name	Valid values
Hospital State/Territory	stateh	1 - New South Wales 2 - Victoria 3 - Queensland 4 - South Australia 5 - Western Australia 6 - Tasmania 7 - Northern Territory 8 - Australian Capital Territory
Establishment sector	esttype	1 - public (excluding psychiatric hospitals) 2 - private (excluding free-standing day hospital facilities) 4 - public psychiatric 5 - private free-standing day hospital facility
Multi-purpose service	mps	0 - Not an MPS 1 - MPS
Hospital remoteness area	RA_2006_Name	Remoteness Area: Major cities of Australia Inner Regional Australia Outer Regional Australia Remote Australia Very Remote Australia Migratory

Patient type	pattype	PUB - Public PRI - Private OTH - Other
Care Type	care	01.0 - acute care (admitted care) 02.0 - rehabilitation care 02.1 - rehabilitation care delivered in designated unit 02.2 - rehabilitation care - designated program 02.3 - rehabilitation care is the principal clinical intent 03.0 - palliative care (cannot be further categorised) 03.1 - palliative care delivered in a designated unit 03.2 - palliative care - designated program 03.3 - palliative care is the principal clinical intent 04.0 - geriatric evaluation and management 05.0 - psychogeriatric care 06.0 - maintenance care 07.1 - newborn care (full qualified days) 07.2 - newborn care (part qualified days) 07.3 - newborn care (no qualified days) 08.0 - other admitted patient care 09.0 - organ procurement - posthumous 10.0 - hospital boarder 99.0 - Not reported/unknown
Separation Date	sep date	Date
Principal Diagnosis Code	x07ddx1	ICD-10-AM 7th edition (Z74 and Z75)

Data Filtering for Comparison

The data was filtered using the following criteria for comparison:

Only public patients were included (pattype = PUB)
Patients at multi-purpose services were excluded (mps = 0 only)
Patients with care type of maintenance care were included (caretype = 6.0)
Patients with icd diagnosis codes matching codes similar to (Z74.0, Z74.1, Z74.2, Z74.3, Z74.8, Z75.0, Z751.1, Z751.8, Z751.9, Z75.2, Z75.3, Z75.4, Z75.5, Z75.8 and Z75.9)

Diagnosis Codes utilised

Z74.0	Need for assistance due to reduced mobility
Z74.1	Need for assistance with personal care
Z74.2	Need for assistance at home and no other care
Z74.3	Need for continuous supervision
Z74.8	Other problems related to care-provider dependency
Z75.0	Medical services not available in home
Z75.11	Person awaiting admission to residential aged care service Nursing home
Z75.18	Person awaiting admission to other health care facility
Z75.19	Person awaiting admission to adequate facility elsewhere, unspecified
Z75.2	Other waiting period for investigation and treatment
Z75.3	Unavailability and inaccessibility of health-care facilities
Z75.4	Unavailability and inaccessibility of other helping agencies
Z75.5	Holiday relief care
Z75.8	Other problems related to medical facilities and other health care
Z75.9	Unspecified problem

Result

The National APC 2010/11 data supplied was reduced to 1,430 patients matching LSOP type criteria as specified. Results and conclusions are included in the body of the Census Report.