Inpatient Waiting List Minimum Data Set

V2.0

Contents

Document Revision History

Date	Author	Version	Change Reference
2023/09/27	Conor Lynch	0.1	Initial draft
2023/12/22	Conor Lynch	0.2	Splitting out Cancellation Dates
2024/01/12	Conor Lynch	0.3	Updated according to feedback from ICT team
2024/02/20	Conor Lynch	0.4	Updated according to feedback from WLR team
2024/04/02	Conor Lynch	1.0	Final clean-up
2024/04/15	Conor Lynch	1.1	Colour coding updated for clarity
2024/05/16	Conor Lynch	1.2	Table for High Clinical or Social Needs added
2024/05/23	Conor Lynch	1.3	Patient Short Notice Cancellation Date field added. "Patient Unfit" cancellation reason renamed to "Patient Clinically Unfit".
2024/06/05	Conor Lynch	1.4	Removal reasons updated after consultation with WLR Team.
2024/06/24	Conor Lynch	1.5	TCI Cancellation Reasons expanded based on IT recommendations.
2024/07/11	Conor Lynch	1.6	Changes to removal and cancellation reasons.
2024/07/16	Conor Lynch	1.7	Removal reason from validation team added.
2024/07/18	Conor Lynch	2.0	Meeting with WLR for final sign-off. Removal reasons changed slightly.

Introduction

The purpose of this document is to provide information to hospitals to aid them in producing the Inpatient Waiting List extract files for subsequent weekly upload to, and processing by, the NTPF.

Producing Extract Files

The weekly extract file should be a complete snapshot of the Waiting List (WL) and Planned Procedure (PP) data, containing a single record for each WL or PP episode. Each record should reflect the status of the WL or PP episode at the time of the extract. Every WL or PP episode that has been completed in the previous four weeks should also be included in the extract file.

The extract file should contain a complete set of data as described above and have no dependencies on previously submitted extract files. A record comprising of certain data items is required for every patient be they a waiting list patient or a planned procedure and which is described in this document.

Once a patient has been added to a WL or PP module, a corresponding record should be included in all subsequent extract files until four weeks after the waiting list/planned procedure episode is complete, i.e. the patient has been admitted or the patient has been removed.

Even if a patient has been added to a system in error, the same process should be followed, and the relevant records included within each extract file. The field 'WL/PP Removal Reason Code' includes codes for 'Clerical Error' and similar occurrences. Ensuring that such records are properly coded and included in extract files will allow these to be excluded from later statistics and calculations.

Patients to be Included

All public patients awaiting access to Inpatient, Day Case, Planned Procedure and GI Endoscopy care, who are listed under a valid ICD-10 AM code, should be included in the extract file.

Categories of patients who should **NOT** be submitted include, but are not limited to:

- Private patients on public hospital waiting lists
- Private patients on a consultant's private waiting list
- Patients awaiting access to National Screening Services such as BowelScreen, Breast Check, Cervical Screening, or Diabetic Retina Screen.
- Patients awaiting access to diagnostics such as Cardiology (Echo, EST, Holder, Event Monitors), Radiology Diagnostics (MRI, CT, US), or Respiratory Pulmonary Function Tests (PFTs)

Naming Extract Files

The naming convention with respect to extract file names is as follows:

There should be four items of information within the extract file name, each separated by an underline character,

- "IPDC"
- The Hospital HIPE Code (including the leading zero if applicable)
- The Waiting List Extract Date (formatted as "yyyyMMdd")
- The file set sequence number (only required if there are multiple extract files and the above items do not provide a unique file name)

A typical extract file name might be: IPDC_0908_20220101_1.csv

Multiple Extract Files per Week

There is no mechanism by which the NTPF can know that all WL or PP entries for a particular organisation are included in a particular extract file. It is the responsibility of each providing

organisation to ensure that all available WL and PP episode information is included within the extract file submitted.

On the occasion that multiple files are submitted in a given week, only the latest version of the file will be processed. Files submitted after the archive deadline **<u>cannot</u>** be processed retrospectively.

Extract File Structure

The extract file should be structured using simple "comma separated value" formatting, as is the case for the OP Waiting List files currently produced and submitted.

Header Record

The first line within an extract file should be a header record. The header record will contain five fields and be structured according to the following table:

Field No	Field Name	Description	Data Type	Maximum Length	Mandatory
1	Extract Type	Text denoting that it's an Inpatient extract file: "IPDC"	string	4	Y
2	Hospital HIPE	ESRI identifier (HIPE code) of the hospital (including the leading zero if applicable)	string	4	Y
3	File Date	Effective date of the WL/PP data contained in this extract file (normally the date that the extract file is produced)	date	16	Y
4	File Set Sequence Number	Identifier used to differentiate between multiple extract files from the same source organisation for the same effective date	string	20	Y
5	Record Count	The number of records within this extract file, excluding the header record	integer	-	Y

A typical header file record might look like: "IPDC","0908","28/03/2022","1","1076"

IPDC WL and PP Minimum Data Set Details

The following table lists the data items that need to be provided by hospitals.
All records should be submitted weekly up to 4 weeks after being admitted or removed.

Each WL episode or PP episode must be represented by a single record within the extract file, reflecting the current status of the episode. If a patient has more than 1 Waiting List episode then 1 record must be submitted for each WL episode. If a patient has more than 1 PP episode then 1 record must be submitted for each PP episode.

Each record must contain all fields as defined in the Minimum Data Set (MDS) and in the order defined in the MDS.

When no data exists for a non-mandatory field, then the field can be null within the record. This is represented by two consecutive double-quote characters between the commas: ""

Fields which have been renamed since the 2012 MDS are highlighted in **BLUE**.
Fields which did not appear at all in the 2012 MDS are highlighted in **RED**.
Fields which appeared in the 2012 MDS but have changed functionally are highlighted in **GREEN.**

Date Format

Unless otherwise specified, all dates should be provided in dd/MM/yyyy format.

Field No	Field Name	Description	Data Type	Maximum Length	Mandatory WL	Mandatory PP
1	**Hospital HIPE**	**The HIPE code of the hospital**	**numeric string**	**4**	**Y**	**Y**
2	**IHI Number**	**The full, 18-digit, IHI identifier. Return blank if not available.**	**string**	**18**	**N**	**N**
3	**PPSN**	**For future use.**	**string**	**10**	**Please leave blank for now.**	
4	MRN	Unique identifier for the patient as allocated and used by the hospital.	string	50	Y	Y
5	WL or PP Episode Number	A unique identifier for the case as allocated and used by the hospital.	string	50	Y	Y
6	Transaction Number	Unique identifier of the system line item (if available). A sequence number that is incremented with each transaction against	string	10	N	N

		the above WL Episode Number.				
7	Patient Forename 1	Patient's first name	string	50	Y	Y
8	Patient Forename 2	Patient's middle name or initial(s)	string	50	N	N
9	Patient Surname	Patient's surname	string	50	Y	Y
10	**Patient Sex**	**Male, Female or Unknown** **Note: This is the biological sex of the patient, distinct from their gender identity.**	**string**	**1 – See Code Table 1**	**Y**	**Y**
11	Patient Date of Birth	Date of patient's birth	date	10	Y	Y
12	Patient Address Line 1	Address line 1 of primary residence	string	50	Y	Y
13	Patient Address Line 2	Address line 2 of primary residence	string	50	N	N
14	Patient Address Line 3	Address line 3 of primary residence	string	50	N	N
15	Patient Address Line 4	Address line 4 of primary residence	string	50	N	N
16	Patient Address Line 5	Address line 5 of primary residence	string	50	N	N
17	Patient Area of Residence Code	The area of residence (as allocated by ESRI for HIPE returns)	string	4 – See Code Table 2	Y	Y
18	**Eircode**	**The patient's Eircode**	**string**	**7**	**N**	**N**
19	Patient Telephone Number	Daytime telephone number used to contact patient	numeric string	50	N	N
20	Patient Mobile Telephone Number	Mobile telephone number used to contact patient	numeric string	50	N	N
21	**Patient Email Address**	**Email Address used to contact patient**	**string**	**50**	**N**	**N**
22	**Primary Procedure ICD10**	**The ICD10 code of the primary procedure that the patient is waiting for.**	**string**	**10**	**Y**	**Y**
23	**Primary Procedure Name**	**Textual description of the procedure as completed by the clinician.**	**string**	**100**	**Y**	**Y**

24	Case Type	In-patient or Day Case	integer	See code table 4	Y	Y
25	Specialty HIPE	The HIPE code for the specialty the patient is being placed under	numeric string	4 – See Code Table 5	Y	Y
26	Consultant Code	Consultant code as allocated by the hospital	string	12	Y	Y
27	Consultant HIPE	Consultant's HIPE code	string	4 – See Code Table 6	Y – If available on PAS system	Y – If available on PAS system
28	Consultant IMC	Consultant's IMC code	string	10 – See Code Table 7	Y – If available on PAS system	Y – If available on PAS system
29	Consultant Forename	The consultant's first name, excluding title (e.g. "Dr.")	string	50	N	N
30	Consultant Surname	The consultant's surname	string	50	N	N
31	Date Placed on Waiting List	The date the decision was made to place a patient on the waiting list	date	12	Y	Not applicable. Please leave as NULL.
32	GP IMC	GP's Medical Council No.	string	10 – See Code Table 8	N	N
33	GP Code	GP's local hospital allocated code	string	12	Y	Y
34	GP Forename	GP's first name, excluding title (e.g. "Dr.")	string	50	Y	Y
35	GP Surname	GP's surname	string	50	Y	Y
36	GP Address Line 1	Address line 1 of GP's practice	string	50	Y	Y
37	GP Address Line 2	Address line 2 of GP's practice	string	50	N	N
38	GP Address Line 3	Address line 3 of GP's practice	string	50	N	N
39	GP Address Line 4	Address line 4 of GP's practice	string	50	N	N
40	GP Address Line 5	Address line 5 of GP's practice	string	50	N	N
41	GP Eircode	Eircode of GP's practice	string	7	N	N
42	GP Email Address	GP's email address	string	50	N	N

43	TCI Date	Proposed date of admission (TCI = "To Come In")	date	10	N	N
44	TCI Cancellation Date	Date TCI was cancelled (for any reason), if applicable. If a new TCI date has been given since the cancellation, then this field <u>SHOULD</u> return to NULL.	date	10	N	N
45	**Date of Most Recent Patient requested TCI Cancellation**	**Date TCI was last cancelled with the reason "Cancelled by Patient/Guardian for non-clinical reasons" (code value 22) in Field 47.** **If a new TCI date has been given since the cancellation, then this field <u>SHOULD NOT</u> return to NULL.** **See full note at the end of this section.**	**date**	**10**	**N**	**N**
46	**Date of Most Recent Patient TCI DNA**	**Date TCI was last cancelled with the reason "Patient Did Not Attend (DNA)" (code value 12) in Field 47.** **If a new TCI date has been given since the cancellation, then this field <u>SHOULD NOT</u> return to NULL.** **See full note at the end of this section.**	**date**	**10**	**N**	**N**
47	TCI Cancellation Reason	Reason that TCI date was cancelled	integer	See code table 9	Mandatory if field 44 is populated.	N

48	Admission Date	Actual date of admission for WL or PP	date	10	N	N
49	Admission Type Code	Indicates if NTPF or non-NTPF admission	integer	See code table 10	Mandatory if field 48 is populated.	N
50	WL or PP Removal Date	The date that the patient was removed – Waiting List or Planned Procedure	date	10	N	N
51	WL or PP Removal Reason Code	The reason why the patient was removed – Waiting List or Planned Procedure	integer	See code table 11	Mandatory if field 50 is populated.	N
52	Suspension Start Date	The date the patient was Suspended/Deferred – Waiting List or Planned Procedure	data	10	N	N
53	Suspension Reason Code	The reason why the patient was Suspended/Deferred – Waiting List or Planned Procedure	integer	See code table 12	Mandatory if field 52 is populated.	N
54	Suspension End Date	The date the patient is due to be restored – Waiting List or Planned Procedure	date	10	Mandatory if field 52 is populated.	N
55	Patient Offered NTPF Code	Indicates if the Patient has been offered treatment for this specific procedure under the NTPF scheme	integer	See code table 13	N	N
56	Patient Declined NTPF Code	Indicates if the Patient has declined an offer of treatment for this specific procedure under the NTPF scheme	integer	See code table 14	N	N
57	Patient Offered Other Commissioning Initiative Code	Indicates if the Patient has been offered treatment for this specific procedure under a non-NTPF scheme	integer	See code table 15	N	N
58	Patient Declined Other	Indicates if the Patient has declined	integer	See code table 16	N	N

	Commissioning Initiative Code	**an offer of treatment for this specific procedure under a non-NTPF scheme**				
59	Waiting List or Planned Procedure	Waiting List or Planned Procedure Indicator	integer	See code table 17	Y	Y
60	Clinical Prioritisation	Clinical prioritisation as defined by consultant	integer	See code table 18	Y	N
61	**Secondary Procedure ICD10**	**The ICD10 code of the secondary procedure that the patient is waiting for**	**string**	**10**	**N**	**N**
62	**Secondary Procedure Name**	**Textual description of the secondary procedure as completed by the clinician.**	**string**	**100**	**N**	**N**
63	Indicative Date for Planned Procedure	Date that the patient is due in the future for their planned procedure	date	10	N	Y
64	File Date	Effective date of the WL/PP data contained in this extract file (normally the date that the extract file is produced)	date	10	Y	Y
65	Start Date of Most Recent Suspension Period	The start date of the most recent suspension period which was not to facilitate insourcing or outsourcing initiatives, or a pandemic	date	10	N	N
66	End Date of Most Recent Suspension Period	The end date of the most recent suspension period which was not to facilitate insourcing or outsourcing initiatives, or a pandemic	date	10	Mandatory if field 65 has been populated.	N
67	**High Clinical or Social Needs**	**Is this a high clinical and/or social needs patient (as**	**Integer**	**See code table 19**	**N**	**N**

		determined by clinician)				

Notes

- Where a patient requests to cancel their TCI for non-clinical reasons (code value 22 in field 47), the cancel date should be populated in both fields 44 and 45. The date in field 44 should be returned to NULL when the patient is issued a new TCI Date. The date in field 45 should persist for the duration of the patient's wait time, or until it is replaced by another patient requested TCI date for non-clinical reasons.
- Where there has been a patient DNA incident (code value 12 in field 47), the DNA date should be populated in both fields 44 and 46. The date in field 44 should be returned to NULL when the patient is issued a new TCI Date. The date in field 46 should persist for the duration of the patient's wait time, or until it is replaced by another patient DNA incident.
- If there has been a suspension at any stage in this episode of care, except in cases where it is to facilitate insourcing or outsourcing initiatives, or due to a pandemic, the start and end date should be recorded in fields 65 and 66 for all subsequent weeks. In the event there have been multiple suspensions, then the most recent start and end date should be used. This will allow us to exclude the suspension period from the patient's wait time.

Code tables

Many of the data fields in the MDS need coded values. Each of such data fields has a corresponding table below that either explains what valid codes are available or refers to an established source where the valid codes may be found.

Table 1 - Patient Sex (Field 10)

Description	Code Value
Male	M
Female	F
Unknown	U

Table 2 - Patient Area of Residence Code (Field 17)

Description	Code Value
Carlow	0500
Cavan	2900
Clare	1600
Cork (City)	1101
Cork (County)	1200
Donegal	2800
Dublin 1	0101
Dublin 2	0202
Dublin 3	0103
Dublin 4	0204
Dublin 5	0105
Dublin 6	0206
Dublin 7	0107
Dublin 8	0208
Dublin 9	0109
Dublin 10	0210
Dublin 11	0111
Dublin 12	0212
Dublin 13	0113
Dublin 14	0214
Dublin 15	0115
Dublin 16	0216
Dublin 17	0117
Dublin 18	0218
Dublin 20	0220
Dublin 22	0222
Dublin 24	0224
Dun Laoghaire Borough	0217
Galway (City)	1801
Galway (County)	1900
Kerry	1300
Kildare	0300

Kilkenny	0700
Laois	2500
Leitrim	2600
Limerick (city)	1401
Limerick (County)	1500
Longford	2200
Louth	3100
Mayo	2100
Meath	3200
Monaghan	3000
North Dublin City & County	0100
Northern Ireland	3310
Offaly	2400
Roscommon	2000
Sligo	2700
South Dublin City & County	0200
Tipperary (North)	1700
Tipperary (South)	0800
Waterford (City)	0901
Waterford (County)	1000
Westmeath	2300
Wexford	0600
Wicklow	0400

Table 3 – Primary/Secondary Procedure ICD10 (Field 22/57)

Description	Code Value
ICD10-AM Procedure Index Selection	These codes are defined under ICD10-AM.

Table 4 – Case Type (Field 24)

Description	Code Value
In-patient	1
Day Case	2

Table 5 – Specialty HIPE (Field 25)

Description	Code Value
Accident & Emergency	2800
Anaesthetics	8000
Audiological Medicine	6000
Biochemistry	8600
Breast Surgery	2605
Cardio-Thoracic Surgery	7600

Cardiology	0100
Chemical Pathology	8400
Child/Adolescent Psychiatry	2102
Clinical (Medical) Genetics	6700
Clinical Immunology	7900
Clinical Neurophysiology	6200
Clinical Pharmacology	6300
Clinical Physiology	6400
Cytology	8700
Dental Surgery	7000
Dermatology	0300
Developmental Paediatrics	1916
Diabetes Mellitus	0402
Endocrinology	0400
Forensic Psychiatry	2103
G.P. Medicine	6500
Gastro-Enterology	0700
Gastro-Intestinal Surgery	2602
General Medicine	5000
General Pathology	8300
General Surgery	2600
Genito-Urinary Medicine	0800
Geriatric Medicine	0900
Gynaecology	1503
Haematology	1100
Hepato-Biliary Surgery	2603
Histopathology	8500
Immunology	8800
Infectious Diseases	2700
Intensive Care	8002
Maxillo-Facial	2003
Mental Handicap	6800
Metabolic Medicine	7700
Microbiology	8900
Neonatology	1904
Nephrology	2300
Neuro-Ophthalmic Surgery	1702
Neurology	1300
Neuropathology	8502
Neuroradiology	2203
Neurosurgery	1400
Nuclear Medicine	6900
Obstetrics	1502
Obstetrics/Gynaecology	1500

Occupational Medicine	7100
Old Age Psychiatry	2105
Oncology	1600
Ophthalmology	1700
Oral Surgery	7001
Orthodontics	7002
Orthopaedics	1800
Other	9000
Otolaryngology (ENT)	0600
Paed Cardiology	1902
Paed Endocrinology	1905
Paed Gastro-Enterol	1906
Paed Haematology	1907
Paed Metabolic Medicine	1910
Paed Nephrology	1911
Paed Oncology	1903
Paed Orthopaedic	1802
Paediatric A/E Medicine	1908
Paediatric Anaesthetics	8004
Paediatric Chemical Pathology	8402
Paediatric Dermatology	1915
Paediatric ENT	0601
Paediatric Infectious Diseases	1909
Paediatric Neurology	1302
Paediatric Neurosurgery	1402
Paediatric Physical Handicap	1914
Paediatric Radiology	2202
Paediatric Respiratory Medicine	1912
Paediatric Surgery	7200
Paediatric Urology	7803
Paediatrics	1900
Pain Relief	8003
Palliative Medicine	7300
Pathology	7400
Perinatal Paediatrics	1913
Plastic Surgery	2000
Psychiatry	2100
Psychogeriatric Medicine	0902
Public Health Medicine	6100
Radiology	2200
Radiotherapy	7500
Rehabilitation Medicine	3000
Rehabilitation Psychiatry	2106
Renal Transplantation	7802

Respiratory Medicine	2400
Rheumatology	2500
Spinal Paralysis	3002
Substance Abuse	2104
Transfusion Medicine	1102
Tropical	2702
Urology	7800
Vascular Surgery	2604
Virology	8902
Vitro-Retinal Surgery	1703

Table 6 - Consultant HIPE (Field 27)

Description	Code Value
The consultant code that the patient is being referred under as defined by ESRI for HIPE returns	4 digit numeric code as per ESRI code table

Table 7 - Consultant IMC (Field 28)

Description	Code Value
The consultant code that the patient is being referred under as assigned by the Irish Medical Council	The consultant's Irish Medical Council number

Table 8 - GP IMC (Field 32)

Description	Code Value
The GP code that the patient is being referred under as assigned by the Irish Medical Council	The GP's Irish Medical Council number

Table 9 – TCI Cancellation Reason (Field 47)

Description	Hospital /Patient Initiated	Code Values
Cancelled no bed	H	1
No theatre time available	H	2
Patient has been referred for procedure externally	H	3
Patient is deceased	H	11
Patient Did Not Attend (DNA)	P	12
Cancelled by Consultant/Team	H	21
Cancelled by Patient/Guardian (for non-clinical reasons)	**P**	**22**
Cancelled by Patient/Guardian – No longer requires procedure	**P**	**28**
Cancelled by Patient/Guardian – Short Notice Appointment (< 2 weeks)	**P**	**29**
Patient Unfit	**H**	**30**
Cancelled as part of Clinical Validation	**H**	**31**
Cancelled as part of Administrative Validation	**P**	**32**
Hospital Cancellation due to Pandemic	H	40
Patient Cancellation due to Pandemic	P	41
Patient has undergone Emergency Admission	H	70
Already had procedure in-house	H	71
Already had procedure externally	H	72
Correction of clerical error	H	90
Extreme Weather	**H**	**102**
Industrial Action	**H**	**103**

Table 10 – Admission Type Code (Field 49)

Description	Code Values
All elective admissions	1
NTPF admission	2
Hospital Group Insourcing Initiative	**3**
Other Insourcing Initiative	**4**

Table 11 – WL or PP Removal Reason Code (Field 51)

Description	Code Values
Patient admitted via normal TCI process for this procedure	1
Patient admitted via Outpatient Department for this procedure	2
Patient admitted via Emergency Department for this procedure	3
Patient had procedure in this hospital under NTPF scheme	4
Patient had procedure elsewhere without NTPF involvement	5
Patient had procedure elsewhere under NTPF scheme/outsourcing initiative	6
Removal following NTPF administrative validation process	**9**
Patient is deceased	11
Clinician requests removal as care and/or treatment no longer required	**20**
Patient/Guardian requested removal	21
Patient failed to respond during the validation process	22
Patient declined two reasonable offers of an appointment	**24**
Patient cancelled two consecutive reasonable TCI dates (>=2 weeks' notice)	**25**
Patient treated via NTPF insourcing initiative (not in referring hospital)	**26**

Patient treated via other insourcing initiative	27
Patient suspension period lapsed and patient still not suitable	29
Patient recategorized due to change in medical status	30
Transfer of care/service	33
Removal following HSE administrative validation process	34
Removal following NTPF clinical validation process	35
Removal following HSE clinical validation process	36
Patient treated via other outsourcing initiative	37
Patient details have been entered in error	90
Patient did not attend (DNA)	91
Duplicate Entry	92

Table 12 – Suspension Reason Code (Field 53)

Description	Code Values
Patient not medically fit – Clinical Suspension	1
Patient/Guardian requested suspension – Non-Clinical Suspension	2
Referred to other hospital through NTPF – Commissioning Initiative	3
Consultant requested suspension – Clinical Suspension	4
OPD/other review – Clinical Suspension	5
Deferred or postponed due to pandemic	12
Patient transferred to private hospital under HSE pandemic arrangement	13
Referred to other hospital through other commissioning initiative – Commissioning Initiative	**14**
Other Clinical Suspension	**15**
Other Non-Clinical Suspension	**16**

Table 13 – Patient Offered NTPF Code (Field 55)

Description	Code Values
No	0
Yes	1

Table 14 – Patient Declined NTPF Code (Field 56)

Description	Code Values
No	0
Yes	1

Table 15 – Patient Offered Other Commissioning Initiative Code (Field 57)

Description	Code Values
No	0
Yes	1

Table 16 – Patient Declined Other Commissioning Initiative Code (Field 58)

Description	Code Values
No	0
Yes	1

Table 17 – Waiting List or Planned Procedure (Field 59)

Description	Code Values
Waiting List	1
Planned Procedure	2

Table 18 – Clinical Prioritisation Code (Field 60)

Description	Code Values
Urgent <= 28 days	1
Non-Urgent <= 9 months	2
Semi-Urgent <= 13 weeks	3

Table 19 – High Clinical or Social Needs (Field 67)

Description	Code Values
No	0
Yes	1

Data Type Definitions

Data Type	Definition
string	A sequence of alphanumeric and/or special characters. If a string contains a comma, the entire string must be enclosed in double-quotes.
numeric string	A string of numeric characters. May contain spaces, but no other alphabetical or special characters.
integer	May contain only numeric characters. No spaces, alphabetical, or special characters are allowed.
Date	A date value in the format dd/MM/yyyy. For example, 12th January 2023 would be written as "12/01/2023".