Methodology and Data Quality Notes

Aggregate Level Data Disclaimer

Please do not use this information, either alone or with other information to identify an individual. This includes attempting to decrypt information that is encrypted, attempting to identify an individual based on encrypted information and attempting to identify an individual based on prior knowledge.

Use of Refreshed Data Cuts and Time Ranges

Historical wait times data in this report are based on the most up-to-date WTIS monthly data cuts. Consequently, wait times data in this report may or may not match wait times reported in the public website.
Exceptions : Prior Fiscal Year data will not anymore be refreshed after July data cut of the next fiscal year (ex. the last month April 2014 data will be refreshed is on the July 2015 data cut)

Cell suppression guideline

Wait time metrics (i.e. Average, Median, 90th Percentile and Percent Completed Within Target) are suppressed if the volumes used to calculate the metrics are below 6 cases. These cells are reported as "**LV**" instead of the actual wait times. Hospitals with zero volume will also show "**NV**" in the volume metric.

Hospital Reporting Status Designation

NS: Service Not Offered, Not Required to Report, or No Data Available.
RI: (Reporting Issue) A data quality issue has been identified or a Site/Facility has been flagged for Non-Compliance.
NV: (No or zero Volume) Performance metrics are suppressed if there are no volumes for the specified reporting period.
LV: (Low Volume) Performance metrics are suppressed if the volumes used to calculate the metrics are between 1 to 5 cases.

Cases with missing Priority Level

Cases with missing Priority Level are included in the calculation of Priority 2 - 4 volume and 90th Percentile Wait Times. Cases with missing Priority Level is only excluded in the calculation of Percent Completed Within Priority Targets.

Calculation Methodology: Patient Wait Times in Days

Wait Time in days = Actual Service Date minus Order Received Date less Patient Unavailable Days.

Calculation Methodology: Median and 90th Percentile Wait Times of selected patient cohort

Note that Median and 90th Percentile values are calculated differently than many software programs including Excel. In order to calculate the Median and 90th Percentile Wait Times, the following process should be completed:

1. Sort wait times in ascending order (from shortest to longest wait). Assign each patient a case number from 1 (case with shortest wait time) up to the total case count (case with longest wait time).
2. Multiply the number of cases by 0.5 for Median or 0.9 for 90th Percentile.
3. If the product in step 2 is an integer, the Median (or 90th Percentile) wait time is the wait time of the patient with case number equal to the product in step 2.
4. If the product in step 2 is not an integer or has a decimal, and therefore falls between two cases, the Median (or 90th Percentile) wait time is the wait time of the patient with a higher case number.

Calculation Methodology: Percent of Cases Completed Within Priority Targets

1. Count the total number cases that were completed for the selected period (see inclusion/exclusion criteria below)
2. Of the total count in step 1, count the number cases where wait times are less than or equal to the priority targets.
3. Divide the count in step 2 by the count in step 1 and multiply by 100 to get the percentage
4. Steps 1 to 3 can be used to calculate priorities 2,3 and 4 separately or combined.

Calculation Methodology: Percent of Timed Scans

1. Count the total number cases that were completed for the selected period (see inclusion/exclusion criteria below). Timed scans are included.
2. Of the total count in step 1, count the number cases that were flagged as timed scans.
3. Divide the count in step 2 by the count in step 1 and multiply by 100 to get the percentage

Calculation Methodology: Percent of Cases with System Delay

1. Count the total number cases that were completed for the selected period (see inclusion/exclusion criteria below)
2. Of the total count in step 1, count the number cases that were flagged for system delay.
3. Divide the count in step 2 by the count in step 1 and multiply by 100 to get the percentage

Calculation Methodology: Percent of Cases with DART

1. Count the total number cases that were completed for the selected period (see inclusion/exclusion criteria below)
2. Of the total count in step 1, count the number cases with DARTs.
3. Divide the count in step 2 by the count in step 1 and multiply by 100 to get the percentage

Inclusion/Exclusion Criteria

Inclusion Criteria:

- All closed wait list entries with scan dates within date range.

• For Adult DI scans, patients that are 18 years and older on the day the procedure was completed.
• For Paediatric DI scans, patients that are below 18 years old on the day the procedure was completed.

Exclusion Criteria:

• Procedures no longer required or cancelled scans
• Cases assigned as Priority Level 1.
• Wait list entries identified by hospitals as data entry errors.
• Cases classified as specified date procedures (SDP) or timed procedures.

Calculation Methodology: Wait List Queue

Starting with the DI Adult / Paediatric Diagnostic Imaging Wait Times Report on June 2018 data, the following exclusion criteria have been applied to Wait List Queue volumes

Exclusion Criteria:

• DI Wait List entries that have not been performed more than 45 days after the Scheduled Procedure Date
• DI Wait List entries that are still open more than 45 days after the Actual Procedure Date and Time

Operating system functionality requirement to use view reports:

This excel-based report was designed to run Visual Basic scripts using Microsoft Office windows-based application.
VBA functionality is not fully supported and will fail if used on Macintosh computers or other operating systems.

Definition: Specified Date Procedure

Specified Date Procedures (also known as Timed Procedures) are used to indicate when MRI and CT scans should be completed once a predefined period has elapsed. There are no wait times recorded with these procedures as they must occur at a specific point in time.

MRI and CT Priority Level Description

Priority 1 (Excluded in this report): Emergent – Target of 24 Hours

Priority 2: Inpatient or Urgent – Target of 48 Hours

Priority 3: Semi-urgent – Target of 10 Days

Priority 4: Non-urgent – Target of 28 days.

Independent Health Facilities (IHFs)

This report includes in Independent Health Facilities.