# **Methodology and Data Quality Notes**

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.

Historical wait times data in this report are based on the most up-to-date data provided by the LHINS and WTIS monthly data cuts. As a consequence, wait times data in this report may or may not match wait times reported in the public website.

### Cell suppression guideline

Wait time metrics (i.e. Average, 90th Percentile, and Average 90th Percentile) are suppressed if the volumes used to calculate the metrics are below 6 cases. These cells will be coded as "NV" instead of the actual wait times. RACs with zero volume will also show "NV" in the volume metric.

### **RAC & LHIN Reporting Status Designation**

Please note that all ATC Performance Reports use the following data suppression labels

- 1. NV: (No or zero volume) Performance metrics are suppressed if there are no volumes for the specified reporting period
- 2. LV: (Low Volume) Performance metrics are suppressed if the volumes used to calculate the metrics are between 1 to 5 cases.
- 3. NS: Service Not Offered, Not Required to Report, or No Data Available.
- 4. RI: (Reporting Issue). A data quality issue has been identified or data was not submitted prior to report generation

### Calculation Methodology: Patient Wait 2 Wait Times in Days

Surgery Cases: Wait 2 Wait Time in days = Actual Procedure Date minus Decision to Treat Date less Patient Unavailable Days.

Note: If Patient Unavailable Dates fall outside the Decision to Treat to Procedure Date, the Patient Unavailable Dates are not deducted from the patient's wait days. These are considered data entry errors.

Definition and Calculation Methodology: 90th Percentile Wait 2 Wait Times of selected patient cohort

90th Percentile Wait 2 Wait Time Days: The number of days at which 9 out of 10, or 90% of patients have received treatment while the other 10% waited longer.

Note that 90th Percentile values are calculated differently than many software programs including Excel. In order to calculate the 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 0.9 for 90th Percentile.
- 3. If the product in step 2 is an integer, the 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 90th Percentile wait time is the wait time of the patient with a higher case number.

## Regional and LHIN Aggregation Methodology

Wait 1: LHIN and Regional level Wait 1, Wait 1a and Wait 1b average and 90th Percentile values are arithmetic average of RAC Wait 1, Wait 1a and Wait 1b, respectively.

Wait 2: LHIN and Regional level Wait 2 data is obtained from the WTIS. Beginning Q2 19/20, RAC level Wait 2 data has also been obtained from the WTIS.

## **LHIN Specific Data Quality Notes**

## 1. Erie St. Clair

Data quality issues identified for MSK data submission for Q1 and Q2 22/23, review data with caution.

All Non-Wait Time metrics and Wait 1 data for central intake and RACs are generated from the Ocean eReferral System. As such, only referrals that are entered into the Ocean system to be moved forward to RACs or surgeons will be included.

Data quality issues related to Wait 1b as there is no consistent access to the surgeon consult date to be entered into Ocean.

Due to the COVID-19 pandemic some RAC teams have experienced health human resource issues which have impacted the wait times.

## 2. Toronto Central

Number of surgeon consults equals number of referrals to CI (and is more than number of patients seen by APP) due to count of surgical consult referrals being taken from initial referral to CI (NOT at time of APP assessment). LHIN is working on resolving this issue

Reporting of total number of patients with follow up visits does not include all RACs yet. LHIN working with sites to determine if revisits to RAC (pre-surgery) can be capured at other RAC sites. There are ongoing limitations related to a lack of a comprehensive IT system

Data gaulity issues identified for MSK data submission for Q1 22/23 related to OCEAN eReferral system, review data with caution

All Wait 1 data from Quinte HC, Brockville GH and P & SF DH RACs are closed Wait 1 data extracted from iPort Access. Brockville GH RAC did not perform any surgeries for January, February and March 2022 so no Wait 1 data is reported.

All Wait 1 data (Wait 1, Wait 1a, Wait 1b) for Kingston HSC RAC is from the OCEAN eReferral system (EntryPoint Data Analytics).

All Wait 1a data for all 4 RAC sites are from OCEAN eReferral system (EntryPoint Data Analytics).

Unable to provide Wait 1b data for Brockville GH. Quinte HC and P & SF DH RACs as the majority of orthogoedic surgeons are not using the OCEAN eReferral system and first surgeon consult appointment dates from these RAC sites are difficult to obtain or the data is inconsistent.

Q1

All Non-Wait Time metrics data is from the OCEAN eReferral system (EntryPoint Data Analytics).

Data quality issues noted for Wait 1b at Brockville General Hospital, Quinte Healthcare for Q3 23/24. Please review data with caution.

Data quality issues noted for Wait 1a for Kingston Health Sciences Centre for Q3 23/24. Please review data with caution

Data quality issues noted for Wait 1 and Wait 1b for Perth and Smiths Falls District Hospital for Q4 23/24. Please review data with caution.

## 4. North West

Longer wait times can be attributed to:

- -Northern Travel restrictions (black out travel dates, lack of escorts/drivers, no shows for appts) resulting in elevated Wait 1.
- -Decreased APP visits during winter and summer months Reduced HHR such as limited surgeon and anaesthesia availability leading to system impacts.
- -Lake of the Woods only performed Hip consults in Dec 2024. -FY24/25 Q3-Q4 Wait 1b remains elevated in Thunder Bay due to limited surgeon availability.

Data quality issues noted with Total # of patients with follow up visits with APP indicator data. Current soluton with source system (OCEAN) is being investigated. Please interpret FY22/23-present indicator data with caution

### 6. Central

North York General Hospital was down to 1 APP for the timeframe of July 11-September 26 2022.

Mackenzie Health - was down their full-time APP during July and August 2022.

Wait 1 data from Collingwood General and Marine Hospital RAC is data extracted from iPort Access.

North York General Hospital had surgeon vacations and limited APP resources for the month of June 2023.

FY24/25 Hip/knee referral data has been has been impacted due to ongoing migration of referral management system, please review data with caution. may be affected due to migration of technology to single instance in March - April 2025.

Totals

7. Central West

Due to Central Intake integration Q3 FY24/25 Non-Wait Time Metrics are not available and have been excluded from LHIN and Regional level data.

Totals may

be affected due to migration of technology to single instance in March - April 2025.

Due to Central Intake integration Q3 FY24/25 Non-Wait Time Metrics are not available and have been excluded from LHIN and Regional level data. may be affected due to migration of technology to single instance in March - April 2025.

Totals

9. North Simcoe Muskoka

8. Mississauga Halton

CGMH Total Number of Follow-up Visits with APP unavailable FY24/25 Q1-Q4. may be affected due to migration of technology to single instance in March - April 2025. Totals

FY 25/26 Q1 data is currently unavailable for Champlain due to a system backup issue.

11. Central East Q1 FY 25/26 data is unavailable

12. South West

Q1 FY 25/26 data is unavailable

Operating system requirements

This report was designed to run Visual Basic (VBA) scripts using Microsoft Office Excel on Windows machines.

VBA functionality is not fully supported and will fail if used on Macintosh computers or other operating systems.