Ontario Health

Surgical Efficiency Targets Program (SETP) Data Standardization Guide

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1.0 Introduction to Data Standardization

The Surgical Efficiency Targets Program (SETP) uses data about Operating Room (OR) performance to monitor processes, identify and analyze areas where opportunities for improvement may exist in the perioperative portion of the continuum of care. This program helps to optimize surgical capacity in Ontario, increase access to surgical services and maintain high-quality patient care.

SETP aims to improve surgical performance in Ontario through measurement and reporting of surgical management Key Performance Indicators (KPIs), benchmarking performance of comparable facilities, and establishing provincial performance targets in support of process improvements.

1.1 The SETP Data Standardization Initiative

SETP uses the SETP Data Submission Tool to collect information about OR performance across Ontario to support monitoring and management accountabilities of the Ministry of Health (ministry), Regions and hospitals. SETP data is used to generate reports on several perioperative indicators to assist hospitals in identifying priority areas for improvement.

The SETP Data Standardization Guide provides information on how data is validated, interpreted and reported. Also provided is detailed information on the KPIs and associated data elements SETP facilities are required to collect and submit. For each indicator, the definition and data elements required for calculation are specified. For each data element, the data submission specifications, definition, guidelines and specifications, and scenarios (where appropriate) are included.

SETP collects the following types of information from SETP facilities:

- Case File
- Cancellation File
- OR Schedule
- Standard Code Mappings

Note: Standard Code Mappings are maintained by Ontario Health and updated with input from facilities.

SETP focuses on activities that occur in a fully-equipped OR, which includes the following locations (MIS Functional Centers):

- 71260 – In-patient OR
- 71262 – In-patient OR / Post Anaesthetic Recovery Room (PARR) - used by small hospitals
- 71367 – Day Surgery Pre- and Post- Operative Care
- 71360 – Day Surgery OR
- 71362 – Day Surgery combined OR and PARR
- 71365 – Day Surgery Post-Anaesthetic Recovery Room
- 71369 – Day Surgery combined OR, PARR, Pre- and Post- Care

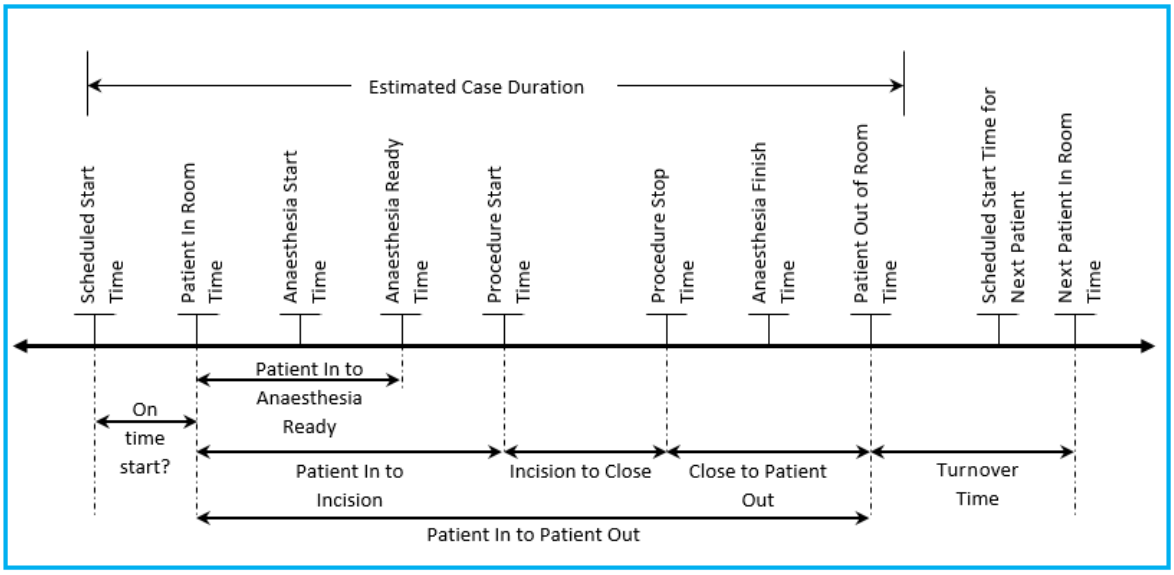
1.2 Data Element Process Map

The following timeline illustrates a variety of points where SETP data elements are collected throughout a patient's perioperative journey.

Although the sequence below is the most common, events can take place at different times, for example, the Anaesthesia Start Time could start before the Patient In Room Time or the Patient In Room Time could start before the Scheduled Start Time.

Note: Some events must occur in the order shown, for example the Patient In Room Time must precede the Patient Out of Room Time.

Start and end points for some indicators are also shown. For example, the "Turnover Time" is the time elapsed between the Patient Out of Room Time and the next Patient In Room Time.



1.3 SETP Peer Group Classifications

SETP data can be reported by peer group to provide benchmarking of comparable facilities. SETP facilities have been organized into one of the SETP peer group classifications and outlined in the table below, as of October 2019.

Peer Group Classification	Definition	Facilities
Acute/ Teaching	Registered with Council of Academic Hospitals of Ontario	• Children's Hospital of Eastern Ontario - Ottawa • Hamilton Health Sciences Corp – General, Juravinski and McMaster Children's Hospital • Health Sciences North - Laurentian • Hopital Montfort • Kingston Health Sciences Centre – Hotel Dieu Kingston and Kingston General • London Health Sciences Centre – University and Victoria • North York General Hospital - General • Sinai Health System - Mount Sinai • St. Joseph's Healthcare Hamilton – Charlton (Hamilton) • St. Joseph's Health Care – London • Sunnybrook Health Sciences Centre – Bayview, Holland Centre • The Hospital for Sick Children • The Ottawa Hospital – Civic, General • Thunder Bay Regional Health Science Centre • Unity Health - St. Michael's Hospital • University Health Network – Princess Margaret, Toronto General, and Toronto Western • University of Ottawa Heart Institute • Women's College Hospital
Complex Community	Community facility providing trauma care or cardiac surgery	• Southlake Regional Health Centre – MAB and Main OR • Mary's General Hospital • Trillium Health Partners – Cardiac Services and Mississauga Site • Windsor Regional Hospital – Ouellette

Peer Group Classification	Definition	Facilities
Large Community	More than 11,000 surgeries per year	• Bluewater Health – Sarnia General • Brightshores Health System – Owen Sound • Chatham Kent Health Alliance - Chatham • Halton Healthcare Services – Oakville Trafalgar • Humber River Hospital – Wilson Site • Joseph Brant Hospital • Lakeridge Health – Oshawa General • Michael Garron Hospital – Toronto East General • Peterborough Regional Health Centre • Royal Victoria Regional Health Centre • Scarborough Health Network – Birchmount, Centenary, and General • Trillium Health Centre – Credit Valley and Queensway • Unity Health - St. Joseph's Health Centre – Toronto • William Osler Health Centre – Brampton Civic, Etobicoke General, and Peel Memorial • Windsor Regional Hospital – Metropolitan

Peer Group Classification	Definition	Facilities
Medium Community	5,001 to 11,000 surgeries per year	• Brant Community Healthcare - Brantford General Hospital • Brockville General Hospital • Cambridge Memorial Hospital • Collingwood General & Marine Hospital • Cornwall Community Hospital • Grand River Hospital • Guelph General Hospital • Headwaters Health Care Centre • Huron Perth Healthcare Alliance – Stratford General • Lakeridge Health Corporation – Ajax and Bowmanville • Mackenzie Health – Richmond Hill and Cortellucci Vaughan • Oak Valley Health - Markham Stouffville Hospital • Niagara Health System – Greater Niagara, - Marotta Family Hospital and Welland County • North Bay Regional Health Centre • North York General Hospital – Branson • Oak Valley Health - Markham Stouffville Hospital • Orillia Soldier's Memorial Hospital • Pembroke Regional Hospital • Queensway Carleton Hospital • Quinte Healthcare Corp – Belleville General • Sault Area Hospital • St. Thomas Elgin General Hospital • The Kensington Eye Institute

Peer Group Classification	Definition	Facilities
Small Community	2,001 – 5,000 surgeries per year	• Halton Health Care Services – Georgetown • Hamilton Health Sciences Corp – West Lincoln • Lake of the Woods District Hospital • Lakeridge Health – Port Perry • Lennox & Addington County General Hospital • Middlesex Hospital Alliance – Strathroy General • Muskoka Algonquin Healthcare – Bracebridge and Huntsville • Norfolk General Hospital • North Bay Regional Health Centre – Cataract Suites • Northumberland Hills Hospital • Perth and Smiths Falls District Hospital • Quinte Healthcare Corp – Trenton Memorial • Ross Memorial Hospital • St. Thomas Elgin General Hospital • Stevenson Memorial Hospital - Alliston • Tillsonburg District Memorial Hospital • Timmins and District Hospital • West Parry Sound Health Centre • Winchester District Memorial Hospital • Woodstock General Hospital
Small/Rural	Less than 2,000 surgeries per year	• Alexandra Hospital • Dryden Regional Health Centre • Georgian Bay General Hospital • Huron Perth Healthcare Alliance – Clinton Public • Lakeridge Health Corporation – Jerry Coughlan • Riverside Healthcare Facilities • St. Joseph's General Hospital – Elliot Lake • Temiskaming Hospital

2.0 Case File

Case File data is collected to provide reports on OR usage and efficiencies. There are 35 fields in the Case File of which 19 of these fields are required (required fields are shaded in the table below). Data collected in the remaining fields supports additional analytical capacity.

Field	Data Element	Status	Field	Data Element	Status
1	Surgery Date	Required	19	Surgeon Identifier	Required
2	Scheduled Start Time	Required*	20	Surgeon Name	
3	Booking Date		21	Estimated Case Duration	Required*
4	Patient Type		22	Unplanned Return to Surgery Within 24 hour Indicator	
5	Procedure Service	Required	23	Reason Code for Unplanned Return to Surgery	
6	Procedure Code	Required	24	Reason Description for Unplanned Return to Surgery	
7	Procedure Description		25	Anaesthesiologist Identifier	Required
8	Medical Record Number		26	Anaesthesiologist Name	
9	Account Number	Required	27	Delay Reason Code	Required*
10	Actual Room	Required	28	Delay Reason Description	
11	Admission Type		29	Anaesthesia Ready Time	Required
12	Anaesthesia Type		30	Anaesthesia Finish Time	
13	ASA Score	Required	31	Surgeon Service	
14	Patient In Room Time	Required	32	Surgical Priority Classification Code	Required
15	Anaesthesia Start Time		33	Surgical Priority Classification Description	
16	Procedure Start Time	Required**	34	Preadmission Screening Indicator	Required
17	Procedure Stop Time	Required**	35	Surgical Checklist	Required
18	Patient Out of Room Time	Required			

* Not required for Add-on cases. ** Not required for In-room cancellations.

Facilities have the responsibility to ensure all SETP required fields are complete in the Case File. The SETP Data Submission Tool will highlight records missing required information or have questionable data quality. Facilities should correct these errors prior to submitting data to Ontario Health.

The following symbols are used in the detailed section for each field to indicate:

⇔ a specific condition where the data element within the record will be changed during Case File validation

☒ a specific condition where the record will be excluded from reporting

General rules for Case File validation:

1. Records will be rejected if the record is in an incorrect record format, e.g., the number of fields does not match the Case File format.

2. Same scheduled surgery date, scheduled start time, account number and patient in room time are considered a duplicate record. Initial records are accepted and duplicate records are rejected.

Validation rules applied at the field level:

- A data type of “AlphaNum (N)” indicates a variable-length alphanumeric character field, with the maximum allowable number of characters equal to the value displayed within the parentheses. Data that exceeds the maximum number of characters for a given field will be truncated.

2.1 Surgery Date

Case File	Field Name: Surgery Date	Field Number: 1
Field Status	Required	
Data Type	Date: AlphaNum (10)	
Valid Format	yyyy/mm/dd	
Valid Data	2018/09/21 (example)	
Business Rules/ Validation Rules	The Surgery Date field will be set to blank if: ⇔ the date format is invalid The record will be excluded from reporting if: ☒ the Surgery Date field is missing ☒ the Surgery Date field is not within the reporting month	

Definition: Date on which the surgery occurred.

Purpose(s): The Surgery Date is used as the basis of multiple calculations.

Collection Guidelines & Specifications: This field is also used (in conjunction with other fields) to identify in-room cancellations that may be excluded from Surgical Safety Checklist (SSCL) reporting.

Further details on the exclusion of in-room cancellations from SSCL reporting are included in the information for KPIs (See Section 5.15).

2.2 Scheduled Start Time

Case File	Field Name: Scheduled Start Time	Field Number: 2
Field Status	Required	
Data Type	Time: AlphaNum (16)	
Valid Format	Field is in a date/time stamp (yyyy/mm/dd hh:mm)	
Valid Data	2018/09/22 14:30 *(example)*	
Business Rules/ Validation Rules	The Scheduled Start Time field will be set to blank if: ⇔ the date/time format is invalid	

Definition: Time of day the patient was scheduled to enter the OR.

Purpose(s): Scheduled Start Time is used in calculating Case Time Accuracy indicators:

- % On Time Start - First Cases
- % On Time Start - Subsequent Cases
- % On Time Finish - Last Cases

Collection Guidelines & Specifications: This field is also used (in conjunction with other fields) to identify in-room cancellations that may be excluded from SSCL reporting.

Further details on the exclusion of in-room cancellations from SSCL reporting are included in the information for KPIs (See Section 5.15).

Note: This is not a required field for Add-on cases.

2.3 Booking Date

Case File	Field Name: Booking Date	Field Number: 3
	Optional	
Data Type	Date: AlphaNum (10)	
Valid Format	yyyy/mm/dd	
Valid Data	2018/11/21 (example)	
Business Rules/ Validation Rules	The Booking Date field will be set to blank if: ⇔ the date format is invalid	

Definition: Date the case was booked in the surgery system.

Purpose(s): The Booking Date is used to identify and calculate Add-on percentage rate and can impact Case Time Accuracy indicators:

- % On Time Start - First Cases
- % On Time Start - Subsequent Cases
- % On Time Finish - Last Cases

Collection Guidelines & Specifications: There are indicators (Yes/No) set in the Case File Options within the SETP Data Submission Tool:

- Blank Booking Date = Add-on case
- Booking Date After Surgery = Add-on case

These two indicators will determine which cases are identified as Add-on cases and included in Add-on case calculations. Please email ATC@ontariohealth.ca if changes to these options are required.

There is an additional business rule to identify Add-on cases and this occurs when Surgery Date is within **48 hours** of the Booking Date.

Note: The 48 hours is to accommodate 1C cases which have an access target of 8-48 hours to be performed.

2.4 Patient Type

Case File	Field Name: Patient Type	Field Number: 4
Field Status	Optional	
Data Type	AlphaNum (32)	
Valid Format	No format limitations	
Valid Data	Inpatient *(example)*	
Business / Validation Rules	N/A	

Definition: Facility-specific value. Examples: Inpatient, Outpatient, Same Day Admit. These values can be mapped to the SETP standard patient types:

- Inpatient
- Outpatient
- Same Day Admit
- Short Stay
- All Other

Purpose(s): Enables further analysis of the SETP data by this field.

Collection Guidelines & Specifications: The following definitions can be used to map facility-specific patient type values to the standard SETP values for this field:

SETP Patient Type	Definition
Inpatient	A patient who is already an inpatient before surgery, who will remain as an inpatient after surgery
Outpatient	A patient arriving the day of surgery, and departing the day of surgery
Same Day Admit	A patient arriving the day of surgery, who will stay on as an inpatient after surgery
Short Stay	A patient arriving the day of surgery, staying for observation / recovery, with a plan to discharge the following day
All Other	All other patient types

Mapping to these standard Patient Type values is maintained by Ontario Health. If a facility adds or modifies a Patient Type value (either by using a new term for an existing Patient Type, or by adding a new Patient Type), it will be highlighted during the data submission process and Ontario Health will contact the facility to obtain the mapped value(s).

Facilities are encouraged to proactively communicate new code(s) via email to ATC@ontariohealth.ca prior to data submission.

The contents of this field can also be used (in conjunction with other fields) to indicate a 'Minor Procedure', that may be excluded from Preadmission Screening and SSCL reporting. For a Minor Procedure, the Patient Type field should have the first two letters "MP", such as Patient Type = MP Outpatient.

Further details on the exclusion of Minor Procedures from Preadmission Screening and SSCL reporting are included in the information for KPIs (See Section 5.14 and 5.15 respectively).

2.5 Procedure Service

Case File	Field Name: Procedure Service	Field Number: 5
Field Status	Required	
Data Type	AlphaNum (32)	
Valid Format	No format limitations	
Valid Data	Otolaryngology *(example)*	
Business / Validation Rules	N/A	

Definition: Facility-specific value representing the service associated with the case's procedure, which are required to be mapped to a list of SETP Standard Service Areas (listed below).

Purpose(s): Allows hospitals to enter procedure-driven service to account for procedures that may cross multiple services (e.g., spine cases). Enables reporting of SETP data by this field in iPort™ Access at the peer group, Regional (LHIN) and provincial levels. Also used by SETP to calculate the average monthly turnover by Service Area which is used in the % Utilization calculations.

Collection Guidelines & Specifications: Facilities are encouraged to use the same terms and spelling when submitting the Procedure Service data from month to month.

See Appendix 2 for guidelines on mapping to the standard SETP Service Areas listed in the table below.

SETP Service Areas	
Anaesthesiology	Oral and Maxillofacial and Dentistry
Cardiac	Orthopaedic
Endoscopy	Otolaryngic (ENT)
General	Plastic and Reconstructive
Gynaecologic	Thoracic
Neurosurgery	Transplant
Obstetrics	Urologic
Oncology	Vascular
Ophthalmic	All Other

Mapping to these standard Service Area values is maintained by Ontario Health. If a facility adds or modifies a Procedure Service value (either by using a new term for an existing Service Area, or by adding a new Service Area), this will be highlighted during the data submission process and Ontario Health will contact the facility to obtain the mapped value(s).

Facilities are encouraged to proactively communicate new code(s) via email to ATC@ontariohealth.ca prior to data submission.

2.6 Procedure Code

Case File	Field Name: Procedure Code	Field Number: 6
Field Status	Required	
Data Type	AlphaNum (32)	
Valid Format	No format limitations	
Valid Data	N/A	
Business Rules/ Validation Rules	The record will be excluded from reporting if: ☒ The Procedure Code and the Procedure Description are both blank, at least one field must be submitted.	

Definition: Facility-specific value to identify the main procedure completed.

Purpose(s): Enables further analysis of the SETP data by this field.

Collection Guidelines & Specifications: None.

2.7 Procedure Description

Case File	Field Name: Procedure Description	Field Number: 7
Field Status	Optional	
Data Type	AlphaNum (80)	
Valid Format	No format limitations	
Valid Data	N/A	
Business Rules/ Validation Rules	N/A	

Definition: Facility-specific value that provides additional detail about the main surgery procedure completed.

Purpose(s): The Procedure Description provides additional detail on the procedure in question, particularly for facilities that use only numbers in the Procedure Code field.

Collection Guidelines & Specifications: None.

2.8 Medical Record Number

Case File	Field Name: Medical Record Number	Field Number: 8
Field Status	Optional	
Data Type	AlphaNum (32)	
Valid Format	No format restrictions	
Valid Data	N/A	
Business Rules/ Validation Rules	N/A	

Definition: The MRN is a unique patient identifier assigned by the facility.

Purpose(s): The MRN is used by facilities to uniquely identify patients.

Collection Guidelines & Specifications: Facilities should submit unique numbers in the Medical Record Number field. These unique numbers do not have to be actual MRNs. Any unique number can be submitted.

2.9 Account Number

Case File	Field Name: Account Number	Field Number: 9
Field Status	Required	
Data Type	AlphaNum (32)	
Valid Format	No format restrictions	
Valid Data	N/A	
Business Rules/ Validation Rules	The record will be excluded from reporting if: the Account Number field is missing	

Definition: Unique patient identifier assigned by the facility. This can be any unique record identifier, for example MRN or encounter number.

Purpose(s): The Account Number is used to identify patients who have more than one surgery over a 24 hour period of time at the same facility (Patient In Room Time for the subsequent surgery is less than 24 hours of the Patient Out of Room Time for the original surgery). This information is used in the indicator *% Unplanned OR Returns*.

Collection Guidelines & Specifications: In order to track the *% Unplanned OR Returns* indicator, a patient must be assigned the same account number by the facility for the case record that represents the return to surgery incident.

This field is also used (in conjunction with other fields) to identify in-room cancellations that may be excluded from SSCL reporting.

Further details on the exclusion of in-room cancellations from SSCL reporting are included in the information for KPIs (See Section 5.15).

2.10 Actual Room

Case File	Field Name: Actual Room	Field Number: 10
Field Status	Required	
Data Type	AlphaNum (32)	
Valid Format	No format restrictions	
Valid Data	N/A	
Business Rules/ Validation Rules	The record will be excluded from reporting if: ☒ Actual Room is blank or invalid. A room is considered valid if it is listed within the OR Schedule worksheet of the SETP Data Submission Tool for the submitting facility, regardless of whether or not any hours have been scheduled for the reporting month.	

Definition: The name of the OR suite that the procedure takes place in and is cross referenced to the list of ORs within the OR Schedule worksheet of the SETP Data Submission Tool.

Please email ATC@ontariohealth.ca if room names need to be added, deleted, or modified.

Note: Case records will be rejected and therefore not available for SETP KPI reporting if the name used within the Actual Room does not match one of the names listed within the OR Schedule worksheet of the SETP Data Submission Tool.

Purpose(s): Used as the basis for several indicators such as Case Time Effectiveness: *Average Turnover* and Utilization: *% Utilization 7am - 4pm* and *% Utilization 4pm - 12am*.

Collection Guidelines & Specifications: None.

2.11 Admission Type

Case File	Field Name: Admission Type	Field Number: 11
Field Status	Optional	
Data Type	AlphaNum (32)	
Valid Format	No format restrictions	
Valid Data	Examples: Emergent, Urgent	
Business Rules/ Validation Rules	N/A	

Definition: Facility-specific value for the admission type of the patient.

Purpose(s): Enables further analysis of the SETP data by this field.

Collection Guidelines & Specifications: None.

2.12 Anaesthesia Type

Case Input File	Field Name: Anaesthesia Type	Field Number: 12
Field Status	Optional	
Data Type	AlphaNum (32)	
Valid Format	No format limitations	
Valid Data	Examples: Local, Regional Block, General	
Business Rules/ Validation Rules	N/A	

Definition: Facility-specific value for type of anaesthesia used for the procedure.

Purpose(s): Enables further analysis of the SETP data by this field.

Collection Guidelines & Specifications: The contents of this field can also be used (in conjunction with other fields) to indicate a 'Minor Procedure' that may be excluded from Preadmission Screening and SSCL reporting. For a Minor Procedure, the Anaesthesia Type field should have the one of the following values:

- LOCAL
- NONE
- <Blank> (i.e. field left empty)

Further details on the exclusion of Minor Procedures from the Preadmission Screening and SSCL reporting are included in the information for KPIs (See Section 5. 14 and 5.15 respectively).

2.13 ASA Score

Case File	Field Name: ASA Score	Field Number: 13
Field Status	Required	
Data Type	AlphaNum (80)	
Valid Format	No format restrictions	
Valid Data	N/A	
Business Rules/ Validation Rules	N/A	

Definition: Facility-specific value reflecting patient acuity, as assigned by Anaesthesiology. The ASA Score is a classification system for ranking the level of a patient's physical health and was established by the American Society of Anesthesiologists (ASA).

Purpose(s): Enables further analysis of the SETP data by this field.

Collection Guidelines & Specifications: The following definitions are to be used to map facility-specific ASA Score values to the standard SETP values for this field:

Code	Description
1	A normal healthy patient
2	A patient with mild systemic disease
3	A patient with severe systemic disease
4	A patient with severe systemic disease that is a constant threat to life
5	A moribund patient who is not expected to survive without the operation
6	A declared brain-dead patient whose organs are being removed for donor purposes
NA	Local procedure, no member of the Anaesthesia Care Team (Anaesthesiologist, Anaesthesia Assistant (AA) or Nurse Practitioner Anaesthesia (NP-A)) was required

Facilities are encouraged to use the same terms and spelling when submitting the ASA Score data each month. Mapping to these standard ASA Score values is maintained by Ontario Health. If a facility adds or modifies an ASA Score value (either by using a new term for an existing ASA Score, or by adding a new ASA Score), this will be highlighted during the data submission process and Ontario Health will contact the facility to obtain the mapped value(s). Facilities are encouraged to proactively communicate new code(s) via email to ATC@ontariohealth.ca prior to data submission.

Data quality checks will highlight an ASA Score of NA as an error if any of the following conditions apply:

- Anaesthesiologist Identifier is not NONE or blank
- Anaesthesia Type is not NONE, LOCAL or blank
- Patient Type does not have the prefix MP

2.14 Patient In Room Time

Case File	Field Name: Patient In Room Time	Field Number: 14
Field Status	Required	
Data Type	Time: AlphaNum (16)	
Valid Format	Field is in a date/time stamp (yyyy/mm/dd hh:mm)	
Valid Data	2018/09/22 14:30 *(example)*	
Business Rules/ Validation Rules	The Patient In Room Time will be set to blank if: ⇔ the date/time format is invalid The record will be excluded from reporting if: ☒ the Patient In Room Time is missing ☒ the Procedure Start Time is before the Patient In Room Time	

Definition: Time the patient is in the OR on the day of surgery.

Purpose(s): Drives indicators: Case Time Accuracy, Scheduling Accuracy, Case Time Effectiveness, and OR Utilization.

Collection Guidelines & Specifications: Outlined in table above.

Note: "The date portion of the Patient In Room Time does match Surgery Date" has been removed to accommodate emergency overnight cases where surgeries scheduled to begin before midnight are completed after midnight due to delays of a few hours.

2.15 Anaesthesia Start Time

Case File	Field Name: Anaesthesia Start Time	Field Number: 15
Field Status	Optional	
Data Type	Time: AlphaNum (16)	
Valid Format	Field is in a date/time stamp (yyyy/mm/dd hh:mm)	
Valid Data	2018/09/22 14:30 *(example)*	
Business Rules/ Validation Rules	The Anaesthesia Start Time will be set to blank if: ⇔ the date/time format is invalid	

Definition: The time when a member of the anaesthesia care team begins preparing the patient for an anaesthetic in the OR. An exception to this would be a regional block that is started in Post Anesthesia Care Unit (PACU) or block room, in which case the Anaesthesia Start Time occurs prior to the Patient In Room Time.

Purpose(s): Used to assess the efficiency of the patient's surgical journey.

Collection Guidelines & Specifications: None.

2.16 Procedure Start Time

Case File	Field Name: Procedure Start Time	Field Number: 16
Field Status	Required	
Data Type	Time: AlphaNum (16)	
Valid Format	Field is in a date/time stamp (yyyy/mm/dd hh:mm)	
Valid Data	2018/09/22 14:30 *(example)*	
Business Rules/ Validation Rules	The Procedure Start Time will be set to blank if: ⇔ the date/time format is invalid The record will be excluded from reporting if: ☒ the Procedure Start Time is before the Patient In Room Time ☒ the Procedure Start Time is after or equal to the Procedure Stop Time ☒ the length of time between Procedure Start Time and Procedure Stop Time is greater than 36 hours	

Definition: Time the procedure begins, for example: incision for a surgical procedure, insertion of scope for a diagnostic procedure.

Purpose(s): Used to assess the efficiency of the patient's surgical journey.

Collection Guidelines & Specifications: Outlined in table above.

Note: This is not a required field for In-Room Cancellation cases.

2.17 Procedure Stop Time

Case File	Field Name: Procedure Stop Time	Field Number: 17
Field Status	Required	
Data Type	Time: AlphaNum (16)	
Valid Format	Field is in a date/time stamp (yyyy/mm/dd hh:mm)	
Valid Data	2018/09/22 14:30 *(example)*	
Business Rules/ Validation Rules	The Procedure Stop Time will be set to blank if: ⇔ the date/time format is invalid The record will be excluded from reporting if: ☒ the Procedure Stop Time is before the Procedure Start Time ☒ the length of time between Procedure Start Time and Procedure Stop Time is greater than 36 hours ☒ the length of time between Procedure Stop Time and Patient Out of Room Time is greater than 18 hours	

Definition: The time when all instrument and sponge counts are completed and verified as correct; all post-op radiological studies to be done in the OR/PR are completed; all dressings and drains are secured; and the physicians/surgeons have completed all procedure-related activities on the patient.

Purpose(s): Used for case time effectiveness calculations.

Collection Guidelines & Specifications: Outlined in table above.

Note: This is not a required field for In-Room Cancellation cases.

2.18 Patient Out of Room Time

Case File	Field Name: Patient Out of Room Time	Field Number: 18
Field Status	Required	
Data Type	Time: AlphaNum (16)	
Valid Format	Field is in a date/time stamp (yyyy/mm/dd hh:mm)	
Valid Data	2018/06/22 14:30 *(example)*	
Business Rules/ Validation Rules	The Patient Out of Room Time will be set to blank if: ⇔ the date/time format is invalid The record will be excluded from reporting if: ☒ the Patient Out of Room Time is missing ☒ the date of the Patient Out of Room Time is more than one day before or after the Surgery Date ☒ the length of time between the Procedure Stop Time and the Patient Out of Room Time is greater than 18 hours	

Definition: Time the patient is out of the OR on the day of surgery.

Purpose(s): Used for *% On Time Finish - Last Cases*, *% Estimated Case Duration Accuracy*, Case Time Effectiveness calculations and OR Utilization.

Collection Guidelines & Specifications: Outlined in table above.

2.19 Surgeon Identifier

Case File	Field Name: Surgeon Identifier	Field Number: 19
Field Status	Required	
Data Type	AlphaNum (32)	
Valid Format	No format restrictions	
Valid Data	N/A	
Business Rules/ Validation Rules	N/A	

Definition: Facility-specific value which identifies the surgeon.

Purpose(s): Enables further analysis of the SETP data by this field.

Collection Guidelines & Specifications: To ensure historical comparability, facilities are encouraged to use the same data in the Surgeon Identifier field for the same surgeon over time.

Note: The College of Physicians and Surgeons of Ontario (CPSO) numbers must not be captured in this field due to Ontario privacy law.

2.20 Surgeon Name

Case File	Field Name: Surgeon Name	Field Number: 20
Field Status	Optional	
Data Type	AlphaNum (80)	
Valid Format	No format restrictions	
Valid Data	N/A	
Business Rules/ Validation Rules	N/A	

Definition: Name of the surgeon.

Purpose(s): Not used in SETP standardized reports.

Collection Guidelines & Specifications: None.

2.21 Estimated Case Duration

Case File	Field Name: Estimated Case Duration	Field Number: 21
Field Status	Required	
Data Type	AlphaNum (32)	
Valid Format	xxx where xxx = minutes in whole numbers	
Valid Data	180 (example)	
Business Rules/ Validation Rules	The record will be excluded from reporting if: ☒ the Estimated Case Duration is blank ☒ the entered estimate is less than 1 minute ☒ the entered estimate exceeds 2160 minutes (36 hours)	

Definition: Estimated case duration in minutes.

Purpose(s): Used in *% On Time Finish – Last Cases*, *% Estimated Case Duration Accuracy* and *% Utilization 7am - 4pm* and *% Utilization 4pm - 12am* calculations.

Collection Guidelines & Specifications: The Estimated Case Duration is impacted by the Case File Option:

- Estimated Duration includes Room Turnaround Time.

If this option is selected, then the average room turnover time will be subtracted from the Estimated Case Duration before it is used in calculations.

Please email ATC@ontariohealth.ca if changes to this option are required.

Note: This is not a required field for Add-on cases.

2.22 Unplanned Return to Surgery Within 24 Hours Indicator

Case File	Field Name: Unplanned Return to Surgery Within 24 Hours Indicator	Field Number: 22
Field Status	Optional	
Data Type	AlphaNum (3)	
Valid Format	Yes = [1, Y, Yes] No = [0, N, No] <null> = not captured and not counted	
Valid Data	No (example)	
Business Rules/ Validation Rules	N/A	

Definition: A flag that indicates whether this case is an unplanned return to surgery.

Purpose(s): To identify unplanned returns to surgery.

Collection Guidelines & Specifications: None.

2.23 Reason Code for Unplanned Return to Surgery

Case File	Field Name: Reason Code for Unplanned Return to Surgery	Field Number: 23
Field Status	Optional	
Data Type	AlphaNum (32)	
Valid Format	No format restrictions	
Valid Data	N/A	
Business Rules/ Validation Rules	N/A	

Definition: Facility-specific value that identifies the reason for the return to surgery.

Purpose(s): Supports the Unplanned Return to Surgery Within 24 Hours Indicator field and used to calculate *% Unplanned OR Returns.*

Collection Guidelines & Specifications: Can be mapped to SETP standard reason codes:

- Planned
- Unplanned
- All Other

Mapping to these standard Reason Code values is maintained by Ontario Health. If a facility adds or modifies a Reason Code value (either by using a new term for an existing Reason Code, or by adding a new Reason Code), this will be highlighted during the data submission process and Ontario Health will contact the facility to obtain the mapped value(s).

Facilities are encouraged to proactively communicate new code(s) via email to ATC@ontariohealth.ca prior to data submission.

2.24 Reason Description for Unplanned Return to Surgery

Case File	Field Name: Reason Description for Unplanned Return to Surgery	Field Number: 24
Field Status	Optional	
Data Type	AlphaNum (80)	
Valid Format	No format restrictions	
Valid Data	N/A	
Business Rules/ Validation Rules	N/A	

Definition: Facility-specific value that describes the reason for this return to surgery.

Purpose(s): Supports the Unplanned Return to Surgery Within 24 Hours Indicator field, and the Reason Code for Unplanned Return to Surgery field.

Collection Guidelines & Specifications: None.

2.25 Anaesthesiologist Identifier

Case File	Field Name: Anaesthesiologist Identifier	Field Number: 25
Field Status	Required	
Data Type	AlphaNum (32)	
Valid Format	No format restrictions	
Valid Data	N/A	
Business Rules/ Validation Rules	N/A	

Definition: Facility-specific value that identifies the Anaesthesia Care Team member. This may include an Anaesthesiologist, Anaesthesia Assistant (AA) or Nurse Practitioner - Anaesthesia (NP-A).

Purpose(s): Enables further analysis of the SETP data by this field.

Collection Guidelines & Specifications: To ensure historical comparability, facilities are encouraged to use the same data in the Anaesthesiologist Identifier field for the same member of the Anaesthesia Care Team over time.

The contents of this field can also be used (in conjunction with other fields) to indicate a 'Minor Procedure' that may be excluded from Preadmission Screening and SSCL reporting. For a Minor Procedure, the Anaesthesiologist Identifier field should have one of the following values:

- NONE
- <Blank> (i.e. field left empty)

Further details on the exclusion of Minor Procedures from the Preadmission Screening and SSCL reporting are included in the information for KPIs (See Section 5.14 and 5.15 respectively).

Note: Not required for Minor Procedures or cases not requiring a member of the Anaesthesia Care Team to be present.

Note: The College of Physicians and Surgeons of Ontario (CPSO) numbers must not be captured in this field due to Ontario privacy law.

2.26 Anaesthesiologist Name

Case File	Field Name: Anaesthesiologist Name	Field Number: 26
Field Status	Optional	
Data Type	AlphaNum (80)	
Valid Format	No format restrictions	
Valid Data	N/A	
Business Rules/ Validation Rules	N/A	

Definition: Name of the Anaesthesia Care Team member and this may include an Anaesthesiologist, Anaesthesia Assistant (AA) or Nurse Practitioner - Anaesthesia (NP-A).

Purpose(s): Not used in SETP standardized reports.

Collection Guidelines & Specifications: None.

2.27 Delay Reason Code

Case File	Field Name: Delay Reason Code	Field Number: 27
Field Status	Required	
Data Type	AlphaNum (32)	
Valid Format	No format restrictions	
Valid Data	N/A	
Business Rules/ Validation Rules	N/A	

Definition: Facility-specific value that identifies the reason for the surgical delay (applies to cases that have a delayed start, not to cases that run over time).

Purpose(s): Enables further analysis of SETP data by this field.

Note: Not required for Add-on cases or cases not delayed.

Collection Guidelines & Specifications: Codes are mapped to the standard SETP Delay Reason Code:

SETP Delay Reason Code	Delay Reason Examples		
All Other	All other delay reasons		
Case Order Change	A change in the order of already scheduled cases		
Hospital Resources	**Administrative** • Incorrect case booking • Registration error • Registration / Admission delay • Case not picked • Wrong plates	**Room / Bed Capacity** • Prolonged OR set up required • Sentinel events • Unplanned procedure performed • Block room delay • Delay in bed becoming available (Unit Bed, ICU/step-down, PACU)	**Equipment and Physical Plant** • Contaminated set-up / housekeeping delay • Fire alarm • Emergency code in hospital • Equipment not working • Equipment conflict / availability • Lack of supplies / instruments

SETP Delay Reason Code	Delay Reason Examples		
Medical Reasons	Delay due to medical contraindication or a change in medical status / urgency: **Patient condition** • Patient was ill • Urgency of case changed	**Difficulty with** • Airway / intubation • Line / IV	**Preparedness for surgery** • Tests not done / results not available • Imaging not done / not available • Consent not signed
Other Hospital Staff Delay	Delay due to other Hospital Staff (Support staff late or unavailable):	• Transport • Imaging • Translator • Attendant	• Nursing staff late or unavailable • Staff break • In-service ran late • Medical student training
Patient Factors	Patient driven delay:	• Patient arrived late • Patient not ready • Non-compliant patient	• Patient ate/drank/not NPO • Patient to bathroom
Previous Case Ran Late	Previous case went longer than expected		
Surgeon / Anaesthetist Delayed	• Surgeon late or unavailable • Surgeon marking patient • Surgeon consulting with patient • Surgeon on break / in meeting	• Anaesthetist late or unavailable • Anaesthetist required elsewhere • Anaesthetist consulting with patient • Anaesthetist on break / in meeting	

Mapping to these standard Delay Code values is maintained by Ontario Health. If a facility adds or modifies a Delay Code value (either by using a new term for an existing Delay Code, or by adding a new Delay Code), this will be highlighted during the data submission process and Ontario Health will contact the facility to obtain the mapped value(s).

Facilities are encouraged to proactively communicate new code(s) via email to ATC@ontariohealth.ca prior to data submission.

2.28 Delay Reason Description

Case File	Field Name: Delay Reason Description	Field Number: 28
Field Status	Optional	
Data Type	AlphaNum (80)	
Valid Format	No format restrictions	
Valid Data	N/A	
Business Rules/ Validation Rules	N/A	

Definition: Facility-specific value that describes the reason for the surgical delay.

Purpose(s): Supports the Delay Reason Code field.

Collection Guidelines & Specifications: None.

2.29 Anaesthesia Ready Time

Case File	Field Name: Anaesthesia Ready Time	Field Number: 29
Field Status	Required	
Data Type	Time: AlphaNum (16)	
Valid Format	Field is in a date/time stamp (yyyy/mm/dd hh:mm)	
Valid Data	2018/09/22 14:30 *(example)*	
Business Rules/ Validation Rules	The Anaesthesia Ready Time will be set to blank if: ⇔ the date/time format is invalid	

Definition: Time at which the patient has a sufficient level of anaesthesia established to begin surgical preparation of the patient, and remaining anaesthetic chores do not preclude positioning and prepping the patient.

Purpose(s): Enables further analysis of SETP data by this field.

Collection Guidelines & Specifications: If anaesthesia is started outside of the OR (e.g., for a regional block), the Patient In Room Time could be submitted for the Anaesthesia Ready Time. It will be an accurate approximation, as the go-ahead to proceed with surgery will be given once the patient is in the room. Alternatively, the Anaesthesia Ready Time could be recorded as the time after which the blood pressure cuff and/or oxygen saturation (O2 sat) monitors are on the patient.

2.30 Anaesthesia Finish Time

Case File	Field Name: Anaesthesia Finish Time	Field Number: 30
Field Status	Optional	
Data Type	Time: AlphaNum (16)	
Valid Format	Field is in a date/time stamp (yyyy/mm/dd hh:mm)	
Valid Data	2018/09/22 14:30 *(example)*	
Business Rules/ Validation Rules	The Anaesthesia Finish Time will be set to blank if: ⇔ the date/time format is invalid	

Definition: Time at which anaesthesiologist transfers care of the patient to a post-anaesthesia care team (either PACU or ICU).

Purpose(s): Currently not used, however, it is important to track this information at each facility to assess the efficiency of the patient's surgical journey.

Collection Guidelines & Specifications: None.

2.31 Surgeon Service

Case File	Field Name: Surgeon Service	Field Number: 31
Field Status	Optional	
Data Type	AlphaNum (32)	
Valid Format	No format restrictions	
Valid Data	N/A	
Business Rules/ Validation Rules	N/A	

Definition: Facility-specific value representing the service code associated with this case's surgeon. The Surgeon Service is the preferred value to be entered here.

Purpose(s): Enables further analysis of SETP data by this field.

Collection Guidelines & Specifications: Facilities are encouraged to use the same terms and spelling when submitting the Surgeon Service data from month to month.

The service associated with the procedure's primary surgeon. In the instance of multiple services (e.g., wrist fractures are both plastic and orthopaedic procedures) the surgeon service recorded should be that of the primary service.

2.32 Surgical Priority Classification Code

Case File	Field Name: Surgical Priority Classification Code	Field Number: 32
Field Status	Required	
Data Type	AlphaNum (32)	
Valid Format	No format restrictions	
Valid Data	N/A	
Business Rules/ Validation Rules	N/A	

Definition: Facility-specific number identifying emergency classification or priority.

Purpose(s): Supports the surgical priority classification code indicators. Some Priority 1 cases are excluded from indicator calculations in SETP reporting. Additional details on exclusions based on Surgical Priority Classification Code are listed with the specific indicators (See Section 5.0).

Collection Guidelines & Specifications: See Appendix 3 for examples specific to different surgical services. Values are mapped to SETP standard codes:

- Priority 1A = Access within 0-2 hours
- Priority 1B = Access within 2-8 hours
- Priority 1C = Access within 8-48 hours
- Priority 1D = Access within 2-7 days
- Scheduled, Non-Urgent

It is important that the mapping information for this field is both accurate and up-to-date. This will ensure the data can be interpreted correctly for SETP reporting.

Mapping to these standard Priority Code values is maintained by Ontario Health. If a facility adds or modifies a Priority Code value (either by using a new term for an existing Priority Code, or by adding a new Priority Code), this will be highlighted during the data submission process and Ontario Health will contact the facility to obtain the mapped value(s).

Facilities are encouraged to proactively communicate new code(s) via email to ATC@ontariohealth.ca prior to data submission.

2.33 Surgical Priority Classification Description

Case File	Field Name: Surgical Priority Classification Description	Field Number: 33
Field Status	Optional	
Data Type	AlphaNum (80)	
Valid Format	No format restrictions	
Valid Data	N/A	
Business Rules/ Validation Rules	N/A	

Definition: Facility-specific value describing the emergency classification or priority.

Purpose(s): Supports the Surgical Priority Classification Code field.

Collection Guidelines & Specifications: None.

2.34 Preadmission Screening Indicator

Case File	Field Name: Preadmission Screening Indicator	Field Number: 34
Field Status	Required	
Data Type	AlphaNum (3)	
Valid Format(s)	Yes = [1, Y, Yes] No = [0, N, No]	
Valid Data	No (example)	
Business Rules/ Validation Rules	N/A	

Definition: Flag to indicate appropriate steps were taken to ensure patient preparedness before the surgery. See below for further details.

Purpose(s): Drives indicator: *% Preadmission Screening*.

Collection Guidelines & Specifications: Preadmission screening can be considered to have been completed if all the following criteria have been met prior to the surgery:

Patient Preparedness

- Patient assessment completed with documented evidence
- Preoperative patient education completed - patient was made aware of the entire process for surgical event
- Initial discharge planning completed
- Necessary steps have been taken to medically optimize the patient for their specific procedure
- The screening process was completed appropriately either by telephone, virtually or in-person. This can be performed either within or outside of the medical facility. E.g., the patient can be screened by a primary physician and documented evidence forwarded to the hospital.

Preoperative Chart Preparedness

- Informed consent was obtained and evidence is available
    - If patients are consulted via telephone or virtually, consent forms may be signed the day of surgery
- The preoperative chart was completed and available in advance of the surgery
- The above activities have been communicated to the service providers in the OR
- Example of preoperative chart would include: Client ID, NPO status, verification of the client, discussion with the anesthesiologist, client education review, verification of the operative site, completed history and physical, relevant allergies, lab results, x-ray, ECG, diagnostic tests, availability of previous health record if one exists, positional problems, dentures, prostheses, and eyeglasses

Preadmission screening criteria can be completed within one episode of care, or over more than one episode of care (phases) provided that:

1. Necessary steps have been met in advance of the surgery.
2. Patients who have a similar clinical condition and are scheduled for similar procedures are screened and tested in a like manner regardless of surgeon, anaesthesiology or surgical procedures. For example, all cataract patients have a similar clinical condition are screened using the same process.

There are records that will be excluded from *% Preadmission Screening* reporting: Emergency or Urgent Surgery (Priority 1A, 1B & 1C) and cases that are considered ‘Minor Procedures’.

Further details on the rules for excluding cases from *% Preadmission Screening* are included in the information for KPIs (See Section 5.14).

2.35 Surgical Checklist

Case File	Field Name: Surgical Checklist	Field Number: 35
Field Status	Required	
Data Type	AlphaNum (3)	
Valid Format(s)	Yes = [1, Y, Yes] No = [0, N, No]	
Valid Data	No (example)	
Business Rules/ Validation Rules	The record will be excluded from reporting if: ☒ the Surgical Checklist is blank or invalid	

Definition: Flag that indicates if the OR team has completed all three phases of the Surgical Checklist.

Purpose(s): Drives indicator: *% Surgical Safety Checklist*.

Collection Guidelines & Specifications: The Surgical Safety Checklist (SSCL) is considered performed when the designated checklist coordinator confirms that surgical team members have implemented and/or addressed all of the necessary tasks and items in each of the three phases – 'Briefing', 'Time Out' and 'Debriefing' – of the checklist, based upon the Canadian Patient Safety Institute (CPSI)'s Surgical Safety Checklist.

There are records that will be excluded from SSCL compliance reporting: cases that are cancelled in-room, and cases that are considered 'Minor Procedures'.

Further details on the rules for excluding cases from SSCL reporting are included in the information for KPIs (See Section 5.15).

3.0 Cancellation File

Cancellation File data is collected to report on the reasons for cancellations of surgical procedures. This information can be used to develop reports regarding OR usage. There are 21 fields in the Cancellation File of which 6 are mandatory (mandatory fields are shaded in the table below). Data collected in the remaining fields is designed to support additional analytical capacity.

Field	Data Element	Status	Field	Data Element	Status
1	Scheduled Surgery Date	Required	12	Surgeon Name	
2	Scheduled Start Time	Required	13	Medical Record Number	
3	Booking Date		14	Account Number	Required
4	Cancellation Date	Required	15	Procedure Code	
5	Cancellation Time		16	Procedure Description	
6	Rescheduled Flag		17	Reschedule Date	
7	Facility Cancellation Reason Code	Required	18	Estimated Case Duration	
8	Facility Cancellation Reason Description		19	Preadmission Screening Indicator Flag	
9	Surgeon Service		20	Procedure Service	Required
10	Patient Type		21	Field 21	
11	Surgeon ID				

A data type of “AlphaNum (N)” indicates a variable-length alphanumeric character field, with the maximum allowable number of characters equal to the value displayed within the parentheses. Data exceeding the maximum number of characters for a given field will be truncated.

The following symbols are used in the detailed section for each field to indicate:

⇔ a specific condition where the data element within the record will be changed during Cancellation File validation

☒ a specific condition where the record will be excluded from reporting

General rules for Cancellation File validation:

1. Records will be rejected if the record is in an incorrect record format, e.g., the number of fields does not match the case input file format.
2. Same scheduled surgery date, scheduled start time and account number are considered a duplicate record. The initial record will stay in the cancellation file, but any subsequent records identified as duplicates will be rejected.

3.1 Scheduled Surgery Date

Cancellation File	Field Name: Scheduled Surgery Date	Field Number: 1
Field Status	Required	
Data Type	Date: AlphaNum (10)	
38Valid Format	yyyy/mm/dd	
Valid Data	2018/09/21 (example)	
Business Rules/ Validation Rules	The Scheduled Surgery Date will be set to blank if: ⇔ the date format is invalid The record will be excluded from reporting if: ☒ the Scheduled Surgery Date is blank ☒ the Scheduled Surgery Date is not within the reporting period	

Definition: Date on which the surgery was scheduled to occur.

Purpose(s): Drives indicator: *% Same Day Cancellations*.

Collection Guidelines & Specifications: This field is also used (in conjunction with other fields) to identify in-room cancellations that may be excluded from SSCL reporting.

Further details on the exclusion of in-room cancellations from SSCL reporting are included in the information for KPIs (See Section 5.15).

3.2 Scheduled Start Time

Cancellation File	Field Name: Scheduled Start Time	Field Number: 2
Field Status	Required	
Data Type	Time: AlphaNum (16)	
Valid Format	Field is in a date/time stamp (yyyy/mm/dd hh:mm)	
Valid Data	2018/09/21 14:30 *(example)*	
Business Rules/ Validation Rules	The Scheduled Start Time will be set to blank if: ⇔ the date/time format is invalid The record will be excluded from reporting if: ☒ the Scheduled Surgery Time is blank	

Definition: Time of day the patient was scheduled to enter the OR.

Purpose(s): This field allows users to compare cancellation and scheduled start times to assess the lead time given for the cancellation.

Collection Guidelines & Specifications: This field is also used (in conjunction with other fields) to identify in-room cancellations that may be excluded from SSCL reporting.

Further details on the exclusion of in-room cancellations from SSCL reporting are included in the information for KPIs (See Section 5.15).

3.3 Booking Date

Cancellation File	Field Name: Booking Date	Field Number: 3
Field Status	Optional	
Data Type	Date: AlphaNum (10)	
Valid Format	yyyy/mm/dd	
Valid Data	2018/09/21 *(example)*	
Business Rules/ Validation Rules	The Booking Date will be set to blank if: ⇔ date format is invalid	

Definition: Date when the case was booked in the surgery system.

Purpose(s): Allows users to track the original booking date compared to the actual date of surgery.

Collection Guidelines & Specifications: None.

3.4 Cancellation Date

Cancellation File	Field Name: Cancellation Date	Field Number: 4
Field Status	Required	
Data Type	Date: AlphaNum (10)	
Valid Format	yyyy/mm/dd	
Valid Data	2018/09/21 *(example)*	
Business Rules/ Validation Rules	The Cancellation Date will be set to blank if: ⇔ the date format is invalid The record will be excluded from reporting if: ☒ the Cancellation Date is blank ☒ the Cancellation Date is more than 300 days before or after the Scheduled Surgery Date	

Definition: Date when the appointment for surgery was cancelled.

Purpose(s): Drives indicator: *% Same Day Cancellations*.

Collection Guidelines & Specifications: None.

3.5 Cancellation Time

Cancellation File	Field Name: Cancellation Time	Field Number: 5
Field Status	Optional	
Data Type	Time: AlphaNum (16)	
Valid Format	Field is in a date/time stamp (yyyy/mm/dd hh:mm)	
Valid Data	2018/09/21 14:30 *(example)*	
Business Rules/ Validation Rules	The Cancellation Time will be set to blank if: ⇔ the date/time format is invalid	

Definition: Time when the appointment for surgery was cancelled.

Purpose(s): Submission of this field allows users to compare cancellation and scheduled start times to assess the lead time given for the cancellation.

Collection Guidelines & Specifications: None.

3.6 Rescheduled Flag

Cancellation File	Field Name: Rescheduled Flag	Field Number: 6
Field Status	Optional	
Data Type	AlphaNum (3)	
Valid Format	Yes = 1, Y, Yes No = 0, N, No <null> = not captured and not counted	
Valid Data	Yes (example)	
Business Rules/ Validation Rules	N/A	

Definition: A flag that indicates whether this surgery has been rescheduled.

Purpose(s): Rescheduled Flag, Reschedule Date, and Booking Date allow users to assess waiting periods for rescheduled surgeries.

Collection Guidelines & Specifications: None.

3.7 Facility Cancellation Reason Code

Cancellation File	Field Name: Facility Cancellation Reason Code	Field Number: 7
Field Status	Required	
Data Type	AlphaNum (32)	
Valid Format	No format restrictions	
Valid Data	N/A	
Business Rules/ Validation Rules	N/A	

Definition: Facility-specific value representing the reason surgery was cancelled.

Purpose(s): Enables further analysis of SETP data by this field.

Collection Guidelines & Specifications: Can be mapped to the standard SETP Cancellation Reason Codes listed in the table on the next page:

SETP Cancellation Reason Code	Cancellation Reason Examples
All Other	All other cancellation reasons
Bed Not Available	Cancellations due to beds not being available (Bed Capacity: Unit bed; ICU/stepdown; PACU) Example: No access to post-operative bed
Delayed Schedule / Not Enough Time	Cancellations due to delays in schedule; the case could not be completed in the remaining available time
Hospital Resources	Cancellations due to the unavailability of necessary resources: **Administrative** • Incorrect case booking **Equipment and Physical Plant** • Mechanical failure of room, imaging, equipment, or medical devices • Unavailability of instruments or supplies • Environmental (flood, humidity, fire, pandemic)
Hospital Staff Unavailable	Cancellations due to the unavailability of hospital staff: • Cancelled by Surgeon • Cancelled by Anaesthetist • Cancelled by Nurse • Surgeon / Anaesthetist ill • Surgeon / Anaesthetist not available • OR Nursing staff not available • Post-Op Nursing staff not available • Support staff not available (transport; imaging; translators)
Medical Reasons	Cancellations due to medical contraindication or a change in medical status/urgency: **Patient condition** • Patient was ill • Patient no longer medically ready • Urgency of case changed • Procedure no longer required • Procedure done earlier • Patient expired **Preparedness for surgery** • Tests not done / results not available • Imaging not done / not available • Medical history incomplete • Consent not signed
Patient Factors	Patient driven cancellation • Patient choice • Patient did not show • Patient ate/drank / not NPO • Patient not compliant with guidelines or prescriptions • Patient received treatment at another hospital • No discharge plan for patient
Schedule Change for Emergency Case	Cancellation due to schedule change to accommodate a higher priority case

Mapping to these standard Cancellation Code values is maintained by Ontario Health. If a facility adds or modifies a Cancellation Code value (either by using a new term for an existing Cancellation Code, or by

adding a new Cancellation Code), this will be highlighted during the data submission process and Ontario Health will contact the facility to obtain the mapped value(s).

Facilities are encouraged to proactively communicate new code(s) via email to ATC@ontariohealth.ca prior to data submission.

3.8 Facility Cancellation Reason Description

Cancellation File	Field Name: Facility Cancellation Reason Description	Field Number: 8
Field Status	Optional	
Data Type	AlphaNum (80)	
Valid Format	No format restrictions	
Valid Data	N/A	
Business Rules/ Validation Rules	N/A	

Definition: Facility-specific description for the reason surgery was cancelled.

Purpose(s): Supports the Facility Cancellation Reason Code field.

Collection Guidelines & Specifications: None.

3.9 Surgeon Service

Cancellation File	Field Name: Surgeon Service	Field Number: 9
Field Status	Optional	
Data Type	AlphaNum (32)	
Valid Format	No format restrictions	
Valid Data	N/A	
Business Rules/ Validation Rules	N/A	

Definition: Facility-specific value representing the service code associated with this case's surgeon. The Surgeon Service is the preferred value to be entered here.

Purpose(s): Enables further analysis of SETP data by this field.

Collection Guidelines & Specifications: Facilities are encouraged to use the same terms and spelling when submitting the Surgeon Service data from month to month. In the instance of multiple services (e.g., wrist fractures are both plastic and orthopaedic procedures) the surgeon service recorded should be that of the primary service.

3.10 Patient Type

Cancellation File	Field Name: Patient Type	Field Number: 10
Field Status	Optional	
Data Type	AlphaNum (32)	
Valid Format	No format limitations	
Valid Data	N/A	
Business Rules/ Validation Rules	N/A	

Definition: Facility-specific value. Examples: Inpatient, Outpatient, Same Day Admit.
These values can be mapped to the standard SETP Patient Type:

- Inpatient
- Outpatient
- Same Day Admit
- Short Stay
- All Other

Purpose(s): Enables drill down into the data by this field.

Collection Guidelines & Specifications: The following definitions can be used to map facility-specific patient type values to the standard SETP values for this field:

Patient Type	Definition
Inpatient	A patient who is already an inpatient before surgery, who will remain as an inpatient after surgery
Outpatient	A patient arriving the day of surgery, and departing the day of surgery
Same Day Admit	A patient arriving the day of surgery, who will stay on as an inpatient after surgery
Short Stay	A patient arriving the day of surgery, staying for observation / recovery, with a plan to discharge the following day
All Other	All other patient types

3.11 Surgeon ID

Cancellation File	Field Name: Surgeon ID	Field Number: 11
Field Status	Optional	
Data Type	AlphaNum (32)	
Valid Format(s)	No format restrictions	
Valid Data	N/A	
Business Rules/ Validation Rules	N/A	

Definition: Facility-specific value which identifies the surgeon.

Purpose(s): Enables further analysis of SETP data by this field.

Collection Guidelines & Specifications: To ensure historical comparability, facilities are encouraged to use the same data in the Surgeon ID field for the same surgeon over time.

Note: The College of Physicians and Surgeons of Ontario (CPSO) numbers must not be captured in this field due to Ontario privacy law.

3.12 Surgeon Name

Cancellation File	Field Name: Surgeon Name	Field Number: 12
Field Status	Optional	
Data Type	AlphaNum (80)	
Valid Format	No format restrictions	
Valid Data	N/A	
Business Rules/ Validation Rules	N/A	

Definition: Name of the surgeon.

Purpose(s): Not used in SETP standardized reports.

Collection Guidelines & Specifications: None.

3.13 Medical Record Number

Cancellation File	Field Name: Medical Record Number	Field Number: 13
Field Status	Optional	
Data Type	AlphaNum (32)	
Valid Format	No format restrictions	
Valid Data	N/A	
Business Rules/ Validation Rules	N/A	

Definition: The MRN is a unique patient identifier assigned by the facility.

Purpose(s): The MRN is used by facilities to uniquely identify patients.

Collection Guidelines & Specifications: Facilities should submit unique numbers in the Medical Record Number field. These unique numbers do not have to be actual MRNs. Any unique number can be submitted.

3.14 Account Number

Cancellation File	Field Name: Account Number	Field Number: 14
Field Status	Required	
Data Type	AlphaNum (32)	
Valid Format	No format restrictions	
Valid Data	N/A	
Business Rules/ Validation Rules	The record will be excluded from reporting if: ☒ the Account Number is missing	

Definition: Unique patient identifier assigned by the facility. This can be any unique record identifier, for example MRN or encounter number.

Purpose(s): Used to identify potential duplicate records.

Collection Guidelines & Specifications: This field is also used (in conjunction with other fields) to identify in-room cancellations that may be excluded from SSCL reporting.

Further details on the exclusion of in-room cancellations from SSCL reporting are included in the information for KPIs (See Section 5.15).

3.15 Procedure Code

Cancellation File	Field Name: Procedure Code	Field Number: 15
Field Status	Required	
Data Type	AlphaNum (32)	
Valid Format	No format limitations	
Valid Data	N/A	
Business Rules/ Validation Rules	N/A	

Definition: Facility-specific value which is used to identify the main procedure completed.

Purpose(s): Enables further analysis of SETP data by this field.

Collection Guidelines & Specifications: None.

3.16 Procedure Description

Cancellation File	Field Name: Procedure Description	Field Number: 16
Field Status	Optional	
Data Type	AlphaNum (80)	
Valid Format	No format limitations	
Valid Data	N/A	
Business Rules/ Validation Rules	N/A	

Definition: Facility-specific value describing the procedure.

Purpose(s): The Procedure Description provides additional detail on the procedure in question, particularly for facilities that use only numbers in the Procedure Code field.

Collection Guidelines & Specifications: None.

3.17 Reschedule Date

Cancellation File	Field Name: Reschedule Date	Field Number: 17
Field Status	Optional	
Data Type	Date: AlphaNum (10)	
Valid Format	yyyy/mm/dd	
Valid Data	2018/09/21 *(example)*	
Business Rules/ Validation Rules	The Reschedule Date will be set to blank if: ⇔ the date format is invalid	

Definition: Date when the cancelled surgery will take place.

Purpose(s): Enables further analysis of SETP data by this field.

Collection Guidelines & Specifications: None.

3.18 Estimated Case Duration

Cancellation File	Field Name: Estimated Case Duration	Field Number: 18
Field Status	Optional	
Data Type	AlphaNum (32)	
Valid Format	xxx where xxx = minutes in whole numbers	
Valid Data	180 (example)	
Business Rules/ Validation Rules	N/A	

Definition: Estimated case duration in minutes.

Purpose(s): Enables further analysis of the SETP data by this field.

Collection Guidelines & Specifications: None.

3.19 Preadmission Screening Indicator Flag

Cancellation File	Field Name: Preadmission Screening Indicator Flag	Field Number: 19
Field Status	Optional	
Data Type	AlphaNum (3)	
Valid Format	Yes = [1, Y, Yes] No = [0, N, No] <null>	
Valid Data	No (example)	
Business Rules/ Validation Rules	N/A	

Definition: Flag that indicates that appropriate steps were taken to ensure patient preparedness before the surgery. See below for further details.

Purpose(s): Can be used to identify patterns between preadmission screening and procedure cancellation.

Collection Guidelines & Specifications: A Preadmission screening can be considered to have been completed if all of the following criteria have been met prior to the surgery:

Patient Preparedness

- Patient assessment completed with documented evidence
- Preoperative patient education completed – patient was made aware of the entire process for surgical event
- Initial discharge planning completed
- Necessary steps have been taken to medically optimize the patient for their specific procedure
- The screening process was completed appropriately either by telephone, virtually or in-person. This can be performed either within or outside of the medical facility. E.g., the patient can be screened by a primary physician and documented evidence forwarded to the hospital.

Preoperative Chart Preparedness

- Informed consent was obtained and evidence is available
    - If patients are consulted via telephone or virtually, consent forms may be signed the day of surgery
- The preoperative chart was completed and is available in advance of the surgery
- The above activities have been communicated to the service providers in the OR
- Example of preoperative chart would include: Client ID, NPO status, verification of the client, discussion with the anesthesiologist, client education review, verification of the operative site, completed history and physical, relevant allergies, lab results, x-ray, ECG, diagnostic tests, availability of previous health record if one exists, positional problems, dentures, prostheses, and eyeglasses

Preadmission screening criteria can be completed within one episode of care, or over more than one episode of care (phases) provided that:

1. Necessary steps have been met in advance of the surgery.

2. Patients who have a similar clinical condition and are scheduled for similar procedures are screened and tested in a like manner regardless of surgeon, anaesthesiology or surgical procedures. For example, all cataract patients who have a similar clinical condition are screened using the same process.

3.20 Procedure Service

Cancellation File	**Field Name: Procedure Service**	**Field Number: 20**
Field Status	Required	
Data Type	AlphaNum (32)	
Valid Format	No format restrictions	
Valid Data	Otolaryngology *(example)*	
Business Rules/ Validation Rules	N/A	

Definition: Facility-specific value representing the service associated with the case's procedure, which are required to be mapped to a list of SETP Standard Service Areas (listed below).

Purpose(s): Allows facilities to enter procedure-driven service to account for procedures that may cross multiple services (e.g., spine cases). Enables reporting of SETP data by this field in iPort™ Access at the peer group, Regional (LHIN) and provincial levels.

Collection Guidelines & Specifications: Facilities are encouraged to use the same terms and spelling when submitting the Procedure Service data from month to month.

See Appendix 2 for guidelines on mapping to the standard SETP Service Areas listed in the table below:

SETP Service Areas	
Anaesthesiology	Oral and Maxillofacial and Dentistry
Cardiac	Orthopaedic
Endoscopy	Otolaryngic (ENT)
General	Plastic and Reconstructive
Gynaecologic	Thoracic
Neurosurgery	Transplant
Obstetrics	Urologic
Oncology	Vascular
Ophthalmic	All Other

Mapping to these standard Service Code values is maintained by Ontario Health. If a facility adds or modifies a Service Code value (either by using a new term for an existing Service Code, or by adding a new Service Code), this will be highlighted during the data submission process and Ontario Health will contact the facility to obtain the mapped value(s).

Facilities are encouraged to proactively communicate new code(s) via email to ATC@ontariohealth.ca prior to data submission.

3.21 Field 21

Cancellation File	Field Name: Field 21	Field Number: 21
Field Status	Not currently used – leave blank	
Data Type	N/A	
Valid Format	No format restrictions	
Valid Data	N/A	
Business Rules/ Validation Rules	For future use if required	

Definition: For future use if necessary.

Purpose(s): Reserved for future enhancement.

Collection Guidelines & Specifications: N/A.

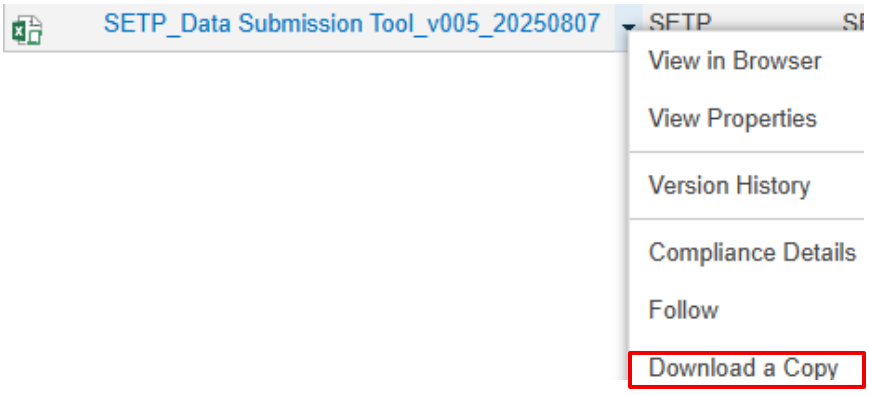
4.0 SETP Data Submission Tool

Beginning January 2018, facilities started submitting SETP monthly data files directly to Ontario Health via a secure file transfer site known as Managed File Transfer (MFT). Data submissions are due by midnight on the eighth business day of the month following a reporting period. The SETP data submission is comprised of three files in the comma separated values (.csv) format; Case, Cancel and Schedule. These files are to be uploaded to the SETP folder within their facility folder on MFT.

Note: It is important to ensure the information submitted each month is timely and accurate as it impacts the calculation of SETP KPIs within the monthly standardized reports for facilities, Regions and ministry.

The Excel template version of the SETP Data Submission Tool developed by Ontario Health is posted on the ATC Information Site for facilities to download and use. Facilities are encouraged to check the ATC Information Site to ensure they are using the most current version of the template. The template allows facilities to check the quality of its data prior to data submission as well as providing the mechanism to build the Schedule submission file. When a facility is satisfied with the data quality of the submission files, the template is then used to generate the three standard files for the data submission; Case, Cancel and Schedule for the specified facility/OR Unit and reporting month. Submission files generated by the template are comma separated values (.csv) formatted with a standardized file name, for example, 1124_201803_Case. The naming convention for the files begins with a unique four digit code for each OR Unit, followed by the reporting year and month selected within the tool and then ending with the type of file; Case, Cancel or Schedule. Submission files are automatically saved in the same location as the SETP Data Submission Tool.

Note: To ensure the file functions correctly, it is recommended not to open it directly in a browser, as this will disable the macros. Instead, hover over the file name, click the down arrow to open the options menu, and select “Download a Copy.” This will allow you to save the Excel file locally and preserve full functionality.



Note: The name of the submission files generated by the SETP Data Submission Tool should not be modified as this may result in the files being overlooked during the automated portion of the data collection process.

Note: Submission files generated by the SETP Data Submission Tool should not be modified as this may result in the standard date (YYYY/MM/DD) and time (YYYY/MM/DD HH:MM) formats being altered. Records will be rejected by the automated data collection process if any date or time data element is not correctly formatted.

Note: Submission files must be uploaded into the SETP folder within the facility folder on MFT otherwise they will not be picked up during the automated portion of the data collection process.

The following references are posted on the ATC Information Site to assist facilities with the monthly data submission process:

- SETP Data Quality and Compliance Calendar
- SETP_Data Submission Checklist
- SETP_Data Submission Tool Demonstration_Recording
- SETP_Managed File Transfer (MFT) Tip Sheet

4.1 Case Submission File

Each month, a facility creates a Case File containing information about any procedures completed or started in a fully equipped OR during the reporting month. The Case File is a text file containing the date elements outlined in Section 2 of this guide. The Case File is imported into the SETP Data Submission Tool, any highlighted errors should be addressed before the Case Submission File is generated within the tool.

4.2 Cancel Submission File

Each month, a facility creates a Cancel File containing information about any scheduled or started procedures that were cancelled during the reporting month. The Cancel File is a text file containing the data elements outlined in Section 3 of this guide. The Cancel File is imported into the SETP Data Submission Tool, any highlighted errors should be addressed before the Cancel Submission File is generated within the tool.

Note: If an OR Unit does not have any cancellations to report for the month, please notify the SETP team by sending an email to ATC@ontariohealth.ca prior to the data submission window closing.

4.3 Schedule Submission File

The third data submission file, Schedule, is built within the OR Schedule worksheet of the SETP Data Submission Tool. Within the OR Schedule worksheet facilities capture the planned start and stop times for each OR in use and any adjustments for room openings and closures throughout a reporting period. Additional details about the OR Schedule worksheet can be found in Section 4.4. Once a schedule and all adjustments for the reporting month have been entered, a Schedule submission file can be generated within the tool.

4.4 OR Schedule

Definition: The OR Schedule identifies the start time and stop time for each OR by day of week and week of month. The SETP Data Submission Tool calculates the total hours available for each OR. Information entered in the OR Schedule worksheet is used to generate the Schedule Submission File.

Purpose(s): OR Schedule data is used in OR Utilization calculations.

Collection Guidelines & Specifications: OR data is collected through the OR Schedule worksheet in the SETP Data Submission Tool. The OR Names listed in the tool must match exactly with the Actual Room names submitted in the Case File. Please email ATC@ontariohealth.ca if changes to OR Names are required.

Note: Case records will be rejected and therefore not available for SETP KPI reporting if the name used within the Actual Room does not match one of the names listed within the OR Schedule worksheet of the SETP Data Submission Tool.

The OR Schedule is built for each OR and has a Start Time (e.g. 08:00), Stop Time (e.g. 16:00), identified days of the week (e.g. Monday and Wednesday) as well as identified weeks of the month. Adjustments for room openings as well as planned or unplanned closures for a reporting month are also captured in the OR Schedule worksheet.

The table below identifies the data collected within the OR Schedule:

Data Element Name	Definition	Format	Field Status	Validation Rules	Purpose and Use
Main Schedule Start Time	Start time for Main Schedule	Time (HHMM) using 24 hour format	Required	An entry must have a valid start time	This field is used in calculating % Utilization metrics
Main Schedule Stop Time	Stop time for Main Schedule	Time (HHMM) using 24 hour format	Required	An entry must have a valid stop time	This field is used in calculating % Utilization metrics
Main Schedule Week	Weeks in the month (1 - 5)	Y/N	Required	Drop down list	Indicates the weeks of the month the start and stop times apply to

Data Element Name	Definition	Format	Field Status	Validation Rules	Purpose and Use
Second Shift Start Time	Start time for Main Schedule	Time (HHMM) using 24 hour format	Optional	An entry must have a valid start time	To capture OR hours following a break in the Main Schedule For example, Main Schedule runs 0800 to 1700 and a Second Shift begins 1730 Used in calculating % Utilization metrics when populated
Second Shift Stop Time	Stop time for Main Schedule	Time (HHMM) using 24 hour format	Optional	An entry must have a valid stop time	Used in calculating % Utilization metrics when populated
Second Shift Week	Weeks in the month (1 – 5)	Y/N	Optional	Drop down list	Indicates the weeks of the month the start and stop times apply to
Alternate Week(s) Start Time	Start time for Main Schedule	Time (HHMM) using 24 hour format	Optional	An entry must have a valid start time	To capture OR hours following a break in the Main Schedule For example, Main Schedule runs 0800 to 1700 and a Second Shift begins 1730 Used in calculating % Utilization metrics when populated
Alternate Week(s) Stop Time	Stop time for Main Schedule	Time (HHMM) using 24 hour format	Optional	An entry must have a valid stop time	Used in calculating % Utilization metrics when populated
Alternate Week(s) Week	Weeks in the month (1 – 5)	Y/N	Optional	Drop down list	Indicates the weeks of the month the start and stop times apply to

Data Element Name	Definition	Format	Field Status	Validation Rules	Purpose and Use
Adjustment 1 Start Time	Start time for Adjustment 1	Time (HHMM) using 24 hour format	Optional	Adjusted minutes can never exceed the available time for an OR	Used for OR Utilization calculations and % Unplanned Closures calculations In the system's utilization calculations, planned closure minutes are deducted from general availability minutes, opening minutes are added, and unplanned closure minutes do not affect general availability minutes
Adjustment 1 Stop Time	End time for Adjustment 1	Time (HHMM) using 24 hour format	Optional	Adjusted minutes can never exceed the available time for an OR	Used for OR Utilization calculations and % Unplanned Closures calculations In the system's utilization calculations, planned closure minutes are deducted from general availability minutes, opening minutes are added, and unplanned closure minutes do not affect general availability minutes
Adjustment 1 +/-	Type of Adjustment	+ for Opening – P for Planned Closure - U for Planned Closure	Optional	Drop down list	Used for OR Utilization calculations and % Unplanned Closures calculations In the system's utilization calculations, planned closure minutes are deducted from general availability minutes, opening minutes are added, and unplanned closure minutes do not affect general availability minutes

Data Element Name	Definition	Format	Field Status	Validation Rules	Purpose and Use
Adjustment 1 Reason	Reason for Adjustment 1		Optional	Drop down list	Opening adjustment requires no reason Planned adjustment reason: • Budget • Downtime • Holidays • Human Resources • Meetings/ Conf. • Block Release Unplanned adjustment reason: • Environmental • Human Resources • Supplies • Block Release
Adjustment 2 Start Time	Start time for Adjustment 2	Time (HHMM) using 24 hour format	Optional	Adjusted minutes can never exceed the available time for an OR	Used for OR Utilization calculations and *% Unplanned OR Closures* calculations In the system's utilization calculations, planned closure minutes are deducted from general availability minutes, opening minutes are added, and unplanned closure minutes do not affect general availability minutes
Adjustment 2 Stop Time	End time for Adjustment 2	Time (HHMM) using 24 hour format	Optional	Adjusted minutes can never exceed the available time for an OR	Used for OR Utilization calculations and *% Unplanned OR Closures* calculations In the system's utilization calculations, planned closure minutes are deducted from general availability minutes, opening minutes are added, and unplanned closure minutes do not affect general availability minutes

Data Element Name	Definition	Format	Field Status	Validation Rules	Purpose and Use
Adjustment 2 +/-	Type of Adjustment	+ for Opening – P for Planned Closure - U for Planned Closure	Optional	Drop down list	Used for OR Utilization calculations and *% Unplanned OR Closures* calculations In the system's utilization calculations, planned closure minutes are deducted from general availability minutes, opening minutes are added, and unplanned closure minutes do not affect general availability minutes
Adjustment 2 Reason	Reason for Adjustment 2		Optional	Drop down list	Opening adjustment requires no reason Planned adjustment reason: • Budget • Downtime • Holidays • Human Rsrcs • Meetings/ Conf. • Block Release Unplanned adjustment reason: • Environmental • Human Rsrcs • Supplies • Block Release

4.4.1 Planned & Unplanned Closures: Definitions & Examples

Planned Closures

Definition: A planned closure is a full or partial closure of a scheduled OR, where resources are able to be reallocated.

A planned closure will decrease minutes from the overall availability, therefore OR Utilization is not affected. For example: if a facility typically runs 14 rooms and plans a four-room closure in advance, the calculation for utilization for that day will be based on the availability of 10 rooms. If a facility typically runs 10 rooms until 6 pm but on a given day it is decided to close 2 rooms at 3 pm and allocate the resources from these 2 rooms elsewhere, this would result in a partial planned closure of 2 rooms during that period.

Planned Closure Reasons	Examples
Budget	Room closures due to budget constraints, scheduled in advance of the planned elective schedule
Downtime	Any scheduled downtime that is planned in advance of the planned elective schedule, for example: planned closures for the summer schedule, March Break
Holidays	Statutory Holidays (e.g., Thanksgiving)
Human Resources (Human Rsrcs)	Anaesthetist vacation time scheduled in advance of the planned elective schedule Pandemic requires non-essential elective surgery to be postponed, after an initial period of unplanned closures, hospital resources are then planned for reallocation (e.g. COVID-19)
Meetings/Conferences (Meeting/Conf.)	OR conference scheduled in advance of the planned elective schedule
Block Release	Captures an OR closure due to surgeon request or inability to fill allotted block time and appropriate notice was provided to hospital administration This time was **not** reallocated to another surgeon/service thereby resulting in lost OR time

Unplanned Closures

Definition: An unplanned closure of an OR is a full or partial closure of an OR that impacts one of the following: disruption to elective scheduled patients, appropriate utilization of hospital, staff or physician resources.

An unplanned closure would typically occur shortly before and/or up until the scheduled start time, and resources are not able to be reallocated. Short notice can generally be considered as notice received 24 to 48 hours prior to the planned elective schedule, but this is dependent on the individual facility's policy. An under-scheduled OR is not considered an unplanned closure.

Unplanned closures will not decrement the available minutes in the calculation of OR Utilization, therefore a lower utilization may be noted. For example: if a facility typically runs 14 rooms and due to unforeseen circumstances closes a room due to a flood (unplanned closure), the calculation for utilization for that day will still be based on the availability of 14 rooms. The lower utilization rate would be supported by the report of the unplanned closure.

Unplanned Closure Reasons	**Examples (in all cases, notification is received with inadequate notice for resources to be reallocated)**
Environmental	Construction, fire, flood, humidity, disaster, pandemic
Human Resources	Anaesthesia, nursing, or surgeon unavailable. Reasons could include illness, bereavement, late notification of unavailability or miscommunications
Supply Resources	OR supplies, technology, equipment, implants
Block Release	Captures an OR closure due to surgeon request or inability to fill allotted block time and appropriate notice was **not** provided to hospital administration This time was **not** reallocated to another surgeon/service thereby resulting in lost OR time

4.4.2 Additional Example Scenarios

Planned Closures

Planned Closure Reason: Downtime	
Scenario	**Reasoning**
Four (4) ORs will be closed for the summer months to accommodate staff vacations and budget.	Planned months in advance (typically three months). The budget is prepared based on the closures.
Closures or reduction in the number of OR rooms for planned servicing of equipment.	These closures are similar to statutory holidays; they are planned well in advance (typically three months).
OR is closed for planned construction.	It is known well in advance that the planned construction will result in a room closure and resources are allocated elsewhere.
Planned Closure Reason: Meetings/ Conferences (Meeting/Conf.)	
Scenario	**Reasoning**
OR Advisory determines they will reduce service access to allow nursing staff to attend an education session. This is planned well in advance and is added to the schedule.	Staff and physicians know about the closure in advance and support the action.
Planned Closure Reason: Human Resources (Human Rsrcs)	
Scenario	**Reasoning**
Anaesthetist or surgeons will be away on vacation and as a result a room closure will occur.	Notice of the planned vacation is received well enough in advance of the planned elective schedule to allow the room to be closed without impacting elective scheduled patients, or the appropriate utilization of staff resources.
A surgeon releases a block to host an education session. Sufficient notice is given; however, no replacement is found. The OR is then scheduled as closed and resources are allocated elsewhere.	The room is closed without impacting elective scheduled patients, or the appropriate utilization of staff resources.
A surgeon is unable to fill a block of time. Sufficient notice is given; however no other surgeon can make use of this time. The OR is then scheduled as closed and resources are allocated elsewhere.	The room is closed without impacting elective scheduled patients, or the appropriate utilization of staff resources.
Due to a pandemic, Ministry of Health directs hospitals to immediately postpone non-essential elective cases (e.g., COVID-19).	Following an initial phase of unplanned room closures, the reallocation of OR staff is planned.

Unplanned Closures

Unplanned Closure Scenario: Human Resources	
Scenario	**Reasoning**
A team member's funeral is in two days. Staff and surgeons want to attend. The list is changed to another day and staff is given the day off using either time owing or own time.	On short notice, staff and surgeons are no longer available to cover the scheduled ORs. This will result in a **disruption to electively scheduled patients.**
A surgeon wants to attend an education session on short notice and cannot use block time.	The change is made on short notice and it results in a disruption to electively scheduled patients, and does not allow for staff to be reallocated properly.
On the scheduled day, a block is released because the anaesthesia team has a lack of staff due to illness. Decision is made to close the room.	This closure will result in a disruption to elective scheduled patients, and available hospital resources will not be used. It is still considered an unplanned closure if this happens a day earlier and staff is relocated or granted time away.
One day prior to the surgery date (based on admissions and discharges) it is estimated there are no beds to admit elective patients. The surgeries for some patients are cancelled, the OR room is closed, and the staff are deployed to help in other rooms or do ER cases.	The planned cases could not be completed due to a resourcing constraint that became known on short notice prior to the planned date.
Unplanned Closure Scenario: Environmental	
Scenario	**Reasoning**
An OR is closed for the day, or for part of the day, due to high humidity. Surgical cases are either moved to another OR or rescheduled to another day.	Short notice closure based on circumstances beyond the control of the OR staff.
An OR is closed due to flooding.	An OR was shut down and therefore is no longer available. The closure would remain unplanned for the time it takes to clean/decontaminate the area.
Due to a pandemic, Ministry of Health directs hospitals to immediately postpone non-essential elective cases (e.g. COVID-19).	Rooms were shut down almost immediately with little lead time to plan reallocation of OR staff.

Unplanned Closure Scenario: Supply Resources	
Scenario	**Reasoning**
A case requires implants; the implants were estimated to be in-house in time for the case but did not arrive. The case is cancelled because the procedure cannot proceed without the implants.	Short-notice closure based on circumstances beyond the control of the OR staff. Resources were available but the procedure was unable to proceed.

4.5 Case File Options

Definition: Facility/OR Unit options to be applied to the Case File.

Purpose(s): The options provide a set of rules for how the submitted data will be interpreted.

Collection Guidelines & Specifications: Options are part of the mapping information collected by Ontario Health and reflected in the SETP Data Submission Tool. Please email ATC@ontariohealth.ca if changes to any option below is required.

Format Options	Definition	Format	Validation Rules	Purpose and Use
Field Delimiter	Format of text file	Tab or Bar (|)	N/A	Facility specific value to indicate format of text file to be imported into the tool
Blank Booking Date = Add-on case	Rule for SETP to interpret blank booking dates	Yes/No	N/A	Facility specific value, impacts Case Time Accuracy calculations (i.e. *% On Time Starts - First Cases*)
Booking Date After Surgery = Add-on case	Rule for SETP to interpret booking dates that occur after the date of surgery	Yes/No	N/A	Facility specific value, impacts Case Time Accuracy calculations (i.e. *% On Time Starts - First Cases*)
Estimated Duration includes Room Turnaround Time	Indicates whether the estimated case duration values that are submitted in the case file include the turnover time	Yes/No	N/A	Facility specific value, impacts *% Estimated Duration Accuracy* calculation

4.6 Cancellation File Options

Definition: Facility/OR Unit options to be applied to the Cancellation File.

Purpose(s): The options provide a set of rules for how the submitted data will be interpreted.

Collection Guidelines & Specifications: Options are part of the mapping information collected by Ontario Health and reflected in the SETP Data Submission Tool. Please email ATC@ontariohealth.ca if changes to the option below is required.

Format Options	Definition	Format	Validation Rules	Purpose and Use
Field Delimiter	Format of text file	Tab or Bar (|)	N/A	Facility specific value to indicate format of text file to be imported into the tool

5.0 SETP Key Performance Indicators (KPIs)

SETP KPIs are quantifiable measurements that reflect the success of SETP facilities. SETP hospitals can use the data collected from the 20 KPIs to help improved OR management.

Please note: Some records may be excluded from an indicator as a condition of the indicator calculation (e.g., cases that take place on Saturday or Sunday). There are also record-level exclusion criteria for indicators that are intended to remove records with logic errors or are missing crucial data.

The table below summarizes the SETP KPIs.

Category	Description	Indicators	Targets
Case Time Accuracy	• Measures whether or not surgical cases are starting and finishing on time, as scheduled • Measuring start and finish times helps to ensure that OR time and resources aren't wasted due to delays	• % On Time Start – First Cases • % On Time Start – Subsequent Cases • % On Time Finish – Last Cases	85%
Case Time Effectiveness	• Detailed information about how effectively time in the OR is being used • Objective is to equate the amount of time spent in the OR with the amount of time that was scheduled for a particular surgery	• Average Case Duration • Average Anaesthesia Ready from Patient In • Average Turnover • % Estimated Case Duration Accuracy	
Utilization	• How well OR resources are both planned and utilized • Utilization management is a balancing act between minimizing waste and enabling flexibility to accommodate emergency cases	• % Utilization 7am-4pm • % Utilization 4pm-12am • % Add-on Cases • % Unplanned OR Closures • % Same Day Cancellations	90 to 100% Less than 5%
Quality and Safety	• Ensures appropriate patient preparedness for surgery and that the surgical team is taking steps to maximize patient safety • Mandatory requirement to conduct the Surgical Safety Checklist	• % Preadmission Screening • % Surgical Safety Checklist • % Unplanned OR Returns	100% 100%
Scheduling	• Measures the proportion of surgeries that are booked as elective versus emergency surgery; providing insight into hospital booking processes and helping to ensure that cases are being scheduled appropriately	• % Priority 1 Volume • % Priority 1A Volume • % Priority 1B Volume • % Priority 1C Volume • % Priority 1D Volume	

5.1 % On Time Start – First Cases

Measures the percentage of first cases with a Patient In Room Time that is either early or no more than 5 minutes after the Scheduled Start Time over all first cases.

% On Time Start – First Cases =

[# of first cases where the Patient In Room Time is either before, or no more than 5 minutes after the Scheduled Start Time] / [total # of first cases]

Conditions of indicator calculation	Record level exclusions for indicator calculation
First case: the earliest scheduled case in an OR for each day (which must be between 6 a.m. and 9 a.m.) • The Scheduled Start Time must not be missing or blank to be considered a scheduled first case **On-time first case**: first cases where the Patient In Room Time is no more than 5 minutes after the Scheduled Start Time • Indicator calculated using cases occurring on weekdays only (Saturday and Sunday are not included) • Add-on cases are not included • Surgical Priority 1(A, B & C) are not included	Records with missing data or logic errors will be excluded from this indicator calculation if: • Patient Out of Room Time is before or equal to Patient In Room Time • Patient Out of Room Time is before Procedure Start Time • Patient Out of Room Time is before Procedure Stop Time • Procedure Stop Time is before or equal to Procedure Start Time • For a given OR, any record that indicates that a subsequent patient has entered the OR before the previous patient has left the OR will be excluded

Note: Provincial Best Practice Target is 85%.

5.2 % On Time Start – Subsequent Cases

Measures the percentage of subsequent cases where the Patient In Room Time is either before or no more than 15 minutes after the Scheduled Start Time.

% On Time Start – Subsequent Cases =

[# of subsequent cases where the Patient In Room Time is either before, or no more than 15 minutes after the Scheduled Start Time] / [total # of subsequent cases]

Conditions of indicator calculation	Record level exclusions for indicator calculation
Subsequent case: scheduled cases that are not first cases • The Scheduled Start Time must not be missing or blank to be considered a scheduled case **On-time subsequent case:** subsequent cases where the Patient In Room Time is no more than 15 minutes after the Scheduled Start Time • Indicator calculated using cases occurring on weekdays only (Saturday and Sunday are not included) • Add-on cases are not included • Surgical Priority 1(A, B & C) are not included	Records with missing data or logic errors will be excluded from this indicator calculation if: • Patient Out of Room Time is before or equal to Patient In Room Time • Patient Out of Room Time is before Procedure Start Time • Patient Out of Room Time is before Procedure Stop Time • Procedure Stop Time is before or equal to Procedure Start Time • For a given OR, any record that indicates that a subsequent patient has entered the OR before the previous patient has left the OR will be excluded

5.3 % On Time Finish – Last Cases

Measures the percentage of last cases where the Patient Out of Room Time is either before or no more than 30 minutes after the Expected Finish Time (Scheduled Start Time plus Estimated Case Duration).

% On Time Finish – Last Cases =

[# of last cases where the Patient Out of Room Time is either before, or no more than 30 minutes after the (Scheduled Start Time plus the Estimated Case Duration)] / [total # of last cases]

Conditions of indicator calculation	Record level exclusions for indicator calculation
Last case: the last scheduled case in an OR for each day (which must be between 12 p.m. and 8 p.m.) and not followed by an elective case • The Scheduled Start Time must not be missing or blank to be considered a scheduled case **On-time last case**: last cases where the Patient Out of Room Time is no more than 30 minutes after the Scheduled Start Time plus Estimated Case Duration (Expected Out of Room Time). • Indicator calculated using cases occurring on weekdays only (Saturday and Sunday are not included) • Add-on cases are not included. • Surgical Priority 1(A, B) are not included • **Scheduled** Surgical Priority 1C cases are included (a Scheduled Start Time has been entered for the case)	Records with missing data or logic errors will be excluded from this indicator calculation if: • Scheduled Start Time is missing or null • Estimated Case Duration is missing or null • Estimated Case Duration is negative • Patient Out of Room Time is before or equal to Patient In Room Time • Patient Out of Room Time is before Procedure Start Time • Patient Out of Room Time is before Procedure Stop Time • Procedure Stop Time is before or equal to Procedure Start Time • For a given OR, any record that indicates that a subsequent patient has entered the OR before the previous patient has left the OR will be excluded

5.4 Average Case Duration

Measures the time elapsed (in minutes) between when the patient enters the OR to when the patient exits the room.

Average Case Duration =

Sum of [Patient Out of Room Time - Patient In Room Time] / [total # of cases]

Conditions of indicator calculation	Record level exclusions for indicator calculation
• Indicator calculated using cases occurring on weekdays only (Saturday and Sunday are not included)	Records with missing data or logic errors will be excluded from this indicator calculation if: • Patient Out of Room Time is before or equal to Patient In Room Time • Patient Out of Room Time is before Procedure Start Time • Patient Out of Room Time is before Procedure Stop Time • Procedure Stop Time is before or equal to Procedure Start Time • For a given OR, any record that indicates that a subsequent patient has entered the OR before the previous patient has left the OR will be excluded

5.5 Average Anaesthesia Ready Time from Patient In

Measures the time elapsed (in minutes) between when the patient enters the OR to when the patient reaches a sufficient level of anaesthesia to begin surgical preparation.

Average Anaesthesia Ready Time from Patient In =

Sum of [Anaesthesia Ready Time - Patient In Room Time] / [total # of cases]

Conditions of indicator calculation	Record level exclusions for indicator calculation
• Indicator calculated using cases occurring on weekdays only (Saturday and Sunday are not included)	Records with missing data or logic errors will be excluded from this indicator calculation if: • Anaesthesia Ready Time is missing or blank • Patient Out of Room Time is before or equal to Patient In Room Time • Patient Out of Room Time is before Procedure Start Time • Patient Out of Room Time is before Procedure Stop Time • Procedure Stop Time is before or equal to Procedure Start Time • For a given OR, any record that indicates that a subsequent patient has entered the OR before the previous patient has left the OR will be excluded

5.6 Average Turnover

Measures the time elapsed (in minutes) between the patient exiting the OR to when the next patient enters the same OR. Turnover minutes are assigned to the patient who just left the OR.

Average Turnover =

[Patient In Room Time (next patient) - Patient Out of Room Time (current patient)] / [total # of cases]

Conditions of indicator calculation	Record level exclusions for indicator calculation
• Indicator calculated using cases occurring on weekdays only (Saturday and Sunday are not included) • If the turnover time is greater than 60 minutes, it will not be included in the average turnover minute calculations	Records with missing data or logic errors will be excluded from this indicator calculation if: • Patient Out of Room Time is before or equal to Patient In Room Time • Patient Out of Room Time is before Procedure Start Time • Patient Out of Room Time is before Procedure Stop Time • Procedure Stop Time is before or equal to Procedure Start Time • For a given OR, any record that indicates that a subsequent patient has entered the OR before the previous patient has left the OR will be excluded

5.7 % Estimated Case Duration Accuracy

Measures the percentage of cases where the patient actual case duration is within the defined accuracy threshold of the estimated case duration. The accuracy threshold is defined as the greater of either 15 minutes or 25 % of the Estimated Case Duration.

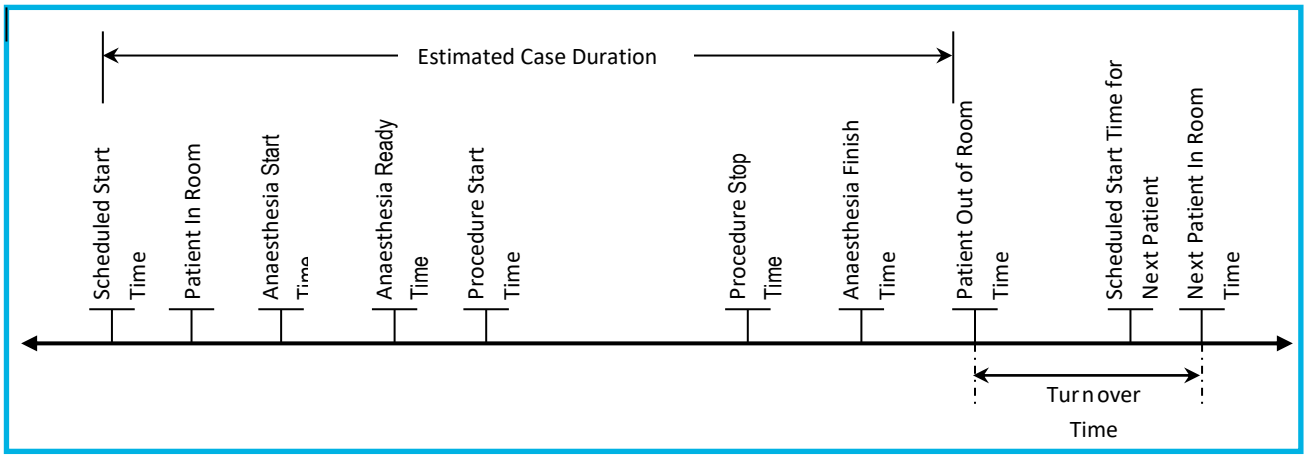
% Estimated Case Duration Accuracy = [# of accurately scheduled cases] / [total # of cases]

Where Estimated Case Duration is less than or equal to 60 minutes, a case is considered accurately scheduled if the Estimated Case Duration is within 15 minutes of the [Patient Out of Room Time - Patient In Room Time]

Where Estimated Case Duration is greater than 60 minutes, a case is considered accurately scheduled if the Estimated Case Duration is within [Estimated Case Duration x 0.25] of the [Patient Out of Room Time - Patient In Room Time]

Conditions of indicator calculation	Record level exclusions for indicator calculation
• Indicator calculated using cases occurring on weekdays only (Saturday and Sunday are not included) • For cases with Estimated Case Duration less than or equal to 60 minutes, a case will be considered accurately scheduled if the Estimated Case Duration is within 15 minutes of the [Patient Out of Room Time – Patient In Room Time] • For cases with Estimated Case Duration greater than 60 minutes, a case will be considered accurately scheduled if the Estimated Case Duration is within [Estimated Case Duration x 0.25] minutes of the [Patient Out of Room Time – Patient In Room Time] • Surgical Priorities 1A, 1B, and 1C are not included	Records with missing data or logic errors will be excluded from this indicator calculation if: • Estimated Case Duration is missing or null • Estimated Case Duration is negative • Patient Out of Room Time is before or equal to Patient In Room Time • Patient Out of Room Time is before Procedure Start Time • Patient Out of Room Time is before Procedure Stop Time • Procedure Stop Time is before or equal to Procedure Start Time • For a given OR, any record that indicates that a subsequent patient has entered the OR before the previous patient has left the OR will be excluded

Note: If the Case File Option 'Case durations include average room turnover time' is set to Yes, then the Estimated Case Duration values in the Case File will be adjusted before calculating the % Estimated Case Duration Accuracy indicator. The Average Turnover for the month (by standard Service Area, see Appendix 2) will be subtracted from the submitted Estimated Case Duration values so that the time period represents the anticipated amount of time required from Patient In to Patient Out of the OR. If it is not possible to calculate turnover by Service Area (i.e. for low case volumes), then the facility average turnover time for the month will be used for those cases. No adjustments are made to the Estimated Case Duration values if the flag is set to No.



5.8 % Utilization 7 am - 4 pm

Measures the percentage of OR minutes that are utilized compared to the number of minutes available.

% Utilization 7 am - 4 pm =

[# of OR minutes utilized between 7 am and 4 pm] /

[# of adjusted available minutes between 7 am and 4 pm]

Number of utilized minutes per case =

[Patient Out of Room Time] - [Patient In Room Time] + [Average monthly turnover minutes]

Number of adjusted available minutes 7 am - 4 pm =

[general OR available minutes] - [planned closure minutes] + [OR plan adjustment opening minutes]

Conditions of indicator calculation	Record level exclusions for indicator calculation
Number of utilized minutes 7 am - 4 pm: the sum of utilized OR minutes of all cases between 7 am and 4 pm • Indicator calculated using cases occurring on weekdays only (Saturday and Sunday are not included) • Average monthly turnover minutes are calculated by service area. A case for a given service area will have the average monthly turnover minutes for that service area incorporated into the 'Number of utilized minutes per case' calculation	Records with missing data or logic errors will be excluded from this indicator calculation if: • Patient Out of Room Time is before or equal to Patient In Room Time • Patient Out of Room Time is before Procedure Start Time • Patient Out of Room Time is before Procedure Stop Time • Procedure Stop Time is before or equal to Procedure Start Time • For a given OR, any record that indicates that a subsequent patient has entered the OR before the previous patient has left the OR will be excluded

Only utilized minutes between 7 am and 4 pm are captured (e.g., if a case started at 6:45 am and ended at 7:15 am, the utilized minutes for this KPI is 15 minutes captured between 7:00 am and 7:15 am).

Note: Provincial Best Practice Target is 90% to 100%.

5.9 % Utilization 4 pm - 12 am

Measures the percentage of OR minutes that are utilized compared to the number of minutes available.

% OR Utilization 4 pm - 12 am =

[# of OR minutes utilized between 4 pm and 12 am] /

[# of adjusted available minutes between 4 pm and 12 am]

Number of utilized minutes per case =

[Patient Out of Room Time] - [Patient In Room Time] + [Average monthly turnover minutes]

Number of adjusted available minutes 4 pm - 12 am =

[general staffing available minutes] - [planned closure minutes] + [staffing plan adjustment opening minutes]

Conditions of indicator calculation	Record level exclusions for indicator calculation
Number of utilized minutes 4 pm - 12 am: the sum of utilized OR minutes of all cases between 4 pm and 12 am • Indicator calculated using cases occurring on weekdays only (Saturday and Sunday are not included) • Average monthly turnover minutes are calculated by service area. A case for a given service area will have the average monthly turnover minutes for that service area incorporated into the 'Number of utilized minutes per case' calculation.	Records with missing data or logic errors will be excluded from this indicator calculation if: • Patient Out of Room Time is before or equal to Patient In Room Time • Patient Out of Room Time is before Procedure Start Time • Patient Out of Room Time is before Procedure Stop Time • Procedure Stop Time is before or equal to Procedure Start Time • For a given OR, any record that indicates that a subsequent patient has entered the OR before the previous patient has left the OR will be excluded

Only utilized minutes between 4 pm and 12 am are captured (e.g., if a case started at 11:45 pm and ended at 00:15 am, the utilized minutes for this KPI is 15 minutes, captured between 11:45 pm - 12:00 am).

5.10 % Add-on Cases

Measures the percentage of cases that were added to the schedule on the day of surgery over all cases.

% Add-on Cases = [# of Add-on Cases] / [total # of cases]

Conditions of indicator calculation	Record level exclusions for indicator calculation
Add-on Case: the Booking Date is the same as the Surgery Date. There are also options that can be set in the Case File Options to consider cases as Add-on if: • the Booking Date is blank, or • the Booking Date is after the Surgery Date • The booking date being within 48 hours of the surgery date to accommodate 1C cases • Indicator calculated using cases occurring on weekdays only (Saturday and Sunday are not included)	Records conditionally excluded based on settings from the Case Input File Options: If: **Blank Booking Date = Add-on case** is set to No and the booking date is blank, it will not be included as an Add-on case If: **Booking Date After Surgery = Add-on case is set to No** and the booking date occurs after the surgery date, it will not be included as an Add-on case

5.11 % Unplanned OR Closures

Measures the percentage of OR time lost due to unplanned room closures over the total available OR time.

% Unplanned Closures =

[# of Unplanned Closure Minutes 7am - 11pm] / [Available OR minutes 7am - 11pm]

Conditions of indicator calculation	Record level exclusions for indicator calculation
None	None

5.12.1 % Same Day Cancellations

Measures the percentage of OR same day cancellations over all cases and same day cancellations.

% Same Day Cancellations =

[# of same day cancellations] / [total # of cases + total # same day cancellations]

Conditions of indicator calculation	Record level exclusions for indicator calculation
Same Day Cancellations: the Cancellation Date is the same day or after the Scheduled Surgery Date and the case was scheduled one or more days prior to the Scheduled Surgery Date • Indicator calculated using cases occurring on weekdays and weekends • Cases identified as being in-room cancellations are not included	None

Note: Same Day Cancellations represent wasted OR resources (for example, time and resources spent preparing the patient for the OR, room set-up) which negatively impacts facility efficiencies and patient satisfaction.

Note: A case is considered scheduled if the Surgery Date and Scheduled Start Time are a planned date and time and this information has been communicated to the patient in order to prepare for surgery, including Priority 1C and Priority 1D. If a Priority 1C or Priority 1D case is scheduled more than one day in advance of the Surgery Date and assigned a Scheduled Start Time, it must be included in the Cancellation File.

Note: A case is considered an in-room cancellation if the patient has entered the OR and the OR is now considered contaminated and requires turnover.

Note: Same day cancellation records are captured in the Cancellation File only whereas in-room cancellations records are captured in both the Case File (will likely have a number of missing data elements) and Cancellation File. For unscheduled urgent or emergent cases that became an in-room cancellation, please submit a record in both the Case File and Cancellation File and use an estimate for the Scheduled Start Time in order to capture the OR utilization and exempt the case from SSCL compliance.

Note: Provincial Best Practice Target is 5%. Facilities having a % Same Day Cancellations rate higher than 5% at the beginning of the fiscal year and the reasons within their control (Bed Not Available, Delayed Schedule/Not Enough Time, Hospital Resources, Hospital Staff Unavailable) account for more than 20% of the overall rate, will be expected to work towards reducing the controlled rate by 20% by the end of the fiscal year.

Please refer to section 5.15 *% Surgical Safety Checklist* for more information on the requirements for reporting in-room cancellations.

5.12.2 Cancellation File Submission Scenarios

Same Day Cancellation for Elective Cases	
Scenario	**Action with Reasoning**
An elective surgery was scheduled for a patient one month in advance. On the same day as the procedure, the surgery was unexpectantly cancelled.	**Submit Case File: NO** Required data elements missing (i.e. In-Room Time) **Submit Cancellation File: YES** The case was scheduled over one or more days in advance
An elective surgery was scheduled for a patient one month in advance. The patient entered the OR and was unexpectantly cancelled.	**Submit Case File: YES** Criteria are met for Case File to be submitted **Submit Cancellation File: YES** The case was scheduled over one or more days in advance
Same Day Cancellation for Add-On Cases	
Scenario	**Action with Reasoning**
An emergent or urgent surgery (Priority 1A, 1B, 1C, 1D) was booked for a patient and **planned to proceed on the same da**y. However, the procedure was cancelled shortly before the patient entered the operating room.	**Submit Case File: NO** Required data elements missing (i.e. In-Room Time) **Submit Cancellation File: NO** Criteria are not met for cancellation to be submitted. The case was not booked more than one day in advance
A Priority 1C or Priority 1D case is added to the **surgical schedule for the following day** and is assigned a specific Scheduled Start Time. On the same day as the procedure, the surgery was unexpectantly cancelled.	**Submit Case File: NO** Required data elements missing (i.e. In-Room Time) **Submit Cancellation File: YES** The case was scheduled over one or more days in advance
An emergent or urgent patient (Priority 1A, 1B, 1C, 1D) is brought into the operating room, but the procedure is cancelled after the patient has entered the OR.	**Submit Case File: YES** Criteria are met for Case File to be submitted **Submit Cancellation File: YES** OR is now considered contaminated and requires turnover.

Same Day Cancellation for Endoscopy Cases	
Scenario	**Action with Reasoning**
Patient was scheduled to have an endoscopy procedure in the Endoscopy Suite (not a fully-equipped OR). On the same day as the procedure, it was unexpectantly cancelled.	**Submit Case File: NO** Procedure did not occur in a fully equipped OR **Submit Cancellation File: NO** Procedure did not occur in a fully equipped OR
Patient was scheduled to have an endoscopy procedure in a fully-equipped OR. On the same day as the procedure, it was unexpectantly cancelled.	**Submit Case File: NO** Required data elements missing (i.e. In-Room Time) **Submit Cancellation File: YES** The case was scheduled over one or more days in advance

5.13 % Unplanned OR Returns

Measures the percentage of cases where patients are returned to surgery within 24 hours of the Patient Out of Room Time from their previous surgery over all cases.

% Unplanned OR Returns =

[# cases with unplanned returns to surgery within 24 hours] / [total # of cases]

Conditions of indicator calculation	Record level exclusions for indicator calculation
Unplanned OR Returns: where the Patient In Room Time is equal to or less than 24 hours after the Patient Out of Room Time for a given patient (identified uniquely by the Account Number assigned by the facility)	Records with missing data or logic errors will be excluded from this indicator calculation if: • Patient Out of Room Time is before or equal to Patient In Room Time • Patient Out of Room Time is before Procedure Start Time • Patient Out of Room Time is before Procedure Stop Time • Procedure Stop Time is before or equal to Procedure Start Time • For a given OR, any record that indicates that a subsequent patient has entered the OR before the previous patient has left the OR will be excluded

5.14 % Preadmission Screening

Measures the percentage of cases where the patient is screened prior to surgery over all cases.

% Preadmission Screening =

[# of patients screened prior to surgery] / [total # of cases]

Conditions of indicator calculation	Record level exclusions for indicator calculation
• Indicator calculated using cases occurring on weekdays only (Saturday and Sunday are not included) • Surgical Priority 1(A, B, C) are not included. • Cases indicated as being 'Minor Procedures' are not included	Records with missing data or logic errors will be excluded from this indicator calculation if: • Preadmission Screening Indicator is missing or null

Minor Procedures will be identified based on the combination of the contents of the following three fields:

Case Input File fields	Field contents
Patient Type	The value in this field begins with the prefix "MP", for example: • MP Outpatient
Anaesthesia Type	• LOCAL • NONE • <Blank> (i.e. field left empty)
Anaesthesiologist Identifier	• NONE • <Blank> (i.e. field left empty)

For the purposes of SETP reporting, a Minor Procedure in the OR meets the following criteria:

1. It is a procedure where the patient is given, at a maximum, a local anaesthetic.
2. No member of the anaesthesia care team is required during the procedure.
3. The procedure can be safely performed in a clinic/ambulatory setting. The procedure does not require specialized equipment or advanced surgical set up.

The definition does not apply to patients having one of the following:

- Cataract procedure
- Dental procedure

Note: Provincial best Practice Target is 100%.

5.15 % Surgical Safety Checklist

Measures the percentage of cases where the surgical checklist was completed.

% Surgical Safety Checklist =

[# of cases with Surgical Checklist completed] / [total # of cases]

Conditions of indicator calculation	Record level exclusions for indicator calculation
• Cases identified as being in-room or same day cancellations are not included • Cases identified as being 'Minor Procedures' are not included	None

In-Room cancellations will be identified by finding records in the Case and Cancellation Files that match on the three fields listed below, and cases identified as in-room cancellations are not included where the Cancellation record indicates a same-day cancellation.

Case Input File fields		Cancellation File fields
Surgery Date	=	Scheduled Surgery Date
Scheduled Start Time	=	Scheduled Start Time
Account Number	=	Account Number
		Cancellation Date >= Scheduled Surgery Date

Note: Provincial best Practice Target is 100%.

Minor Procedures will be identified based on the combination of the contents of the following three fields:

Case Input File fields	Field contents
Patient Type	The value in this field begins with the prefix "MP", for example: • MP Outpatient
Anaesthesia Type	• LOCAL • NONE • <Blank> (i.e. field left empty)
Anaesthesiologist Identifier	• NONE • <Blank> (i.e. field left empty)

For the purposes of SETP reporting, a Minor Procedure in the OR meets the following criteria:

- It is a procedure where the patient is given, at a maximum, a local anaesthetic
- No member of the anaesthesia care team is required during the procedure
- The procedure can be safely performed in a clinic/ambulatory setting. The procedure does not require specialized equipment or advanced surgical set up.

The definition does not apply to patients having one of the following:

- Cataract procedure
- Dental procedure

5.16 % Priority 1 Volume

Measures the percentage of Priority 1 cases over all cases.

% Priority 1 Volume = [# of Priority 1 cases] / [total # of cases]

Conditions of indicator calculation	Record level exclusions for indicator calculation
• Indicator calculated using cases occurring on weekdays only (Saturday and Sunday are not included)	None

5.17 % Priority 1A Volume

Measures the percentage of 1A cases over all Priority 1 (A, B, C, D) cases.

% Priority 1A Volume = [# of Priority 1A cases] / [Total # of Priority 1 cases]

Conditions of indicator calculation	Record level exclusions for indicator calculation
• Indicator calculated using cases occurring on weekdays only (Saturday and Sunday are not included)	Records with missing data or logic errors will be excluded from this indicator calculation if: • Surgical Priority Classification Code is missing or null • Surgical Priority Classification Code submitted does not map to one of the following priorities: Priority 1A, Priority 1B, Priority 1C, Priority 1D

5.18 % Priority 1B Volume

Measures the percentage of 1B cases over all Priority 1 (A, B, C, D) cases.

% Priority 1B Volume = [# of Priority 1B cases] / [Total # of Priority 1 cases]

Conditions of indicator calculation	Record level exclusions for indicator calculation
• Indicator calculated using cases occurring on weekdays only (Saturday and Sunday are not included)	Records with missing data or logic errors will be excluded from this indicator calculation if: • Surgical Priority Classification Code is missing or null • Surgical Priority Classification Code submitted does not map to one of the following priorities: Priority 1A, Priority 1B, Priority 1C, Priority 1D

5.19 % Priority 1C Volume

Measures the percentage of 1C cases over all Priority 1 (A, B, C, D) cases.

% Priority 1C Volume = [# of Priority 1C cases] / [Total # of Priority 1 cases]

Conditions of indicator calculation	Record level exclusions for indicator calculation
• Indicator calculated using cases occurring on weekdays only (Saturday and Sunday are not included)	Records with missing data or logic errors will be excluded from this indicator calculation if: • Surgical Priority Classification Code is missing or null • Surgical Priority Classification Code submitted does not map to one of the following priorities: Priority 1A, Priority 1B, Priority 1C, Priority 1D

5.20 % Priority 1D Volume

Measures the percentage of 1D cases over all Priority 1 (A, B, C, D) cases.

% Priority 1D Volume = [# of Priority 1D cases] / [Total # of Priority 1 cases]

Conditions of indicator calculation	Record level exclusions for indicator calculation
• Indicator calculated using cases occurring on weekdays only (Saturday and Sunday are not included)	Records with missing data or logic errors will be excluded from this indicator calculation if: • Surgical Priority Classification Code is missing or null • Surgical Priority Classification Code submitted does not map to one of the following priorities: Priority 1A, Priority 1B, Priority 1C, Priority 1D

6.0 Surgical Priority: Emergent vs Urgent Procedures

Surgical priority classification codes are classified as Priority 1 codes (1A, 1B, 1C and 1D). These cases will be categorized as Emergent or Urgent.

6.1 Emergent Procedures are broken down into three classifications

Priority 1A – Access Within 0-2 Hours: These procedures would be a critical or life-threatening (risk to life or limb) condition requiring surgical intervention as soon as preparations can be made. Requires immediate response in the first available OR.

Examples:

- Patient with established ruptured vessel/aneurysm
- Patient with critical airway obstruction
- Patient with rapidly deteriorating neurological status
- Patient with a compound fracture with bone protruding through the skin or lacerated major artery
- Patient with abdominal compartment syndrome

Priority 1B - Access Within 2-8 Hours: Surgical intervention should take place within 2 to 8 hours. Timely access to surgery can make a significant difference to the outcome.

Examples:

- Open fractures/fracture dislocations
- Bleeding ectopic pregnancy
- Bowel obstruction; incarcerated hernia
- Acute appendicitis
- Intra-cranial hemorrhage

Priority 1C – Access Within 8-48 Hours: Surgical Intervention should take place within 8 – 48 hours. Surgical intervention cannot be delayed and should be booked in an available elective time.

Examples:

- Open reduction and internal fixations
- Corneal lacerations
- Hip fractures; closed femur fractures
- Non-resolving infections of the ear and neck

6.2 Urgent Procedures are classified under a single classification code

Priority 1D – Access Within 2-7 Days: Elective/Urgent add-on surgeries that should reasonably be expected to be done within 2-7 days. Cancer could be classified as an urgent surgery if it does not fit into the computerized schedule of the surgeon's block or other released block time.

Examples:

- Patients require urgent access to surgery
- Staging for ovarian cancer detection at laparoscopy
- Amputation (without infection)
- Tendon ruptures

Note: Except for Thoracic Surgery, examples can be found in Appendix 3.

7.0 SETP Reports

SETP data submissions are due by midnight on the 8th business day of the month following the reporting period, for example, February data is due by the 8th business day of March. The data is then processed by the Informatics team at Ontario Health and SETP specific business rules are applied to the data in order to calculate the SETP KPIs. Data quality checks are applied to the data and feedback is provided to the facilities in the form of a monthly report. Facilities may be required to provide feedback to Ontario Health if any of the data quality or compliance indicators do not need the expected thresholds.

SETP data is used to generate manual reports posted on the ATC Information Site:

Manual Reports	Date available
• SETP Data Quality Report • SETP Compliance Feedback Tool • SETP 24 Hour OR Utilization Report • SETP Case Minutes Report • SETP Same Day Cancellations by Service Area Report	• 15th business day of the month following the reporting period
• SETP Provincial Highlights Report	• 2nd last business of the month following the reporting period
• SETP Compliance Designation Report	• 5th business day two months following the reporting period

Facility, Regional and Provincial users are also able to run on-demand aggregate level reports within the Business Intelligence tool, iPort™ Access. Facilities also have access to case level reporting but this is restricted to their own facility only. SETP data is refreshed in iPort™ Access by the 18th business day of the month following the reporting period.

Appendix 1: Change History

Note: The following table shows the revisions to KPI calculations over time. KPI names changed in January 2018 with the implementation of SETP Interim Reporting Solution (SIRS).

Updated Guidance for Version 11:

1. Preadmission Screening criteria now includes: virtual, telephone and in person consults
2. 6.0 Surgical Priority: Urgent vs. Emergent (see 6.0)
3. Scenarios Table added for Same Day Cancellation (see 5.12.2)

Indicator	Definition	Exclusion Criteria	Change History
Patient In Room Time	Time the patient is in the OR on the day of surgery	• N/A	The date portion of the patient in room time does not match surgery date has removed
% On Time Start – First Cases	Measures the percentage of first cases with a patient in room time that is either early or no more than 5 minutes after the scheduled start time over all first cases	• Cases where the Scheduled Start Time is missing • Cases that occur on Saturday or Sunday • Add-on cases • Cases where the Surgical Priority Classification Code is Priority 1A, 1B, or 1C • General exclusion rules for time calculations **	Exclusion of Priority 1A, 1B cases was introduced with the reporting of May 2010 data. Name change January 2018.
% On Time Start – Subsequent Cases	Measures the percentage of subsequent cases with an in room start time that is either early or no more than 15 minutes after the scheduled start time	• Cases where the Scheduled Start Time is missing • Cases that occur on Saturday or Sunday • Add-on cases • Cases where the Surgical Priority Classification Code is Priority 1A, 1B, or 1C • General exclusion rules for time calculations **	Exclusion of Priority 1A, 1B cases was introduced with the reporting of May 2010 data. Name change January 2018.
% On Time Finish – Last Cases	Measures the percentage of last cases where the Patient Out of Room Time is either before or no more than 30 minutes after the expected finish time (scheduled start time plus estimated case duration)	• Cases where the Scheduled Start Time is missing • Cases where the Estimated Case Duration is missing • Cases that occur on Saturday or Sunday • Add-on cases	New KPI introduced June 2014. Name change January 2018.

Indicator	Definition	Exclusion Criteria	Change History
		• Cases where the Surgical Priority Classification Code is Priority 1A or 1B • General exclusion rules for time calculations **	
Average Case Duration	Measures the time (in minutes) that elapsed between the patient entering the OR and the patient exiting the OR	• Cases that occur on Saturday or Sunday • General exclusion rules for time calculations **	Name change January 2018.
Average Anaesthesia Ready Time from Patient In	Measures the time (in minutes) that elapsed between the patient entering the OR and the patient reaching a sufficient level of anaesthesia to begin surgical preparation	• Cases where Anaesthesia Ready Time is missing • Cases that occur on Saturday or Sunday • General exclusion rules for time calculations **	Name change January 2018. Collection Guidelines expanded to include the capture of mandatory fields in the absence of on-site anaesthesia care team at facilities such as an Alternate Health Facility (AHF)/Independent Health Facility (IHF) November 2021
Average Turnover	Measures the time (in minutes) that elapsed between the patient exiting the OR and the succeeding patient entering the OR	• Cases where turnover time > 60 minutes • Cases that occur on Saturday or Sunday • General exclusion rules for time calculations **	Name change January 2018.
Booking Date	Date the case was booked in the surgery system	• Blank Booking Date = Add-On case • Booking Date After Surgery = Add-on case • Surgery Date is within 48 hrs. of the Booking Date	Addition of Surgery Date is within 48 hrs. of the Booking Date added to guidance. July 2021
% Estimated Case Duration Accuracy	Measures the percentage of cases where patient in room duration is within the greater of either 15 minutes or 25% of the estimated in room duration over all cases	• Cases where the Estimated Case Duration is missing • Cases that occur on Saturday or Sunday • Cases where the estimated case duration is less than 0 minutes	Exclusion of Priority 1A, 1B, and 1C cases introduced with the reporting of April 2012 data. Methodology change: hybrid model introduced with the

Indicator	Definition	Exclusion Criteria	Change History
		• Cases where the Surgical Priority Classification Code is Priority 1A, 1B, or 1C • General exclusion rules for time calculations **	reporting of April 2013 data. Name change January 2018.
% Utilized 7am - 4pm	Measures the percentage of time utilized between 7 am to 4 pm, where utilized minutes equal Patient In to Patient Out time plus average turnover time (by service area), over total available time between 7 am to 4 pm	• Cases that occur on Saturday or Sunday • General exclusions for time calculations**	Methodology change: average turnover time (per month) by service area used instead of average turnover (per month) by facility. Introduced with the reporting of April 2012 data. Methodology change: to reflect timeframe change from 7 am to 3 pm to 7 am to 4 pm. Introduced with the recalculated reporting of April 2015 to November 2017 and ongoing reports available January 2018. Name change January 2018.
% Utilized 4pm - 12am	Measures the percentage of time utilized between 4 pm to 12 am, where utilized minutes equal Patient In to Patient Out time plus average turnover time (by service area), over total available time between 4 pm to 12 am	• Cases that occur on Saturday or Sunday • General exclusions for time calculations **	Indicator introduced with the reporting of September 2012 data. Methodology change: to reflect timeframe change from 3 pm to 5pm to 4 pm to 12am. Introduced with the recalculated reporting of April 2015 to November 2017 and ongoing reports available January 2018. Name change January 2018.
% Add-On Cases	Measures the percentage of cases that were booked on the same day	• Depending on the facility options, cases where booking date is missing or after surgery date	Name change January 2018.

Indicator	Definition	Exclusion Criteria	Change History
	as the surgery date over all cases	• Cases that occur on Saturday or Sunday	
% Unplanned OR Closures	Measures the percentage of OR time lost due to unplanned room closure over total available OR time	• None	Name change January 2018.
% Same Day Cancellations	Measures the percentage of cases that are cancelled on or after the scheduled date over all cases (cancelled and actual cases)	• In Room Cancellations	Exclusion of In Room Cancellations introduced with the reporting of April 2013 data. Name change January 2018. Methodology change: to include only cases scheduled one or more days prior to surgery and in-room cancellations no longer requires the administration of anaesthesia, introduced with the reporting of April 2020 data.
% Unplanned OR Returns	Measures the percentage of cases where patients returned to surgery for unplanned reasons within 24 hours of the patient out of room time from their previous surgery over all cases	• General exclusions for time calculations**	Methodology change: to reflect unplanned OR returns rather than **all** OR returns. Introduced with the recalculated reporting of April 2015 to November 2017 and ongoing reports available January 2018. Name change January 2018.

Indicator	Definition	Exclusion Criteria	Change History
% Preadmission Screening	Measures the percentage of cases that were recorded as screened prior to surgery over all patients	• Cases where the preadmission screening flag is missing • Cases that occur on Saturday or Sunday • Cases where the Surgical Priority Classification Code is Priority 1A, 1B, or 1C • Minor Procedures	Exclusion of Priority 1A, 1B, and 1C cases introduced with the reporting of May 2010 data. Exclusion of Minor Procedures introduced with the reporting of July 2011 data and refined in September 2015. Exclusion of Endo/ Cysto cases introduced with the reporting of July 2010 data but was subsequently removed in September 2015. Name change January 2018. Inclusion of virtual visits to the Patient Preparedness and Preoperative Chart Preparedness August 2025
% Surgical Safety Checklist	Measures the percentage of cases where the surgical checklist was completed	• In Room Cancellations • Minor Procedures	Exclusion of In Room Cancellations introduced with the reporting of April 2010 data. Additional clause about Cancellation record indicating same-day cancellation introduced with April 2011 data. Exclusion of Minor Procedures introduced with the reporting of August 2010 data and refined in September 2015. Name change January 2018.

Indicator	Definition	Exclusion Criteria	Change History
% Priority 1A Volume	Measures the percentage of total cases that required access to the OR within 0-2 hours over all Priority 1 cases	• Cases that occur on Saturday or Sunday	Name change January 2018.
% Priority 1B Volume	Measures the percentage of total cases that required access to the OR within 2-8 hours over all Priority 1 cases	• Cases that occur on Saturday or Sunday	Name change January 2018.
% Priority 1C Volume	Measures the percentage of total cases that required access to the OR within 8-48 hours over all Priority 1 cases	• Cases that occur on Saturday or Sunday	Name change January 2018.
% Priority 1D Volume	Measures the percentage of total cases that required access to the OR within 2-7 days over all Priority 1 cases	• Cases that occur on Saturday or Sunday	Name change January 2018.

**General exclusions for time calculations, records with the following scenarios are excluded:

- The Patient Out of Room Time is before or equal to the Patient In Room Time.
- The Patient Out of Room Time is before the Procedure Start Time.
- The Patient Out of Room Time is before the Procedure Stop Time.
- The Procedure Stop Time is before or equal to the Procedure Start Time.
- For a given OR, any record that indicates that a subsequent patient has entered the OR before the previous patient has left the OR will be excluded

Note: The Anaesthesia Finish Time is before or equal to the Procedure Start Time was exclusion criteria applied to KPI calculations up to March 31, 2016. As of April 1, 2016, this check is no longer a general exclusion for time calculations.

Appendix 2: Service Area Mapping Examples

The following table shows examples of how to map a facility's Procedure Service values to SETP standard Service Area codes.

SETP Service Area	SETP Definition	Examples
Anaesthesiology	A specialty where an anaesthesiologist administers medicine to aid in pain management. The administration of medications is used as a means to block the sensation of pain.	• Epidural Block • Spinal Block • Peripheral Nerve Block
Cardiac Surgery†	A surgical specialty concerned with diseases of the pericardium, heart and great vessels. This is inclusive of cases that involve cardiac bypass.	• Coronary artery procedures • Heart valve procedures
Endoscopy*	A surgical specialty that focuses on the visual examination of interior structures of the body with a flexible or rigid endoscope.	• Cystoscopy • Gastroscopy • Colonoscopy
General Surgery	A surgical specialty that focuses on conditions of the digestive, endocrine, and lymphatic system. General surgery is also inclusive of trauma, critical care surgical procedures, breast surgery and the removal of lumps, bumps and cysts.	• Cholecystectomy • Hemorrhoids, Fistula and Fissures • Hernias – Abdominal Wall (Stomach), Inguinal, Umbilical • Breast Biopsy
Gynaecologic Surgery	A surgical specialty that focuses on a woman's reproductive organs including but not limited to the cervix, uterus, bladder, and fallopian tubes.	• Hysterectomy • Salpingo-ophrectomy • Tension-Free Vaginal Taping (TVT)
Neurosurgery*	A surgical specialty that focuses on the surgical management of congenital abnormalities, trauma and diseases affecting the nervous system, its blood supply, and supporting structures.	• Carotid Endarterectomy • Ventriculoperitoneal (VP) Shunt surgery • Craniotomy
Obstetrics Surgery	A surgical specialty that focuses on the study of women's health and reproduction, pregnancy, labour, and the puerperium.	• Caesarian Section
Oncology Surgery	A branch of surgery concerned with the study, diagnosis, treatment, management and prevention of cancer.	• Breast Cancer • Gastrointestinal Cancers • Neurological Cancers

SETP Service Area	SETP Definition	Examples
Ophthalmic Surgery	A surgical specialty which includes surgical management of optical disorders and diseases of the eye, its adjacent structures, the visual pathways, and to the visual system.	• Cataract Extraction • Trabeculectomy • Retina - vitrectomy
Oral and Maxillofacial Surgery and Dentistry *	A surgical specialty that focuses on the correction of diseases, injuries and defects in the mouth, face, jaw regions and/or surrounding areas.	• Dental care for persons with severe disabilities • Mandible and maxilla reconstruction • Implants
Orthopaedic Surgery *	A surgical specialty which includes procedures to treat benign conditions of the musculoskeletal system, including bones, joints, muscles, tendons and ligaments.	• Spinal surgery • Hip replacement surgery • Shoulder surgery
Otolaryngic Surgery (ENT)	Ear, Nose and Throat / Head and Neck Surgery or ENT, is a surgical specialty that focuses on the surgical management of ear, nose, throat, the upper respiratory and upper alimentary system and head and neck disorders.	• Ear surgery • Nose and sinus surgery • Thyroid surgery
Plastic and Reconstructive Surgery *	A surgical specialty that focuses on the correction and/or restoration of form and function and the treatment of burns.	• Abdominoplasty • Liposuction • Mammoplasty, augmentation and reduction
Thoracic Surgery	A surgical specialty concerned with congenital and acquired diseases of the chest wall, mediastinum, lungs, trachea, pleura, esophagus, stomach and diaphragm.	• Lung Biopsy • Lobectomy • Pneumonectomy
Transplant Surgery	A surgical specialty that focuses on the acquiring of an organ and/or tissue taken from the body and grafting into another area of the same individual or another individual.	• Organ procurement • Organ transplantation
Urologic Surgery *	A surgical specialty that focuses on diseases of the kidney, ureters prostate, testes and bladder.	• Kidney Stone Removal surgery • Cystoscopy • Prostate surgery
Vascular Surgery *	A surgical specialty that focuses on the surgical management of congenital and acquired diseases of the arterial, venous, and lymphatic circulatory system.	• Abdominal Aortic Aneurysm (AAA) surgery • Endovascular Aneurysm Repair Femoral/Popliteal Bypass surgery

SETP Service Area	SETP Definition	Examples
All Other ** †	Procedures that have not been identified in the above categories.	

* Please follow your hospital's current practice for reporting these procedures when they fall under a different service area.

** Service areas not identified in the above categories should be reported under the 'All Other' service area.

† Procedures related to pacemakers and defibrillators can be classified under Cardiac Surgery or All Other.

Appendix 3: Surgical Priority Classification Codes

The information below contains examples of cases classified as the Priority 1 codes, Urgent / Emergency Surgical Priority, by service. The listing was compiled from collated responses reviewed and edited by surgeons and clinical experts from across Ontario, as well as the Chairs of the relevant Clinical Expert Panels. It has also been reviewed and approved by the SETP Advisory Committee.

The purpose of the listing is to provide a guideline for case classification; **however a clinical decision must be made to classify each case**. Cases may have a greater or lesser priority based upon the individual patient and time of assessment consultation. Patients can fall into more than one category, or move from one category to another if their condition changes. It is recognized that children may fall into an earlier (more urgent) time frame than their adult counterpart.

Surgical priority definitions for each service area are listed below. Priority definitions for Thoracic Surgery are not available.

SETP Standard Surgical Priority Classification Codes	Definition for Mapping
Priority 1A Access Within 0-2 Hours	A critical or life-threatening (risk to life or limb) condition that requires surgical intervention as soon as preparations can be made. Requires an immediate response in the first available OR. Examples: • Patient with an established ruptured vessel/aneurysm • Patient with a critical airway obstruction • Patient with a rapidly deteriorating neurological status • Patient with a compound fracture with bone protruding through the skin or lacerated major artery • Patient with abdominal compartment syndrome
Priority 1B Access Within 2-8 Hours	Surgical intervention should take place **within 2 to 8 hours**. Timely access to surgery can make a significant difference to the outcome. Examples: • Open fractures / fracture dislocations • Bleeding ectopic pregnancy • Bowel obstruction; incarcerated hernia • Acute appendicitis • Intra-cranial haemorrhage
Priority 1C Access Within 8-48 Hours	Surgical intervention should take place **within 8 to 48 hours** and cannot be delayed and booked in an available elective time. Examples: • Open reduction and internal fixation • Corneal laceration • Hip fractures; closed femur fractures • Non-resolving infections of ear and neck

SETP Standard Surgical Priority Classification Codes	Definition for Mapping
Priority 1D Access Within 2-7 Days	Elective/Urgent add-on surgeries that should reasonably be expected to be done **within 2 to 7 days**. Cancer could be classified as an urgent surgery if it does not fit into the computerized schedule of the surgeon's block or other released block time. Examples: • Patient requires urgent access to surgery • Staging for ovarian cancer detected at laparoscopy • Amputation (without infection) • Tendon ruptures
Scheduled, Non-Urgent	Scheduled Surgeries that are not classified as Priority 1

SETP Standard Surgical Priority Classification Codes	Cardiac
Priority 1A Access Within 0-2 Hours	**Pump Cases** • Unstable acute aortic dissection • Penetrating cardiac trauma • Acute, evolving myocardial infarction • Cath. lab adverse events including PTCA failure with cardiogenic shock or evolving myocardial infarction acute mechanical or tissue valve failure **Non - Pump Cases** • Postoperative haemorrhage • Acute tamponade • Chest tube insertion (acute) • Acute pacing failure
Priority 1B Access Within 2-8 Hours	• Left main stem disease with haemodynamic instability for CABG • Heart transplantation • Urgent ventricular assist device (VAD) • Severe unstable angina for CABG if patient cannot be stabilized with medical therapy or intra-aortic balloon pump • Ruptured papillary muscle, mitral regurgitation for MVR/CABG • Acute VSD for VSD closure/CABG
Priority 1C Access Within 8-48 Hours	• Tracheostomy for patient with on-going need for ventilatory support • Mediastinitis for sternal debridement • Aortic stenosis with haemodynamic instability
Priority 1D Access Within 2-7 Days	• Class 4 angina for CABG • Left main system disease with angina for CABG • Ischemic CAD (stable on IV heparin)

SETP Standard Surgical Priority Classification Codes	Dental Surgery / Oral and Maxillofacial Surgery
Priority 1A Access Within 0-2 Hours	• Uncontrollable haemorrhage • Respiratory obstruction secondary to infection or trauma • Any infection/trauma resulting in actual/impending airway compromise • Facial/skull bone trauma compromising vital head and neck structures • Re-implantation of avulsed teeth (a consideration for selected patients only wherein an operating room setting is required, e.g., uncooperative developmentally delayed patient population; most patients are managed in the Emergency Room setting).
Priority 1B Access Within 2-8 Hours	• Uncontrollable haemorrhage dependent on the degree • Odontic infection: dependent upon the degree • Facial trauma: dependent upon the degree • Management of necrotizing fasciitis of head and neck • Dislocated mandible requiring open reduction • Suture major oral/facial lacerations • Drainage/debridement of non-airway compromising infections
Priority 1C Access Within 8-48 Hours	• Sepsis of dental origin • Minimally displaced simple/compound/comminuted facial/skull bone fracture • Management of oral sepsis in medically ill and/or pre-cardiac surgery patients
Priority 1D Access Within 2-7 Days	• Dislocated/fractured TM Joint prosthesis requiring open reduction/revision • Revision for failed reconstruction or fixation plates of facial/skull bones

SETP Standard Surgical Priority Classification Codes	General Surgery
Priority 1A Access Within 0-2 Hours	• Haemoptysis • Foreign body in esophagus or bronchus • Necrotizing infections • Intestinal ischemia • Perforation of a hollow viscus • Strangulated bowel obstruction • GI bleed (upper and lower) • Perforation or suspected perforation of a hollow viscus • Ruptured esophagus • Mesenteric ischemia/infarction • Acute haemorrhage • Trauma laparotomy, thoracotomy, neck exploration • Abdominal compartment syndrome • Nonreducible intussusception

	• Necrotizing enterocolitis • Midgut volvulus
SETP Standard Surgical Priority Classification Codes	**General Surgery**
Priority 1B Access Within 2-8 Hours	• Laparotomy for complete large bowel obstruction • Laparotomy for acute intra-abdominal abscess • Haemorrhoidectomy for gangrenous or thrombosis hemorrhoids • Uncomplicated acute cholecystitis • Suspected closed loop bowel obstruction • GI haemorrhage without haemodynamic compromise appendicitis • Toxic megacolon • Incarcerated hernia • Volvulus • Acute cholecystitis • Necrotizing pancreatitis • Perianal or ischiorectal abscess • Intra-abdominal abscess • Acute pyogenic cholangitis • Acute pyogenic liver abscess • Acute abdomen In paediatric cases, the following would be considered Priority 1B: • Large neonatal lung malformation with respiratory distress • Incarcerated congenital diaphragmatic hemia • Closure of gastroschisis • Colostomy for anorectal malformation • Insertion of central line for acute leukemia • Closure of omphalocele • Repair of neonatal congenital diaphragmatic hernia (once stabilized) • Repair of esophageal atresia with tracheoesophageal fistula • Gastrostomy for pure esophageal atresia • Resection of sacrococcygeal teratoma • Repair of neonatal bowel obstruction without ischemia • Pyloromyotomy for pyloric stenosispyloric stenosis
Priority 1C Access Within 8-48 Hours	• Colectomy for colitis unresponsive to medical management (in some cases priority 1B) • Laparotomy for partial or unresolving bowel obstruction • Colectomy for colitis unresponsive to medical management (in some cases priority 1B) • Repair abdominal incisional dehiscence (without evisceration) (in some cases priority 1B) • Repair prolapsed rectum without gangrene (in some cases) • Partial bowel obstruction (in some cases) • EUA (anal pain) • I & D anal abscess

SETP Standard Surgical Priority Classification Codes	General Surgery
Priority 1D Access Within 2-7 Days	• Repair prolapsed rectum without gangrene • Elective tracheotomy for acute respiratory failure • Apical bullectomy and pleurodesis for recurrent spontaneous pneumothorax • Thoracoscopic repair/resection for persistent traumatic pneumothorax • Gastrojejunostomy for duodenal or gastric outlet obstruction • Para-esophageal hernia repair for recurrent gastric volvulus • Splenectomy for acute refractory thrombocytopenia • Adrenalectomy for refractory pheochromocytomy In paediatric cases, the following would be considered Priority 1D: • Kasai procedure for biliary atresia • Resection of Wilms' tumour or other paediatric solid tumour • Insertion of central line for cancer therapy • Pull through for Hirshsprung's disease

SETP Standard Surgical Priority Classification Codes	Gynaecology/Obstetrics
Priority 1A Access Within 0-2 Hours	• Ectopic pregnancy (ruptured, unstable) • Incomplete abortion with life threatening haemorrhage/significant ongoing haemorrhage • Septic abortion • Postoperative bleeding with life threatening haemorrhage/significant ongoing hemorrhage • Expanding vulvo-vaginal haematoma with rapid expansion • Intraperitoneal haemorrhage with life threatening haemorrhage/significant ongoing haemorrhage • Unstable vaginal bleeding • Intrapartum fetal distress • Postpartum haemorrhage refractory to medical therapy
Priority 1B Access Within 2-8 Hours	• Adnexal/ovarian or adnexal torsion • Non-life threatening haemorrhage or haemorrhage not resulting in haemodynamic compromise • Septic abortion • Tubal/ovarian abscess with probable rupture • Pelvic abscess unresponsive to conservative therapy • Bowel obstruction with risk of perforation/ sepsis • Bartholin's or other vulvar abscess • Undiagnosed pelvic pain with signs of peritonitis • Vulvar haematoma • Abscess - intra peritoneal, vulvar

SETP Standard Surgical Priority Classification Codes	Gynaecology/Obstetrics
	• Ruptured intra peritoneal cyst • Incomplete abortion • Trophoblastic disease • Unstable vaginal bleeding • Pelvic abscess • Bartholin abscess • Ruptured ectopic pregnancy (hemodynamically stable) • Haemorrhage without immediate haemodynamic compromise • Acute abdomen with probable gynaecologic cause • Incomplete abortion with haemorrhage and without immediate hemodynamic compromise • Hydatidiform mole • Ectopic pregnancy (hemodynamically stable) • Dehiscence of vaginal vault • Wound dehiscence • Genital trauma with ongoing haemorrhage
Priority 1C Access Within 8-48 Hours	• Uncomplicated miscarriage • Bartholin's cyst • Vulvar haematoma • Abscess - intra peritoneal, vulvar, pelvic, bartholin • Ruptured intra peritoneal cyst • Incomplete/inevitable abortion or retained products of conception • Trophoblastic disease • Hysteroscopy, D & C for severe menorrhagia • Acute pelvic pain • Missed abortion with vaginal bleeding • Menorrhagia unresponsive to medical therapy
Priority 1D Access Within 2-7 Days	• Hysterectomy for intractable menorrhagia • Laparoscopy for severe pelvic pain • D & C for missed abortion • Intractable menorrhagia • Severe pelvic pain • Missed abortion • Pelvic pain in presence of a pelvic mass • Staging for ovarian cancer detected at laparoscopy • Postpartum tubal ligation • Symptomatic abdominal carcinomatosis (ddx ca ovary)

SETP Standard Surgical Priority Classification Codes	Neurosurgery
Priority 1A Access Within 0-2 Hours	• Acute mass lesion (intracranial haematoma, tumour, infection, contusion, or edema) with impending herniation and/or neurological deterioration • Postoperative haematoma or edema involving the brain or spinal cord • Acute hydrocephalus • Sepsis (brain abscess, subdural empyema, epidural abscess, etc.) • Post-operative intra-cranial or spinal haematoma • Rapid rise in intra-cranial pressure or acute neurologic deterioration due to acute hydrocephalus, intra-cranial hemorrhage, abscess, or tumour • Rapidly progressive neurologic deterioration due to spinal cord compression from trauma, disc disease, tumour, abscess, or haemorrhage
Priority 1B Access Within 2-8 Hours	• Subacute or chronic subdural haematoma with neurological deterioration (within 4 hours) • Spontaneous or traumatic intra-cranial haemorrhage • Sub-arachnoid haemorrhage from cerebral aneurysm • ICP monitoring with GCS < 8 • Compressive lesions of the optic nerve with visual loss • Gunshot wound or other penetrating injury of cranium or spine • Acute hydrocephalus (shunt obstruction, brain tumour, intracranial haemorrhage) • Craniotomy for brain tumours presenting with obstructive hydrocephalus • Craniotomy or burr hole biopsy/needle drainage of brain abscess
Priority 1C Access Within 8-48 Hours	• Craniotomy for elevation of closed depressed fractures without indications for more urgent craniotomy (e.g., intracerebral haematoma, open fracture) • Craniotomy or burr hole for chronic subdural haematoma • Insertion or revision of ventriculoperitoneal shunts/drains (in shunt or drain dependent patient) • Carotid endarterectomy for crescendo TIAs • Spinal decompression, fusion and instrumentation of spinal fractures • Spine: repair of post-operative CSF leaks • Spine: decompression of metastatic spinal tumour for pathologic fracture or evolving/disabling neurological deficit (some will be 1B cases) • Peripheral nerve: repair of nerve laceration (initial admission)
Priority Access Within 2-7 Days	• Craniotomy for repair of CSF leak Craniotomy for brain tumour with haemiplegia, papilloedema, midline shift of more than 1 cm, or other neurological deficit necessitating hospitalization • Cranioplasty for repair of skull defect (initial admission) • Craniotomy for AVM associated with intracerebral haematoma

SETP Standard Surgical Priority Classification Codes	Neurosurgery
	• Spine: intramedullary or intradural, extramedullary tumour with evolving or disabling neurological deficit • Spine: decompression +/- fusion for rapidly evolving/disabling spondylotic myelopathy • Tracheostomy

SETP Standard Surgical Priority Classification Codes	Ophthalmology
Priority 1A Access Within 0-2 Hours	• Orbital hemorrhage • Acute Orbital Haemorrhage
Priority 1B Access Within 2-8 Hours	• Ruptured globe (considered IA in paediatric cases) • Endophthalmitis • Intraocular foreign body (considered IA in paediatric cases) • Orbital hemorrhage • Acute glaucoma secondary to dislocated lens (in anterior chamber) • Acute glaucoma (angle closure) • Hyphema • Lacerated canaliculus • Corneal or scleral laceration • Dehiscence of the surgical wound • Evacuation of orbital abscess • Lid abscess • EUA for acute ocular disorder requiring evaluation • Impending perforated globe • Drainage of choroidal detachment • Malignant glaucoma • Retinal detachment (macula on) • Orbital foreign body • Retinal detachment following pneumatic retinopexy • Vitreous hemorrhage • Post Traumatic optic nerve impingement (considered IA in paediatric cases) • Penetrating Ocular injury/eye trauma
Priority 1C Access Within 8-48 Hours	• Vitreous hemorrhage • Biopsy of orbital mass • Orbital decompression • Optic nerve decompression • Replacement of tear duct stents • Corneal graft • Retinal detachment (macula on/off for less than 2 weeks) • Uncontrolled glaucoma • Lid lacerations with or without levator involvement • Slipped muscle syndrome

SETP Standard Surgical Priority Classification Codes	Ophthalmology
	• Pseudotumor cerebri for optic nerve sheath fenestration • Exposed orbital implant
Priority 1D Access Within 2-7 Days	• Retinal Detachment (macular off for > 2 weeks) • Severe vitreous haemorrhage in one eyed patient

SETP Standard Surgical Priority Classification Codes	Orthopaedics
Priority 1A Access Within 0-2 Hours	• Compartment syndrome • Fractures and/or dislocations with neurovascular compromise • Postoperative haemorrhage • Orthopaedic injuries with ischemia or massive bleeding • Necrotizing fasciitis • Acute spinal cord compression with progressive neurologic involvement
Priority 1B Access Within 2-8 Hours	• Compound fractures and fracture dislocations • Multiple long bone fractures (high severity index) • Acute septic joints • Acute osteomyelitis • Spine fractures with associated neurological compromise • Infections requiring urgent irrigation and debridement • Polytrauma femur, tibia and pelvic fracture
Priority 1C Access Within 8-48 Hours	• Urgent amputations (associated with sepsis e.g., bacteremia, septicaemia) • Delayed wound closures • The following closed fractures: • Closed femur fractures • Closed hip fractures • Closed pelvic fractures • Closed tibial shaft/pilon/plateau fractures • Closed talar fractures with dislocation • Closed lisfranc fractures • Closed ankle fractures with soft tissue compromise • Closed shoulder fractures • Closed supracondylar and humeral shaft fractures • Closed elbow fractures • Closed forearm fractures • Major tendon ruptures

SETP Standard Surgical Priority Classification Codes	Orthopaedics
Priority 1D Access Within 2-7 Days	The following closed fractures: • Closed acetabular fractures • Closed calcaneus fractures • Closed wrist fractures • Closed ankle fractures without soft tissue compromise • Closed clavicular fractures • Tendon ruptures

SETP Standard Surgical Priority Classification Codes	Otolaryngology
Priority 1A Access Within 0-2 Hours	• Impending upper airway obstruction/unstable airway • Expanding haematoma or postoperative haematoma or edema • Uncontrolled epistaxis • Suspected cerebellopontine angle haematoma • Flap ischemia • Uncontrolled haemorrhage
Priority 1B Access Within 2-8 Hours	• Esophageal foreign body • Upper aerodigestive tract trauma • Facial nerve palsy post-surgery • Acute post-op vertigo • Sinusitis with orbital/ intracranial complication • Deep neck space infection • Airway foreign body – stable • Tracheotomy for pending airway obstruction • Esophageal foreign body – obstructive
Priority 1C Access Within 8-48 Hours	• Tracheotomy with stable airway/for potential airway obstruction • Esophageal foreign body without above features • Reduction of nasal fracture (closed) • Non-resolving infections of ear and neck spaces • Head and neck abscesses • Evacuation of haematoma not causing airway obstruction • Sinus surgery for immunocompromised patients • Parathyroidectomy/thyroidectomy for acute crisis
Priority 1D Access Within 2-7 Days	• Biopsy of suspected malignancy

SETP Standard Surgical Priority Classification Codes	Plastic Surgery
Priority 1A Access Within 0-2 Hours	• Traumatic amputations • Electrical burns • Thrombosed microsurgical anastomosis • Mutilating extremity injuries with open fractures • Necrotizing fasciitis, gas-producing infections • Upper airway obstruction secondary to facial trauma, major burns, post-op haematoma, etc. • Uncontrolled haemorrhage • Tissue with severe ischemia • Compound dislocations • Replantation and revascularization • Compartment syndrome • Expanding haematoma (e.g., optic nerve impingement, airway obstruction or subdural haematoma following craniofacial surgery, flap necrosis, arterial or venous compromise following microvascular surgery) • Open, penetrating injuries to the peripheral nerves including brachial plexus with associated vascular injury
Priority 1B Access Within 2-8 Hours	• Severe open hand injuries • Compound fracture - facial • Acute septic arthritis • Necrotizing fasciitis and severe infection with haemodynamic instability • Complex facial trauma - dependent on degree • Open, penetrating injuries to the peripheral nerves including brachial plexus
Priority 1C Access Within 8-48 Hours	• Major burns • Debridement or dressing change and delayed closure • Closed hand injuries and amputations • Facial injuries including facial fractures – dependent upon degree of injury • Hand fractures, lacerations, and tendon injuries • Amputations
Priority 1D Access Within 2-7 Days	• Major facial fractures in the multiple trauma patient • Major soft tissue reconstruction following trauma (e.g., free tissue transfer) • Selected closed hand and facial fractures

SETP Standard Surgical Priority Classification Codes	Urology
Priority 1A Access Within 0-2 Hours	• Urological trauma • Uncontrollable haemorrhage • Testicular torsion • Fournier's gangrene • Obstructed solitary kidney • Acute anuria • Organ donors (depending on status) • Kidney transplants (if kidney and recipient in hospital > 4 hours)
Priority 1B Access Within 2-8 Hours	• Unstable kidney donor • Priapism • High-grade renal obstruction • Kidney donor • Haematuria • Selective organ donors • Ruptured bladder/urethra (considered 1A in paediatric case) • Fractured penis • Ureteral obstruction with sepsis (considered 1A in paediatric case) • Ureteric leak post renal transplant • Declotting bladder and control of hemorrhage • Ureteric obstruction – stone
Priority 1C Access Within 8-48 Hours	• Ureteroscopy and/or insertion of ureteral stent for obstructing stone/obstructive uropathy (bilateral obstruction) • Drainage of scrotal abscess • Cystoscopy, evacuation of blood clots and control of bladder haemorrhage • Cystoscopy, dilatation of stricture and insertion of catheter of urinary retention • Ureteral repair - missed intra-operative injury • Posterior urethral valves • Bladder exstrophy in paediatric cases
Priority 1D Access Within 2-7 Days	• Peritoneal dialysis catheter insertion/removal for peritonitis • Transplant nephrectomy for rejection • Testis tumour in young adults

SETP Standard Surgical Priority Classification Codes	Vascular
Priority 1A Access Within 0-2 Hours	• Ruptured vessels (aneurysm, injury, etc.) • Postoperative bleeding following revascularization/endarterectomy • Postoperative airway compromise after carotid endarterectomy • Vascular trauma • Acute arterial insufficiency • Intraoperative bleeding (other service) • Acute mesenteric ischemia • Compartment syndrome • Posterior knee dislocation with ischemia • Elbow dislocation with ischemia • Ruptured arteriovenous fistula or graft • Aortoenteric fistula • Aortocaval/venous fistula • Retained intravascular device (catheter, misplaced stent, etc.) • Expanding false aneurysm
Priority 1B Access Within 2-8 Hours	• Acute arterial insufficiency/embolus/thrombosis • Venous thrombosis causing lower extremity ischemia • Femoral false aneurysm with compromised skin • Crescendo transient ischemic attack • Symptomatic aortic aneurysm (not ruptured) • Amputation for ischemia with toxicity/sepsis
Priority 1C Access Within 8-48 Hours	• Symptomatic abdominal/thoracic aneurysm (not ruptured) • Amputation • Critical limb ischaemia with tissue loss • Crescendo transient ischemic attack • Bleeding varicose veins
Priority 1D Access Within 2-7 Days	• Expanding abdominal aortic aneurysm without pain • Stable ischemic extremity • Amputation (without infection) • Symptomatic carotid stenosis