

Methodology and Data Quality Notes

Aggregate Level Data Disclaimer

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

Use of Refreshed Data Cuts

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

Exceptions : Any fiscal year data that has already passed 4 months after the end of the fiscal will not be refreshed.

Cell suppression guideline

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

Hospital Reporting Status Designation

Please note that all ATC Performance Reports will be using the following data suppression labels starting August 2018 releases.

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

Historical data in all newly released report have been modified to follow the new data suppression guidance.

Cases with missing Priority Level

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

Benign Surgery Wait 1 Priority Level DQ note

Use of Wait 2 Priority as Proxy Wait 1 Priority: From April 2013 to June 2016, Wait 1 Percent Completed Within the Wait 1 Priority Access Target metric has been suppressed.

Starting June 2016: For monthly Wait 1 aggregations, the Wait 1 Percent Completion Rate metric will be measured against a separate Wait 1 Priority Level assigned to patients seeking specialist consult starting June 2016 data.

Starting Q2 FY1617: For quarterly Wait 1 aggregations, the Wait 1 Percent Completion Rate metric will be measured against a separate Wait 1 Priority Level assigned to patients seeking specialist consult starting with Q2 FY1617 data.

Calculation Methodology: Patient Wait Times in Days

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

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

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

Median Wait Time Days: The number of days at which 5 out of 10 or half of the patients have received treatment while the other half waited longer. Unlike Average, the median is a relatively stable metric as it is not affected by extremely long or short wait time cases.

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

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

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

Calculation Methodology: Percent of Cases Completed Within Priority Targets

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

Hospital Specific Data Quality Notes

1. Hotel Dieu Grace Hospital and Windsor Regional Hospital -

Prior to October 1, 2013:

Hotel Dieu Grace Hospital (Facility # 927) consisted of Hotel Dieu- St. Josephs (site # 4142) and, Windsor Regional Hospital consisted of Windsor Regional Hospital - Western (site # 3845) and Windsor- Metropolitan (site # 4414).

From October 1, 2013:

Hotel Dieu Grace Hospital will consist of Hotel Dieu Grace Healthcare (site # 4779), which was formerly named Windsor Regional Hospital- Western site and, Windsor Regional Hospital will consist of Windsor- Metropolitan (site # 4414) and Windsor- Ouellette Campus (site # 4774), which was formerly named Hotel Dieu- St-Joseph's.

Hotel Dieu Grace Hospital will no longer report Surgery and Diagnostic wait times information. Windsor Regional Hospital will continue reporting Surgery and Diagnostic wait times information, with an expected increase in volumes.

2. Amalgamation of West Lincoln Memorial Hospital and Hamilton Health Sciences Corp

Effective April 1, 2014, West Lincoln Memorial Hospital (WLMH) and Hamilton Health Sciences Corp (HHSC) amalgamated such that WLMH will maintain current services and become a site under HHSC.

3. Merging of Credit Valley Hospital (Facility # 731) and Trillium Health Centre (Facility # 949) to a new Facility Trillium Health Partners (Facility # 975)

Effective April 8, 2015, Credit Valley Hospital and Trillium Health Centre merged to form a new Facility called Trillium Health Partners. For the month April 2015, data from the 2 old facility (Credit and Trillium) were combined with the new Trillium Facility.

4. Reporting of Mount Sinai Hospital Wait Times data

Effective July 1, 2015, Current and historical wait times data reported under Mount Sinai Hospital will now be reported under the new Facility name Sinai Health System.

5. Chatham Kent-Alliance

(Starting from April 2019 report releases)

Please note that data for the two hospitals (PUBLIC GENERAL HOSP SOCIETY OF CHATHAM - Facility# 628 and ST. JOSEPHS HLTH SERV ASSOC OF CHATHAM - Facility# 629) are now reported under Chatham Kent-Alliance - Facility#981.

6. Merger of Kingston General Hospital and Hotel Dieu Hospital to new facility Kingston Health Sciences Centre

(Starting October 1, 2017 for Surgery and September 1, 2017 for DI)

Effective October 1, 2017 for Surgery and September 1, 2017 for DI, Kingston General Hospital (Facility # 693) and Hotel-Dieu Hospital (Facility # 692) have merged into a new Facility named Kingston Health Sciences Centre (Facility # 978). Historical wait times data before effective dates are still reported under the old facility names.

7. Lakeridge Health

(Starting from April 2019)

Please note that data for Lakeridge Health includes data of Rouge Valley Hospital - Ajax Site starting April 2019. Wait times of Rouge Valley Hospital (Facility # 954) will be suppressed as RI (Reporting Issue) as it does not have its full data starting April 2019.

8. KMH MRI and Healthcare Centres

(Starting from November 2019)

KMH MRI Kitchener (Facility # 204) will be merged with KMH MRI Thornhill (Facility # 203). All historical data of KMH MRI Kitchener will be mapped to KMH MRI Thornhill and removed from all reporting products as if it never existed. The new KMH MRI Thornhill (Facility # 203) is renamed as KMH MRI and Healthcare Centres and is reported under LHIN 8 Central LHIN. Except for the name change, site level reporting is not impacted.

9. Merger of Rouge Valley Health System - Centenary Site (from Facility # 954) with Scarborough Health Network (Facility # 979, formerly The Scarborough Hospital #960)

Effective July, 2020, Rouge Valley Health System - Centenary Site has merged with the Scarborough Health Network. The Scarborough Hospital has also been renamed to the Scarborough Health Network (effective July 2020).

10. Unity Health Toronto (Facility Number 980) : Starting December 1, 2024, surgery data from St. Joseph's Health Centre Toronto (Facility Number 898) and St. Michael's Hospital (Facility Number 852) will be reported under Unity Health Toronto (Facility Number 980). Historical data prior to December 1, 2024 will still be reported under the retired facility numbers - St. Joseph's Health Centre Toronto (Facility Number 898) and St. Michael's Hospital (Facility Number 852).

11. Please use caution when interpreting results for the West Region and Ontario. Since October 21, 2023, Erie Shores Healthcare, Windsor Regional Hospital, and Bluewater Health have been unable to update their Wait Time Information System data.

Wait 2 Inclusion/Exclusion Criteria

Inclusion Criteria:

- All closed wait list entries with procedure dates within date range.
- For adult surgical procedures, patients that are 18 years and older on the day the procedure was completed.
- For paediatric surgical procedures, patients that are younger than 23 years on the day that the procedure was completed.
- Treatment Cancer procedures only. Procedures classified as "NA" are currently included.

Exclusion Criteria:

- Diagnostic, Palliative and Reconstructive cancer procedures.
- Procedures no longer required.
- Procedures assigned as Priority 1 Level for Wait 2
- Wait list entries identified by hospitals as data entry errors.

Wait 1 Inclusion/Exclusion Criteria

Inclusion Criteria:

- All closed wait list entries with procedure dates within date range.
- For adult surgical procedures, patients that are 18 years and older on the day the procedure was completed.
- For paediatric surgical procedures, patients that are younger than 23 years on the day that the procedure was completed.
- Treatment Cancer procedures only. Procedures classified as "NA" are currently included.
- Patients who were referred for consult as new referrals and re-referrals with referral dates and consult dates

Exclusion Criteria:

- Diagnostic, Palliative and Reconstructive cancer procedures.
- Procedures no longer required.
- Procedures assigned as Priority 1 Level for Wait 1
(Please see note on the use of wait 2 Priority Level as proxy for Wait 1 Priority Level)
- Wait list entries identified by hospitals as data entry errors.
- Patients with no referrals for consult or patients whose consults are considered follow-up visits

