Cancer Care Ontario

Specialized Services Oversight (SSO) Program

Kyphoplasty and Vertebroplasty Data Dictionary

03-April-2018

Contents

[Kyphoplasty and Vertebroplasty Procedures Data Elements 2](#_Toc506458983)

[Definitions for DARTs 11](#_Toc506458984)

[Quality Assurance Checks 12](#_Toc506458985)

[Validations: File Level Validations (Level 100) 12](#_Toc506458986)

[Validations: File Format Errors (Level 200) 13](#_Toc506458987)

[Validations: Content Errors, Record Rejected (Level 300) 13](#_Toc506458988)

[Validations: Content Errors, Record Not Rejected (Level 400) 16](#_Toc506458989)

[Validations: Duplicate or Apparent Duplicate Records (Level 500) 16](#_Toc506458990)

[Data Submission, Validation and Error Reporting Schedule 17](#_Toc506458991)

[Appendix 18](#_Toc506458992)

[Appendix-1: Facility Numbers 18](#_Toc506458993)

[Appendix-2: MOHLTC Master Numbering System 18](#_Toc506458994)

[Appendix-3: Valid 2-digit Postal Codes 19](#_Toc506458995)

# Kyphoplasty and Vertebroplasty Procedures Data Elements

| **#** | **Entity** | **Data Element** | **Column\_Name** | **Definition (Description)** | **Format** | **Valid values (Notes)** | **Applies to** | **Purpose and Use** | **Mandatory** | **Business key (Uniqueness)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 01 | KV | Health Card Number | Health\_Card\_Number | Patient's Ontario Health Card Number. | CHAR(10) | Must be a valid ten-digit HCN | All | To link data with other CCO data holding areas. | Yes | Yes |
| 02 | KV | Patient Chart Number | Patient\_Chart\_Number | Facility’s internal unique patient identifier. | CHAR (12). Cell must be in ‘Text’ Category in Format Cells option in Excel. | Must be alpha-numeric (i.e. no punctuation, must have numbers and characters). | All | For reimbursement: to uniquely identify procedure for a patient;  For investigations: chart number will be provided in log file for the records with errors. This will allow facilities to link data in log file with their data sets. | Yes |  |
| 03 | KV | Date of Birth | Date\_Of\_Birth | Patient birth date | CHAR (8) YYYYMMDD | Valid date  Must be later than 01-01-1900 | All | To link data with other CCO data holding areas. | Yes |  |
| 04 | KV | Postal Code | Postal\_Code | Patient’s residential postal code available to the facility at the time of procedure. | CHAR(10) | 1. Must match any of these format masks: ANANAN, NNNNN, NNNNN-NNNN, AA  2. If matches mask ANANAN, cannot begin with D,F,I,O,Q,U, or W  3. If matches mask AA, should match an entry in Appendix-3 (Province and State Codes). | All | Geographical distribution reporting. | Yes |  |
| 05 | KV | Facility Number | Facility\_Number | Submitting facility number | CHAR(3) | Valid facility number MOHLTC classification listed in Appendix-3 | All | Funding, planning and reporting | Yes | Yes |
| 06 | KV | Type of Procedure | Type\_of\_Procedure | Type of vertebral augmentation procedure used. This includes procedures that are performed in Interventional Radiology Suites by interventional radiologists or interventional neuroradiologists, and in the Operating Room by neurosurgeons or orthopaedic surgeons. | CHAR(80) | Select from drop down:   * Vertebroplasty * Kyphoplasty * FTA-assisted Vertebroplasty * FTA-assisted Kyphoplasty | All | Funding, planning and performance management | Yes | Yes |
| 07 | KV | Eligibility for Kyphoplasty | Eligibility\_for\_Kyphoplasty | Select the indication for why kyphoplasty was performed. ‘Fracture with gas filled cleft,’ is gas in the fractured vertebral body on MR or CT which is an indication of a non-healing fracture. It may have originated from the disc space but would not be in the bone unless there is a fracture. | CHAR(80) | If provided, must be one of the options in the drop down:   * Acute fracture treated within 6 weeks * Fracture with gas filled cleft (un-united fracture) * Fracture with soft tissue tumour and absent cortex * Reason not indicated in recommendations report[[1]](#footnote-2) | Procedure Type = ‘Kyphoplasty’ and ‘FTA-assisted Kyphoplasty’ only | Quality assurance and funding | Yes if Procedure Type = ‘Kyphoplasty’ and ‘FTA-assisted Kyphoplasty’ only |  |
| 08 | KV | Confirmed Cancer Case | Confirmed\_Cancer\_Case | Was this vertebral augmentation procedure performed on a patient diagnosed with malignant disease (not benign)? | CHAR(3) | If provided, must be one of the options in the drop down:   * Yes * No | All | Quality assurance and funding | Yes |  |
| 09 | KV | Procedure Date | Date\_of\_Procedure | Date of procedure | CHAR(8) YYYYMMDD | Valid Date  Must be on or after date of consultation and must be in current reporting period | All | Funding | Yes | Yes |
| 10 | KV | Date of Receipt of Referral | Date\_of\_Receipt\_of\_Referral | Date on which a request for consultation with a specialist is received in the specialist office for this service/procedure. If the specialist does not accept the referral at this time (e.g., referral form incomplete, workup not complete), this date does not change. | CHAR(8) YYYYMMDD | Valid date  Must be later than 01-01-1900 and on or before date of procedure. | All | Performance metrics - wait times | Yes |  |
| 11 | KV | Consultation Date | Date\_of\_Consultation | First date on which a patient sees the specialist for consultation regarding this specific service/procedure | CHAR(8) YYYYMMDD | Valid date  Must be on or after date of receipt of referral. | All | Performance metrics - wait times | Yes |  |
| 12 | KV | Multidisciplinary Consultation | Multidisciplinary\_Consultation | Did this case have a documented multidisciplinary consultation or was discussed or reported back to a multidisciplinary cancer conference (MCC)? | CHAR(3) | If provided, must be one of the options in the drop down:   * Yes * No | All | Funding and quality assurance | Yes |  |
| 13 | KV | Number of vertebra levels treated in procedure | Vertebra\_levels\_treated | Select the number of vertebra levels that are treated in procedure | CHAR(50) | If provided, must be one of the options in the drop down:   * 1 * 2 * 3 * 4 * 5 * 6 * 7   8 or more | All | Planning, potentially for funding by levels rather than by procedure | Yes |  |
| 14 | KV | Dates Affecting Readiness to Treat From Date – 1st instance | DART\_From\_Date\_1 | The beginning date (YYYYMMDD) of the first period of time when the patient is unavailable for the procedure due to patient-related reasons. | CHAR(8) YYYYMMDD | Valid date  Must be on or after date of date of consultation and before date of procedure | Only procedures where there were DARTs. Up to 3 DARTs are allowed per procedure. | Performance metrics - wait times | No |  |
| 15 | KV | Dates Affecting Readiness to Treat To Date – 1st instance | DART\_To\_Date\_1 | The end date (YYYYMMDD) of the first period of time when the patient is unavailable for the procedure due to patient-related reasons. | CHAR(8) YYYYMMDD | Valid date  Must be on or after date of date of consultation and before date of procedure, and after DART From Date | Only procedures where there were DARTs. Up to 3 DARTs are allowed per procedure. | Performance metrics - wait times | Yes if DART\_From\_Date\_1 is not null |  |
| 16 | KV | Dates Affecting Readiness to Treat Reason for 1st instance | DART\_Reason\_1 | The reason the patient is unavailable for the procedure for the first DART. | CHAR(80) | If provided, must be one of the options in the drop down:   * Inability to Contact the Patient * Change in Medical Status * Missed Procedure/No Show * Pre-Procedure Instructions Not Followed * Patient treatment related timed event, please specify * Patient Chooses to Defer | Rows where DART\_From\_Date\_1 and DART\_To\_Date\_1 are entered | Performance metrics - wait times | Yes if DART\_From\_Date\_1 and DART\_To\_Date\_1 are entered |  |
| 17 | KV | DART Timed Event Reason for 1st instance | DART\_Timed\_Event\_1 | If ‘Patient treatment related timed event, please specify’ is selected for DART\_Reason\_1, the reason for the timed event should be indicated. | CHAR(80) | If provided, must be one of the options in drop down menu:   * Neo-adjuvant chemotherapy * Neo-adjuvant radiation therapy * Tumour Ablation * Other, please specify | Rows where DART\_Reason\_1 = ‘Patient treatment related timed event’ | Performance metrics - wait times | Yes, if DART\_Reason\_1 = ‘Patient treatment related timed event’ |  |
| 18 | KV | DART Timed Event Other Reason for 1st instance | DART\_Timed\_Event\_Other\_1 | If ‘Other, please specify’ is selected for DART\_Timed\_Event\_1, the details for the other reason should be provided. | CHAR(80) | Free text | Rows where DART\_Timed\_Event\_1 = ‘Other, please specify’ | Performance metrics - wait times | Yes, if DART\_Timed\_Event\_1 = ‘Other, please specify’ |  |
| 19 | KV | Dates Affecting Readiness to Treat From Date – 2nd instance | DART\_From\_Date\_2 | The beginning date (YYYYMMDD) of the second period of time when the patient is unavailable for the procedure due to patient-related reasons. | CHAR(8) YYYYMMDD | Valid date  Must be on or after date of date of consultation and before date of procedure | Only procedures where there were DARTs. Up to 3 DARTs are allowed per procedure. | Performance metrics - wait times | No |  |
| 20 | KV | Dates Affecting Readiness to Treat To Date – 2nd instance | DART\_To\_Date\_2 | The end date (YYYYMMDD) of the second period of time when the patient is unavailable for the procedure due to patient-related reasons. | CHAR(8) YYYYMMDD | Valid date  Must be on or after date of date of consultation and before date of procedure, and after DART From Date | Only procedures where there were DARTs. Up to 3 DARTs are allowed per procedure. | Performance metrics - wait times | Yes if DART\_From\_Date\_2 is not null |  |
| 21 | KV | Dates Affecting Readiness to Treat Reason for 2nd instance | DART\_Reason\_2 | The reason the patient is unavailable for the procedure for the second DART. | CHAR(80) | If provided, must be one of the options in the drop down:   * Inability to Contact the Patient * Change in Medical Status * Missed Procedure/No Show * Pre-Procedure Instructions Not Followed * Patient treatment related timed event, please specify * Patient Chooses to Defer | Rows where DART\_From\_Date\_2 and DART\_To\_Date\_2 are entered | Performance metrics - wait times | Yes if DART\_From\_Date\_2 and DART\_To\_Date\_2 are entered |  |
| 22 | KV | DART Timed Event Reason for 2nd instance | DART\_Timed\_Event\_2 | If ‘Patient treatment related timed event, please specify’ is selected for DART\_Reason\_2, the reason for the timed event should be indicated. | CHAR(80) | If provided, must be one of the options in drop down menu:   * Neo-adjuvant chemotherapy * Neo-adjuvant radiation therapy * Tumour Ablation * Other, please specify | Rows where DART\_Reason\_2 = ‘Patient treatment related timed event’ | Performance metrics - wait times | Yes, if DART\_Reason\_2 = ‘Patient treatment related timed event’ |  |
| 23 | KV | DART Timed Event Other Reason for 2nd instance | DART\_Timed\_Event\_Other\_2 | If ‘Other, please specify’ is selected for DART\_Timed\_Event\_2, the details for the other reason should be provided. | CHAR(80) | Free text | Rows where DART\_Timed\_Event\_2 = ‘Other, please specify’ | Performance metrics - wait times | Yes, if DART\_Timed\_Event\_2 = ‘Other, please specify’ |  |
| 24 | KV | Dates Affecting Readiness to Treat From Date – 3rd instance | DART\_From\_Date\_3 | The beginning date (YYYYMMDD) of the third period of time when the patient is unavailable for the procedure due to patient-related reasons. | CHAR(8) YYYYMMDD | Valid date  Must be on or after date of date of consultation and before date of procedure | Only procedures where there were DARTs. Up to 3 DARTs are allowed per procedure. | Performance metrics - wait times | No |  |
| 25 | KV | Dates Affecting Readiness to Treat To Date – 3rd instance | DART\_To\_Date\_3 | The end date (YYYYMMDD) of the third period of time when the patient is unavailable for the procedure due to patient-related reasons. | CHAR(8) YYYYMMDD | Valid date  Must be on or after date of date of consultation and before date of procedure, and after DART From Date | Only procedures where there were DARTs. Up to 3 DARTs are allowed per procedure. | Performance metrics - wait times | Yes if DART\_From\_Date\_3 is not null |  |
| 26 | KV | Dates Affecting Readiness to Treat Reason for 3rd instance | DART\_Reason\_3 | The reason the patient is unavailable for the procedure for the third DART. | CHAR(80) | If provided, must be one of the options in the drop down:   * Inability to Contact the Patient * Change in Medical Status * Missed Procedure/No Show * Pre-Procedure Instructions Not Followed * Patient treatment related timed event, please specify * Patient Chooses to Defer | Rows where DART\_From\_Date\_3 and DART\_To\_Date\_3 are entered | Performance metrics - wait times | Yes if DART\_From\_Date\_3 and DART\_To\_Date\_3 are entered |  |
| 27 | KV | DART Timed Event Reason for 3rd instance | DART\_Timed\_Event\_3 | If ‘Patient treatment related timed event, please specify’ is selected for DART\_Reason\_3, the reason for the timed event should be indicated. | CHAR(80) | If provided, must be one of the options in drop down menu:   * Neo-adjuvant chemotherapy * Neo-adjuvant radiation therapy * Tumour Ablation * Other, please specify | Rows where DART\_Reason\_3 = ‘Patient treatment related timed event’ | Performance metrics - wait times | Yes, if DART\_Reason\_3 = ‘Patient treatment related timed event’ |  |
| 28 | KV | DART Timed Event Other Reason for 3rd instance | DART\_Timed\_Event\_Other\_3 | If ‘Other, please specify’ is selected for DART\_Timed\_Event\_3, the details for the other reason should be provided. | CHAR(80) | Free text | Rows where DART\_Timed\_Event\_3 = ‘Other, please specify’ | Performance metrics - wait times | Yes, if DART\_Timed\_Event\_3 = ‘Other, please specify’ |  |

## Definitions for DARTs

|  |  |
| --- | --- |
| **Dates Affecting Readiness to Treat Reason** | **Definition** |
| **Inability to Contact the Patient** | The scheduler has made a reasonable effort (determined by facility guidelines) to contact the patient in order to schedule or confirm the date and time for the procedure, but has not been able to do so. |
| **Change in Medical Status** | The patient's medical status has changed such that the procedure cannot be performed at this time. |
| **Missed Procedure/No Show** | The patient is a no show for their procedure at the scheduled date and time, or cancels on the scheduled procedure date, and as a result the procedure must be rescheduled. For this DART reason, one day will be subtracted from the overall consult to procedure wait time. |
| **Pre-Procedure Instructions Not Followed** | The patient has not completed the necessary prerequisites for the procedure as advised at the time of appointment notification. |
| **Patient treatment related timed event, please specify** | Also known as a specified date procedure or timed procedure, a timed event is used to indicate a procedure that should be completed once a predefined time period has elapsed that is linked to patient’s treatment pathway and other medical interventions linked to a patient’s disease. This reason should not be used to capture system related issues. |
| **Patient Chooses to Defer** | The patient is unavailable for the procedure due to personal reasons (such as vacation or death in the family), personal preferences for the date and time of the procedure, or weather reasons (such as road and airport closures). |

# Quality Assurance Checks

The QA checks are grouped by number as follows:

100’s - **File level checks**

200’s - **File format errors**: Entire record is rejected.  
300’s - **Rejected content errors**: Entire record is rejected.  
400’s - **Non-rejected content errors**: Entire record is retained, including erroneous field.  
500’s - **Apparent duplicate record warnings**: These are not necessarily errors, but could be.

**Built-in Data Assurance Checks within the Manual Submission Template**

Cells in the submission template being used for 2017/18 will light up **red** for data elements that are mandatory based on the treatment data being submitted on each row of the template. Cells in the submission template will light up **yellow** when the format of the data elements which are dates are incorrect. For all other data elements, an error message will appear if the format is incorrect.

## Validations: File Level Validations (Level 100)

The following rules will be applied and checked against every file submitted for SSO program.

| **#** | **Type** | **Condition** | **Error Message** | **Reject** |
| --- | --- | --- | --- | --- |
| 101 | Invalid Header | Header list in Excel file is incorrect | File Error- Header list is incorrect. | Yes |
| 102 | Incorrect number of Columns | Record in file has incorrect number of data elements | File Error- Record has incorrect number of data elements. | Yes |
| 103 | File name mask | File name does not follow the convention for file name mask: **KV\_nnn\_ffff\_ffffQx.xls**  Where:  KV: a fixed string indicating the program name (Kyphoplasty and vertebroplasty)  nnn: the three-digit code of the submitting site (e.g. 567)  ffff \_ffff: the two calendar years that make up the fiscal year separated by an underscore character (e.g. 2015\_2016)  Q: a fixed character for Quarter  x: the quarter within the fiscal, which is always an integer number between 1 and 4 (e.g. 3)  .xls: a fixed string indicating that the file is in Excel format. This can also be .xlsx.  **Example**: KV\_567\_2015\_2016Q3.xls  ***Note****: This validation should be non-case-sensitive so that, for example, the string "KV" can also be sent as "kv".* | File Error - File is incorrectly named. | Yes |
| 104 | Empty | File is empty  ***Note****: files with only one row (i.e. the header row is present and not patient level data) are considered valid. This error applies only when there is no such header.* | File Error - invalid number of data columns in “&file\_name” file. | Yes |
| 105 | No Data | File includes only one line, and that line is a valid header line.  ***Note****: This is a valid submission if there were no procedures in the reported quarter, so we issue a warning just to make sure.* | Warning - No data submitted. If there are data records, please resubmit. | No |

## Validations: File Format Errors (Level 200)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Number** | **Entity** | **Data Element** | **Condition** | **Error Message** | **Reject** |
| 201 | All | All Fields | Data field is too long | Invalid field length | Yes |
| 202 | All | All Date Fields | Date is not in YYYYMMDD format | Invalid - Must be in YYYYMMDD format  *(For optional date fields, ignore if null)* | Yes |

## Validations: Content Errors, Record Rejected (Level 300)

| **Number** | **Element #** | **Data Element** | **Column\_Name** | **Condition** | **Error Message** | **Reject** |
| --- | --- | --- | --- | --- | --- | --- |
| 300 | KV 01 | Patient Health Card Number | Health\_Card\_Number | Is Null | Invalid - Null Value | Yes |
| 303 | KV 01 | Patient Health Card Number | Health\_Card\_Number | Is not a valid ten-digit HCN  Ignore if Null | Invalid Ontario Health Card Number | Yes |
| 300 | KV 02 | Patient Chart Number | Patient\_Chart\_Number | Is Null | Invalid - Null Value | Yes |
| 302 | KV 02 | Patient Chart Number | Patient\_Chart\_Number | Contains special characters e.g. \*,/,{  Ignore if Null | Invalid Patient Chart Number - Contains non alpha numeric characters | Yes |
| 307 | KV 02 | Patient Chart Number | Patient\_Chart\_Number | Contains a cell format that is not the ‘Text’ Category in Excel. Text format cells are treated as text even when a number is in the cell. The cell is displayed exactly as entered. | Invalid cell format | Yes |
| 300 | KV 03 | Date of Birth | Date\_Of\_Birth | Is Null | Invalid - Null Value | Yes |
| 601 | KV 03 | Date of Birth | Date\_Of\_Birth | Is before 1900-01-01 | Date is before 1900-01-01 | Yes |
| 300 | KV 04 | Postal Code | Postal\_Code | Is Null | Invalid - Null Value | Yes |
| 304 | KV 04 | Postal Code | Postal\_Code | Matches mask ANANAN but begins with D, F, I, O, Q, U, or W. | Invalid Postal Code- Invalid Initial Letter | Yes |
| 305 | KV 04 | Postal Code | Postal\_Code | Matches mask of AA but does not match any entry in [Appendix 3](https://www.cancercare.on.ca/ext/databook/db1213/Appendix/Appendix_1-6_-_Province_and_State_codes.htm) (Prov/State Codes) | Invalid Postal Code (Prov/State) - consult lookup table in template. | Yes |
| 306 | KV 04 | Postal Code | Postal\_Code | Does not match mask: ANANAN, NNNNN, NNNNN-NNNN, AA  Ignore if Null | Invalid Postal Code- Invalid mask | Yes |
| 300 | KV 05 | Facility Number | Facility\_Number | Is Null | Invalid - Null Value | Yes |
| 301 | KV 05 | Facility Number | Facility\_Number | Does not match any legal entry in **Appendix-3**  Ignore if Null | Invalid Hospital Number - consult lookup table in template. | Yes |
| 300 | KV 06 | Type of Procedure | Type\_of\_Procedure | Is Null | Invalid - Null Value | Yes |
| 399 | KV 06 | Type of Procedure | Type\_of\_Procedure | Is not a value in predefined list  Ignore if Null | Invalid answer | Yes |
| 399 | KV 07 | Eligibility for Kyphoplasty | Eligibility\_for\_Kyphoplasty | Is not a value in predefined list  Ignore if Null | Invalid answer | Yes |
| 300 | KV 07 | Eligibility for Kyphoplasty | Eligibility\_for\_Kyphoplasty | Is Null and Type\_of\_ Procedure = ‘Kyphoplasty’ or ‘FTA-assisted Kyphoplasty’ | Invalid - Null Value | Yes |
| 399 | KV 08 | Confirmed Cancer Case | Confirmed\_Cancer\_Case | Is not a value in predefined list  Ignore if Null | Invalid answer | Yes |
| 300 | KV 08 | Confirmed Cancer Case | Confirmed\_Cancer\_Case | Is Null | Invalid - Null Value | Yes |
| 300 | KV 09 | Procedure Date | Date\_of\_Procedure | Is Null | Invalid - Null Value | Yes |
| 606 | KV 09 | Procedure Date | Date\_of\_Procedure | Is before Date of Consultation  Ignore if Null | Date of procedure cannot be before date of consultation | Yes |
| 623 | KV 09 | Procedure Date | Date\_of\_Procedure | Is not in current reporting quarter  Ignore if Null | Date of procedure is not in the quarter being submitted | Yes |
| 300 | KV 10 | Date of Receipt of Referral | Date\_of\_Receipt\_of\_Referral | Is Null | Invalid - Null Value | Yes |
| 602 | KV 10 | Date of Receipt of Referral | Date\_of\_Receipt\_of\_Referral | Is before 1900-01-01 | Date is before 1900-01-01 | Yes |
| 610 | KV 10 | Date of Receipt of Referral | Date\_of\_Receipt\_of\_Referral | Is after date of procedure | Date of receipt of referral cannot be after date of procedure | Yes |
| 300 | KV 11 | Consultation Date | Date\_of\_Consultation | Is Null | Invalid - Null Value | Yes |
| 603 | KV 11 | Consultation Date | Date\_of\_Consultation | Is before date of referral | Date of consultation cannot be before date of referral | Yes |
| 399 | KV 12 | Multidisciplinary Consultation | Multidisciplinary\_Consultation | Is not a value in predefined list (Yes or No)  Ignore if Null | Invalid answer | Yes |
| 300 | KV 12 | Multidisciplinary Consultation | Multidisciplinary\_Consultation | Is Null | Invalid - Null Value | Yes |
| 399 | KV 13 | Number of vertebra levels treated in procedure | Vertebra\_levels\_treated | Is not a value in predefined list.  Ignore if Null | Invalid answer | Yes |
| 300 | KV 13 | Number of vertebra levels treated in procedure | Vertebra\_levels\_treated | Is Null | Invalid - Null Value | Yes |
| 608 | KV 14 | Dates Affecting Readiness to Treat From Date – 1st instance | DART\_From\_Date\_1 | Is before Date of Consultation  Ignore if Null | DART From Date cannot be before date of consultation | Yes |
| 609 | KV 15 | Dates Affecting Readiness to Treat To Date – 1st instance | DART\_To\_Date\_1 | Is before Date of Consultation  Ignore if Null | DART To Date cannot be before date of consultation | Yes |
| 300 | KV 15 | Dates Affecting Readiness to Treat To Date – 1st instance | DART\_To\_Date\_1 | Is Null and DART\_From\_Date\_1 is entered | Invalid - Null Value | Yes |
| 300 | KV 16 | Dates Affecting Readiness to Treat Reason for 1st instance | DART\_Reason\_1 | Is Null and DART\_From\_Date\_1 and DART\_To\_Date\_1 are entered | Invalid - Null Value | Yes |
| 399 | KV 16 | Dates Affecting Readiness to Treat Reason for 1st instance | DART\_Reason\_1 | Is not a value in predefined list  Ignore if Null | Invalid answer | Yes |
| 300 | KV 17 | DART Timed Event Reason for 1st instance | DART\_Timed\_Event\_1 | Is Null and DART\_Reason\_1 = ‘Patient treatment related timed event, please specify’ | Invalid - Null Value | Yes |
| 399 | KV 17 | DART Timed Event Reason for 1st instance | DART\_Timed\_Event\_1 | Is not a value in predefined list  Ignore if Null | Invalid answer | Yes |
| 607 | KV 18 | DART Timed Event Other Reason for 1st instance | DART\_Timed\_Event\_Other\_1 | Is Null and DART\_Timed\_Event\_1 = ‘Other, please specify’ | Since Timed Event Reason is Other, a description of the reason is expected | Yes |
| 608 | KV 19 | Dates Affecting Readiness to Treat From Date – 2nd instance | DART\_From\_Date\_2 | Is before Date of Consultation  Ignore if Null | DART From Date cannot be before date of consultation | Yes |
| 609 | KV 20 | Dates Affecting Readiness to Treat To Date – 2nd instance | DART\_To\_Date\_2 | Is before Date of Consultation  Ignore if Null | DART To Date cannot be before date of consultation | Yes |
| 300 | KV 20 | Dates Affecting Readiness to Treat To Date – 2nd instance | DART\_To\_Date\_2 | Is Null and DART\_From\_Date\_2 is entered | Invalid - Null Value | Yes |
| 300 | KV 21 | Dates Affecting Readiness to Treat Reason for 2nd instance | DART\_Reason\_2 | Is Null and DART\_From\_Date\_2 and DART\_To\_Date\_2 are entered | Invalid - Null Value | Yes |
| 399 | KV 21 | Dates Affecting Readiness to Treat Reason for 2nd instance | DART\_Reason\_2 | Is not a value in predefined list  Ignore if Null | Invalid answer | Yes |
| 300 | KV 22 | DART Timed Event Reason for 2nd instance | DART\_Timed\_Event\_2 | Is Null and DART\_Reason\_2 = ‘Patient treatment related timed event, please specify’ | Invalid - Null Value | Yes |
| 399 | KV 22 | DART Timed Event Reason for 2nd instance | DART\_Timed\_Event\_2 | Is not a value in predefined list  Ignore if Null | Invalid answer | Yes |
| 607 | KV 23 | DART Timed Event Other Reason for 2nd instance | DART\_Timed\_Event\_Other\_2 | Is Null and DART\_Timed\_Event\_2 = ‘Other, please specify’ | Since Timed Event Reason is Other, a description of the reason is expected | Yes |
| 608 | KV 24 | Dates Affecting Readiness to Treat From Date – 3rd instance | DART\_From\_Date\_3 | Is before Date of Consultation  Ignore if Null | DART From Date cannot be before date of consultation | Yes |
| 609 | KV 25 | Dates Affecting Readiness to Treat To Date – 3rd instance | DART\_To\_Date\_3 | Is before Date of Consultation  Ignore if Null | DART To Date cannot be before date of consultation | Yes |
| 300 | KV 25 | Dates Affecting Readiness to Treat To Date – 3rd instance | DART\_To\_Date\_3 | Is Null and DART\_From\_Date\_3 is entered | Invalid - Null Value | Yes |
| 300 | KV 26 | Dates Affecting Readiness to Treat Reason for 3rd instance | DART\_Reason\_3 | Is Null and DART\_From\_Date\_3 and DART\_To\_Date\_3 are entered | Invalid - Null Value | Yes |
| 399 | KV 26 | Dates Affecting Readiness to Treat Reason for 3rd instance | DART\_Reason\_3 | Is not a value in predefined list  Ignore if Null | Invalid answer | Yes |
| 300 | KV 27 | DART Timed Event Reason for 3rd instance | DART\_Timed\_Event\_3 | Is Null and DART\_Reason\_3 = ‘Patient treatment related timed event, please specify’ | Invalid - Null Value | Yes |
| 399 | KV 27 | DART Timed Event Reason for 3rd instance | DART\_Timed\_Event\_3 | Is not a value in predefined list  Ignore if Null | Invalid answer | Yes |
| 607 | KV 28 | DART Timed Event Other Reason for 3rd instance | DART\_Timed\_Event\_Other\_3 | Is Null and DART\_Timed\_Event\_3 = ‘Other, please specify’ | Since Timed Event Reason is Other, a description of the reason is expected | Yes |

## Validations: Content Errors, Record Not Rejected (Level 400)

| **Number** | **Entity** | **Data Element** | **Condition** | **Error Message** | **Reject** |
| --- | --- | --- | --- | --- | --- |
| 401 | Eligibility for Kyphoplasty | Eligibility\_for\_Kyphoplasty | Type of Procedure <> ‘Kyphoplasty' or ‘FTA-assisted Kyphoplasty’ | It is not expected that the ‘Eligibility for Kyphoplasty’ is completed for a procedure type other than ‘Kyphoplasty' or ‘FTA-assisted Kyphoplasty’. | No |
| 402 | DART Timed Event Other Reason for 1st instance | DART\_Timed\_Event\_Other\_1 | Is not null when DART\_Timed\_Event\_1 <> Other, please specify | Since Timed Event Reason is not Other, a description of the reason is not expected | No |
| 402 | DART Timed Event Other Reason for 2nd instance | DART\_Timed\_Event\_Other\_2 | Is not null when DART\_Timed\_Event\_2 <> Other, please specify | Since Timed Event Reason is not Other, a description of the reason is not expected | No |
| 402 | DART Timed Event Other Reason for 3rd instance | DART\_Timed\_Event\_Other\_3 | Is not null when DART\_Timed\_Event\_3 <> Other, please specify | Since Timed Event Reason is not Other, a description of the reason is not expected | No |
| 403 | Date of Birth | Date\_Of\_Birth | Patient age is less than 18 years of age. | Warning: This record is for a person less than 18 years of age. Please note CCO does not provide funding for cases where the patient is less than 18 years of age. | No |

## Validations: Duplicate or Apparent Duplicate Records (Level 500)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | **Entity** | **Data Element** | **Condition** | **Error Message** | **Reject** |
| 501 | Uniqueness of procedure | Health Card Number  Facility Number  Type of Procedure  Procedure Date | The four data elements (Health Card Number, Facility Number, Type of Procedure and Procedure Date) are the same for two records in the same file. | Error: Apparent duplicate records | Yes |
| 502 | Facility number | Facility Number | Facility number in the data does not match with the facility number associated with MFT Tumbleweed folder permissions. | Facility number mismatch | Yes |

# Data Submission, Validation and Error Reporting Schedule

For FY 2018/19 data and moving forward, data submission windows will be as follows:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Kyphoplasty and Vertebroplasty Procedures Manual Data Collection Submission Timelines for FY 2018/19 data and beyond** | | | | | |
| **Quarter** | **Corresponding Time Frame** | **Submission Window** | **Initial Data Validation and Error Report Send Back for all submissions received** | **Second Data Validation and Error Report Send Back** | **Data Resubmission Window Open (Optional) with data validation for all submissions received** |
| **Q1** | April 1 - June 30 | July 15 - August 30 | Every Friday from July 15 - August 30 | September 1 - 21 | September 22-28 |
| **Q2** | July 1 - September 30 | October 15 - November 30 | Every Friday from October 15 - November 30 | December 1 -21 | December 22- January 12 |
| **Q3** | October 1 - December 31 | January 15 - February 28 | Every Friday from January 15 - February 28 | March 1 – 21 | March 22 -28 |
| **Q4** | January 1 - March 31 | April 15 - May 30 | Every Friday from April 15 - May 30 | June 1 – 21 | June 22 - 28 |

# Appendix

## Appendix-1: Facility Numbers[[2]](#footnote-3)

| **Facility #** | **Legal Name** |
| --- | --- |
| 930 | Grand River Hospital |
| 950 | Halton Healthcare Services Corporation |
| 942 | Hamilton Health Sciences Corporation |
| 959 | Health Sciences North / Horizon Santé Nord |
| 941 | Humber River Hospital |
| 978 | Kingston Health Sciences Centre |
| 952 | Lakeridge Health |
| 936 | London Health Sciences Centre |
| 962 | Niagara Health System |
| 606 | Royal Victoria Regional Health Centre |
| 979 | Scarborough and Rouge Hospital |
| 852 | St. Michael's Hospital |
| 953 | Sunnybrook Health Sciences Centre |
| 958 | The Ottawa Hospital |
| 935 | Thunder Bay Regional Health Sciences Centre |
| 975 | Trillium Health Partners |
| 947 | University Health Network |
| 933 | Windsor Regional Hospital |

Appendix-2: MOHLTC Master Numbering System[[3]](#footnote-4)

The Master Numbering System has been developed for the purpose of bringing together all Health Facilities and Programs under one system of identification. The list is a composite of health and health related units, facilities, clinics, programs and services. Each such organization has been assigned a unique four digit identifying code.

(For details, please refer Cancer Care Ontario's Data Book - 2012-2013, Appendix A: MOHLTC Master Numbering System, at link <https://www.cancercare.on.ca/ext/databook/db1213/documents/Appendix/CCO_Appendix_A_APR_12.pdf>).

## Appendix-3: Valid 2-digit Postal Codes[[4]](#footnote-5)

(Source: Cancer Care Ontario's Data Book - 2012-2013, Appendix B - Province and State codes, at link https://www.cancercare.on.ca/ext/databook/db1213/databook.htm).

The table below provides list of valid 2 digit postal codes for province and State codes.



1. As outlined in the [Guidance for Kyphoplasty and Vertebroplasty for Cancer Patients in Ontario: Recommendations Report 2017](https://www.cancercareontario.ca/en/guidelines-advice/types-of-cancer/50101). [↑](#footnote-ref-2)
2. The facility numbers included in this list will correspond to Appendix 3 in ALR [↑](#footnote-ref-3)
3. This corresponds to Appendix 13 in ALR [↑](#footnote-ref-4)
4. This corresponds to Appendix 11 in ALR [↑](#footnote-ref-5)