

Access to Care

Wait Time Information System

Surgery Wait Time Data Elements and System Labels

Version 2, February 2015

Surgery Wait Data Elements and System Labels		
Data Element and System Labels	Reference Data/Options for entry	Definition
Patient Demographics Data Elements and System Labels		
First Name		The patient's given name.
Middle Name		The patient's middle name or further given names.
Name		The patient's surname.
Date of Birth		The patient's date of birth (yyyy-mm-dd).
Site		The healthcare site where the patient receives care.
Facility		The healthcare facility where the patient is registered and where the procedure took place.
LHIN		The Local Health Integration Networks (LHINS) are local entities designed to plan, integrate and fund local health services including hospitals, community care access centers, home care, long-term care and mental health within specific geographic areas.
Treating Healthcare Professional		The healthcare professional name and identifier code for the physician who oversees the procedure.
Health Card Number (HCN)		The numeric portion of the patient's health insurance card number assigned by the provincial government.
Health Card Number Version		The two-character alphanumeric code which uniquely identifies a health card version.
Authority Issuing		The name of the province that creates/issues the patient's health card.
Sex/Gender		Patient gender code.
Patient Type	<p>Inpatient- A patient who is admitted prior to procedure in a fully equipped OR, and will remain an inpatient after procedure. This term also apply to a patient arriving the day of procedure, who will be admitted after procedure</p> <p>Outpatient – A patient arriving on the day of the scheduled procedure, and departing the day of procedure</p>	The type of patient receiving the procedure

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Patient Demographics Data Elements and System Labels		
Address		Patient street address.
Address Type		Patient address type (e.g. home [H], mailing [M], temporary [T], current [C]).
City		City of patient residence.
Province/State		Province or state of patient's residence.
Country		Country code of patient's residence.
Postal/Zip Code		Patients' postal /zip code of their home address. A postal /zip code is a series of letters and/or digits appended to a postal address for the purpose of sorting mail.
Phone Number		The patient's phone number.
Phone Number Type		The patient's phone number type (e.g., home or business).
Medical Record Number (MRN)		The Medical Record Number is a unique identifier used to identify an individual and his or her medical record/information.
Order Number		The unique number which identifies and tracks the order for diagnosis imaging.
Case Number		The case number is a hospital identifier that must be unique across all sites within your facility and all areas of care. It will be used to identify the waitlist entry during its lifespan.
Waitlist Entry ID		The unique identifier for the waitlist entry.
Waitlist Entry Status	"O" = open – currently waiting "C" = closed – procedure completed	The Waitlist Entry status, reflecting whether the patient is still waiting or has had the procedure. It refers to the completeness of the record.

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Wait 1 Data Elements and System Labels		
Wait 1		The time that the patient waits for a first consultation with a clinician. It is measured from the time the referral is received to the date the first consultation with a clinician occurs.
Wait 1 (Days)		The total number of days the patient waited for the first consultation with a clinician. It is measured from the date the referral is received to the date of the first consultation with the clinician.
Wait 1 Priority Level	Priority levels are defined as the following: Priority 1 – immediate Priority 2 – urgent Priority 3 – semi-urgent Priority 4 – elective (less urgent for cancer surgery)	The level of priority for the consultation used to identify similar patients in need of care.
Wait 1 Access Target (Days)		The maximum recommended wait time in days for the associated priority level as recommended by clinical expert panels. These access targets only apply to cases with confirmed cancer or where the clinician has a strong suspicion of cancer.
Referral Date		The date (yyyy-mm-dd) a request for a clinician consultation is received.
Referral Source		The origin of a patient's referral, for example, the referral was received from a Diagnostic Assessment Program/Unit, a Central Intake, or another referral source, such as: a primary care physician.
	Diagnostic Assessment Program/Unit	The Diagnostic Assessment Program/Unit (DAP) coordinates the patient journey from referral for suspicion of cancer to a definitive diagnosis. They include the full

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		spectrum of multidisciplinary diagnostic testing in an environment focused on the patient. DAP cannot be selected as a Referral Source unless Service Area is Surgical Oncology and Service Detail 1 is Colorectal, Prostate or Lung.
	Central Intake	A model of care that utilizes a single process to facilitate patient access to specialized care across multiple hospitals.
	Other	Includes all other referral sources other than Diagnostic Assessment Program/Unit and Central Intake. This could include: a primary care physician, another specialist, the emergency room, a clinic, the inpatient unit at hospital, or referral from another Health Care Professional other than a physician.
Referral Type		The type of transfer of care for a patient from one clinician to another clinician for a first surgical consultation. For patients where no referral information is available use "No Referral/Follow-Up".
	New Referral	A referral for a patient who is seeing a clinician for the first time, or an existing patient with a new referral to the same clinician.
	ReReferral	A referral for a patient who has already seen a clinician or is seeking a second opinion (which includes secondary referrals for complex/staged procedures).

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	No Referral/Follow Up	A returning patient with no new referral or a patient who has recurring consults or follow-up visits (includes patients where Wait 1 data is unavailable). This includes self-referral.
No Referral/Follow Up (If this option is chosen under "Referral Type" this second list of options becomes available)	Existing Patient (New Condition)	A patient who returns to see the clinician with a new condition, but has no new referral. This could include a patient who has an unexpected surgery without a referral for consultation or may include patients where the clinician identifies a new condition during follow-up visits for an existing condition.
	Existing Patient (Recurring Condition)	A patient who returns for ongoing care for a recurring condition. This could include an existing patient that is followed for a number of years before a decision to treat for surgery is made and Wait 1 data is unavailable.
	New Patient (No Referral)	A new patient who sees the clinician without a referral. This could include patients who self-refer for a consultation.
Consult Date		The date (yyyy-mm-dd) the patient had their first consult with the clinician.
Dates Affecting Readiness to Consult (DARC)		Periods of time between the referral and consult date when the patient is unavailable for a first consultation due to patient-related reasons. The time will be subtracted from the overall Wait 1. The patient-related reasons do not include system-related delays such as surgeon unavailability, emergency closures or reduced clinic hours.

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Dates Affecting Readiness to Consult (DARC) Reason	Developmentally Appropriate Wait	The clinician determines that a consultation is required, but that it cannot occur until the paediatric patient has reached a certain stage in development. This DARC reason applies only to pediatric cases.
	Inability to Contact the Patient	The clinician's office has made a reasonable effort to contact the patient in order to schedule or confirm the date and time for the first consultation, but has not been able to do so.
	Change in Medical Status	The patient's medical status has changed such that the first consultation cannot be performed until the patient's condition stabilizes.
	Missed Consultation	The patient is not present for the first consultation at the scheduled date and time and as a result the consultation must be rescheduled. Patient does not inform the office that they won't be able to attend appointment. This will only be captured as a 1 day delay in the WTIS
	Patient – Chooses to Defer	The patient is unavailable for the first consultation due to personal reasons (such as a vacation or a death in the family), personal preferences for the date and time of the consultation, or weather reasons (such as road and airport closures).
	Pre-Defined Follow-Up Interval	The clinician determines that the first consultation is required at a clinically defined point in the future. This could include waiting for medical clearance by an internist, or accommodating the coordination of multiple services.
Dates Affecting Readiness to Consult From Date		The beginning date (yyyy-mm-dd) of a period of time when the patient is unavailable for a first consultation due to patient-related reasons.

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Dates Affecting Readiness to Consult To Date		The end date (yyyy-mm-dd) of a period of time when the patient is unavailable for a first consultation due to patient-related reasons.
Wait 1 System Delay		Healthcare system delays that are non-patient-care related and impact the patient's wait time for a first consultation. The delays may include clinician unavailability, limited clinic time, or lack of referral information. The delays will not be subtracted from the overall Wait 1.
Wait 1 System Delay Reasons	Emergency Closures	The first consultation is delayed due to unforeseen unavailability of healthcare resources. This could include clinic closures due to infectious outbreaks, extreme weather or other emergency situations.
	Lack of Hospital/Clinic Resources	The first consultation is delayed due to unavailability of non-surgeon staff or reductions to clinic operating hours.
	Patient Preference	The first consultation is delayed due to the patient's choice to remain on the waitlist of a particular clinician or at a particular location despite being offered the option of an earlier consultation with another surgeon.
	Prerequisites Not Completed	The first consultation is delayed due to missing or incomplete referral information. This could include incomplete labs or tests that delay the consultation.
	Rescheduled Due to Higher Priority Case	The first consultation is delayed to accommodate a higher priority patient.
	Surgeon Unavailability	The first consultation is delayed due to surgeon unavailability. This could include absence due to vacation or lack of available appointments in their schedule.

Surgery Wait Time Data Elements and System Labels		
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Wait 2 Data Elements and System Labels		
Wait 2		The time that the patient waits for surgical or diagnostic imaging procedures. For surgical procedures, Wait 2 is measured from the Decision To Treat (DTT) date to the date the procedure is performed. For diagnostic imaging tests, Wait 2 is measured from the Order Received date to the date the procedure is performed.
Wait 2 (Days)		Total number of days the patient has been waiting for the procedure (if the patient has not yet received the procedure), or the total number of days the patient waited for the procedure.
Service Area		A high-level category of the defined procedures.
Service Detail 1		The sub-category of the service area.
Service Detail 2		A further breakdown for Service Detail 1 (e.g., breakdowns of cancer surgery are: diagnostic, treatment, palliative or reconstructive).
Wait 2 Priority Level	Priority levels are defined as the following: Priority 1 – immediate Priority 2 – urgent Priority 3 – semi-urgent Priority 4 – elective (less urgent for cancer surgery)	The level of priority for the procedure used to identify similar patients in need of care.
Wait 2 Access Target (Days)		The maximum recommended wait time in days for the associated priority level as recommended by clinical expert panels. This applies to Wait 2 procedures only.
Variance (Days)		The difference, either positive or negative, between the current wait time of a patient and the defined provincial access target based on assigned priority level.

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Responsibility for Payment		Identifies the primary group responsible for payment of service(s) rendered.
	Provincial Government/OHIP	Payment is made by the Ontario Health Insurance Program.
	Private Coverage	Payment is made by patients paying for services out of pocket or through private insurance coverage.
	Other	Payment is made by federal government programs including: Department of Veteran's Affairs (DVA), First Nations and Inuit Health Branch, RCMP Department of National Defense, penitentiary inmates or immigration. Payment is made by a worker's service insurance board (e.g., WSIB or WCB etc.), other province or territory insurance plans in Canada (other than Ontario)
Decision To Treat Date		The date (yyyy-mm-dd) the clinician decides that a surgical procedure is required, and the patient agrees to undergo the procedure and be placed on a waiting list.
Procedure Date		The date (yyyy-mm-dd) the actual procedure was performed.
Procedure No Longer Required	"CP" = Cancelled by Patient "ER" = Data Entry Error "IC" = Improved Medical Condition "MS" = No Longer Medically Stable "PD" = Patient Death "PC" = Procedure Completed Elsewhere	A predefined reason why the procedure is not required.
Scheduled Procedure Date		The date (yyyy-mm-dd) which the procedure is scheduled to be performed.
Reschedule Procedure Date		The date (yyyy-mm-dd) which the procedure has been rescheduled.

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Reschedule Reason	"LB" = Lack of bed availability "LS" = Lack of available staff "MC" = Medical complications/reasons "ME" = Medications "MT" = Medical specialty consult or tests "OT" = Other "RP" = Rescheduled due to higher priority case "TD" = Transfer delays	Reason for rescheduling already scheduled surgery procedure.
Dates Affecting Readiness to Treat (DART)		Periods of time between the Decision To Treat (DTT) date or the Order Received date and the Actual Procedure date when the patient is unavailable for the procedure due to patient-related reasons. The period of time will be subtracted from the overall Wait 2. The patient-related reasons do not include system-related delays such as clinician or technician unavailability, operating room closures, or scanner downtime.
Dates Affecting Readiness to Treat (DART) Reason	Developmentally Appropriate Wait	The clinician has made the decision to treat, but determines that the procedure cannot occur until the paediatric patient has reached a certain stage in development. This DART reason applies only to pediatric cases.
	Inability to Contact the Patient	The scheduler has made a reasonable effort 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 until the patient's condition improves or deteriorates further.

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	Missed Surgery/Procedure	The patient is not present for their procedure at the scheduled date and time, and as a result the procedure must be rescheduled. Patient does not inform the office that they won't be able to attend their scheduled procedure. This will only be captured as a 1 day delay in the WTIS.
	Neo-Adjuvant Chemotherapy	The patient requires chemotherapy before the procedure.
	Neo-Adjuvant Radiation Therapy	The patient requires radiation therapy before the procedure.
	Other Surgical Procedure	The clinician has made the decision to treat but the patient must undergo another surgical procedure prior to this procedure.
	Patient Chooses to Defer	The patient is unavailable for the procedure due to personal reasons (such as a vacation or a death in the family), personal preferences for the date and time of the procedure, or weather reasons (such as road and airport closures).
	Pre-Defined Follow-Up Interval	The clinician has made the decision to treat, but determines that the procedure is required at a clinically defined point in the future. This could include a follow-up in three months or a cancer re-check in one year.
Dates Affecting Readiness to Treat From Date		The beginning date (yyyy-mm-dd) of a period of time when the patient is unavailable for the procedure due to patient-related reasons.
Dates Affecting Readiness to Treat To Date		The end date (yyyy-mm-dd) of a period of time when the patient is unavailable for the procedure due to patient-related reasons.
Wait 2 System Delays		Healthcare system delays that are non-patient-related and impact the patient's wait time for a procedure. The delays may include clinician

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		unavailability, limited operating room time or bed unavailability. The delays will not be subtracted from the overall Wait 2.
Wait 2 System Delay Reasons	Emergency Closures	The procedure is delayed due to unforeseen unavailability of healthcare resources. This could include operating room or radiology suite closures due to infectious outbreaks, extreme weather or other emergency situations.
	Lack of Hospital Resources	The procedure is delayed due to the unavailability of non-surgeon staff, beds or operating room time.
	Patient Preference	The procedure is delayed due to the patient's choice to remain on the waitlist of a particular clinician or at a particular location despite being offered the option of an earlier procedure date.
	Prerequisites Not Completed	The procedure is delayed due to missing or incomplete patient information. This could include incomplete labs or tests that are required prior to the procedure.
	Rescheduled Due to Higher Priority Case	The procedure is delayed to accommodate a higher priority patient.
	Surgeon Unavailability	The procedure is delayed due to surgeon unavailability. This could include absence due to vacation or lack of available appointments in their schedule.
90th Percentile Wait Time		This is the point at which 90 per cent of the patients received their treatment and the other 10 per cent waited longer. For example, if a 90 per cent wait time is 58 days, this means that 90 per cent or 9 out of 10 of the patients waited 58 days or less and the other 10 per cent waited more than 58 days.
Median Wait Time		This is the point at which half the patients have had their treatment and the other half are still waiting. For example, if a median wait time

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		<p>is 26 days, this means that half of the patients waited 26 days or less and half waited more than 26 days.</p> <p>The median is another way to show what a "typical" patient might have experienced in that time period. Unlike the average wait time, the median wait time is not affected by one or two very unusual cases (long or short). Therefore, it is more stable over time.</p>
Average Wait Time		<p>This is the average (or mean) length of time a patient waited to have the treatment. A few very short or very long wait times may skew this wait time. The average wait time is calculated by dividing the total number of waiting days that a hospital reported, by the total number of treatments reported during the time period.</p>