



Wait Times for Priority Procedures in Canada, 2015

Technical Notes

April 2015

Types of Care



Canadian Institute
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Waits for Hip Fracture Repair From Inpatient Admission

What's New?

In an effort to align the methodology to the most recent updates for Clinical Administrative Databases (CAD) and Canadian Classification of Health Interventions (CCI) systems, and for the purposes of data quality improvement, the methodology used to calculate this indicator has been updated. New information is identified by a **NEW** icon.

Data Sources

Patients discharged from April 1, 2014, to September 30, 2014, from acute care facilities that submit to CIHI's Discharge Abstract Database (DAD). Open-year data may not contain complete provincial/territorial submissions to CIHI. At the time of analysis, it is estimated that CIHI had received 99.5% of abstracts, relative to 2013–2014 for the same time period. While provincial completeness is high, there may be distinct analytic impacts for provinces with slower submissions to CIHI. Additionally, open-year data will not have been subjected to the full cycle of quality validation, at both CIHI and the submitting facilities. Hospitals may still add, delete or correct records.

Quebec wait times for hip fracture repair are not included due to methodological differences in the data. For information on Quebec hip fracture wait times, see CIHI's report *Comparing Wait Times for Hip Fracture Repair in Quebec With Those in Other Jurisdictions*.

The methodology used for this report differs from that used in previous *Health Indicators* reports. As of 2009–2010, inclusion of “time of intervention” is captured and allows for a more accurate estimate of wait times. For more information on *Health Indicators* methodology, see www.cihi.ca/indicators.

Definitions

Benchmark: Hip fracture repair within 48 hours (set by federal, provincial and territorial governments in December 2005).

In discussion with provinces and recognizing the limitations of the data, this benchmark has been interpreted as

Percentage Meeting Benchmark of 48 Hours From Inpatient Admission =

The number of hip fracture patients, age 18 and older, who underwent hip fracture surgery within 48 hours of the time of inpatient admission

The total number of hip fracture patients, age 18 and older, who received hip fracture surgery

Inpatient hip fracture surgery wait segment/time: The number of hours the patient waited, from the time of first inpatient admission with a hip fracture (index admission) to the time the patient received hip fracture repair surgery.

Note: Waits were calculated only for patients who had a surgical repair.

50th percentile: The number of hours within which half of the patients in the sample received surgery and half were still waiting.

90th percentile: The number of hours within which 90% of the patients in the sample received surgery and 10% were still waiting.

Methodology

Episode building

The unit of analysis is an episode of acute care; patients may be admitted to one hospital and transferred to another for further treatment. Linking all admissions together into a single episode of care allows us to see the entire acute portion of the pathway of care.

Linkage is done by combining the first 10 digits of the health care number, gender and province issuing the health care number to create a unique identifier for each patient and identifying all relevant acute care admissions.

A transfer is defined as a patient being discharged from one acute facility and admitted to another within 24 hours.

Inclusions

- Males and females age 18 and older
- Any episode with
 - A diagnosis of hip fracture (ICD-10-CA of S72.0[^], S72.1[^] or S72.2[^]) that was coded as a main diagnosis (type M); pre-admit comorbidity (type 1) or service transfers (types W, X and Y); and
 - Hip surgery repair that was not abandoned or done out of hospital (CCI: 1.VA.74.[^], 1.VA.53.[^], 1.VC.74.[^] or 1.SQ.53.[^])

Note: In 2012, the CCI code 1.VA.53.PN-PN (Implantation of internal device, hip joint robotics assisted approach [e.g., telemanipulation of tools] uncemented dual-component prosthetic device [femoral & acetabular]) was deactivated to separate robotic telemanipulation techniques.

Exclusions

- Invalid/unknown health card numbers, gender, province issuing health care number, admission date/time, discharge date/time or surgical episode date/time

Note: In 2011–2012, the Discharge Abstract Database (DAD) introduced the valid value “9999” for unknown admission/discharge/surgery times. All abstracts with unknown date/time “9999” are excluded.

- Potential and true duplicate discharges (as specified by the Data Quality Documentation—Current-Year Information)
- Episodes of care where at least 1 hospitalization had a hip fracture diagnosis typed as post-admission (type 2)

Time Calculations

Time to surgery is calculated as time from initial inpatient admission for a hip fracture to start time of surgical episode for a hip repair.

Wait Time for Hip Fracture Surgery From Emergency Department

Data Sources

Patients discharged from April 1, 2014, to September 30, 2014, from Ontario and Alberta emergency care facilities (based on the ED Visit Indicator variable) that submit to CIHI's National Ambulatory Care Reporting System (NACRS), as well as to DAD, as indicated in the previous section—inpatient admission methodology.

Wait times from the province of Newfoundland and Labrador and Prince Edward Island were directly submitted to CIHI from their wait time registries.

Definitions

Benchmark: Hip fracture repair within 48 hours (set by federal, provincial and territorial governments in December 2005).

This benchmark has been interpreted as

$$\text{Percentage Meeting Benchmark of 48 Hours From ED Admission} = \frac{\text{The number of hip fracture patients, age 18 and older, who underwent hip fracture surgery within 48 hours of the time of admission to the emergency department (ED)}}{\text{The total number of hip fracture patients, age 18 and older, who received hip fracture surgery}}$$

Emergency department hip fracture surgery wait time: Measured in hours from the time the hip fracture patient was first registered in an ED (index admission) to the time when hip surgery was received.

Note: Waits were calculated for patients who had a surgical repair only.

Methodology

The methodology for ED wait times for hip fracture surgery is based on linking the acute care episodes defined above to ED visits in Ontario and Alberta. Comparable ED data is not available for other provinces in NACRS in a comprehensive manner.

Transfer/Episode Building—Linking Cases Across ED Visits and Acute Care

- Patients are identified in DAD and NACRS with a personal identifier created using the first 10 digits of the health care number, gender and the province issuing the health care number.
- The ED visit is considered related to the inpatient admission for hip fracture if the following conditions are met:
 - When a patient is discharged from one ED and registered to another within +/- 24 hours
 - When a patient is discharged from the ED 24 hours or less prior to the inpatient admission hours
 - When a patient is discharged from one acute facility and admitted to another within +/- 24 hours
 - If more than 1 ED episode is linked to a single acute hip fracture episode, then the ED episode with the latest disposition date/time is selected

Inclusion

- Unscheduled ED visits to an emergency department

Exclusions

- Invalid/unknown health card numbers, gender, province issuing health care number, date/time patient left ED, disposition date/time, registration date/time or triage date/time
Note: According to the NACRS Manual, valid values for date/time patient left ED, disposition date/time, registration date/time or triage date/time include “9999” for unknown date/time. All ED visits with unknown date/time “9999” are excluded.
- Potential and true duplicate ED visits (as specified by the Data Quality Documentation—Current-Year Information)
Note: With the exception of direct admissions into an inpatient facility, acute care episodes were excluded if there were no matching ED visits, as the pathway of care was incomplete.

Time Calculations

- Overall wait time was calculated as the time patient first registered in the ED (index ED admission) to the start time of surgical repair in acute care
Note: For wait time calculations involving multi-hospital stays, the total wait time is attributed to the province where the surgery was performed.

Calculating the All-Canada Estimates

Part 1: Calculating All-Canada Percentage Meeting Benchmark

The national percentage meeting the benchmark estimate for hip fracture repair was calculated directly using record-level data. For all other procedures, the national percentage meeting benchmark estimates was calculated as follows:

$$\text{National percentage meeting benchmark} = \frac{\text{Total patients meeting benchmark for each province}^*}{\text{Total procedures performed}}$$

Note

* Estimated by provincially submitted volumes and percentage meeting benchmark. National estimates of percentage meeting benchmark exclude procedures in the territories.

Part 2: Calculating All-Canada Median and 90th Percentile Wait Time

The national median and 90th percentile wait times for hip fracture repair were calculated directly using record-level data. For all other procedures, the national estimates for median and 90th percentile were calculated using a weighted average of provincial submissions. Weights were calculated using provincially submitted surgical volumes.

Note: National estimates of median and 90th percentile wait times exclude procedures in the territories.

Wait Time for Hip Fracture Surgery From Emergency Department—Focus on Yukon

The methodology for calculating the wait time for ED hip fracture repair for Yukon is the same as the methodology noted above, with the following exceptions:

- Analysis includes episodes where the ED visit *originates* in the Yukon facility (as opposed to location of surgical repair).
- Due to the small number of records in Yukon for hip fracture repair, patients discharged from April 1, 2011, to September 30, 2013, from the Yukon ED facility were pooled for this analysis.
- Hip fracture repair ED records in the Yukon facility were linked to acute care records (as defined above) in the Yukon or other out-of-province acute care facility.

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