

September 15, 2023

NHFOI2023-0811



Re: Freedom of Information and Protection of Privacy Act (FIPPA) information on records regarding deaths while awaiting scans or consultation.

The Northern Health Authority received your request for access to records under FIPPA on August 2, 2023. You have requested the following records:

Please provide data on the number of patients that died while on a waiting list for either a diagnostic scan or a consultation with a specialist in fiscal year 2022-2023.

- 93 patients died after their booking date

Please break the data out by procedure and case info – date the patient went on the waiting list, date for the meeting with a specialist or date for diagnostic scan (if scheduled), and date of cancellation.

- Please find our response at pages 1-3

Please also note the government's target time for providing the consultation or scan in question. (Note: many hospitals/health regions were able to identify such cases as they track the reason for cancelled operations)

- Please find the Ministry of Health's Medical Imaging Waitlist Management Policy Instrument attached at pages 4-12

Should you find this response to be unsatisfactory, you may ask the Office of the Information and Privacy Commissioner for British Columbia ("OIPC") to review it under section 52 of FIPPA. You have 30 business days from the date of this letter to submit a written Request for Review to OIPC. Instructions for submitting a written Request for Review are enclosed.



If you have any questions or require any clarification regarding the processing of your Freedom of Information request, please contact me at 778-349-5611 or by email at donn.macdougall@northernhealth.ca.

Sincerely,

A handwritten signature in black ink, appearing to read "Donn MacDougall".

Donn MacDougall
Privacy Officer
Northern Health
778-349-5611

privacy@northernhealth.ca

Instructions for Requesting a Review by Commissioner

Requests for review by the Information and Privacy Commissioner should be directed to:

Mailing Address:

Office of the Information and Privacy Commissioner for British Columbia
PO Box 9038, Stn. Prov. Govt.
Victoria, BC V8W 9A4

Location:

947 Fort Street
Victoria, BC V8V 1X4
Tel: (250) 387 – 5629
Fax: (250) 387 – 1696

If you wish to request a review, please provide the Commissioner's Office with:

1. Your name, address and telephone number, as well as fax number if applicable
2. The reference number assigned to your request (quoted at the top, right-hand corner of the letter)
3. A copy of this letter
4. A copy of your original request for information which you sent to Northern Health and
5. The reasons or grounds upon which you are requesting the review.

ExamType (group)	BOOKING_FORM_DATE	BOOKING_PROC_SCHED_DATE	BOOKING_PROC_CANCEL_DATE	
Nuclear Medicine	4/1/2022 12:12:44 PM	4/5/2022 8:30:00 AM	4/5/2022 8:58:00 AM	1
Ultrasound	4/4/2022 7:28:00 PM		6/14/2022 9:36:24 AM	1
X-Ray	4/12/2022 2:43:00 PM	4/12/2022 2:40:00 PM	4/12/2022 3:37:35 PM	1
Ultrasound	4/13/2022 2:50:00 PM			1
Nuclear Medicine	4/11/2022 3:30:00 PM	4/19/2022 8:30:00 AM	4/17/2022 8:49:00 AM	1
CT	4/19/2022 2:22:00 PM	6/24/2022 12:30:00 PM	6/20/2022 10:20:00 AM	1
Ultrasound	4/29/2022 2:44:00 PM		5/25/2022 12:31:19 PM	1
X-Ray	5/6/2022 9:16:00 AM		6/28/2022 9:57:39 AM	1
Ultrasound	5/12/2022 3:59:00 PM		7/5/2022 10:40:35 AM	1
CT	5/25/2022 4:12:00 AM	5/25/2022 4:12:00 AM	5/25/2022 3:15:47 PM	1
Ultrasound	6/1/2022 1:54:00 PM		10/27/2022 2:30:53 PM	1
CT	6/8/2022 3:59:00 PM		9/8/2022 11:25:23 AM	1
CT	6/8/2022 3:59:00 PM		9/8/2022 11:24:40 AM	1
CT	6/9/2022 10:12:00 AM		7/7/2022 12:03:06 PM	1
Ultrasound	6/15/2022 9:30:00 AM		8/11/2022 8:51:09 AM	1
Ultrasound	6/23/2022 4:34:00 PM		10/27/2022 12:48:18 PM	1
X-Ray	6/26/2022 10:56:00 AM	6/26/2022 10:56:00 AM	6/26/2022 11:20:36 AM	1
X-Ray	6/26/2022 3:11:00 PM	6/26/2022 3:11:00 PM	6/28/2022 8:13:48 AM	1
Ultrasound	6/27/2022 10:33:28 AM		7/25/2022 10:21:00 AM	1
CT	7/4/2022 11:52:00 AM		11/17/2022 11:00:13 AM	1
Electrocardiography	7/7/2022 7:03:00 AM	7/7/2022 7:03:00 AM	7/7/2022 7:55:05 AM	1
Ultrasound	7/7/2022 9:58:00 AM		10/26/2022 12:12:56 PM	1
MRI	7/8/2022 5:29:00 PM		7/12/2022 10:57:45 AM	1
MRI	7/8/2022 5:30:00 PM		7/12/2022 10:57:45 AM	1
Electrocardiography	7/20/2022 10:54:00 AM	7/20/2022 10:54:00 AM	7/21/2022 1:23:21 PM	1
Interventional Radiology	7/12/2022 9:19:00 AM	8/23/2022 1:30:00 PM	8/22/2022 9:32:00 AM	1
Electrocardiography	8/1/2022 2:27:00 AM	8/1/2022 2:27:00 AM	8/3/2022 3:28:37 PM	1
MRI	7/22/2022 2:00:00 PM		10/6/2022 10:52:57 AM	1
MRI	7/29/2022 2:44:00 PM		8/18/2022 4:09:42 PM	1
MRI	7/29/2022 2:45:00 PM		8/18/2022 4:09:42 PM	1
CT	8/6/2022 8:31:00 AM	8/6/2022 8:31:00 AM	8/6/2022 3:31:48 PM	1
CT	8/6/2022 8:35:00 AM	8/6/2022 8:31:00 AM	8/6/2022 3:31:52 PM	1
X-Ray	8/9/2022 10:14:31 AM	8/12/2022 9:15:00 AM	8/12/2022 9:52:00 AM	1
X-Ray	8/9/2022 10:14:54 AM	8/12/2022 9:00:00 AM	8/12/2022 9:51:00 AM	1
Ultrasound	8/5/2022 10:30:00 AM		9/23/2022 11:32:52 AM	1
CT	8/11/2022 9:28:00 AM		9/8/2022 2:30:01 PM	1
CT	8/11/2022 9:28:00 AM		9/8/2022 2:30:01 PM	1
CT	8/15/2022 10:12:51 AM		9/7/2022 3:11:24 PM	1
Ultrasound	8/9/2022 11:36:00 AM	1/13/2023 8:00:00 AM	1/3/2023 1:21:00 PM	1
Echo Holter Monitoring	8/24/2022 8:45:37 PM	9/20/2022 11:00:00 AM	9/16/2022 12:46:00 AM	1
X-Ray	8/26/2022 1:06:54 PM	8/31/2022 10:10:00 AM	8/31/2022 8:26:00 AM	1
X-Ray	8/28/2022 12:02:00 PM	8/28/2022 12:02:00 PM	8/28/2022 1:02:09 PM	1
CT	8/29/2022 4:45:00 PM	8/29/2022 4:57:00 PM	8/29/2022 5:19:48 PM	1
CT	8/29/2022 4:59:00 PM	8/29/2022 4:57:00 PM	8/29/2022 5:19:51 PM	1
CT	8/29/2022 4:45:00 PM	8/29/2022 4:57:00 PM	8/29/2022 5:19:56 PM	1
CT	8/29/2022 4:45:00 PM	8/29/2022 4:57:00 PM	8/29/2022 5:20:01 PM	1
CT	8/26/2022 3:15:00 PM		11/21/2022 1:20:06 PM	1
CT	8/31/2022 1:33:57 PM			1
X-Ray	9/2/2022 10:28:00 AM	9/2/2022 10:28:00 AM	9/2/2022 10:42:08 AM	1
Electrocardiography	9/7/2022 4:41:00 PM	9/7/2022 4:41:00 PM	9/7/2022 5:43:46 PM	1
CT	9/12/2022 9:22:00 AM		1/26/2023 12:09:50 PM	1
MRI	9/19/2022 5:03:00 PM		2/15/2023 11:30:28 AM	1
CT	9/23/2022 12:11:00 PM		10/19/2022 2:28:55 PM	1
CT	9/23/2022 9:53:00 AM		11/4/2022 1:16:28 PM	1

MRI	9/26/2022 11:57:00 AM		11/7/2022 2:56:41 PM	1
MRI	10/3/2022 2:26:00 PM		10/5/2022 2:42:45 PM	1
X-Ray	10/5/2022 7:59:00 AM	10/5/2022 7:59:00 AM	10/5/2022 8:46:12 AM	1
Ultrasound	10/4/2022 3:22:00 PM		1/5/2023 11:44:17 AM	1
Ultrasound	10/11/2022 10:23:50 AM		1/9/2023 3:23:08 PM	1
X-Ray	10/12/2022 12:16:00 PM	10/12/2022 12:16:00 PM	10/12/2022 4:14:26 PM	1
Ultrasound	10/12/2022 8:15:00 AM		8/17/2023 2:38:36 PM	1
Ultrasound	10/16/2022 2:30:00 PM		2/21/2023 12:07:14 PM	1
Ultrasound	10/18/2022 5:02:00 PM		1/5/2023 9:30:15 AM	1
Ultrasound	10/24/2022 2:43:18 PM		11/10/2022 2:56:48 PM	1
Ultrasound	10/24/2022 2:01:00 PM		7/7/2023 8:59:39 AM	1
Ultrasound	10/31/2022 2:30:00 PM		1/9/2023 9:44:31 AM	1
MRI	11/1/2022 5:11:00 PM		3/27/2023 8:21:06 AM	1
CT	11/3/2022 9:18:00 AM		12/13/2022 10:43:44 AM	1
CT	11/3/2022 9:18:00 AM		12/13/2022 10:44:15 AM	1
CT	11/3/2022 9:18:00 AM		12/13/2022 10:36:33 AM	1
CT	11/3/2022 10:38:00 AM		11/7/2022 12:57:52 PM	1
CT	11/4/2022 9:54:00 AM		5/22/2023 2:07:23 PM	1
Ultrasound	11/16/2022 4:56:00 PM		4/12/2023 1:43:39 PM	1
CT	11/16/2022 4:11:00 PM	1/25/2023 10:30:00 AM	1/3/2023 11:36:00 AM	1
CT	11/16/2022 4:11:00 PM	1/25/2023 10:30:00 AM	1/3/2023 11:36:00 AM	1
Ultrasound	11/3/2022 1:42:00 PM		1/12/2023 8:01:53 AM	1
X-Ray	11/22/2022 6:27:00 PM	11/22/2022 6:01:00 PM	11/22/2022 7:20:40 PM	1
X-Ray	11/22/2022 6:51:00 PM	11/22/2022 6:51:00 PM	11/22/2022 7:20:49 PM	1
X-Ray	11/23/2022 8:05:00 AM	11/23/2022 8:05:00 AM	11/23/2022 8:11:09 AM	1
Interventional Radiology	10/3/2022 3:57:00 PM			1
Electrocardiography	12/1/2022 8:00:00 AM	12/1/2022 8:00:00 AM	12/1/2022 9:35:54 AM	1
Ultrasound	12/1/2022 9:00:00 AM	12/7/2022 1:30:00 PM	12/5/2022 11:33:00 AM	1
Ultrasound	12/4/2022 7:38:00 PM	12/5/2022 2:15:00 PM	12/5/2022 9:08:00 AM	1
Ultrasound	12/6/2022 11:54:00 AM	12/9/2022 1:00:00 PM	12/9/2022 8:00:00 AM	1
CT	12/9/2022 8:42:00 AM		2/6/2023 11:24:20 AM	1
Mammography	12/13/2022 2:48:00 PM	12/14/2022 11:00:00 AM	12/14/2022 11:19:00 AM	1
Ultrasound	12/18/2022 2:37:00 PM		1/17/2023 1:12:17 PM	1
X-Ray	12/20/2022 8:16:00 PM	12/20/2022 8:15:00 PM	12/20/2022 9:55:14 PM	1
CT	12/19/2022 11:12:00 AM		1/16/2023 2:03:18 PM	1
Bone Density	12/22/2022 3:27:00 PM		2/23/2023 9:56:39 AM	1
MRI	12/22/2022 4:00:00 PM			1
MRI	12/22/2022 11:44:00 AM	1/17/2023 11:00:00 AM	1/13/2023 10:50:00 AM	1
CT	1/6/2023 2:52:00 PM		6/5/2023 3:32:43 PM	1
MRI	12/28/2022 6:00:00 AM		3/16/2023 10:53:44 AM	1
Electrocardiography	1/15/2023 12:49:00 AM	1/15/2023 12:49:00 AM	1/15/2023 1:24:56 AM	1
Ultrasound	1/18/2023 4:35:00 PM		4/14/2023 2:58:00 PM	1
Ultrasound	1/19/2023 8:02:00 AM		6/7/2023 11:39:34 AM	1
MRI	1/26/2023 1:46:00 PM		1/31/2023 7:37:53 AM	1
MRI	1/26/2023 1:46:00 PM		1/31/2023 7:37:53 AM	1
CT	1/31/2023 11:06:00 AM		4/2/2023 1:32:50 PM	1
X-Ray	2/1/2023 3:02:00 PM		6/9/2023 9:43:17 AM	1
Ultrasound	2/12/2023 6:21:00 PM		4/4/2023 12:12:04 PM	1
Ultrasound	2/8/2023 6:00:00 AM		8/4/2023 10:19:14 AM	1
CT	2/20/2023 9:49:00 AM	2/20/2023 11:58:00 AM	2/20/2023 12:16:41 PM	1
CT	2/20/2023 9:49:00 AM	2/20/2023 11:58:00 AM	2/20/2023 12:16:45 PM	1
Ultrasound	2/19/2023 7:00:00 AM		6/4/2023 8:56:18 AM	1
Ultrasound	2/22/2023 1:43:00 PM		6/7/2023 8:31:49 AM	1
Ultrasound	11/25/2022 1:48:00 PM	3/23/2023 8:30:00 AM	3/27/2023 8:38:00 AM	1
MRI	3/1/2023 6:24:00 PM		6/21/2023 9:14:11 AM	1

CT	3/20/2023 7:42:00 AM	4/13/2023 4:30:00 PM	4/6/2023 10:13:00 AM	1
CT	3/24/2023 4:13:00 PM		4/16/2023 11:11:34 AM	1
CT	3/24/2023 4:13:00 PM		4/16/2023 11:11:34 AM	1
CT	3/16/2023 3:36:00 PM	4/13/2023 4:30:00 PM	4/6/2023 10:05:00 AM	1
Ultrasound	3/27/2023 12:54:00 PM		3/28/2023 9:11:40 AM	1
Interventional Radiology	1/20/2023 9:45:00 AM		6/13/2023 11:21:22 AM	1
Total				93



Ministry of Health Policy Instrument

Type:	Policy Directive
Policy Name:	Medical Imaging Waitlist Management

Version:	FINAL
Effective Date:	July 13, 2021
Division/Branch:	Health Services Division
Ministry Contact:	Teri Collins, ADM
Document Number:	2021-03
Date:	July 13, 2021



Deputy Minister
Ministry of Health



MEDICAL IMAGING WAITLIST MANAGEMENT

POLICY OBJECTIVE

The objectives of this policy are to ensure:

- Optimal management and improvement of the waitlists for *outpatient medical imaging (MI) services* in order to meet expectations for timeliness of access;
- Waitlist and wait time information is collected, and it is standardized, accurate, reliable, and comparable across the province; and
- Care provided is person-centred by enhancing patient communications and increasing access, choice, and transparency.

Expected Impact on Health Outcomes and Service Attributes

Measurable expected impacts include:

1. Accessibility: Reducing wait times for *advanced imaging services*, specifically for magnetic resonance imaging (MRI), computed tomography (CT), and positron-emission tomography/CT (PET/CT).
2. Appropriateness: Eliminating any unnecessary duplicate services and decreasing the number of inappropriate and/or low-utility scans.
3. Efficiency: Improved waitlist management practices for MI waitlists; and report accurate, reliable, and comparable data about waitlists and wait times.

DEFINITIONS

Definitions can be found in Appendix A for words that are *italicized* on first appearance in this policy.

SCOPE

This policy applies to all publicly funded outpatient MRI, CT, and PET/CT scans in British Columbia, regardless of whether the imaging takes place at a public or private site. Inpatients and emergency patients are out-of-scope, as they are not scheduled procedures or placed on a *waitlist*.

BACKGROUND

Health authorities have implemented a coordinated approach for the intake of MRI requisitions that takes into consideration any health authority regional variation (e.g., physical geographic size, number of units). The elements of this include:

- *Central Intake*: the establishment of one regional portal, whether virtual or physical, to accept MRI requisitions to reduce duplicate bookings and scans; and
- *Pooled Referral Scheduling*: the process where requisitions will be pooled for MRI scheduling purposes so that patients can be offered:
 - the earliest appropriate appointment available within an established region (e.g., multiple MRI facilities within 250 kilometres radius) to reduce their wait time; or
 - an appointment at the facility of the patient’s choice or a *referring practitioner’s* preference within the region, to increase patient choice.
- Work continues to expand single entry models to include other attributes and modalities.

POLICY DIRECTION

1. Reviewing of Requisitions

1. Each requisition received should be reviewed for completeness and appropriateness; and checked to ensure it is not a duplication (i.e., the patient is already waitlisted for the same procedure) or an unnecessary repeat scan before it is accepted.
2. All accepted requisitions should be entered into the *pending / requested queue* within 7 days of receipt. Those requisitions requiring a higher urgency should be dealt with right away as clinically required and entered into the pending queue as soon as possible.
3. If the requisition is incomplete or does not meet the initial appropriateness criteria, then the requisition should not be added to the pending / requested queue.
4. A rejected requisition must be returned to the referring practitioner notifying them of the reasons and / or requesting the outstanding required information.
5. Once in the pending / requested queue, a requisition should be assigned a provincial standardized *priority level* and protocols sequence by the radiologist, or another health care professional trained in triaging advanced imaging requisitions.
6. The priority level submitted into the *Medical Imaging Wait Time (MIWT) database* must be the one assigned by the provincial best practices. If the priority level indicated on the requisition (if provided) is revised by the radiologist after reviewing the requisition, then the priority level must also be revised in the pending / requested queue. If the priority level is revised during the wait due to a change in the patient’s clinical condition, then their priority level in the pending / requested queue does not need to be adjusted.
7. Patients must be notified once their requisition has been accepted to inform them that they are added to a waitlist and be provided with the following information:
 - a. The proposed procedure (with plain language description) and any additional preparation instructions;
 - b. Details on who to contact if:
 - i. They need to *postpone* / reschedule their appointment;
 - ii. They have questions about their scan;
 - iii. Their clinical condition changes; and
 - iv. They have already received the scan requested; and

- c. That they can be removed from the waitlist if:
 - i. They are unavailable for more than 6 months;
 - ii. They have refused 3 appointment dates (outside of unavailable time) for non-clinical reasons; or
 - iii. They have failed on more than 2 occasions to attend their appointment without adequate notice or extenuating circumstances, as defined by the facility's policy (see section 4.4 e-g).

2. Scheduling Patients

1. The scheduling of a patient's scan will be done according to the following principles:
 - a. The patient's clinical priority, as indicated by the radiologist or another health care professional trained in triaging advanced imaging;
 - b. The date the requisition was received; and
 - c. Availability of the required resources and capacity.
2. To promote the most effective and efficient use of available resources and capacity, the pooling of referrals to a facility with lower wait times and offer patients a choice of sites in order to expedite their appointment, if appropriate, should be facilitated.
3. Flexibility will be maintained for radiologists to make changes to the scheduled appointment, where they feel it is clinically required or based on the availability of the necessary resources.
4. Once booked, the patient must be advised that they have an appointment and be provided with the following information:
 - a. Date, time, and location of their appointment;
 - b. The proposed procedure (with plain language description) and any additional preparation instructions;
 - c. Details on what to do upon arrival;
 - d. Details on who to contact if:
 - i. They need to postpone / reschedule their appointment;
 - ii. They have questions about their scan;
 - iii. Their clinical condition changes; and
 - iv. They have already received the scan requested; and
 - e. That they can be removed from the waitlist if:
 - i. They are unavailable for more than 6 months;
 - ii. They have refused 3 appointment dates (outside of unavailable time) for non-clinical reasons; or
 - iii. They have failed on more than 2 occasions to attend their appointment without adequate notice or extenuating circumstances, as defined by the facility's policy.
5. Referring practitioner should be advised of the date and the scan their patient has been booked for.

6. It is allowable for a patient to be unavailable during their wait for their scan for clinical and / or non-clinical reasons. Up to 3 periods of *patient unavailable time* are permitted. Each unavailable period must be a minimum of 2 weeks, and the sum of the unavailable periods cannot exceed 6 months, except in exceptional circumstances which must be documented.
7. A standardized process should be implemented to review and update unavailability information in a timely and consistent manner.
8. Patients will be sent an appointment reminder by a method supported by system capabilities or patient choice / consent (e.g., phone call, email, text). Appointment reminders will be received by patients up to 72 hours before their scheduled appointment to reduce no-shows.

3. Postponed Appointments

1. Every attempt must be made to fill a *newly available appointment* with an appropriate replacement in order to reduce unused operating hours. Newly available appointments occur when there is a postponement by a patient or a change in staffing and/or scheduling that allows for increased operating hours by the facility on short notice.
2. When a postponement by the facility occurs, an offer of an acceptable new date must occur within an acceptable period of time for that case.
3. When a postponement occurs, either by the facility or the patient, a reason for the postponement must be recorded and submitted to the MIWT database.
4. A standardized process should be implemented to fill all postponed and newly available appointments in a timely and consistent manner.
5. If a patient refuses to take the newly available appointment when offered due to the short notice, they will retain their original appointment or spot on the waitlist. This refusal will not count against a patient's 3-strike appointment refusals (see section 4.5.f) for waitlist clean-up purposes.

4. Review of Waitlists

1. Waitlists, including the pending / requested queue and the *booked / scheduled queue*, must be reviewed at least once every 6 months to support waitlist cleanup and ensure data integrity. More frequent review is encouraged.
2. A standardized process should be implemented to review waitlists in a consistent manner that identifies *long-waiters*, removes patients meeting certain criteria from the waitlist and removes any accidental duplicate requisitions.
3. Discretion should be exercised on a case-by-case basis to avoid disadvantaging patients who are suffering hardship, a misunderstanding, or other extenuating circumstances.
4. Identified long-waiters must be managed accordingly, including checking to confirm they are booked as soon as possible and / or offered another facility with a lower wait time.
5. Criteria for patients to be removed from the waitlist includes if they:
 - a. Have since deceased according to provincial records;

- b. Can no longer proceed with the appointment due to their clinical condition;
 - c. No longer wish to undergo the scan;
 - d. Had their scan completed elsewhere;
 - e. Have been unavailable for more than 6 months;
 - f. Have refused 3 appointment dates, outside of patient unavailable time or were not a newly available appointment slots, for non-clinical reasons;
 - g. Have failed on more than 2 occasions to attend their appointment without adequate notice or extenuating circumstances, as defined by the facility's policy; or,
 - h. Cannot be contacted on more than 3 separate occasions when all reasonable efforts have been made to contact the patient.
6. Duplicate requisitions should be removed from the waitlist, with only the duplicate referral removed.
 7. A patient must be informed if they have been removed from a waitlist, along with the reason(s) why.
 8. The referring practitioner must also be notified if their patient has been removed from a waitlist, along with the reason(s) why.
 9. Patients removed from a waitlist during clean-up audit should be marked as *cancelled* with a cancellation reason selected.
 10. Cancelled appointments are removed from the waitlist and not rescheduled. If the patient still requires a scan after being cancelled, a new requisition will be required unless the appointment was cancelled in error.

5. Data Quality and Analysis

1. Health authorities will provide timely and accurate information on wait times for medical imaging exams to the provincial MIWT database, where the Ministry has established provincial standards, definitions, and procedures for such reporting. MIWT is currently limited to MRI, CT, and PET/CT, but other modalities will be added in future years.
2. Health authorities will submit data from pending / requested and booked / scheduled queues, as well as completed and cancelled cases each period to MIWT.
3. Health authorities will regularly review their internal waitlist data for compliance with the business rules and for quality. Corrections to data in MIWT and improvement initiatives should be undertaken as needed, to ensure that the data is accurate and of high quality. To facilitate data validation with MIWT, health authorities should have internal reports using approaches aligned with the Ministry's.
4. Health authorities will use standard, provincial definitions of the elements that make up wait times and waitlists as well as standard methodologies (including data inclusions and exclusions) for calculating wait times and other waitlist metrics.
5. Health authorities will use the standard, provincial methodology for modelling growth and waitlists.

MONITORING AND EVALUATION

1. Health authorities will provide requested information to the Ministry to ensure compliance with waitlist management expectations, including:
 - Date(s) of waitlist audit;
 - The number of long-waiter patients;
 - The number of long-waiter patients that were re-scheduled; and
 - The number of patients removed from waitlist, as per policy criteria (see section 4.4)
2. The Ministry will monitor and evaluate performance against the following defined indicators designed to measure expected policy outcomes:
 - The number of days patients waited for an MI exam (*encounters completed wait times or retrospective wait times*) by modality and priority level;
 - The number of days patients are waiting for an MI exam (*encounters waiting wait times or prospective wait times*) by modality and priority level; and
 - The number of encounters waiting for an MI exam by modality and priority level.
3. Where appropriate, the Ministry will also work collaboratively with stakeholders and partners to develop additional, meaningful performance indicators to track and provide insight into performance.

REVIEW AND QUALITY IMPROVEMENT

1. The policy will be refreshed as needed and reviewed at a minimum every three years.
2. The policy may also be reviewed by the Ministry, in consultation with external stakeholders.
3. The Ministry will use information from evaluations to understand the performance of the policy, areas of success, and areas for further quality improvement.

APPENDIX A: DEFINITIONS

Term	Definition
<i>Advanced Imaging Services</i>	Imaging modalities including MRI, CT, and PET/CT.
<i>Booked / Scheduled queue</i>	A queue of patients waiting for their appointment, after their requisitions have been accepted and they have been booked for a procedure. In MIWT, this queue is also referred to as Booked Encounters Waiting.
<i>Cancelled / Cancellations / Cancelled Appointment</i>	A booked appointment that is cancelled and is not re-scheduled. A cancellation is removed from the waitlist and the reason for cancellation is entered. For a patient to be placed back on a waitlist a new requisition is required unless the appointment was cancelled in error.
<i>Central Intake</i>	A single point of contact from which a health authority / group of practitioners receives referrals / requisitions.
<i>Encounters Completed Wait Times (or Retrospective wait times)</i>	Retrospective wait times measured in days for a patient from when their requisition is received by the health authority to the date when the patient receives their scan.
<i>Encounters Waiting Wait Times (or Prospective Wait Times)</i>	Prospective wait times measured in days for patients who are still currently waiting for a scan. This includes patients who are waiting in the pending / requested queue and the booked / scheduled queue. This definition differs from the Canadian Association of Radiologists (CAR), which defines prospective data as the time in calendar days until the third next available appointment in the appropriate priority category.
<i>Long-waiters</i>	A patient who has been waiting longer than a defined period of time for their appointment. The period will be defined each year in a ministry mandate.
<i>Medical Imaging (MI) (or Diagnostic Imaging) Services</i>	Services include the use of imaging modalities that may use ionizing radiation, high frequency sound waves, or magnetic fields and radio waves to produce detailed images of the human body for diagnostic and treatment purposes.
<i>Medical Imaging Wait Time (MIWT) Database</i>	The Ministry of Health's database that captures outpatient MRI, CT and PET/CT wait times from health authority facilities for reporting priority levels 1 to 4
<i>Newly Available Appointment(s)</i>	An appointment slot that has been created through a postponement or a change in staffing and/or scheduling that allows for increased operating hours. Newly available appointments are created on shorter notice and may be harder to book a patient for as it will require telephone communication to confirm a patient can attend the newly available appointment.
<i>Outpatient</i>	Services provided to patients in community facilities and outpatient area(s) of hospital facilities. These services require a requisition to book an appointment.

<i>Patient Unavailable Time</i>	A period during which a patient is unavailable to schedule a procedure for clinical and / or non-clinical reasons. When reporting adjusted wait times this time is subtracted from the patient's overall wait time. A period of unavailable time is a minimum of 2 weeks, and total patient unavailable time cannot exceed 6 months.
<i>Pending / Requested Queue</i>	A queue of patients, in which their requisitions have been accepted, but they have not been scheduled or booked for an appointment. In MIWT, this queue is also referred to as Entered Encounters Waiting.
<i>Pooled Referral(s)</i>	A model of care that directs patients to the next available practitioner / appointment while still allowing referring practitioners to make direct referrals to a specific practitioner / facility, depending on the patient's choice (or a referring practitioner's) preference. This includes a method of determining the next available practitioner / appointment at the point of contact and triage. Pooled referrals involve directing the patient to the next available practitioner / appointment for consult and/or procedure.
<i>Postpone / Postponement / Postponed Appointment</i>	An appointment that is postponed or deferred to a later time / date. A patient with a postponed appointment remains on the waitlist. The reason for the postponement must be recorded in the MIWT database.
<i>Priority Level(s)</i>	Patients are assigned a priority level for their MRI, CT and ultrasound procedure based on clinical indications. The priority levels, and their associated time interval benchmarks, used in BC were developed by CAR. These include: <ul style="list-style-type: none"> ○ Priority 1: Emergent – <i>maximum 24 hours.</i> ○ Priority 2: Urgent - <i>maximum 7 calendar days.</i> ○ Priority 3: Semi-urgent – <i>maximum 30 calendar days.</i> ○ Priority 4: Non-urgent –<i>maximum 60 calendar days.</i> ○ Priority 5: Follow-up – <i>no time interval as they have a specified procedure date.</i>
<i>Referring Practitioner</i>	The health care practitioners that requests a MI service for a patient.
<i>Waitlist(s)</i>	Waitlists for outpatient MI services includes all those for which a requisition has been received but where patients have not yet received their MI service and are queued for a scan. This includes patients in the pending / requested queue and patients in the booked / scheduled queue.