

September 8, 2025

Sent by E-mail

RE: Access Request OH25-034

Dea Kristen,

I am writing to update you on your request under the Freedom of Information and Protection of Privacy Act (FIPPA), which was received on June 25, 2025. You requested the following information:

Please provide data on the number of patients that died in Ontario, while waiting for cardiac surgery in 2024-25. Please break the data out by surgery and case info - date the patient was referred to a specialist, decision date, date for the procedure and date of cancellation. Please also note the government's target time for providing the procedure in question. Please also note the number that died after waiting longer than the maximum recommended wait time and the facilities they were waiting to receive treatment at. (See FOI #OH24-025 for a similar request) Timeframe: 2024/April/ 01 - 2025/March/31

A search has been conducted and the responsive record has been reviewed. A decision has been made to grant access to the responsive record. The official responsible for making the access decision to this record is Matthew Anderson, President and CEO, Ontario Health.

Section 57 of FIPPA requires fees to be charged for processing a request. The fee for processing your request was \$60. The breakdown for your fee is as follows:

\$60 for search time and records preparation based on 2 hours of time @ \$30 per hour

FIPPA provides that all or part of the fee can be waived if in our opinion it is fair and equitable to do so. A decision has been made to waive this fee.

You may request the Information and Privacy Commissioner of Ontario ('the IPC') to review this decision within 30 days from the date of this letter. The IPC's address is Suite 1400, 2 Bloor Street East, Toronto, Ontario, M4W 1A8. The appeal fee for a request like yours is \$25.00, payable by cheque or money order to the Minister of Finance. This fee must be included with your correspondence with the Commissioner's office. You may wish to refer to the IPC website at www.ipc.on.ca, or phone the IPC at 1-800- 387-0073, for details.

Should you have any questions, please contact us. We would appreciate you using our request number OH25-034 in any further correspondence with Ontario Health about this request.

Sincerely,

Adam Roffel
Senior Specialist, Freedom of Information
Ontario Health
foi@ontariohealth.ca



Please provide data on the number of patients that died while on a waiting list for surgery or a procedure in fiscal year 2024-25. Please break the data out by surgery and case info - date the patient was referred to a specialist, decision date, date for the procedure and date of cancellation. Please also note the government's target time for providing the procedure in question. (Note: many hospitals/health regions were able to identify such cases as they track the reason for cancelled operations): April 1, 2024 to March 31, 2025 The data reflects the number of patients who died while on a surgical waitlist during fiscal year 2024–25 (April 1, 2024, to March 31, 2025). Deaths were identified through the Registered Persons Database (RPDB) or the Cardiac Registry. This data include all entries, including those from hospitals with reporting challenges. Caution is advised in interpreting this data as mortality is influenced by numerous comple and interrelated factors, including clinical, socioeconomic, and cultural determinants. The reported volumes do not imply that deaths occurred as a direct result of wait times for surgical procedures. While patients may be listed from unliple procedures or surgeries, each death is recorded as a distinct event. Cardiac Surgeries include: - CABG without valve surgery - Valve surgery without CABG - CABG with valve surgery - Only wait times associated with the following three procedures are tracked by CorHealth and publicly reported against the provincial wait-time targets: 1) Diagnostic cardiac catheterization 2. Percutaneous coronary intervention (PCI) 3. Coronary artery bypass grafting (CABG). Access targets are based on priority levels (urgent, semi-urgent, and elective). If a wait list entry does not specify priority level, these records would not have an associated with the associated with the following three procedures are tracked by CorHealth and publicly reported against the provincial wait-time targets: 1) Diagnostic cardiac catheterization 2. Percutaneous coronary i
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Technical Specifications 1. Select all entries from the cardiac registry that meet one of the following: • Referrals during the reporting period (FY2024-2025) • Removals during the reporting period (FY2024-2025) • Removals during the reporting period (FY2024-2025) • Patients referred before the period and who either a) did not get removed, or b) were removed after the reporting period. 2. Exclude entries with removal reason of Procedure Started (PS)" or Technical Specifications • "Oata Entry Error (ER)" 3. Link registry cohort to RPBD using PTN to obtain RPDB death dates 4. Due to multiple data sources for death date, create a consolidated death date variable (final_deathdate) using a hierarchical approach that prioritizes data accuracy: • If RPDB death date is available, final_deathdate = RPDB death date • If RPDB death date is NOT available, and registry death date is available, final_deathdate = registry death date • If RPDB death date is NOT available, and registry death date is NOT available, final_deathdate = removal date only for entries with removal reason of "Patient Died Prior to Procedure (PD)": 5. Limit cohort to records with a consolidated death date 6. To ensure we only include deaths that occurred while patients were actively waiting, Death date must be after the acceptance date, AND • If a removal date exists, the death date must be on or before the removal date 7. Restrict cohort to deaths occurring within reporting period 8. For records with a valid PTN (i.e., PTN not equal to '-99'), keep only one record per patient (deaths should be counted as distinct events)
Date Data as of June 11, 2025
Data source Cardiac Registry (DCIS); Registered Persons Database

Number of patients that died after waiting longer than the wait time target for cardiac surgery,					
Facility Name	Number of Deaths				
Hamilton Health Sciences	LV				
London Health Sciences Centre	LV				
Southlake Regional Health Centre	0				
Trillium Health Partners	LV				
Unity Health Toronto	0				
University Health Network	0				
University of Ottawa Heart Institute	0				
LV indicates low volumes (between 1 and 6) that	at have been suppressed in acc	cordance with OF	l's Small Cell :		

ServiceArea_ServiceDetail1
Cardiac Procedure - Valve surgery without CABG
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Cardiac Procedure - Valve surgery without CABG

Decision_to_Treat_Date	Referral_Date	Removal_Date	No Procedure Reason	Wait_Target (where applicable/ assigned)
 18-Jul-23	28-Feb-23	_	Patient Death	
18-Nov-24	2-Oct-24	12-Jan-25	Patient Death	
27-Mar-25	27-Mar-25		Patient Death	
3-Jul-24			Patient Death	
1-Sep-24	30-Aug-24	6-Sep-24	Patient Death	
18-Jun-24	21-May-24		Patient Death	
19-Sep-24	4-Sep-24	28-Jan-25	Patient Death	42
26-Aug-24	26-Aug-24	28-Aug-24	Patient Death	14
10-Oct-24	10-Oct-24	21-Oct-24	Patient Death	14
24-Jan-24	3-Jan-24	8-Apr-24	Patient Death	
14-Feb-25	11-Feb-25	28-Feb-25	Patient Death	
18-Apr-24	18-Apr-24	18-Apr-24	Patient Death	
8-Nov-23	27-Jun-23	26-Aug-24	Patient Death	
20-Feb-25	18-Feb-25	8-Mar-25	Patient Death	
11-Sep-24	29-Aug-24		Patient Death	90
20-Nov-24	29-Oct-24	5-Mar-25	Patient Death	
28-Jun-24	8-May-24	16-Feb-25	Patient Death	
10-May-24	9-May-24	19-Jun-24	Patient Death	42
18-Apr-24	18-Apr-24	25-Apr-24	Patient Death	
3-Oct-24	3-Oct-24	5-Oct-24	Patient Death	14
1-Aug-24	19-Jun-24	11-Oct-24	Patient Death	90
13-Apr-23	16-Mar-23	9-Jul-24	Patient Death	
3-Oct-24	26-Jun-24	17-Dec-24	Patient Death	
1-Oct-24	23-Sep-24	10-Nov-24	Patient Death	
31-Oct-24	30-Oct-24	8-Nov-24	Patient Death	
31-Oct-24	11-Oct-24	1-Mar-25	Patient Death	
31-Dec-24	23-Dec-24	7-Jan-25	Patient Death	
18-Jun-24	27-May-24	4-Jul-24	Patient Death	
10-Jul-24	8-May-24	23-Sep-24	Patient Death	90
13-Sep-24	12-Sep-24		Patient Death	42
21-Jan-25	28-Aug-24	25-Feb-25	Patient Death	
7-Sep-23	29-Jun-23		Patient Death	
12-Mar-24	9-Feb-24		Patient Death	42
20-Jun-24			Patient Death	42
12-Mar-24	9-Feb-24	1-Sep-24	Patient Death	