

# Methodology

*Building on Strong Foundations:  
Inaugural Report on Quality in  
Colonoscopy, Mammography  
and Pathology*

Quality Management Partnership

# Colonoscopy: Background Analysis

Information in Report	Technical Specifications	Data Source, Coverage and Limitations
<b>Total number of colonoscopies</b>	<p>Sum of:</p> <p>A. Hospital colonoscopy procedures were identified using the following CCI codes from CIHI-DAD, CIHI-NACRS (2NK70BABJ, 2NM70BABJ, 2NK71BABJ, 2NK71BRBJ, 2NM71BABJ, 1NM59BAGX, 1NM59BAHB, 1NM87BA, 2NM71BRBJ, 1NQ87BA)</p> <p>Hospital colonoscopy volume was reported by LHIN: LHIN assignment was based on the institution where the procedure was performed.</p> <p>B. OHP colonoscopy procedures were identified using the OHIP fee code E749A.</p>	<p>Year of the data: 2014.</p> <p>Data source: CIHI-DAD, CIHI-NACRS, OHIP.</p> <p>Note: All colonoscopies done in hospitals and in OHPs are counted.</p>
<b>Number of physicians who performed colonoscopy</b>	<p>Physicians performing colonoscopy were identified by CCO. Physicians who billed &gt;5 colonoscopies on individuals age 18 and over in 2014 were included.</p> <p>Colonoscopy procedure defined as: OHIP record with fee codes Z555A, Z491A to Z499A, excluding Z555A with or without E740 alone and Z496 with or without E740 alone.</p> <p>Total numbers of physicians performing colonoscopy by LHIN were based on primary practice address in CPSO records for 2015.</p>	<p>Year of the data: 2014, 2015.</p> <p>Data source: OHIP for physician performing colonoscopy identified by CCO, CPSO for physician specialty and LHIN.</p> <p>Limitation: The following exclusions were applied to the number of physicians performing colonoscopy by LHIN:</p> <ul style="list-style-type: none"> <li>• 26 physicians who had missing practice addresses, expired certificates of practice or practices outside of Ontario, or were deceased were not included.</li> <li>• 2 physicians who had valid but new practice addresses that could not be mapped to LHINs were not counted either.</li> </ul>
<b>Number of hospitals where colonoscopy is provided</b>	<p>Number of hospitals where colonoscopy procedures were performed.</p> <p>Hospital locations were plotted using the facility postal code.</p>	<p>Year of the data: 2014.</p> <p>Data source: CIHI-DAD, CIHI-NACRS.</p> <p>Note: Hospitals with ≤5 colonoscopies per year were excluded.</p>
<b>Number of OHPs where colonoscopy is provided</b>	<p>Number of OHPs where colonoscopy procedures were performed.</p> <p>OHP locations were plotted using facility's postal code.</p>	<p>Year of the data: 2014.</p> <p>Data source: CPSO's OHPIP maintains records of premises that perform colonoscopy and/or gastroscopy <a href="http://cpso.on.ca/Public-Register/Out-of-Hospital-Premises-Listing">cpso.on.ca/Public-Register/Out-of-Hospital-Premises-Listing</a>.</p> <p>Additional clinics identified from the Ontario Association of Clinic Endoscopists <a href="http://oace.ca">oace.ca</a>.</p>
<b>Population age 18 and over in Ontario</b>	<p>Population projections for individuals age 18 and over.</p>	<p>Year of data: 2014.</p> <p>Data source: Statistics Canada, Ontario Ministry of Finance.</p>

Notes: CIHI-DAD = Canadian Institute for Health Information-Discharge Abstract Database, CIHI-NACRS = Canadian Institute for Health Information-National Ambulatory Care Reporting System, CPSO = College of Physicians and Surgeons of Ontario, LHIN = Local Health Integration Network, OHIP = Ontario Health Insurance Plan, OHP = out-of-hospital premises, OHPIP = Out-of-Hospital Premises Inspection Program.

# Colonoscopy: Quality Indicators

Indicator	Calculation	Technical Specifications	Data Source, Coverage and Limitations
<b>Total Colonoscopy Volume per Endoscopist</b> Total annual colonoscopy volume per endoscopist.	Total annual colonoscopy volume per endoscopist.	Inclusion and technical specifications: <ul style="list-style-type: none"> <li>Total number of inpatient and outpatient colonoscopies per endoscopist performed on individuals age 18 and over.</li> <li>Colonoscopy procedure defined as: OHIP record with fee codes Z555A, Z491A–Z499A, excluding Z555A with or without E740 alone and Z496 with or without E740 alone.</li> </ul>	Year of the data: 2014. Data source: OHIP, RPDB.  Limitation: Definition of colonoscopies was developed to exclude flexible sigmoidoscopies, but may also have excluded some incomplete colonoscopies.
<b>Inadequate Bowel Preparation</b> Percentage of outpatient colonoscopies with poor bowel preparation.	<u>Denominator:</u> Total number of outpatient colonoscopies.  <u>Numerator:</u> Number of outpatient colonoscopies with poor bowel preparation.	Inclusion and technical specifications: <ul style="list-style-type: none"> <li>Outpatient colonoscopies performed on individuals age 18 and over.</li> </ul>	Year of the data: 2014. Data source: CIRT, RPDB.  Limitation: Hospitals that submit colonoscopy data to CIRT only.
<b>Outpatient Polypectomy</b> Percentage of outpatient colonoscopies in which $\geq 1$ polyp(s) were removed.	<u>Denominator:</u> Total number of outpatient colonoscopies.  <u>Numerator:</u> Number of outpatient colonoscopies where $\geq 1$ polyp(s) were removed.	Inclusion and technical specifications: <ul style="list-style-type: none"> <li>Outpatient colonoscopies performed on individuals age 50 and older.</li> <li>Polypectomy defined as: OHIP record with fee codes Z570A, Z571A or E685A on colonoscopy date for the same individual and by the same endoscopist.</li> </ul>	Year of the data: 2014. Data source: OHIP, CIHI-DAD, CIHI-NACRS, RPDB, PCCF.
<b>Outpatient Cecal Intubation</b> Percentage of outpatient colonoscopies where cecum or terminal ileum was reached.	<u>Denominator:</u> Total number of outpatient colonoscopies.  <u>Numerator:</u> Number of outpatient colonoscopies where cecum or terminal ileum was reached.	Inclusion and technical specifications: <ul style="list-style-type: none"> <li>Outpatient colonoscopies performed on individuals age 18 and over.</li> <li>Colonoscopy where cecum or terminal ileum was reached defined as: OHIP record with fee codes E747A or E705A on colonoscopy date for same individual and by the same endoscopist.</li> </ul> Exclusions: <ul style="list-style-type: none"> <li>Individuals who had right hemicolectomy, total colectomy or abdominoperineal resection on or prior to index date, using OHIP codes S166A (right hemicolectomy), S168 (subtotal colectomy with ileostomy) S169A, S170A, S172A (total colectomy), S214A, S215A (abdominal-perineal resection), S217A (Hartman procedure).</li> </ul>	Year of the data: 2014. Data source: OHIP, CIHI-DAD, CIHI-NACRS, RPDB, PCCF.  Limitation: Because bowel preparation is limited to CIRT data only, colonoscopies with poor bowel preparation were not excluded, nor were those with obstructing lesions.  Definition of colonoscopies in the denominator was developed to exclude flexible sigmoidoscopies, but may also have excluded some incomplete colonoscopies.

Indicator	Calculation	Technical Specifications	Data Source, Coverage and Limitations
<p><b>Post-Polypectomy Bleeding</b> Percentage of outpatient colonoscopies with polypectomy where patient was admitted to hospital with lower gastrointestinal bleeding within 14 days of procedure.</p>	<p><u>Denominator:</u> Total number of outpatient colonoscopies where <math>\geq 1</math> polyp(s) were removed.</p> <p><u>Numerator:</u> Number of outpatient colonoscopies followed by hospital admissions for post-polypectomy bleeding within 14 days of colonoscopy.</p>	<p>Inclusion and technical specifications:</p> <ul style="list-style-type: none"> <li>• Outpatient colonoscopies performed on individuals age 50 and over where <math>\geq 1</math> polyp(s) was removed.</li> <li>• Polypectomy defined as OHIP record with fee codes Z570A, Z571A or E685A on colonoscopy date for same individual and by the same endoscopist.</li> <li>• Polypectomy associated bleeding was defined when a patient was admitted to hospital with T810 as one of the diagnosis codes within 14 days following colonoscopy with polypectomy.</li> </ul>	<p>Year of the data: 2014. Data source: OHIP, CIHI-DAD, CIHI-NACRS, RPDB, PCCF.</p>
<p><b>Outpatient Perforation</b> Number of outpatient colonoscopies where patient was admitted to hospital with perforation within 7 days of procedure, per 1,000 colonoscopies.</p>	<p><u>Denominator:</u> Total number of outpatient colonoscopies.</p> <p><u>Numerator:</u> Number of outpatient colonoscopies followed by hospital admissions for perforation within 7 days of colonoscopy.</p>	<p>Inclusion and technical specifications:</p> <ul style="list-style-type: none"> <li>• Outpatient colonoscopies performed on individuals age 18 and over.</li> <li>• Colonoscopy perforation defined by an algorithm that included admission to hospital with T812 as one of the diagnosis codes within 7 days following the colonoscopy.</li> </ul>	<p>Year of the data: 2014. Data source: OHIP, CIHI-DAD, CIHI-NACRS, RPDB, PCCF.</p>
<p><b>CRC Detection</b> Percentage of outpatient colonoscopies where CRC was detected within 6 months of procedure.</p>	<p><u>Denominator:</u> Total number of outpatient colonoscopies.</p> <p><u>Numerator:</u> Number of outpatient colonoscopies where CRC was detected within 6 months of colonoscopy.</p>	<p>Inclusion and technical specifications:</p> <ul style="list-style-type: none"> <li>• Outpatient colonoscopies performed on individuals age 50 and over.</li> <li>• Detected CRC defined as CRC recorded in OCR within 6 months of procedure.</li> </ul> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>• Individuals with a prior history of CRC.</li> </ul>	<p>Year of the data: 2013. Data source: OHIP, OCR, RPDB, PCCF.</p>
<p><b>Post-Colonoscopy CRC</b> Percentage of outpatient colonoscopies negative for CRC where CRC was diagnosed within 6–36 months of procedure.</p>	<p><u>Denominator:</u> Total number of outpatient colonoscopies negative for CRC.</p> <p><u>Numerator:</u> Number of outpatient colonoscopies negative for CRC where CRC was diagnosed within 6–36 months of colonoscopy.</p>	<p>Inclusion and technical specifications:</p> <ul style="list-style-type: none"> <li>• Outpatient colonoscopies performed on individuals age 50 and over.</li> <li>• Negative for CRC defined as no CRC record in OCR within 6 months of procedure.</li> <li>• Post-colonoscopy CRC defined as individuals in whom CRC was diagnosed within 6–36 months of their colonoscopy.</li> </ul> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>• Individuals with a prior history of CRC and those with diagnosis of CRC within 6 months of colonoscopy.</li> <li>• Individuals who died without a diagnosis of CRC in the follow-up period or moved out of province after the colonoscopy.</li> </ul>	<p>Year of the data: 2011. Data source: OHIP, OCR, RPDB, PCCF.</p>

Indicator	Calculation	Technical Specifications	Data Source, Coverage and Limitations
<p><b>Colonoscopy Within 8 Weeks of Positive FOBT</b></p> <p>Percentage of individuals with an abnormal FOBT result who underwent colonoscopy within the 8 week benchmark after the abnormal screen date.</p>	<p><u>Denominator:</u> Total number of individuals with an abnormal FOBT result.</p> <p><u>Numerator:</u> Number of individuals with an abnormal result, who underwent colonoscopy within 8 weeks of the abnormal FOBT result.</p>	<p>Inclusion and technical specifications:</p> <ul style="list-style-type: none"> <li>• Individuals age 50–74.</li> <li>• Colonoscopy defined as a record in CIRT or in OHIP with fee codes Z555A, Z491A–Z499A.</li> <li>• Abnormal FOBT results were identified by CCC program FOBT records in LRT.</li> </ul> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>• Individuals with a prior invasive CRC or a total colectomy.</li> <li>• Total colectomy was defined as a record in OHIP with fee codes S169A, S170A, and S172A.</li> </ul>	<p>Year of the data: 2013. Data source: LRT, OCR, RPDB, PCCF, OHIP, CIRT.</p> <p>Limitation: CCC program FOBTs only.</p>
<p><b>Colonoscopy Within 26 Weeks for Family History</b></p> <p>Percentage of colonoscopies within the 26 week benchmark for individuals with family history of CRC.</p>	<p><u>Denominator:</u> Total number of individuals referred for a colonoscopy because of family history.</p> <p><u>Numerator:</u> Number of individuals with family history who underwent a colonoscopy within 26 weeks of referral.</p>	<p>Inclusion and technical specifications:</p> <ul style="list-style-type: none"> <li>• Individuals age 18 and over.</li> <li>• Only outpatient and non-scheduled colonoscopies are included.</li> </ul>	<p>Year of the data: 2014. Data source: CIRT.</p> <p>Limitation: Hospitals that submit colonoscopy data to CIRT only.</p>
<p><b>Positive FOBT Follow-Up</b></p> <p>Percentage of individuals who had an abnormal FOBT result and underwent colonoscopy within 6 months of the abnormal FOBT date.</p>	<p><u>Denominator:</u> Total number of individuals with an abnormal FOBT result.</p> <p><u>Numerator:</u> Number of individuals with an abnormal FOBT result, who underwent colonoscopy within 6 months of the abnormal FOBT result.</p>	<p>Inclusion and technical specifications:</p> <ul style="list-style-type: none"> <li>• Individuals age 50–74.</li> <li>• Colonoscopy defined as a record in CIRT or in OHIP with fee codes Z555A, Z491A–Z499A.</li> <li>• Abnormal FOBT results were identified by CCC program FOBT records in LRT.</li> </ul> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>• Individuals with a prior invasive CRC or a total colectomy.</li> <li>• Total colectomy was defined as a record in OHIP with fee codes S169A, S170A, and S172A.</li> </ul>	<p>Year of the data: 2013. Data source: LRT, OCR, RPDB, PCCF, OHIP, CIRT.</p> <p>Limitation: CCC program FOBTs only.</p>

Notes: CCC = ColonCancerCheck, CIHI-DAD = Canadian Institute for Health Information-Discharge Abstract Database, CIHI-NACRS = Canadian Institute for Health Information-National Ambulatory Care Reporting System, CIRT = Colonoscopy Interim Reporting Tool, CRC = colorectal cancer, FOBT = fecal occult blood test, LRT = Laboratory Reporting Tool, OCR = Ontario Cancer Registry, OHIP = Ontario Health Insurance Plan, PCCF = Postal Code Conversion File, RPDB = Registered Persons Database.

# Mammography: Background Analysis

Information in Report	Technical Specifications	Data Source, Coverage and Limitations
<b>Total number of mammograms</b>	<p>Mammogram defined as a record in OHIP with fee codes X172, X178, X184, X185 or X194, or in ICMS.</p> <p>Total mammogram volume was reported by LHIN of residence for women age 30 and over.</p>	<p>Year of the data: 2014. Data source: OHIP and ICMS.</p>
<b>Number of radiologists who read mammography</b>	<p>Radiologists were identified by CCO. Radiologists who billed &gt;5 mammograms in 2014 for women age 18 and over were counted.</p> <p>Mammogram defined as OHIP record with fee codes X172, X178, X184, X185 or X194.</p> <p>Total number of radiologists who read mammography by LHIN was based on primary practice address in CPSO records for 2015.</p>	<p>Year of the data: 2014, 2015. Data source: OHIP for radiologists reading mammograms identified by CCO, CPSO for physician specialty and LHIN.</p> <p>Limitation: The following exclusions were applied to the number of radiologists who read mammography by LHIN:</p> <ul style="list-style-type: none"> <li>• 20 physicians who had missing practice addresses, expired certificates of practice or practices outside of Ontario, or were deceased.</li> <li>• 2 physicians who had valid but new practice addresses that could not be mapped to LHINs.</li> </ul>
<b>Number of hospitals where mammography is provided</b>	<p>Hospital information was from OHIP or ICMS.</p> <p>Hospital locations were plotted using facility's postal code from a hospital list maintained by CCO.</p>	<p>Year of the data: 2014. Data source: OHIP, ICMS.</p>
<b>Number of IHFs where mammography is provided</b>	<p>Number of IHFs that are licensed to provide mammography services. A listing of active IHFs is available on the MOHLTC website.</p> <p>IHF locations were plotted using facility's postal code.</p>	<p>Valid as of Jul. 2015. Data source: MOHLTC Website; <a href="http://health.gov.on.ca/en/public/programs/ihf/facilities.aspx">health.gov.on.ca/en/public/programs/ihf/facilities.aspx</a>.</p>
<b>Number of mobile coaches where mammography is provided</b>	<p>OBSP data provided by CCO.</p>	<p>Valid as of Jul. 2015.</p>
<b>Women age 30 and over population in Ontario</b>	<p>Population of women age 30 and over was calculated from RPDB and plotted using residential postal code.</p>	<p>Year of data: 2014. Data source: RPDB.</p>
<b>Number of facilities participating and not participating in the OBSP</b>	<p>Data provided by CCO.</p>	<p>Valid as of Jul. 2015.</p>
<b>Number of radiologists who read mammography at OBSP facilities and non-OBSP facilities</b>	<p>OBSP mammogram was defined as a record in ICMS. Non-OBSP mammogram was defined as a record in OHIP with fee codes X172, X178, X184, X185 or X194.</p>	<p>Year of the data: Jan to Mar, 2015. Data source: OHIP, ICMS.</p>
<b>IHF assessment outcomes and associated image reviews</b>	<p>Data provided by CPSO.</p>	<p>Valid as of Jul. 2015.</p>

Information in Report	Technical Specifications	Data Source, Coverage and Limitations
<b>CAR-MAP accreditation status of mammography facilities</b>	From a survey of mammography facilities between Oct 17 and Nov 14, 2014, with additional follow-up for facilities that did not provide information. In total, 229 out of 248 (92%) mammography facilities completed the survey.	Valid as of Nov. 2014.
<b>Number of facilities and units using film screen and direct radiography technology</b>	From a survey of mammography facilities between Oct 17 and Nov 14, 2014, with additional follow-up for facilities that did not provide information. In total, 229 out of 248 (92%) mammography facilities completed the survey.	Valid as of Nov. 2014.
<b>Number of sites participating in digital imaging and report repository</b>	From a survey of mammography facilities between Oct 17 and Nov 14, 2014, with additional follow-up for facilities that did not provide information. In total, 229 out of 248 (92%) mammography facilities completed the survey.	Valid as of Nov. 2014.

Notes: CAR-MAP = Canadian Association of Radiology Mammography Accreditation Program, CCO = Cancer Care Ontario, CPSO = College of Physicians and Surgeons of Ontario, ICMS = Integrated Client Management System, IHF = Independent Health Facility, LHIN = Local Health Integration Network, OBSP = Ontario Breast Screening Program, OHIP = Ontario Health Insurance Program, RPDB = Registered Persons Database.

# Mammography: Quality Indicators

Indicator	Calculation	Technical Specifications	Data Source, Coverage and Limitations
<p><b>Abnormal Calls</b> Percentage of women with an abnormal screening mammogram referred for further testing.</p>	<p><u>Denominator:</u> Total number of women who had a screening mammogram.</p> <p><u>Numerator:</u> Number of women who had a screening mammogram who were referred for further testing because of an abnormal screening mammogram.</p>	<p>Inclusion and technical specifications:</p> <ul style="list-style-type: none"> <li>Average risk women, age 50–74, who had a screening mammogram.</li> </ul>	<p>Year of the data: 2013. Data Source: ICMS.</p> <p>Limitations: OBSP facilities only.</p>
<p><b>Positive Predictive Value</b> Percentage of women with an abnormal screening mammogram who were diagnosed with invasive breast cancer or DCIS after diagnostic work-up.</p>	<p><u>Denominator:</u> Total number of women who had an abnormal screening mammogram.</p> <p><u>Numerator:</u> Number of women who had an abnormal screening mammogram with a screen-detected breast cancer diagnosis (invasive or DCIS).</p>	<p>Inclusion and technical specifications:</p> <ul style="list-style-type: none"> <li>Average risk women, age 50–74, who had an abnormal screening mammogram.</li> </ul> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>Women with final result unknown/lost to follow-up.</li> </ul>	<p>Year of the data: 2013. Data Source: ICMS.</p> <p>Limitations: OBSP facilities only.</p>
<p><b>Invasive Cancer Detection Rate</b> Number of women with a screen-detected invasive breast cancer per 1,000 screens</p>	<p><u>Denominator:</u> Total number of women who had a screening mammogram.</p> <p><u>Numerator:</u> Number of women with a final diagnosis of screen-detected invasive breast cancer.</p>	<p>Inclusion and technical specifications:</p> <ul style="list-style-type: none"> <li>Average risk women, age 50–74, who had a screening mammogram.</li> </ul> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>Women with final result unknown/lost to follow-up.</li> </ul>	<p>Year of the data: 2012. Data Source: ICMS.</p> <p>Limitations: OBSP facilities only.</p>
<p><b>DCIS Detection Rate</b> Number of women with a screen-detected DCIS breast cancer per 1,000 screens.</p>	<p><u>Denominator:</u> Total number of women who had a screening mammogram.</p> <p><u>Numerator:</u> Number of women with a final diagnosis of screen-detected DCIS breast cancer.</p>	<p>Inclusion and technical specifications:</p> <ul style="list-style-type: none"> <li>Average risk women, age 50 and over, who had a screening mammogram.</li> </ul> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>Women with final result unknown/lost to follow-up.</li> </ul>	<p>Year of the data: 2010-2012. Data Source: ICMS.</p> <p>Limitations: OBSP facilities only.</p>
<p><b>Tumour Size</b> Percentage of screen-detected invasive breast cancers <math>\leq 1</math> cm.</p>	<p><u>Denominator:</u> Total number of screen-detected invasive breast cancers where tumour size was assessed.</p> <p><u>Numerator:</u> Number of screen-detected invasive breast cancers where tumour size was <math>\leq 1</math> cm in greatest diameter.</p>	<p>Inclusion and technical specifications:</p> <ul style="list-style-type: none"> <li>Average risk women, age 50 and over, who had a screening mammogram with a final diagnosis of screen-detected invasive breast cancer.</li> </ul> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>Invasive cancers with missing tumour size information.</li> </ul>	<p>Year of the data: 2010-2012. Data Source: ICMS.</p> <p>Limitations: OBSP facilities only.</p>



Indicator	Calculation	Technical Specifications	Data Source, Coverage and Limitations
<b>Nodal Involvement</b> Percentage of screen-detected invasive breast cancers in which the cancer has not invaded the axillary lymph nodes.	<u>Denominator:</u> Total number of screen-detected invasive breast cancers where axillary lymph nodes were assessed.  <u>Numerator:</u> Number of screen-detected invasive breast cancers with negative axillary lymph nodes.	Inclusion and technical specifications: <ul style="list-style-type: none"> <li>Average risk women, age 50 and over, who had a screening mammogram with a final diagnosis of screen-detected invasive breast cancer.</li> </ul> Exclusions: <ul style="list-style-type: none"> <li>Women whose invasive cancers were missing axillary lymph node information.</li> </ul>	Year of the data: 2010-2012. Data Source: ICMS.  Limitations: OBSP facilities only.
<b>Post-Screen Invasive Cancer Rate</b> Number of post-screen invasive breast cancers found after a normal mammography screening episode within 12 months, per 10,000 normal screens.	<u>Denominator:</u> Total number of normal screens.  <u>Numerator:</u> Number of post-screen invasive breast cancers diagnosed within 12 months of a normal screening mammogram.	Inclusion and technical specifications: <ul style="list-style-type: none"> <li>Average risk women, age 50 and over, who had a normal screening mammogram.</li> </ul> Exclusions: <ul style="list-style-type: none"> <li>Women with final result unknown/lost to follow-up.</li> </ul>	Year of the data: 2009-2011. Data Source: ICMS.  Limitations: OBSP facilities only.
<b>Breast Cancer Screening Abnormal Follow-up (Wait Time to First Assessment)</b> Percentage of women with an abnormal screening mammogram who had their initial assessment procedure within 3 weeks of the abnormal screen date.	<u>Denominator:</u> Total number of women with an abnormal screening mammogram.  <u>Numerator:</u> Number of women with an abnormal screening mammogram, who underwent their initial assessment procedure within 3 weeks of the abnormal screen date.	Inclusion and technical specifications: <ul style="list-style-type: none"> <li>Average risk women, age 50–74, who had an abnormal screening mammogram.</li> </ul>	Year of the data: 2013. Data Source: ICMS.  Limitations: OBSP facilities only.
<b>Breast Cancer Screening Diagnostic Interval (Wait Time to Diagnosis Without Tissue Biopsy)</b> Percentage of women with an abnormal screening mammogram who were diagnosed without tissue biopsy within 5 weeks of the abnormal screen date.	<u>Denominator:</u> Total number of women with an abnormal screening mammogram.  <u>Numerator:</u> Number of women with an abnormal screening mammogram, who were diagnosed without a tissue biopsy (core or surgical) within 5 weeks of the abnormal screening mammogram.	Inclusion and technical specifications: <ul style="list-style-type: none"> <li>Average risk women, age 50–74, who had an abnormal screening mammogram.</li> </ul> Exclusions: <ul style="list-style-type: none"> <li>Women with final result unknown/lost to follow-up.</li> </ul>	Year of the data: 2013. Data Source: ICMS.  Limitations: OBSP facilities only.
<b>Breast Cancer Screening Diagnostic Interval (Wait Time to Diagnosis With Tissue Biopsy)</b> Percentage of women with an abnormal screening mammogram who were diagnosed with tissue biopsy within 7 weeks of the abnormal screen date.	<u>Denominator:</u> Total number of women with an abnormal screening mammogram.  <u>Numerator:</u> Number of women with an abnormal screening mammogram, who were diagnosed with a tissue biopsy (core or surgical) within 7 weeks of the abnormal screening mammogram.	Inclusion and technical specifications: <ul style="list-style-type: none"> <li>Average risk women, age 50–74, who had an abnormal screening mammogram.</li> </ul> Exclusions: <ul style="list-style-type: none"> <li>Women with final result unknown/lost to follow-up.</li> </ul>	Year of the data: 2013. Data Source: ICMS.  Limitations: OBSP facilities only.

Notes: DCIS = ductal carcinoma in situ, ICMS = Integrated Client Management System, OBSP = Ontario Breast Screening Program.

# Pathology: Background Analysis

Information in Report	Technical Specifications	Data Source, Coverage and Limitations
<b>Number of laboratories where histopathology services are provided</b>	The number of laboratories where histopathology services are provided (80 laboratories) was based on a review of 2015 Ontario Laboratory Accreditation data available through the Institute for Quality Management in Healthcare's Centre for Accreditation website, as well as on additional follow-up with laboratory directors.	<a href="http://iqmh.org/Services/Centre-For-Accreditation/Accredited-Laboratories#accreditedlabs">iqmh.org/Services/Centre-For-Accreditation/Accredited-Laboratories#accreditedlabs</a>  Information was abstracted from the site in April 2015.
<b>Number and percentage of histopathology labs that are academic facilities, small community facilities, medium to large community facilities, private laboratories</b>	This list of 80 laboratories was based on a review of 2015 Ontario Laboratory Accreditation data available through the Institute for Quality Management in Healthcare's Centre for Accreditation website, as well as on additional follow-up with laboratory directors (for further details see technical specifications listed under the QMP pathology provincial baseline survey results).  Facilities were defined as follows: <ul style="list-style-type: none"> <li>• Academic—facilities classified as Group A on the Public Hospitals Act MOHLTC list (<a href="http://health.gov.on.ca/en/common/system/services/hosp/hospcode.aspx">health.gov.on.ca/en/common/system/services/hosp/hospcode.aspx</a>) as well as one facility within the University of Toronto.</li> <li>• Community—non-academic, non-private facilities.</li> <li>• Private—non-public, for-profit facilities.</li> </ul>	<a href="http://iqmh.org/Services/Centre-For-Accreditation/Accredited-Laboratories#accreditedlabs">iqmh.org/Services/Centre-For-Accreditation/Accredited-Laboratories#accreditedlabs</a>  Information was abstracted from the site in April 2015.
<b>Figure 3: Regional overview of the pathology facilities in Ontario</b>	Laboratories that provide histopathology services were plotted using latitude and longitude coordinates. The coordinates for each laboratory were obtained using the facility's postal code in PCCF+6A.  Postal code information was accessed through the Ontario Laboratory Accreditation data available at through the Institute for Quality Management in Healthcare's Centre for Accreditation website.	<a href="http://iqmh.org/Services/Centre-For-Accreditation/Accredited-Laboratories#accreditedlabs">iqmh.org/Services/Centre-For-Accreditation/Accredited-Laboratories#accreditedlabs</a>
<b>Table 9: Number of anatomical pathologists</b>	Physicians were included if all of the following criteria were met: <ol style="list-style-type: none"> <li>1. Certified or recognized in anatomical pathology only (i.e., not certified or recognized in any other specialty or sub-specialty).</li> <li>2. On CPSO's 2014 Annual Renewal Survey, indicated that they practiced medicine in Ontario.</li> <li>3. As of July 2015: <ol style="list-style-type: none"> <li>a. considered an "active member" (i.e., alive, paid dues).</li> <li>b. has a practice address (primary or secondary) in Ontario.</li> </ol> </li> </ol>	Years of the data: 2014, 2015. Data source: CPSO.  Limitations: Information provided on the Annual Renewal Survey is self-reported and may not necessarily reflect actual practice. Physicians who may have been active members in 2014 may not currently be active.
<b>Table 9: Number of general pathologists</b>	Physicians were included if all of the following criteria were met: <ol style="list-style-type: none"> <li>1. Certified or recognized in general pathology only (i.e., not certified or recognized in any other specialty or subspecialty).</li> <li>2. On CPSO's 2014 Annual Renewal Survey, indicated that they practiced medicine in Ontario.</li> <li>3. As of July 2015: <ol style="list-style-type: none"> <li>a. considered an "active member" (i.e., alive, paid dues).</li> <li>b. has a practice address (primary or secondary) in Ontario.</li> </ol> </li> </ol>	Years of the data: 2014, 2015. Data source: CPSO.  Limitations: Information provided on the Annual Renewal Survey is self-reported and may not necessarily reflect actual practice. Physicians who may have been active members in 2014 may not currently be active.

Notes: CPSO = College of Physicians and Surgeons of Ontario, MOHLTC = Ministry of Health and Long-Term Care, PCCF = Postal Code Conversion File.

# Pathology: Survey Results

Information in Report	Technical Specifications	Data Source, Coverage and Limitations
<p><b>QMP pathology provincial baseline survey</b></p>	<p>Laboratory directors were asked to complete the pathology provincial baseline survey. The laboratory director could choose to delegate the completion of the survey to the pathologist local quality lead, as applicable. In the case where one individual was director or quality lead for multiple pathology laboratory sites encompassed within the same institution, they were asked to fill out a separate survey for each site, or provide a single survey for multiple sites under their direction that share a quality management committee/ plan/procedures.</p> <p>Directors of all active surgical pathology laboratory sites in Ontario were contacted to solicit participation. This list of laboratory sites was based on a review of 2015 Ontario Laboratory Accreditation data available through the Institute for Quality Management in Healthcare's Centre for Accreditation website, as well as on additional follow-up with laboratory directors.</p> <p>For the purposes of this report, survey information was requested for every pathology laboratory holding a histopathology accreditation. Each was counted as a distinct laboratory site, with a few exceptions. Many institutions house more than one pathology laboratory, usually at different geographic locations, each holding their own histopathology lab accreditation. Where there is more than one pathology laboratory holding a histopathology accreditation within the same institution, each accredited laboratory was counted as a distinct site, unless it was determined that histopathology laboratory services are not provided from that site. In the case where the laboratory director indicated that the quality management committees, plans and practices are shared among multiple sites within one institution, a survey combining information from these sites was accepted, but each histopathology accredited laboratory was counted as a distinct site for the purposes of analysis. Where the histopathology laboratory license was issued to a multi-site institution with no site name specified on the license, it was assumed that there was one histopathology laboratory site housed at the institution's site sharing the same address as that on the histopathology laboratory accreditation.</p>	<p><a href="http://iqmh.org/Services/Centre-For-Accreditation/Accredited-Laboratories#accreditedlabs">iqmh.org/Services/Centre-For-Accreditation/Accredited-Laboratories#accreditedlabs</a></p> <p>Information was abstracted from the site in April 2015.</p>