OECD Health Statistics 2025
Definitions, Sources and Methods

Waiting times for selected elective surgeries

Measurement approaches and units:
Waiting times from specialist assessment to treatment: Mean (days)
Waiting times from specialist assessment to treatment: Median (days)
Waiting times from specialist assessment to treatment: % of all patients waiting more than 3 months
Waiting times of patients on the list: Mean (days)
Waiting times of patients on the list: Median (days)
Waiting times of patients on the list: % of all patients waiting more than 3 months

Selected procedures (non-emergency/elective):
Cataract surgery - ICD-9-CM (1996): 13.1--13.8
Percutaneous transluminal coronary angioplasty (PTCA) - ICD-9-CM (1996): 36.01, 36.02, 36.05
Coronary bypass - ICD-9-CM (1996): 36.1
Prostatectomy - ICD-9-CM (1996): 60.2, 60.3--60.6
Hysterectomy - ICD-9-CM (1996): 68.3--68.7; 68.9
Hip replacement (total and partial, including the revision of hip replacement) - ICD-9-CM (1996): 81.51--81.53
Knee replacement (including the revision of knee replacement) - ICD-9-CM (1996): 81.54--81.55

Definitions

Waiting times from specialist assessment to treatment includes the time elapsed for patients on the non-emergency (elective) surgery waiting list from the date they were added to the waiting list for the procedure (following specialist assessment) to the date they were admitted for treatment.

Inclusion
- All publicly-funded patients (including patients who have received the treatment either by publicly- or privately-owned providers).

Exclusion
- The time elapsed from the date of referral of the general practitioner to the date of specialist assessment (in some countries, this is referred to as 'outpatient waiting time').

Waiting times of patients on the list includes the time elapsed for patients on the non-emergency (elective) surgery waiting list from the date they were added to the waiting list for the procedure (following specialist assessment) to a designated census date.

Exclusion
- The time elapsed from the date of referral of the general practitioner to the date of specialist assessment (in some countries, this is referred to as 'outpatient waiting time')

Measurement units

Mean (days): The mean (average) number of days that patients have been waiting for each procedure.

Median (days): The median is the number of days separating evenly the higher half of patients who have waited the most from the other half who have waited the least. (Compared with the mean, the median reduces the influence of outliers, that is, patients who have been waiting for a very long time).

Percentage of all patients waiting more than three months: The number of patients waiting more than three months divided by all patients (treated or on the waiting list).

Sources and Methods

Australia

Sources:
Median (days):
- 2019 onwards: AIHW analysis of the **AIHW Elective Surgery Waiting Times Data Collection**.
- 2011-18: **Australian Institute of Health and Welfare (AIHW)**. Australian Hospital Statistics: elective surgery waiting times. Canberra: AIHW.
- 2001-2010: **Australian Institute of Health and Welfare (AIHW)**. Australian Hospital Statistics. Canberra: AIHW.
Mean (days) and percentage of all patients waiting more than three months:
- 2014 onwards: AIHW analysis of the **AIHW Elective Surgery Waiting Times Data Collection**.
Methodology: The year reported is the financial year 1 July to 30 June (e.g. 2019-20 is reported as 2019).
- The waiting times data presented are for patients who complete their wait and are admitted for surgery as either an elective or emergency admission. The number of days a patient waits for elective surgery is calculated as the number of calendar days between the date the patient was placed on the waiting list and the date that the patient was admitted. The number of days waited does not include the time waited for the initial appointment with the specialist (from the time of referral by the patient's general practitioner [GP]).
- Data are for patients admitted from elective surgery waiting lists managed by public hospitals. This includes private patients in public hospitals and may include public patients treated in private hospitals.
- Procedure codes based on ICD-10-AM Classification:
ICD-10-AM Classification 2nd Edition Codes available on Metadata Online Registry (METeOR) - http://meteor.aihw.gov.au/content/item.phtml?itemId=273297&nodeId=file41fd72b54494b&fn=Indicator%20procedure,%20version%203,%20DE,%20NHDD,%20NHIMG,%20Superseded%2001/03/2005.pdf.
ICD-10-AM Classification 3rd Edition Codes available on Metadata Online Registry (METeOR) - http://meteor.aihw.gov.au/content/index.phtml/itemId/269991.
ICD-10-AM Classification 5th Edition Codes available on Metadata Online Registry (METeOR) - http://meteor.aihw.gov.au/content/index.phtml/itemId/334976.
ICD-10-AM Classification 7th Edition Codes available on Metadata Online Registry (METeOR) - http://meteor.aihw.gov.au/content/index.phtml/itemId/472513.
ICD-10-AM Classification 8th Edition Codes available on Metadata Online Registry (METeOR) - http://meteor.aihw.gov.au/content/index.phtml/itemId/514033.
ICD-10-AM Classification 9th Edition Codes available on Metadata Online Registry (METeOR) - https://meteor.aihw.gov.au/content/index.phtml/itemId/637500.
ICD-10-AM Classification 10th Edition Codes available on Metadata Online Registry (METeOR) - https://meteor.aihw.gov.au/content/index.phtml/itemId/683718.
ICD-10-AM Classification 11th Edition Codes available on Metadata Online Registry (METeOR) - https://meteor.aihw.gov.au/content/index.phtml/itemId/717635.
- Cataract extraction (11th edition):
42698-05 [200] 42698-06 [200] 42698-07 [200] 42698-08 [200] 42705-00 [200] 42731-01 [200] 90077-00 [203] 42734-01 [203].
- Coronary artery bypass graft (11th edition):
38497-00 [672] 38497-01 [672] 38497-02 [672] 38497-03 [672] 38497-04 [673] 38497-05 [673] 38497-06 [673] 38497-07 [673] 38500-00 [674] 38503-00 [674] 38500-01 [675] 38503-01 [675] 38500-02 [676] 38503-02 [676] 38500-03 [677] 38503-03 [677] 38503-04 [678] 38500-04 [678] 38503-05 [679] 90201-00 [679] 90201-01 [679]
90201-02 [679] 90201-03 [679] 38500-05 [679].
- Prostatectomy (11th edition):
37200-03 [1167] 37200-04 [1167] 37200-05 [1167] 37203-06 [1166] 37209-00 [1167] 37209-01 [1166] 37210-00 [1167] 37210-01 [1166] 37211-00 [1167] 37211-01 [1166] 37224-00 [1162] 37224-03 [1166] 90407-00 [1168] 90408-00 [1162] 90408-02 [1162].
- Hysterectomy (11th edition):
35653-00 [1268] 35653-01 [1268] 35653-05 [1268] 35653-07 [1268] 35657-00 [1269] 35667-00 [1268] 35667-01 [1269] 35667-02 [1268] 35667-03 [1269] 35750-00 [1269] 90450-00 [989] 90450-01 [989] 90450-02 [989].

- Total hip replacement (11th edition):
47522-00 [1489] 49312-00 [1489] 49315-00 [1489] 49318-00 [1489] 49319-00 [1489] 90607-00 [1489] 90607-01 [1489].
- Total knee replacement (11th edition):
49517-00 [1518] 49518-00 [1518] 49519-00 [1518] 49521-00 [1519] 49521-01 [1519] 49521-02 [1519] 49521-03 [1519] 49524-00 [1519] 49524-01 [1519] 49534-01 [1518].
Deviation from the definition: Waiting times are from placement on waiting lists as waiting times from specialist assessment are not collected in this collection. Data are based on the *Intended procedure*/*Indicator procedure* data element, which includes the procedure codes noted above.
Break in time series in 2019: From 2019-20, Urgency category 3 was cancelled and restrictions were placed on Urgency category 2 in March 2020, in addition to restrictions in some jurisdictions during 2020-21 due to COVID-19. This should be taken into account when interpreting changes over time in the data.
Break in time series in 2016 for total hip replacement and total knee replacement: For 2016-17, *Intended procedure* replaced *Indicator procedure*. Changes over time in data definitions should be taken into account during interpretation. For total hip replacement and total knee replacement for 2016-17, the intended surgical procedure may not be equivalent to the corresponding indicator procedure.
Further information: Further information on the data is available at https://www.aihw.gov.au/getmedia/b48d753a-196a-4231-8b18-8bb46d408270/Elective-surgery-waiting-times-201819-Appendixes.pdf.aspx.

Austria

Data not available.

Belgium

Data not available.

Canada

Sources:
1. Provincial wait time representatives from each province submit **provincial summary level wait time data and volumes of procedures** to the **Canadian Institute for Health Information** (CIHI) annually. Provinces submit data for wait times for hip replacements, knee replacements, prostate cancer surgery, Coronary Artery Bypass Graft (CABG) and cataract surgery. Data are from provincial registries or chart audits.
2. These data are published annually in a wait time reporting system which can be found at https://www.cihi.ca/en/explore-wait-times-for-priority-procedures-across-canada. More information on each annual release can be found at https://secure.cihi.ca/estore/productSeries.htm?pc=PCC395.
Coverage:
- Data include all procedures that are publicly funded under the provincial health plans.
- Data for ages 18 years old or over are included.
- Other population inclusions and exclusions are noted below for each procedure. CIHI calculates provincial volumes for each procedure and cross-checks with volumes provided by provinces to ensure coverage matches definitions agreed to.
- Canadian wait times are based on the *International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Canada (ICD-10-CA) and the Canadian Classification of Health Interventions (CCI)*. The codes are based on inclusions and exclusions to the procedure definitions. Below are the ICD-10-CA/CCI codes used to select procedures:

- Cataract surgery - CCI: 1.CL.89^^ AND any diagnosis of ICD-10-CA: H25^, H26^ or H28^. (except H28.8* Other disorders of lens in diseases classified). Note: Includes first eye only and all priority levels. Bilateral cataract removal counts as a single wait.
- Coronary bypass - CABG (CCI: 1.IJ.76^^) alone.
- Prostatectomy (including complete resection of the prostate for proven or suspected cases of cancer and pelvic node dissection) - CCI: 1.QT.59^^; 1.QT.87^^; 1.QT.91^^; and excludes (1.QT.87.BA-GX; 1.QT.87.BA-AG; 1.QT.87.BA-AK). The population is defined as any patient who has had a diagnosis of cancer, suspected condition evaluation or prophylactic surgery for risk-factors related to malignant neoplasms.

- Hip replacement (total, including the revision of hip replacement) - CCI: 1.VA.53.LA-PN^ or 1.VA.53.LL-PN^. The population includes primary and revisions for total hip arthroplasties for ages 18 and older but excludes partial hip replacements (as most in Canada are emergent procedures). Bilateral joint replacements count as a single wait.
- Knee replacement (including the revision of knee replacement) - CCI: 1.VG.53^^ or 1.VP.53^^ (except 1.VG.53.LA-SL-N - Cement spacer). Includes primary and revisions for ages 18 and older, bilateral knee replacements count as a single wait.

Methodology: The reference period for the data is April 1st through September 30th of each year or the nearest six month proxy for provinces unable to produce data for the reference period.

Deviation from the definition: The definition of start date for wait time measurement is defined as follows: "Waiting for a health service begins with the booking of a service, which is when the patient and the appropriate physician agree to a service, and the patient is ready to receive it." The definition of finish date for wait time measurement was defined as follows: "Waiting for a service ends when the patient receives the service, or the initial service in a series of treatments or services."

Estimation:

- The median waiting time is an estimation of weighted median for all procedures with the exception of hip fracture repair. The ten provinces provide CIHI with summary level data and volumes. An "all Canada" median wait for hips, knees, CABG, cataracts, prostate cancer surgeryand radiation therapy is calculated using the volumes and summary level data.
- CABG estimates exclude data from the provinces of Prince Edward Island (as cardiac surgery is not done in that province) and Quebec (as data are not comparable).

Break in time series in 2011 for CABG: CIHI and the provinces agreed to comparable wait time definitions with provinces in order to collect comparable data. As a result CIHI is able to report comparable data from 2008 onwards. Since 2011, only isolated CABG is included in the wait time. In previous years, CABG with and without valve was included. In 2022, Ontario resubmitted CABG wait times to better align with the definition.

Further information:

- Provincial Wait Time Information for Canada: https://www.cihi.ca/en/explore-wait-times-for-priority-procedures-across-canada.
- Provincial URLs wait time registries where more specific provincial information is provided. Note: provinces may report data in wait time registries differently than they produce for CIHI report:
    - British Columbia: https://swt.hlth.gov.bc.ca /
    - Alberta: http://waittimes.alberta.ca/
    - Saskatchewan: http://www.sasksurgery.ca/
    - Manitoba: http://www.gov.mb.ca/health/waittime/
    - Ontario: http://www.health.gov.on.ca/en/public/programs/waittimes/
    - Quebec: http://www.msss.gouv.qc.ca/
    - New Brunswick: http://www1.gnb.ca/0217/surgicalwaittimes/index-e.aspx
    - Nova Scotia: http://www.gov.ns.ca/health/waittimes/
    - Prince Edward Island: http://www.healthpei.ca/waittimes
    - Newfoundland and Labrador: http://www.health.gov.nl.ca/health/wait_times/data.html

Chile

Sources:

Health Explicit Warranties Management System (**SIGGES**, meaning Sistema de Gestión de Garantías Explícitas en Salud called GES).

National Repository of Waiting List (Repositorio Nacional de Listas de Espera) until 2018 for the Non-GES cases.

Waiting Time Management System (SIGTE, meaning Sistema de Gestión de Tiempos de Espera which exclude GES) since 2019 for the Non-GES cases.

- Although the information from both sources has unique identifiers per person (RUT), they are not publicly available to the population, but consolidated in the Ministry of Health and from there informed in statistical tables to the authorities. The origin of the data entered in both repositories are clinical management systems existing in each public hospital belonging to the Health Services and a national information system called SIGGES, enabled for the monitoring of GES guarantees.

Coverage: Data include the public sector only (only from public sector hospitals).

Methodology:
- The information submitted is consistent with the OECD definition.
- Data refer to patients waiting for surgery and already submitted to surgery. Both counted from the date of the surgery indication given by the specialist and the date of the procedure.
Procedure codification is not the ICD-9-CM. Data follow a national classification: the classification/codification used for the identification of Surgeries, Procedures and Specialists Assessment is included in the Waiting Lists Registration Technical Standard (*Norma de Registro de Listas de espera*) generated by the Ministry of Health in 2011. Codes included in the analysis:

CODIGO	NOMBRE	Especialidad
12-02-064	Facoéresis extracapsular con implante de lente intraocular (no incluye el valor de la prótesis)	Oftalmología
12-02-164	Facoéresis extracapsular con implante de lente intraocular (incluye el valor de la prótesis)	Oftalmología
19-02-055	Adenoma o cáncer prostático, resección endoscópica	Urología y Nefrología
19-02-056	Adenoma prostático, trat. quir. cualquier vía o técnica abierta	Urología y Nefrología
19-02-057	Tumores malignos de próstata o vesículas seminales, trat. quir. Radical	Urología y Nefrología
20-03-009	Histerect. vía abdom., c/s anexect.uni o bilat.- Sub-total	Ginecología y Obstetricia
20-03-010	Histerect. vía abdom., c/s anexect.uni o bilat.- Total o ampliada	Ginecología y Obstetricia
20-03-011	Ligamento ancho: abscesos y/o hematomas y/o flegmones y/o quistomas y/o várices u otros, trat. quir. (proc. aut.)	Ginecología y Obstetricia
20-03-014	Histerectomía por vía vaginal	Ginecología y Obstetricia
20-03-015	Histerectomía radical con disección pelviana completa de territorios ganglionares, incluye ganglios lumboaórticos (operación de Wertheim o similares)	Ginecología y Obstetricia
20-03-016	Histerectomía total c/intervención incontinencia urinaria, cualquier técnica	Ginecología y Obstetricia
21-04-128	Endoprótesis parcial de caderas c/s cementación (cualquier técnica) (no incluye prótesis)	Traumatología
21-04-129	Endoprótesis total de cadera (no incluye prótesis)	Traumatología
21-04-153	Endoprótesis total de rodilla, (cualquier técnica) (incluye revisión)	Traumatología
21-04-228	Endoprótesis de cadera parcial c/s cementación (cualquier técnica) (incluye prótesis)	Traumatología
21-04-229	Endoprótesis total de cadera (incluye prótesis)	Traumatología
21-04-329	Recambio de endoprótesis total de cadera (incluye prótesis)	Traumatología

Cataract: The source is SIGGES. The waiting list for cataract surgery is composed of 95% of cases covered by "health guarantees" (GES system), its guarantees are 90-180 days. In 2018, for the management of the GES, a specific strategy to decrease delayed cases (beyond 180 days) was implemented, focusing on the most delayed cases that did not exceed 90 days, leading to a decrease in 2018 compared to 2017. In 2019, 95% of the cases are from SIGGES and 5% are from SIGTE.
Hysterectomies and Prostatectomies: Surgery included. This means that the times of intermediate treatments before the surgery (hormonal treatments, for example) are taken into account. For hysterectomies, the data source is SIGGES for 8% of the cases and SIGTE for 92% of the cases. For prostatectomies, the data source is SIGGES for 38% of the cases and SIGTE for 62% of the cases.
Hip replacement:
- The source is System (SIGGES) for 27% of cases and the "Waiting Time Management System" SIGTE for 73% of cases.
- The median number of waiting days for resolved cases grew older in 2022 since over 50% of the patients operated had been waiting for more than 2 years, following measures adopted to resolve old cases. This led to

decreasing the median waiting time for pending cases, from 613 to 408 days, and also led to changes in the mean waiting days. It is worth noting that the cases resolved amounted to 1,959 in 2021 and to 6,554 in 2022.
Knee replacement: The source is SIGTE FOR 100% of the cases, and reported times. Data include the revision of knee replacement.
Break in series:
- For 2013-2015, data were calculated and/or updated using a different approach: (i) when available, waiting times for surgeries included those conducted through Explicit Guarantees Programmes and those not part of this programme. (ii) Waiting times were calculated using the corresponding year dataset and not latest dataset disincorporated by year, as previously done. The case definition used to select the procedures was based on a local definition of clinical conditions, different from ICD-9 (see http://web.minsal.cl/sites/default/files/files/Nueva%20Norma%20de%20Listas%20de%20Espera%202011.pdf, in Spanish).
- The reported Waiting Times reflect the time elapsed between the prescriptions of a surgical procedure by a specialist, until the date this procedure was carried out (specialist to treatment time) OR until the 31 of December of the corresponding year (patients in the list). Therefore, data capture the information of those who receive, or are waiting to receive, a surgery regardless if this surgery is carried out through the Explicit Guarantees Programmed or not. When present, duplicate observations were dropped.
Note: In 2022, the Ministry of Health designed multiple strategies to support the increase in the resolution capacity of hospitals in the country, which was diminished during the years 2020 and 2021 as a result of the measures adopted in health institutions to avoid contagion and face the COVID-19 pandemic. Therefore, the year 2022 was a period of recovery of access to care at all levels, that is, hospitals increased outpatient care and 24-hour care facilities with the aim of addressing delayed care in 2020 and 2021.
In general, in 2022 there was an increase in waiting times for resolved cases due to absorbing pending cases, and a decrease in waiting times for unattended cases, that is, in 2022 people generally wait fewer days than in 2021.
Further information:
http://web.minsal.cl/sites/default/files/files/Nueva%20Norma%20de%20Listas%20de%20Espera%202011.pdf (in Spanish).

Colombia

Waiting times from specialist assessment to treatment:
Source: Data come from the **Social Protection Information System (SISPRO)** warehouse and the report of Indicators from resolution 256 of 2016 of the **Ministry of Health and Social Protection**, which is done quarterly as well as the calculation of the indicators.
Coverage:
- Data include patients whose treatment has been performed by public or private providers (clinics or hospitals), as well as procedures funded with public health system resources, and with private funds (health insurance, prepaid medicine, etc.).
Percutaneous transluminal coronary angioplasty (PTCA): Data include both Coronary Angioplasty and Coronary Bypass.
- The indicator "Waiting times from specialist assessment to treatment" is not measured for Prostatectomy, Hysterectomy, and Knee Replacement.
Methodology:
- Unit of measure: The indicators are only measured through the arithmetic mean (average).
- Colombia measures the days elapsed between the date on which the request is made to the health service provider (clinic or hospital) for scheduling the surgery and the date of the surgery.
- Since the Quality Information System was regulated in 2016, data are only available from 2017 onwards.
- The value for the year 2024 corresponds only to the first quarter.

Waiting times of patients on the list:
Colombia does not measure this indicator; in the country, only some health service providers have implemented waiting lists, but it is not common practice. Additionally, Colombia measures the time it takes insurance companies (Health Promotion Entities – EPS) to authorise the elective procedure. This occurs when the specialist has issued the medical order for the surgery, and it is prior to the request to the health service provider (clinic or hospital) for scheduling the surgery. This indicator is part of the waiting times from specialist evaluation to treatment.

Costa Rica

Data not available.

Czechia

Data not available.

Denmark

Source: The National Patient Register, **The Danish Health Data Authority**.
Coverage:
- Data not available for the year 2019 due to a change in hospital registration and ongoing methodological work.
Data for 2018 and earlier years cannot be compared to data for 2020 onwards because of new methodology and new waiting time definition.
- Data for waiting times from specialist assessment to treatment only. Data are not available for waiting times of patients on the list.
- Data include patients in both private and public hospitals (publicly-funded only) and only include active waiting time. If the patient thus decides to voluntarily wait longer for a surgery, this is not included.
Methodology:
From 2020 onwards: The procedure codes are based on the NOMESCO Classification of Surgical Procedures (Nordic Medico-Statistical Committee):

- Hip replacement: KNFB20-KNFB99, KNFC20-KNFC99 incl. underlying codes
- Knee replacement (including the revision of knee replacement): KNGB, KNGC incl. underlying codes

Up until 2018: The procedure codes are based on the following NOMESCO codes:

Cataract surgery: KCJ
PTCA: KFNF, KFNG
Coronary bypass: KFNA, KFNB, KFNC, KFND, KFNE
Prostatectomy: KKED52, KKED62, KKED72, KKEB02, KKED22, KKED98, KKEW98, KKEC, KKED00, KKED8, KKED96
Hysterectomy: KLCC10
Hip replacement: KNFB, KNFC
Knee replacement (including the revision of knee replacement): KNGB, KNGC, KNGC*

Deviation from the definition: From 2020 onwards, the waiting time is measured from the NOMESCO Classification of Surgical Procedures (see Methodology above) as the waiting time from referral to treatment start based on markers used in The National Patient Register, where the operation is carried out within 3 days of the marker for treatment start. This is the methods used to report waiting times in Denmark.
Deviation from the definition: Data up until 2018 follow the "referral-to-treatment" waiting time definition. For instance, once the patient gets the surgery then the time starts from the GP referral to the specialist visit.
Break in time series in 2020 due to a change in methodology and definition.

Estonia

Source: Estonian Health Insurance Fund (EHIF), Health Insurance Database.
Coverage: Insured population.
Methodology:
Waiting lists are kept electronically by health care providers. After the assessment to treatment, the patient is added to the waiting list by the service provider. After treatment, the service provider has to remove the patient from the list, or else they would not be paid for service. The Estonian Health Insurance Fund (EHIF) coordinates service access using data from e-health.
- The reasons for staying on a waiting list for a long time are different: the patient is not sure about the operation or the proposed time has not been suitable to the patient. Neither service providers nor Health Insurance Fund are permitted to remove persons from the waiting list, even if he or she has refused several possibilities to have the operation performed. In some cases, a patient is added to the list by more than one health care provider if this patient has visited and has been assessed by several different health care providers. After care in one hospital, the patient may remain on the general waiting list added by other provider in single cases.
- Deaths are deleted regularly from the list.
- ICD-10 and NCSP (NOMESCO Classification of Surgical Procedures) codes are used. Codes are checked and added based on received treatment invoices:

- Cataract surgery CJC, CJD, CJE
- Hip replacement NFB, NFC
- Knee replacement NGB, NGC

Revisions are included.
- The NCSP is published in Estonian and in English by the Health and Welfare Information System Centre (www.tehik.ee) and available at the e-health official information centre at https://teabekeskus.tehik.ee/et/loendid/ncsp.

Notes:

Cataract surgery:
- There was a decline in actual waiting times from specialist assessment to treatment from 2009 (mean, median and %), despite waiting times of patients on the list having increased steadily across the reported period (2006-2015). This can be affected by many factors: Estonia has increased funding in 2009 and has not "cleaned out" their waiting list to remove persons who had been there for a long time. Neither service providers nor Health Insurance Fund are permitted to remove persons from the waiting list, even if he or she has refused several possibilities to have the operation performed.

Hip replacement surgery:
- During the cleaning of the waiting lists, it became clear that 2/3 of the people who had been in the waiting list actually no longer needed it, for reasons such as the operation had actually been performed, the patient's health condition did not allow such an operation, the person gave up, was in the queue in several institutions, had died, etc.
- Actual waiting times from specialist assessment to treatment (mean and median) declined significantly during the years 2013-2014. Waiting time guarantee for hip replacement surgery has been shortened at the beginning of 2013 (from 2.5 years to 1.5 years) and funding was increased. Waiting times of patients on the list have been increasing steadily across the period 2006-2014. This is affected mainly by the fact that the waiting list has not been "cleaned out" - persons who have been on the waiting list for a long time (and/or have refused several operations) are not removed from the waiting list. Neither service providers nor Health Insurance Fund are permitted to remove persons from the waiting list, even if he or she has refused several possibilities to have the operation performed.

Knee replacement surgery:
- The sharp drop in waiting times from specialist assessment to treatment: Median (days) between 2007 and 2008 (from 408 days to 306 days) is explained by the Health Insurance Fund board decision to make hip and knee replacement waiting times shorter, and funds were raised for those procedures. Waiting times from specialist assessment to treatment (mean and median) have declined significantly until 2015. Waiting time guarantee for knee replacement surgery has been shortened at the beginning of 2013 (from 2.5 years to 1.5 years) and funding was increased. Waiting times of patients on the list have been increasing steadily across the reported period (2006-2014). This is affected mainly by the fact that the waiting list has not been "cleaned out" - persons who have been on the waiting list for a long time (and/or have refused several operations) are not removed from the waiting list. Neither service providers nor Health Insurance Fund are permitted to remove persons from the waiting list, even if he or she has refused several possibilities to have the operation performed.

Further information: https://tervisekassa.ee/.

Finland

Source: Finnish Institute for Health and Welfare (THL), Care Register.

Methodology: Nomesco Classification for Surgical Procedures NCSP codes, Finnish version:
- Cataract surgery: CJC, CJD, CJE.
- Percutaneous transluminal coronary angioplasty (PTCA): TFN40, TFN50, FN1AT, FN1BT, FN1YT, Heart patient's codes: AN2, AN3, AN4.
- Coronary bypass: FNA, FNB, FNC, FND, FNE, Heart patient's codes: AA1, AA2, AA3, AAX.
- Vaginal hysterectomy: LCC, LCD, LEF.
- Prostatectomy: KEC, KED, LCC, LCD, LEF.
- Total and partial hip replacement (includes the revision of hip replacement): NFB.
- Knee replacement (includes the revision of knee replacement): NGB.

- All inpatient and day cases are included. Waiting time has been calculated for all elective surgeries with known information on waiting time.

- The date of entering the waiting list is the day when the patient is placed in a queue to wait for the inpatient care, day surgery or outpatient treatment. If the treatment date is set immediately (i.e., booked treatment), the date of entering the waiting list is the same as the date the booked treatment was given. The appointment date should be the same, as the physician has decided to give care to the patient (a treatment decision). The appointment date of the treatment period is to be filled in for all patients. In case of on-call arrival to the hospital, transfer from the outpatient clinic to inpatient care, transfer between specialties in the same hospital or hospital transfer, the date of entering the waiting list is the arrival date.
The data provided by hospitals include cases where the date of placing on the treatment line was post-treatment, i.e. they received a negative value. These values have not been included in the information currently reported. Overall, the reliability of the information on the date of placing in a queue can be questioned.
Further information: On 1st March 2005, Finland adopted a new legislation, which states the maximum waiting times for health care services. The waiting times are either three or six months for surgery. If the regions (central hospital districts) exceed the maximum waiting times, the national supervising authority VALVIRA (the National Supervisory Authority for Welfare and Health) may fine the regions. Therefore, the regions very rapidly reduced their waiting lists in 2005-2006 in order to follow the new legislation.
- Further information on the data is available at http://www.thl.fi.

France

Data not available.

Germany

Data not available.

Greece

Note: Administrative data are not available.
- Data for the year 2021 were derived from a survey conducted by **ODIPY (National Organisation for Quality Assurance)** in public hospitals of Athens.

2021 estimates	Waiting times of patients on the list: Mean (days)
Cataract surgery	30.49 (year 2022)
Percutaneous transluminal coronary angioplasty (PTCA)	7
Prostatectomy	16
Hysterectomy	13

- Mean and median days were estimated for the year **2012** from the results of a mini survey of five to eight public hospitals (large hospitals in major cities), see results in the table below.
This survey was conducted by **CHESME members in February 2013** (Center for Health Services Management and Evaluation, Faculty of Nursing, Athens University).
Methodology:
- Data for waiting times are not centrally published hence hospitals had to be contacted separately.
- Data refer to non-emergency patients. The proportion of total patients treated in these hospitals for these specific interventions is not known.
- Waiting times for hip and knee replacements are quite long as the medical materials used for these surgeries may not be available in public hospitals.

2012 estimates	Waiting times from specialist assessment to treatment: Mean (days)	Waiting times from specialist assessment to treatment: Median (days)
Cataract surgery	50.8	15
Percutaneous transluminal coronary angioplasty (PTCA)	12.2	7
Coronary bypass	58.3	30
Prostatectomy	23.1	14

Hysterectomy	23.3	20
Hip replacement (total and partial, including the revision of hip replacement)	186.3	170
Knee replacement	171.3	140

Hungary

Sources:
From 2017 onwards: **National Institute of Health Insurance Fund Management** (NEAK, in Hungarian).
Up to 2016: **Hungarian National Health Insurance Fund** (OEP, in Hungarian).
Methodology:
- The range of medical care based on the obligatory waiting list is regulated by the 287/2006. (XII. 23.) Government Regulation. The national on-line/real-time waiting list is registered by the National Health Insurance Fund (OEP, in Hungarian) and the National Institute of Health Insurance Fund Management (NEAK, in Hungarian), see http://www.neak.gov.hu/felso_menu/szakmai_oldalak/varolista (in Hungarian).
Notes:
- The number of cases treated started to increase in 2022 and 2023, but unfortunately stopped increasing in 2024, to varying degrees from one list to another. The actual waiting time of those treated did not fall back to 2019 levels, and even increased slightly compared to 2023. The situation is more favourable for waiting times for bypass surgery, where waiting times improved slightly, with patients waiting an average of 34 days in 2024 compared to 35 days in 2023, which is also significantly lower than in 2019 (48 days).
- In 2023, the number of treated cases - to a different extent depending on the list – has already started to increase, but the actual waiting time for the beneficiaries has not yet fallen back to the 2019 level. The situation is more favorable with regards to cataract surgery waiting times, where waiting times have improved, with patients waiting an average of 49 days in 2023 compared to 63 days in 2022. Since the proportion of patients waiting more than 90 days continued to rise significantly, more than 70% of patients wait more than 90 days for knee and hip replacement surgery.
Compared to 2019, in 2023 the number of care cases decreased by only 8% in the observed circle, but at the same time, the number of those currently actively waiting increased significantly.
- In 2022, the number of treated cases - to a different extent depending on the list - already started to increase, but the actual waiting time of those treated increased, of which the wait for Bypass surgeries is an exception. Patients who have not yet been treated are already waiting time spent, as well as the proportion of those waiting more than 90 days is still at a significantly elevated level. Compared to 2019, the number of care cases in 2022 fell by only 8% in the observed circle, but at the same time, the number of those currently actively waiting increased significantly.
- In 2021, the supply situation deteriorated further due to the COVID-19 pandemic. Given that a significant proportion of the surgeries involved are planned and delayed surgeries, a high number of surgeries have been postponed. The actual waiting time for patients increased only slightly because during the epidemic, emergency care was provided after a shorter waiting time. However, the number of days spent on the waiting list is a good indication of the consequence of the postponement among those still waiting; the value of this indicator has increased significantly over the previous year.
- In 2020, due to the COVID-19 pandemic, the supply situation deteriorated significantly. Given that a significant proportion of the surgeries involved are planned and delayed surgeries, a high number of surgeries have been postponed. The actual waiting time for those with care increased only slightly, because during the emergency period, emergencies were treated after a shorter waiting period, including between the two pandemic waves. However, the number of days spent on the waiting list is a good indication of the consequence of the postponement among those still waiting; the value of this indicator has increased significantly over the previous year.
Coverage:
- In case of **prostatectomy** and **hysterectomy**, only surgeries with non-cancer indications must be registered.
- In case of **hip and knee replacement** waiting list for orthopedic and traumatology reasons, surgeries must be registered. In addition to the operations already mentioned, **cataract surgery** and **PTCA** are part of the mandatory waiting lists. In these cases, the waiting time register (and the statistics) cover the data of all publicly-funded healthcare providers in Hungary.
- The **coronary bypass operation** is not listed under the obligatory-waiting list surgeries. But the obligation managing the waiting-list extended to all sort of interventions, where the waiting time in some institution is

more than 60 days due to lack of capacity. In Hungary this surgical procedure can be performed by seven institutions, three of them opened the waiting list in the national system until 2020. The number of institutions leading the waiting list increased to four in 2021, and to five from 2022 to 2023. This change, despite the same methodology, affected the evolution of the data.
Note: The important decrease in waiting times between 2016 and 2017 is due to the fact that the government provided a special budget for the fastest management of patients waiting the longest for **cataract surgery**, **knee replacement surgery**, and **hip replacement surgery**. Data for 2016 and 2017 thus reflect this intervention.
Deviation from the definition: The National Health Insurance Fund (OEP) and the National Institute of Health Insurance Fund Management (NEAK, in Hungarian) do not use the ICD- nor the ICD- code system for in-hospital performed interventions, but a Hungarian-developed health interventions coding system (OENO, in Hungarian), based on the WHO coding system (International Classification System for Procedures = ICPM) published in 1978.

Elective surgery	Procedures ICD-9-CM	Hungarian-developed health interventions coding system (OENO, in Hungarian)
Cataract surgery	13.1--13.8	51460 Phakoemulsificatio 51470 Anterior Chamber Lens implantatio 51471 Posterior Chamber Lens implantatio 51474 Cataract surgery using the phacoemulsification method, flexible artificial lens implantation 51475 Fixation of an artificial lens with a suture 51574 Vitrectomia, open sky 51477 Cataract surgery with the phacoemulsification method and toric lens implantation 51478 Bilateral simultaneous cataract surgery
Percutaneous transluminal coronary angioplasty (PTCA)	36.01, 36.02, 36.05	33970 PTCA 33974 Coronary stent implantation 33981 Coronary stent implantation - branch of the right coronary artery 33982 Coronary stent implantation - branch of the r. interventricularis posterior 33983 Coronary stent implantation - branch of ther. retroventricularis 33984 Coronary stent implantation - branch of the LAD-RDA 33985 Coronary stent implantation - branch of the r. diagonalis 33986 Coronary stent implantation - branch of the r. circum flexus 33987 Coronary stent implantation - branch of the obtus marginalis 33988 Coronary stent implantation - branch of the intermedier 33989 Coronary stent implantation - main left coronary artery 53963 Coronary angioplasty, PTCA, per lesion 3398A Coronaria endoprothesis
Coronary bypass	36.1	53611 Bypass on the right coronary and/or branches 53612 Bypass on the LAD coronary and/or branches 53613 Bypass on the CX coronary and/or branches 53621 Mammaria impl. right coronary artery 53622 Mammaria impl. LAD coronary 53623 Mammaria impl. r. circumfl exus coronariara
Prostatectomy	60.2, 60.3--60.6	56011 Prostata TUR 56012 Prostata TUR radicalis 56014 Prostata cryocaustica 56020 Prostatectomia transvesicalis 56030 Prostatectomia retropubica (Millin) 86051 Thermotherapia prostatae
Hysterectomy	68.3--68.7; 68.9	56830 Hysterectomy - abdominal 56840 Hysterectomy - vaginal

		56850 Radical-abdominal hysterectomy (extended) 56860 Radical-vaginal hysterectomy (extended)
Hip replacement (total and partial, including the revision of hip replacement)	81.51--81.53	58150 TEP total hip replacement, primer (cemented) 58151 TEP total hip replacement, primer (uncemented) 58156 Hip acetabulum replacement, cemented to cemented 58157 Hip acetabulum replacement, cemented to uncemented 58158 Iliac stem replacement, cemented to cemented 58159 Iliac stem replacement, cemented to uncemented 5815A Hip acetabulum and iliac stem replacement, cemented to cemented 5815B Hip acetabulum and iliac stem replacement, cemented to uncemented 5815C Hip replacement hibrid TEP 5815D Hip replacement, uncemented to cemented 5815E Hip replacement hybrid, reverz hybrid 5815F Cervicocapitalis hip replacement 58169 Hemiarthroplasty and cervical-caps prostheses. hips
Knee replacement (including the revision of knee replacement)	81.54--81.55	Many intervention types

Further information: http://www.neak.gov.hu/ (in Hungarian).

Iceland

Source: Directorate of Health in Iceland.
Definition: Percentage of persons on the list who have waited more than 3 months (12 weeks) for a particular surgical procedure.
Designated census month: October. Note that the 2020 data were collected in September however, instead of October, due to the COVID-19 pandemic.
Classification system:
- NOMESCO Classification of Surgical Procedures (NCSP). Data have not been converted to ICD9-CM codes and are therefore not entirely compatible with the OECD/Eurostat/WHO list of surgical procedures.
- List of procedures and NCSP procedure codes used for compiling data on waiting lists:

Surgical procedures	NCSP codes	
Cataract surgery		
	CJC*	Intracapsular cataract operations
	CJD*	Extracapsular cataract operations
	CJE*	Extracapsular cataract operations using phakoemulsification technique
	CJF00	Secondary implantation of artificial lens in anterior chamber
	CJF10	Secondary implantation of artificial lens in posterior chamber
PTCA		
	FNDC1A	Angiography of heart and/or coronary arteries
	FNG02	Percutaneous transluminal coronary angioplasty
	FNG05	Percutaneous transluminal coronary angioplasty with insertion of stent
Hysterectomy		
	LCC10	Supravaginal hysterectomy
	LCC11	Laparoscopic subtotal hysterectomy
	LCC20	Vaginal supravaginal hysterectomy
	LCD*	Total excision of uterus
	LCE*	Exenteration of pelvis
	LEF13	Colpoperineoplasty and vaginal hysterectomy
Hip replacement		
	NFB20	Primary total prosthetic replacement of hip joint not using cement

	NFB30	Primary total prosthetic replacement of hip joint using hybrid technique
	NFB40	Primary total prosthetic replacement of hip joint using cement
	NFB59	Primary prosthetic interposision arthroplasty of hip joint
	NFB62	Primary prosthetic replacement of joint surface of femoral head
	NFB99	Other primary prosthetic replacement of hip joint
	NFC*	Secondary prosthetic replacement of hip joint (total or partial)
Knee replacement		
	NGB*	Primary prosthetic replacement of knee joint
	NGC*	Secondary prosthetic replacement of knee joint

*All codes beginning with these letters.

Coverage:

- Cataract surgery: From 2015 and onwards, data based on the number of cataract procedures (number of eyes) on the waiting list instead of the number of patients.
- PTCA: Procedures include angiography of heart and/or coronary arteries and PTCA.
- Data on coronary bypass procedures and prostatectomy not provided due to low number of individuals on the lists.
- Due to the small population of Iceland, and therefore the low number of procedures, annual fluctuations may appear large.

Ireland

Source: National Treatment Purchase Fund. Database: Patient Treatment Register. Reference year is mid-year (end of June).

Estimation:

From 2013, the following **ICD-10-AM** codes are used:

- Cataract surgery: all codes in blocks 193-200
- Percutaneous transluminal coronary angioplasty (PTCA): all codes in blocks 670, 671
- Coronary bypass: all codes in blocks 672-679
- Prostatectomy: all codes in blocks 1165-1167
- Vaginal hysterectomy: all codes in blocks 1268, 1269
- Total and partial hip replacement (includes the revision of hip replacement): all codes in blocks 1489, 1492
- Knee replacement (includes the revision of knee replacement): codes 49518-00, 49519-00 (in block 1518), all codes in block 1519.

2007-2012 waiting times are estimated using the following **ICD-9-CM** codes:

- Cataract surgery: 13.1-13.7 & 13.90.
- Percutaneous transluminal coronary angioplasty (PTCA): 36.04-36.09.
- Coronary bypass: 36.1.
- Prostatectomy: 60.2-60.6 & 57.71.
- Vaginal hysterectomy: 68.5.
- Total and partial hip replacement (includes the revision of hip replacement): 81.51-81.53.
- Knee replacement (includes the revision of knee replacement): 81.54-81.55.

Methodology:

- The decrease in waiting times from 2017 to 2018 for several procedures, such as cataract surgery, coronary bypass and prostatectomy is explained by the fact that those procedures all fall under the current commissioning scheme whereby the NTPF outsources high priority procedures through government funding. These significant drops are a result of such initiatives. During the economic downturn, such schemes were not available and were only restored early last year (2018).
- The fall in waiting times for hip replacement in 2012 can be explained by the fact that the National Treatment Purchase Fund began a program for targeting patients with long waits in 2012 (patients waiting over 9 months).
- Waiting list data refer to those on the 'Active' waiting list, which is defined as those waiting for a scheduled date for admission in the future with no 'To Come In' (TCI) date assigned. Therefore, the data exclude those who have already been assigned a TCI date, and those who are clinically unsuitable and/or temporarily unavailable for the procedure.

Break in series in 2013: Coding based on ICD10-AM.

Break in series in 2010: Break in 2010 for coronary bypass, as partial data for 2009 and full data for 2010.

Further information: http://www.ntpf.ie/home/home.htm.

Israel

Sources:
2015: Data reported by the **Administration of Quality, Services and Safety in the Ministry of Health**, for the **Israel Hospital Quality Indicators Program**.
2014: Data reported by the **Health Information Division in the Ministry of Health**.
Coverage: The 2014 data are based on data collected from public acute care hospitals for the period January to June 2014.
Break in time series in 2015: 2015 data include the period January to December in public acute care hospitals.
- The data reported include waiting times from specialist assessment to treatment for all procedures, except percutaneous transluminal coronary angioplasty (PTCA).
- There are no available data for waiting times of patients on the list.
Methodology:
- Data match the OECD definition.
- Exclusion criteria: Procedures with wait time less than two days from referral; transfers from other hospitals; neonatal procedures; and medical tourism.
Note: The statistical data for Israel are supplied by and under the responsibility of the relevant Israeli authorities. The use of such data by the OECD is without prejudice to the status of the Golan Heights, East Jerusalem and Israeli settlements in the West Bank under the terms of international law.

Italy

Source: Ministry of Health, General Directorate of Health Policies' Planning.
Coverage:
- Coverage by hospital type: The national hospital discharge database (NHDDB) covers the following inpatient institutions, which are classified as HP.1: Hospital Agencies, General hospitals, University hospitals and Specialty hospitals (such as neurological, cancer, orthopaedic, paediatric hospitals). Military hospitals are not included.
- Since 2011, the NHDDB contains some new information on the registration date of the patient in the hospital waiting list for an elective admission. This new information can be considered sufficiently reliable since 2013 and has been used to measure **waiting times from specialist assessment to treatment**, assuming that the registration in the waiting list occurs immediately after the specialist assessment.
- The classification system used for surgical treatments is the ICD-9-CM, 2007 version.
- Data about cataract surgery are underestimated because this kind of surgical procedure is usually performed without a formal admission in hospital, and is performed as ambulatory activity.
Deviation from the OECD definition due to the use of difference ICD-9-CM codes:
- Related to Percutaneous transluminal coronary angioplasty (PTCA) data, the following ICD-9-CM (2007) codes have been used:
    00.66 - Percutaneous transluminal coronary angioplasty (PTCA) or coronary atherectomy
    36.09 - Other removal of coronary artery obstruction
- Related to Hip replacement (total and partial, including the revision of hip replacement) data, the following ICD-9-CM (2007) codes have been used:
    81.51-81.53 - Total, partial, and revision of hip replacement
    00.70 - Revision of hip replacement, both acetabular and femoral components
    00.71 - Revision of hip replacement, acetabular component
    00.72 - Revision of hip replacement, femoral component
    00.73 - Revision of hip replacement, acetabular liner and/or femoral head only
    00.73 - Revision of hip replacement, acetabular liner and/or femoral head only
- Related to Knee replacement (including the revision of knee replacement) data, the following ICD-9-CM (2007) codes have been used:
    81.54-81.55 - Total knee replacement - Revision of knee replacement, not otherwise specified
    00.80 - Revision of knee replacement, total (all components)
    00.81 - Revision of knee replacement, tibial component
    00.82 - Revision of knee replacement, femoral component
    00.83 - Revision of knee replacement, patellar component
    00.84 - Revision of total knee replacement, tibial insert (liner)

Japan

Data not available.

Korea

Data not available. As a whole, there are no long waiting times for inpatient and outpatient treatments, which is confirmed by the nationwide survey 'Health Care Experience Survey' (however, there is an exception for some well-known doctors).

Latvia

Data not available.

Lithuania

Source: National Health Insurance Fund.
Methodology for hip and knee replacement procedure waiting times:
- The National Health Insurance Fund (NHIF) procures joint prosthesis and distributes them to the healthcare providers in proportion to the number of waiting patients. The NHIF administrates the waiting list for endoprostheses.
- The average waiting time was calculated in days by summarising:
    1. the average waiting time from enrolment to the waiting list until granting the prosthesis and
    2. the average waiting time for the replacement surgery after the prosthesis has been appointed/granted.
- Lithuania is using the ICD-10-AM classification, codes M05-M07, M12, M15-M17, M19.

Deviation from the definition: Data exclude the revision of hip and knee replacements as there is no waiting queue for the revision of hip and knee replacement surgery.
Methodology for cataract surgery waiting times: Territorial Health Insurance Funds (THIFs) monitor the waiting times for healthcare services. Health care providers are obliged to inform monthly the THIFs about the waiting times (in days) for different types of services that healthcare facilities provide. That information is publicly available on the webpages of the THIFs.
Data for each calendar year include information on the average waiting time for cataract surgery provided in the day hospital settings in December of that calendar year. The average waiting time for cataract day surgery is calculated from the data published on THIFs webpages as follows: the total number of waiting days for cataract day surgery in different healthcare institutions providing that type of service in December was divided by the number of these institutions.

Luxembourg

Data not available. Waiting times are not perceived as a problem in Luxembourg.

Mexico

Data not available.

Netherlands

Source: Dutch Healthcare Authority (NZa). Hospitals are required to report data on waiting times according to legislation of the NZa.
Coverage: All hospitals and private clinics performing care that is covered by basic health insurance (publicly-funded patients).
Methodology:
- The methodology for the calculation of waiting times as required by NZa has been revised several times:
    - Up to 2015, waiting times were calculated as the expected (prospective) waiting time (3rd surgery possibility in hospitals calendar's).
    - From 2016 until August 2021, it was the carried-out surgery waiting time (from specialist order to surgery date) of all completed treatments in the past 3 months.

- From August 2021 onwards, it is the waiting time of the planned procedures in the coming 2 months (time from specialist order to appointment) at a reference date.

- Up to August 2021, hospitals had to assess the medians of their waiting times monthly, and every two weeks from August 2021 onwards.
- NZa first calculates the (unweighted) average of the medians per hospital per reference date, and then the average of the average waiting times per reference date in the calendar year.

Deviations from the definition:

- Waiting times are reported according to Diagnosis Treatment Combination (DBC) codes, not ICD-9-CM.
- Definitions of the surgical procedures for which waiting times are collected partly differ from the definitions required by the OECD and/or have undergone changes in time:
  - Cataract surgery: from 2019 onwards the definition used in the data source is 'initial cataract surgery'.
  - Coronary bypass: up to 2020, the waiting time includes all open heart surgery, not only coronary bypass. From August 2021 onwards, the waiting time is collected for coronary bypass specifically, so no deviation from the definition anymore.
  - Prostatectomy: up to 2015, the definition 'prostate cancer' was used in the data source; from 2016 up to 2018 the definition used was 'prostate resection', and in 2019 and 2020 'prostate cancer surgery' was used, which covers about 30% of all prostatectomies. From August 2021 onwards, the waiting time for 'enlarged prostate surgery' is also available, which covers about 60% of all prostatectomies. As such, the categories 'prostate cancer surgery' and 'enlarged prostate surgery' together cover about 90% of all prostatectomies. The waiting time presented for 2021 onwards is calculated as follows: 1/3*(waiting time for prostate cancer surgery) plus 2/3*(waiting time for enlarged prostate surgery).
  - Hysterectomy: up to 2018 the definition in the data source included all hysterectomies. From 2019 onwards only isolated hysterectomies are presented in the waiting time figures, which cover about 85% of all hysterectomies. From 2019 onwards only isolated hysterectomies are covered, as these cover the large majority of hysterectomies.
  - Total hip replacement: data only include (initial) total hip replacement, not partial replacements nor revision.
  - Total knee replacement: data only include (initial) total knee replacement, revision of knee replacement is not included in the data.

Estimation method:

- 2018 estimation: 2018 figures are for the first 7 months (January-July) of 2018 only, as from August 2018 onwards there was a new data collection procedure for waiting times, which initially led to a lower quality of waiting times data. For this reason the last 5 months of 2018 have not been included.
- In August 2021 there was a change in the waiting time methodology (see 'Methodology') leading to separate figures for the period January-July 2021 and August-December 2021. The waiting time figures previously reported for 2021 were calculated as follows: 7/12* (average waiting time period January-July) plus 5/12* (average waiting time period August-December); only for coronary bypass and prostatectomy the 2021 waiting time was solely based on the period August-December 2021.
- In 2023 updated data were available for the waiting times for the period August-December 2021, and these were used to calculate updated waiting times for the year 2021. It was decided to use these August-December data as the sole source to estimate the 2021 waiting times (so no weighted average anymore of the two periods in 2021), in order to avoid another break in time series in 2022. The figures for 2021 and 2022 are thus comparable, because they are based on the same type of data and the same methodology. For 2022 the data cover the full year; for 2021 only the period August-December. In conclusion, in terms of methods, the figures for 2019 can be compared to those of 2020, and the figures for 2021 can be compared to those of 2022; however the figures for 2020 cannot be compared to those of 2021.
- All figures are rounded to one decimal.

Breaks in time series:

Break in time series in 2021 for coronary bypass: Up to 2020 the numbers relate to all open heart surgery, from 2021 onwards they cover coronary bypass only.
Break in time series in 2016 and 2019 and 2021 for prostatectomy: Definition changes (see 'Methodology').
Break in time series in 2019 for hysterectomy: From 2019 onwards, the numbers relate to isolated hysterectomies only.
Break in time series in 2016 and 2021 for all procedures: The methodology was revised, which may have caused breaks in time series (impact is not known).
Break in time series in 2019 for all procedures: The data collection procedure was revised, which may have caused breaks in time series (impact is not known).
Further information: http://www.nza.nl/.

New Zealand

Source: Ministry of Health (MoH). Reference period for data is the calendar year. Data for waiting times of patients on the list is as at December in each given year.
Estimation: Waiting times are estimated using the following ICD-9-CM codes:

- Cataract surgery: 13.1-13.7 & 13.90.
- Percutaneous transluminal coronary angioplasty (PTCA): 36.04-36.09.
- Coronary bypass: 36.1.
- Prostatectomy: 60.2-60.6 & 57.71.
- Vaginal hysterectomy: 68.5.
- Total and partial hip replacement (includes the revision of hip replacement): 81.51-81.53.
- Knee replacement (includes the revision of knee replacement): 81.54-81.55.

- Data for patients treated (exited) is by calendar year.
- Data for patients on the list (waiting) is as December in each given year.
- The National Booking and Reporting System (NBRS) contains information by health specialty and booking status on how many patients are waiting for elective surgery, and how long they have had to wait before receiving it.
- The nature of the NBRS is that clinical code was a non-mandatory field for many years, and the data can be reported in any of five different ICD versions.
- The MoH has selected every ICD code which maps from the supplied codes, or which maps back to one of the supplied codes, or relevant booked procedure descriptions.
- The MoH then grouped all these codes/descriptions into a procedure category and produced the summary tables.
- The MoH is able to provide the relevant tables showing the Booking Selection Rules, Booked Procedure Selection Rules and ICD Code Selections if needed.
- Not all DHBs were reporting to the NBRS before July 2002 and there are some outliers skewing the data, particularly in 1999, so data has only been provided from 2003.

Notes:
- Revision of data for the 2025 edition of the OECD database: Data storage changed requiring new access methods, which have introduced small data variations, all data have been updated to remove this effect from the data values.
- Data display high degrees of variation from one year to the next.
- Mean days are higher than median days for some years for some procedures. Extremely long waits will have a large impact on mean stays but not median stays. It would normally be expected that means be higher than medians. However, because of Electives work with DHBs to ensure patients are managed in a timely manner, long stays have become much less common, hence there are scenarios where the median is higher than the mean (this occurs when the short waits are generally further from the median than the long waits).
- In 2005, the Ministry commenced a focused project to improve waiting list management in DHBs, including the requirement to meet a six-month timeframe for patients accepted for treatment, and to ensure patients with a high priority were given certainty of treatment within six months. As a result of this increase in focus, waiting times for treatment between 2005 and 2007 were variable, with some DHBs having increased waiting times as they focused on providing treatment to their longer waiting patients, and other DHBs reducing the number of patients waiting for treatment, with a corresponding reduction in waiting times.
- A multi-year programme to further reduce waiting times for elective services was introduced in February 2011. Milestone reduction goals were set between 2011 and 2014, with the expectation that maximum waiting times reduce to four months by the end of December 2014.

Percutaneous transluminal coronary angioplasty (PTCA):
- PTCA shows a major shift in the time waited between 2011 and 2012. In 2011, 76% of patients waited under 3 months whereas that became 88% in 2012, hence the drop in the mean.
- The change in the percentage of patients on the list waiting over 3 months is a result of DHBs having to aim for under 4 months or risk losing funding. Before July 2013 the required time frame for elective treatment was 6 months, between July 2013 and December 2014 the required time frame for elective treatment was 5 months, and from January 2015 the required time frame for elective treatment is 4 months. Cardiac patients also have clinical time frames which identify a maximum wait time of 90 days.
- There was a large increase in waiting times between 2020 and 2021. This appears to be a genuine increase and does not represent a break in the series.

Further information: For more information on progress in cardiac surgery and elective waiting times, see http://www.oag.govt.nz/2013/scheduled-services.
Note for the 2021-2022 data:

The spread of COVID-19 continues to disrupt hospital systems across the world – and more than two years into the pandemic, global health systems are still facing significant challenges in providing essential health services. New Zealand is not exempt from this trend as COVID-19 continues to stretch capacity for our own healthcare system and we continue to experience pressure due to sustained high levels of acute demand. This has also impacted progress on planned care activity and disrupted the volumes of elective surgery planned.

A reduced amount of planned care has been delivered and is due to several factors. These include workforce shortages in key areas, increased staff sickness and absences and continued pressure on hospitals where people needing urgent care must be prioritised. Current waitlists are also being heavily influenced by what has happened previously. For example, COVID-lockdowns meant that fewer elective surgeries were able to be delivered during this time, and when combined with issues such as increased staff sickness, this has hampered hospitals' ability to deliver the number of planned care treatments expected. These undelivered numbers then tip over into the next month, creating bulges in waitlists that are occurring at a higher rate than treatment can keep pace with. This trend is expected to continue in the coming months.

In Budget 2020, the Government allocated funding of $282.5 million over three years to drive an increase in the levels of planned care delivery to support the COVID-19 backlog and to reduce waiting lists. This funding was allocated over three years as it was acknowledged the recovery process would not be straightforward given the continued risk to service provision presented by COVID-19.

Norway

Source: Norwegian Patient Register (Norwegian Directorate of Health).

Coverage:

- Data for "Waiting times from specialist assessment to treatment: Mean (days)", "Waiting times from specialist assessment to treatment: Median (days)" and "Waiting times from specialist assessment to treatment: % of all patients waiting more than 3 months".
- Data include patients in public and privately-funded hospitals which have an agreement with public hospitals to perform selected treatment.

Methodology:

- ICD-10 and NCSP (NOMESCO Classification of Surgical Procedures) codes are used.
- The summary below relates to the 2018 data:

Procedures	**Codes included (ICD-10, NCSP)**
Cataract surgery	NCSP: CJE10, CJE15, CJE20, CJE25
Percutaneous transluminal coronary angioplasty (PTCA)	NCSP: FNP02B, FNQ05B
Coronary bypass	NCSP: FNA, FNB, FNC, FND, FNE, FNU
Prostatectomy	ICD-10: D291, N40, N41, N420, N421, N422, N428, N429 or NCSP: KEC, KED, KEW
Hysterectomy	NCSP: LCC10, LCC11, LCC20, LCD (all diagnostic codes except C)
Hip replacement (total and partial, including the revision of hip replacement)	NCSP: NFB0y, NFB1y, NFB20, NFB30, NFB40, NFB59, NFB62, NFB99, NFC0y, NFC1y, NFC2y, NFC3y, NFC4y, NFC59, NFC99
Knee replacement (including the revision of knee replacement)	NCSP: NGB0y, NGB1y, NGB20, NGB30, NGB40, NGB99, NGC0y, NGC1y, NGC2y, NGC3y, NGC4y, NGC59, NGC99

- The Norwegian Patient Register does not have available data to produce "waiting times of patients on the list".

Waiting times for Norway are longer because they start from the date the GP referral is received, not the date the GP referral is assessed. Waiting times from specialist assessment to treatment is defined by the difference between the date the patient was added to the waiting list in the hospital, to the date the patient was admitted for treatment. This definition differs from the OECD definition because the start of waiting is defined by the date the patient is added onto the waiting list, not the date assessment is done. The end of the waiting time is the date the treatment is done (according to actual surgical procedures codes). As a consequence, waiting times published for Norway are longer than they would be using the OECD definition.

Further information:
- https://helsedirektoratet.no/statistikk-og-analyse/statistikk-fra-norsk-pasientregister/tid-til-tjenestestart-for-utvalgte-sykdomsgrupper (information in Norwegian only).
- The Patients' Rights Act gives persons, who have the right to receive elective specialised health services, the right to choose in which hospital they want to be treated. To improve the patient's right to choose, information on expected waiting times and quality is available from https://helsenorge.no/other-languages/english/rights/choosing-a-treatment-centre. As a part of empowering citizens to choose, information on waiting times, quality of treatment e.g. is published.
- Waiting times for different treatments for physical and psychological illnesses are available nationally.

Poland

Source: Ministry of Health, National Health Fund.
Coverage: Data come only from entities which implement the provision in agreement with provincial branches of the National Health Fund. Information on waiting times for benefits carried out outside of the public system is not included, as they are not financed from public funds.
Methodology:
- The information on waiting lists has been presented without medical categorisation, and it should be pointed out that all persons entered on waiting lists kept by service providers must be classified in one of two medical categories: "urgent case" or "stable case".
- For the purpose of preparing the data, it was assumed that a month has 30 days.
- No waiting times are shown for bypasses for revascularisation treatments, for procedures in the field of prostate treatments and hysterectomy, because waiting lists for these services are not submitted by the service providers.
- By adding a patient on the waiting list, providers provide a diagnosis and not the procedure according to ICD-9.
- Patients who have been removed from the waiting list because of provision of a service could have undergone the procedures that are shown in the table below in column 3 according to ICD-9 and that are specified for individual services. ICD-9 procedure codes have been determined with the same accuracy as the OECD.

No.	Service name	ICD-9 codes covered by reporting for NFZ	ICD-9 codes reported in OECD tables	Comments
1	Cataract surgery	13.1-13.7	13.1-13.8	-
2	Percutaneous transluminal coronary angioplasty	00.66, 36.09	36.01, 36.02, 36.05	-
3	Hip replacement (total and partial, including the revision of hip replacement)	81.51, 81.52	81.51-81.53	**Deviation from the definition from 2016 onwards:** Service providers submit information about the number of waiting persons and the waiting times only for **primary operations only** (data do not include the revision of hip replacement).
4	Knee replacement (including the revision of knee replacement)	81.54	81.54	**Deviation from the definition from 2016 onwards:** Service providers submit information about the number of waiting persons and the waiting times for **primary operations only** (data do not include the revision of knee replacement).

Since 2016, NFZ (National Health Fund**)** has obtained information about the waiting times for primary hip replacement and primary knee replacement only, but has stopped gathering information on waiting times for

revision operations.
The following parameters on the national scale are presented:

- Average and median waiting time for a service for the persons removed from waiting lists within a year because of provision of the service: For each person who has obtained a service in the reporting year, the actual waiting time for a service was determined and calculated as the difference between the date of removal from the waiting list and the date of entry on the waiting list. Afterwards, on the basis of the above-mentioned data, the average and the median were calculated;
- Percentage of persons removed from waiting lists within a year because of the provision of a service with the waiting time exceeding three months: This was calculated on the basis of the information about the actual waiting times for a service to individual persons, removed from the waiting lists within a year because a service had been provided to them.
- Average and median waiting time for a service for persons entered in the waiting lists: For each person who was put on a waiting list until the end of the reporting year with a scheduled date for the provision of the service falling after 31 December of the reporting year and who has not been removed from the waiting list by the end of the reporting year, a waiting time for a service has been specified and calculated as the difference between 31 December of the reporting year and the date of entry on the waiting list. Afterwards, on the basis of the above-mentioned data, the average and the median were calculated;
- Percentage of persons entered on the waiting lists with waiting time exceeding 3 months: On the basis of the information about the waiting times for a service for persons entered on the waiting list, the percentage of persons who have been waiting for a service for more than three months as of the end of the reporting year among all the people waiting for a service was calculated.

Notes:
- For many years, Poland has been trying to look for solutions and introduce changes aimed at easier access to health services and reducing their waiting time. The priority in this respect were **cataract surgeries** as well as **hip and knee replacement surgeries**. In 2019, changes were introduced in the financing of cataract operations, which consist of unlimited financing, meaning the National Health Fund pays for all cataract operations performed. For hip and knee surgery, funding has been significantly increased, with additional funding allocated to these operations. As a consequence of these activities, more operations were performed, which reduced the waiting time on the list of patients who had been enrolled and had already benefited from the operation. The current situation has made it possible to enroll more patients.
- In the case of the **waiting time of patients still on the lists**, it is longer for some procedures (PTCA, hip and knee replacement) because some people registered there either abandoned the operation or had it performed privately, and they did not unsubscribe from the list. The National Health Fund cannot verify this, and the only reason for removal from the list may be surgery. Single cases can also be a mistake made many years ago. All this influences the fact that the average time of people enrolled on the waiting list for the procedure is longer than the average time of people who have already had the procedure performed

Portugal

Source: SIGLIC. Data from the hospital operational systems integrated in the SIGLIC central database.
Data for 2024 extracted at 08/03/2025.
Methodology: Considering the transition process from the ICD-9-CM to the ICD-10-CM system, the information submitted from 2019 onwards is mapped and translated to ICD-9 and ICD-10 codes.

ICD-9-CM	ICD-10-CM
Selected procedures (non-emergency/elective) **Cataract surgery - ICD-9-CM (1996):** 13.1--13.8 **Percutaneous transluminal coronary angioplasty (PTCA) - ICD-9-CM (1996):** 36.01, 36.02, 36.05 **Coronary bypass - ICD-9-CM (1996):** 36.1 **Prostatectomy - ICD-9-CM (1996):** 60.2, 60.3--60.6	**Cataract surgery (Info Source: Mapeamentos oficiais 2018):** 08DJ3ZZ to 08PK3JZ **Percutaneous transluminal coronary angioplasty (PTCA) (Info Source: Doc Indicadores - Volume de angioplastia percutânea transluminal de artérias coronárias (PTCA) - IQI 06 Percutaneous Coronary Intervention (PCI) Volume):** 0270346 to 02734GZ

Hysterectomy - ICD-9-CM (1996): 68.3--68.7; 68.9 **Hip replacement (total and partial, including the revision of hip replacement) - ICD-9-CM (1996):** 81.51--81.53 **Knee replacement (including the revision of knee replacement) - ICD-9-CM (1996):** 81.54--81.55	**Coronary bypass (Info Source: Doc Indicadores - Taxa de cirurgia de Bypass de artérias (IQI 26) Coronary Artery Bypass Graft (CABG) Rate - July 2016):** 0210093 to 02130ZF **Prostatectomy (Info Source: Mapeamentos oficiais 2018):** 0V507ZZ to 0V504ZZ **Hysterectomy (Info Source: SINAS):** 0UT40ZZ to 0UTC8ZZ **Hip replacement (Info Source: Doc Indicadores ACSS-2019):** 0SR90J9 to 0SRB0JZ **Knee replacement (Info Source: Doc Indicadores ACSS-2019):** 0SRC06Z to 0SRW0KZ

Note: In 2023 it was possible to maintain and improve the performance in some of the indicators of access to Cataracts, Hip replacement, Knee replacement and Prostatectomy. The dynamics of public-private collaboration existing in the NHS activity, in the field of programmed activity, contributed to this. Efforts were made to reinforce the offer, increasing the number of private entities with collaboration protocols with the NHS, either via surgery voucher or through the service provision mechanism. However, in this period, for both procedures, there was a greater number of transfer refusals by patients, who chose to remain in their hospital of origin. This may explain the impossibility of achieving a more timely response.

Slovak Republic

Data not available.

Slovenia

Source: National Institute of Public Health of the Republic of Slovenia. Data drawn from the eHealth system called "eNaročanje" based on the requirements of the Rules on the management of waiting lists and waiting times the maximum permissible for individual health services.
Coverage: Coverage is national for 25 Health care services (only 1st visits / 1st clinical review) and 379 therapeutic and diagnostic services.
Methodology: Slovenia uses the ICD-10-AM codes.

- The specifications of the codes included for each waiting list is provided below, with clarifications where the description of the procedure in the national waiting lists and in the OECD document differ significantly.
- Measurement units: Waiting times are measured as mean (days) and number of patients on waiting list for health services.

Specific deviation for Percutaneous transluminal coronary angioplasty (PTCA): Data for the years 2011 and 2014-2021 measure Coronary angiography with PTCA, while 2012 and 2013 data measure PTCA and Coronary angiography separately.
Estimation: There are four levels of urgency of referrals. A referral that is marked as “urgent” requires the immediate attention of the physician and is therefore not included in any waiting list. The other 3 levels of urgency are “very fast”, “fast” and “regular”. Healthcare service providers are required to keep separate waiting lists according to the urgency level. Waiting times are also reported separately for these 3 urgency levels. The data presented have been computed as a weighted average of the waiting times for the 3 urgency levels.

- Cataract surgery: 42698-00, 42698-01, 42698-02, 42698-03, 42698-05,42698-04,42701-00,42701-01,42702-00,42702-01,42702-02,42702-03,42702-04,42702-05,42702-06,42702-07,42702-08,42702-09,42702-10,42702-11,42703-00,42704-00,42704-01,42707-00,42710-00,42713-00,42716-00,42731-00,42731-01,42737-00,42734-00,42788-00,42791-02,42719-00,42722-00,42731-00,42719-02,90077-00.
- Percutaneous transluminal coronary angioplasty (PTCA): 38215-00, 38218-00,38218-01,38218-02,35304-00,35305-00,35310-00,35310-01,35310-02.
- Coronary bypass: Included in the « open heart surgery » waiting list. Not monitored separately.
- Prostatectomy and Vaginal hysterectomy: Not monitored.
- Total and partial hip replacement (includes the revision of hip replacement): 47522-00,49312-00,49315-00,49318-00,49319-00,49324-00,49327-00,49330-00,49333-00,49339-00,49342-00,49345-00,49346-00.

- Knee replacement (includes the revision of knee replacement): 49515-00,49512-00,49517-00,49518-00,49519-00,49521-00,49521-01,49521-02,49521-03,49524-00,49524-01,49534-00,49530-00,49530-01,49533-00,49554-00,49527-00.

Further information: http://www.nijz.si/en.

Spain

Source: Ministerio de Sanidad (Ministry of Health), National Health System Information System on Waiting Lists.
Coverage: National, for the National Health System network of hospitals (publicly-funded hospitals).
Estimation:
- Weighted means for national average waiting times are calculated from the total number of patients and waiting times by region (national data for 2016 are estimates from 15 Autonomous Regions plus the Autonomous Cities of Ceuta and Melilla).
- National figures relate to the 30th of June except for 2015 (December).

Methodology:
- From 2016 onwards, ICD-10-PCS is the Classification System for coding clinical data in Spain, although waiting times data are gathered from the regional health services and some of their 'waiting times information systems' may have not changed for this specific operation. Some regions are still using ICD-9-CM as classification for waiting lists, while others use shortlists for the relevant procedures on the list, or tentative ICD-10-PCS codes. Nevertheless, no significant break between 2015 and 2016 data has been identified when comparing time series by regions. The list of ICD-10-PCS codes used for each procedure is provided below:

	ICD-9-CM Code	**ICD-10-PCS Code**
Cataract surgery	ICD-9-CM (1996): 13.1--13.8	08D[J,K]3ZZ, 08R[J,K]3JZ, 08P[J,K]3JZ
Percutaneous transluminal coronary angioplasty (PTCA)	ICD-9-CM (1996): 36.01, 36.02, 36.05	027[0,1,2,3]3%
Coronary bypass	ICD-9-CM (1996): 36.1	021[0,1,2,3][0,4]%
Prostatectomy	ICD-9-CM (1996): 60.2, 60.3--60.6	0V[B,T,5]0 [0,7,8]ZZ
Hysterectomy	ICD-9-CM (1996): 68.3--68.7; 68.9	0UT9_ZZ
Hip replacement (total and partial, including the revision of hip replacement)	ICD-9-CM (1996): 81.51--81.53	0SR[9,B,A,E,R,S]0%, OSW[9,A,B,E,R,S][0,3,4][9,B,J]Z
Knee replacement (including the revision of knee replacement)	ICD-9-CM (1996): 81.54--81.55	0SR[C,D]0J[9,A,Z], 0SR[C,D]0[7,K]Z

ICD-10-PCS coding symbols:
[] possible coded in the position (08D[J,K]3ZZ
_ any value in the position (0UT9_ZZ)
% any value until the seventh position included (027[0,1,2,3]3%)

- Until 2015, waiting times were estimated using codes from the latest ICD-9-CM Spanish edition (2014 - USA v28), which differ slightly from the proposed OECD guidelines:

	ICD-9-CM Spanish edition
Cataract surgery	13.1-13.7 & 13.90
Percutaneous transluminal coronary angioplasty (PTCA)	alternatively 00.66
Coronary bypass	36.1
Vaginal hysterectomy	68.5 & 68.7 (added)
Prostatectomy	60.2-60.6 & 57.71
Total and partial hip replacement (includes the revision of hip replacement)	81.51-81.53 & 00.70-00.73 (added)
Knee replacement (includes the revision of knee replacement)	81.54-81.55 & 00.80.0-00.84 (added)

Notes:
- Percutaneous transluminal coronary angioplasty (PTCA) procedures are usually performed immediately or in the same episode after being indicated, in most of the cases (sometimes when hemodynamic study is performed). Besides, these procedures are not usually included in surgical waiting lists.
- The figures provided for each of the parameters should be considered approximations to the real global situation of the waiting lists for the National Health System. It should be taken into account that the calculations of means are made through weighted averages with the values of cases registered by each of the health services and their own averages; regarding the medians, they are also made through weightings on waiting times ranges. Finally, it should be considered that the pandemic situation of 2020, 2021 and even 2022, has had a significant impact on hospital activity and as such on waiting lists.

Further information:
https://www.sanidad.gob.es/estadEstudios/estadisticas/inforRecopilaciones/listaEspera.htm.

Sweden

Sources: National waiting time database, Swedish Association of Local Authorities and Regions (SALAR) (Nationella väntetidsdatabasen, Sveriges Kommuner och Regioner - SKR).

Coverage:
- Before 2017, data are not available for performed treatments, only for patients on the list (i.e. for the measure % of all patients waiting more than 3 months).

Cataract surgery:
- Waiting time from specialist assessment/decision to treat to treatment for 2018 and 2019 is based on data from 17 of 21 health care regions/county councils.
- Waiting times of patient on the list: 2018 data are calculated as the mean value of all 12 months in 2018. This is a change in method and results in a higher proportion of patients waiting longer than 3 months, compared to 2017.

Coronary bypass, waiting times of patients on the list, % of all patients waiting more than 3 months:
- The accepted waiting time is 90 days, and no patients have been waiting 90 days or more for the period 2013-2015 (hence the 0 values). The sample is all patients in Sweden, where the health care professional decided that the patient should undergo Coronary bypass surgery.
- The long mean waiting time in 2019 was caused by a number of cases with very long waiting times (900-1000 days or longer). No confirming investigation into these reported cases has been done, for this or for earlier years.

Methodology:
- The general principle for waiting times data is to only include elective surgery, and not acute cases, however malign cases and hip fracture are not explicitly excluded in the instructions.
- Waiting times for surgical treatment are measured in days, from the date for decision to treat to the date to perform the surgery.
- The coverage (percentage of total number of procedures included in the waiting times database) varies between procedures. The impact of this is unknown.
- Mean and median waiting times for all procedures could not be calculated before 2017.
- The following ICD codes are used:

Elective surgery	Procedures ICD-9-CM (1996)	Codes diagnosis by ICD-10-SE	Classification of surgical procedures SE 2007
Cataract surgery		Not applicable	CJC, CJD, CJE
Coronary bypass		Not applicable	FNA, FNB, FNC, FND, FNE, FNF
Prostatectomy		Not applicable	KED, KEC
Hysterectomy		Not applicable	LCC10, LCC11, LCC20 LCD00, LCD01, LCD04, LCD10, LCD11, LCD30
Hip replacement		Not applicable	NFB, NFC
Knee replacement		Not applicable	NGB, NGC

Deviation from the definition:
- Prostatectomy: Prostate enlargement, benign indication only (malign cases could be included, if planned).
- Hysterectomy: Uterus, removal of benign indication (malign cases could be included, if elective).
- Hip replacement: Total hip replacement only, partial hip not included.

Breaks in series from 2017:

- Hip replacement: Revision of hip replacement included from 2017 (not included in 2010-2016).
- Knee replacement: Revision of knee replacement included from 2017 (not included in 2010-2016).
Further information: http://www.vantetider.se (in Swedish).

Switzerland

Data not available.

Türkiye

Data not available.

United Kingdom

Waiting times of patients on the list (England only):
Source: NHS England, Waiting List Minimum Dataset (WLMDS). Data available from 2021 onwards.
Coverage:
England-only for Waiting times of patients on the list.
- Northern Ireland, Scotland and Wales are unable to replicate waiting times for patients on the list.
Data should not be described as a count of people as the same person may be on more than one pathway at the same time if they are waiting for consultant-led treatment for different conditions or unrelated clinical reasons. Some patients will therefore be included in the waiting list figures more than once.
The Waiting List Minimum Data Set is weekly management information that is subject to less validation than the monthly accredited official statistics on referral to treatment waiting times. There may be issues regarding the quality and completeness of the recorded WLMDS data which are not routinely reviewed centrally. Data completeness of waiting list pathways in the weekly management information has improved over time since its introduction in 2021.
Methodology:
- Data are for consultant-led referral to treatment incomplete (open) pathways as at the last Sunday in December, taken from the WLMDS.
Patients referred for non-emergency consultant-led treatment are on referral to treatment (RTT) pathways. An incomplete RTT pathway is the length of time that a patient has waited so far from referral. They are sometimes referred to as waiting list waiting times.
- **Proposed primary procedure:** OPCS-4 classification codes were used to identify pathways for each procedure. This is based on the proposed primary procedure (in other words, the proposed OPCS code to occur upon admission for treatment) recorded in the dataset. Note that the procedure codes can include other procedures as well.
- Note the following OPCS codes were used (note that some definitions differ from that used to identify waiting times from specialist assessment to treatment from Hospital Episode Statistics as diagnosis codes are not available in WLMDS):

Cataracts: Any procedure code in (C71 – C75 or C776)
Percutaneous Transluminal Coronary Angioplasty: Any procedure code in (K49, K501 or K75)
Coronary Artery Bypass Graft: Any procedure code in (K40 - K44 or K46)
Prostatectomy: Any procedure code in (M61 or M65)
Hysterectomy: Any procedure code in (Q07, Q08 or R251)
Hip replacement: Any procedure code in (W37, W38, W391, W392, W393, W395, W398, W399, W390, W46, W47, W481, W482, W483, W488, W489, W480, W93, W94, W951, W952, W953, W959, W950).
Knee replacement: Any procedure code in (W40, W41, W421, W422, W423, W425, W428, W429, W420, O181, O182, O183, O188, O189, O180)

Further information: https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/wlmds/.

Waiting times from specialist assessment to treatment (England only):
Source: Hospital Episodes Statistics, NHS Digital. HES years from April to March. National Health Service providers in England.
Coverage: England-only data. for waiting times from specialist assessment to treatment.
Northern Ireland, Scotland and Wales are unable to replicate waiting times from specialist assessment to treatment.

Methodology:
England:
- For the indicator 'Patients waiting more than three months', data are for waiting times above 90 days, irrespective of how many days there were per month, for consistency.
- Procedures coded using OPCS4/ICD10 codes: no exact match against ICD-9-CM is offered. OPCS4.6 codes are used. There were some changes to relevant codes over the years, as indicated.
  - Cataract surgery: Main Operative Procedure: C71-C75, C77, in combination with a primary diagnosis of H25, H26, Q12.0, and any secondary diagnosis of H28.0, H28.1, H28.2.
  - PTCA: K49, K50.1, K75.
  - Coronary Bypass: K40.1, K40.2, K40.3, K40.4, K40.8, K40.9, K41.1, K41.2, K41.3, K41.4, K41.8, K41.9, K42.1, K42.2, K42.3, K42.4, K42.8, K42.9, K43.1, K43.2, K43.3, K43.4, K43.8, K43.9, K44.1, K44.2, K44.8, K44.9 (Coronary Artery Bypass Graft).
  - Prostatectomy: M61.
  - Vaginal hysterectomy: Q07.1, Q07.2, Q07.3, Q07.4, Q07.5, Q07.6, Q07.8, Q07.9, Q08.1, Q08.2, Q08.3, Q08.8, Q08.9.
  - Total and partial hip replacement (includes the revision of hip replacement): W37.1, W37.2, W37.3, W37.4, W37.8, W37.9, W38.1, W38.2, W38.3, W38.4, W38.8, W38.9, W39.1, W39.2, W39.3, W39.5, W39.8, W39.9, W46.1, W46.2, W46.3, W46.8, W46.9, W47.1, W47.2, W47.3, W47.8, W47.9, W48.1, W48.2, W48.3, W48.8, W48.9, W93.1, W93.2, W93.3, W93.8, W93.9, W94.1, W94.2, W94.3, W94.8, W94.9, W95.1, W95.2, W95.3, W95.8, W95.9
  (Prosthetic replacement of hip joint (total or hybrid) or head of femur);.
  - Knee Replacement: W40.1, W40.2, W40.3, W40.4, W40.8, W40.9, W41.1, W41.2, W41.3, W41.4, W41.8, W41.9, W42.1, W42.2, W42.3, W42.5, W42.8, W42.9, O18.1, O18.2, O18.3, O18.8, O18.9.

Notes: 2021 data represent data for the years 2021-2022, 2022 represent 2022-23, etc.
Further information: http://www.hesonline.nhs.uk and https://www.digital.nhs.uk/.

United States

Data not available.

NON-OECD ECONOMIES

Argentina

Data not available.

Bulgaria

Data not available.

Croatia

Source: Ministry of Health of the Republic of Croatia. Electronic waiting lists and electronic ordering system "eListe i eNaručivanje".
Coverage:
- Uncancelled electronic orders for cataract surgery, implantation of hip and knee endoprosthesis with term in 2022, regardless of the year of order registration date.
- Data for waiting time from specialist recommendation until order registration and waiting time from admission until procedure are not available.
- Data cover cataract surgery; total, partial and replacement of hip endoprosthesis; and total and partial knee endoprosthesis. Data for Percutaneous transluminal coronary angioplasty (PTCA), Coronary bypass, Prostatectomy and Hysterectomy are not available.
- The ordering catalogue is available at http://www.cezih.hr/dokumenti/20230118_eListe_KZN_ver_13.xls.

List of procedures included:
1079 Total hip endoprosthesis
1080 Partial hip endoprosthesis

1081 Replacement of the implanted hip endoprosthesis
1082 Installation of total knee endoprosthesis
1083 Installation of a partial knee endoprosthesis
1094 Cataract surgery

Methodology:

Waiting times are measured in days per order from the date of registration of the order to the date of assigned term for admission into hospital.

- Mean (days) is the average number of days per order (patients) that have been waiting for each procedure. Reference period is annual average.

Further information: Information on source system available at http://www.cezih.hr/liste_cekanja.html#.

Peru

Source: SIS Database – (SIS = Comprehensive Health Insurance).
Coverage: Patients covered by any SIS plan and treated at a MINSA hospital.
Methodology:

- Data available only for Waiting Times from Specialist Assessment to Treatment.
- This includes the time elapsed for patients on the non-urgent (elective) surgery waiting list from the date they were added to the waiting list for the procedure (following specialist assessment) to the date they were admitted for treatment.
- Considerations for calculation: Date of last specialist outpatient consultation - Date of admission for surgical procedure.
- CPMS Codes to be considered: 66830, 66982, 66983, 66984, 27134, 27137, 27138, 27130, 27125, 27447, 27487, 92982, 92937, 92937, 92943, 92944, 58180, 58953, 58956, 55801, 55810, 55831, 55840, 55866
- The information pertains to the 2023 care year, specifically for non-elective surgeries.
- Outpatient Consultation and Non-Elective Surgery (Intervention) services were included, applying the following filters: Same health facility. Same specialty.
- Outpatient consultation date less than or equal to surgery date.
- Only the following specialties were excluded: 08 Paediatrics, 36 Paediatric Surgery, 47 Gynaecology and Obstetrics of the Girl and Adolescent, 70 Paediatric Ophthalmology and Strabismus, 81 Paediatric Urology and 85 Paediatric Dentistry.
- A dataset was constructed considering the following variables: PERSONID; SPECIALTY APPOINTMENT DATE; SPECIALTY COD; SPECIALTY NAME; ICD 10; CPMS CODE; TREATMENT DATE; DAYS.
- Mean and Median were calculated for each specialty considering the values in the DAYS column. % of Patients Waiting More Than 3 Months was calculated by filtering all patients DAYS >= 90 and dividing them by the total number of patients treated.

Waiting times of patients on the list: Data not available.

Romania

Data not available.

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https://www.oecd.org/en/data/datasets/oecd-health-statistics.html