



Association of Canadian Academic Healthcare Organizations
Association Canadienne des Institutions de Santé Universitaires

**“WAIT” WATCHERS II:
MEASURING PROGRESS OF WAIT TIME
MANAGEMENT STRATEGIES ACROSS ACAHO MEMBERS**

SURVEY COLLATION

An ACAHO Member Survey
March 2006

**“WAIT” WATCHERS II:
MEASURING PROGRESS OF WAIT TIME
MANAGEMENT STRATEGIES ACROSS ACAHO MEMBERS**

Raw Survey Data

Wait Time Investments

1. Describe any provincial or private funding (i.e. hospital foundations) your Institution or Region received since January 2005:

a) Specifically targeted towards the reduction of wait times.

ACAHO MEMBER	RESPONSE
Vancouver Coastal Health Authority	-VCH received \$24M of surgical augmentation funding in fiscal year 2005/06 from the MoH for waitlist reduction; -VCH received \$25M from the MoH in January 2006 to provide an additional 1,600 hip and knee replacement procedures to BC patients through the UBC Centre for Surgical Innovation in Hip and Knee Reconstruction
Provincial Health Services Authority	PHSA received \$1.9M for wait time reduction in fiscal year 05/06, which was directed towards the reduction of cardiac wait lists provincially.
Capital Health (Edmonton)	Provincial dollars were provided to Capital Health region (and all other regions in Alberta) to evaluate Access to Services Initiatives including Hip and Knee.
Calgary Health Region	<ul style="list-style-type: none"> - The CHR is participating in the Alberta Hip & Knee study, aimed at reducing waiting time for hip and knee surgery. The Provincial Government partnered with the regions, physicians and the Alberta Bone & Joint Institute to reorganize the care pathway. Specifically, \$20 million was invested in comparing 1200 new joints through a new care pathway compared to the existing system in 3 health regions. - The CHR is working on 3 other provincial waiting list access initiatives – Breast Cancer, Prostate Cancer and Cardiac Surgery Access. The goal of the work is to find innovative ways to improve access and reduce waits & delays for patients in the diagnosis through to treatment of disease.

ACAHO MEMBER	RESPONSE
Calgary Health Region Cont'd	<ul style="list-style-type: none"> - In Breast Cancer, a multidisciplinary team of providers at the front end help navigate patients through treatment and back to the community. - The Prostate Cancer initiative is similar to the breast cancer initiative where use of a rapid access clinic facilitates the patient from GP to specialist and in to treatment. Waiting times have been significantly reduced (under 6 weeks to treatment) using the methodology. - The Cardiac Surgery Access project established 3 urgency categories for all patients. By reorganizing the care pathway, patients are able to achieve the national benchmarks for access based on urgency. - Hip Fracture care has been reorganized using a "PROF" bed system. Preoperative Orthopedic fracture beds with an accelerated pathway to the OR has allowed us to meet this target within 48 hours of admission, 90% of the time.
Saskatoon Health Region	Funding from Saskatchewan Health to address surgical patients who have waited in excess of 18 months for inpatient surgery and 12 months for day surgery procedures.
Regina Qu'Appelle Health Region	As a part of our proposed budget we received \$2.6 of funding designed to reduce wait times in the Region. This funding was used to expand the number of available beds, improve operating room scheduling and decant some non-surgical services that had traditionally been delivered within the surgical care system.
London Health Sciences Centre (LHSC)	Beginning in January 2005, and ongoing to date LHSC has received specific wait time monies from the Ontario Ministry of Health and Long Term Care (MoH) to fund additional activity in total joint replacement, select cancer surgery, MRI and CT Scans as well as cardiac (revascularization) services. The funding is comprised of a dollar value per case applied when volume is achieved over and above a set baseline. (In most cases 2002/03 volumes are used for baseline.)
St. Joseph's Health Care (London)	Provincial funding to support additional cataract procedures and additional cancer surgeries.
St Joseph's Healthcare Hamilton (SJHH)	Jan 2005 – March 2006 = \$4,576,266
Hospital for Sick Children	<p>SickKids received a grant from the Ontario Wait Time Strategy Innovation Fund in April of 2005 in the amount of \$358,000 to support development of an on-line referral management system that has the capacity to measure and report wait times for specialized paediatric care.</p> <p>In September 2005, SickKids also received \$9,000 under Ontario's Wait Time Strategy for the period of October 1, 2005 to March 31, 2006, to conduct 12 additional cataract surgeries.</p> <p>SickKids is also a member of the Ontario Children's Health Network (OCHN). This network of the six paediatric academic health science centres received \$267,000 to address provincial challenges around surgical wait times for paediatrics.</p>

ACAHO MEMBER	RESPONSE
Kingston General Hospital	Provincial funding targeted at Joints, Cancer Surgery, and Cataract Surgery as per the Ontario Wait Time Strategy for Incremental Volume.
Hotel Dieu Hospital	Provincial Funding: 300 Cataract Cases @ \$750/ case.
Children's Hospital of Eastern Ontario (CHEO)	Incremental funding for increased MRI hours.
IWK Health Centre	N/A
Capital District Health Authority (Halifax)	<ul style="list-style-type: none"> - 25 additional Orthopedic beds opened - Department of Health approved upgrade of one MRI (Four new MRIs announced for the province) - Additional linear accelerator and new digital simulator for radiotherapy operational - Additional funding to improve access to mental health services
Eastern Regional Integrated Health Authority	The Department of Health and Community Services for NL has contributed approximately 4 millions dollars for targeted funding to reduce wait times for services of Hospitals of St. John's (HSJ), Eastern Health has operating monies and a further 10 million has been allocated for capital equipment. To date funding has been directed for sight restoration through the funding of Visudayne treatments; Diagnostic Imaging for an second MRI in St. John's as well as funding for specific diagnostic equipment (CT, Ultrasound, echocardiogram, mammography), and funding has been allocated to increase OR capacity and equipment for the priority areas for cancer surgery and joint replacement.

b) Specifically targeted towards wait time research.

ACAHO MEMBER	RESPONSE
Vancouver Coastal Health Authority	TBD
Provincial Health Services Authority	PHSA received no funds for wait time research.
Capital Health (Edmonton)	Provincial dollars were provided for 1200 additional Arthroplasty surgeries in Calgary, Edmonton and Red Deer. A randomized control trial was carried out to test new care paths, process and redesign of services for hip and knee replacement.

ACAHO MEMBER	RESPONSE
Saskatoon Health Region	N/A
Regina Qu'Appelle Health Region	We did not receive any funding targeted for research.
London Health Sciences Centre (LHSC)	No
St. Joseph's Health Care (London)	None
St Joseph's Healthcare Hamilton (SJHH)	No
Hospital for Sick Children	No
Kingston General Hospital	None. However, given the scope and breadth of wait list information available in our Ct, list management and discussion around resource allocation strategies have become part of the operation.
Hotel Dieu Hospital	N/A
SCO Health Service	N/A
Children's Hospital of Eastern Ontario (CHEO)	None
IWK Health Centre	N/A
Capital District Health Authority (Halifax)	N/A
Eastern Regional Integrated Health Authority	<p>Eastern Health is currently supporting a Graduate Fellowship for Evidence Based Practice Initiatives with the target area of study for 2005/06 on Wait Time Process for Orthopedic Surgery.</p> <p>Eastern Health has provided the support to audit the current elective adult surgical wait list through a patient questionnaire mail out to 2500 patients on the wait list prior to April 1, 2005. The purpose of the questionnaire and audit is to review those waiting for surgery to determine their current health status, wish to remain on the waitlist and whether they are willing to be placed on the waitlist of another surgeon if it meant an earlier OR date.</p> <p>We have procured industry funding to enable partnership with APPROACH (target startup – April 2006). The Cardiac Care database will collect data for clinical, research, and administrative purposes.</p>

2. In order to fully leverage provincial benchmarks and targets, strategic investments are required to support health information management capacity. What types of investments in information technology have been made within your institution or RHA *over the last twelve months* with an aim to reduce or more effectively manage wait times? Please outline any investments you are aware of that have been made at a provincial level.

a) Central electronic registry with urgency measures, procedures and patient information?

ACAHO MEMBER	RESPONSE
Vancouver Coastal Health Authority	With provincial investment of \$5M, BC building 'live' Surgical Patient Registry with daily extract of scheduled and unscheduled wait list and completed case information from all BC hospitals. Registry will be populated with increasing amount of data from June 2006 until it is fully loaded as of March 31, 2007. Part of the data captured in the registry will include specialty specific prioritization scores assigned to each scheduled patient based on adapted tools developed by the Western Canada Wait List Project.
Provincial Health Services Authority	The PHSA is leading the Provincial Surgical Services Project with the Regional Health Authorities (RHAs) to create a new surgical patient registry for the province. In addition, clinical assessment tools have been created for all surgical specialties and adult patients undergoing urgent and elective surgeries. Urgency scores from each clinical assessment tool will be a component of the BC surgical registry. In addition, key patient information will be housed within the registry and consensus has been reached with the RHAs on a master provincial data dictionary of surgical procedures.
Capital Health (Edmonton)	<p>Projects currently underway in Capital Health to invest in information technology have been made <i>over the last twelve months</i> with an aim to reduce or more effectively manage wait times and include:</p> <p>NetCARE</p> <p>Capital Health's regional electronic health record, netCARE, was launched in April 2004, netCARE is an integrated EHR that connects existing patient information systems located in hospitals and clinics across the region. The quality and safety of patient care is enhanced by increased access to more accurate and up-to-date information.</p> <p>Emergency</p> <p>Growing in Place: Toward 2010 Capital Plan has been endorsed to further reduce bed pressures and a target of 1.9 acute care beds per 1,000 population has been set.</p>

ACAHO MEMBER	RESPONSE
Capital Health (Edmonton) Cont'd	<p>Community Care</p> <p>New designated assisted living spaces have helped to decrease the wait list in the region.</p> <p>Plan for 2005/06 includes 247 new continuing care and home care beds/spaces</p> <p>Implementation of “Pathways”, a computer matching program, has also helped to reduce the wait list by more quickly matching continuing care patients waiting in acute care with available beds in the community.</p> <p>MRI</p> <p>Capital Health approved an expansion of MRI services within the region (additional 6500 exams). The expansion targets shortening the wait times for the patients currently on the waitlist, increasing capacity to better meet incoming referrals and providing equity of access for all patients. Expansion of hours of operation occurred in fall 2005.</p> <p>Effective April 1, 2005 Capital Health has adopted new Provincial Prioritization Guidelines. As per these guidelines.</p> <p>Total Joint Replacements</p> <p>Efforts to increase the efficiency include:</p> <p>Development of a 5-year orthopedic service delivery plan finalized in May 2005 and approved for implementation by Executive in June 2005.</p> <p>The launch of the arthroplasty pilot in April 2005, which will include an additional 500 total joint replacement procedures.</p> <p>The Alberta Hip and Knee Assessment Clinic opened in March 2005 for the assessment of pilot patients’ pre and post surgery.</p> <p>An additional OR theatre and 16-bed patient care unit have been dedicated for the pilot.</p> <p>The first pilot surgeries commenced the week of May 2, 2005, with anticipated completion in March 2006.</p>

ACAHO MEMBER	RESPONSE
<p>Capital Health (Edmonton) Cont'd</p>	<p>CT</p> <p>Capital Health has approved an expansion of CT services within the region (additional 18,077 exams). The expansion targets shortening the wait times for the patients currently on the waitlist, increasing capacity to better meet incoming referrals, and providing equity of access for all patients.</p> <p>The additional capacity approved for 2004/05 included the start of a 24/7 shift in CT at one of the tertiary care hospitals in January 2005. Enhanced plan is in progress for increased hours of operation for 2005/06.</p> <p>Capital Health implemented the new Provincial Prioritization Guidelines for CT, in April 2005. This ongoing provincial initiative is intended to address the provincial “best test first” framework and access guidelines. An evaluation of the guidelines is planned for later in 2005/06.</p> <p>A coordinated booking system is now in place so that patients are offered the opportunity to have their procedure at a site with a shorter wait list than the site to which they were referred. This is a move towards more equitable access in the region.</p> <p>Open Heart Surgery</p> <p>Attempts to increase surgery volumes include:</p> <ul style="list-style-type: none"> Minimizing surgical postponements by ensuring that the CVICU is optimally staffed, and off-service patients do not occupy cardiac beds; Increasing patient throughput by <ul style="list-style-type: none"> Reducing seasonal operating room closures, Optimal case-mix selection from the waitlist, Using other ICUs when appropriate, Moving patients to lower levels of care when appropriate, Transferring patients back to referring facilities when surgical care is no longer needed, and doing an extra case daily when possible.

ACAHO MEMBER	RESPONSE
<p>Capital Health (Edmonton) Cont'd</p>	<p>Cardiac services</p> <p>Added demands for cardiac services include:</p> <p>New access standards for waiting times have been sent for approval to a provincial steering committee on Access Standards. Capital Health is now tracking cardiac surgery activity by the proposed urgency categories.</p> <p>Construction of the new Alberta Heart Institute was officially launched in October 2003 and is scheduled to open in 2006/07, which will further expand capacity</p> <p>Cardiac Cath Lab(CCL)</p> <p>Capital Health is increasing CCL activity by doing the following:</p> <p>As of January 19, 2005 the UAH increased operating hours for one lab on Wednesdays by two hours. Four additional intermediate care beds for short stay angioplasty opened at the UAH in July 2005.</p> <p>As of February 07, 2005, one of tertiary care hospitals increased operating hours by one hour per day in each of two cath labs, five days per week and opened four additional angioplasty recovery beds for a total of eight beds.</p> <p>Centralized coordination of the waitlist is improving through inter-site sharing of patient referrals and daily tracking of the waitlist and CCL down-times.</p> <p>Capital Health has approved the implementation of Vital Heart Response, a plan that will provide speedier diagnosis and treatment of patients suffering heart attacks and increased access to cardiac specialists.</p> <p>The provincial access standards committee is currently working on new wait time standards for access to CCL services. Phase 1 of the Alberta Cardiovascular and Stroke Research Centre (ABACUS) is scheduled to open in Fall 2005. The four key areas of research include imaging and intervention, vascular biology, clinical trials and outcomes and data acquisition.</p>
<p>Calgary Health Region</p>	<p>The CHR is currently in the process of developing the Patient care information system. This will assist in the collection, monitoring and measurement of patient care – including waiting lists. The Alberta Government has supported the introduction of Electronic Health Records (EHR) within specialty groups across the province. The Alberta Orthopedic Society has agreed to a common EHR to help manage patient information provincially as well as locally. With the common platform, the integration of waiting lists for surgeons in partnership with the regions can be accomplished. In doing so, shared responsibility for the organization, sorting and management of the waiting list is the goal.</p>

ACAHO MEMBER	RESPONSE
Calgary Health Region Cont'd.	<p>Through the central intake of patients, patients can be ranked and priority scores applied to ensure the most urgent patients are done in the most timely manner. The CHR is working with the Alberta Bone & Joint Institute to coordinate and test urgency scores (using WCWL criteria) to validate this approach.</p> <p>Cardiac Surgery has a ranking system developed through the Approach Data base and this tool is being applied to all patients. In doing so, the CHR has been able to reduce their waiting times to benchmark levels in all three categories of patients.</p>
Saskatoon Health Region	The Saskatoon Health Region is participating with the province in the initiatives coordinated by the SSCN (Saskatchewan Surgical Care Network). One of the major initiatives is the Saskatchewan Surgical Registry. Since its inception in 2003, the Registry has been enhanced in order to provide additional information which includes migration and demand.
Regina Qu'Appelle Health Region	The province and the Region together have a comprehensive surgical registry. The costs for this registry are borne by the Provincial Government. The data in this registry is supplied by the Regional surgical information system. The provincial government has provided some funding to the Region to adequately resource data entry into the registry. These funds are included in the 2.6 Million identified earlier.
London Health Sciences Centre (LHSC)	LHSC is currently participating in the MoH sponsored central provincial registry for the five select areas of the wait time strategy. Phase II of the wait time information system (Enterprise Master Patient Index or EMPI) is targeted for implementation by December 2006. LHSC is being requested to participate in the Phase II implementation which will capture the above noted items.
St. Joseph's Health Care (London)	Not at this time
St Joseph's Healthcare Hamilton (SJHH)	SJHH is currently one of five hospitals in Ontario participating in the pilot project for the Wait Times Information System. This will allow both physician offices and hospitals to enter/merge data for wait times for the key funded areas.
Hospital for Sick Children	No
Kingston General Hospital	None, Although the Lennox and Addington County General Hospital has come up on our waiting list management tool Axxess.Rx.
Hotel Dieu Hospital	N/A for changes in the last 12 months.
SCO Health Service	N/A

ACAHO MEMBER	RESPONSE
Children's Hospital of Eastern Ontario (CHEO)	Over the last 12 months, CHEO has participated in an initiative of the Ontario Child Health Network (OHCN) looking specifically at defining priority rankings, inventory of pediatric services and identification of a technological system that will allow integration of pediatric AHSCs capacity and service demands. The work has started by looking at surgical subspecialties for pediatrics, and is being expanded to include medicine subspecialties and diagnostic services.
IWK Health Centre	Community Wide Scheduling – Meditech collects information based on pts scheduled based on referral date, triage priority, access target standard – Pts scheduled for appointment outside access target are wait listed for an earlier appointment. – able to have “wait times after appointment” - able to have “wait times for patients waiting for appointments”
Capital District Health Authority (Halifax)	N/A
Eastern Regional Integrated Health Authority	Implemented an electronic central adult surgical waitlist with priority rating documentation as of April 1, 2005. This system is specific to the adult surgery program at present but will be used for all surgery patients in the next few months. When APPROACH is implemented, it will include an urgency rating system.

b) Electronic Health Records?

ACAHO MEMBER	RESPONSE
Vancouver Coastal Health Authority	Developing ability within the next 6-12 months for surgeons to complete and submit prioritization tool, and booking package electronically
Provincial Health Services Authority	<u>PSSP</u> Considerable investments are now being made in BC towards the development of an electronic health record. A comprehensive submission has been made to Canada Health InfoWay to support the funding of this initiative, and an eHealth Steering Committee has been formed to guide EHR related projects, comprised of representation from the Ministry of Health, and RHAs. The PSSP is classified as one of the province's eHealth priority projects.
Capital Health (Edmonton)	See #2a above
Calgary Health Region	See #2a above
Saskatoon Health Region	N/A

ACAHO MEMBER	RESPONSE
Regina Qu'Appelle Health Region	This is outside the realm of surgical services in our region.
London Health Sciences Centre (LHSC)	LHSC is currently involved in a region-wide electronic patient record project. This has been ongoing over the past twelve months and will provide connectivity within our region.
St. Joseph's Health Care (London)	EPR is being rolled out across our organization
St Joseph's Healthcare Hamilton (SJHH)	The Enterprise Master Person Index (EMPI) is being introduced in the Province. SJHH is also participating in this project.
Hospital for Sick Children	No
Kingston General Hospital	None
Hotel Dieu Hospital	No Change in last 12 months.
SCO Health Service	N/A
Children's Hospital of Eastern Ontario (CHEO)	The work CHEO has undertaken towards an electronic health record is part of a greater strategy (5 year clinical information systems plan) and is not specifically targeted to wait-times.
IWK Health Centre	Provincial meditech roll-out underway
Capital District Health Authority (Halifax)	Horizon Patient Folder –a document imaging tool being used to scan and store health records is being implemented on a phased in approach across CDHA.
Eastern Regional Integrated Health Authority	There have not been new investments in the electronic health record at this time except funding directed to the waitlist management system used for the surgical wait list that has not been integrated into our HIS. Ongoing discussions with government with respect to funding for the next phases of implementation of the electronic health record are currently being explored.

c) Increased connectivity among delivery points?(i.e. hospital to physicians offices?)

ACAHO MEMBER	RESPONSE
Vancouver Coastal Health Authority	<p>-Developing ability within the next 6-12 months for surgeons to complete and submit prioritization tool, and booking package electronically</p> <p>-Developing connectivity between primary care physicians, orthopedic surgeons, and regional clinics for centralized assessment of hip and knee osteoarthritis within the next 3 months</p>
Provincial Health Services Authority	<p>The province of BC has a dedicated, secure health network connecting all of the RHAs. Some health authorities have begun the process of connecting with physicians’ offices and other community services, although this is still largely in development and will come along as the EHR is developed.</p>
Capital Health (Edmonton)	<p>See #2a</p>
Calgary Health Region	<p>All the projects listed above utilize methodologies to reorganize the trajectory of care from family physician through to specialists, into acute care and back to community. The reorganization across the continuum has resulted in significant changes in waiting times.</p>
Saskatoon Health Region	<p>N/A</p>
Regina Qu'Appelle Health Region	<p>We have spent some time working on this issue through the Region assuming responsibility for scheduling. This means the Region contacts patients and books surgical spots for them instead of physicians’ offices. This initiative has paid large dividends allowing the Region. These dividends have been noted as follows:</p> <ol style="list-style-type: none"> 1. The Region has an increased ability to functionally manage Operating Room time. This structure allows the Region to clearly delineate responsibility for the use of the operating room resources. In essence, this policy has allowed the Region to demonstrate that it is the owner of the operating room resource and privileged physicians are allocated access to this resource. <p>Partially as a result of this policy decision, vacated operating room time is a very rare occurrence in the Region and the operating room is being almost fully utilized.</p> <ol style="list-style-type: none"> 2. As the Region “owns” the waiting list with the physicians, we are aware of which patients are on the list and what the status of these patients is. This has allowed the Region to improve our access management in a number of ways. This policy decision also allows the region to monitor the proclivity of some physicians who attempt to unfairly take advantage of the operating room allocation process by placing patients on the waiting list who are not “ready, willing and able” to have surgery. 3. The Region bearing responsibility for scheduling has functionally improved coordination between the Region and physicians offices.

ACAHO MEMBER	RESPONSE
Regina Qu'Appelle Health Region Cont'd	<p>4. The Region has better control and ability to manage how patients are queued for surgery. As a result, scheduling changes can be proactively undertaken to improve facility utilization. As an example, the system can routinely project bed capacity two or three days in the future. When the system is overcrowded, the operating room slate can be varied proactively preventing a potential crisis. We have endeavoured to manage these surgical postponements at least two days ahead since November of 2005.</p> <p>Though unfortunate, these proactive postponements are much more patient friendly compared to last minute cancellations. Further, when working two days ahead, it is possible to back fill any inpatient cases with day cases so as to fully utilize the available theatre time.</p>
London Health Sciences Centre (LHSC)	As above, the electronic patient record envisions improved connectivity to physician offices and hospitals within the Thames Valley Hospital Planning Partnership.
St. Joseph's Health Care (London)	This will be phased in as part of the EPR project.
St Joseph's Healthcare Hamilton (SJHH)	At this point we have not addressed this issue
Hospital for Sick Children	- the web based ambulatory tool that we have developed, has enhanced connectivity to community physicians at no cost
Kingston General Hospital	As mentioned previously in a) the Lennox and Addington County General Hospital has recently added it's cataract and general surgery to our wait list management system Axxess.Rx
Hotel Dieu Hospital	No change in last 12 months.
SCO Health Service	N/A
Children's Hospital of Eastern Ontario (CHEO)	Not specific to wait times
IWK Health Centre	Provincial meditech roll-out underway
Capital District Health Authority (Halifax)	<p>Through the provincial Primary Healthcare Information Program (PHIM), Capital Health is supporting the implementation of electronic patient records (EPRs) in at least 15 family practices throughout the district. An EPR provides a clinic with a fully electronic patient record, state-of-the-art patient scheduling, and automated billing systems. The Department of Health is currently leading an initiative to develop connectivity between the PHIM funded practices and hospital facilities. As a result, in the coming months, these practices will also have access to lab and diagnostic imaging results. Primary Care is also working to ensure that the same connectivity becomes available to the other approximately 50 physicians in the district who already have an EPR.</p>

ACAHO MEMBER	RESPONSE
Eastern Regional Integrated Health Authority	The Surgical Waitlist Committee began a three-month pilot of physician office access to the MSM Waitlist Management System in December 2005. This process is linking the physician's office with the waitlist for data entry at point of care as well as access to the physician's specific waitlist by organized patient, procedure, urgency rating and wait time.

d) Other? (ie. operating room booking systems, wait list management systems, etc.)

ACAHO MEMBER	RESPONSE
Vancouver Coastal Health Authority	-Have implemented standard OR booking system at four of five major urban entities within VCH; will implement standard OR booking system at remaining urban and rural sites by March 31, 2007 -Have built a software model to consistently and transparently allocate OR time by surgeon, service and site within VCH
Provincial Health Services Authority	No comment.
Capital Health (Edmonton)	See #2a
Calgary Health Region	Central intake methodologies and partnerships with the physicians have allowed us to explore better ways to manage waiting lists and to create urgency scores to help triage patients in an effective manner.
Saskatoon Health Region	The Saskatoon Health Region has been participating with the province in the selection of a province wide Surgical Information System and is now in the process of planning its initiation.
Regina Qu'Appelle Health Region	Though we have a very strong management team in the surgical care system, we were able to bring a "Surgical Access Manager" position to the Region in January of 2005. This non-clinical position provides the line managers and executive management team with a unique set of analytic and management skills.
London Health Sciences Centre (LHSC)	In the past twelve months, a Cerner software project specific to the operating rooms called SurgiNet has been implemented at each site within LHSC. The main purpose for this software is a booking system. During the implementation attention has been paid to ensure functionality necessary to support wait time management efforts.
St. Joseph's Health Care (London)	Operating room booking systems are now electronic and will be connected to physician offices as part of the hospital EPR roll out. Information technology related to the provincial wait time strategy will be implemented by end of the 2006.
St Joseph's Healthcare Hamilton (SJHH)	We are currently in the RFP process for a new Perioperative Information System. The wait list strategy reporting requirements will be included in this process

ACAHO MEMBER	RESPONSE
Hospital for Sick Children	<p>SickKids is currently implementing a new management information system over the past number of months which will more effectively manage wait times. This system will allow reporting of wait times by surgical subspecialty. As part of this implementation, we are concurrently developing an IT solution to address wait times. We are currently in a 6 month phase-in period of the new system.</p> <p>On the ambulatory side, the Innovation Fund Grant has enabled the development of an automated, online paediatric referral system that streamlines access procedures, supports more effective management of referrals and facilitates reduction of wait times. Using a web-based application, the Ambulatory Referral Management (ARM) system provides electronic routing for submission, review, triage and management of internal and external patient referrals as well as calculation and reporting of wait times by clinic, by priority ranking.</p>
Kingston General Hospital	None
Hotel Dieu Hospital	Implementation of OR PICIS Information Management System is in progress.
SCO Health Service	N/A
Children's Hospital of Eastern Ontario (CHEO)	As part of data gathering for initiatives such as OCHN's wait list project, CHEO has incorporated this new knowledge into decisions made regarding a new OR booking system. We have also supported and completed a 2 year project looking at internal measurement modalities to track wait-times from time of receipt of new referral to time of first appointment for ambulatory care clinical services.
IWK Health Centre	Have these now
Capital District Health Authority (Halifax)	<ul style="list-style-type: none"> - Software installed to enable the management of wait times in the surgical departments (Axxess.Rx). - New OR information system (Horizon Surgical Manager) being implemented which will enable consistent data from all sites and data will be available in real time resulting in more timely reporting. - Emergency Department Information System implemented in the Emergency Departments across the district. - The Department of Medicine has developed Triage Criteria and Wait Time Standards or targets for ambulatory care consultations for family physicians and their patient and is available on the internet. Wait time is defined as the period of time from receipt of the referral to the date the patient is seen. The wait times reported on the website are the actual average wait times for the previous quarter. Significant efforts are being made to try to meet the targeted wait times. Divisions reported are: Cardiology, Dermatology, Endocrinology, Gastroenterology, General Internal Medicine, Geriatric Medicine, Haematology, Infectious Diseases, Medical Oncology, Nephrology, Palliative Medicine, Physical Medicine and Rehabilitation, Respiriology, Rheumatology. - Nova Scotia Department of Health has launched a Wait Times Website.

ACAHO MEMBER	RESPONSE
Eastern Regional Integrated Health Authority	<ul style="list-style-type: none"> ○ Currently pursuing the waitlist application with our HIS provider, Meditech, in the Community Wide Scheduling Module for use in ambulatory clinics and diagnostic imaging departments in the Region. ○ Implementing the ‘white board’ waitlist process for emergency case OR management through MSM system for the operating rooms of HSJ which will waitlist patients as per the peri-operative program urgency rating scale. (Copy Attached) ○ Working with Information Technology staff to upgrade and link current databases to facilitate data entry and reporting required to support the benchmarks. <p>Implementing a waitlist management process for Mental Health Program in keeping with the EH wait list management process.</p>

Increasing Capacity

3. In principle, a number of policy levers exist to increase capacity in order to meet incremental volumes within the health care system. *In the past 12 months*, have you:

ACAHO Members	Increase in the number of:				Expanded Hours for Surgical Suite Operation	Investments in Medical Technology	Establish Care Pathways
	MDs	RNs	Technologists	Surgical Suites			
Vancouver Coastal Health	✓	✓		✓			✓
Provincial Health Services Authority		✓				✓	✓
Capital Health (Edmonton)	✓	✓	✓	✓	✓	✓	✓
Calgary Health Region	✓	✓	✓	✓	✓	✓	✓
Regina Qu'Appelle Health Region				✓		✓	✓
Saskatoon Health Region	✓	✓	✓		✓	✓	✓
London Health Sciences Centre					✓	✓	✓
St. Joseph's Health Care (London)	✓				✓	✓	✓
St. Joseph's Healthcare (Hamilton)	✓	✓		✓	✓	✓	✓
Hospital for Sick Children							✓
Hotel Dieu Hospital (Kingston)							
Kingston General Hospital							✓
Children's Hospital of Eastern Ontario	✓	✓	✓			✓	✓
SCO Health Service							
IWK Health Centre (Halifax)	✓	✓				✓	✓
Capital District Health Authority		✓	✓			✓	✓
Eastern Regional Integrated Health Authority	✓	✓	✓	✓		✓	✓

Clinical Outcomes

4a) Provide examples, where available, where wait times have been successfully reduced within the five priority areas identified by First Ministers.

ACAHO MEMBER	RESPONSE																		
Vancouver Coastal Health Authority	<p><u>Between July 2004 and August 2005</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Reduced the number of patients waiting more than 24 weeks for hip and knee surgery at all sites within VCH by more than 20% <input type="checkbox"/> Reduced the number of patients waiting more than 24 weeks for hip and knee surgery at Lions Gate Hospital by 51% <input type="checkbox"/> Reduced the total number of patients on the waitlist more than 24 weeks from 12,000 plus to less than 9,000 <input type="checkbox"/> Reduced the total number of all patients on the waitlist from 21,000 plus to 17,000. <p><u>Between April and August 2005</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Reduced the number of patients waiting more than 24 weeks for hip and knee surgery at Richmond Hospital by 63% 																		
Provincial Health Services Authority	BC continues to meet the benchmark timelines for curative radiotherapy. Cardiac CABG procedures continue to be reduced in the province. In diagnostic services, better than national average access is provided to women for mammograms and cervical screening. Progress is being made in the reduction of pediatric surgery wait times through increased resources and collaboration with community hospitals.																		
Capital Health (Edmonton)	<table border="0" style="width: 100%;"> <thead> <tr> <th></th> <th style="text-align: center;"><u>National Benchmarks</u></th> <th style="text-align: center;"><u>Capital Health Current Wait times</u></th> </tr> </thead> <tbody> <tr> <td>Hip & Knee</td> <td style="text-align: center;">26 weeks</td> <td style="text-align: center;">Average wait 20.8 weeks</td> </tr> <tr> <td colspan="3">(Hip and Knee replacement pilot wait 4.7 wks)</td> </tr> <tr> <td>Hip Fracture Treatment</td> <td style="text-align: center;">Within 48 hrs</td> <td style="text-align: center;">Within 24 hours</td> </tr> <tr> <td>Cardiac Bypass Surgery</td> <td style="text-align: center;">Level I within 2 wks Level II within 6 wks Level III within 26 wks</td> <td style="text-align: center;">Emergency 0.0weeks Urgent in-patient 1.4 wks Planned out-patient 9.1.wks</td> </tr> <tr> <td>Cataract surgery</td> <td style="text-align: center;">Within 90 days</td> <td style="text-align: center;">(second quarter) 2005/06 was 77 days</td> </tr> </tbody> </table>		<u>National Benchmarks</u>	<u>Capital Health Current Wait times</u>	Hip & Knee	26 weeks	Average wait 20.8 weeks	(Hip and Knee replacement pilot wait 4.7 wks)			Hip Fracture Treatment	Within 48 hrs	Within 24 hours	Cardiac Bypass Surgery	Level I within 2 wks Level II within 6 wks Level III within 26 wks	Emergency 0.0weeks Urgent in-patient 1.4 wks Planned out-patient 9.1.wks	Cataract surgery	Within 90 days	(second quarter) 2005/06 was 77 days
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ACAHO MEMBER	RESPONSE
Calgary Health Region	<p>Hip & Knee Surgery reduced from 6 – 18 months to 5 weeks for the pilot project patients.</p> <p>Access for cardiac surgery level 1 = less than 7 days level 2 = within 2 weeks level 3 = within 6 weeks.</p> <p>Prostate cancer, assessment to treatment within 6 weeks, Hip fracture to OR within 48 hours Cataract surgery = within 4 months for priority care.</p>
Saskatoon Health Region	<p>Over the last several years, the Saskatoon Health Region has achieved reductions in the wait times for both cataract surgery and cardiac bypass surgery.</p>
Regina Qu'Appelle Health Region	<p>The Regional management has concerns about prioritizing only the five procedure groups identified by the First Ministers. It is our belief that this strategy will unduly impact all those patients waiting for a surgery other than the priority services. Instead, the Region has developed a longer term plan to improve access for ALL SURGERIES. This plan appears to be largely achieving the desired goals.</p> <p>In this plan, we will increase surgical capacity over the following three years. We will be targeting these capacity increases and improve patient queuing with the goal of offering patients a surgical date within six months of referral for all services.</p> <p>As we see it, the Saskatchewan surgical benchmarks are as follows:</p> <ul style="list-style-type: none"> • treatment to fix hip fractures within 48 hours; • hip replacements within 26 weeks; • knee replacements within 26 weeks; • a non-emergency cardiac bypass within 14 days; • surgery to remove cataracts within 16 weeks for "high risk" patients; <p>The Region has made real progress in improving the time between these cases admission to the hospital and the repair of hip fractures. Since September of 2005, we have significantly improved access to this service. Unfortunately, the Region provides services to a large rural area and sometimes these patients may experience a wait in a rural hospital that, at this time, is outside of our ability to control.</p> <p>The provision of arthroplasty services to patients is one of the areas where we are most challenged. As noted earlier, we have a three year plan in which we hope to improve patient access so as to offer all patients a surgical date within six months of their being booked for a procedure.</p> <p>Within ophthalmologic services, we have taken a number of steps to both increase capacity and improve patient access. As a result of these initiatives, the number of ophthalmologic patients has decreased significantly while patient access has improved. We have yet to determine the criteria for a “high risk” cataract. Within our current urgency measurement structures, it is our view that we are largely achieving the goal of offering surgery to “high risk” patients.</p>

ACAHO MEMBER	RESPONSE
London Health Sciences Centre (LHSC)	It is too early to determine trends to answer this question effectively.
St. Joseph's Health Care (London)	<p>Breast surgery wait times are at benchmark for the province.</p> <p>We have been able to increase the number of scans in both MRI and CT with the installation of new equipment. The new MRI installed in December 2004 and the new CT in May 2005 have allowed for faster scan times. We have increased CT scans by 25% that allows us to meet the efficiency fact of three per hour but our wait times remain long. MRI protocols have been able to be shortened to allow for additional scans of 15%.</p>
St Joseph's Healthcare Hamilton (SJHH)	Through additional funding, we have been able to increase the numbers of Joint Replacements, Surgical Oncology and Cataract procedures.
Hospital for Sick Children	None of the five priority areas identified by the first ministers addressed pediatric needs.
Kingston General Hospital	Median wait in total joints have decreased over the last 7 fiscal qtrs. Median waits for cancer surgery have remained relatively stable over the same period (all with in provincial medians) but vary slightly service to service. Cataract median waits are beginning to decline). Some wait times in other areas have declined because of the availability of good data on all surgery. This is enabled by our use of the Aaccess.Rx wait list management tool.
Hotel Dieu Hospital	N/A
SCO Health Service	N/A
Children's Hospital of Eastern Ontario (CHEO)	Pediatric benchmarks have only just been developed for surgical subspecialties <i>so this information is not yet available</i> . OCHN report only available as of January 2006.
IWK Health Centre	Done to our specialized mandate, the 5 priority areas do not apply. No wait list for pediatric cancer care
Capital District Health Authority (Halifax)	N/A
Eastern Regional Integrated Health Authority	<p>Wait times in the surgical priority areas for cancer, joint replacement and sight restoration at Eastern Health have not been reduced at the present time as we are still in the process of reviewing the patients on these wait lists. This has impacted the median wait times as patients with extended wait are receiving care following the review process.</p> <p>For cardiac care the cardiac echocardiogram wait times have been decreased from 20 weeks to 9 Weeks in last 12 months. As well cardiac surgery wait times have decreased to the recommended benchmark (182 days). This was achieved as a result of a review of patients on the cardiac surgery wait list which saw many patients removed (i.e. stable in medical management, surgery elsewhere, etc.) combined with a decrease in the referral rate over the past 15 months.</p>

b) Describe how your institution or Region was able to achieve the reduction in wait times.

ACAHO MEMBER	RESPONSE
Vancouver Coastal Health Authority	Refer to response to Question 8.0 & 9.0
Provincial Health Services Authority	These outcomes have been achieved through unified provincial programs in radiation therapy, mammography, and cervical cytology, within the BC Cancer Agency where long range planning at the provincial level with appropriate infrastructure and human resources support has been provided over a number of years. The PSHA also supports a Cardiac Services Program which monitors, plans and funds cardiac surgical needs provincially.
Capital Health (Edmonton)	<p>Centralized point of entry (i.e. hip and knee replacement) or single point of access (i.e. to cardiologist using nurse practitioner)</p> <p>Centralized data repository for tracking and analysis (i.e. hip/knee and cardiac)</p> <p>Standardized referrals, regional triage criteria and/or use of evidence-based care pathways protocols and guidelines (i.e. hip/knee replacement, cardiac)</p> <p>Multidisciplinary teams</p> <p>Comprehensive follow up services (i.e. hip/knee)</p> <p>Dedicated ophthalmology center including assessment clinic and 4 operating rooms (i.e. cataracts)</p> <p>Expanding capacity- i.e. increased space, staff, hours of service MR and CT</p> <p>Implement priority ratings (i.e. Hip/Knee, Cardiac)</p>
Calgary Health Region	Collaboration between regions, the physicians and government support have allowed for service redesign across the continuum of care to support access initiative. Working collaboratively with health regions across the province has reduced inter-regional differences and supports best practice development on a larger scale.
Saskatoon Health Region	<p>Additional designated OR time has been utilized for patients waiting in excess of 18 months for surgery. Many of these patients include those awaiting hip or knee replacement</p> <p>Daytime OR hours have been designated for unscheduled orthopedic surgery. Many of these patients include that awaiting hip fracture fixation.</p> <p>Additional human resources including physical therapists and fluoroscopy technicians have assisted to increase the capacity for orthopedic surgery.</p> <p>Scheduling surgery during daytime hours on week-ends.</p> <p>Engaging both acute and support services in developing strategies to increase surgical capacity.</p>
Regina Qu'Appelle Health Region	<p>The reduction in wait times has been achieved via three different methods:</p> <ol style="list-style-type: none"> 1. We have increased capacity in our surgical care system by approximately 10 percent. 2. We have improved our scheduling system and queuing system so as to more routinely offer surgery to those patients who have waited the longest for surgery.

ACAHO MEMBER	RESPONSE
Regina Qu'Appelle Health Region Cont'd	3. We have taken greater control over the placing of patients on the waiting list and the scheduling of these patients for surgery. This combined with the application of formalized business rules in the scheduling office has improved patient access to surgery.
London Health Sciences Centre (LHSC)	N/A
St. Joseph's Health Care (London)	Focus on the clinical pathway and reducing the time in handoffs between the components of the pathway; allocated additional OR resources under the provincial wait time strategy.
St Joseph's Healthcare Hamilton (SJHH)	The additional funding allowed us the opportunity to add elective surgical time in the Operation Room
Hospital for Sick Children	See #4a.
Kingston General Hospital	OR time is being closely monitored long with monthly progress reports for achieving volume targets. In addition care process improvements have occurred on the wards reducing LOS, increasing throughput, and therefore reducing wait time. Also making good data available to surgeons is critical to starting a dialogue amongst providers that focuses on how to better allocate resources to meet demand.
Hotel Dieu Hospital	Reports do not indicate reduction in wait times. Believe this may be a reflection of the inability of the reporting tool to allow adjustment for such things as patient request (i.e. Winter in Florida...procedure booked for return time; or patient condition (i.e. cataract surgery required on both eyes; time must be allowed between procedures, appears to extend wait time).
SCO Health Service	N/A
Children's Hospital of Eastern Ontario (CHEO)	N/A
IWK Health Centre	N/A
Capital District Health Authority (Halifax)	<ul style="list-style-type: none"> - Two week orthopedic surgical "blitz" (hip and knee replacements) using all available elective OR time. - Continue to utilize MRI at the IWK to increase volumes and decrease waits.
Eastern Regional Integrated Health Authority	The achieved reduction in wait times is through a review of the wait lists, increasing capacity through investments in technology and resources within existing program and increasing operating room time for target areas. As well, as a result of the review of the Surgery waitlist, physicians have been more attentive to selecting patients who have been waiting longer for their surgery, or who are now classified more urgently as a result of the recently implemented priority scale developed by the specific specialties in surgery.

5. Identify clinical outcomes and efficiencies which have resulted as wait times have begun to decrease in your institution or Region.

a) Has patient flow increased?

ACAHO MEMBER	RESPONSE
Vancouver Coastal Health Authority	Yes. 20-25% increase in OR efficiency has enabled higher throughput
Provincial Health Services Authority	<p><u>BCCH</u> Wait times have not as yet decreased for children’s surgical services. BCWH has just started an elective gynecology surgical services program and it is too early to comment on waitlist performance (for Women’s and Children’s).</p> <p><u>BCCH</u> Access to additional surgical resources for secondary surgical care for the Vancouver Coastal Health Authority has assisted in reducing the number of patients waiting for surgical services. However, the majority of patients are waiting longer than medically acceptable. Patient flow, in the sense of coordinated preoperative evaluation (medical, surgical and anesthesia assessments), has been optimized some years ago using preadmission clinics and a highly aggressive admit day of surgery program.</p>
Capital Health (Edmonton)	Example- Orthopedic surgery (Athroplasty pilot project) patients are seen within 17 days of referral. A multidisciplinary team carries out an assessment and determines whether or not a patient is a suitable candidate for surgery (based on established criteria). If patient is deemed a surgical candidate optimizing patient’s readiness begins immediately thereby increasing number of appropriate patients and throughput of patients for surgery.
Calgary Health Region	In the Hip & Knee study, use of the central intake has allowed for a improved filtering of patients from non-surgical and surgical queues to be matched to the right provider the first time. This enhances the ability to put the appropriate plan in place and monitor progress with the plan. Using a consistent care plan and dedicated teams has increased through put in the OR and resulted in significant reductions in length of stay and resource consumption. Organizing care in advance of surgery in collaboration with the specialist office practice has allowed the multidisciplinary team to set up a surgical plan that includes prehabilitation, community resource planning and wellness strategies to optimize the patients in advance of surgery.
Saskatoon Health Region	Information not available at this time.
Regina Qu'Appelle Health Region	This year, the Region has increased surgical capacity by approximately 10 percent. Through better coordination and improved patient flow, most of this increase in capacity has been accomplished within existing bed allocations.
London Health Sciences Centre (LHSC)	LHSC has implemented a role called “Patient Access Facilitator” to facilitate repatriation efforts and overall throughput.

ACAHO MEMBER	RESPONSE
St. Joseph's Health Care (London)	Not at this time, however, in April 2006 we will move to Cataract Procedure rooms and will see increased efficiencies because of space and relationships.
St Joseph's Healthcare Hamilton (SJHH)	Additional volumes have been realized, increasing the flow through of patients
Hospital for Sick Children	Not applicable
Kingston General Hospital	Yes.
Hotel Dieu Hospital	Yes. Additional 300 Cataracts 2005/06 completed.
SCO Health Service	N/A
Children's Hospital of Eastern Ontario (CHEO)	N/A
IWK Health Centre	Ambulatory mental health wait time has decreased.
Capital District Health Authority (Halifax)	N/A
Eastern Regional Integrated Health Authority	Patient flow has increased over the last year comparing patients admissions YTD for January 2005 to January 2006 there have been 1209 more patients admitted with an increase in patients days of 741 from the previous year. For the surgical areas, we have added 4 beds to accommodate the extra surgeries that has also allowed occupancy rates for surgery to decrease from 95% to 90% at one site and remained constant at another (85%). For specific services such as urology, throughput has increased

b) Has length of stay decreased? By how much?

ACAHO MEMBER	RESPONSE
Vancouver Coastal Health Authority	Reduced LOS for low complexity knee and hip reconstruction from 5 to 7 days on average to 3 to 4 days. Regional pathway has led to related provincial collaborative.
Provincial Health Services Authority	<u>BCCH</u> Overall length of stays at BCCH for inpatient surgical treatments are in the <50%ile for the country following risk adjustment (CIHI). With the exception of cardiac surgery, all surgical services use day care for selected procedures. BCWH LOS for scheduled caesarian section is at the benchmark established by peer organizations.

ACAHO MEMBER	RESPONSE
Capital Health (Edmonton)	Interim results (for Athroplasty pilot project): length of stay in hospital has decreased from 6.5 to 4.3 days in hospital.
Calgary Health Region	In the Hip & Knee Study, Length of Stay (LOS) was reduced from 8 days to 4.2 days, provincially for the pilot project patients. In the HIP Fracture “PROF” bed practice, LOS was reduced from 14 to 7.5 days. Cardiac Surgery LOS for all 3 categories is 5.4 days.
Saskatoon Health Region	N/A
Regina Qu'Appelle Health Region	The length of stay data used by the Region is compiled in the CIHI Discharge Abstract Database. We will not have good access to this information until June of 2006. It is our perception that we have improved length of stay performance.
London Health Sciences Centre (LHSC)	Particular to the orthopedic patient population LHSC has collaborated with the Community Care Access Centre on a project that reduced LOS for Total Joint Replacement by approximately 1 day per procedure.
St. Joseph's Health Care (London)	Length of stay for hips and knees has decreased from 4 to 6 days to 2 days. Fast track trial of approximately 45 patients suggests a potential length of stay of 24 to 36 hours.
St Joseph's Healthcare Hamilton (SJHH)	For Joint Replacements, the length of stay has decreased from 5-6 days to 3-4 days
Hospital for Sick Children	Not applicable
Kingston General Hospital	Yes, by days with respect to total joints
Hotel Dieu Hospital	All procedures are done as Day Surgery.
SCO Health Service	N/A
Children's Hospital of Eastern Ontario (CHEO)	N/A
IWK Health Centre	No
Capital District Health Authority (Halifax)	-We have experienced an overall increase in inpatient length of stay in several of our smaller sites and an increase, but less pronounced, at the QEII and Dartmouth General. LOS remains above the national average. The number of alternate level of care patients has an impact on increasing lengths of stay as wait lists for long term care placements continue to climb. - At the QEII, the typical ALOS for knee replacements, while decreasing, is slightly above the teaching hospital ELOS for typical

ACAHO MEMBER	RESPONSE
Capital District Health Authority (Halifax) Cont'd	cases. The typical ALOS for hip replacements, which is also decreasing, is just under the teaching hospital ELOS for typical cases. - At Dartmouth General, the typical ALOS for both hip and knee replacements has decreased slightly since last year but is still above the ELOS.
Eastern Regional Integrated Health Authority	Length of stay variance for the surgery program is 2.2 % above the database while some specific services are below such as orthopedics, which is a significant improvement. Previous data would have seen surgery approximately 15% over the database. The average length of stay overall for all programs has decreased YTD by 0.7 days

c) Other clinical outcomes measures? (ie. patient satisfaction has increased; re-admission rates have dropped)

ACAHO MEMBER	RESPONSE
Vancouver Coastal Health Authority	Decreased cancellation rates
Provincial Health Services Authority	<u>BCCH</u> As there has not been a significant drop in waiting times in general, there are no changes in other outcomes. By pushing daycare for surgical care in children, we probably run higher readmission rates than adult surgical facilities.
Capital Health (Edmonton)	Final evaluation results are pending at this time. Clinic outcomes will be available Summer 2006. However, preliminary patient and provider survey indicate high level of satisfaction with new process.
Calgary Health Region	Currently these measures are being evaluated in the hip and knee study. The early indications demonstrate an improved satisfaction with the process and reductions in re-admission rates and consumption of community resources (ie. Subacute bed utilization).
Saskatoon Health Region	N/A
Regina Qu'Appelle Health Region	To date we have not begun to assess these measures.
London Health Sciences Centre (LHSC)	N/A
St. Joseph's Health Care (London)	Patient satisfaction on our inpatient surgery units is above the benchmark for the province.
St Joseph's Healthcare Hamilton (SJHH)	There have been no concerns raised by the patients involved in the wait list strategy.

ACAHO MEMBER	RESPONSE
Hospital for Sick Children	Not applicable
Kingston General Hospital	Not yet measured.
Hotel Dieu Hospital	Admission Rates N/A. Hotel Dieu is an Ambulatory Care Facility
SCO Health Service	N/A
Children's Hospital of Eastern Ontario (CHEO)	N/A
IWK Health Centre	Stayed the same
Capital District Health Authority (Halifax)	Unplanned readmission rates dropped in the first two quarters of the fiscal year compared to the first two quarters of the previous year
Eastern Regional Integrated Health Authority	We have not conducted a patient satisfaction survey to date. Readmission rates have not increased.

Wait List Registries, Prioritization Tools & Appropriateness Guidelines

6. Does your institution or Regional Health Authority have a central booking system? How is this organized? By hospital, by region or by province?

ACAHO MEMBER	RESPONSE
Vancouver Coastal Health Authority	No
Provincial Health Services Authority	<p><u>PSSP</u> Provincially, many RHAs are planning for regional OR booking systems. The first regional OR booking system is planned to be in place by 2007.</p> <p><u>BCCH</u> The nature of the PHSA's services does not require a regional OR booking system. BCCH and BCWH have centralized booking for their respective surgical services and run identical software. IT support is common to the two installations.</p>

ACAHO MEMBER	RESPONSE
Capital Health (Edmonton)	Several programs in Capital Health use “Capital Health Link”, a centralized telephone line staffed by RNs that performs as a central point of entry into the Capital Health care system and in some cases triages to various programs including bookings.
Calgary Health Region	<p>We currently have a central booking system. Also, in the pilot project we are testing a central intake clinic. The Western Canada Waiting list criteria for urgency have been used in the Hip & Knee study to help queue patients in accordance with a maximum acceptable waiting time.</p> <p>In Cardiac Surgery, the Naylor scoring system has been used to determine urgency and a maximum acceptable waiting time – these tools are used nationally for benchmarking cardiac surgery access.</p>
Saskatoon Health Region	Saskatoon Health Region has a central booking system for the three acute care sites within Saskatoon.
Regina Qu'Appelle Health Region	The Region has a centralized operating rooms scheduling office that schedules patients for the whole region. As mentioned earlier, this centralized database has almost exclusive control of the waiting list. This policy decision has yielded a number of positive results.
London Health Sciences Centre (LHSC)	No
St. Joseph's Health Care (London)	No.
St Joseph's Healthcare Hamilton (SJHH)	There is currently no central booking system. There is an initiative being investigated in Hamilton for both Cataract and Joint Replacement Surgery where there would be a “one number to call” for referrals which then would be triaged to the surgeon with the shortest wait list. Currently, the booking system is by surgeon.
Hospital for Sick Children	SickKids has an automated scheduling system for booking clinic appointments and an OR booking system, however, there is no centralized booking system. SickKids is not part of a regional or provincial booking system, however, through OCHN, there have been discussions around a provincial wait time information system for paediatrics.
Kingston General Hospital	We currently have 3 hospitals in our LHIN using a common centrally installed wait list management system. There is discussion under way to expand this system to all hospitals in our LHIN. The system could easily support regional central booking however that is a policy issue not a technical issue.
Hotel Dieu Hospital	Central Booking System across Kingston General and Hotel Dieu Hospitals.
SCO Health Service	N/A

ACAHO MEMBER	RESPONSE
Children's Hospital of Eastern Ontario (CHEO)	N/A
Capital District Health Authority (Halifax)	- (PHS) Pathways Healthcare Scheduling (patient scheduling) module available for the district - Diagnostic Imaging has central booking system as does the breast screening program.
IWK Health Centre	Mental Health – Single Access Point – Central Referral.
Eastern Regional Integrated Health Authority	HSJ have a central booking system for all ambulatory clinic appointments in place for a number of years using our HIS Meditech community wide scheduling module. Diagnostic Imaging will begin a central registry for booking procedures in February 2006. There is a central provincial cardiac surgery waitlist and booking system managed through the Cardiac Program of Eastern Health that has been in place for a number of years. Eastern Health has a provincial central Cancer Care program booking system for clinics, chemotherapy and radiation therapy that has been in place for a number of years.

7. Does your institution or Regional Health Authority have access to, or made progress in the development of clinical assessment tools to support the prioritization of patients waiting for surgery?

ACAHO MEMBER	RESPONSE
Vancouver Coastal Health Authority	As part of the BC Surgical Patient Registry initiative, VCH has over 40 surgeons completing 13 of the 14 specialty specific prioritization tools as part of a provincial pilot. As the tools are validated and revised accordingly, the tools will be rolled out across all sites and specialties so that by March 31, 2007, all 400 surgeons booking scheduled surgery will complete a tool as part of the submission of the OR booking package.
Provincial Health Services Authority	<u>PSSP</u> Please see response in Question 2(a). <u>BCCH</u> For pediatric services, clinical assessment tools and standardized waiting times have been developed for pediatric neurosurgery and standardized wait times for all other pediatric surgical services. At the present, the wait times are being reviewed with OCHN.
Capital Health (Edmonton)	Participation in a study of the WCWL Project to validate the Total Joint Replacement Priority Tool. Plans are underway to implement the tool as part of the current arthroplasty pilot.

ACAHO MEMBER	RESPONSE
Calgary Health Region	We are currently exploring tools that assist in the urgency and prioritization for Hip & Knee surgery.
Saskatoon Health Region	Saskatoon Health Region continues to actively participate with SSCN in the development and evaluation of the provincial priority scoring tools. All surgeons complete a scoring tool on patients who will be placed on the surgical waitlist. Reliability and validity reports of the tools were made available in December, 2005. The region plans to gradually implement a shift from scheduling utilizing the traditional prioritization system (elective/urgent) to the urgency scoring system which utilizes the results from priority scoring tools.
Regina Qu'Appelle Health Region	The Saskatchewan Surgical Care Network has developed a comprehensive set of prioritization tools and a method by which to administer these tools. To gather further information, please contact Doug Calder at Saskatchewan Health at (306) 787 0073
London Health Sciences Centre (LHSC)	The orthopedic service at LHSC has historically used a variety of assessment tools to determine urgency. Provincially, expert panels for the five priority areas have developed urgency rating scales to prioritize patients.
St. Joseph's Health Care (London)	The ophthalmology department is using the classification system provided by the Wait Time strategy. Each ophthalmologist is responsible for triaging those patients who require intervention in a shorter time basis and Procedure Lists are organized to allow more urgent patients to receive surgery quickly.
St Joseph's Healthcare Hamilton (SJHH)	The Wait Time Information System is currently being implemented to address this.
Hospital for Sick Children	Through the work of the OCHN Surgical Services Task Force, surgical access targets have been developed based on diagnoses across nine surgical subspecialties. These consensus-based access targets were developed through 9 expert panels which included paediatric surgical subspecialists from the five paediatric academic health science centres in Ontario.
Kingston General Hospital	Our wait list management system (Acess.Rx) includes a universal 1 to 5 urgency scoring system. It is also completely capable of handling other priority scores (and any additional data elements (e.g additional data for cancer surgery reporting) as they are introduced.
Hotel Dieu Hospital	HDH & KGH continue to use the clinical assessment tools as reported in the Wait Watcher I survey.
SCO Health Service	N/A
Children's Hospital of Eastern Ontario (CHEO)	Yes, via the OCHN working group report for pediatrics.
IWK Health Centre	Mental Health Services – “Brief Child & Family Phone Interview” software for triaging. BCFPI – triage tool – clinical impression = functionality – priority banding – access target applied – scheduled in CWS.

ACAHO MEMBER	RESPONSE
Capital District Health Authority (Halifax)	<ul style="list-style-type: none"> - Cardiac surgery conducts weekly review of cases based on specific criteria. - Ortho uses visual acuity scale for assessing patients awaiting joint surgery. - Cancer patients are stratified according to specific clinical criteria, e.g., tumor stage. - Emergency Departments within CDHA use the CTAS to prioritize patients based on acuity.
Eastern Regional Integrated Health Authority	<p>The Surgery Waitlist Committee has reviewed some of the clinical assessment tools that have been published prior to accepting a six-point urgency rating scale as well as consensus based procedure benchmarks in urgency classifications for each surgical service (see attached)</p> <p>The Ophthalmology Division has reviewed the clinical assessment tools for cataract surgery from the Western Canada Waitlist Project and the Manitoba Cataract wait List Program. This physician group has determined that these are time consuming to complete and suggest that using a simpler system would result in better compliance and be as effective for identifying “at risk” clients. They have suggested potential disease processes and descriptors which could define urgency for cataract surgery including as examples potential loss of driver’s license with visual acuity of 20/50, work driving impairment, mobility impairment due to poor vision from a visually significant cataract.</p>

8. Does your institution or Regional Health Authority have access to, or made progress in the development of guidelines so that only those patients who are clinically appropriate are placed onto a wait list?

ACAHO MEMBER	RESPONSE
Vancouver Coastal Health Authority	<p>As part of the Osteoarthritis Service Integration System (OASIS), family physicians will use a consistent assessment tool to identify patients who require a surgical referral and those who are better served with rehab, education or other types of support. Multidisciplinary teams at one of three regional clinics will then determine the best treatment option. This program is beginning at a regional level, but will be rolled out provincially with interest from the other health authorities.</p> <p>VCH has implemented a standard regional policy to ensure that only patients who are ready, willing and able to have surgery are identified as active wait list patients. VCH is also implementing a standard regional policy to contact patients every fiscal period who have been waiting past their target wait time to ensure they remain ready, willing and able to have surgery.</p> <p>Ophthalmologists within VCH have begun to evaluate the relationships between improved vision, wait time for cataract surgery, and the prioritization score prior to a post-surgery.</p>
Provincial Health Services Authority	<p><u>PSSP</u></p> <p>There is much discussion in BC around the development of clinical appropriateness guidelines for use in determining when a patient should be placed on to a waitlist. The Vancouver Coastal Health Authority will speak of their experience in the development of the Richmond arthroscopy pilot project where a clinical team evaluates the appropriateness of patients who are</p>

ACAHO MEMBER	RESPONSE
Provincial Health Services Authority Cont'd	<p>candidates for hip and knee surgery to proceed to consultation.</p> <p><u>BCCH</u> Guidelines such as those being proposed for the First Ministers areas of interest, are probably not required for most pediatric surgical conditions.</p>
Capital Health (Edmonton)	<p>To Date, triage criteria has been established for specific programs i.e. arthroplasty, chronic disease management (specifically diabetes and obesity). It is expected that eventually all programs in the region will have guidelines/criteria that will determine clinical appropriateness of patients placed on waitlists.</p>
Calgary Health Region	<p>The central intake methodology has assisted in filtering patients and ensuring that an enhancement in the GP to specialist responsiveness will remove those waiting for surgery from those requiring medical management or non- surgical treatment. Our goal has been to ensure that all patients get a plan of care suited to their needs, streaming those for surgery through intake into assessment, optimization and then surgery. For non-surgical care, a team determines the best plan of care and helps the Family Physician to adopt the non-operative management plan for their patients. This same method holds true for our breast & prostate cancer initiatives. That is, the GP referral allows for a central team to assess and help patients navigate to the right provider the first time instead of inappropriately being put on a surgical list.</p> <p>Beginning April 1, 2005, provincial prioritization guidelines were initiated for CT and MRI. Overall, the CHR has met or exceeded all provincial wait time targets for MRI and CT since implementation of these guidelines which are defined on the attachments.</p>
Saskatoon Health Region	<p>Standardized prioritization tools are being utilized in all surgical services.</p>
Regina Qu'Appelle Health Region	<p>The Region uses prioritization tools developed through the Sask Surgical Care Network, so every patient is scored at the time they are put on the waitlist. The scoring will eventually be used to order patients on the list. The Region has begun looking at some "demand management" initiatives for orthopedics that seek to develop referral processes that ensure greater consistency in setting the threshold for treatment.</p>
London Health Sciences Centre (LHSC)	<p>No</p>
St. Joseph's Health Care (London)	<p>A team has been formed to discuss a single waiting list for all ophthalmologists at St. Joseph's Health Care in London. The plan is to collect the same information that the Ontario Wait List Strategy is collecting in their test areas. It has been recommended that each physician be able to view their own wait list but only in the Department Head and Administrative leaders will be able to see the combined wait list. It has been suggested that a student be hired to collect information on all patients currently waiting for surgery into the single list and to include required clinical information at the time of decision for surgery. This would eliminate some of the patient trail existing today.</p>

ACAHO MEMBER	RESPONSE
St Joseph's Healthcare Hamilton (SJHH)	The Wait Time Information System is currently being implemented to address this.
Hospital for Sick Children	Outside of the newly developed access targets, comprehensive clinical appropriateness guidelines have not been developed for paediatrics.
Kingston General Hospital	No
Hotel Dieu Hospital	No except for the Clinical Assessment Tool and process as referred to under #7.
SCO Health Service	N/A
Children's Hospital of Eastern Ontario (CHEO)	Yes, via the OCHN working group report for pediatrics.
IWK Health Centre	CWS - Community Wide Scheduling – Meditech collects information based on pts scheduled based on referral date, triage priority, access target standard – Pts scheduled for appointment outside access target are wait listed for an earlier appointment. – able to have “wait times after appointment” able to have “wait times for patients waiting for appointments”
Capital District Health Authority (Halifax)	Radiologists do some triaging of requests for CT Scans and MRIs at some sites.
Eastern Regional Integrated Health Authority	Policies and guidelines have been developed which outline the waitlist process for HSJ Surgical Waitlist. The surgical committee and physicians have approved these. The policies include management of active and inactive wait list patients, removal of patients from the waitlist and standardized wait list management process definition eg decision to treat, definition of wait time which are consistent with nationally accepted definitions.

Benchmarks

9. What measures is your institution or region taking to meet the benchmarks announced by First Ministers Dec 12th, 2005?

ACAHO MEMBER	RESPONSE
Vancouver Coastal Health Authority	-Augmentation funding from MoH has enabled provision of 1100 additional hip and knee procedures in 2005/06 as part of 3,700 major OR procedures, and 6,300 minor (non-OR) procedures for one-time waitlist reduction; -Regional OR allocation model assigns OR time by surgeon and service within each site based on relative net arrivals to the waitlist and the gap between actual and target wait time; will enable VCH to keep up with steady state demand or identify

ACAHO MEMBER	RESPONSE
Vancouver Coastal Health Authority Cont'd	<p>required capacity to keep up with steady state demand;</p> <ul style="list-style-type: none"> -Developing model to optimize surgical resources (matching OR case mix throughout the week to bed availability in PAR, ICU, and inpatient units); -Developing model to smooth bed flow (matching anticipated LOS to inpatient bed capacity throughout the week); -Contracting out some low complexity day surgery to private clinics to free-up capacity in main OR's; -Implemented Richmond Hip and Knee Pilot Project in 2005/06 to reduce patient wait times, improved patient outcomes and increased efficiency for hip and knee patients through its comprehensive approach to pre-operative, operative and post-operative care. -Opening UBC Centre for Surgical Innovation in Hip and Knee Reconstruction April 1, 2006 with funding from the MoH to provide 1,700 procedures annually to BC patients; -Analyzing other reconfiguration opportunities for high efficiency, dedicated treatment of selected procedures/services eg. cataract surgery, treatment of breast oncology with option for immediate reconstruction, disc surgery.
Provincial Health Services Authority	<p>The PHSA is currently examining each of the benchmark areas it has responsibility for and is initiating discussions with the Ministry of Health to determine the performance targets for meeting the benchmark standards. Some resource planning discussions have taken place in areas where the PHSA anticipates more work will be needed to meet performance standards.</p>
Capital Health (Edmonton)	<p>Capital Health continues to strive for collection and submission of high quality waitlist data ($\leq 5\%$ error rate) to the provincial waitlist registry.</p> <p>Regional integration initiatives will merge where possible with access to services initiatives and will include planning for fundamental principles of access such as standardizing processes, protocols and guidelines; use of multidisciplinary teams involved in assessment treatment and follow up; and addition of in-pt beds, increased OR time, system/service redesign where necessary to meet benchmark guidelines.</p>
Calgary Health Region	<p>The CHR is continuing with the Alberta Hip and Knee study and with the results will look at opportunities to spread the methodology to a larger volume of patients and to other surgical procedures in order to improve access in a variety of areas.</p> <p>The CHR is continuing with the work in both Breast and Prostate Cancer with the hope of applying the principles across the regional sites and provincially.</p>
Saskatoon Health Region	<p>Continuing with the initiatives in 4 b)</p> <ul style="list-style-type: none"> Increasing surgical capacity for orthopedic surgical procedures Enhancing OR efficiencies Enhancing patient flow Consolidating like procedures to increase critical mass and thereby enhance efficiencies

ACAHO MEMBER	RESPONSE
Regina Qu'Appelle Health Region	<p>The Regional management has concerns about prioritizing only the five procedure groups identified by the First Ministers. It is our belief that this strategy will unduly impact all those patients waiting for a surgery other than the priority services. Instead, the Region has developed a longer term plan to improve access for ALL SURGERIES. This plan appears to be largely achieving the desired goals.</p> <p>In this plan, we will increase surgical capacity over the following three years. We will be targeting these capacity increases and improve patient queuing with the goal of offering patients a surgical date within six months of referral for all services.</p>
London Health Sciences Centre (LHSC)	LHSC is actively involved with the initiatives led by the Ontario Wait Time Strategy office to address reduction in wait times for the 5 key areas.
St. Joseph's Health Care (London)	Dedicated cataract suite to be opened in May 2006. Changing clinical management of cataracts (i.e. type of anesthesia, diabetic protocol etc.)
St Joseph's Healthcare Hamilton (SJHH)	The Wait Time Information System is currently being implemented to address this.
Hospital for Sick Children	Paediatrics was not specifically addressed by the First Ministers.
Kingston General Hospital	As mentioned in 6) we have a common centrally installed wait list management system across 3 sites in our LHIN with discussions ongoing for including the remaining sites.
Hotel Dieu Hospital	Establishment of a Wait List management Committee to monitor, identify and correct reporting errors or data discrepancies.
SCO Health Service	N/A
Children's Hospital of Eastern Ontario (CHEO)	Given the need to develop appropriate pediatric benchmarks, CHEO is committed to working with its partners in AHSCs dealing with pediatrics, using OCHN.
IWK Health Centre	Part of provincial strategy
Capital District Health Authority (Halifax)	Two week orthopedic surgical blitz (hip and knee replacements) using all available elective OR time
Eastern Regional Integrated Health Authority	Currently Eastern Health is committed to improving access to meet the FMM benchmarks. Measures to achieve this include increasing capacity in the OR, inpatient units, and clinics; increasing human resources, recruitment and retention strategies; acquisition of necessary diagnostic technology and equipment and improved data collection processes to improve accuracy of reporting. The measures taken and the pace of implementation have been a result of "new" dedicated funding to address FMM benchmarks.

10. How soon do you anticipate your institution or Regional Health Authority will meet the benchmarks announced by the First Ministers? Please provide a timeline for each of the ten benchmarks announced in December 2005.

ACAHO MEMBER	RESPONSE
Vancouver Coastal Health Authority	<p>Hip and knee replacements: December 2006 Radiation therapy to treat cancer within four weeks of patients being ready to treat; TBD Hip fracture fixation within 48 hours-within benchmark Surgery to remove cataracts within 16 weeks for patients who are at high risk-within benchmark Breast cancer screening for women aged 50-69 every two years; TBD Cervical cancer screening for women aged 18-69 every three years after two normal tests. TBD</p> <p>As well, three benchmarks are being established for cardiac bypass surgery, reflecting how urgently care is required:</p> <p>Level 1 patients within 2 weeks-within benchmark Level 2 patients within 6 weeks-within benchmark Level 3 patients within 26 weeks-within benchmark</p>
Provincial Health Services Authority	This is currently under discussion with the Ministry of Health.
Capital Health (Edmonton)	Capital Health currently is meeting national benchmarks for those wait time clinical benchmarks announced to date.
Calgary Health Region	<p>Hip fracture – meet Cataracts – meet Hip & Knee – 2007 Cardiac Surgery - meet</p>
Saskatoon Health Region	<p>Surgical Benchmarks It is anticipated that within the next year, Saskatoon Health Region will be meeting the federal benchmarks for hip fracture fixation, cataract surgery and cardiac bypass surgery. It is unknown at this time when the region will be able to meet the benchmarks for hip and knee replacements.</p> <p>Cancer Screening This information is not available at this time.</p>
Regina Qu'Appelle Health Region	The Region has a plan to achieve the surgical targets in the fall of 2008.

ACAHO MEMBER	RESPONSE
London Health Sciences Centre (LHSC)	<p>Currently, in MRI, CT and cancer we are close to the benchmark wait times.</p> <p>Our current performance for total joint replacement is outside the benchmarks, and we are uncertain of the timeline when benchmark will be achieved due to the volume of backlog. Hip fracture benchmarks currently not being met. We are close to meeting benchmarks in Cardiac.</p>
St. Joseph's Health Care (London)	<p>We cannot meet the benchmarks for MRI without an additional clinical magnet since the current clinical magnet is at capacity. We cannot meet the benchmarks for CT without additional funding to operate the scanner. Until funding is delivered we cannot start to reduce the wait times.</p> <p>Hip and knee replacements within 26 weeks cannot assist as it is too long today and dependent on funding and anaesthetists.</p> <p>Surgery to remove cataracts within 16 weeks for patients who are at high risk—we have potential to do this as all ophthalmologists triage patients.</p>
St Joseph's Healthcare Hamilton (SJHH)	N/A
Hospital for Sick Children	Paediatrics was not specifically addressed by the First Ministers.
IWK Health Centre	Not known
Capital District Health Authority (Halifax)	Some will not be meet in the near term.
Eastern Regional Integrated Health Authority	<p>Based on our current projections, EH anticipates that it will meet the current benchmarks, except cervical screening and breast cancer screening, announced within 12 –18 months.</p> <p>Specifically: <u>Curative Radiation Therapy</u> currently meeting the 4 week bench mark in all major areas except Prostate cancer. 12 months to achieve this.</p> <p><u>Coronary Bypass Surgery</u>: currently meeting the benchmark for Level 3 with 100% completion rate in 182 days. For Level 1 and 2 there is a discrepancy in the urgency classifications applied to patients of EH. All emergency patients receive care in 24 hours. Urgent and semi-urgent patients are classified as inpatients (priorized for two weeks) or outpatients who receive care within 4-6 weeks depending on the status.</p> <p><u>Sight Restoration</u>: Anticipate meeting the 16-week benchmark over the next 12 months with a further increase in capacity with OR time and recruitment of an <u>Ophthalmologist</u>.</p> <p><u>Hip And Knee</u>: Anticipate meeting the 48 hour benchmark over the next 6 months for hip fracture with improved management processes for the medically unstable patient; Anticipate meeting the 6 month benchmark for hip and Knee replacement over the next 12 – 18 months with increased OR capacity and physical infrastructure.</p>

11. Identify the biggest obstacle your institution or Regional Health Authority faces trying to meet the benchmarks identified by First Ministers (i.e. funding, technology, human resources, or delivery capacity).

ACAHO MEMBER	RESPONSE
Vancouver Coastal Health Authority	-Shortage of perioperative nurses has forced the closure of two OR's at two of the main urban sites; sites have contracted out to private clinics to maintain surgical volumes.
Provincial Health Services Authority	The key obstacles facing the PHSA in meeting the benchmark standards include physical and financial resources, gaining access to hard to reach populations such as in mammography and cervical cytology, and technician and nursing human resources.
Capital Health (Edmonton)	Redesigning processes to improve access to services and decrease waitlists requires different funding arrangements for physicians, change management strategies for new designs, and demand continues to exceed supply.
Calgary Health Region	All of the above, the biggest challenge is getting the partners – regions, physician groups and governments to be working together on initiatives to benefit the patients. While resources can be an issue, the application of more money does not produce sustainable results for long-term success.
Saskatoon Health Region	Human resources and the increasing demand specifically for orthopedic surgery.
Regina Qu'Appelle Health Region	Though adequate ongoing funding is critically important, the major problem we have experienced over the last two years has been the chronic human resource shortages. Our demographic modeling suggests that these shortages will continue to be the greatest challenge to the surgical program in Regina Qu'Appelle Health Region.
London Health Sciences Centre (LHSC)	All of the above mentioned examples are obstacles for LHSC. Human resources, access to beds and funding levels are our biggest issues.
St. Joseph's Health Care (London)	Availability of anesthesiology; funding to run the MRI to greater capacity. I think we could add funding for all surgical procedures. If we overcome the anaesthesia problem, we will immediately face the challenge of dollars for the operating room, ophthalmic technicians, etc.
St Joseph's Healthcare Hamilton (SJHH)	Nursing and Anaesthesia Human Resources
Hospital for Sick Children	Paediatrics was not specifically addressed by the First Ministers.
Kingston General Hospital	Funding, HR, and delivery capacity

ACAHO MEMBER	RESPONSE
Hotel Dieu Hospital	Human resources and delivery capacity....both are linked to funding.
SCO Health Service	N/A
Children’s Hospital of Eastern Ontario (CHEO)	1. Lack of evidenced based (or consensus based) benchmarks for pediatric subspecialties. 2. Requirement for sufficient funding for the tools (software) and the human resource requirements to maintain/sustain measurement systems.
IWK Health Centre	Human Resources (both \$ and recruitment)
Capital District Health Authority (Halifax)	Human Resources – Shortage of anesthetists (and competitive remuneration) and other care providers. Recruitment and retention of staff and physicians for CDHA will continue to be a challenge given the projected retirements, the competitive marketplace, the mobility of the workforce and the changing health care needs of the patient population. Technology – equipment (surgical, diagnostic)
Eastern Regional Integrated Health Authority	The biggest obstacle for EH at the present time is the capacity and infrastructure need to increase service delivery. The cervical and breast screening benchmarks will require increased emphasis and more aggressive roll-out by the provincial screening programs of their current programs.

Other Wait Time Priority Areas

12. Much concern has been voiced about the big five priority areas squeezing out other equally important areas. Is this an issue in your institution or Regional Health Authority? What measures or processes is your institution or RHA taking to monitor wait times in non-priority areas?

ACAHO MEMBER	RESPONSE
Vancouver Coastal Health Authority	VCH is very aware of the potential for attention to the big five areas to squeeze out other equally important areas. To prevent this from happening, VCH has developed and implemented a consistent and transparent regional method for allocating OR time by surgeon, service and site based on the relative net arrivals to the wait list of each surgeon (arrivals minus completed cases and removals), plus a comparison of actual to target wait times. OR time is first allocated to unscheduled cases based on historical demand, then allocated to maintain steady state; match service rate to arrival rate of patients to waitlist. If arrival rate to waitlist (demand) is greater than service rate (capacity), model will ‘level the pain’. If arrival rate to waitlist is less than service rate in a given period, then model next provides OR time to reduce wait lists which have built up; prioritized in order of largest gaps between actual and target wait time.

ACAHO MEMBER	RESPONSE
Provincial Health Services Authority	<p><u>PSSP</u> This has certainly been voiced as a concern. In BC it is hoped that the concurrent development of clinical assessment (urgency) tools for all surgical specialties and the new surgical patient registry that will accommodate accurate, urgency-based information on all patients waiting for surgery, will ensure that accurate and timely information on all surgical specialties will be known and therefore available for consideration in resource allocation decisions.</p>
Capital Health (Edmonton)	<p>Capital Health region has established an Internal Access (to Services) Steering Committee that will: Continue to provide executive level support for priority area access benchmarks as per National <i>10-year Plan to Strengthen Healthcare</i>, and/or any other forthcoming national and/or provincial access to health services initiatives implemented in the region. Identify opportunities to address internal access issues and/or improve access for residents of CH, and those residents living outside the region, utilizing CH services. Review access projects' status including progress, issues, risks, resource implications and upcoming planned activities. Liaise with provincial health ministry. Ensure that a regional structure and process is in place for maintaining, and addressing issues regarding internal waitlist data and waitlist data quality submitted to provincial waitlist registry. Surgical wait times (reported on provincial waitlist registry) are provided for management in report (trending) format and will be used as a tool, by this committee, to review, monitoring and decision-making purposes on a monthly basis.</p>
Calgary Health Region	As current wait list process are developed further and refined, these learnings will be applied to other areas.
Saskatoon Health Region	<p>Wait times for all surgical procedures are monitored on a monthly basis. OR reallocations occur semi annually in response to shifts in wait times.</p>
Regina Qu'Appelle Health Region	The five priority areas will squeeze out other services if they are not achieved within a larger framework that seeks to generally improve patient access. Our Region is not separating out the priority areas and addressing them separately.
London Health Sciences Centre (LHSC)	Until we are fully participating in Phase II of the wait time information system or EMPI we are unable to rigorously determine impact on non-priority wait times. Every effort is being taken to use strategies that will not impact on non-wait time priority services. (e.g. utilizing vacant time and opening new time to address priority areas rather than re-assigning existing time)
St. Joseph's Health Care (London)	Wait time per patient is monitored in our urgent care centre; access to rehabilitation, waiting time for long term care beds.
St Joseph's Healthcare Hamilton (SJHH)	N/A

ACAHO MEMBER	RESPONSE
Hospital for Sick Children	As mentioned earlier, given that the big five priorities identified did not specifically address paediatrics, numerous educational and lobbying efforts have been carried out at both the provincial and national levels to ensure that waiting challenges that affect our children and youth are not overlooked.
Kingston General Hospital	Our wait list management system captures data on all services/all surgeons/all surgeries for both completed and active cases. Therefore, we closely monitor the impact in the non-priority areas and are quite concerned with what's happening. Generally speaking we are witnessing "cannibalism" in the services with incremental volume are beginning to explore solutions in meeting this unmet need.
Hotel Dieu Hospital	Based on our discussion the other morning at Committee, this is a concern.
SCO Health Service	As an organization, we continually monitor our waitlists for continuing care services to determine if there are areas we can enhance support to the acute care sector. When possible, we adjust our service provisions to address the unmet needs in a timely manner.
Children's Hospital of Eastern Ontario (CHEO)	Given the need to develop appropriate pediatric benchmarks, CHEO is committed to working with its partners in AHSCs dealing with pediatrics, using OCHN.
IWK Health Centre	New process to be implemented throughout facility between (guesstimate) Sept. 05 – Dec. 06 (15 months).
Capital District Health Authority (Halifax)	- Department of Health beginning to monitor wait times in many areas using physician billing system data. Wait times calculated retrospectively from the time the procedure is performed to the time of the first previous visit.
Eastern Regional Integrated Health Authority	<p>There are major issues with respect to the identification of focus areas nationally as these may not be the highest priority areas for your region and/or province. There is also concern that the mainstream processes are not addressing the upstream issues such as population health issues, community capacity, access to social programs, etc.</p> <p>EH has begun to measure areas aspects of service that have been identified as priorities for our region such as the wait time to see an oncologist, for chemotherapy, gastrointestinal procedures, diagnostic imaging for MRI and ultrasound.</p> <p>At this time, we have been looking for increased funding specifically targeted towards the 5 benchmarks so we have been able to communicate with our organization that there are dedicated funding envelopes that are for the target areas. There is concern given a limited total funding envelope that we will be unable to fund the current services if there continues to be increased emphasis without funding for targeted areas. To date this fear has not been realized.</p>

13. What areas would you identify for future prioritization? (i.e. mental health, obstetrics and gynecology, pediatrics, etc.)

ACAHO MEMBER	RESPONSE
Vancouver Coastal Health Authority	<p>-Neurosurgery/spinal surgery -General surgery -Gynaecology</p>
Provincial Health Services Authority	<p><u>PSSP</u> BC is currently completing clinical assessment tools for all adult surgical specialties, which will assist in resource allocation decisions for these groups. There is great interest in creating better mechanisms for the further involvement of primary care physicians in the surgical process, including undertaking pilot studies in orthopedics as an example to assess the validity of assessment tools for GP's to use as the basis for determining a patient's readiness for referral to a surgeon.</p> <p><u>BCCH</u> In addition, pediatric surgery continues to be a priority and additional resources are being placed into this area to reduce waitlists.</p> <p>Waiting time standards for pediatrics were developed in 1998 and have been the basis for regular performance monitoring. These standards are now being using as the basis for pan-Canadian standards for pediatric surgery. Clinical assessment tools have been developed for pediatric neurosurgery and are currently being validated.</p>
Capital Health (Edmonton)	<p>Proceeding with plans for integrated cancer services, mental health, Chronic disease management (including diabetes, obesity, cardiovascular risk, renal) Referral time to all specialists will be appropriately measured.</p>
Calgary Health Region	<p>Following are other waitlist initiatives that are currently underway in the CHR:</p> <ul style="list-style-type: none"> • Chronic Disease Management • Mental Health Services: <ul style="list-style-type: none"> ○ Children's Mental Health Services ○ Shared Mental Health Care in Southern Alberta ○ Access Mental Health and Mental Health Networks ○ South Calgary Health Centre Mental Health Clinic <p>Future waitlist initiative: Pediatric Surgical Access</p>
Saskatoon Health Region	<p>Cardiac catheter wait times and wait times for services for developmental pediatrics are two key areas that are currently being monitored. There are a number of access areas in our health system where waits are extended. However, the infrastructure pieces such as appropriate information system, target wait times, etc. are required to bring these wait time issues to an equivalent priority level as the existing five areas.</p>

ACAHO MEMBER	RESPONSE
Regina Qu'Appelle Health Region	<p>The acute care healthcare system is challenged in many ways. We need to finish the work we've started nationally and work to address other surgical and diagnostic wait time issues that were not on the priority listing. This is important if we really want to take a systemic approach to these issues that are so important to Canadians.</p> <p>Given the demographic trends in Canadian society, future attention could be on access to care for Aboriginal people, and pediatric services (particularly sub-specialties and complex cognitive disorders).</p>
London Health Sciences Centre (LHSC)	All of the above as well as other surgical services not identified such as vascular surgery, general surgery, otolaryngology (non-cancer), neurosurgery (non cancer) etc.
St. Joseph's Health Care (London)	Access to mental health services—inpatient beds and ACT teams.
St Joseph's Healthcare Hamilton (SJHH)	N/A
Hospital for Sick Children	Paediatrics
Kingston General Hospital	Our system covers all services/ all surgeries and therefore these areas are just as important as the targeted areas. We are currently piloting an extension of our surgical waiting list management tool to include all activity for "Wait 1" and are also planning on including all non-OR based procedures in to the existing system (e.g. endoscopies).
Hotel Dieu Hospital	<p>Pediatrics: already needs and strategies are being articulated through OCHN.</p> <p>Mental Health; Initial assessments. Ongoing (outpatient, acute and long term) care management; supportive housing & placement availability particularly for the dually diagnoses or chronically ill.</p>
SCO Health Service	<p>Areas for future prioritization should include integrated service delivery for the frail elderly and chronically disabled adults, mental health and management of chronic illness. Of great concern is the need to shift resources away from acute care to the community in order to increase capacity to support the wait time strategies. Unless there is sufficient capacity outside of the acute care environment to support the increases in demand for rapid access to and integration of primary care, home care and community services as well as diagnostic, therapeutic and rehabilitation services for the frail elderly and chronically disabled populations, there will continue to be a back log in the system given the increased pressure of clients with alternate level of care status in acute care.</p> <p>Thus, it is important that the Ministry also capture wait list information for services provided external to acute care since these wait times do have an impact on bed availability in acute care. This should be an integral component and area for research in regards to the wait time strategy.</p>

ACAHO MEMBER	RESPONSE
Children's Hospital of Eastern Ontario (CHEO)	Pediatrics, mental health
IWK Health Centre	Pediatrics, Mental Health
Capital District Health Authority (Halifax)	- Mental Health - Placement of patients in Long Term Care
Eastern Regional Integrated Health Authority	Areas for future priority consistent with Eastern Health and the province focus would be Mental Health, Primary Health Care, and timely and appropriate access to services in the community.

Public: Private Partnerships and Wait Time Management Initiatives

14. Has your institution or Regional Health Authority considered contracting out services to other public or private providers in order to reduce the length of time patients wait for a particular health service?

ACAHO MEMBER	RESPONSE
Vancouver Coastal Health Authority	-Yes -Three of the five main urban entities in VCH contract out low complexity day surgery to free-up capacity in the main OR's.
Provincial Health Services Authority	<u>BCCH</u> Yes, an agreement is in place with the Vancouver Coastal Health Authority for the provision of operating room time for pediatric patients. Dental services are contracted out to community general anesthetic facilities who meet specified standards.
Capital Health (Edmonton)	Capital Health currently partners with non-hospital surgical facilities (NHSF) for sight restoration i.e. the treatment of cataracts (cataract surgery).
Calgary Health Region	We currently contract out approximately 7,000 ophthalmology and 1,000 other day surgery procedures to the private sector. We have contracted approximately 600 hip and knee surgery cases. The extra capacity allows us to meet targets.
Saskatoon Health Region	No
Regina Qu'Appelle Health Region	Not at this time.
London Health Sciences Centre (LHSC)	No

ACAHO MEMBER	RESPONSE
St. Joseph's Health Care (London)	No
St Joseph's Healthcare Hamilton (SJHH)	No
Hospital for Sick Children	No
Kingston General Hospital	No
Hotel Dieu Hospital	No.
SCO Health Service	N/A
Children's Hospital of Eastern Ontario (CHEO)	Not at this time.
IWK Health Centre	No
Capital District Health Authority (Halifax)	No, but there are some private providers: MRIs, cosmetic surgery, oral surgery.
Eastern Regional Integrated Health Authority	EH has not considered contracting out services at this time.

15. What tools, if any (ie. software, etc) are you using to support wait list management and wait time reporting? Are reporting efforts sustainable financially as the reporting scope expands?

ACAHO MEMBER	RESPONSE
Vancouver Coastal Health Authority	-VCH has built a software model to allocate OR time. -VCH uses 'cubes of surgical activity' within a COGNOS based system to track performance against wait time targets.
Provincial Health Services Authority	<u>PSSP</u> Provincially, a new provincial wait list registry will support waitlist management and wait time reporting for all health authorities. The new registry and the associated province-wide application of clinical assessment tools is planned to support all elective surgical activity for adults in the province. <u>BCCH</u> BCCH has in place the OR booking system and an automated system for performance measurement against standards. BCCH has had extensive experience in the development of waiting time management tools that evaluate a patients waiting on the basis

ACAHO MEMBER	RESPONSE
Provincial Health Services Authority Cont'd	of initial or subsequent clinical assessment, patterns of expected deterioration, optimal developmental time and fairness in access to facilities. In addition, BCCH has thru OPSEI, Center for Operational Excellence in Surgical Education and Innovation, developed surgical scheduling software for optimal OR resource utilization (including emergency surgical services, ICU and IP bed availability and OR capacity) based on individual patient priority.
Capital Health (Edmonton)	Provincial waitlist registry currently captures only elective surgical procedures and DI (MR and CT) from regional systems. There is no means to capture other important waitlist data for other types of procedures i.e. angioplasties or endoscopies, that are not performed in an OR and therefore entered on the OR information systems. It will require substantial resources and time to capture all procedures.
Calgary Health Region	The CHR is supporting the Alberta Wait List Registry through our own software system. Software support surrounding reporting requirements is a financial challenge.
Saskatoon Health Region	The surgical information system currently utilized within the region has been instrumental in providing the useful and appropriate data. This system is becoming outdated and is being replaced by a system which will be implemented province wide.
Regina Qu'Appelle Health Region	<p>The region uses a group of analysis software provided to the province to manage and model waiting lists. This software called "Checklist" is purchased from the United Kingdom where it is broadly in use.</p> <p>This sophisticated software has allowed us to model our bottlenecks and develop a longer term capacity plan.</p> <p>This software is of little use without the necessary expertise to utilize it. The Region has acquired the services of a former research officer who has some background in database management and research methodologies. This person has responsibility to gather information from our existing data sources and work with the rest of the management team in developing longer term strategic surgical capacity plans.</p>
London Health Sciences Centre (LHSC)	Surgi-net and provincial wait time information strategy software. Contact Sarah Kramer at Cancer Care Ontario for further information.
St. Joseph's Health Care (London)	Will be part of the Ontario Wait Time Strategy Information Technology project for implementation in 2006. the resources to support this new era of accountability in reporting on wait times currently does not exist in hospitals. Data quality problems exist between various systems which often end up reporting different numbers.
St Joseph's Healthcare Hamilton (SJHH)	The Wait Time Information System will manage this.

ACAHO MEMBER	RESPONSE
Hospital for Sick Children	<p>SickKids is currently phasing in the Surgical Information System (SIS) software over the next six months which will connect booking and scheduling functions to support wait list management. The Children’s Hospital of Eastern Ontario is also implementing the same system and both institutions will be using the same queuing methodology for Wait 2.</p> <p>The Ambulatory Referral Management (ARM) system uses a web-based application that has the capacity to track key data elements associated with “W1” (date when referral received to date when patient is seen by specialist). Future development of the ARM system is planned to accommodate tracking and reporting of “W2” (date when decision to treat is made to date of actual treatment), as well as “W3” (date when referral for follow-up is determined to date when patient is seen for follow-up appointment).</p> <p>There are currently discussions at the provincial level around public reporting of surgical wait times for paediatrics.</p>
Kingston General Hospital	As mentioned previously, we are using AdapCS Canada’s Aaccess.Rx wait list management system. Reporting is easily sustainable (e.g. 20 mins per month for 3 sites). There is little to no impact on the organization as the reporting scope expands. We could provide data on all surgeries (retrospective and active) tomorrow if asked.
Hotel Dieu Hospital	Adapcis.
SCO Health Service	N/A
Children’s Hospital of Eastern Ontario (CHEO)	Our institution has assessed the capacity of its appointment scheduling systems to track certain definitions of “waits” and has developed a prioritization questionnaire for clinics interested in assessing their wait times. Currently, this process is addressed on a first come, first serve basis as the systems are complex. As the scope expands, it will be quickly unsustainable and the institution will quickly move to prioritizing requests for waitlist data.
IWK Health Centre	CWS
Capital District Health Authority (Halifax)	Aaccess.Rx (Wait List Management System) being implemented.
Eastern Regional Integrated Health Authority	<p>EH is currently using a surgical booking tool, MSM, to manage the surgical waitlist and incorporated into the data fields is the urgency rating, which is entered once the patients’ request for surgery is received. MSM is supported for reporting purposes by our data repository, Cognos.</p> <p>The Cardiac patient waitlist is managed on a computer system that was developed in house utilizing MS Access software.</p> <p>Allied Health waitlists for physiotherapy and occupational therapy are managed on systems developed in house using MS Access Software.</p>

ACAHO MEMBER	RESPONSE
Eastern Regional Integrated Health Authority Cont'd	<p>EH plans to utilize the Meditech Community Wide Scheduling waitlist system for ambulatory clinics, Diagnostic Imaging and diagnostic ambulatory services (GI, Diagnostic Neurophysiology). This system is presently used for scheduling but not for waitlist management.</p> <p>EH has accessed limited funding for benchmarks reporting support which it has prioritized to purchase/develop where possible computerized data collection/reporting and/or data linking tools to assist in the benchmark reporting. Once the tools are in place, then we will identify the staff required to maintain the infrastructure and reporting system.</p>

16. Who in your institution or Regional Health Authority is actively involved in wait list management and monitoring and achieving benchmarks in wait times and volumes? Has a committee been established?

ACAHO MEMBER	RESPONSE
Vancouver Coastal Health Authority	<p>A regional Resource Allocation Methodology (RAM) sub-committee of the Regional Surgical Executive Council (RSEC) was established to develop the regional OR allocation model and to monitor regional performance against wait time targets. The Project Team of RSEC coordinates the distribution of dedicated funding from the MoH for waitlist reduction based on a review of performance against wait time targets, and reports performance against budgeted volumes as part of a review of surgical activity to the Senior Executive Team every fiscal period. Performance against many wait time benchmarks (both in aggregate and for the big five specifically) is part of the Balanced Scorecard reviewed by the Senior Executive Team and the Board of Trustees. The surgical or OR committee at each site/entity is actively involved in wait list management and monitoring at each site/entity.</p>
Provincial Health Services Authority	<p><u>PSSP</u> The PHSA has taken a leadership role with the RHAs and the Ministry of Health in developing the new surgical patient registry and the development of adult clinical assessment (urgency) tools. A provincial steering committee with Ministry of Health, Regional Health Authority and BCMA representation has been established to guide this large project. On a provincial level, the new surgical patient registry will provide an increased level of standardized data and reports to assist the health authorities in monitoring the achievement of benchmark wait times. This capability will rapidly evolve over the next 12-18 months.</p> <p><u>BCCH</u> Pediatric surgical services in BC and in conjunction with CAPHC and OCHN – Dr’s G Blair and D Cochrane.</p> <p><u>GENERAL</u> A number of other PHSA staff are extensively involved in wait list management at the BC Cancer Agency and the Provincial Cardiac Program.</p>

ACAHO MEMBER	RESPONSE
Capital Health (Edmonton)	<p>Provincially, there is an established and ongoing Access Steering Committee and an Alberta Waitlist Registry Regional Implementation Group (RIG) consisting of designated members from each health region within the province, and provincial waitlist registry representatives.</p> <p>Regionally, under the direction of the Senior Executive V.P. and Chief Operating Officer Health services, an Internal Access Steering Committee has been struck. This Committee oversees the strategic direction, coordination and profile of all “Access to Services” initiatives currently underway and/or forthcoming within Capital Health and provides executive level guidance and coordination for all access initiatives, and associated CH waitlist data, throughout all stages of planning and implementation. (additional functions listed in question 12).</p> <p>There is also a dedicated department (Regional Health Services Information and Planning) that oversees the day to day management of most access initiatives, and day to day operation of Capital Health’s regional waitlist data. This area includes support from the dept. director, data manager, planner, data analyst and administrative support for ongoing waitlist data processes within Capital Health i.e. receive data from all hospital facilities in the region, prepare for and submit to the provincial government for public website reporting, monitor overall data quality, identify issues with waitlist data and suggest resolution.</p>
Calgary Health Region	<p>Waitlist management is supported through the executive committees applicable to each clinical area. Also, following is a list of other committees that support waitlist management:</p> <p>Alberta Bone and Joint Institute (Hip and Knee Project) CHR Cardiac Access Committee CHR Breast Cancer Access Committee CHR Prostate Cancer Access Committee</p>
Saskatoon Health Region	<p>The Waitlist Manager has the responsibility to analyze, review, recommend and consult regarding the monitoring of the Region’s surgical wait list. The Surgical Operations Committee and its executive, is actively involved in the initiatives and operational strategies required in order to achieve the objective of appropriate surgical wait times.</p>
Regina Qu'Appelle Health Region	<p>We have a rather unique position within the Region to assist in the operation of our surgical program. This position was developed specifically to manage surgical wait lists, but has evolved into a hybrid position that is part strategic and part operational management. This individual is tasked with working both with staff and the physician group.</p>
London Health Sciences Centre (LHSC)	<p>Pre-existing structures/committees have been involved in these activities. Examples are the Leadership of the operating room, Operating Room Committee, and Senior Leadership within the organization.</p>
St. Joseph’s Health Care (London)	<p>Each hospital has its own process for managing and monitoring. In this city, we have developed a city wide committee to focus on the surgical wait time strategy.</p>

ACAHO MEMBER	RESPONSE
St Joseph's Healthcare Hamilton (SJHH)	The Perioperative Executive Committee
Hospital for Sick Children	<p>The Vice President of Child Health Services and the Chief of Surgery at SickKids have been leading a provincial paediatric Surgical Wait Time Strategy. In addition, the Vice President is leading a task force which is looking at wait times for paediatric medical services across the five paediatric academic health science centres.</p> <p>An Ambulatory Wait Time Strategy Steering Committee was established at SickKids to oversee a number of initiatives associated with measuring, monitoring and managing wait lists. There are a number of smaller working groups each responsible for a specific initiative (eg. Ambulatory Referral Management Team, Decision Support Advisory) that in turn report to a member of the hospital executive.</p>
Kingston General Hospital	Because of the scope and depth of our information, all surgeons, Division chiefs, and Dept. Heads are involved as is OR management staff. We have also established a high level "Wait List Management" committee chaired by the Chief of Staff to discuss issues of strategy and policy.
Hotel Dieu Hospital	<p>Joint Committee is established (KGH & HDH). Membership: Chiefs of Staff, Chief Nursing Executives, Department Head Surgery, Head Department of Medicine, Dept. Head Ob/ Gyn; Vice President Cancer Services; Director of Information Analysis and Distribution, Director of Risk Management, others by invitation.</p> <p>The Committee has reported the progress to target for volumes; the committee has not yet had a report on proximity to wait time benchmarks.</p>
SCO Health Service	N/A
Children's Hospital of Eastern Ontario (CHEO)	It has been recommended that MRI/CT wait times be tracked as a corporate performance indicator and that specific departments identify which clinics will be assessed for waittimes. A small working group has been struck to continue to be responsive to provincial requirements for reporting, as well as to facilitate participation in the OCHN initiative on an ongoing basis.
IWK Health Centre	Ferme Mardlin Smith. Manager, Division Support (902) 470-7254
Capital District Health Authority (Halifax)	<ul style="list-style-type: none"> - Management and monitoring of wait lists and achieving benchmarks decentralized to the given service. - CDHA has representation on the Provincial Wait Time Advisory Committee
Eastern Regional Integrated Health Authority	Waitlist management is one of the divisions managed under the Clinical Efficiency unit. There is a Regional Director, a Manager of Waitlist Services and a clerical support. Each regional facility of EH has a dedicated resource to waitlist management data collection process. There is a 0.5 FTE Information Management support specialist for waitlist management.

ACAHO MEMBER	RESPONSE
Eastern Regional Integrated Health Authority Cont'd	<p>The Cardiac Care Program has a dedicated FTE to manage and coordinate the provincial Cardiac Care Waitlist.</p> <p>The province has a Provincial Waitlist Coordinator who is an employee of EH with a provincial mandate.</p> <p>In addition EH has received funding to support two FTEs for waitlist management processes in the coming fiscal year.</p>

Other Comments?

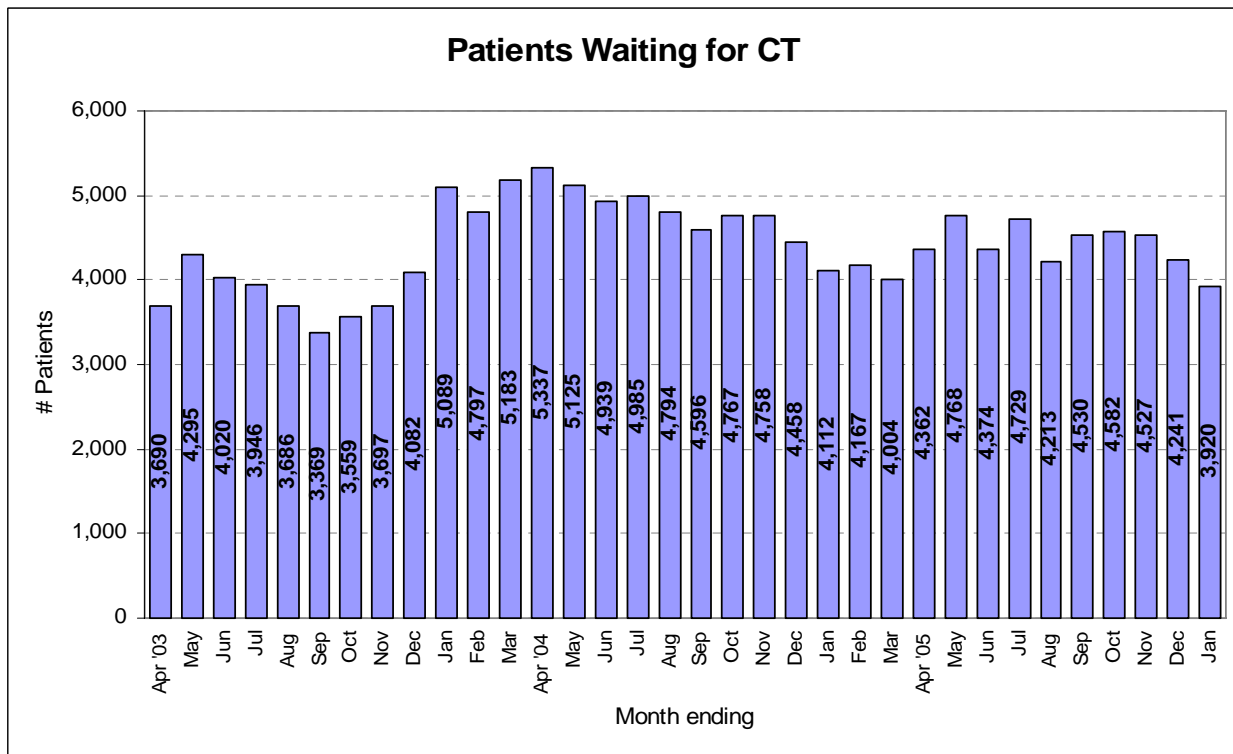
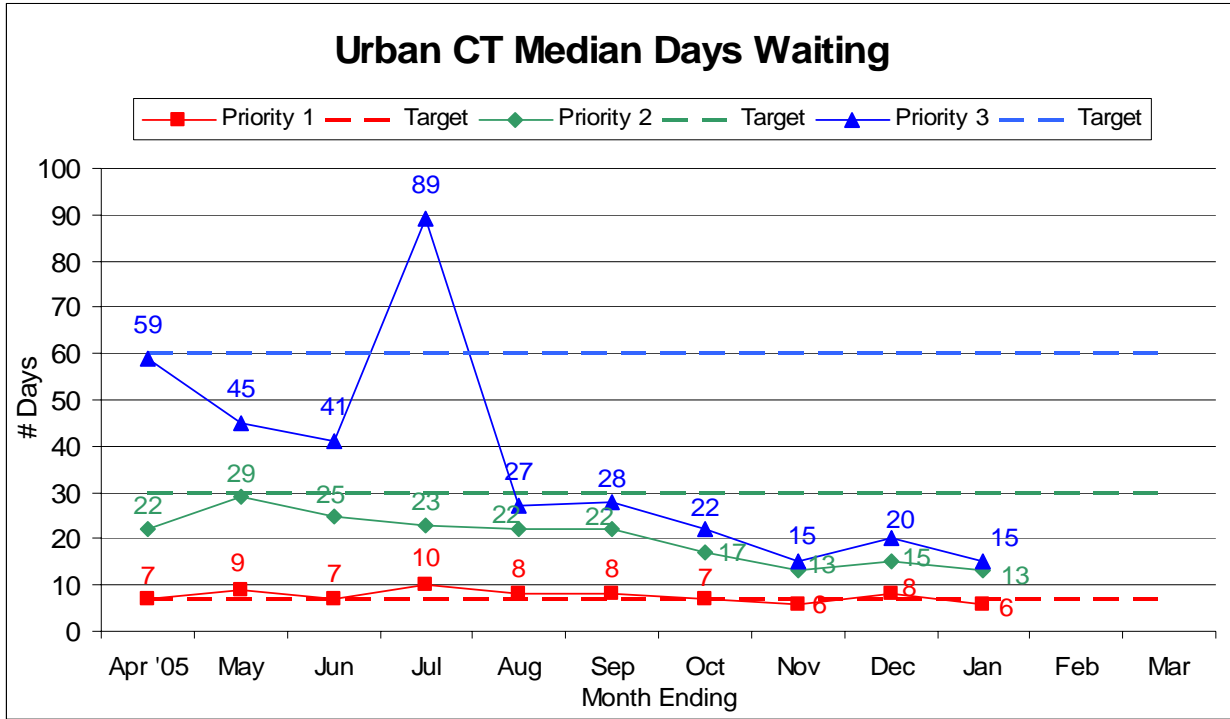
17. Are there any other further comments that you would like to make with reference to wait time reduction strategies, or this survey in particular?

ACAHO MEMBER	RESPONSE
Hospital for Sick Children	Including paediatrics as a priority area of focus has many benefits to our health care system as a whole. We must ensure that waiting challenges that are being faced by our children and youth are not overlooked.
Kingston General Hospital	Provincial gov'ts need to be clearer in their communications about current and future plans on this issue. There is still too much confusion on the frontline about what's expected, what's being provided and where this is heading, particularly in Ontario as the LHIN continue to play greater role. There are so many players involved at the gov't level and so many parallel processes occurring that I think people getting more confused and more paralyzed in trying to move ahead.
Hotel Dieu Hospital	<p>Comment re the Wait Time reporting Tools: HDH Ophthalmology Data as per notes in 4b. Two Word documents appended. Expanded Role for Physiotherapists in Orthopedic (Hip/ Knee) Surgical Clinics An Integrated system of Specialized Pediatric Surgical Services in Ontario</p>
SCO Health Service	<p>Only to reinforce the fact that the wait time strategy could be much better supported if some funds were designated to community/support services to ensure adequate follow-up and service provision to prevent emergency room visits or post acute visits. If no consideration is given to enhance continuing care services, there will continue to be backlogs since either of 3 scenarios will apply:</p> <ol style="list-style-type: none"> 1) individuals will continue to seek inappropriate levels of care for lack of better coordinated more appropriate services in the community; 2) those receiving acute services will not be sufficiently supported once they are discharged from acute care; or 3) will not be able to be discharged in the more appropriate care setting for lack of space. <p>Research into wait times for continuing care should be part of the wait time strategy in order to get better information on support services required post acute visits.</p>

ACAHO MEMBER	RESPONSE
Children's Hospital of Eastern Ontario (CHEO)	The infrastructure (systems) must be in place in order to sustain ongoing wait time management, using similar definitions for prioritized areas. That being said, it is also important to acknowledge work done in other areas outside the current scope of provincial wait time priorities.
Eastern Regional Integrated Health Authority	<p>Dedicated funding has major implications for other services, which were not identified as priorities under the FMM. Maintaining services in all areas, especially when there are dedicated funding for specific procedures may prove in the long run to be problematic. Additionally there will be increased lobbying by interest groups to have their issues identified with benchmarks and the expectation that funding to support their issues will be forthcoming. With dedicated funding and the expectation of deliverables under the FMM agreement, maintaining services at appropriate levels for equal access will be problematic.</p> <p>For the patient, the wait time begins when they begin to feel unwell and wait to see their GP. The wait continues until they receive the test/procedure/specialist appointment etc. These processes need to be measured in order to fully address wait times. Such data collection will involve complex electronic technology linking databases at all entry points. The targeted funding does not begin to address the lengthy waits on the entry to the system that patient's experience.</p>

- APPENDIX A: CALGARY HEALTH AUTHORITY-

DOMAIN: ACCESSIBILITY
 INDICATOR: WAIT TIMES FOR PATIENTS REQUIRING CT SCANS

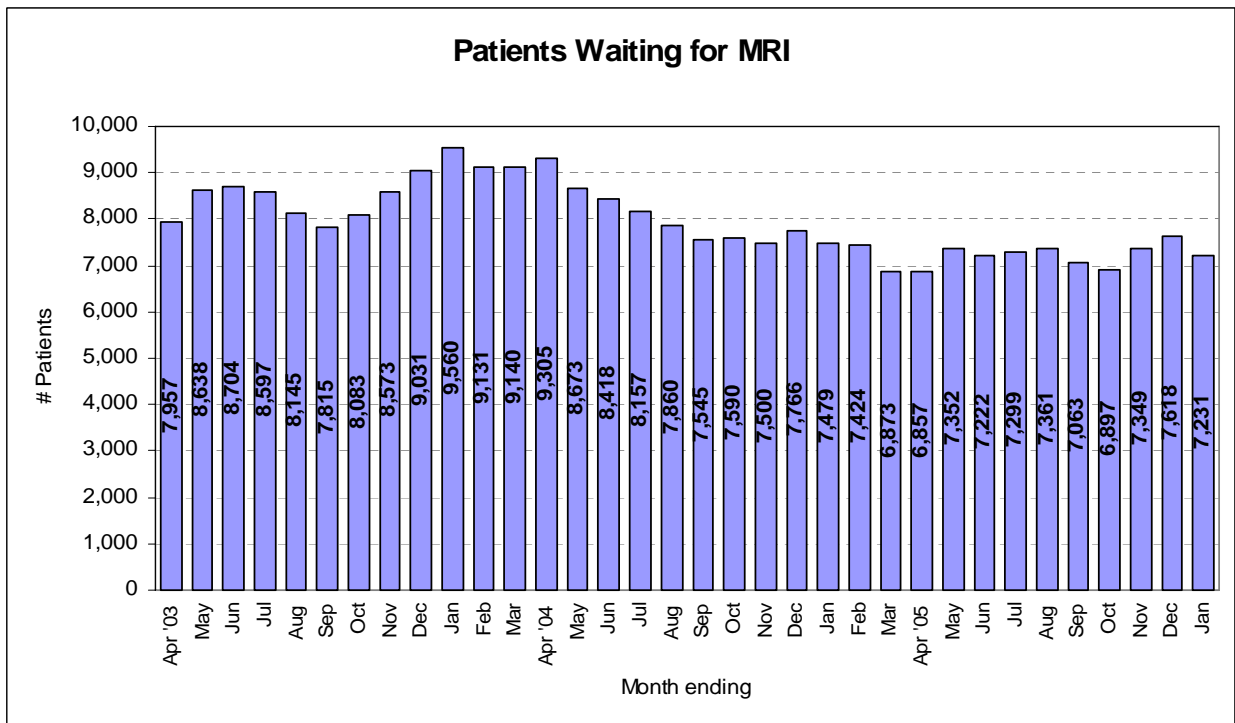
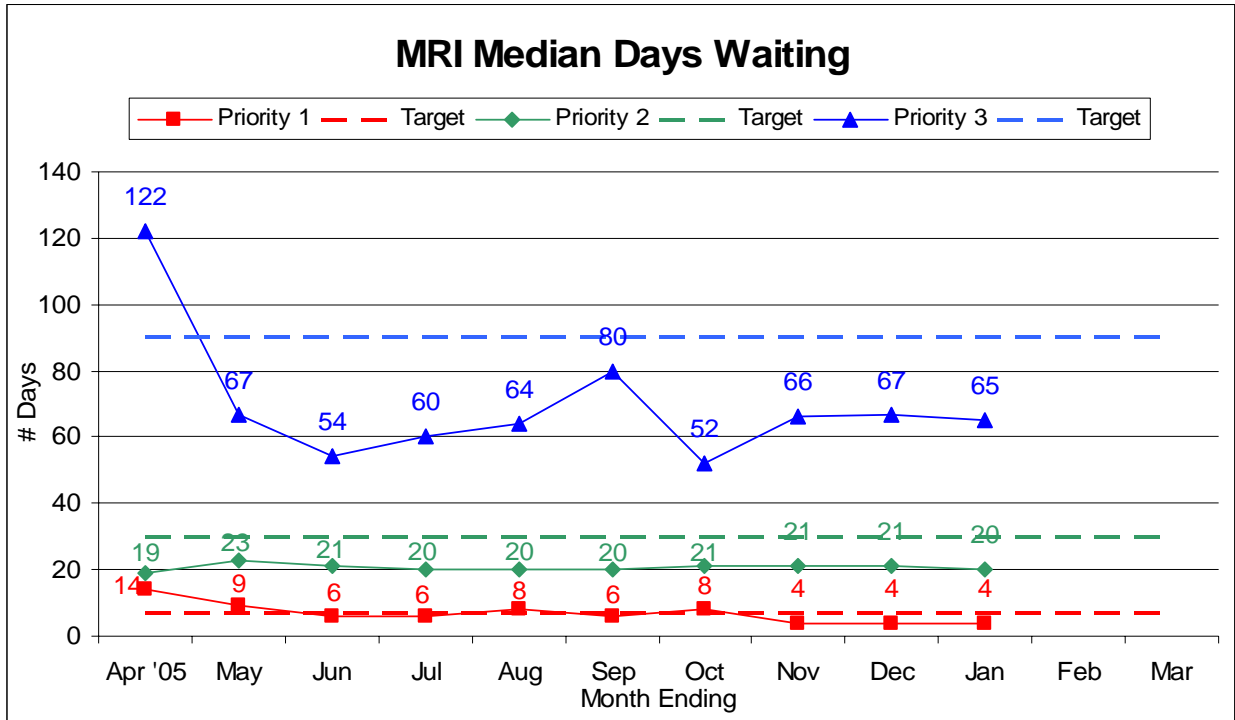


DOMAIN:	ACCESSIBILITY
INDICATOR:	WAIT TIMES FOR PATIENTS REQUIRING CT SCANS
SIGNIFICANCE:	Wait lists and access problems impact the entire health care delivery system. Figures also reported to Alberta Health and Wellness.
COMMENTARY:	Scheduled downtimes required in order to facilitate CT replacements / upgrades had a temporary impact on Priority 3 wait times during the month of July 2005. Increasing numbers of patients continue to be scheduled for Elective CT services.
STRATEGY FOR IMPROVEMENT:	An additional 3,380 stand alone CT exams are expected to be performed each year on the PET/CT unit located at the FMC site, which began CT operations in March 2005. Two new CT sites, located in High River and Canmore, began operations in April 2005 which together will provide an increase of 10,500 exams each year. One net new 64 Slice CT unit began operations in October 2005 at PLC.
ACCOUNTABILITY:	Northwest Community Portfolio – Diagnostic Imaging
BENCHMARK:	Provincial wait list targets follow a set of criteria developed by a joint committee (Alberta Health and Wellness, Alberta Medical Association, Regional Health Authorities) and forwarded for feedback through regional medical advisory committees.
TARGET:	CT Outpatient Prioritization Categories and targets are as follows: <ul style="list-style-type: none"> • Priority One – less than 7 days • Priority Two – less than 30 days • Priority Three – less than 60 days • Priority Four – scheduled exam follow-up as clinically necessary
DEFINITIONS:	<p><u>CT Outpatient Prioritization Categories</u> are guidelines only and are based on several fundamental principles:</p> <ol style="list-style-type: none"> 1. Clinical necessity shall take precedence. 2. Emergencies or urgent cases shall be discussed clinician to clinician or transferred to an emergency care centre capable of monitoring / supporting the patient. 3. The prioritization scale and urgency criteria are aimed at Outpatients. 4. The prioritization scale and urgency criteria are guidelines and there may be individual variation depending upon the patient’s condition. 5. Inpatients being transferred from an active treatment hospital for a scan will be considered inpatients within the hospital providing the scan. 6. Preoperative studies are usually more urgent, as the patients have often already been in another “waiting situation”. 7. Highest priority generally will be given to those that the results will likely affect patient management. 8. In general, the most effective test should be done first (“best test first”). <p><i>NOTE: The priority scales are not intended to be used for inpatient and emergent cases.</i></p> <p><u>Total Number of Patients Waiting</u> for all sites. As of the last day of the month, includes the total number of persons waiting for Semi Urgent or Elective scans, plus those whose booking requests have been received but not yet prioritized.</p>
LIMITATIONS:	Due to implementation of new Provincial Prioritization Categories, wait times are only available effective April 2005. Priority Four wait times are not reported. Due to discrepancies between the Rural and Urban Radiology Information Systems, only Urban Median wait times can be fully integrated and compiled as at this time.
DRILL DOWN:	Available by site.

DOMAIN: ACCESSIBILITY
INDICATOR: WAIT TIMES FOR PATIENTS REQUIRING CT SCANS
SOURCE: Diagnostic Imaging, QuadRIS
CONTACT: Tracey Plunkett, 944-8490
Tracey.Plunkett@CalgaryHealthRegion.ca
UPDATED AS OF: February 17, 2006

- APPENDIX B: CALGARY HEALTH AUTHORITY -

DOMAIN: ACCESSIBILITY
 INDICATOR: WAIT TIMES FOR PATIENTS REQUIRING MRIS



DOMAIN:	ACCESSIBILITY
INDICATOR:	WAIT TIMES FOR PATIENTS REQUIRING MRIS
SIGNIFICANCE:	Wait lists and access problems impact the entire health care delivery system. Figures also reported to Alberta Health and Wellness.
COMMENTARY:	March 2005 data includes bookings for South Calgary Health Centre (SCHC) MRI, which began operations in April 2005.
STRATEGY FOR IMPROVEMENT:	MRI capacity has significantly increased as the dedicated cardiac MRI unit at FMC and the new MRI unit at the SCHC began operations in Spring 2005.
ACCOUNTABILITY:	Northwest Community Portfolio – Diagnostic Imaging
BENCHMARK:	Provincial wait list targets follow a set of criteria developed by a joint committee (Alberta Health and Wellness, Alberta Medical Association, Regional Health Authorities) and forwarded for feedback through regional medical advisory committees.
TARGET:	<p>MRI Outpatient Prioritization Categories and targets are as follows:</p> <ul style="list-style-type: none"> • Priority One – less than 7 days • Priority Two – less than 30 days • Priority Three – less than 90 days • Priority Four – scheduled exam follow-up as clinically necessary <p><u>Regional Target</u> - Total number of patients waiting is less than 11,400</p>
DEFINITIONS:	<p><u>MRI Outpatient Prioritization Categories</u> are guidelines only and are based on several fundamental principles:</p> <ol style="list-style-type: none"> 1. Clinical necessity shall take precedence. 2. Emergencies or urgent cases shall be discussed clinician to clinician or transferred to an emergency care centre capable of monitoring / supporting the patient. 3. The prioritization scale and urgency criteria are aimed at Outpatients. 4. The prioritization scale and urgency criteria are guidelines and there may be individual variation depending upon the patient’s condition. 5. Inpatients being transferred from an active treatment hospital for a scan will be considered inpatients within the hospital providing the scan. 6. Preoperative studies are usually more urgent, as the patients have often already been in another “waiting situation”. 7. Highest priority generally will be given to those that the results will likely affect patient management. 8. In general, the most effective test should be done first (“best test first”). <p><i>NOTE: The priority scales are not intended to be used for inpatient and emergent cases.</i></p> <p><u>Total Number of Patients Waiting</u> for all sites. As of the last day of the month, includes the total number of persons waiting for Urgent or Elective scans, plus those whose booking requests have been received but not yet prioritized.</p>
LIMITATIONS:	Due to implementation of new Provincial Prioritization Categories, wait times are only available effective April 2005. Priority Four wait times are not reported.
DRILL DOWN:	Available by site.

DOMAIN: ACCESSIBILITY
INDICATOR: WAIT TIMES FOR PATIENTS REQUIRING MRIS
SOURCE: Diagnostic Imaging, QuadRIS
CONTACT: Tracey Plunkett, 944-8490
Tracey.Plunkett@CalgaryHealthRegion.ca
UPDATED AS OF: February 17, 2006