WAITING FOR CARE IN CANADA:

A REPORT ON THE STATE OF WAIT LIST MANAGEMENT FOR HIP AND KNEE REPLACEMENTS FROM PROVINCIAL AND TERRITORIAL GOVERNMENT WEBSITES

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For

Women and Health Care Reform

March 2010

Funding for this project was provided by the Gender and Health Unit, Health Canada through the Women's Health Contribution Program. The views expressed herein do not necessarily represent the views of Health Canada.

INTRODUCTION

Substantial restructuring of Canada's health care system in the late 1980s and early 1990s created real concern about the quality of health care, including timely access to care. Regionalization and privatization might have led to increased efficiencies – though this is far from an accepted or established position – but it had certainly increased the amount of time people spent waiting for diagnostic and treatment services. In 1997, Health Canada commissioned a number of projects designed to assess the state of wait time management and a preliminary report delivered a scorching critique. "With rare exceptions," concluded the authors, "waiting lists in Canada, as in most countries, are non-standardized, capriciously organized, poorly monitored, and (according to most informed observers) in grave need of retooling" (McDonald, et al, 1998). Over the next few years, researchers and clinicians continued to draw attention to the need to understand and address lengthy waits for health care and in 2004, Canada's First Ministers established an accord to reduce waiting times for key health care services, including diagnostic imaging, screening programs and radiation therapy for cancer, by-pass surgery for heart disease, total hip and knee replacements, and surgical removal of cataracts. The Federal government committed resources to the provinces and territories to support the design and implementation of wait time strategies in these priority areas. Each jurisdiction agreed to establish benchmarks for medically acceptable wait times and to report regularly on progress towards meeting these targets.

This project was designed to assess the status of wait time management for hip and knee replacement as evidenced by information found on publically accessible government websites. We found that while most of the provinces report progress in addressing wait-listing and wait times, there is still a great deal of confusion about who is managing wait lists and how, about the measurement and monitoring of waiting times, and about the reliability and timeliness of reporting on wait lists and wait time management. At the same time, though many provinces and territories have made a concerted effort to provide more information on wait times to the public, most websites do not provide a clear, comprehensive and accessible picture of wait time management or wait lists. Six years after the First Ministers' Accord, it is difficult to assess the extent to which the measurement, monitoring and management of wait lists in Canada have improved.

This report begins with a thematic analysis of wait times information presented on government websites, followed by a wait times "report card" that provides a concise visual comparison of the available information for each of the provinces and territories. The final section of the report consists of a comprehensive description of information about wait times from each of the provincial and territorial government websites.

Thematic Analysis of Wait Time Information in Canada

Background

Wait times have become an increasingly important issue, not only within the health care system, but among the public as well. Over the years, there has been much confusion and controversy about the state of wait lists and wait times in Canada, largely because of a lack of available information and reliable data confirming the seriousness of the problem (Lewis et al., 2000). The principle reason for writing this report was to get a sense of how far we have come since the issue of waiting lists and wait times first surfaced more than a decade ago. We wanted to know how much and what type of information was now available from provincial and territorial government websites, as well as to see if discussions had expanded to include such important elements as sex, gender, and other social determinants of health.

In this report, we present a summary of the available information published on provincial and territorial government websites regarding wait times for hip and knee replacement surgeries. Specifically, we outline the definitions of wait times that the provinces and territories have adopted, whether or not targets have been established and the progress made towards reaching those goals, current length of time patients can expect to wait, funding, specific strategies that have been implemented, projects and initiatives that address wait times, and information systems used to manage wait time data. As well, we detail information about wait lists, including criteria for wait listing, how wait lists are being managed, and the current status of wait lists across the country.

Government Websites

When the issue of wait lists and wait times first emerged, researchers pointed out that a lack of reliable and publicly available information made it difficult to assess whether or not waiting lists were too long and/or poorly managed (Lewis et al., 2000). With the exception of Newfoundland/Labrador and Alberta, all of the provinces have a government website devoted to wait listing and wait times. In contrast, none of the territories have taken the step of establishing a government website devoted to wait list management. Where provinces and territories lacked a dedicated website, most (with the exception of Nunavut) provided links through their respective government health department websites to other sources of information that address wait times (e.g., reports and news releases).

Department Responsible

We wanted to determine if it was clear who was responsible for addressing wait lists and wait times across the county. We found that the government departments in charge of wait times may have different titles, but responsibility generally fell under the division devoted to health. In many provinces (e.g., Newfoundland and Labrador, Nova Scotia, Ontario, Manitoba and British Columbia) regional or district health authorities are also held accountable for gathering information and managing wait times.

Definition of Wait Times

Much of the confusion that has surfaced around the state of wait times across the country has stemmed from that lack of a standard, accepted definition of wait times (Lewis et al., 2000). Six years after the First Ministers' Accord, there is general consensus among most of the provinces that "waiting" begins when health care professionals book a service and ends once that service has been performed. Clear definitions of wait times are now provided by eight of the ten provinces. An accepted definition has meant more consistency in calculating wait times, making it easier to assess the current status of wait times in Canada.

It has been argued that the popular definition of wait time does not accurately reflect the true experience of waiting. Five provinces (New Brunswick, Nova Scotia, Prince Edward Island, Quebec, and Manitoba) publically acknowledge that waiting for care often begins long before a surgery is booked and extends past the service itself. As explained on Prince Edward Island's website, there are several points within the healthcare system where individuals "wait." Patients may wait to see a primary healthcare provider or a specialist, to have a diagnostic test or surgical procedure, or to receive home or long-term care. New Brunswick goes a step further by explaining that an individual's wait time actually begins when they first experience symptoms. However, as noted on Quebec's website, current wait time tools do not capture these dimensions of waiting. As a result, the full extent of waiting that individuals commonly experience is not reflected in publicly accessible wait times information.

Provincial/Territorial Targets

In 2005, all of the provinces and territories agreed to a National Benchmark of 26 weeks (182 days) for both hip and knee replacement surgeries. A benchmark is a performance goal used by the health system to reflect an agreed upon recommended maximum wait time for health services. It is thought that within that specified timeframe, no increased negative outcomes are associated with waiting. Benchmarks are not a guarantee that a health service will be carried out within the agreed upon wait time, but rather they establish a goal for the length of time in which a certain percentage of patients will be treated. "The percentage of cases to be handled within the benchmark timeframe is referred to as a target; the higher the target, the more meaningful the benchmark" (Norris, 2006, p. 2-3).

At the time that the National Benchmark was set, the provinces and territories were required, by the end of 2007, to establish their own targets. Many have done so, with some provinces setting targets that remain constant from year to year and others setting new targets annually. Five of the provinces now publish their targets online. Prince Edward Island (2009/10) aims to complete 85 percent of all total joint replacement surgeries within 26 weeks and the province intends to increase that percentage to 90 percent the following year. New Brunswick, one of the provinces that reports targets for hip and knee replacement surgery, pledged in 2009 to complete 75 percent of all hip replacements within 26 weeks and 65 percent of all knee replacements within the same timeframe. Ontario has the target of completing 90 percent of all surgeries within 26 weeks. Alberta's provincial target is for 90 percent of all patients to have their hip surgery within 26-30 weeks and knee surgery within 26-45 weeks. Quebec has

committed to ensuring that all hip and knee replacement operations take place within six months. In cases where a health care provider or facility believes that the 26 week waiting period cannot be respected, patients in Quebec are offered alternatives, including having the procedure carried out with a different surgeon at: (1) the same hospital, (2) a different hospital close to where they live, (3) another hospital outside of their region, or (4) a specialized medical centre. Other provinces may offer similar alternatives to address wait times for total joint arthroplasty, but this information is not available on government websites.

Saskatchewan's timeframe appears to be for all surgeries with no specified targets set specifically for hip and knee replacements. Information from the Manitoba wait times website states that the province is working with diverse groups of stakeholders to develop targets that can be used by patients, care providers, and administers to monitor progress. As for Newfoundland and Labrador, Nova Scotia, Manitoba, there is no information regarding provincial targets posted on their wait times website. It is also unclear if the territories have set targets or not.

Current Status of Wait Times Targets

Provincial websites do not uniformly include information about progress in meeting wait time targets. Based on the information that is available, it appears that some jurisdictions are making a concerted effort – though not always successfully – to reach the provincial targets for total joint arthroplasty. For example, in 2009, Prince Edward Island, with a target of 85 percent of surgeries completed within 26 weeks, was able to complete 71 percent of knee and 89 percent of hip replacement surgeries during the second quarter (the most up-to-date information provided). In the same year, New Brunswick met its target for hip replacements, but fell short of the provincial target for knee replacement surgery. Ontario appears to have met its target for hip replacements and almost achieved it for knee replacement surgeries – missing the target by a mere 2 percent. As well, Alberta missed its strategic direction target for hip replacements, with 90 percent of patients receiving their surgery within 33 weeks instead of the desired 26-30 weeks. Similarly, the target for knee replacements was not reached, with 90 percent of patients receiving their surgery within 48 weeks – not the intended 26-45 weeks. In both cases, Alberta's provincial targets were exceeded by only three weeks.

Length of Wait Times

One of the main reasons for conducting this environmental scan was to determine if wait time data are publically accessible. Currently, eight of the ten provinces (and none of the territories) post their wait times on government websites. The length of time individuals wait is typically reported by the provinces as "median wait times" or the point at which half the patients have had their treatment and the other half are still waiting. For example, if a median wait time is six weeks then half of the patients would have received their surgery in six weeks or less and the other half would waited longer. Unlike averages, medians are not generally influenced by unusual cases where patients may have received prompt treatment or have waited an

exceptionally long time for surgery. As a result, median wait times are thought to stay more constant over time.

Median wait times are reported either in numbers of days or number of weeks. Most of the provinces report median wait times in weeks, including Prince Edward Island, Manitoba, Alberta, and British Columbia. The median wait times in Prince Edward Island (Oct-Dec 2009) were 15 and 18 weeks respectively for hip and knee replacement surgeries. Alberta (Apr-Jun 2009) reported median wait times of 13 weeks for hip replacements and 18 for knees. British Columbia's most recent surgical wait times data (Nov 2009-Jan 2010) showed that the median wait times was 10 weeks for hip and approximately 12 weeks for knee replacements. Median wait times were not available for the whole province of Manitoba, but as of January 2010, the median wait time for hip replacements in the city of Winnipeg was 22 weeks and 16 weeks for knee replacement surgeries.

Newfoundland and Labrador, New Brunswick, and Saskatchewan report median wait times in days. In Newfoundland and Labrador, wait times are only publically available for the Western Memorial Regional Hospital. At that facility, as of March 2009, the median wait time was 44 days for hips and 82 days for knees. In the province of New Brunswick, patients typically waited 98 days for hip replacement surgery and 138 days for knee replacement surgery. The numbers for Saskatchewan (Jul-Dec 2009) were a little higher at 114 and 167 days respectively for hip and knee replacements.

All of the median wait times were well below the National Benchmark of 26 weeks.

The province of Quebec reports the mean or average wait time for total joint arthroplasty surgeries by region. For example, the mean wait time for a hip replacement in Region 09 (Ĉote-Nord) was 12 weeks and 19 weeks for knee replacement surgery. Another choice of measurement is used by Ontario, which reports wait times by number of days using the 90^{th} percentile.

From the available information we have tracking wait times across the last several years, it appears that wait times for hip and knee replacements have actually decreased. New Brunswick, Ontario, Saskatchewan, and British Columbia all provide public data on wait times over multiple years. A decade of recorded wait times by the province of British Columbia shows that knee replacement waits have been nearly cut in half from 25.4 weeks in 2001/02 to 13 weeks in 2008/09. During the same timeframe, waits for hip replacements decreased from 18.7 to 10.0 weeks. In New Brunswick, between 2008 and 2009, median wait times for hip replacements have increased 15 days and decreased by 10 days for knee replacements. Over a five year span, from 2005 to 2010, Ontario reports a decrease of 182 days for hip replacements and a decrease of 264 days for knee replacements. As well, between 2004 and 2009, Saskatchewan reports on their website that the number of patients waiting beyond the 26 week benchmark has decreased from 57% to 29%.

We will only know this for sure though if wait times across the country are actually decreasing as uniformity in collecting, analyzing, and reporting wait time data increases among the provinces and territories. Consistency in reporting wait times as medians –or another agreed upon measure – will assist in tracking changes over time.

FUNDING

In 1998, a review of wait lists and wait times in Canada (McDonald et al., 1998) found that there was a crucial need for investment in wait list and wait time infrastructure. Not long after, in 2004, the Federal government committed to helping the provinces and territories by providing funding to design and develop wait time strategies. Five provinces and one territory reported on their websites the amount of federal funding received to help address wait times. These provinces also indicated the amount of provincial funding committed to wait times management programs. Manitoba has spent the largest sum of $155 million on their wait time reduction strategy, followed by British Columbia spending $60.5 million. New Brunswick spent $24 million on the province's surgical patient registry, and received $5.5 million from the federal government for wait time reduction in 2009-2010. Nova Scotia received $48 million from the federal government, and Yukon received $4.5 million. In 2009, Newfoundland and Labrador invested $2 million in operating funds, and $22.3 million in equipment aimed at reducing wait times. The remaining provinces and territories did not outline their budgets for reducing wait times.

STRATEGIES

Although the provinces and territories acknowledge wait times as an important issue, fewer than half of the provinces and territories have an identifiable wait time strategy published on their websites. Initiatives common to the strategies include: investments in recruitment of health professionals and in new technologies such as MRI equipment; reducing backlog by increasing the number of surgeries performed; development of best practices to improve system efficiency; and, improving data collection processes often by implementing electronic surgical patient registries. Among the other jurisdictions, it is unclear whether a specific strategy is in use. Newfoundland and Labrador is an exception, where annual objectives to reduce wait times are described in the Department of Health and Community Services annual reports and strategic plans. The 2006-08 objectives included: implementing wait times reporting from the regional health authorities to the province; establishing multi-year targets to meet the national benchmarks; and creating evidence-based tools for surgical services to prioritize patients.

PROJECTS/INITIATIVES

The provinces have designed projects and initiative to reduce wait times for total joint arthroplasty. The projects and initiatives varied across the country. All but one province provided outlines of their specific projects on their websites, allowing the public to see how they are working to address wait lists and wait times.

Newfoundland and Labrador, Prince Edward Island, Manitoba, and British Columbia hired wait list coordinators to manage wait lists across the province. Ontario created a Wait Times Information Office to monitor and manage wait time information, and make the information available to the public. Newfoundland and Labrador, New Brunswick, and Nova Scotia instituted an initiative that now requires regional health authorities to report quarterly data on surgical wait times to the province. New Brunswick has developed a website to report hospital-specific wait times data to the public, and Nova Scotia reports the data for each region on the provincial Department of Health website. Manitoba has a patient access network, which aims to improve patient access to care by facilitating wait list data management at the regional and provincial levels. The Winnipeg Regional Health Authority has hired Wait List Navigators, who are in charge of keeping patients informed about their options for surgery, help them navigate the system, and advocate on their behalf to get them into surgery as soon as possible.

Wait times steering committees, or expert panels are found in six provinces. The committees are typically multidisciplinary, composed of a variety of health professionals, who meet regularly to examine issues contributing to long surgical wait times, to devise solutions, and to make recommendations to provincial health departments.

Six provinces have addressed wait times by reviewing their surgical systems, and developing standardized plans or pathways that patients follow. The plans are usually based on "best practices" to improve system flow, and often involve standardized referral forms for physicians, surgical assessment tools, and operating room administrative processes.

Prince Edward Island increased funding for hospital upgrades and Alberta increased available operating room time. Manitoba, Saskatchewan, and British Columbia devoted funding to opening or enhancing surgical centres that deal specifically with joint replacement patients. For instance, in 2003, the Manitoba government contributed $3.2 million to open the Concordia Hip & Knee Institute in Winnipeg, Manitoba. The institute was opened as a state-of-the-art facility using innovative surgical models to reduce wait times. It was the first facility in Canada to hire clinical assistants who are intended to fill staff shortages. Clinical assistants perform some of the before and after jobs in the operating room so the surgeon can perform overlapping joint replacements. After hiring three clinical assistants, orthopaedic surgeons doubled the number of surgeries they performed over 18 months. British Columbia introduced the Richmond Hip and Knee Reconstruction project – a successful initiative that reduced wait list backlog for hip and knee surgeries through more efficient operating room practices.

Information Systems

According to Lewis and colleagues (1998), quality control could be improved by implementing information systems that identify patients at risk of excessive waits, ensures cases are reassessed over time and deleted where appropriate, track outcomes to allow for continuous refinement of prioritization criterion, and is accessible to the public. Many of the provinces have instituted information systems that track many of these criteria, but few make the information available online.

As far as we can tell, five provinces (New Brunswick, Quebec, Ontario, Saskatchewan, and British Columbia) use information systems to track and manage wait time data. Since 2007, the Surgical Access Registry in New Brunswick has been used to prioritize all surgical patients in the province as well as to schedule surgeries, assign operating room time, and answer patient questions on wait times. Quebec has also been using a specific software tool since 2007, which reports the number of patients waiting and the number of patients who have received surgery at each hospital in the province. Saskatchewan is developing a Surgical Information System for six regions, but it currently uses the Surgical Patient Registry to track all patients in the province and produce wait times reports with the goal of improving patient access to care. British Columbia's Provincial Health Services Authority oversees the province's Surgical Patient Registry, which sorts surgical assessment data and operating room booking information from over 70 hospitals across the province. Reports are generated daily for the Ministry of Health, and the data is monitored for errors. Ontario's Wait Times Information System collects wait times data from 82 hospitals. The system makes tools available to physicians to assess patient urgency and reports real-time data to physicians, administrators, and the public. At the time of this report, Nova Scotia has not yet implemented an information system, but has pledged to have a Patient Access Registry running province-wide by July 2010.

Four provinces (British Columbia, New Brunswick, Ontario, and Saskatchewan) make wait list information available on their websites. In British Columbia, data on the number of people waiting for joint replacements, and the length of their wait, are published online each month. The data is based on the patient priority scores, and organized per region, and per surgeon. New Brunswick publishes wait time data online on a quarterly basis. The data can be viewed in a variety of ways: per hospital, specialty, or procedure. Ontario updates their online wait time data monthly, and presents it as median wait times by procedure, Local Health Integration Network, and/or hospital. Saskatchewan publishes the number of surgeries performed, the number waiting, and the percentages of patients waiting for various time periods. The online data is as recent as December 2009, but it is not clear how often the numbers are updated.

Wait Lists

Wait lists are different from median wait times. While wait median wait times data tracks the number of people moving through the system, wait lists report how many patients are waiting for a procedure from a specific surgeon, at a specific hospital, or in a particular region. Provinces tend to describe and report wait time data more often than wait list data. Newfoundland /Labrador, Prince Edward Island, Ontario, Manitoba, and British Columbia construct wait lists per surgeon; Nova Scotia, New Brunswick, and Quebec have wait lists for each hospital or facility; Saskatchewan reports wait lists per region; and, the remaining provinces and territories did not describe their wait lists.

Specific wait list information is more difficult to find than wait time data. Some websites, such as Nova Scotia, say they prefer not to publish wait list data due to privacy issues. In these

instances, patients are instructed to contact their local health authority, or wait time coordinator, to request wait list information.

Four provinces (New Brunswick, Quebec, Saskatchewan, and British Columbia) make wait list information available online showing how many patients are waiting for a specific procedure or surgeon. New Brunswick updates their wait times website quarterly. The website user can choose how the data is presented, so it is possible to see the number of people waiting for surgery, the number who have had surgery, and the percentage who waited certain time periods (three weeks, six weeks, three to six weeks, etc.) for the province, hospital, specialty and/or procedure. From January to December 2009, 585 people had hip replacements and 246 were on the waiting list; 1,080 patients received knee replacements, and 734 were on the waiting list.

The Quebec website reports 2009-2010 figures from their wait times database by region, and for the whole province. The latest data shows 1873 people waiting for hip replacements, 214 of whom have been waiting longer than six months, and 3301 people waiting for knee replacements, with 418 waiting longer than six months.

As for Saskatchewan, on December 31, 2009 there were 706 patients wait listed for hip replacement surgery. Of those individuals, 29 percent had already been waiting longer than 26 weeks. Similarly, 1845 patients were waiting for knee replacement surgery with 32 percent waiting longer than 26 weeks. The number of people on wait lists was down considerably from 2004 when 877 and 2494 people were waiting for hip and knee surgeries respectively. Furthermore, of those waiting, 57 percent had been waiting more than 26 weeks for a hip and 70 percent for a knee replacement.

British Columbia publishes wait list data every three month period, the most recent of which ended January 2010. The data is broken down for each surgeon, each hospital location, and the whole province. As of January 2010, 1470 hip replacement patients and 3048 knee replacement patients were waiting for surgery somewhere in the province. From November 2009 to January 2010, 1017 hip replacements and 1476 knee replacements were performed.

No information on wait lists could be found for the territories, except for a single graph on the Northwest Territories website. The graph showed that the number of people waiting for orthopaedic surgery rose from about 100 to 200 between November 2008 and December 2009. Specific numbers were not available.

Criteria for Wait Listing

Several provinces describe how patients are assessed and prioritized for joint replacement waitlists.

Saskatchewan and New Brunswick surgeons have developed standardized assessment tools to help them determine the urgency for patients to be placed on the waitlist. Family doctors in

Saskatchewan refer their patients to multi-disciplinary clinics for assessment. The clinics confirm patients need for surgery, direct the referral to a surgeon, and prepare patients for surgery. Surgeons assess patients using a standardized prioritization tool and patient questionnaires, and use the scores to rank the patients' urgency. The urgency determines where the patient is placed on the waitlist. New Brunswick surgeons assess patients on their pain severity, symptoms, level of expected improvement, and impact surgery will have on the patient's life. If the patient consents to surgery, they are placed in one of four priority categories, and their assessment is submitted to the selected hospital, entered into the patient registry, and placed on the waitlist according to their priority category.

Physicians in Manitoba likewise assess the urgency of patients need for surgery, and place them on the waitlist accordingly. Patients who are determined to be "fit and ready," and who consent to surgery, are placed on the list. In Quebec and Ontario, patients who are not deemed in a condition of emergency are placed on the waitlist, but it is not clear who is responsible for assessing and assigning places on the waitlist. British Columbia relies on their Surgical Patient Registry to provide surgeons with prioritization information based on patient assessment. Newfoundland and Labrador patients are assessed by their physician for pain severity and ability to recover. Their classification of emergent, urgent, or elective/non-urgent determines waitlist ranking.

Wait List Management

Early criticisms have centred on wait list management and specifically a lack of auditing, evaluation, and quality control (Lewis et al., 2000). When the issue of wait times first arose more than 10 years ago, little information was available on the criteria health professionals used for wait-listing, nor was there an understanding of how wait lists were monitored, who belonged on the lists and who did not, and practices for reordering the queue over time for those patients waiting for surgery. Today, we would argue –based on information published on government websites – that there is still a lack of information about the management of wait lists. Wait list management is described – to various degrees – on six provincial websites.

The provinces of Newfoundland and Labrador and Prince Edward Island have hired provincial and/or regional wait times coordinators. It is not clear, however, from the limited information provided on the government websites what responsibilities the coordinators are expected to fulfill. New Brunswick has hired access managers for each regional hospital. The managers are responsible for ensuring patients are receiving timely access to surgery by supplying surgical teams, management, and patients with the latest information on wait times and surgical access.

On its wait times website, Quebec explains the wait list management process with a flow chart. As soon as the surgery request is signed by a surgeon, the patient is placed on the list, and assigned a staff person who is responsible for monitoring their access. The staff person contacts the patient within 30 days to confirm an operation date within six months, or to offer alternatives if the six month guarantee cannot be met with a particular surgeon.

Saskatchewan has a "moving through the system" summary on their website, which outlines the joint replacement process from the first appointment with a surgeon to the post-operative appointment. Surgical care co-ordinators are on staff at the multi-disciplinary clinics. The coordinators work with joint replacement patients to provide waitlist and wait time information, and check waitlist status and hospital admission dates. Manitoba has hired wait list coordinators who are responsible for assisting patients to navigate the system and access surgery as early as possible. Finally, while it is unclear who is in charge of waitlist management in British Columbia, one regional health authority described their role in allotting operating room time to each surgeon, and the surgeon is responsible for prioritizing their waitlists, and answering any patient questions.

Contact for Information

We were particularly interested in seeing if website users were provided with contact information to find out further information. Many provinces devote sections on their wait times websites to answering patient questions. There are several "frequently asked questions" sections, or pages of "questions to ask your doctor," but not all provide contact information for the public to ask further questions about their wait time, or surgical care. Of the provinces that include contact information: Ontario and British Columbia provide a general health information line; Nova Scotia, New Brunswick, Manitoba and British Columbia provide contacts for their regional health authorities; Newfoundland and Labrador and Prince Edward Island provide contacts for their wait times coordinators; and, Saskatchewan provides phone numbers for surgical care coordinators, specialists, regional health authority contacts, and a general health information line.

Related Services Identified

Most joint replacement patients will require some form of post-operative care such as home care, or physical therapy. The need for related services is mentioned on the New Brunswick and British Columbia websites, but without further information. Out of all the jurisdictions, Saskatchewan has the only website that links to sources of home care, occupational therapy, physical therapy, and quality care coordinators. For the other provinces, this information may be gathered through wait times coordinators or patient navigators. However, it is not clear from the information available on the websites whether this is the case or not.

Documents/Resources Available on Websites

All of the provincial and territorial websites, with the exception of Nunavut, have links to resources or documents for wait time information. Common documents and resources are patient information sheets, questions to ask your doctor, assessment tools, and surgery preparation information. The provinces that have wait times strategies provide links to documents describing or to annual reports that outline the wait times projects and initiatives. Most of the provinces and territories have links to news releases that are helpful in providing updates on government initiatives to address wait times.

Related Links Provided

It is common for people to go to the internet and trusted websites to gather health information. We often look to websites to provide links to other websites that provide additional, relevant information. Only two provinces (Saskatchewan and British Columbia) provide links specific to joint replacement patients. For example Saskatchewan has links to post-operative services such as physical therapy and home care. British Columbia's wait times website has links to HealthLinkBC, which has self-assessment tools for patients to help them decide whether they want to have joint replacement surgery. The province also links to the Osteoarthritis Service Integration System, which has pages of information on joint replacement surgery, available community services, and maintaining health before and after surgery.

Several other provinces and territories have other general, but useful, links. For example, New Brunswick and Manitoba have links to all the other provinces and territories wait time websites, and the Northwest Territories links to Alberta's waitlist information for residents who may wish or need to travel out-of-province for their surgery.

Wait Times and Sex, Gender, Diversity, Equity, and the Other Social Determinants of Health

A discussion on sex, gender, diversity, and equity is noticeably absent on all of the wait times websites. Data is not desegregated by any of the social determinants of health, including by sex, age, socioeconomic status, etc. As a result, it is not possible to ascertain who is most likely to wait or which determinants may lead to increased wait times for individuals across the country. We do not know, for example, if women or men are equally likely to wait, if a particular age group waits longer for a hip or knee replacement surgery, or if socioeconomic status affects the length of wait for a hip or knee replacement. The only insight website users have is the impact of geography on wait times and this is only because wait times and wait list data are typically reported by facility or region. The available data does not provide a breakdown of the groups who live in that area, if they share similar wait times or if there are groups of people who use a certain hospital or live within a particular community that are moved through the system more quickly.

Plans for Sustainability

None of the provincial/territorial wait time websites address the issue of sustainability.

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	NL	NS	NB	PE	QC	ON	MB	SK	AB	BC	NU	NT	YK
A government website devoted to wait times exists.		✓	✓	✓	✓	✓	✓	✓		✓			
In the absence of a dedicated website, other sources of information (e.g., reports, news releases) are made available by the government online.	✓								✓			✓	✓
A clear definition of wait times is provided.	✓	✓	✓	✓	✓	✓	✓						
A provincial/territorial target has been set.			✓	✓	✓	✓			✓				
Steps have been made to reach the target.			✓	✓	✓	✓			✓				
Wait times are posted.		✓	✓	✓	✓	✓	✓	✓		✓			
Comparison data is reported which suggest that wait times are decreasing.			✓			✓		✓		✓			
A wait time strategy is outlined on the website.		✓	✓	✓		✓		✓		✓			
Projects or initiatives that have been implemented are listed on the website.		✓	✓	✓		✓	✓	✓	✓	✓			
Information systems have been established to manage wait times data.			✓		✓	✓		✓		✓			
Waitlists are posted.			✓			✓		✓		✓		✓	
A clear explanation is given about how patients get on a wait list.					✓	✓		✓		✓			
Contact information is available for patients who have questions or require further information.	✓	✓	✓	✓		✓		✓		✓			
Information on related services (e.g. home care and rehabilitation) is provided.								✓					
Sex, gender, diversity, and equity have been included in the discussion on wait times.													
The social determinants of health have been included in the discussion on wait times.													
Disaggregated data on wait times is available (e.g., by sex, age, racialized groups, socioeconomic status, etc.).													
A sustainability plan has been described.													

Newfoundland and Labrador

Government Web Page

There is not a provincial webpage, but annual news releases are published online to report on the latest wait time (WT/WTs) trends. The latest release is found here: www.releases.gov.nl.ca/releases/2009/health/1201n01.htm

The Western Health regional health authority has a detailed website on WTs, which discusses WTs for the whole province: westernhealth.nl.ca/index.php/newsroom-2/wait-times-2. The other health authorities do not have WT information on their websites.

Department Responsible

Department of Health and Community Services

Regional Health Authorities(RHAs):

- Western Health
- Labrador-Grenfell
- Eastern Health
- Central Health

Definition of Wait Times (WT/WTs)

WT starts with the decision to treat, which is when the patient and the appropriate physician (specialist) agree to a particular service, and the patient is ready to receive the service. WT stops when the patient receives the service, or the initial service in a series. The wait is then measured in calendar days between start and stop.

Median WT: The point at which half the patients have had their treatment and the other half are still waiting is the median WT. For example, if a median WT is four weeks, this means that half of the patients waited less than four weeks, and half waited more than four weeks. Unlike the average, the median is not generally influenced by one or two very unusual cases (long or short), and is therefore more stable over time. This method of reporting is consistent within all health authorities across the province of Newfoundland and Labrador when reporting on a quarterly basis to the Department of Health and Community Services.

Provincial/Territorial Targets

No information

Current Status of Wait Times Targets

	Jan-Apr 2007 (Hip)	Jul- Sept 2008 (Hip)	Jan-Apr 2007 (Knee)	Jul-Sept 2008 (Knee)
Eastern Health	78.9%	65.8%	67%	52.1%
Central Health	100%	100%	97%	95.2%
Western Health	100%	100%	100%	84.2%

Labrador-Grenfell Health	n/a	n/a	n/a	n/a

Percentages reflect how many surgeries were completed within 26 weeks.
WT measures for hip replacement for Labrador Grenfell Health are suppressed as five or fewer cases were performed. These percentages are based on 160 hip replacements and 290 knee replacements.

Length of Wait Times

As a total hip or knee replacement is an elective procedure, some patients chose to wait for their surgery for personal or family reasons. These patients are included as completed cases, but their WT is excluded from those used to determine the median WT. Personal preference is sometimes the reason for the longer wait and is not a reflection of the service being provided.

	Western Memorial Regional Hospital
Knee Replacement	82 days
Benchmark Met	96.2%
Total performed in 2008	100
Hip Replacement	44 days
Benchmark met	91%
Total performed in 2008	55

Median WT as of March 31, 2009

Funding

Budget 2007 allocated a 10.3 per cent increase for the health and community services budget to $2.2 billion. Several investments to further improve WTs were announced including $2 million in operating funds to improve access to health services; $22.3 million for new diagnostic and capital equipment; and $2.65 million over two years, matched by Canada Health Infoway, to provide telehealth services for chronic disease management.

In *Budget 2009: Building on Our Strong Foundation*, the Provincial Government invested $50 million for new health equipment across the province, bringing the total investment by the Williams Government in this area to over $173 million over the last five years.

In the 2009 health budget:

$2.6 billion investment for health and community services.

$21.4 million investment to enhance laboratory services, cancer care and health information management for a total investment of more than $75 million since 2007:

- $5 million for the establishment of new positions such as patient navigators and a provincial director of pathology and laboratory services.
- $2.7 million for the establishment of a provincial coordinating office to manage adverse event reporting and the hiring of five patient safety officers and five physician champions throughout the province.
- $2.3 million for quality improvement initiatives including planning for a new provincial accreditation program and hiring 17 new laboratory and quality management personnel.

- $3 million for new laboratory equipment, $3.2 million for a new radiation treatment machine at the Dr. H. Bliss Murphy Cancer Clinic, $500,000 to advance planning for a PET scanner and $504,000 for new cancer drugs.
- Funding of $1 million for the development of the electronic patient record.
- $221,500 in additional resources for Eastern Health in support of the provincial cancer registry.
- Additional $3.5 million this year to hire 30 new salaried physicians.
- $663,300 this year to hire dedicated physician recruitment staff and to finance marketing and advertising efforts.
- $2 million to advance professional development activities in the regional health authorities and enhance their capacity to address workforce recruitment and retention needs.
- $5.1 million for Memorial University's Faculty of Medicine to address increased operating costs and to proceed with the expansion of the undergraduate training program for physicians.
- $50 million (cumulative investment of $173 million over past five years) for diagnostic, medical and other equipment.
- $3.9 million to support the delivery of quality health care services including operation of the new air ambulance for medevac services.

STRATEGIES

A specific strategy was not found on the Department of Health and Community Services website. Since the First Minister's agreement, the province and its RHAs have set annual objectives for reducing WTs.

PROJECTS/INITIATIVES

From the 2007-08 Health and Community Services Annual Report:

In NL, multi-year target development requires further data and a continued focus for maximum relevance.

Co-ordinated and centralized reporting is in place between the province and Regional Health Authorities and national organizations. Reporting to the public on Newfoundland and Labrador's standing in relation to the national WT benchmarks is done quarterly. When national benchmarks are established and there is sufficient data in diagnostic imaging, provincial reporting at this level will commence. Processes are established for quarterly monitoring and inform the above national reporting. Reports are released quarterly by the Department.

The Provincial Urgency Classification for Diagnostic Imaging for physicians and nurse practitioners was distributed in August 2007 as a starting point to standardize performance measurement. This province has demonstrated leadership in establishing baseline measures for hip fracture repair in hours, rather than days. As a result, physician and emergency room practices have become more responsive to patients.

Two provincial committees, the Provincial Health Services Utilization Committee and the Provincial Vice Presidents of Medical Services Committee, have processes in place and regularly consult with the Provincial WT Co-ordinator and Regional Health Authorities.

Eastern Health has formed a committee in response to a dramatic 154% increase in knee replacement patients on the waiting list. The committee will begin to review best practices across Canada for joint replacement care. The primary goal of this initiative will be to identify best practice solutions to improve access for patients waiting for joint replacement in Eastern region.

The province hired a Provincial WT Coordinator in 2005 to work with RHAs.

Investments were made in major medical equipment and strategies developed for recruitment and retention of health providers.

From the Labrador-Grenfell RHA website:

In 2008–09, standardized booking processes were implemented through the development of regionally standardized request forms for surgical, endoscopy and diagnostic imaging procedures. An electronic waitlist database was developed for elective surgery and endoscopy requests and is implemented at one site. This database provides a more accurate picture of the demand and wait list for surgery and endoscopy services.

With the implementation of the newly developed diagnostic imaging request form, has come the use of an urgency classification that was developed by Eastern Health, in collaboration with the Newfoundland Labrador Association of Radiologists. This new request form and urgency classification will improve the accessibility of WT data and will enable the provision of more accurate diagnostic imaging WTs.

Information Systems

An electronic waitlist database was developed for elective surgery and endoscopy requests and is implemented at one site in the Labrador-Grenfell region. This database provides a more accurate picture of the demand and wait list for surgery and endoscopy services.

Wait Lists

Wait lists are constructed per surgeon. There is one orthopaedic surgeon in the Labrador-Grenfell RHA, but no information can be found for other RHAs.

Criteria for Wait Listing

There are many factors that affect the length of time you may wait for a procedure to be completed:

- The specific surgery or procedure you need
- Your own health condition
- The availability of hospital staff
- The time of year
- The surgeon who is performing your surgery or procedure

Priority classification - When you require a surgical or invasive procedure, your doctor will classify your need by a priority. For example, a person who requires the same procedure as you do may have other reasons why they should be done sooner than you. Being put on a waitlist is not on a first come – first served basis. The priority is based on clinical assessment, pain, and sometimes simply a person's ability to take care of his or her self. Your physician will classify your need as

1. Emergent - You have a life threatening condition that requires immediate treatment. For this you will not be placed on a wait list
2. Urgent - You definitely require surgery or treatment but is not an emergency. In this instance you will generally wait a short time. An example of this would be a patient requiring surgery for a cancer diagnosis.
3. Elective/Non Urgent - This is a patient that requires surgery but their condition is not considered to pose a threat to their life or health.

Many factors that affect WTs are unrelated to the availability of resources or the efficiency of a particular facility. They include:

- **Patient Choice** - a patient with a non-life-threatening condition may choose to delay treatment for personal or family reasons to a more convenient time.
- **Patient Condition** - treatment may be delayed until a patient's condition improves sufficiently that surgery or a test can be performed.
- **Follow-up Care** - a patient with an existing condition may be pre-booked for a follow-up treatment or test to monitor changes in patient condition.
- **Treatment Complexity** - specific resources may be required for a patient with special requirements, resulting in a delay until these can be scheduled.

Factors Affecting WT Data:

- **Variability** - WT data can change dramatically from month to month. It can be affected by seasons, staffing and factors involving equipment.
- **Small Volumes** - It is important to note that a WT calculation based on a very small number of patients over a very short period of time can be misleading, since a few patients with unusually long or short WTs may have a very large influence on the results for that month (particularly the average WT).

Wait List Management

According to the Department of Health and Community Services Annual Reports and the webpage, the province hired a Provincial WTs Coordinator. The Grenfell-Labrador and the Western Regional Health Authorities websites show they have hired Regional Wait List Coordinators. Job descriptions are not available.

From the Western RHA website:

How are WTs managed? WTs are a shared responsibility of health care providers, regional health authorities, The Department of Health and Community services, and individuals. Physicians assess patient need, determine urgency of treatment, and place patients accordingly on a wait list or other treatment path. Regional health authorities plan and deliver health services in the regions and communities. The Department of Clinical Effectiveness, Quality Management and Research of Western Health is currently building a wait list management program to address issues around access to elective outpatient health services. In partnership with all health care providers, we are committed to improving access to service for all people in Western Newfoundland and Labrador.
Can I get care sooner? Depending on your situation, you may request a referral to another physician with a shorter wait list to possibly receive your care sooner. If you discuss your options with your doctor and are prepared to go for surgery on short notice you may reduce your WT. If your condition changes while you are waiting, you should always consult your doctor.

Status of Wait lists

From the 2007-08 Annual Report: Newfoundland and Labrador received an A grade according to the report card released on April 19 by the WT Alliance for Timely Access to Health Care. The progress report assesses the progress of provincial and territorial governments in achieving WTs benchmarks within the five priority areas, as agreed upon by Provincial/Territorial Ministers of Health in December 2005 under the *2004 Ten-year Plan to Strengthen Health Care*.

According to the grading methodology, a grade of A means that between 80 to 100 per cent of the population is treated within the national benchmark for the areas of hip and knee replacement, cancer treatment, sight restoration and cardiac care. The report card also recognizes Newfoundland and Labrador as one of only three provinces to report trends in WTs by procedures and one of the few provinces to consistently report performance on a quarterly basis in terms of the percent of patients treated within the benchmark.

Contact for Information

Contact information is made available for the Provincial WTs Coordinator and one of the four Regional Wait List Managers.

Related Services Identified

No information

Documents/Resources Available on Website

Department of Health and Community Services Annual Reports:

- 2005-06
- 2006-07
- 2007-08

Labrador-Grenfell Health Annual Performance Report 2008-09

Related Links Given

No information

Plans for Sustainability

No information

Nova Scotia

Government Web Pages

http://www.gov.ns.ca/health/waittimes/

Department Responsible

Department of Health, WTs Branch
District Health Authorities (DHAs):

- Annapolis Valley Health Authority
- Cape Breton District Health Authority
- Capital Health
- Colchester East Hants Health Authority
- Cumberland Health Authority
- Guysborough Antigonish Strait Health Authority

- IWK Health Centre
- Pictou County Health Authority
- South Shore Health
- South West Health

Definition of Wait Times

WTs for hip and knee replacements are measured by counting calendar days from the date the specialist and patient decided the service was medically necessary to the date the service was performed.

WT data is also collected for scheduled tests, treatments and services, and diagnostic services. Most of the specialists in this province work within Capital Health (Halifax Regional Municipality and surrounding area). WTs for specialist consultations are collected in this area.

Provincial/Territorial Targets

Increase number of patients receiving orthopaedic treatment through demonstration project with Capital Health and Scotia Surgery. Target: 500 in 2008/09.

Current Status of Wait Times Targets

Hip Replacement

DHA	60 days	180 days	270 days	360 days	540 days
Annapolis & Pictou	9%	37%	48%	57%	76%
Cape Breton	12%	60%	72%	80%	88%
Capital	24%	44%	61%	85%	95%
Nova Scotia	18%	44%	59%	76%	89%

Knee Replacements

DHA	60 days	180 days	270 days	360 days	540 days
Annapolis	6%	26%	37%	58%	83%
Pictou & Cape Breton	6%	33%	63%	67%	84%
Capital	10%	40%	61%	78%	92%
Nova Scotia	8%	35%	57%	71%	88%

Unit: Percentage of Patients who Received Surgery by Time Period
Data Source: Medical Services Insurance (MSI) physician billing system
Data Period: July 1 - September 30, 2009
Next Update: End of March 2010

Length of Wait Times

No information.

Funding

In 2006, NS secured $48 million in WT money from the federal government to address WTs. With the help of these federal funds, NS has invested $100 million in new equipment in the last five years.

WINS Project - WT Improvement for Nova Scotians. The Nova Scotia government signed agreements with the federal government to give the province $32 million to fund three initiatives to improve access to health services. Under these agreements, Nova Scotia was the first province to enact a guarantee on radiation therapy treatment WTs and agreed to start two pilot projects to tackle other important areas that affect wait-times. The Department of Health, Canada Health Infoway, and DHAs are contributing an additional $10.5 million to help make these projects possible.

Strategies

In 2006, the NS Department of Health released its strategy for 2007-2010 to reduce WTs. The strategy outlined the following activities under five strategic directions:

Communication with and among health care professionals, with patients, and the public

- Enhance website with accurate data from information systems, programs and services.
- Expand physician reporting on Doctors NS website through mandatory data capture provisions.
- Pilot a patient portal to communicate with and support patients waiting for service.
- Release regular progress reports to the public through various media.
- Develop public awareness about timely access and their role in improving WTs

Improve system capacity

- Review system efficiency and implement recommendations for improvement.
- Use Industrial Engineering expertise to optimize processes, improve efficiency and streamline patient flow.
- Implement forecasting models, methods and tools.
- Introduce strategies to reduce inappropriate and unnecessary use.
- Implement strategies to reduce missed appointments.
- Monitor services with high demand and long waits
- Adopt approaches to enhance operational efficiencies and optimize the use of healthcare providers with specialized skills able to perform some of the tasks of a specialist.
- Support ongoing health human resource planning efforts.
- Continue to invest in recruitment and retaining nursing, physician, and allied health care professionals.
- Support priority information systems projects that address timely access
- Support provincial plans to upgrade existing and expand and/or construct new facilities as needed
- Invest in maintenance of medical equipment and purchase new equipment and technologies
- Introduce additional innovative primary health care models coordinated provincially and developed locally
- Implement integrated collaborative models of care

Access management

- Implement standardized measures, indicators, and triage tools for prioritizing patients to monitor and improve access to services.
- Establish target times by priority level for national benchmarks and for other services within the health care system
- Establish multi-year targets to meet obligations under the 10 Year Plan to Strengthen Healthcare.
- Create a provincial surgical care committee to plan services, and create policies and procedures to improve access management.
- Centralize surgical waitlists to improve access management at the local level and reporting at all levels of the health care enterprise.
- Implement an information system to capture data across the province to monitor services and a provincially coordinated waitlist management system.
- Ensure tools and resources are in place to support data collection, analysis, and reporting on WTs across the healthcare system.

Accountability

- Clarify roles and responsibilities for timely access throughout the health care system.
- Develop accountability agreements with DHAs that include timely access to services.
- Incorporate access objectives and activities in the business planning and accountability process.
- Review effect of current funding methodologies on timely access
- Develop an accountability mechanism for provincially funded educational institutions and/or providers

Evaluation

- Research timely access improvement activities across jurisdictions.
- Develop common indicators reflecting timely access.
- Monitor and evaluate variations in service, outcomes, and resource use.
- Implement provincial quality framework
- Create access indicators to support the quality framework.

PROJECTS/INITIATIVES

The Provincial WT Monitoring Project was established to look at ways to standardize WT information across the province to obtain the reliable information needed. As a start point, the Project Steering Committee focused on how best to collect and report provincial WT information in three key areas:

- surgical services
- diagnostic services-computed tomography (CT) scans, magnetic resonance imaging (MRI) scans, and genetic services
- referrals from general practitioner to specialist-gastroenterology, plastic surgery, and medical oncology

The project was complete in December 2008 and the province has begun to collect this data and report it to Nova Scotians. As the project progresses, more provincial WT information will be collected and reported in a standard way. Our goal is to collect WTs across the entire healthcare system.

One pilot project: Improving Access to Surgical Services in NS

The Provincial Surgery Project will look at surgical services from a provincial approach using newly available timely and accurate provincial WT information. This will assist DHAs with managing their surgical resources. The provincial perspective is intended to improve access by having all DHAs share the practices they have in place that are designed to provide timely and efficient surgical care.

The Project is comprised of two key components:

1. Policy Support and Implementation, including:
    - Creating a Surgical Care Network of surgery professionals to advise on the implementation of all components of the Project
    - Testing the impact of giving patients (and the system) the option of alternative care. We want to determine how likely patients are willing to travel to another part of the province for health care if it is available in a shorter time frame
2. New IT Systems will include:
    - Streamlining processes to help speed up patient access
    - Creation of a Patient Access Registry (PAR NS); a database of all surgery that needs to be performed and has been completed. This will help patients waiting for surgery in NS by giving us more accurate WT information for Districts and the Department of Health to use for managing and allocating resources.
    - Adding an Operating Room Management System in DHAs where such a system is not currently in place. This will automate surgery scheduling and allow DHAs to manage their surgery departments more efficiently for the maximum benefit of patients.

The orthopedic surgical team at Capital Health conducted a two-week joint replacement blitz in 2005, performing only knee and hip replacements on a patient group that was waiting. The team was able to perform 122 knee and hip replacement surgeries in the two-week period, where they would normally do 100 replacements in a month.

Information Systems

Patient Access Registry (by July 2010)
Operating Room Information System

The Electronic Medical Record enables primary care providers, within their offices, to electronically access their patients' records and certain external test results. NS is a leader in transmitting diagnostic test results from hospitals to automated family practice settings. Eighty-six primary care practices in NS have or are in the process of implementing computerized medical records. Over the next three years resources will be provided to increase the number of practices using the EMR.

The targets for implementation: 47% in 2008/09; 62% in 2009/10; 77% in 2010/11

Wait Lists

The information is provided by hospital or facility within each DHA. There is no other specific information provided on the webpage.

Criteria for Wait Listing

No information

Wait List Management

No information

Status of Wait Lists

No information

Contact for Information
Contact information is provided for each DHA.

Related Services Identified
No information

Documents/Resources Available on Webpage
Timely Access to Healthcare in Nova Scotia: Improving WTs 2007-2010 Strategy
Department of Health Business Plan 2008-09

Related Links Given
No information

Plans for Sustainability
No information

New Brunswick

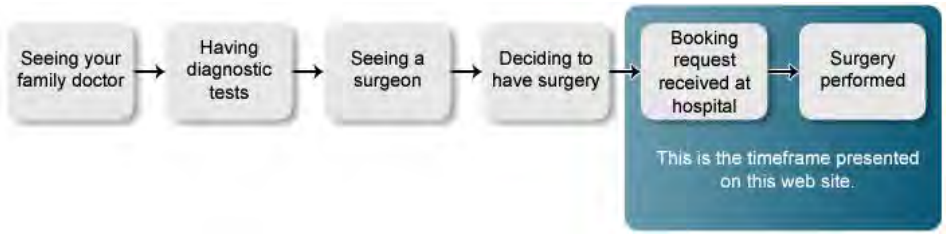
Government Web Pages
http://www1.gnb.ca/0217/surgicalwaittimes/index-e.aspx

Department Responsible
Department of Health

- Regional Health Authority A
- Regional Health Authority B

Definition of Wait Times
WT data reported on the website begins when surgeon and patient determine need for surgery and booking request is received at hospital, & ends when surgery is performed.

Your first visit will likely be to your family doctor. If you are referred to a surgeon, you and the surgeon will discuss your needs. If the surgeon recommends a procedure, you then decide whether to have surgery. Your WT begins when you first experience symptoms and seek medical assistance and ends when your surgery has been performed. There are many components to WT:



Provincial/Territorial Targets

December 2009 targets:
75% hip replacements completed within 26 weeks
65% knee replacements completed within 26 weeks

Current Status of Wait Times Targets

WTs for surgery dropped by 24 per cent between June 2008 and June 2009.

Notable changes over the fiscal year 2008-09 include:
- 35% reduction in the # of surgeries waiting longer than 12 months (1725 to 1119)
- 23 % reduction in the median # of days waiting for surgery (87 to 67 days)

All Surgical WTs for Hip & Knee Replacement from Jan 1, 2009 to Dec 31, 2009

	3 weeks	3-6 weeks	6 weeks-3 months	3-12 months	12-18 months	18+ months
Hip	12.8%	11.8%	22.9%	50.4%	1.5%	0.5%
Knee	7.7%	7.3%	20.8%	56.6%	5.9%	1.7%

Length of Wait Times

Hip Replacement Surgery Benchmark timeframe: 26 weeks (182 days)	Oct to Dec 2008	Jan to Mar 2009	Apr to Jun 2009	Jul to Sept 2009	Oct to Dec 2009	Dec 2009 Target
Percent completed within benchmark timeframe	71%	67%	75%	77%	82%	75%
Median WT (days)	90	97	85	103	105	-
90th percentile WT (days)	293	292	238	273	245	-
Total surgeries performed	137	155	148	132	147	-

Knee Replacement Surgery Benchmark timeframe: 26 weeks (182 days)	Oct to Dec 2008	Jan to Mar 2009	Apr to Jun 2009	Jul to Sept 2009	Oct to Dec 2009	Dec 2009 Target
Percent completed within benchmark timeframe	55%	57%	60%	67%	59%	65%
Median WT (days)	149	155	147	112	139	-
90th percentile WT (days)	349	338	351	308	340	-
Total surgeries performed	263	272	307	236	262	-

Percent completed within benchmark timeframe - This represents the percent of surgeries that were completed within the benchmark timeframe for that procedure.
Median WT - This measure represents the WT in days in which 50% of surgeries were completed.
90th Percentile WT - This measure represents the WT in days in which 90% of surgeries were completed.

Funding

WT reduction initiatives received $4.4 million in 2006-07, and a $24 million investment in the Surgical Patient Registry. The 2008-2012 health care plan placed WT reduction under their “Enhance Access” strategy, which received a commitment of $94.97 million over four years.

The 2008-09 budget includes funding to address WTs and to provide better access to health care services. Funding is available for initiatives including:

- 30 new physicians that were hired in 2007-2008;
- $1.75 million for the newly constructed Ambulatory Care Centre at the Moncton Hospital to address WTs for surgery;
- Operational funding of $590,000 for the new Surgical Suite in Bathurst;
- $581,500 to increase the #of MRI scans being performed in Fredericton and Edmundston;
- An additional $7 million for the Ambulance Enhancement Strategy;

The province also received 5.5 million federal dollars in 2009-2010 for WT reduction.

STRATEGIES

The Provincial Health Plan 2008-2012 outlined initiatives to improve surgical access times under the Surgical Access Management Strategy:

- A surgical patient registry
- Investment in human resources, equipment, infrastructure and management processes
- Public WTs website
- RHA access managers hired to provide patients with WT information
- Provincial pre-surgical screening service
- New operating room management system
- Instrument tracking system
- Capacity modeling program

PROJECTS/INITIATIVES

NB Surgical Care Network - A surgical care network was developed in 2005 to monitor and make recommendations regarding the surgical access management initiatives. The organizational structure was modified in 2008 to better reflect the work accomplished and future direction of the surgical access management initiative. The network includes an advisory committee (NB Surgical Care Network [NBSCN] Advisory Committee) that reports to the Deputy Minister of Health. This committee is responsible for the planning and management of surgical services in NB; standards development and performance monitoring; communication and public awareness. There are two subcommittees: Surgical Services Subcommittee which is responsible for all issues related to the provision of surgical services in the province; and Provincial Surgical Access Registry Operations Committee which is responsible for issues related to the provincial surgical access registry. The three committees of the NB Surgical Care Network (NBSCN) continue to work toward improving surgical access.

NB Surgical Care Network Public Web Page - The NBSCN public webpage Surgery NB found at www.gnb.ca/health was revamped in July 2008. This has provided easier and timelier access to surgical WT data. The data is updated on a quarterly basis from the provincial surgical access registry. Visitors to the site can select the WT data they would like to view. The provincial preoperative screening questionnaire is available for patients to complete and print to take to their visit with their surgeon. The public webpage has reports on WTs provincially, by each of the 16 hospitals, 12 surgical specialties, 13 high volume surgical procedures and nine high volume cancer surgeries; and has the progress on the 2009 NB WT targets.

Surgical Access Management Initiative - The surgical access management initiative in NB is well underway. It involves a number of solutions to improve access and reduce WTs. Recognizing that waiting can occur at many points along the path of care, the initiative focuses on the time from when the

decision is made to proceed with surgery and the surgical request has been received by OR booking/scheduling at the respective facility, to when the surgery is performed.

Surgery Operational Review - The recommendations from the provincial surgery operational review are almost completed at each of our sites that provide surgery. The remaining ones reflect technology changes that will need to be budgeted for provincially (provincial perioperative system and a provincial tracking system). The goal is to improve efficiencies thereby improving access to surgery. In March 2009 a surgery operational review commenced at our newest hospital.

Pre-Operative Screening - A standardized provincial approach for pre-operative screening was implemented in 2008. 100% of patients scheduled for surgery are screened by pre-operative screening nurses in advance of their surgical date. Each patient is prepared for their surgery with teaching and diagnostic testing based on their individual needs. The nurses utilize the information that the patient provides on their preoperative screening questionnaire and the clinical algorithm that was developed by anesthesiologists from across the province.

Review of Surgery Performed On an In-patient and/or Ambulatory Basis - The RHAs continue to work toward increasing their volume of surgery performed on an ambulatory basis. The goal is to move toward best practice, which is to a minimum of 70 per cent surgical procedures in ambulatory surgery. The surgical teams at each facility are actively working to reduce individual patient WTs and to achieve the targets established for Dec 2009. WT data has been shared across the province since Jan 2008. Since Oct 2006, NB has recruited 153 new physicians and Statistics Canada reports that over 90% of New Brunswickers have access to a family doctor. These new physicians have helped dramatically reduce WTs (see Current Status in Reaching Targets for numbers).

Information Systems

Surgical Access Registry - accessible online for the province, hospital, service or procedure.

The Provincial Surgical Access Registry was implemented across the province in 2007 is a data repository of all patients waiting for surgery in New Brunswick. The registry utilizes specialty specific surgical prioritization tools which were developed by NB surgeons to determine a patient's priority through the use of objective criteria. A patient's WT is appropriately based on their condition. This provides a sense of certainty in knowing how long a patient can expect to wait for their surgery. The WT data from the provincial surgical access registry is utilized by surgeons and surgical programs to improve WTs for patients. Uses include: scheduling patients for surgery, allocating operating room time to surgeons, and answering patient's questions on their WT. The provincial WT data is monitored by the NBSCN committees. Annual WT targets were established by the NBSCN committees for the NB Clinical Acuity Model and the Pan Canadian Benchmarks.

Wait Lists

Data is reported on the webpage per region, procedure, and hospital.

Criteria for Wait Listing

Standardized surgical assessment tools were developed by surgeons to provide a consistent assessment process across the province. Each of the 12 surgical specialties has a specific assessment tool. Every surgeon completes the assessment tool for every patient that will have surgery. These assessment tools

focus on pain intensity, type and frequency of symptoms, effect of the condition on your activities of daily living, and level of expected improvement with surgery.

The surgical prioritization tools that were developed by representatives from each surgical specialty are now in use in every surgeon's and dentist's office in the province. When a patient and their surgeon decide that the patient requires surgery, the surgeon completes the surgical prioritization tool and sends it to the hospital with the surgery booking request. The information from the surgical prioritization tools is entered in the provincial surgical patient registry. This helps determine a recommended timeframe in which the surgery is to be completed.

What happens when I see a surgeon? Steps 1-5

1. Your surgeon will order the diagnostic tests that are required and assess your need for surgery.
2. Ask your surgeon questions about the procedure. You and your surgeon will discuss the need for surgery.
3. You will be notified of a date for your surgery and any tests required prior to surgery will be booked.
4. The length of your stay in hospital will be determined by your procedure. If you are having day surgery you will go home that same day. In other situations you may be admitted to the hospital for your surgery.
5. Following your procedure, you will be told about your post-surgery care, including any required medications, therapies, treatments and follow-up procedures.

Wait List Management

Surgical Access Management - The principles of surgical access management include fairness, appropriateness and certainty with the goal of ensuring New Brunswickers have timely access to surgical services.

The length of time you wait for surgery is affected by a number of factors.

Patient Factors

- Clinical Assessment: Your medical condition will be assessed focusing on pain intensity, type and frequency of symptoms, impact of the condition on your activities of daily living, and level of expected improvement with surgery.

Physician Factors

- #of referrals received: The # of referrals a specialist receives can affect the WT.
- Allocation of OR time: The amount of operating room time allocated to a specialist may also affect the length of time you wait.

Hospital Factors

- Scheduling: Facilities must organize and coordinate your pre-operative, operative, and post operative health services. This can potentially affect the timing of your specific procedure.
- Bumping: Sometimes patients who are booked for surgery have to be "bumped" if an emergency case occurs.

System Factors

- Availability of health providers: The availability of health care professionals in the operating room and of the nursing unit can influence how quickly people receive surgery.

- Changing health needs of a community: WT for surgery may grow as more people have a need for a particular health service. For example, a large senior citizen population in an area is likely to mean a greater need for cataract or hip replacement surgery.

It is important that you ask your doctor about all your options. Depending on your situation, you may have the option of getting a referral to another specialist or hospital to receive your treatment sooner. If your condition changes while waiting, it is important to discuss these changes with your doctor. It is your doctor who will need to assess the severity of your illness and the potential harm to you if treatment is delayed.

Each RHA has access managers who provide information to patients, surgeons and RHA management on surgical access. The role of the access manager is to work with the surgical team and management in their respective RHA to develop an understanding of current surgical issues, analyze information and reports, and ensure tools are developed or obtained to assist with surgical access management.

Access Managers - The access manager at each Regional Hospital is an important resource for patients waiting for surgery; they are able to address concerns and to provide WT information. Access managers work with the surgical team and senior management in their respective RHAs toward continuous improvement of surgical access. The goal is to ensure that the required information for surgical access management can be obtained; that the information meets the quality standards for accuracy, timeliness, receptivity to client's needs, security of the information including privacy legislation, and reliability of the information; and a process is in place so that the information can be included in the Provincial Surgical Patient Registry once it is operational in their RHA.

OR Governance - There is an OR governance structure in place for each Regional Hospital that is focused on the perioperative components of their respective surgery program. Each governance structure has accountabilities that are patient centred and focus on collaboration, cooperation, compliance and accountability. They are responsible for their respective surgery programs.

Status of Wait lists

All Surgical WTs for Hip & Knee Replacement from Jan 1, 2009 to Dec 31, 2009

Facility	Completed (Knee)	Waiting (12/09)	Completed (Hip)	Waiting
Campbellton Regional Hospital	35	16	12	10
Chaleur Regional Hospital	72	20	49	13
Dr. Georges-L. Dumont Regional Hospital	63	52	47	17
Dr. Everett Chalmers Regional Hospital & Oromocto Public Hospital	331	146	146	45
Edmundston Regional Hospital	39	13	37	4
Miramichi Regional Hospital	62	2	30	0
Moncton Hospital & Sackville Memorial Hospital	217	257	97	87
Saint John Regional Hospital	261	227	167	70

Contact for Information

Contact information is provided for each access management office in each RHA. Contact information is also provided for each surgeon in the province.

Related Services

Following the procedure, the patient will be told about post-surgery care, including any required medications, therapies, treatments, and follow-up procedures.

Documents/Resources Available on Web page

Transforming New Brunswick's Health-care System: The Provincial Health Plan 2008-2012 Major Initiatives
Questions to ask your surgeon
Preparing for Surgery
News Release: New website provides information on surgical access
Healthy Futures: Securing New Brunswick's Health Care System 2004-2008
New Brunswick Department of Health Annual Report 2006-07
New Brunswick Department of Health Annual Report 2007-08
New Brunswick Department of Health Annual Report 2008-09
Patient Preparation Document

Related Links Given

Canadian Orthopaedic Foundation
myJointReplacement.ca

Plans for Sustainability

No information

Prince Edward Island

Government Web Pages

www.gov.pe.ca/health/index.php3?number=1023554&lang=E

Department Responsible

Department of Health and Wellness

Definition of Wait Times

WT starts at the booking of surgery and ends when patient receives services (measured in number of days). This does not currently include the WT from the patient's visit to their family physician and subsequent referral on to the specialist orthopedic surgeon.

There are various points within the health system that a patient may have to wait for service; they may wait for a visit to a primary provider, to a specialist, for a test or surgery, or for home or long term care. The focus of this strategy is to reduce the time a patient waits for radiation therapy, sight restoration (cataract surgery), hip and knee replacements and for MRI/CT scans.

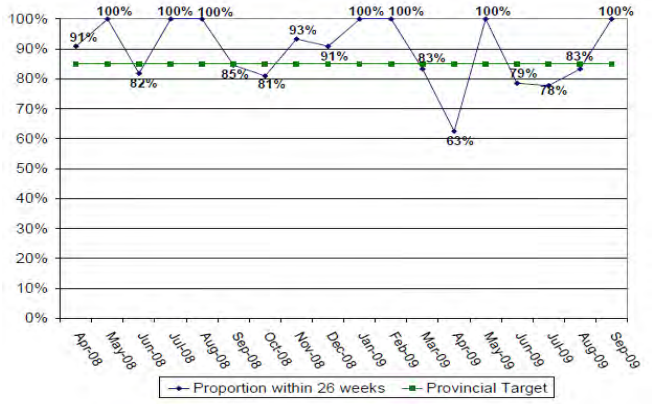
Provincial/Territorial Targets

The 2009/10 Provincial Target is for 85% of joint replacement patients to meet the national benchmark of 26 weeks, and 90% by 2010/11.

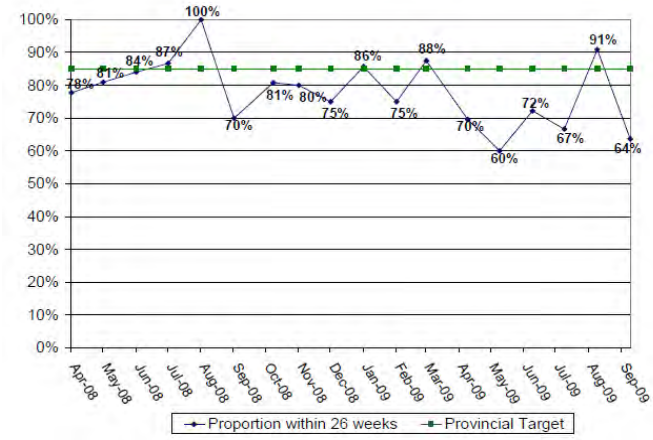
Current Status of Wait Times Targets

In the first quarter of 2009, 66.7% of knee replacements were done within 26 weeks, while 71.1% were done within 26 weeks in the second quarter.

In the first quarter of 2009, 79.3% of hip replacements were done within 26 weeks, while 88.9% were done within 26 weeks in the second quarter.



Dispersion of WTs for total hip replacement



Dispersion of WTs for total knee replacement

Length of Wait Times

	Oct-Dec 2008 (Hip)	Oct-Dec 2009 (Hip)	Oct-Dec 2008 (Knee)	Oct-Dec 2009 (Knee)

N	47	26	57	53
Mean (weeks)	14.29	20.07	18.77	25.45
Median (weeks)	12.29	15.21	14.14	18.29
Minimum (weeks)	0.43	2.35	2.14	4.00
Maximum (weeks)	45.00	82.23	83.86	93.57
90th Percentile (weeks)	30.20	37.47	40.26	53.00

FUNDING

No information

STRATEGIES

In January 2006, the PE health system embarked on a process to develop a multi-year, multi-faceted provincial strategy to improve access. A steering committee was established for the duration of this initiative to provide direction and monitoring to working groups. Clinical and task working groups were established to provide clinical expertise and advice on process changes, best practice in service delivery and to develop realistic multi-year targets toward achieving the benchmarks. The committee and working group members included physicians, other health professionals, hospital administrators and administration staff.

Strategic Goals have been developed to improve access to care:

Improved Access to Care

Accountability:

- Ensuring equitable access to health services for all citizens
- Developing new benchmarks and access targets
- Defining/ redefining priorities on a regular basis

Access Management:

- Managing patient wait lists
- Aligning current and new information to collect WTs information
- Exploring need for patient registry

System Design:

- Using current resources efficiently and effectively to maximize capacity
- Recruiting adequate health professionals to meet demand

Communication:

- Communicating with patients on wait lists and those needing services
- Educating patients and public about access to services
- Developing a website with current WTs information

Evaluation:

- Monitoring WTs, quality of care and patient outcomes
- Identifying priority areas of citizens

In 2007 the PE Department of Health approved the PE WT Strategy: A System That Provides Timely Access to Health Services in PE. It is a strategy focused fundamentally in achieving timely access for its citizens in the four priority areas of radiation therapy, sight restoration (cataract surgery), hip and knee replacements and for MRI/CT scans.

Hip and Knee Replacements are only performed at the Queen Elizabeth Hospital. Additional operative services are required to achieve an acceptable WT for these procedures. To perform additional hip and knee replacements, the following improvements will be considered:

- Orthopaedic scopes to be performed at the Prince County Hospital
- Comprehensive pre-teaching to take place at the initial visit with the surgeon;
- Improvements in pre-surgery clinic to accommodate additional teachings;
- Modifications to nursing care map to reduce the length of in-hospital stay; and
- Increased post-operative physiotherapy services in all PE hospitals. This will allow for patients to receive out-patient care in their community.

PROJECTS/INITIATIVES

In March 2008, the provincial WTs Strategy Steering Committee was formed and held its first meeting. The two co-chairs were appointed and committee membership includes physicians, surgeons, directors and managers. Treasury Board approved the submission for a full-time WTs coordinator and a part-time health information specialist. These positions were posted and filled. It is anticipated that an additional Treasury Board submission will be submitted in the 2008/09 fiscal year for the addition of 28.08 FTE's into the health system to decrease WTs in the areas of cataracts, joint replacement, diagnostic imaging (CT and MRI) and radiation therapy.

Prince Edward Island has signed an agreement with the federal government stating its commitment to establish a patient WT guarantee for radiation therapy services offered in PE by 2010. Patients will be guaranteed to receive service within eight weeks of their “ready to treat” date. Once the guarantee is in place, patients who cannot receive their service in PE within eight weeks will be offered alternate care options and/or option to receive services in another Atlantic province or Ontario. Patients that travel out-of-province as part of the 2010 guarantee will receive compensation for travel and accommodations.

To meet this guarantee, PE has developed a pilot project entitled *Saving Time & Saving Lives: A Provincial Strategy for Ensuring Radiation Therapy Patient WT Guarantees*. This project has begun implementation of a multifaceted strategic plan to include: 1) assessing capacity and accessibility of radiation therapy services in Atlantic provinces and Ontario; 2) developing an inter-provincial mutual aid recourse agreement with associated data sharing; and 3) exploring provincial process and workflow efficiencies with deployment and evaluation of human resource role innovations.

The Queen Elizabeth Hospital (QEH) opened in 1982. There have been many changes in programs, services and standards over these years. The QEH Redevelopment process aims to ensure that health care services can continue to be efficiently and effectively delivered well into the future. The QEH Redevelopment project will be implemented in two phases. Phase 1 of the project includes the initial architectural design and construction of a new Emergency Department and Ambulatory Care Centre and improvements to Day Surgery. This phase also includes essential upgrades to support services such as Laundry, Materials Management and Supply, Processing and Distribution (SPD). Phase 1 will be designed and developed over the next five years.

INFORMATION SYSTEMS

PE’s ability to capture WT information is negatively impacted by limited electronic information systems. The province has various systems but they do not have the capability to communicate with each other

to capture information needed to manage WTs. Plans are to build upon the current systems such as the Client Registry.

Wait Lists

There are four surgeons who perform hip and knee replacements in Charlottetown; each has a wait list.

Criteria for Wait Listing

There are no standards to determine when and under what circumstances a patient should be placed on a wait list. Wait lists and priority rankings should be linked to clinical management systems that are monitored regularly, focused on ensuring that patients on lists are (1) waiting for care that is appropriate to their clinical circumstance, (ii) placed on a list based on urgency or priority, and (iii) monitored for changes in condition that would warrant a change of placement on the list.

Wait List Management

There is a WTs coordinator, and a WTs/health information specialist, but there are no further details on the website.

Status of Wait lists

The only data available is found above.

Contact for Information

The website provides contact information for the wait times coordinator, and the WTs/health information specialist. Contact information is also provided for each orthopaedic surgeon.

Related Services Identified

No information

Documents/Resources Available on Website

Prince Edward Island WT Strategy 2007 - 2011 (en français)

Department of Health Annual Report 2007-08

Total Knee Replacement Patient Care Pathway

Total Hip Replacement Patient Care Pathway

Related Links Given

No information

Plans for Sustainability

No information

Quebec

Government Web pages

wpp01.msss.gouv.qc.ca/appl/g74web/default.asp

This website provides information on WTs, number of patients operated on, and number of patients waiting for various types of procedures (hip arthroplasty, knee arthroplasty, cataract surgery, and other outpatient and inpatient surgeries) for each region and hospital concerned.

Department Responsible

Ministère de la Santé et des Services Sociaux

Definition of Wait Times

The waiting period begins when the request for care is entered into the hospital's centralized list. Waiting time ends when the patient receives the service. WT is counted starting when the patient is placed on the waiting list. Current tools do not allow other WTs to be included, such as waiting for a family physician or specialist.

Provincial/Territorial Targets

Comparative Table of Guidelines and Access Targets

Fields	Services	Guidelines elsewhere in Canada	Targets elsewhere in Canada	Québec
Knee and hip	Replacement (T/P HR and T/P KR)	Within 6 months	90% of patients waiting	Within 6 months

The Québec government is committed to ensuring that all total hip and knee replacement operations and cataract operations take place within six months for patients whose data have been entered into SIMASS since June 1, 2007.

Alternative offer: If the hospital believes that this six months period cannot be respected, an alternative must be offered to the patient. One of the following possibilities is offered to the patient:

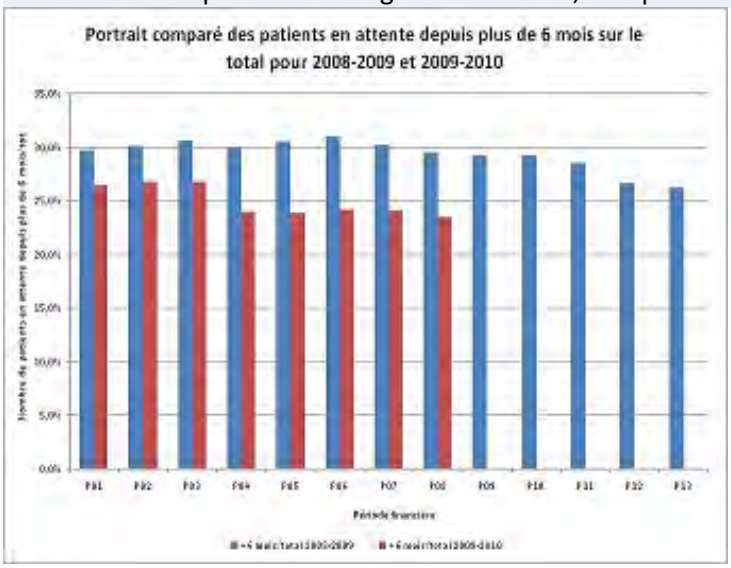
- Being operated on by another surgeon at their hospital;
- Being operated on by another surgeon at another hospital in their region;
- Being operated on by another surgeon at another hospital outside their region.
- Being operated on in a specialized medical centre (SMC, CMSA).

The patient is always free to choose between accepting or refusing the alternative offer. If the patient wishes to keep his or her surgeon, the wait may be longer than six months. Nevertheless the hospital must still do everything it can to respect the WT guarantee. If the patient accepts the alternative offer, he or she will be informed of the transfer procedures and the maximum WT will stay fixed at six months (including the time the patient waited before receiving the alternative offer).

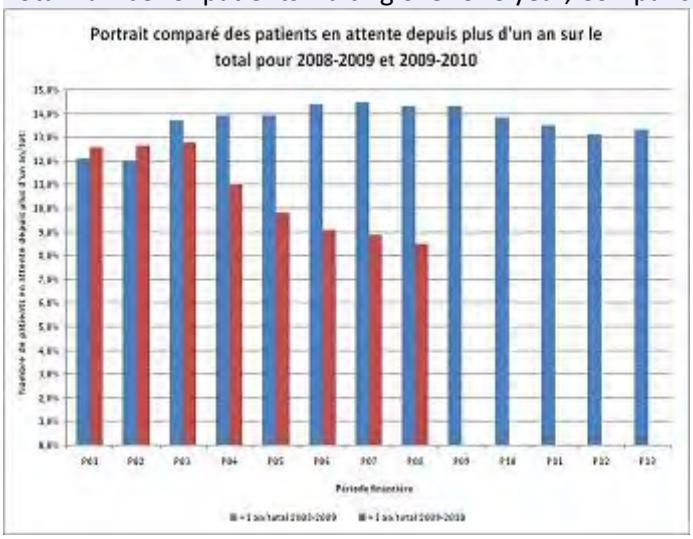
Current Status of Wait Times Targets

THESE ARE FOR ALL SURGERIES (NOT SPECIFIC TO TJA)

Total number of patients waiting over 6 months, Comparison for 2008-2009 and 2009-2010



Total number of patients waiting over one year, Comparison for 2008-2009 and 2009-2010



LENGTH OF WAIT TIMES

The Ministère de la Santé et des Services Sociaux publishes WTs so that citizens can be well informed when they discuss the matter with their physician.

You can search by map location, region, or institution name for both knee and hip replacements. Example of one region's WTs for both hips and knees:

Access to specialized medical services / Orthopaedics /Hip Arthroplasty

HIP ARTHROPLASTY Region 09 Côte-Nord

Patients operated on since April 1, 2009					Patients waiting	Patients who have been waiting for 6 months or more		
Institutions	Number of patients	Percentage operated		Mean wait time (weeks)		Total	Who accepted the alternative offer	Who refused the alternative offer
		on within 3 months	on within 6 months					
Centre de Sante et de Services Sociaux de Sept-Iles	16	81 %	94 %	12	12	3	0	0
Hopital le Royer	8	63 %	100 %	13	14	1	0	0
Whole region	24	75 %	96 %	12	26	4	0	0

Updated : 2009-11-07

Access to specialized medical services / Orthopaedics /Knee Arthroplasty

KNEE ARTHROPLASTY
Region 09 Côte-Nord

Patients operated since April 1, 2009					Patients waiting	Patients who have been waiting for 6 months or more		
Institutions	Number of patients	Percentage operated		Mean wait time (weeks)		Total	Who accepted the alternative offer	Who refused the alternative offer
		on within 3 months	on within 6 months					
Centre de Sante et de Services Sociaux de Sept-Iles	32	53 %	84 %	15	23	0	0	0
Hopital le Royer	20	10 %	45 %	24	54	3	0	0
Whole region	52	37 %	69 %	19	77	3	0	0

FUNDING
No information

STRATEGIES
No information

PROJECTS/INITIATIVES
No information

INFORMATION SYSTEMS

Central access management process - Since June 1, 2007, all Québec health care institutions have been following a standardized process for placing patients waiting for elective surgery onto a waiting list. (see diagram). The objectives of the central access management process are :

1. Standardizing the measurement of WTs between the surgeon's decision to operate and the operation.
2. Monitoring patients on the waiting list individually.

A new software tool has been developed to support this process: the Système d'information sur les mécanisme d'accès aux services spécialisés (SIMASS)

SIMASS - an information tool for the central access management process - Data is entered in real time by assigned staff in each Québec health care institution. The resulting data are used to update the website every three months.
Data provided by SIMASS :

- Number of patients waiting for surgery
  - Starting on June 1, 2007, all new requests for surgery have been entered into SIMASS. Also, all patients who were on waiting lists before that date, and who had not yet been operated on, were entered into SIMASS as of October 31, 2007.
- Number of patients operated on
  - SIMASS contains only patients operated on since June 1, 2007. Accordingly, only partial data for the 2007-2008 year are available because they do not cover the period between April 1 and June 1, 2007.

SIMASS, the new information system for access to specialized services, the content of the Access to Special Medical Services website has been improved. The site now gives access to up-to-date information about waiting lists for different types of surgery (hip, knee, and cataract operations, and inpatient and outpatient surgeries) for each region and institution involved. The precise and detailed information that Québec provides makes it a leader among the provinces of Canada in transparency on WTs for specialized medical services.

WAIT LISTS

Centralized list at each hospital
Health Regions where hip and knee replacement services are provided:
01 - Bas-Saint-Laurent
02 - Saguenay - Lac-Saint-Jean
03 - Capitale-Nationale
04 - Mauricie et Centre-du-Québec
05 - Estrie
06 - Montréal
07 - Outaouais
08 - Abitibi-Témiscamingue
09 - Côte-Nord
11 - Gaspésie - Îles-de-la-Madeleine
12 - Chaudière-Appalaches
13 - Laval
14 - Lanaudière

15 - Laurentides
16 - Montérégie

Criteria for Wait Listing

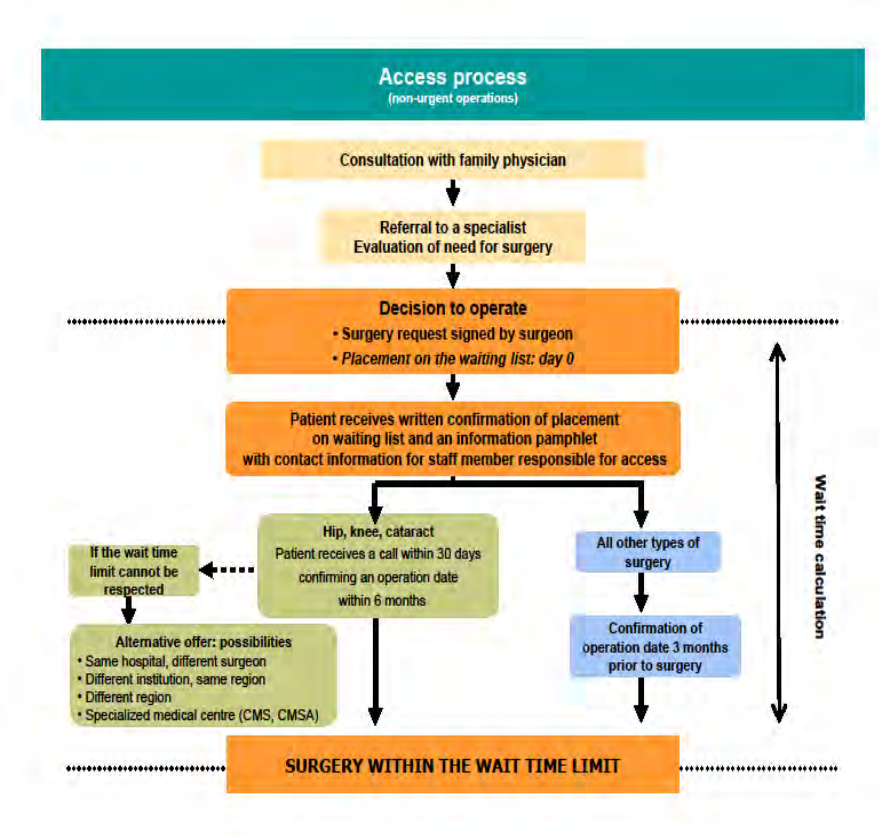
A person waiting for services is someone whose general health allows the particular surgery or treatment to be scheduled and deferred and for whom a request for services has been duly completed and signed by the attending physician. In contrast, a person needing emergency care is given priority treatment and is not classified as waiting.
A list of all waiting patients is used to periodically draw up procedure schedules based on the availability of physicians and hospital facilities and on case priority.

The Ministère de la Santé et des Services Sociaux publishes WTs so that citizens can be well informed when they discuss the matter with their physician.

Wait List Management

Improvements made on June 1, 2007 - The changes are a guarantee that each person waiting for surgery is registered on a centralized list at his or her hospital; that his or her case is individually monitored by the staff member responsible for access or his or her representative; and that there is a maximum WT for certain types of operations.

As soon as your surgeon informs you and the institution that you need an operation, the staff member responsible for access enters you into the waiting list. Within the next few days after this is done, the institution will send you a confirmation of registration and a pamphlet (see diagram below) explaining the process.



Status of Wait Lists

Access to surgery by Region- In wait (SIMASS version: 2009-11-07)

2009-2010 Period: 8	Hip Arthroplasty			Knee Arthroplasty		
Region	> 6 month	Total	%	> 6 month	Total	%
Bas-Saint-Laurent	0	58	0	1	101	1
Saguenay - Lac-Saint-Jean	1	62	2	3	115	3
Capitale-Nationale	23	201	11	41	304	13
Mauricie et Centre-du-Québec	17	116	15	53	244	22
Estrie	6	48	12	23	63	37
Montréal	121	782	15	205	1211	17
Outaouais	0	63	0	3	146	2
Abitibi-Témiscamingue	0	28	0	4	74	5
Côte-Nord	4	26	15	3	77	4
Nord-du-Québec	0	0	/	0	0	/
Gaspésie - Îles-de-la-Madeleine	0	15	0	0	28	0
Chaudière-Appalaches	1	97	1	0	194	0
Laval	17	46	37	26	107	24
Lanaudière	4	37	11	6	63	10
Laurentides	0	56	0	8	142	6
Montérégie	20	238	8	42	432	10
Ensemble du Québec	214	1873	11	418	3301	13

Access to specialized medical services, surgeries performed by Region (SIMASS version: 2009-11-07)

2009-2010 Period: 8	Knee arthroplasty					
Region	< 6 month	Total	%	< 6 month	Total	%
Bas-Saint-Laurent (01)	86	95	91	125	131	95
Saguenay - Lac-Saint-Jean (02)	91	95	96	246	255	96
Capitale-Nationale (03)	258	319	81	353	460	77
Mauricie et Centre-du-Québec (04)	185	215	86	266	323	82
Estrie (05)	80	92	87	103	128	80
Montréal (06)	1072	1231	87	1169	1409	83
Outaouais (07)	86	88	98	176	186	95
Abitibi-Témiscamingue (08)	36	38	95	76	81	94
Côte-Nord (09)	23	24	96	35	52	67
Nord-du-Québec (10)	N/A	N/A	N/A	N/A	N/A	N/A
Gaspésie - Îles-de-la-Madeleine (11)	28	28	100	53	53	100
Chaudière-Appalaches (12)	188	190	99	305	310	98
Laval (13)	25	41	61	68	120	57
Lanaudière (14)	99	106	93	134	145	92
Laurentides (15)	132	139	95	167	182	92
Montérégie (16)	295	340	87	447	559	80
Ensemble du Québec	2684	3041	88	3723	4394	85

Contact for Information

No information

Related Services Identified

No information

Documents and Resources Available on Website

Questions to ask your Doctor
Access Process Pamphlet

Related Links
They have a list of a few useful links, but they are not specific to TJA

Plans for Sustainability
No information

Other
Why are there lists and WTs for access to services? Quality medical care and treatment are delivered all over Québec. Over 500,000 surgeries and treatments are performed in the institutions of the province's health care system annually. However, there are major differences in variety, frequency, and procedure type, depending on the attending physician, institution, available equipment, and delivery region. Even though the vast majority of patients who need care receive it within the medically recommended timeframe, lists and WTs for access to services remain. Reducing them is a priority for Ministère de la Santé et des Services sociaux and it is investing heavily to achieve that goal.

What do WTs depend on? The WTs for access to services for a given procedure depend on several factors: the type of procedure, patient condition, patient availability, and various individual circumstances. However, our goal is to deliver treatment to patients within the timeframes determined by a consensus of specialists in the procedure.

Which patients are considered to be on a waiting list? A person waiting for services is someone whose general health allows the particular surgery or treatment to be scheduled and deferred and for whom a request for services has been duly completed and signed by the attending physician. In contrast, a person needing emergency care is given priority treatment and is not classified as waiting. A list of all waiting patients is used to periodically draw up procedure schedules based on the availability of physicians and hospital facilities and on case priority.

Ontario

Government Web Page
General Information about WTs and wait lists:
www.health.gov.on.ca/transformation/wait_times/wait_mn.html
WTs are provided on the following site:
www.waittimes.net/waittimes/en/default.aspx?adv=0

Department Responsible
Ministry of Health and Long Term Care

Definition of Wait Times
Surgical WTs: Ontario measures the WT from when a patient and surgeon decide to proceed with surgery (when it is ordered), until when the actual procedure is completed.

Provincial/Territorial Targets

Ontario's targets (in weeks) Announced Today (Dec 16, 2005):

- Priority I: Immediate
- Priority II: 6 weeks
- Priority III: 12 weeks
- Priority IV: 26 weeks

Ontario has developed WT targets for the optimal length of time within which a patient should be treated. These WT targets were developed with the help of clinical experts and serve as a method of accountability and provide a goal to achieve. These targets include urgency classifications and are incorporated in the provincial WTs Information System.

According to the website, the Ontario target is to have 90% within target by March 2009. It is not clear what the 90% means.

Current Status of Wait Times Targets

Progress on Wait Times

WTs are the point at which nearly all patients (90%) have completed surgery or have had their exam. In the table below you will find the provincial WTs for orthopaedic surgery. The data is based on procedures completed for the most current time period, at hospitals that are participating in the WT strategy.

Service	Baseline (Days)	Current (Days) (Jan. '10)	Access Target (Days)	Percentage Completed Within Target	Current vs. Baseline	
					Net change (Days)	Percentage change
Orthopaedic surgery	190	176	182	91%	-14	-7.4
Hip replacement	351	169	182	92%	-182	-51.9
Knee replacement	440	176	182	91%	-264	-60.0
Other orthopaedic surgery	175	177	182	90%	2	1.1

LEGEND

significant decrease no significant difference

NOTE: significant change is defined as +/- 10%; must be > +/-3 days

Notes: Baseline WTs for Cancer Surgery, Cardiac, Cataract Surgery, Hip and Knee Replacements and MRI/CT are based on Aug/Sep 2005 data. Baseline WTs for General Surgery, Ophthalmic and Other Ophthalmic Surgery, Orthopaedic and other Orthopaedic surgery are based on April 2008 data.
Paediatric baseline WT based on April/May 2006 data

Provincial WT by Priority - January 2010

	90th Percentile WT (Days)	Access Target (Days)	% Completed Within Access Target
Hip replacement			
Priority 2	123	42	58%
Priority 3	160	84	65%
Priority 4	181	182	90%
Knee replacement			
Priority 2	101	42	48%
Priority 3	154	84	65%
Priority 4	205	182	88%

LENGTH OF WAIT TIMES

www.waittimes.net/waittimes/en/default.aspx?adv=0

This website shows the most currently available information about WTs in Ontario, including a breakdown by individual hospitals for six specific health services. You can search by Map Location, Postal Code, Location Name, or Hospital Name for both knee and hip replacements.

Example of one ON LHIN WTs is included below:

– For Nov-Dec-Jan 2010	
Hip Replacement **Provincial Wait Time Target**	182 days
Hip Replacement **Provincial Wait Time**	163
Shortest Waits for Hip Replacements by Hospital - Nov-Dec-Jan10	
Hospital Name	**Wait time (days)**
Grand River Hospital (Kitchener)	60
Chatham-Kent Alliance (Chatham)	76
Toronto East General Hospital (Toronto)	77
Mount Sinai Hospital (Toronto)	78
Brantford General Hospital (Brantford)	80
Strathroy Middlesex General Hospital (Strathroy)	81
Quinte Healthcare Corporation (Belleville)	86
Windsor Regional Hospital (Windsor)	90
University Health Network (Toronto)	95
Bluewater Health (Sarnia)	99
Longest Waits for Hip Replacements by Hospital - Oct-Nov-Dec 10	
Ottawa Hospital	463
North Bay General Hospital	455
Hôpital régional de Sudbury Regional Hospital	352
Niagara Health System	258
Thunder Bay Regional Health Sciences Centre	236
Kingston General Hospital	214
Rouge Valley Health System	208
St. Thomas - Elgin General Hospital	201
Royal Victoria Hospital of Barrie Inc.	197
Hôpital Montfort	197
Shortest Waits for Knee Replacements by Hospital - Nov-Dec-Jan10	
Hospital Name	**Wait time (days)**
Knee Replacement **Provincial Target**	**182 days**
Knee Replacement **Provincial Wait Time**	**180**
Riverside Health Care Facilities Inc. (Fort Frances)	47
Mount Sinai Hospital (Toronto)	56
Credit Valley Hospital (Mississauga)	63
Chatham-Kent Alliance (Chatham)	65
Strathroy Middlesex General Hospital (Strathroy)	69
Grand River Hospital (Kitchener)	69
Perth and Smiths Falls District Hospital (Smiths Falls)	80

St. Joseph's Health Care, London (London)	81
Toronto East General Hospital (Toronto)	87
Brantford General Hospital (Brantford)	88
Longest Waits for Knee Replacements by Hospital - Oct-Nov-Dec 10	
Timmins and District Hospital	994
North Bay General Hospital	447
Ross Memorial Hospital	351
Ottawa Hospital	330
Niagara Health System	284
Collingwood General and Marine Hospital	276
Thunder Bay Regional Health Sciences Centre	257
Hôpital régional de Sudbury Regional Hospital	253
Markham Stouffville Hospital	238
Royal Victoria Hospital of Barrie Inc.	237

For provincial trends click on the following link: www.waittimes.net/waittimes/en/wt_trend.aspx

FUNDING

No information

STRATEGIES

The goal of the strategy is to achieve "a comprehensive, patient-centred care system that monitors and manages WTs, improves how efficiently and effectively care is delivered, and makes WT information available to the public and providers."

The strategy for reducing WTs involves:

- Significantly increasing the number of procedures to reduce the backlog that has developed over the last decade
- Investing in new, more efficient technology, such as MRI machines, and extending hours of operations
- Standardizing best practices for both medical and administrative functions in order to improve patient flow and efficiency
- Collecting and reporting accurate and up-to-date data on WTs, through the WTs Information System and a public website, to allow better decision-making and increased accountability

PROJECTS/INITIATIVES

A WT Information Office has been established to receive, analyze and report on WT data from all hospitals that received WT volume funding. The office has been monitoring compliance with data reporting requirements, and working with hospitals to address issues of compliance and data quality. The data is submitted electronically from hospitals directly to the WTs Information Office. The information is compiled by the WTs Information Office for reporting on the website.

The Ontario government is implementing a plan to increase access and reduce WTs for five major health services: cancer surgery, cardiac procedures, cataract surgery, hip and knee replacements, as well as MRI and CT exams. The four aims of Ontario's WTs strategy are :

- Significantly increasing the number of procedures to reduce the backlog that has developed over the last decade

- Investing in new, more efficient technology such as MRI machines and extending hours of operations
- Standardizing best practices for both medical and administrative functions in order to improve patient flow and efficiency
- Collecting and reporting accurate and up-to-date data on WTs to allow better decision making and increase accountability

Performance Improvement Initiatives - This section is intended primarily as a resource for health care professionals about WT Strategy's Performance Improvement Initiatives. The purpose of these initiatives is to help Ontario's operating rooms increase efficiency in order to optimize and sustain surgical capacity as well as improve the quality of care received by patients.

- Peri-operative Improvement Expert Coaching Teams
- Innovation and Education Projects
- Surgical Efficiency Targets Program
- Critical Care Information System
- Operating Room Supply Chain Pilot Funding Application Guidelines 2007-08
- MRI and CT Decision Support Tool for Referring Physicians

The Innovation and Education (I&E) Fund was a one-time grant available through the Ministry of Health and Long-Term Care's WT Strategy. Within the framework of increasing efficiency, the funds were intended to support the design and implementation of quality improvement strategies focused on the health care system in Ontario.

In 2004/2005, the WT Strategy supported the implementation of 54 projects in over 30 health care facilities representing all Local Health Integration Networks (LHINs) to :

- improve efficiencies in surgery or in hospital's daily operations; and/or
- improve access to services and care; and/or
- reduce WTs.

As a result of implementing these projects, many health care providers experienced improved internal communication, enhanced patient education and patient relations, and efficiency of their service delivery.

After a year of hard work, each project holds lessons and knowledge from which other hospitals can learn. Many projects created tools such as protocols or templates for education and training in order to achieve their project goals. The following resources may be helpful for various health care providers and/or LHINs across the province trying to implement change in their facility.

Project and implementing hospital (only including hip/knee projects)	**Tool**
Increased Access and Reduced WT for inpatient rehabilitation for joint hip and knee replacement patients – Providence Continuing Care Centre	Staff Satisfaction Survey Hip & Knee Replacement Surgery Priority Criteria tool Medical Directive Outpatient Satisfaction Survey WOMAC OsteoArthritis Index
Revision of Halton Regional Joint Replacement (TJR) Clinical Management Tools (Care Paths) – Halton Health Sciences	Patient Peri-operative Exercise and Information Booklets Total Knee Care Path Total Hip Care Path Total Knee Replacement Physician

	Order Sheet Total Hip Replacement Physician Order Sheet
Expanded Role for Physiotherapists in Orthopedic Surgical Clinics – The Religious Hospitallers of St. Joseph of the Hotel Dieu of Kingston	Hip and Knee Replacement Patient Evaluation Tool Patient Satisfaction survey Patient Info Sheet: Post-operative Hip Follow up Study
New model for patients to receive contrast without having a radiologist present – Hamilton Health Sciences	Policies (under revision) Medical Directives (under revision) Total Knee Education Booklet

Information Systems

A key part of the WT Strategy is the development of the "WT Information System" (WTIS), a first-ever information system for Ontario to collect accurate and timely WT data. This system has been implemented in 82 Ontario hospitals. Work is underway to enhance this system to track WTs for all surgical procedures in Ontario.

This web-based system performs several functions, which include:

- Enabling the collection of data related to WTs;
- Providing clinicians and other health professionals with the tools required to effectively assess patient urgency according to a defined WTs standard;
- Measuring and reporting WTs and data regarding utilization of procedures;
- Supplying clinicians, administrators and managers with near real-time information for use in monitoring and managing wait lists; and
- Reporting WT information to the public on a website enabling patients to manage their own care and the public to assess progress on reducing WTs**.**

Only hospitals that get funding for extra cases have to report WTs. This will change in the future.

Wait Lists

Ontario does not have one wait list for all patients. Each doctor keeps a list of patients needing treatment. WT information is available for Ontario's 14 Local Health Integration Networks (LHIN). More information on LHINs is shown on detailed maps or community listings in the links below the main map.

Local Health Integration Network (LHIN)	Local map	Communities
Erie-St.Clair	Map	Communities
South West	Map	Communities
Waterloo Wellington	Map	Communities
Hamilton Niagara Haldimand Brant	Map	Communities
Central West	Map	Communities
Mississauga Halton	Map	Communities
Toronto Central	Map	Communities
Central	Map	Communities
Central East	Map	Communities
South East	Map	Communities
Champlain	Map	Communities
North Simcoe Muskoka	Map	Communities

North East	Map	Communities
North West	Map	Communities

Criteria for Wait Listing

Who goes on a wait list? Anyone who needs a treatment is placed on a wait list, unless it's an emergency. Emergency patients are treated as quickly as possible.

Wait List Management

No Information

Status of Wait Lists

No information

Contact for Information

Contact information is provided for the Ministry INFOline, and the WT Information Office.

Related Services Identified

No Information

Documents and Resources Available on Website

News Release: MCGUINTY GOVERNMENT MAKING PROGRESS ON WAIT TIMES. *Ontario Sets Wait Times Access Targets In Five Key Areas.* December 16, 2005
www.health.gov.on.ca/english/media/news_releases/archives/nr_05/nr_121605.pdf
For other News Releases, click on the following links:
www.health.gov.on.ca/transformation/wait_times/providers/wt_news.html
What to ask your family doctor
What to ask your specialist
Numerous documents related to the WTs Strategy and various other reports can be found at the following link:
www.health.gov.on.ca/transformation/wait_times/providers/wt_strategy.html

Related Links

No information

Plans for Sustainability

No information

Other

What is a wait list? A wait list is a list of people who need special medical care, such as:

- heart surgery
- special tests such as MRIs
- hip and knee replacements

This list lets doctors decide who gets treatment first. Patients whose illness is more serious or life threatening, get treated first.

Why do we have WTs? WTs happen because:

- There may be more patients than the system can treat at the same time.
- Our population is aging and needs more health care.
- Doctors find new ways to diagnose and treat more illnesses. Many people may want to get this new treatment at the same time.

How long will I wait? How long you have to wait depends on:

- how serious your illness is. Patients with illnesses that are not considered life threatening may wait longer. That's because the hospital's operating room will be used for more serious cases first.
- how many other patients your surgeon has to treat. Some specialists have shorter WTs than others.
- how your hospital schedules patient treatment. This depends on the staff, equipment and patient facilities they have.
- how many other people in your community need treatment.

If I have a long WT, what can I do?

- You can ask to see another specialist, with a shorter wait list.
- You can ask to go to another hospital, where you might be treated sooner.
- You might be able to have a treatment on short notice, if an opening becomes available.

Your doctor can talk to you about these options. If your condition changes while you are waiting for treatment, talk to your doctor. Your doctor can assess your illness and decide if waiting for treatment will affect your health.

Do better doctors have longer wait lists?

All surgeons meet Ontario's standards of training and ability, when they are licensed by the College of Physicians and Surgeons of Ontario and when they are granted privileges at a hospital. There is no way to tell whether one doctor is better than another.

Some surgeons may have longer WTs because:

- they get more referrals from family doctors
- they have less operating room time
- they take longer to perform a particular procedure
- they may have more complex cases to treat

Other Definitions:

WT: The point at which 9 out of 10 patients have completed surgery or have had their exam.
Provincial Target: This number represents the Priority 4 access target.
See a full summary of Ontario's WT targets.
Provincial WT: the WT value calculated from all WT data submitted in Ontario
LHIN WT: the WT value calculated from all WT data submitted for each LHIN.

Manitoba

GOVERNMENT WEBPAGE

www.gov.mb.ca/health/waittime/index.html

Regional Health Authority	Facility	Median WT (in weeks)	Total (per month)	2009/2010 Fiscal Year to Date	2008/2009 Fiscal Year
Winnipeg	All Facilities	16	222	2,326	3,149
	Concordia Hospital	17	133	1,181	1,529
	Grace General Hospital	16	54	749	960
	Seven Oaks General Hospital	16	34	375	469
Brandon	Brandon Regional Health Centre	24	11	134	170
Central	Boundary Trails Health Centre	17	23	168	196
Manitoba Total		17	256	2,628	3,515

Department Responsible

Manitoba Health Regional health authorities (RHAs) plan and deliver health services in the regions and communities (Map of RHAs provided and facilities).

Definition of Wait Times

What is a WT? A WT is how long an individual waits for a diagnostic test, surgery or treatment. It is calculated from the time the procedure is booked in the hospital or clinic until it is done.
When does a WT start and end? Historically, the starting point for WTs has varied. All provinces and territories have agreed that the measurement of WTs should start when the physician determines that the patient is medically ready, and the patient consents to treatment, as indicated by the booking of the service. The WT ends when the patient receives the service.

Provincial/Territorial Targets

Manitoba is working with stakeholders and clinical experts to develop WT access targets that patients, care providers and administrators can use to monitor progress. As data standards are developed, Manitoba will be adding these elements to the website.

Current Status of Wait Times Targets

No Information

Length of Wait Times

WTs on this website are based on cases completed during the reported month. See below.
All Hip and Knee Surgeries (including replacement and revisions)

Data for January 2010

MEDIAN WTS

Definition provided on Webpage: The point at which half the patients have had their treatment, and the other half are still waiting. For example, if a median WT is 4 weeks, this means that half of the patients waited less than 4 weeks, and half waited more than 4 weeks. The median is another way of reflecting what a "typical" patient might have experienced in that time period. Unlike the average, the median is not generally influenced by one or two very unusual cases (long or short), and is therefore more stable over time.

Total Hip Replacement WTs

Regional Health Authority	Facility	Median WT (in weeks)
Winnipeg	Concordia Hospital Grace General Hospital Seven Oaks General Hospital	22 (all facilities)
Brandon	Brandon Regional Health Centre	C/V[1]
Central	Boundary Trails Health Centre	17
Data for January 2010		

[1]C/V= Confidential Value - This means that the RHA reported less than 5 cases. To protect patient privacy, WTs associated with small volumes are not reported.

Total Knee Replacement WTs

Regional Health Authority	Facility	Median WT (in weeks)
Winnipeg	Concordia Hospital Grace General Hospital Seven Oaks General Hospital	16 (all facilities)
Brandon	Brandon Regional Health Centre	24
Central	Boundary Trails Health Centre	17
Data for January 2010		

They also provide the data for the number of surgeries performed for both knew and hip replacements by RHA/facility/total per month/fiscal total.

FUNDING

The Manitoba government has invested $155 million in their WT strategy.

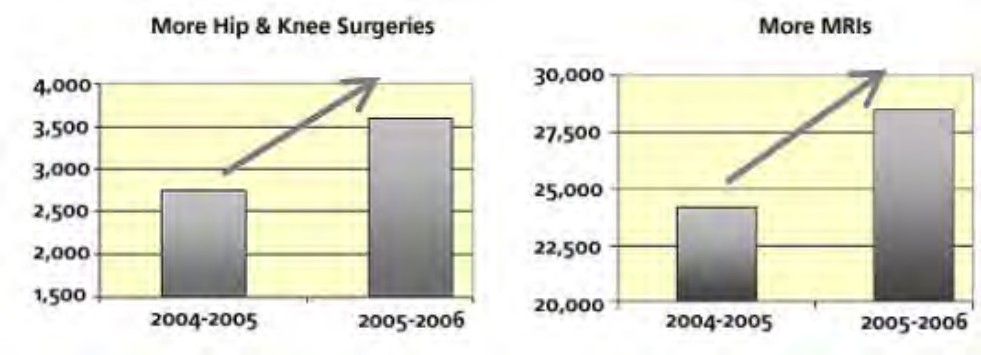
STRATEGIES

Manitoba's WT Reduction Strategy - The government's plan builds on these successful strategies from the past, proven strategies from other jurisdictions and made-in-Manitoba innovations. It is focused on the priorities of Manitobans, with significant dollars committed to programs such as hip and knee replacements and diagnostic tests. The $155 million plan was developed in close consultation with physicians and regional health authorities, reflecting the needs of Manitobans.

There are five main elements to the strategy:

- more surgeries - $57.1 million;
- more diagnostic testing - $25.5 million;
- more health professionals - $12.4 million;
- prevention and health promotion - $17.2 million, and;
- system innovation and better wait-list management - $10.5 million.

Here are some examples of key successes:



In 2005/06 elective hip and knee replacement surgeries increased over 40% from the previous year. But with an aging population and demand increasing, WTs are still long for some people.

Here's what you can expect from Manitoba's new WT Reduction Strategy as we work to bring down the WT for patients across the province. Priority: Adding more knee and hip replacement surgeries
Action:

- 2,500 additional joint replacement surgeries over the next three years
- Expanding the Centre of Excellence for Orthopedics model established at Concordia Hospital to Seven Oaks Hospital and Grace Hospital
- Introducing cutting-edge technology such as computer-guided joint replacement to improve patient outcomes and reduce the need for future surgery

PROJECTS/INITIATIVES

More doctors, more nurses

- Re-investing in doctors, nurses and other health professionals
- Increased funding to education, training and incentive programs

Re-investing, re-building

- Investing in technology and new state-of-the-art facilities that attract the highest quality professionals and provide better care (e.g., new hospital in Brandon, redevelopment of the Health Sciences Centre, introduction of cutting-edge technologies)

Investing in Change - A key feature of the strategy is investing in change, by working with partners to transform the way wait lists are managed and coordinated. Traditionally, wait lists and WT information have been managed by individual physicians and facilities in isolation from other parts of the system. This is not the best way to provide quality care, nor is it the most efficient use of your health care dollar.

Manitoba Patient Access Network (MPAN) - The government is working with health partners in building the Manitoba Patient Access Network (MPAN) to improve patient access to care and co-ordinate wait

lists on a regional and provincial basis. It will give Manitobans more options and they will be able to better monitor progress in achieving the shared goal of better care sooner. The province is currently working with its health care partners to coordinate the management of wait lists and to hire additional Wait List Coordinators.

More surgeries, reduced waits with Rivers Rehab program - Hip or knee replacement patients from the Brandon area can receive post-operative rehabilitation in Rivers. This means surgical beds in Brandon are available sooner and doctors can perform more procedures and reduce WTs. Since the program began in November 2005, Brandon has completed 33% more surgeries than in the same period last year, and the Riverdale Health Centre and the town of Rivers are welcoming the increase in patients and health care staff.

Concordia Hospital has the only operating room in the country where clinical assistants are helping orthopedic surgeons perform twice as many hip and knee replacements than 18 months ago. Clinical assistants work with a team consisting of a scrub nurse, anesthesiologist and two circulating nurses to help alleviate some of the before-and-after surgery jobs from surgeons so they're able to perform overlapping joint replacements.

Information Systems

RHAs are required to report WT data for services funded by Manitoba Health. Facilities collect information from physicians and from operating room or scheduling systems. This information is verified by RHAs before being sent to Manitoba Health Information Management.

No confidential patient data is collected, therefore current data collection processes do not allow for an audit trail back to the original source of the data in the physician's office or a facility's scheduling system. As a result, an error in data entry or transcription could have an effect on the WTs reported for a particular facility. Every effort is made to ensure data accuracy

Wait Lists

Traditionally, wait lists and WT information have been managed by individual physicians and facilities in isolation from other parts of the system. Working to improve patient access to care and co-ordinate wait lists on a regional and provincial basis.

Criteria for Wait Listing

Physicians assess patient need, determine urgency of treatment, and place patients accordingly on a wait list or other treatment path.

Only those patients who are fit and ready and who have consented to treatment are placed on a wait list. Patients who are not fit and ready for treatment need time in pre-habilitation or may be recommended for other treatment options. Patients who have not consented to treatment do not go on a wait list. Patients who are determined by their doctor or nurse practitioner to be an emergency are also not put on a list.

Depending on your situation, you may request a referral to another physician with a shorter wait list or to another hospital or clinic where you can be cared for sooner. Discuss your options with your doctor and be prepared to go for surgery on short notice or to travel to another centre for treatment. This may reduce your WT. If your condition changes while you are waiting, consult your doctor.

Notes:

Does not provide information on which the physicians assess patients.
Does not provide explanation of what "fit and ready" entails.

Wait List Management

Wait List Coordinators provide information to patients and doctors to help them navigate the system and receive more timely care. For more information go to: *www.gov.mb.ca/health/waitlist*.
Note: The website says to contact your Wait List Coordinator and provides the wait list website, but no explanation of how you are assigned a Wait List Coordinator or find their contact information.

WTs vary from one procedure to another, from one specialist to another, and from one facility to another. Some reasons include:

- How busy surgeons are in your community
- Newer surgeons might have shorter waiting lists while they build their practice
- Some specialists only perform certain procedures or work part-time
- Some procedures require specialized staff and facilities

On the Winnipeg Health Authority website:
Put Wait List Navigators in place for each priority specialty service, who shall:

- Communicate with patients on an ongoing basis, keeping them fully informed of all options.
- Help patients navigate the system and access the resources they need.
- Advocate on behalf of patients and their needs.
- Schedule patients into the next available time for their needed procedure.
- Assign patients to the first available health care provider who can perform their procedure.
- Give patients the option to decline the first available health care provider and to chose another, while explaining such a decision may impact their WT.
- Ensure standardized implementation of Wait List initiatives through the Regional Director of Patient Access

As well, each patient shall:

- Be given the opportunity to decline the first available provider and to choose another, recognizing that such a decision may impact their WT.
- Be kept fully informed as to their options regarding health care provider of choice and WTs, including the WTs for specific health care providers and facilities.
- Be kept fully informed of any steps they can take during their WT to improve their health status and the outcome of their procedure.
- Be communicated with on an ongoing basis throughout their wait in order to ensure their health status is monitored, as well as to provide them with the opportunity to ask any questions or share new information that may impact their WT.
- Be given a contact number to call in case of questions or a change in health status.
- Be given the date of their procedure as soon as possible after they are assessed by the health care provider who will perform it.

Status of Wait Lists

No Information.

Contact for Information

Links to the RHAs are provided, but contact information for physicians or Wait List Coordinators is not available.

Related Services Identified

On Winnipeg RHA website:

What is Prehabilitation? Prehabilitation (Prehab) is a health care program to improve your health and daily functioning while you prepare for your hip or knee joint replacement surgery.

What will I do in Prehab? You and your family doctor provide information to the surgeon and the Prehab team. The team will review the information and meet with you for an initial assessment, if required. If you and the team decide that Prehab would be of benefit, advice and/or treatment to optimize your health and function before surgery, the service will be provided. However, based on the patient's overall health, not all patients will need to attend Prehab.

Areas covered in your Prehab program may include: improving exercise tolerance and strength, improving nutrition for healing and weight loss, increasing your ability to manage daily activities, pain management, smoking cessation, and optimizing mental well-being and social supports. These factors may lead to a faster recovery from your surgery and potentially decrease complications. The Prehab team will work as a unit to plan a program that best suits your needs.

Documents/Resources Available on Website

A list of questions you should ask your doctor or nurse practitioner
www.gov.mb.ca/health/waittime/questions.pdf
Working for Better Health Care Sooner: Report to Manitobans
www.gov.mb.ca/health/waittime/report2006.pdf
New Release: Cutting the surgery WT

Related Links Given

Diagnostic Imaging Information
Manitoba RHAs
Manitoba Health Care Partners: Cancer Care Manitoba and the College of Physicians and Surgeons of Manitoba
Other Provincial WTs Websites (where available)
Health Link
Concordia Hip & Knee Institute

Plans for Sustainability

Research shows that more funding alone will not result in shorter WTs. Long-term changes, such as the development of clearly defined standards for treatment, improved information management and more efficient use of existing resources will help ensure patients get appropriate and timely care. Manitoba Health is working in partnership with regional health authorities, physicians and other health care providers.

Other

Additional Definitions

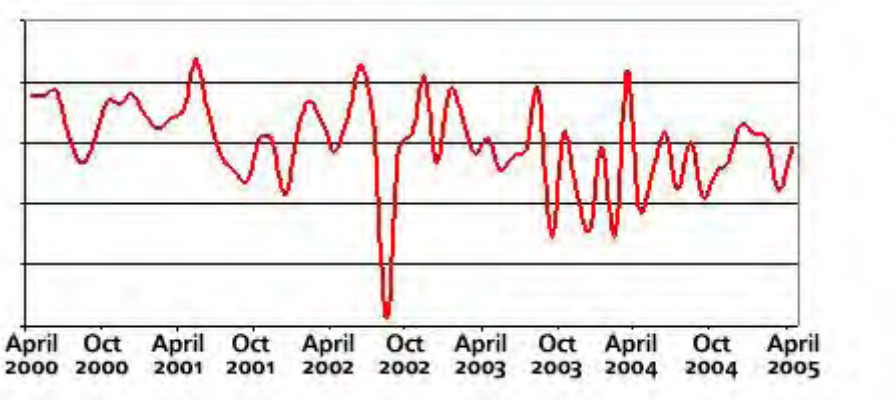
Total Hip Replacement: A total hip replacement surgery removes the ends of both bones in a damaged joint and replaces them with an artificial/prosthetic joint.

Knee Replacement Surgery: A knee replacement surgery removes a damaged joint and replaces it with an artificial/prosthetic joint.

Wait list: A wait list is a record of patients awaiting treatment. Traditionally, the lists have been maintained by individual physicians and facilities. Patients that require emergency care are not put on a wait list. The data on this site shows a snapshot of patients waiting on the last day of each month.

Factors Affecting WT Data - Many factors that affect WTs are unrelated to the availability of resources or the efficiency of a particular facility. They include:

Variability - WT data is quite variable and can change dramatically from month to month. Over time the measure of WTs often looks like this:



Small Volumes - The WTs information that is reported often show big differences between RHAs in how long patients have waited for services. It is important to note that a WT calculation based on a very small number of patients over a very short period of time can be misleading, since a few patients with unusually long or short WTs may have a very large influence on the results for that month (particularly the average WT). In this situation, a hospital might have a single month with a very long average WT while the usual WTs are much shorter, and the experience for most patients will be unchanged. The result is that the smaller the number of cases reported, the more difficult it is to draw conclusions about what should be expected.

This issue will particularly affect RHAs that do not treat many patients (for example a small hospital performing cataract surgery), as well as larger hospitals that perform very specialized surgery (for example, surgery for lung cancer).

Other Factors Affecting WTs:

- Patient Choice – a patient with a non-life-threatening condition may choose to delay treatment for personal or family reasons to a more convenient time.
- Patient Condition – treatment may be delayed until a patient's condition improves sufficiently that surgery or a test can be performed.
- Follow-up Care – a patient with an existing condition may be pre-booked for a follow-up treatment or test to monitor changes in patient condition.
- Treatment Complexity – specific resources may be required for a patient with special requirements, resulting in a delay until these can be scheduled.

Waiting is Part of Your Care - Sometimes waiting is part of your health care. Your provider may want to wait to see if your condition improves with time or to determine if a different kind of test or treatment might be best for you. Sometimes you have to wait to become as healthy as you can be before having a surgery or test. The healthier you are before you have a treatment, the more likely you will be healthy after a treatment.

In other cases, waiting for your treatment could be caused by a combination of factors, such as increased demand for health care services, limited health care resources (such as specialists and specialized machines), and inefficient use of existing resources. Manitoba Health is working with its partners to reduce WTs.

Saskatchewan

Government Webpage

The government webpage is found here: www.health.gov.sk.ca/surgery-diagnostics
The website where WTs and waitlist information is provided: www.sasksurgery.ca/index.htm

Department Responsible

Government of Saskatchewan – Department of Health
Saskatchewan Surgical Care Network

Definition of Wait Times

No Information

Provincial/Territorial Targets

Target Time Frames for Surgery are performance goals for the surgical care system. They establish targets for each priority level determined through the patient assessment process. For example, the goal for priority level I is that 95% of patients be treated within 3 weeks. Currently, there are four priority levels, which apply to non-emergency surgery. Emergency patients are managed separately and are not put on a wait list.

Priority Level	Urgency Score Range	Target Time Frame
Emergency		Managed Separately
Priority I	80 to 100	95% within 3 weeks
Priority II	65 to 79	90% within 6 weeks
Priority III	50 to 64	90% within 3 months
Priority IV	1 to 49	90% within 12 months
All Cases		Within 18 months

Note**:** The number of priority levels was reduced six to four in April 2006 to give surgeons and regions more flexibility in managing wait lists. At the same time, the percentage targets for the lower priority levels were raised from 80% to 90%.

Current Status in Reaching Target

Percent of Cases Meeting the SSCN Target Time Frames for Surgeries Performed from 01-Jul-2009 to 31-Dec-2009

	SSCN Priority Level			
Health Region of Service	**I (95% within 3 weeks)**	**II (90% within 6 weeks)**	**III (90% within 3 months)**	**IV (90% within 12 months)**
Sun Country	77%	60%	62%	97%
Five Hills	91%	86%	96%	100%
Cypress	73%	85%	97%	100%
Regina Qu'Appelle	49%	39%	57%	81%
Sunrise	78%	76%	88%	64%
Saskatoon	56%	45%	57%	79%
Heartland	62%	NA	80%	100%
Kelsey Trail	86%	100%	100%	100%
PA Parkland	74%	67%	90%	98%
Prairie North	88%	82%	96%	99%
Total	**59%**	**48%**	**68%**	**85%**

Notes

- If the number of surgeries performed for a particular priority level and region combination is less than or equal to 5, then the percentage of cases meeting the target time frame was not calculated and is indicated with "NA".
- In the trend graphs on the following page, data for 2004-05 is suppressed because cases booked before the beginning of the registry were not necessarily back scored.
- Trends for Priority Level I surgeries should be viewed with caution as the cancer question on all scoring tools changed in December 2007. Prior to that date, all proven or suspected cancer cases were automatically assigned to Priority Level I. Now the cancer question distinguishes between invasive cancer (maximum wait of 3 weeks), indolent cancer (maximum wait of 3 months) and scheduled screening or follow up (maximum wait of 12 months).
- The score for cataract surgery of the second eye has been adjusted upward retrospectively to give these cases higher priority. This change has not yet been implemented in the regions as consultations with ophthalmologists are still underway.
- In February and March of 2009, following consultations with surgeons, the Urgency Profiles of 402 procedures (mainly in orthopaedics) were changed. To ensure continuity of trends, these changes have been applied retrospectively to the calculation of the Priority Levels. This means that historical results will differ from those released prior to February 2009.
- Currently, emergency surgery is reported to the Registry based on region-defined emergency levels (there is no provincial definition). Scored cases reported as Emergency Level IV are included as non-emergency cases to improve consistency among regions. The category is used by some, but not all regions, to identify the least urgent emergency cases.
- The results are based on the February 1, 2010 refresh of the SSCN Surgical Patient Registry data mart.

Hip Replacements (emergency cases excluded)
Pan Canadian Benchmark: 26 weeks (182 days)

Summary for cases performed in the past two quarters (01-Jul-2009 to 31-Dec-2009)

Measure [§]	Saskatchewan	Regina	Saskatoon	Other Regions*
Number of cases performed	**527**	158	330	39
Percent of cases performed within 26 weeks	**66%**	54%	70%	87%
Median wait time (in days)[†]	**114**	164	107	53
90th percentile wait time (in days)[‡]	**355**	430	333	190

Summary of cases waiting

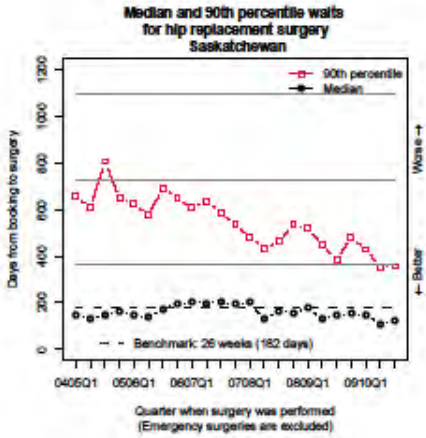
Measure [§]	Saskatchewan	Regina	Saskatoon	Other Regions*
Number of cases waiting on 31-Mar-2004	**877**	325	505	47
Number of cases waiting on 31-Dec-2009	**706**	285	376	45
Percent of cases waiting on 31-Mar-2004 that had already waited longer than 26 weeks	**57%**	62%	58%	19%
Percent of cases waiting on 31-Dec-2009 that had already waited longer than 26 weeks	**29%**	44%	20%	16%

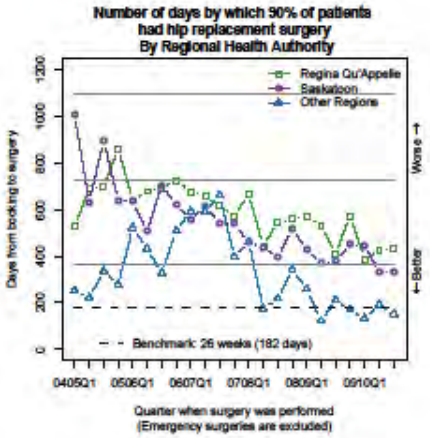
* Hip replacements are also performed in Prince Albert and Moose Jaw. Information on current wait times by region is available on this web site in Wait Times/Lists (by Specialty).

[†] The median wait time is the time by which 50% of cases had surgery.

[‡] The 90th percentile wait time is the time by which 90% of cases had surgery.

[§] Results are based on the February 1, 2010 refresh of the SSCN Surgical Patient Registry data mart.





Knee Replacements (emergency cases excluded)
Pan Canadian Benchmark: 26 weeks (182 days)

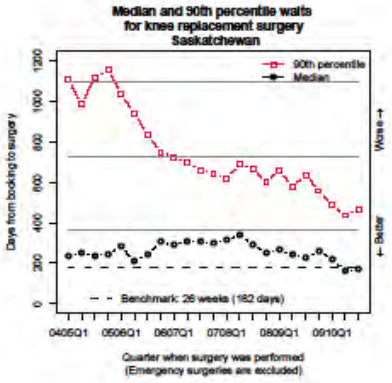
Summary for cases performed in the past two quarters (01-Jul-2009 to 31-Dec-2009)

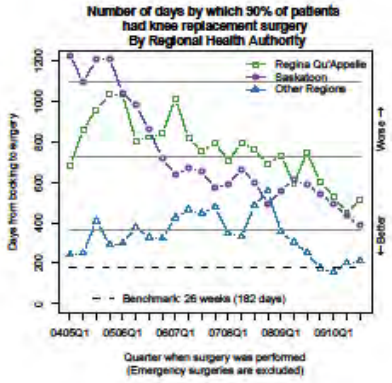
Measure [§]	Saskatchewan	Regina	Saskatoon	Other Regions*
Number of cases performed	**1,045**	252	721	72
Percent of cases performed within 26 weeks	**53%**	41%	55%	82%
Median wait time (in days)[†]	**167**	237	163	52
90th percentile wait time (in days)[‡]	**448**	506	407	202

Summary of cases waiting

Measure [§]	Saskatchewan	Regina	Saskatoon	Other Regions*
Number of cases waiting on 31-Mar-2004	**2,495**	862	1,579	54
Number of cases waiting on 31-Dec-2009	**1,845**	756	996	93
Percent of cases waiting on 31-Mar-2004 that had already waited longer than 26 weeks	**70%**	73%	69%	24%
Percent of cases waiting on 31-Dec-2009 that had already waited longer than 26 weeks	**32%**	43%	26%	10%

* Knee replacements are also performed in Prince Albert and Moose Jaw. Information on current wait times by region is available on this web site in Wait Times/Lists (by Specialty).
† The median wait time is the time by which 50% of cases had surgery.
‡ The 90th percentile wait time is the time by which 90% of cases had surgery.
§ Results are based on the February 1, 2010 refresh of the SSCN Surgical Patient Registry data mart.





Saskatchewan Surgical Care Network www.sasksurgery.ca

WTs for hip and knee replacement surgeries are dropping. Excluding emergency cases:

- 66% of patients who had hip replacements from July-December 2009 were treated within 26 weeks compared to 53% of patients who had the same surgery from January-June 2008.
- 53% of patients who had knee replacements from July-December 2009 were treated within 26 weeks compared to 39% of patients who had the same surgery from January-June 2008.

LENGTH OF WAIT TIMES

Orthopaedic Surgery (Muscle and Skeletal System) - Saskatchewan								
	Actual Patient Waits For Procedures Performed July 2009 - December 2009							
Specialty (All)	**Patients Completed**	Within 3 weeks	4-6 weeks	7 weeks - 3 months	4-12 months	13-18 months	More than 18 months	**Patients Waiting (As of Dec 31)**
All Reporting Regions	6,811	42%	7%	11%	31%	6%	2%	7,409
Health Region	**Patients Completed**	Within 3 weeks	4-6 weeks	7 weeks - 3 months	4-12 months	13-18 months	More than 18 months	**Patients Waiting (As of Dec 31)**
Saskatoon	3,697	37%	6%	11%	37%	7%	2%	4,108
Regina Qu'Appelle	2,153	50%	4%	9%	26%	9%	2%	2,627
Prince Albert Parkland	499	50%	14%	16%	20%	0%	0%	464
Five Hills	226	49%	15%	19%	16%	0%	0%	103
Prairie North	123	24%	28%	37%	11%	0%	0%	84
Cypress	65	49%	45%	3%	3%	0%	0%	6
Kelsey Trail	30	13%	30%	43%	13%	0%	0%	12
Data Source: Saskatchewan Surgical Patient Registry								
Less than five (<5) is used to protect patient confidentiality.								

Wait times are not shown when the number of patients completed is less than 20 (<20).
WTs data is provided for each region. As an example, I have included the data for Saskatoon:
Saskatoon: Actual Patient Waits For Procedures Performed July 2009 - December 2009

Common Procedures	Patients Completed	Within 3 weeks	4-6 weeks	7 weeks - 3 months	4-12 months	13-18 months	More than 18 months	Patients Waiting (As of Dec 31)
Hip Replacement Total (including revisions)	353	14%	11%	22%	47%	3%	3%	376
Knee Replacement (includes total, uni, revisions	725	6%	5%	15%	59%	10%	4%	996

FUNDING

No Information

STRATEGIES

A surgical care working group, with representatives of the Ministry of Health, health regions and provider groups, has been charged with developing an implementation plan that will be initiated in April 2010. In the spirit of Patient First, patients will soon be added to this working group.

PROJECTS/INITIATIVES

In the spring of 2010, Saskatchewan will unveil its plan to transform surgical care for patients. The Saskatchewan Surgical Initiative will strive to improve surgical patients' care experience and ensure that within four years, no one in the province has to wait longer than three months for surgery.
The independent Patient First Review of Saskatchewan's health care system identified surgical WTs as a key concern for patients and families. (See Related Links.)

The provincial government subsequently promised to make this area a priority in its Throne Speech on October 21, 2009. Since then, surgeons, family physicians, nurses, therapists, health care administrators and former surgical patients have been collaborating on a plan to transform surgical care.

The result will be an initiative that:

- provides better surgical experiences for patients and families
- ensures that by 2014, no one waits more than three months for surgery
- achieves shorter WTs that are sustainable into the future
- provides better, safer care for surgical patients

The work is already underway. Surgical care providers throughout Saskatchewan are adopting 'patient first' practices that have been effective elsewhere in Canada and around the world. More health care system improvements will follow as a result of the Patient First Review.

Multi-Disciplinary Clinics - assess patients who may need a hip or knee replacement. The clinics:

- confirm patients' need for surgery

- speed up referral to a specialist
- give patients clear, useful information
- help prepare patients for surgery
- follow up with patients after surgery

The goal is to provide earlier access to assessment, education and pre-habilitation for surgery. This results in higher quality patient care and more streamlined, standardized services. It also potentially increases the number of hip and knee replacements done in Saskatchewan.

A new provincial clinical pathway for hip and knee patients has been developed to improve access, flow and patient satisfaction and enable the treatment of more patients, while maintaining high standards of service. The pathway streamlines the patient's journey from family physician to post-surgery rehabilitation. It is based on best practices and includes a General Practictioner referral form, intake through a multi-disciplinary clinic, new pre- and post-educational processes, new ward flows and dedicated operating room times and beds. Four Regions (Saskatoon, Regina Qu'Appelle, Five Hills, Prince Albert Parkland) have begun implemenation of the pathway and full implementation will be completed in 2010/2011.

Surgical Capacity - *Health Human Resource Initiatives.* Saskatchewan has undertaken a number of initiatives to help ensure we have adequate health professionals. The Saskatchewan government and Saskatchewan Union of Nurses have signed a partnership agreement that commits to increasing the number of full time equivalent nursing positions by 800. The Province has a number of recruitment and retention programs that provide incentives to health professionals. Regional health authorities have participated in recruitment trips that are bringing Filipino nurses to Saskatchewan. As of March 31, 2009, RHAs employed more than 100 additional registered nurses and registered practical nurses than they did a year earlier.

The number of nursing education seats was being increased in 2008-09 from 418 to 550 seats and the plan is to increase the number of nursing seats in Saskatchewan to 700 seats. The College of Medicine will increase its annual intake of medical students from 60 to 100 and increase physician residency seats to 120 by 2010-11. In 2008-09, 24 new undergraduate sears and 24 new residency seats were created. The number of training seats for medical laboratory technologists, medical radiation technologists and combined lab and x-ray technicians were also increased in 2008.

The *Regina Qu'Appelle Health Region* is in the process of planning an Ambulatory Surgery Centre as part of the Increasing Surgical Capacity Project. The planned centre will increase the Region's capacity to perform ambulatory surgery procedures that do not have to be done in a hospital, and free operating room time in the main hospital operating rooms for more inpatient surgery and complex day surgery procedures. The Province has committed $14 million to the project.

The *Saskatoon Health Region* is focusing in several areas in order to increase surgical capacity. The region is currently implementing its service alignment plan, which defines the future roles of the three hospitals in Saskatoon. In this model, Saskatoon City Hospital will focus on day surgery and outpatient or ambulatory services, while St. Paul's Hospital and Royal University Hospital will be the two sites for inpatient acute care. This model will increase efficiency by reducing the duplication of services on multiple sites and not stretching the Region's physician and clinical coverage across sites. The consolidation of services is known to: improve the patient care experience, decrease the need for transfers between sites, increase the volume and efficiency of ambulatory services, and improve recruitment and retention of specialized care providers and other staff.

Initial steps in implementing this model have included realigning and consolidating several of the services within surgery to fewer sites. For example, general surgery and orthopedic surgery for patients

requiring an inpatient stay are now on two sites, rather than three. Inpatient urology services were consolidated to St. Paul's Hospital in February 2009. Day surgery urology services will continue to be provided at St. Paul's and Saskatoon City Hospital.

Other key initiatives the Saskatoon Health Region is undertaking to increase surgical capacity include: the implementation of the new hip and knee pathway, improving efficiencies within the operating rooms, and improving operating room scheduling processes.

Ensure High Quality Surgical Services - The Saskatchewan Surgical Care Network has promoted the development of clinical pathways to improve patient service in a number of areas. In each case, a working group composed of key service providers, administrators and others, has been formed to lead the development and implementation process.

Information Systems

The Saskatchewan Surgical Care Network oversees the continuing development of the province-wide computerized *Surgical Patient Registry***.** The Registry tracks all patients needing surgery in the province and produces accurate, detailed surgical care access reports for use in managing the system. The public now has access to better wait list information from all Regional Health Authorities (RHAs) providing surgery. Health authorities, physicians and the Ministry use information from the Surgical Patient Registry to match system resources to patient needs and improve access to surgery. In addition, work is underway to develop and implement a new *Surgical Information System (SIS)* in six regions. The new automated system will improve the information available for both planning and day-to-day delivery of surgical care. It will enable health regions to make more efficient use of operating rooms and staff and to improve the quality of care for surgery patients. Better decisions based on better information will ultimately reduce WTs for patients.

Wait Lists

No Information

Criteria for Wait Listing

Physicians use the *Patient Assessment Process* to consistently and fairly determine a patient's need for surgery. The process includes standardized sets of factors that surgeons use to assess their patient's need, and clearly defined "urgency" ranges for specific surgical procedures.

Target Time Frames Priority Classification Table

Priority Level	Scoring Range	Target Time Frame
Emergency		Managed Separately
Priority I	80 to 100	95% within 3 weeks
Priority II	65 to 79	90% within 6 weeks
Priority III	50 to 64	90% within 3 months
Priority IV	1 to 49	90% within 12 months
All Cases		Within 18 months

Patients are referred to a Multi-Disciplinary Clinic where they are assessed, prepared for surgery and educated about what to expect after surgery. The clinics also help identify patients who may not need surgery. Family doctors can refer patients directly to any one of four clinics located in Saskatoon, Regina, Prince Albert or Moose Jaw.

New Patient Assessment Process - Surgeons across Saskatchewan have begun to use a new, standardized, two step process of assessing and classifying patients' need for surgery:

Patient Assessment Questionnaires + *Urgency Profiles for Surgical Procedures* = *Your Priority Level classification*

(Priority Levels I through IV redefine the terms urgent and elective.)

Step 1: Surgeons will discuss your situation and review any test results. Also, they fill out new patient questionnaires with standard sets of questions that help to determine the urgency of your condition/situation. These questionnaires produce an "assessment score".

Step 2: The new Patient Assessment Process also takes into account the "urgency" of your procedure. Your assessment score combined with the urgency profile of your procedure gives you a final urgency score that places you into one of four priority levels:

Priority Level	Scoring Range	
Priority I	80 to 100	Higher Urgency ⇧
Priority II	65 to 79	
Priority III	50 to 64	
Priority IV	1 to 49	⇩ Lower Urgency

Click here for an example of how *Priority Levels are calculated*. Each of these Priority Levels have associated *Target Time Frames*. The *Surgical Care Coordinator/ Regional Contact* provides patients with their assessed Priority Level.

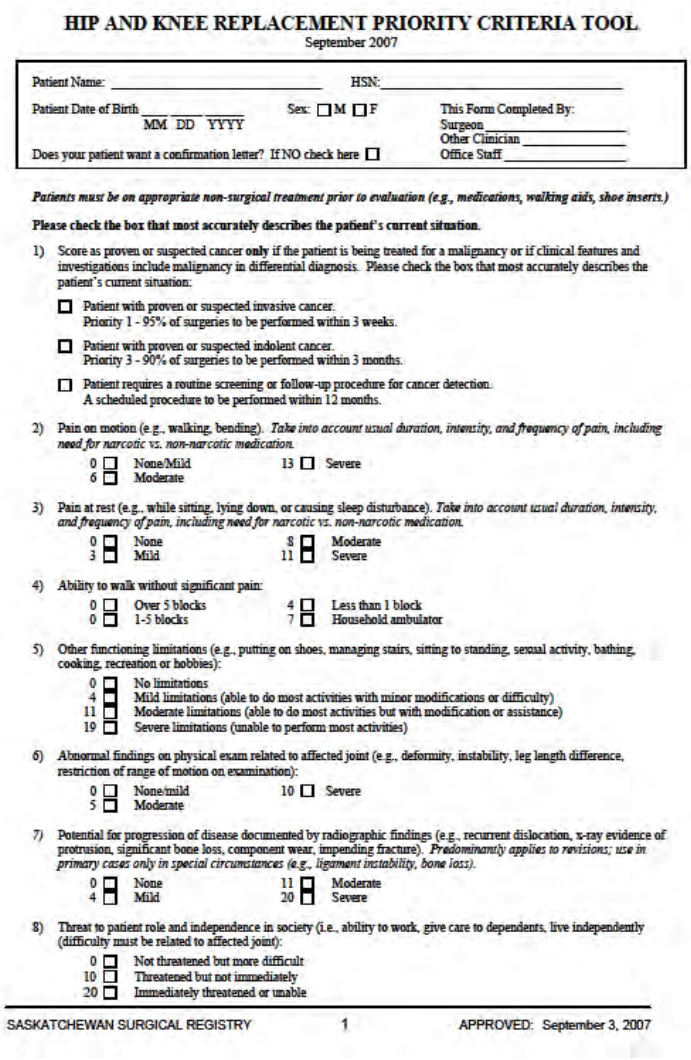
Comparison of Traditional and New Patient Assessment Systems

Traditional Patient Classification Terms	Approximate Time Frame	New Patient Classification Terms
Emergent	Within 24 hours	Managed Separately
Urgent	Within 3-6 weeks	Priority Level I Priority Level II
Elective	More than 6 weeks	Priority Level III Priority Level IV

Patient Assessment Questionnaires, Guides & Urgency Profiles for Surgical Procedures

Orthopaedic:

- Orthopaedic Tool
- Orthopaedic Scoring Guide
- Orthopaedic Hip Knee Replacement Tool
- Orthopaedic Procedure Urgency Profiles



HIP AND KNEE REPLACEMENT PRIORITY CRITERIA TOOL
September 2007

Patient Name: _____ HSN: _____

Patient Date of Birth ____ ____ ____ (MM DD YYYY) Sex: ☐M ☐F

This Form Completed By:
Surgeon _____
Other Clinician _____
Office Staff _____

Does your patient want a confirmation letter? If NO check here ☐

Patients must be on appropriate non-surgical treatment prior to evaluation (e.g., medications, walking aids, shoe inserts.)

Please check the box that most accurately describes the patient's current situation.

1) Score as proven or suspected cancer **only** if the patient is being treated for a malignancy or if clinical features and investigations include malignancy in differential diagnosis. Please check the box that most accurately describes the patient's current situation:

☐ Patient with proven or suspected invasive cancer.
Priority 1 - 95% of surgeries to be performed within 3 weeks.

☐ Patient with proven or suspected indolent cancer.
Priority 3 - 90% of surgeries to be performed within 3 months.

☐ Patient requires a routine screening or follow-up procedure for cancer detection.
A scheduled procedure to be performed within 12 months.

2) Pain on motion (e.g., walking, bending). *Take into account usual duration, intensity, and frequency of pain, including need for narcotic vs. non-narcotic medication.*

0 ☐ None/Mild 13 ☐ Severe
6 ☐ Moderate

3) Pain at rest (e.g., while sitting, lying down, or causing sleep disturbance). *Take into account usual duration, intensity, and frequency of pain, including need for narcotic vs. non-narcotic medication.*

0 ☐ None 8 ☐ Moderate
3 ☐ Mild 11 ☐ Severe

4) Ability to walk without significant pain:

0 ☐ Over 5 blocks 4 ☐ Less than 1 block
0 ☐ 1-5 blocks 7 ☐ Household ambulator

5) Other functioning limitations (e.g., putting on shoes, managing stairs, sitting to standing, sexual activity, bathing, cooking, recreation or hobbies):

0 ☐ No limitations
4 ☐ Mild limitations (able to do most activities with minor modifications or difficulty)
11 ☐ Moderate limitations (able to do most activities but with modification or assistance)
19 ☐ Severe limitations (unable to perform most activities)

6) Abnormal findings on physical exam related to affected joint (e.g., deformity, instability, leg length difference, restriction of range of motion on examination):

0 ☐ None/mild 10 ☐ Severe
5 ☐ Moderate

7) Potential for progression of disease documented by radiographic findings (e.g., recurrent dislocation, x-ray evidence of protrusion, significant bone loss, component wear, impending fracture). *Predominantly applies to revisions; use in primary cases only in special circumstances (e.g., ligament instability, bone loss).*

0 ☐ None 11 ☐ Moderate
4 ☐ Mild 20 ☐ Severe

8) Threat to patient role and independence in society (i.e., ability to work, give care to dependents, live independently (difficulty must be related to affected joint):

0 ☐ Not threatened but more difficult
10 ☐ Threatened but not immediately
20 ☐ Immediately threatened or unable

SASKATCHEWAN SURGICAL REGISTRY 1 APPROVED: September 3, 2007

WAIT LIST MANAGEMENT

Multi-Disciplinary Clinics are part of the wait list management process because they assess patients, prepare them for surgery and educate on what to expect after surgery. The clinics also help identify patients who may not need surgery.

A Surgical Care Co-ordinator helps patients find out their status on the wait list by:

- confirming they are on a wait list for surgery:
- checking if they have an admission date to hospital;
- giving them an estimated WT for your surgery; and
- providing them with general information about hospital waiting lists, waiting time and booking procedures.

Moving through the System

The following is a summary of the steps you will take if you need to have a procedure performed in an operating room:

Step 1:	Patient Information – At the first appointment with your surgeon, you will provide information such as your birth date, health insurance number, and contact phone number.
Step 2:	Diagnostic Tests/Patient Assessment – Your surgeon will order any diagnostic tests and will go through a process of Assessing Your Need.
Step 3:	Informed Consent – Your surgeon is responsible for providing you with all of the care options available and explaining the benefits and risks of any recommended surgical procedures. Because all surgeries have risks associated with them, it is very important you understand the possible outcomes. This is the best time to ask your surgeon about the procedure. Please visit Questions To Ask Your Doctor. If you agree that surgery is required, your surgeon will have you sign a consent form that will be forwarded to the hospital.
Step 4:	Date of Surgery/Pre-surgery Information - One to six weeks prior to your surgery, you will receive a tentative date for surgery and be informed of the process for arriving at the hospital. You may also be asked to provide some pre-surgery information to determine whether you need pre-surgery tests or consultations. Depending on the procedure, you may also be asked to come to the hospital to attend some training classes about your particular procedure and after care.
Step 5:	Pre-operative Tests – Any tests that are required prior to your surgery will be completed.
Step 6:	Length of Stay in Hospital - You will have one the following categories of surgery: **Day surgery** – you arrive at the hospital, have your surgery and after a short recovery period return home on the same day; **Same day admit procedure** – you are admitted to hospital on the day of surgery and stay in hospital for one or more nights; or **Inpatient procedure** – you are admitted to hospital prior to the day of surgery and stay in hospital for one or more nights.
Step 7:	Following your procedure, your surgical care team will speak with you about your post-surgery care, including any required medications, therapies, treatments and follow-up appointments.

An increasing number of less complicated procedures in Saskatchewan are being done outside of operating rooms. The steps for these “outpatient” procedures differ between individual facilities. If you have any questions about whether your surgery will be done in an operating room, questions about the process for “outpatient” procedures, or concerns regarding the steps above please contact your surgeon’s office or the Surgical Care Co-ordinator/ Regional Contact in the Region where you will be having your surgery.

Status of Wait Lists

No Information

Contact for Information

Contact information for all specialists for each region is provided on the Sask Surgical website.

Each RHA has as contact person or client representative to review specific concerns about patient care. If you are receiving surgery in a regional or district hospital, the regional contact will be able to provide you with information about your wait for surgery

If you are currently waiting for surgery and would like more information, please contact the Surgical Care Co-ordinator/Regional Contact in the Health Region where you will be having your procedure performed. You can also contact your surgeon’s office.

Surgical Care Co-ordinators - Surgical Care Co-ordinators in Saskatoon and Regina Qu'Appelle provide a communication link between patients, their referring physician, and the Regional Health Authorities

(RHAs). Both RHAs have a full time Surgical Care Co-ordinator to assist patients who will be receiving surgery in those regions.

Related Services Identified

The website provides links for home case, occupational therapy, physical therapy, and quality care coordinators (see below). The patient information booklets also provide information and contacts for related services.

Documents/Resources Available on Website

A variety of news releases are available, including (see website for more):
Work Begins on Improving Surgical Care and Reducing Wait Times
News release, October 29, 2009. Working group to develop plan for reducing WTs.
Patient Information: Total Hip Replacement Booklet (36 pages)
Patient Information: Total Knee Replacement Booklet (40 pages)
Physician Referral Form
SURGERY WHAT YOU NEED TO KNOW

Related Links Given

CONTACT: Acute and Emergency Services
The Ministry branch responsible for surgeries and diagnostics.
sasksurgery.ca
The website of the Saskatchewan Surgical Care Network, with information about surgeries, assessment, scheduling, WTs and related topics.
Home Care
Saskatchewan's home care program helps people remain at home for as long as possible.
Occupational Therapy
Occupational therapy services are aimed at individuals of all ages, who have physical, mental or cognitive problems related to injury, disease, or disability.
Physical Therapy
Physiotherapy services are aimed at individuals of all ages, who have physical problems related to injury, disease, or disability.
Quality of Care Coordinators
For questions or concerns about access to care or your health care experience.

Plans for Sustainability

No Information

Other

Patient information booklets provide a thorough explanation of all aspects related to the surgery, including definitions, contacts, exercises, what to do before and after the surgery, etc.

Provides questions for patients to ask their (a) physicians and (b) specialists.

Alberta

Government Webpage
There is not really a dedicated webpage. There is a performance report that talks a little about WTs: www.albertahealthservices.ca/750.asp

Department Responsible
Alberta Health Services (AHS) - Originally 12 former health entities were integrated into one provincial organization

Definition of Wait Times
No Information

Provincial/Territorial Targets
Hip: That 90% of patients have their hip surgery within 26-30 weeks
Knee: That 90% of patients have their knee surgery within 26-45 weeks

Current Status of Wait Times Targets
See Chart Below
Note: They seem to be making progress towards meeting target

Length of Wait Times
From the Performance Report: The following table presents the WTs for hip/knee replacements in the following categories: percentage meeting benchmark, median WT and 90th percentile WT.

Primary Elective Hip Replacements (April 1 to June 30, 2009)
Benchmark = 26 weeks

Site	# Done	% That Met Benchmark	Number of weeks by which 50% of patients had their surgery	Number of weeks by which 90% of patients had their surgery
Foothills Medical Centre	26	88%	14.7	36.4
Health Resource Centre	138	93%	8.2	22.3
Misericordia Community Hospital	59	68%	19.6	41.6
Peter Lougheed Centre	46	87%	14.1	34.2
Royal Alexandra Hospital	162	69%	17.4	43.5
Red Deer Regional Hospital	59	95%	13.7	23.9
Rockyview General Hospital	63	90%	14.4	26.3
University of Alberta Hospital	44	93%	8.6	23.1
Total	**597**	**83%**	**13.1**	**33.2**

AHS Strategic Direction Target: 90% of patients within 26-30 weeks

Primary Elective Knee Replacements (April 1 to June 30, 2009)
AHS Strategic Direction Target: 90% of patients within 26-30 weeks
Primary Elective Knee Replacements (April 1 to June 30, 2009)
Benchmark = 26 weeks

Site	# Done	% That Met Benchmark	Number of weeks by which 50% of patients had their surgery	Number of weeks by which 90% of patients had their surgery
Foothills Medical Centre	27	81%	15.9	39.2
Health Resource Centre	113	96%	9.9	22.1
Misericordia Community Hospital	114	41%	30.2	86.7
Peter Lougheed Centre	111	77%	15.7	37.9
Royal Alexandra Hospital	245	58%	24.3	54.7
Red Deer Regional Hospital	62	89%	15.9	27.0
Rockyview General Hospital	146	80%	15.7	32.1
University of Alberta Hospital	46	89%	12.7	26.3
Total	**864**	**72%**	**18.0**	**48.0**

AHS Strategic Direction Target: 90% of patients within 26-45 weeks

FUNDING

No information

STRATEGIES

No information

PROJECTS/INITIATIVES

From the News Release *Surgeries Increased, WTs Reduced* (abridged version)
February 16, 2010

EDMONTON – Alberta Health Services (AHS) and Alberta Health and Wellness today announced a six-week plan through March 31 to immediately increase the number of surgeries in high-priority areas.

Surgeries will be further increased during April, May and June as more surgical capacity becomes available, including more operating-room time and increased availability of surgeons and surgical teams.

At least 2,230 more surgeries and non-surgical procedures with long wait lists have been approved for the initial surge through March 31, including urgent cancer surgery, orthopedic surgery (including hip and knee replacements), gynecology, neurosurgery, heart surgery and cataract surgery…

Increases in non-surgical services (such as endoscopies) are also now underway. More surgeries and non-surgical services will be performed at several hospitals throughout Alberta, including: Foothills Medical Centre, University of Alberta Hospital, Mazankowski Alberta Heart Institute, Peter Lougheed Centre, Rockyview General Hospital, Royal Alexandra Hospital, Northern Lights Health Centre, Medicine

Hat Regional Hospital, and the Queen Elizabeth II Hospital in Grande Prairie. (See Backgrounder for the list of procedures and locations.)

"We recognize that WTs and wait lists are too long. Now, with Government's recent commitment to funding certainty and greater stability, we are able to use more of our resources for priority areas identified in our strategic plan," said AHS President and Chief Executive Officer Dr. Stephen Duckett…

"Having additional surgical capacity is great news for our patients," said Dr. Chris Eagle, Executive Vice-President, Quality and Service Improvement. "We will immediately address WTs for cancer surgery and other priority procedures. We will also measure the impact on WTs and wait lists in order to better guide surgical capacity growth and improve access overall."

Costs for the 2,230 additional surgeries will be about $8 million. The number of surgeries performed will continue to increase steadily. AHS is compiling WT and wait list information that will be publicly reported annually. The impact on WTs and wait lists will be evaluated as part of the longer-term plan. AHS will also provide the year-over-year increase in total surgeries at that time…

Information Systems

"Alberta Waitlist Registry" shows how many patients are currently waiting for a procedure by hospital and by physician, and how long they may have to wait to get that surgery/procedure.

Wait Lists
No information

Criteria for Wait Listing
No information

Wait List Management
No information

Status of Wait Lists
No information

Contact for Information
No information

Related Services Identified
No information

Documents/Resources Available on Website
News Release:
www.albertahealthservices.ca/files/rls-2010-02-16-final-surgeries.pdf
2009 Performance Report:
www.albertahealthservices.ca/files/pr-performance-report.pdf

Related Links Given
No information

Plans for Sustainability
No information

Other
WTs are commonly used as indicators of the efficiency of the system. A variety of factors can impact the WTs such as the demographics of the population, treatment patterns of physicians, the number of surgeries, which have higher priorities in use of resources, nurse shortages, or job action (Statistics Canada).

Knee replacement surgery has the potential to result in considerable improvement in functional status, pain relief, as well as other gains in health-related quality of life (CIHI).

British Columbia

Government Webpage
www.health.gov.bc.ca/waitlist

Department Responsible
Ministry of Health Services, Provincial Health Services Authority

Definition of Wait Times
From hospital booking to time of surgery

Provincial/Territorial Targets
No information

Current Status of Wait Times Targets
More than 430,000 surgeries were done in BC hospitals in 2004/05. More than half were done as emergencies, and do not appear in waitlist data.
Any surgery that is booked in advance appears on a waitlist, even if the operation is performed in less than 24 hours from booking.
The number of people appearing on a waitlist is not a reliable indicator of real access to surgery:

- The data is unreliable. In 2004, the ministry began auditing wait list cases against other ministry databases. Approximately 14,500 cases have been identified that should no longer be on the wait list, as most of these patients have already received their surgery. These cases have been removed from the waitlist for public reporting while hospitals check the outdated cases and remove them from their booking lists. The ministry will continue to audit waitlist data to identify and examine any anomalies.
- Waitlists are part of the system. As the number of surgeries increases, the number of people booked for surgery grows, and more people appear on waitlists.

The length of time people actually wait for surgery is a more important indicator. Most waitlisted surgeries in BC are done quickly:

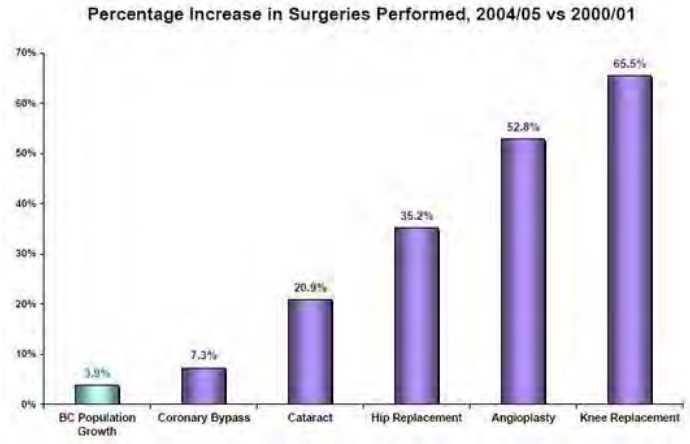
- 10% of all waitlisted surgeries are done in less than a week
- 25% in less than two weeks

- 50% are done by just over a month
- 75% by just over three months
- 90% in less than seven months

Median WTs (Weeks) For Patients on Surgical Wait Registry 2001/02 to 2008/09

Fiscal Year	All surgeries	Hip replacements	Knee replacements
2008/09	5.0	10.0	13.0
2007/08	4.4	11.0	16.9
2006/07	4.0	13.3	19.9
2005/06	4.0	16.8	25.0
2004/05	4.0	22.1	28.9
2003/04	5.0	20.1	28.7
2002/03	4.1	17.0	22.8
2001/02	4.1	18.7	25.4

Sources: Open Heart: BC Cardiac Registry, 6 April 2009, Provincial Health Services Authority. All others: SWIFT, Standard Monthly Report, March 2009, Management Information Branch, HSPD.
Notes:
1. Median WTs are based on all surgeries completed during the fiscal year.
2. Median WTs were overstated in the past, due to a reporting issue at Vancouver General Hospital and UBC Health Sciences Centre. The issue has been resolved for all data from 2005/06 onward. These two hospitals have been removed from the calculation for years prior to 2005/06. This issue does not affect the total cases completed or the number of cases waiting. (This does not apply to open heart surgery.)



June 16, 2009 News Release *The Facts on Patient Wait Times*

BC has made tremendous progress on patient WTs. Here are some examples:

- In 2008/09, BC increased the number of knee replacements by 140 per cent and increased hip replacements by 78 per cent since 2001.
- The median WT for hip replacements is now 10 weeks compared to 18.7 weeks in 2001, while the wait for knee replacements has decreased to 13 weeks from 25.4 weeks in that same time.
- The province completed approximately 458,000 CT exams in 2008/09, an increase of about 90 per cent from approximately 240,000 in 2001.
- The province completed approximately 101,000 MRI exams in 2008/09, an increase of about 170 per cent from approximately 37,000 in 2001.
- The median WT for radiotherapy for cancer care is one week.
- B.C. has achieved the BC Cancer Agency's recognized benchmark of 90 percent of patients waiting four weeks or less for radiotherapy.

- The median WT for open heart surgery has been cut from 15.1 weeks in 2001/02 to 6.9 weeks in 2008/09.
- The Government of B.C. has invested over $150 million specifically to reduce WTs for cancer care, vision restoration, cardiac surgery, diagnostics and joint replacement, while building more capacity in the health care system.
- B.C. did 475,000 surgeries in 2007/08. Around half of those surgeries were emergency surgeries and were never placed on any waiting list.
- In the WTs Alliance's June 2009 report card, B.C. received five As for progress in ensuring people are being treated in a reasonable time for joint replacement, cancer care, cataract surgery and cardiac care.
- Between 2001 and 2008, the province has increased the number of cataract surgeries by approximately 49 per cent and increased the number of angioplasties, a heart procedure, by 55 per cent.
- Innovative, new programs are improving patient WTs in emergency departments. For example,
    - In 2008/09, Streaming at Kelowna General Hospital decreased the time to see a physician for lower acuity patients, despite increases in overall Emergency department volumes. As well, the KGH streaming project led to a lower percentage of patients left without being seen.
    - Data from the Emergency department pay-for-performance pilot in Vancouver Coastal Health shows improvement in admitted patients receiving a bed within ten hours of arrival and lower acuity patients being discharged faster.

LENGTH OF WAIT TIMES

WTs methodology - The Ministry of Health tracks WTs for various surgical procedures at B.C. Hospitals. The Wait List Registry includes data for 95 percent of all scheduled surgery in B.C., from about 1,100 doctors at 41 of B.C.'s largest hospitals.

Calculating a median WT in weeks is the standard way to measure a WT. **An example of a median WT:** For all the people who had their surgeries in the past three months, half waited less than the median WT. For example, if a median WT is four weeks, then half the people have their surgeries before and half after four weeks.

The median WTs on this website are calculated from the WTs for surgeries and procedures performed over the past three months in B.C.
The Ministry of Health is working with the BC Medical Association to develop ways to measure WTs.

Surgery	Median WT in Weeks for 3 months ending Jan 31/10	Patients waiting as of Jan 31/10
Hip replacement	10.1	1,470
Knee Replacement	12.3	3,048

FUNDING

$60.5 million was announced in 2006

STRATEGIES

The $60.5-million WT management strategy announced today includes:

· A new Centre for Surgical Innovation at UBC Hospital – $25 million in 2006/07 to support dedicated operating rooms to help clear patient backlogs for hip and knee surgery. The Centre will:

· Perform 1,600 additional hip and knee surgeries over the next year for patients from around the province. The first two dedicated joint replacement operating rooms at UBC are expected to open in April 2006.
· Support transformation and surgical innovation by working with providers across the province.
· Promote best practices in surgical processes, audit processes, conduct evaluations, and establish triage guidelines for wait-listed patients who may benefit from alternate options for medical treatment.
· Develop a best practice clinical tool kit based on the Richmond pilot project experience and distribute it to all B.C. hospitals to promote efficiency and best use of resources throughout the province.
· Additional funding to immediately address existing backlogs – $25 million in 2005/06 for health authorities across the province to immediately increase the number of surgeries with a focus on joint replacement surgery.
· A Provincial Surgical Patient Registry – $5 million to create and implement a provincewide patient registry developed by the Provincial Health Services Authority and all health authorities to help better manage the surgical backlog.
· A Research Centre for Hip Health at Vancouver General Hospital – $5.5 million from the Ministry of Advanced Education.

PROJECTS/INITIATIVES

The population of BC and the number of surgical procedures performed in the province increased significantly between 2000 and 2008. Improvements in reducing WTs were also achieved in key surgical areas during this time. BC has taken a systems approach towards improving surgical access. The provincial strategy focuses on:

Organization and service structure – BC is incorporating evidence-based innovations into systems management and clinical practice such as the multidisciplinary OsteoArthritis Service Integration System (OASIS) and the Centre for Surgical Innovation at UBC Hospital. In addition, the Ministry of Health Services has used an expert panel process, similar to that used in Alberta and Ontario, to obtain strategic guidance from health care leaders on improving access to care for musculoskeletal patients. Initial dialogue sessions for the Surgeon Practice Support Program have been held in each health authority.

Surgical patient management - BC has developed a provincial surgical registry to improve the quality of WT data and enable more active management of waitlists. The registry is a collaborative project involving the Ministry of Health Services, health authorities and the BCMA.

Health system accountability – The WTs strategy has been aligned with health authority performance expectations through the Government Letter of Expectations. The Ministry of Health Services has been working with Simon Fraser University to establish mathematical waitlist models, forecasting need in key surgical areas, used to develop appropriate WT and volume targets.

Strengthening governance – BC has targeted policy and funding to support innovation, such as activity-based funding for hip and knee joint replacement in 2008/09, the $100 million Health Innovation Funding 2007/08, and the $75 million Lower Mainland Innovation and Integration Fund in 2008/09 to help Vancouver Coastal Health and Fraser Health Authorities integrate services and programs for the Lower Mainland population.

Next steps include expanding improvements in FMM areas to other surgical specialties, examining the wait from GP to specialist, establishing new expert panels on cataract surgery and emergency room decongestion, and enhancing the public WTs website.

Expert Panels - Expert panels have been widely used in healthcare as a way to bring clinical, administrative and research experts together to examine issues and identify solutions in specific areas. BC has identified expert panels as a central component of the provincial WTs strategy. The first time-limited WTs expert panel, a Musculoskeletal Expert Panel (the MSK panel), was established in January 2008 while the second, a Cataract Expert Panel (the cataract panel), was established in October 2008.

The purpose of both panels was to explore opportunities on how to reduce provincial WTs and improve access to care for musculoskeletal and cataract patients. The panels brought together clinicians such as surgeons, general practitioners, nurses and allied health professionals, as well as administrative experts from across all regional health authorities. The panels each produced a final report which summarizes the panel's discussions in key areas and provides high-level advice to decision makers.

Regional Initiatives

The North Shore Joint Replacement Access Clinic (NSJRAC) exemplifies an effective way to decrease WTs for hip and knee replacement surgery by focusing on the preparatory work that must be done before patients undergo surgery. As a result, the NSJRAC has dramatically reduced WTs both before a first surgical consult and before the surgery. The NSJRAC is a one-stop, centralized booking service for pre- and post-operative appointments and procedures. It opened as a pilot project in May 2005 and is now a permanent facility at Lions Gate Hospital.

The Northern Health Authority (NHA) plans to expand orthopedics at Prince George Regional Hospital (PGRH) and develop a surgical services plan. A change in arthroplasty funding and a growing orthopedic waitlist were the drivers for change. NHA reviewed current services and capacity at PGRH, and initiated planning to expand arthroplasty cases. One challenge the community faces is recruiting surgeons, anesthetists and rehabilitation therapists. The first phase of the expansion adopted the Richmond model, with two orthopedic surgeons and a dedicated OR and recovery unit. The model uses a four-day care plan and early discharge. Optimization clinics were launched as well. Care North is the primary health care strategy in NHA to create Integrated Health Networks with providers working as a team. Phase two of the arthroplasty expansion will improve the link between primary care and surgeons, using the OASIS model, with a single referral resource for GPs and an arthroplasty and osteoarthritis clinic.

Vancouver Coastal Health Authority (VCHA) established a Regional Surgical Executive Council in 2002 and has numerous strategies underway to improve surgical access. Ms. Bishop's presentation focused on three:

Resource Allocation Methodology (RAM) – The RAM system calculates OR allocation by surgeon, specialty and site. RAM looks at all measurable demand for OR time, including emergency, urgent, elective and specially funded, and does a gap analysis of supply and demand. RAM factors in surgical utilization during a six-month period. Unscheduled OR allocation is based on actual utilization, while the OR allocation for scheduled cases is calculated half on waitlist growth and half on WT performance. A spreadsheet calculates OR time for each surgeon, which is converted into an OR schedule by service and site.

Bed Allocation Methodology (BAM) – BAM is used to develop daily bed quotas for each surgical specialty based on a template with average lengths of stay and history of utilization to ensure bed capacity is appropriately used. The quotas are then negotiated with surgeons, matched to the OR Master Schedule, and a slate is published for the next few months. However, this approach does not take into account daily fluctuations, such as the impact of a busy weekend or emergencies.

Dynamic smoothing of surgical inpatient beds – The objective of this pilot at St. Paul's Hospital is to project upcoming surgical slates to proactively adjust cases, identify discharge opportunities and plan

for additional staffing or bed needs. The system looks at data on all OR cases and average lengths of stay in the coming two weeks, enabling staff to book according to bed availability and avoid cancelling patients.

VCHA has WT targets for 90% of all surgical cases, based on either the procedure (e.g., orthopedics, plastics, ear, nose, throat (ENT), ophthalmology) or the diagnosis (e.g., general surgery, gynecology, vascular). VCHA is currently investigating an ON framework to establish diagnosis-based targets for all scheduled surgery, since the same procedure may be required more quickly for some diagnoses than others.

The Richmond Hip and Knee Reconstruction Project had dedicated funding of $1.3 million, which meant that the project had a full-time manager, equipment, research and evaluation tools, a newly renovated operating room and new operating equipment. Funding came from the Provincial Government, the Vancouver Coastal Health Authority and the Richmond Hospital Foundation. But as numerous health care analysts know, money alone cannot buy success. In this case, however, money combined with numerous surgical efficiencies did. Operation start times were staggered and scheduled between two rooms, so surgeons could swing between rooms as their patients were ready. This allowed operating teams to complete eight joint replacements or reconstructions per day instead of six. Surgical procedures and clinical practices were standardized, eliminating previous idiosyncratic variations. The move also resulted in significant savings for the hospital as it could negotiate better deals on bulk purchases.

Following the advice of an operational review, the Interior Health Authority (IHA) integrated 18 geographically dispersed surgical delivery sites into one regional program. IHA created a Surgical Review Committee to identify priority areas for integrating all sites into the regional program; three aspects of the regional program are described below:

Governance – IHA set up a 16 member surgical council with surgeons, anaesthetists, administrators, business support staff, nursing staff, information support staff, and the Senior Medical Director as executive sponsor. A core project team takes issues identified by sites forward to the council.

Pre-surgical screening – Since practice varied across IHA, a standardized evidence-based program was developed which took the responsibility away from surgeons for screening. Increased funding was added to address staffing shortages in key areas.

Information management – Dr. Carter explained how IHA had inconsistent OR booking procedures with no waitlist management. A working team implemented a standard peri-operative system, a regional booking form, regional OR booking guidelines and use of the surgical assessment tools linked to the SPR to standardize booking processes across the region. The council achieved its goals by the end of 2006 and new priorities were developed to continue improving surgical services access. Dr. Carter noted that waitlist audits are now undertaken to identify patients waiting more than a year and assess whether these patients ought to be on a waiting list for surgery.

Vancouver Island Health Authority (VIHA) has used a co-management model with medical and administrative leaders from across the health authority working together to address surgical access issues. A number of projects are currently underway in VIHA:

Improving waitlist management – VIHA created a Manager of Booking and Waitlist Management. Eight sites work with surgeons' offices to ensure patients are ready to accept a surgical date. Island-wide booking guidelines were developed with surgeons, and waitlists are updated and monitored in collaboration with physicians' offices.

Surgical informatics – VIHA created a Manager of Surgical Informatics to ensure the SPR was implemented island-wide; standardized electronic booking for all ORs allows the reporting of comparable waitlist data.

Standardized order sets – The surgical program developed standardized order sets for pre- and postoperative care to improve patient safety and clinical outcomes.

Pre-admission review – VIHA reviewed cases, staffing roles and functions, and pre-admission clinic processes. Standardized roles and functions are being trialed in one site and lessons learned will be applied to others.

Surgical quality councils – A surgical executive quality council sets quality priorities and reviews local surgical council minutes.

OR practice group – This group has examined best practices and policies related to surgical access.

Site visits – The surgical executive team implemented regular visits with surgical leadership at every site to review data, quality councils, capital equipment projects and surgical informatics, and to set targets.

In Fraser Health Authority (FHA), each hospital is managed independently, and a fully integrated program management model has yet to be implemented. Current improvement initiatives in FHA include:

Analysis – FHA has been analyzing OR scheduling to reduce cancellations and postponements, assessing urgent OR capacity requirements, piloting bed forecasting software, allocating new cataract cases based on case rates, and jointly analyzing FHA/VCHA "long waiters."

Interdisciplinary service redesign – A central intake and referral service for total joint replacements is being implemented at Chilliwack General Hospital and will be expanded FHA-wide.

Capacity – Between 2007 and January 2009, hip and knee surgeries completed within the provincial 26 week target increased, from less than 50% to 77% for hips and to 68% for knees. While cataract surgery capacity increased 40 % over three years, improvement in meeting WT targets has been elusive.

Quality and safety – A rapid surgical recovery model for cardiac surgery was modified for general surgery at Royal Columbian Hospital. A Surgical Safety Collaborative has reduced surgical infections from 4-8% to less than 1% in two years. FHA has participated in the National Surgical Quality Improvement Program; this has helped reduce length of stay and increase access, and will be expanded across the authority, subject to funding.

The BC Government launched the Centre for Surgical Innovation at UBC Hospital in 2006 to help clear patient backlogs. It uses a specialized hip and knee surgery unit dedicated to make best use of operating room resources, and ensures patients are adequately prepared for surgery and post-op. Between 2000/01 and 2008/09 the number of knee replacements done is expected to increase by about 136 per cent, and hip replacements are expected to increase by about 76 per cent.

INFORMATION SYSTEMS

The Provincial Surgical Services Project (PSSP) is a collaborative, province-wide project to improve to access to surgery in BC. A major task is to create a Surgical Wait List Registry that produces more clinically relevant, accurate and comprehensive information. Surgeons will use consistent processes to classify their patients' surgical needs, patients will be ensured timely access to surgery, in relation to their need and with agreed time frames. New clinical assessment tools for 12 surgical specialties were tested at hospitals across the province in 2005, with their full introduction starting in 2006. The

specialties are cardiac, thoracic, orthopedic, general, oral, vascular and plastic surgery, as well as gynecology, ophthalmology, otolaryngology, urology and neurosurgery.

The **BC Surgical Patient Registry (SPR)** is a collaborative program involving the five regional Health Authorities, the Provincial Health Services Authority and the Ministry of Health. Assessment tools and operating room booking information from BC surgical facilities is entered daily to the SPR. Using this data the SPR tracks patients waiting for surgery in BC and provides data to evaluate and monitor surgical WTs in the province. The ultimate goal is a surgical system based on patient needs, with a focus on transparency, consistency, fairness and evidence.

Health Authorities currently use over 34 different Operating Room booking systems from more than 70 hospitals, most of which have different sets of procedure codes. The new BC SPR can sort these 40,000 health authority specific procedure codes into the 800 higher level provincial categories with reliable accuracy, allowing for consistent, comparative analysis and reporting. Data is entered daily into the registry providing the most up to date information on patients booked for surgery and those who have had their surgery performed. Reports are generated daily so staff can monitor the details, and correct any errors. This daily upload of data and ongoing error management process ensures that the information in the SPR is as current and accurate as possible. In addition, the SPR will identify situations where a patient has scheduled the same surgery with more than one surgeon.

Operating room (OR) booking data is automatically uploaded from all hospitals for new and completed adult surgical cases. Standardized patient urgency assessment tools are completed as part of the OR booking package. SPR provides daily updates of waitlist data, and standardized waitlist reports on provincial procedure codes and data definitions. The data shows:

- Who is waiting (patient demographics)
- What patients are waiting for (procedure)
- Where patients are waiting (hospital, health authority)
- How long patients are waiting (time in weeks)
- Which surgeries are postponed or cancelled and reasons why

SPR coordinators in each health authority have access to their registry data and summary, comparative provincial data. Currently, surgeons can access the SPR through their SPR coordinators. SPR data is used for provincial surgical waitlist reporting on the Ministry of Health Services website. The SPR will be evaluated to ensure data is available is useful forms. The next steps include:

- Producing comprehensive waitlist reports for surgeons, health authorities and the Ministry of Health Services
- Enhancing the SPR database structure and logic to increase system utility and flexibility
- Connecting the SPR to health authority OR booking systems on a real time basis

eHealth initiatives that will standardize health information technology across BC and support a longitudinal electronic health record (EHR) for BC residents. These initiatives include:

- Lab, drug, diagnostic imaging and public health repositories
- Registry projects to integrate client and provider demographic repositories
- Infrastructure to handle electronic messages, ensure data security and privacy, and provide audit capability
- The Physician Information Technology Office (PITO) project to deploy EHR capability to over 4,200 BC physicians' offices by 2012 The first EHR release is scheduled to be deployed in March

2009, with PHSA participating in a pilot. PharmaNet, lab and public health data will begin to be integrated later in 2009. So far, 1,000 physicians have registered with PITO for EHR installation, with another 1,000 to be registered in the coming year. The goal is to integrate the SPR with other eHealth projects so, for example, the physician's office is connected to electronic OR booking allowing e-referrals. Significant business and technical changes are required. The process will take time and must be done in stages. Broader EHR deployment is needed to provide the foundation for integrating the SPR with surgical practices.

The SPR's current role is primarily waitlist tracking and reporting. The intent is for this role to expand in the future to provide summary assessment feedback and, in the longer term, to include administrative and decision support for surgical booking processes. Over the next two years, the SPR will be integrated with eHealth client and provider registry services, and SPR referral and consult notes could be integrated with the EHR.

Wait Lists

Wait lists are available on the WTs webpage per surgeon. There is no single wait list for all BCns scheduled for surgery. People may be placed on a provincial list (e.g. Transplant Services), a regional list (e.g. Open Heart Surgery), a hospital list (e.g. for a CT Scan), or an individual doctor's list (e.g. for Hip Joint Replacement Surgery), depending on the kind of surgical or medical service required

Is there a "master" wait list? There is not one provincial wait list for all patients. Depending on the type of surgery or procedure, regions, hospitals and doctors will have their own wait lists. WTs vary for patients depending on the hospital or the doctor performing the procedure. These also depend on a patient's urgency and need for care. Patients who need emergency surgery are not put on a wait list. The surgery is performed immediately. Patients who need non-emergency care are assessed by their specialist. The doctor determines the urgency and need for care, severity of the illness and the potential harm to the patient if treatment is delayed for a period of time. Patients are then scheduled on a wait list based on the urgency and their medical need.

Criteria for Wait Listing

The information in the SPR can provide:

- WT calculation from the date of decision for surgery to when the booking package is received in the OR booking office and then to the date when the surgery is done
- A priority score that can be used by the surgeon to determine the urgency for surgery (Surgeons may also find this useful in communicating to patients when there are questions as to where they are on the list and how that is determined.)

The SPR data is intended to inform and support surgeon decision making by providing the surgeon with prioritization information from the assessment tool to be used as part of the process for determining the urgency of the patient's surgery. In addition, the data can be used by health authorities and the Ministry of Health for better planning, monitoring and evaluating the use of surgical resources at the regional and provincial level.

From the Vancouver Island Health Authority website:

The Vancouver Island Health Authority (VIHA) assigns an allotted amount of time to each surgeon. Each surgeon then prioritizes their own waitlist according to client classification such as urgent, semi urgent or elective. A client's waiting time for surgery is directly linked to their classification. Your surgeon's office can advise you of your classification. It has been our experience that surgeons' offices are not able to give any sort of accurate estimate other than an approximation of months or years due to the fluidity of their waiting lists. Surgeons' offices have cancellation lists, which you can ask to have your name placed on. Once a surgeon sees a patient, their office submits a booking request to the VIHA. Some are submitted with no date and some have the surgery date written on them. The majority of elective bookings come in without a date. Surgeons' offices keep their own lists and do all their prioritizing. If you experience a decline in health status since you initially saw a surgeon, it is important to let your family doctor know of any changes so this can be communicated to the surgeon as it may change your classification. Increasing levels of pain should be brought to the attention of your family doctor so this can be addressed. It may be of value to ask your family doctor whether a referral to the pain clinic would be of value.

Wait List Management

Provincial Health Services Authority, and Surgical Patient Registry Coordinators oversee the wait lists in each health authority.

Data Audits: In 2004, the ministry began auditing wait list cases against other ministry databases. Approximately 14,500 cases have been identified that should no longer be on the wait list, as most of these patients have already received their surgery. These cases have been removed from the waitlist for public reporting while hospitals check the outdated cases and remove them from their booking lists. The ministry will continue to audit waitlist data to identify and examine any anomalies.

Operational waitlists for elective surgery are compiled and maintained by hospitals and physicians. The ministry uses the data they provide solely for analysis and public reporting.

What is a reasonable WT? WTs depend on the type of procedure and the circumstances of the individual. A patient's surgical priority is determined by a patient's medical status as assessed by the surgeon and other physicians involved in their care. By providing treatment based on clinical assessment, medical practitioners ensure those patients requiring immediate or urgent treatment receive it.

How are WTs managed? Responsibility for WTs is shared among the Ministry of Health Services, health authorities, health care providers, and individual patients. The Ministry of Health Services provides health funding to B.C.'s health authorities. The ministry also establishes provincial policy, legislation and guidelines for the health system. Health authorities are responsible for the planning and delivery of health services in the regions and communities. In the health system, hospitals coordinate operating room time and bed availability for each service and procedure. Physicians assess individual's needs and the urgency of the surgery or treatment.

Status of Wait Lists

Where are you scheduled to have your surgery?

Where are you scheduled to have your surgery? (Hospital Location)	Patients Waiting for Hip replacement	Hip replacement cases completed for the 3 Months ending Jan 31/10	Patients Waiting for Knee replacement	Knee replacement cases completed for the 3 Months ending Jan 31/10

Province of BC	1470	1017	3048	1476
Abbotsford (ARH)	31	15	94	37
Burnaby	39	47	90	61
Campbell River & District	32	30	53	36
Chilliwack	13	31	37	49
Comox (St. Joseph's)	43	15	81	20
Cranbrook	30	15	76	43
Dawson Creek	20	14	50	13
Duncan	35	20	61	31
Greater Victoria	89	101	137	106
Kamloops	70	27	176	70
Kelowna	103	55	189	91
Langley	36	26	96	61
Maple Ridge	22	7	57	14
Nanaimo	57	53	117	78
New Westminster	7	11	22	14
North Vancouver	34	73	112	114
Penticton	28	19	45	55
Port Moody	28	11	79	15
Prince George	106	6	454	14
Richmond	47	43	157	69
Surrey	42	21	190	75
Trail	36	16	48	32
Vancouver (St. Paul's)	12	26	17	23
Vancouver (U.B.C.)	252	170	244	197
Vancouver General	155	121	174	68
Vernon	67	30	122	44
White Rock	36	14	69	36

Information in the Surgical Wait List Registry comes directly from participating hospitals. The accuracy and currency of the registry is entirely dependent on the data hospitals submit. The Ministry of Health Services assumes no liability for the hospital information.

CONTACT FOR INFORMATION

Regional Contacts

The WTs website directs patients to call the B.C. Health Info Line for general information on waitlists and WTs for surgery, including specialists and hospitals in the region.

Patients can also be referred to a hospital-specific operating room administrator by their specialist or by contacting the regional health authority:

- Interior Health Authority
- Northern Health Authority

- Fraser Health Authority
- Provincial Health Services Authority
- Vancouver Coastal Health Authority
- Vancouver Island Health Authority

If you need further information on care options, treatments and tests, see Questions to ask your doctor

Related Services Identified

Required post-operative care, particularly physiotherapy, is mentioned, but the information is not detailed.

Documents/Resources Available on Website

BC Conversation on Health
Access to surgery in British Columbia – The cutting edge
BC Surgical Patient Registry
Provincial Health Services Authority – Hip & Knee Arthroplasty Collaborative
News Release: Major initiative to reduce WTs
Patient Information Sheet
Descriptor Guide for the Orthopedic Hip & Knee Surgery Assessment Tool v.1.0
News Release: BC Wait List Strategy Reduces Hip and Knee WTs
Report of the Musculoskeletal Expert Panel

Related Links Given

HealthLinkBC: Hip replacement surgery: Surgery overview
HealthLink BC: Should I have hip replacement surgery?
BC Health Guide - Knee Replacement Surgery
Osteoarthritis Service Integration System (OASIS)

Plans for Sustainability

No information

Other

Some surgeons may have longer WTs because they receive more referrals from family doctors or share operating time in a hospital with a greater demand for operating room resources. In addition, some surgeons may perform fewer procedures or choose to work fewer hours in a period of time.

Nunavut

Government Webpage

No webpage dedicated to WTs

Department Responsible

No information

Definition of Wait Times

No information

Provincial/Territorial Targets
No information

Current Status of Wait Times
No information

Length of Wait Times
No information

Funding
No information

Strategies
No information

Projects/Initiatives
No information

Information Systems
No information

Wait Lists
No information

Criteria for Wait Listing
No information

Wait List Management
No information

Status of Wait Lists
No information

Contact for Information
No information

Related Services Identified
No information

Documents and Resources Available on Website
No information

Related Links
No information

Plans for Sustainability
No information

Northwest Territories

Government Webpage
There is not a webpage dedicated to WTs. A report that included a discussion of WTs was found on the NWT Government Health and Social Services webpage
www.hlthss.gov.nt.ca/english/publications/reports.asp
The information presented here is largely from this report.

Department Responsible
Health services are provided by the GNWT Department of Health and Social Services (HSS) in partnership with eight health and social services authorities (HSSA)

Definition of Wait Times
No information

Provincial/Territorial Targets
Provinces/Territories will be working to establish multiyear targets to achieve the benchmarks by the end of 2007.

Current Status of Wait Times Targets
No information

Length of Wait Times
No information

Funding
No information

Strategies
No information

Projects/Initiatives
From the 2006 Access to Health/Addressing WTs Report:

While wait lists are smaller, there are still fairly long lists of patients waiting for surgical procedures. Undertaken several initiatives to increase the volume of surgical procedures through better managing of existing resources. These efforts have resulted in an increase in surgical cases being completed of 25% (an increase from 2000 to 2500 cases) over the past year.

The NWT is working closely with Alberta to access information for NWT residents waiting for surgeries referred to Alberta and will be working to expand our surgical WT monitoring and reporting to NWT residents whether the procedure is to occur in the NWT or Alberta.

Next Steps for the NWT:

1. Implement an Operating Room Management System to better track and maintain records on surgical procedures and WTs.
2. Publish surgical WTs data on the Stanton website.
3. Based upon data generated from the WTs database information, establish multiyear targets for each benchmark by December 2007.

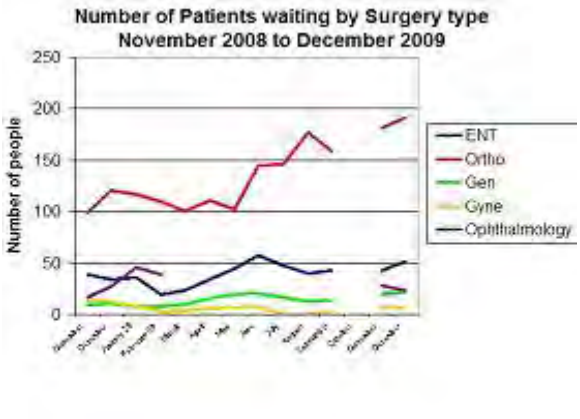
Information Systems
No information

Type of Wait List
No information

Wait List Criteria
No information

Wait List Management
No information

Status of Wait Lists
WTs data is now published on the Stanton Hospital website:
www.srhb.org/services/custom_page.php?id=100&idCpage=68
This is the only chart/information that appears on that webpage (See below):

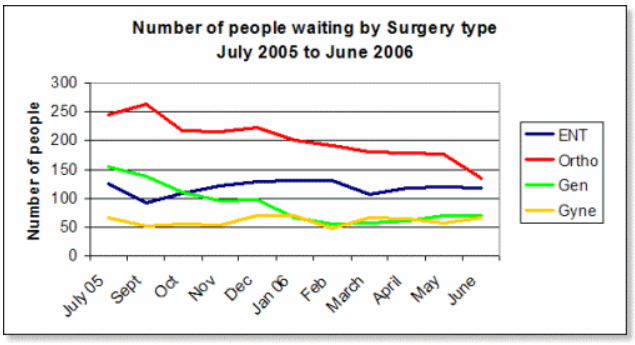


From the 2006 Access to Health/Addressing WTs Report:

Number of People Waiting for Hip and Knee Replacement Surgeries (Orthopedic Surgery) - Jul 2005 to Jun 2006

July 2005	245
Sept	262
Oct	216
Nov	215
Dec	222
Jan 2006	200
Feb	191

March	181
April	179
May	177
June	135



Contact for Information
No information

Related Services Identified
No information

Documents and Resources Available on Website
Report: Access to Health Care and Addressing Wait Times in the NWT (June 2006)
www.hlthss.gov.nt.ca/pdf/reports/health_care_system/2006/english/access_to_health_care.pdf

Related Links
Information on WTs in Alberta, where some surgeries are provided to NWT residents (e.g., cardiac surgery), is available to anyone with Internet access. The website is:
www.ahw.gov.ab.ca/waitlist/WaitListPublicHome.jsp

Plans for Sustainability
No information

Other
Stanton Territorial Hospital provides specialist care for our residents, including Orthopedic surgery.

Report includes definitions for:
ORTHOPEDIC SURGERY
Hip Replacement Surgery - Hip replacement surgery, or hip arthroplasty, is the removal of diseased parts of the hip joint and replacement with new, artificial parts. Hip replacement surgery is performed by Orthopedic surgeons.
Knee Replacement Surgery - Knee replacement surgery, or knee arthroplasty, is the removal of diseased parts of the knee joint and replacement with new, artificial parts. Knee replacement surgery is performed by Orthopedic surgeons.

Yukon

Government Webpage
There isn't a webpage dedicated to WTs. A couple of publications that included a discussion of WTs were found on the Yukon Government Health and Social Services webpage www.hss.gov.yk.ca/

Department Responsible
Health and Social Services

Definition of Wait Times
No information

Provincial/Territorial Targets
From the News Release:
In 2005, current WTs were well within the set benchmarks

- Knee replacements are done in the Yukon (usually 16-20 weeks WTs), but not hip

From Gov't Minutes:
In September 2007, the following was identified by H&SS as areas of work to develop to support reducing WTs in key areas for Yukon residents: develop Yukon WTs targets for hip and knee replacement surgery.

Current Status of Wait Times Targets
No information

Length of Wait Times
No information

Funding
From Gov't Minutes:
In January 2008, the federal Minister of Health approved a $1.4M proposal submitted by the Yukon under the Patient WTs Guarantee Pilot Project Fund, to test out recourse to service locations in Alberta and BC other than Calgary, Edmonton and Vancouver for specified services. The pilot project is currently anticipated to be ready for offer recourse options for appropriate cases late in 2008, and it will run to March 31, 2010.
In consideration of these commitments by the Yukon government, Canada will provide $4.5 million over three years for the Yukon in the Patient WTs Guarantee Trust Fund, as well as Yukon is eligible to benefit from the $400 million investment in Canada Health Infoway and from the pilot project fund created by Health Canada.

Strategies
No information

Projects/Initiatives
Proposed projects if funding is secured:

As a small jurisdiction, the government of Yukon is only able to provide a limited range of services within the territory, Yukon can take measures to improve access and reduce WTs if funding is provided, including the:

- possible limited expansion of medical travel coverage to allow travel to cities outside of Whitehorse/Vancouver/Calgary/Edmonton for hip and knee replacement surgery if WTs in those cities are too long
- possible expansion of services/procedures available locally in the Yukon, to remove the barrier that travel out-of-territory poses for many people

Information Systems
No information

Type of Wait List
No information

Wait List Criteria
No information

Wait List Management
No information

Status of Wait Lists
No information

Contact for Information
No information

Documents and Resources Available on Website
Minutes of the Yukon health and social services council meeting. (2008): www.hss.gov.yk.ca/pdf/hssc_minutes08may.pdf
News Release (Dec 14, 2005). Yukon Meets National Benchmarks For Local Procedures www.gov.yk.ca/news/2005/05-327.html

Related Links
No information

Related Services Identified
No information

Plans for Sustainability
No information