

UPDATE ON CANCER SURGERY WAIT TIMES PROJECT

Background

The mission of Cancer Care Ontario (CCO) is to improve the performance of the cancer system by driving quality, accountability and innovation in all cancer-related services. Surgery is a key element of the cancer system—80% of patients who develop cancer will require surgery.¹ Wait times for cancer surgery thus impact the entire cancer system and addressing wait times will play a key role in improving system performance.

Lengthy wait times for cancer surgery were first identified at hospitals affiliated with regional cancer centres by the Surgical Oncology Program in August 2001.² In this study, surgeons reported that 37% of patients were waiting longer than recommended by the Canadian Society for Surgical Oncology. Ongoing monitoring of wait times was limited, however, by a lack of reliable wait time information available in Ontario.

In April 2003, the Ministry of Health and Long-Term Care (MOHLTC) asked CCO to measure and report on wait times for cancer surgery in Ontario. The Surgical Oncology program launched a pilot wait times project to lay the groundwork for province-wide wait times monitoring, by testing the feasibility of prospectively collecting data on wait times. Phase I of the pilot concluded in June 2004.

Methods

The pilot project included a sample of eight hospitals in the Greater Toronto Area. CCO data collectors worked with the administrative staff of participating surgeons, collecting information for three intervals: 1) date of referral to consultation; 2) consultation to decision to operate; 3) decision to operate to date of operation. Data was then collated centrally and reports were prepared and distributed to each of the hospitals. CCO then carried out a detailed study of the reported cases receiving surgery during the months of February-April, 2004. Wait times were reported as median and 90th percentiles.

Reported wait times were validated by comparing numbers of cases reported with pathology reports received by the Ontario Cancer Registry for the month of March, in order to determine what proportion of total

patients having cancers removed were being reported using this manual wait time collection methodology.

Following the collection and reporting of wait times, interviews were carried out with participating surgeons and their assistants to assess their understanding of the project, willingness to cooperate, perceptions of the problems around wait times and perceptions of the data collection process.

Results

There was considerable variation in the number of cases reported by each institution—the participation rate varied from 19% to 100%. Validation of data suggested that only half of patients who had cancer surgery at these institutions were being reported. Despite considerable interest among surgeons, only 60% of eligible surgeons participated in the study. Reasons for non-participation included time constraints, disinterest or too few cancer patients. Among participating surgeons, most data collection was assigned to assistants or secretaries, who often gave it a low priority because of multiple other responsibilities.

The wait times reported were in keeping with other reports of surgical wait times in Ontario.³ Reasons given for these delays included waiting for diagnostic tests, including biopsies and pathology reporting, and limited access to OR time.

Next Steps

Improving access to surgical cancer care is a priority to CCO and the MOHLTC and the collection of wait times is an important step in improving access. The Surgical Oncology Program study concluded that the collection of surgical wait times is feasible and should be done on a province-wide basis. However, the office-based method tested in the pilot study is neither sufficiently reliable nor sustainable to continue as a long-term strategy. The report recommends that the responsibility for collecting the information should be transferred from surgeons' offices to hospitals, and that the manual system continues to be used until the data can be obtained from an electronic medical record as part of the process of care.

The report is available at

www.cancercare.on.ca/pdf/SurgeryWaitTimesGTAPilot.pdf or email us for a copy at the address below.

¹ Cancer Quality Council of Ontario. (2003). *Strengthening the Quality of Cancer Services in Ontario*. T Sullivan, W Evans, H Angus & A Hudson (eds.). Ottawa, ON: CHA Press.

² Simunovic M, Gagliardi A, McCreedy D, Coates A, Levine M, DePetrillo D. (2001). A snapshot of waiting times for cancer surgery provided by surgeons affiliated with regional cancer centers in Ontario. *CMAJ* 165(4): 421-425.

³ Cancer Care Ontario. Budget, Responsibility, Accountability: Addressing Cancer Surgery Waiting Times in Ontario. Unpublished document. Presented to the Ministry of Health and Long Term Care, March 24, 2003.