THE WAIT TIME STRATEGY
REVIEW OF ACTIVITIES
JANUARY-APRIL 2007

UPDATE #8 – April 30, 2007

INTRODUCTION

Reducing wait times for key health services is one of the Ontario government's top priorities and an important part of its strategy to transform the province's health system. Wait times are a symptom of a broader problem: managing how patients get access to care. On November 17, 2004, the Minister of Health and Long-Term Care, George Smitherman, officially announced Ontario's Wait Time Strategy. The Strategy was designed to reduce wait times by improving access to healthcare services for adult Ontarians in five areas by December 2006: cancer surgery, selected cardiac procedures, cataract surgery, total hip and knee joint replacements, and MRI and CT scans.

This goal has been achieved. Increasing attention is being put on expanding the strategy beyond this goal. Indeed, the five areas were just the beginning of an ongoing process to improve access to, and reduce wait times for, a broad range of health care services beyond 2006. This is the eighth in a series of updates on the Wait Time Strategy.[1] It presents the highlights and major accomplishments from January to April 2007.

HIGHLIGHTS AND MAJOR ACCOMPLISHMENTS

Action on the Kirby Review of Wait Time Information

On December 7, 2006, Minister Smitherman appointed former Senator Michael Kirby to examine concerns expressed in the Auditor General's report about how Ontario measures and publicly reports wait times. Kirby was also asked to recommend ways to enhance public confidence in the accuracy and usability of information on the website. On February 1, 2007, the Minister released the Kirby report which noted that, "in less than two and a half years enormous progress has been made in developing and implementing a wait time information and management system in Ontario." With regard to collecting wait time data, Kirby further noted, "I have confidence in the team that is leading this effort and in the methodology that they have deployed to accomplish the objectives set out by the Ministry."

Kirby recommended ways to improve how information is presented (e.g., use simpler language to explain waits to the public such as "9 out of 10 people" rather than 90th percentile). He also made recommendations on collecting additional data, governing and funding the system, and supporting new models of care. The Ministry has studied the report's recommendations and has made a number of significant changes in response to the Kirby review. Two of these changes are as follows.

[1] See www.ontariowaittimes.com for the first seven updates.

Independent Data Certification Council

In February 2007, the Ministry created an independent Data Certification Council to review and approve how Ontario's wait time information is collected and reported on the wait times website. Chaired by Michael Decter (Chair of the Cancer Quality Council of Ontario), the three-person Council also includes Graham Scott (Chair of the Canadian Institute for Health Information) and Hilary Short (President and CEO of the Ontario Hospital Association). In March, the Council completed its first regular review of the processes used to collect and report wait time information, and approved the release of the information on the public wait times website. The Council will perform this review every time the website information is refreshed.

Redesigned Wait Times Web Site (www.ontariowaittimes.com)

The Ontario Wait Times website was redesigned to make it more user-friendly. The site now has patient and health care provider sections, and uses plain language to explain wait times data. Wait time information is currently updated every two months. Since it was first launched, the site has had over three million hits.

Wait Time Trends: August/September 2005 to December/January 2007

An analysis of 18 months of wait time data indicates that Ontarians waited less time from the "decision to treat, to treat" for all wait time procedures as measured by the 90th percentile (i.e., the point at which nine out of 10 patients received their treatment).

Wait Times Data: 9 Out of 10 Ontarians Completed Within Target – August/September 2005 to December 2006/January 2007 –

Procedure	Days			Completed Within Target*	Current vs. Baseline Change (Days)
	Baseline Aug/Sept 2005	Current Dec2006/ Jan2007	Access Target		
Cancer Surgery	81	68	84	94%	-13
Angiography	56	28	-	-	-28
Angioplasty	28	17	-	-	-11
Bypass Surgery	49	48	182	100%	-1
Cataract Surgery	311	183	182	89%	-128
Hip Replacement	351	257	182	81%	-94
Knee Replacement	440	307	182	73%	-133
MRI	120	105	28	42%	-15
CT	81	62	28	72%	-19

*Priority Level 4 Target

Compared to August/September 2005 – when wait time information was first available in the province – Ontarians got their knee joints replaced 133 days sooner, their cataracts

removed 128 days sooner, their hip joints replaced 94 days sooner, an angiography 28 days sooner, their cancer surgery 13 days sooner, and an angioplasty 11 days sooner. Ontarians also got their CT 19 days sooner and an MRI 15 days sooner. Although Ontarians waited only one day less for bypass surgery (48 days in December/January 2007), this was well below the target set by clinical experts for safely receiving routine bypass surgery (182 days).

The cancer surgery wait time is an average of waits for 12 cancer sites (e.g., breast, lung, prostate). A detailed analysis of data indicates that wait times have decreased significantly in 10 cancer sites by as much as 50 days (head and neck cancer). Cancer surgery wait times have stayed the same for the gynaecology site and increased for lung. Cancer Care Ontario is working closely with the Regional Vice Presidents of Cancer in targeted LHINs and hospitals to solve these issues.

A Focus on Meeting Priority Wait Time Targets

In December 2006, Hugh MacLeod (Assistant Deputy Minister, Health System Accountability and Performance) communicated to the field that hospitals must increase their focus on meeting priority wait time targets and not just completing wait time cases. A review of the data indicated that patients in some hospitals were waiting well beyond the time when more recently diagnosed, non-urgent patients were receiving their procedures. As well, some patients were waiting well beyond the priority level 4 targets. ***Hospital boards need to address this issue by asking management the following questions:*** "How many patients have been waiting for surgery or a scan longer than the priority level 4 target? Have these patients been reassessed? Why are they still waiting? If this number is increasing, what are you doing to address the issue?"

Wait Time Guarantees: Cataract Surgery

On March 27, 2007, Minister Smitherman announced that Ontario is moving towards a cataract surgery wait time guarantee within the public health care system. The Ministry is developing principles and a policy to guide the cataract surgery guarantee.

DRAFT Cataract Surgery Guarantee Guiding Principles that are being considered include:

- For all patients waiting for cataract surgery, the "target" is the Federal-Provincial-Territorial target of 182 days.
- The interval measured is the "decision to treat, to treat" wait time (excluding days where the patient is unavailable for treatment, as defined in the Wait Time Information System rules).
- Surgeons and hospitals will monitor and manage all waiting patients flagged to be approaching one month to the target. LHINs should be aware of this information derived from hospitals in their network.
- If a patient is waiting longer than the target, he or she may volunteer to enter the "guarantee program". There is no obligation on the patient to do this.
- The patient will inform the surgeon and the hospital of this decision.

- The guarantee program will be provided within the Ontario public system.
- A patient may access the program by dialling a 1-800 number. A single provincial office will oversee the program.
- With the patient's consent, the process is as follows:
    - The Guarantee Office will contact the hospital in an effort to have the patient operated on at the hospital of choice within a very short period.
    - Failing this option, the Guarantee Office will attempt to have the patient cared for in a nearby institution in a short period of time.
    - Failing that option, the patient will be operated on at the Kensington Eye Institute in Toronto, or some appropriate alternative, within a short period of time.
- The hospital from whose wait lists the patient is taken will cover the costs of appropriate travel and accommodation for the patient and accompanying person, the cost of the procedure being done at another hospital, and administration costs.
- A detailed review of this program will be undertaken six months after its inception, with a view to check on progress and with a view to applying the principles to other surgical procedures.

The Ministry strongly suggests that each hospital using the Wait Time Information System do a monthly review of its cataract wait list paying particular attention to:
- Patients who have waited more than six months.
- Patients who have waited more than five months.

Hospitals should manage the situation so that no patient is waiting for cataract surgery more than six months.

Expanding the Wait Time Strategy

Since the Wait Time Strategy began, health care providers, stakeholders and the public have strongly encouraged us to expand the Strategy beyond the current five service areas and beyond measuring only the "decision to treat, to treat" wait time. One of the major concerns expressed by many of you was that wait time-funded surgeries were having a negative impact on the number of surgeries performed in all other areas. We were pleased, therefore, to receive the recent Canadian Institute for Health Information study, *Surgical Volume Trends Within and Beyond Wait Time Priority Areas*.[2] This study of surgical volumes in Canada (excluding Quebec) found that the number of wait time surgeries in the four priority areas – hip and knee replacements, cataracts, cardiac revascularization and cancer – increased 7% from 2004/05 to 2005/06, after adjusting for population growth and aging. Over the same time period, the number of surgeries outside the priority areas either stayed the same or increased in all provinces. In Ontario, the average number of *surgeries outside the priority areas* increased by almost 2%, taking population growth and aging into account.

[2] For the "Analysis in Brief" of the Canadian Institute for Health Information study, please see http://secure.cihi.ca/cihiweb/en/downloads/surgical_volume_trends_jan2007_e.pdf.

The Ontario Wait Time Strategy has begun the process to capture – by 2009 – all surgeries being performed by hospitals receiving wait time funding. In 2007/08, the Strategy will be expanded to include general surgery, all of orthopaedic surgery, all of ophthalmologic surgery, and radiation therapy. The expert panels that are providing the leadership for this expansion are:

- General Surgery Expert Panel: Dr. Ori Rotstein, chair
- Orthopaedic Expert Panel: Dr. Allan Gross, chair
- Ophthalmology Expert Panel: Dr. Phil Hooper, chair
- Radiation Therapy: Dr. Terrance Sullivan, Cancer Care Ontario

On March 22nd, 2007 the Ontario Government's *2007 Budget* added paediatric surgeries to the Wait time Strategy. The Ministry is completing its plan to include paediatric surgical wait times in the Strategy. The Ministry has also begun to introduce quality and safety as conditions of wait time funding in 2007, as noted below. To help lead these two particular changes, Hugh MacLeod, Assistant Deputy Minister, Health System Accountability and Performance has appointed the following advisors:

- Dr. Michael Baker has been appointed as the Ministry's Provincial Lead, Quality and Safety. Dr. Baker is Physician-in-Chief, University Health Network.
- Dr. Charlotte Moore has been appointed as the Ministry's Provincial Lead, Paediatrics. Dr. Moore is a faculty paediatrician in the Division of Paediatric Medicine at The Hospital for Sick Children.

Funded Volumes and Conditions of Funding (2007/2008)

On April 27, 2007, Minister Smitherman announced $281.8 million to support the Wait Time Strategy in 2007/08. Specifically, this investment will be used to fund procedures in the following areas:

- $94.3 million for 12,429 more total hip and knee joint replacements;
- $80.8 million for 117,664 cardiac procedures;
- $39.1 million for 6,199 more cancer surgeries;
- $38.8 million for 223,773 more MRI exams;
- $23.7 million for 33,225 more cataract surgeries; and
- $5.1 million for 71,859 CT exams.

Since the Strategy began, hospital and medical representatives have been required to sign purchase service agreements to get additional wait time case funding. These agreements clearly stipulate that hospitals are accountable for maintaining a base volume funded through their global budgets, performing the additional cases funded through wait times, managing the waits for all cases (base and additional), providing wait time data using the Wait Time Information System (WTIS) on *all* cases, and installing and maintaining the provincial WTIS and the provincial Enterprise Master Patient Index. In addition, hospitals are required to affirm that additional cases will not result in a decrease in surgical volumes or diagnostic imaging in other service areas (not funded by the Strategy) or any other hospital services. If hospitals do not meet these conditions, wait time funding is taken back. The Ministry has gradually been increasing funding conditions. The following are new conditions of funding for 2007/2008.

Increased Quality and Safety Conditions

- The Chair will ensure that the hospital board has a Quality Committee that regularly reports to the full board on measures of hospital safety and quality.
- The Quality Committee of the board and management will conduct a quarterly review of the hospital's standardized mortality rate.
- Hospitals will work towards submitting data to *Safer Healthcare Now!* on central line infections, surgical site infections and ventilator-associated pneumonia by March 31, 2008.[3]

Increased Cataract Surgery Conditions

- Cataract surgery funding includes the insertion of a standard foldable lens implant which is an insured service under OHIP and provided to the patient free of charge by the institution where the surgery is performed. If a patient wants an added feature lens, the discussion about lens options and informed consent will be documented in writing in the patient's chart. The patient will pay the cost difference directly to the institution. No additional fees will be charged to patients for this discussion or for implanting the lens (both of which are insured services under OHIP). In addition, hospitals will actively explore the use of anaesthesia care teams for their cataract surgery volumes.

Increased Total Hip and Knee Joint Replacement Conditions

- Hospitals receiving hip and knee funding will capture readmission rates for patients readmitted within three months of a total joint replacement.

Ongoing Surgical Efficiency and Critical Care Conditions

- Hospitals receiving surgical wait time funding will continue to submit monthly data requirements as part of the Surgical Efficiency Targets Program, use this data improve operating room efficiencies, and participate in the Critical Care Information System, were applicable.

Ongoing MRI Efficiency Conditions

- Hospitals receiving MRI funding will maintain or increase their MRI efficiency rate at a minimum of 80%.

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[3] *Safer Healthcare Now!* is a campaign to enlist Canadian healthcare organizations to implement six targeted interventions in patient care. (The campaign is patterned after the American Institute for Healthcare Improvement's *100,000 Lives* campaign). Evidence has shown that appropriate implementation and practice of the six interventions selected by *Safer Healthcare Now!* can lead to reduced mortality and morbidity. The interventions are: 1) improving care for acute myocardial infarction; 2) preventing central line-associated bloodstream infection; 3) preventing adverse drug events by implementing medication reconciliation; 4) preventing deaths in patients who are progressively failing outside the ICU by implementing rapid response teams; 5) preventing surgical site infection and deaths from surgical site infections; and 6) preventing ventilator-associated pneumonia and deaths from ventilator-associated pneumonia and other complications in patients. For additional information, please see: www.saferhealthcarenow.ca.

Wait Time Expert Panels: Release of Reports and Two New Panels

In March 2007, the Ministry publicly released four expert panel reports and has taken them under advisement.

- *The Report of the Trauma Expert Panel* (Dr. Murray Girotti, Chair)
- *The Report of the Primary Care-Family Practice Wait Times Expert Panel* (Dr. Philip Ellison, Chair)
- *The Report of the MRI and CT Expert Panel: Phase II* (Dr. Anne Keller, Chair)
- *The Report of the Paediatric Surgery Expert Panel* (Cathy Sèguin, Chair)

These panel reports are available on the wait times website (www.ontariowaittimes.com).

Two new expert panels have been created to identify strategies to improve access and reduce wait times for services in two particular areas.

- The Neurosurgery Expert Panel is being chaired by Dr. James Rutka, Dan Family Chair in Neurosurgery, Professor and Chair, Division of Neurosurgery, The University of Toronto
- The Paediatric Critical Care Expert Panel is being chaired by Cathy Sèguin, Vice President, International Affairs, The Hospital for Sick Children

Information Management to Support the Wait Time Strategy

Implementing the WTIS Phase III

The provincial Wait Time Information System (WTIS) will be implemented in about 30 more hospitals in Ontario by the summer of 2007 (Phase III implementation). This means that all hospitals receiving wait time funding will have implemented the *essential WTIS* enabling them to track and report their waits in near real time in the five service areas. By the end of the summer, over 1,700 surgeons will be entering all cases covered by the Wait Time Strategy or 255,000 surgical cases and 1.2 million MRI and CT scans, annually.

In addition to the WTIS, the Wait Time Information Office (which is managed by Cancer Care Ontario) has been developing and implementing the provincial Enterprise Master Patient Index (EMPI) or Client Registry. This cornerstone of Ontario's e-Health infrastructure is being used to support the effective functioning of the WTIS. Ontario's EMPI is the largest in Canada and is the first to be used to support a live, provincial clinical e-Health program (i.e., WTIS).

As Phase III of the WTIS-EMPI implementation concludes, I am pleased to report that we will have achieved our target of having all wait time-funded hospitals tracking and reporting their waits in near real time, and having the provincial EMPI in place. With the completion of Phase III, almost 80 hospitals will be using the WTIS and there will be about 62 EMPI sources. The ongoing responsibility for maintaining and expanding the

EMPI to help meet other e-Health requirements will be transitioned to the Ministry's e-Health Office and Smart Systems for Health Agency in the Fall of 2007.

Expanding the WTIS to Include All of Surgery

The WTIS is being expanded to include all of surgery (e.g., ophthalmology, orthopaedic, general, neurosurgery, vascular, otolaryngology, gynaecology, cardiovascular, urologic, etc.). Currently, the Wait Time Strategy and the WTIS only capture about 14% of surgeries performed in Ontario. The expansion to all of surgery will mean an increase in WTIS cases from about 250,000 surgeries a year to about 1,282,000 a year. This will represent 100% of surgical cases in hospitals funded by the Wait Time Strategy and 90% of Ontario's total surgical cases.

Currently, the Wait Time Information Office is establishing a schedule to expand the WTIS to capture all of surgery. In late fall/winter of 2007, implementation will begin for all of ophthalmic, orthopaedic and general surgery at wait time-funded hospitals. The remaining surgical specialties are targeted for implementation by 2009.

Expanding the WTIS to Include Paediatric Surgery

The WTIS is being expanded to include paediatric surgery. By March 31, 2008, the WTIS will be implemented in one Paediatric Academic Health Science Centre. Implementation will follow in the other four centres and in community hospitals. Paediatric surgery wait times will be available on the public website.

Expanding the WTIS to Measure the Wait to See a Specialist: Toronto Central LHIN Joint Health and Disease Management Program

Initially, the focus of the Wait Time Information System was to measure and manage the time from "decision to treat, to treat." A first for Ontario, the WTIS is being expanded to measure and report on the wait to see a specialist as part of the Toronto Central LHIN Joint Health and Disease Management Program. This innovative program of care will help patients navigate the health care system more effectively and efficiently, while increasing the system's capacity to perform more total joint replacement surgeries. The program uses a central intake referral processing site and two assessment centres staffed by interdisciplinary assessment teams. The teams will examine patients using standardised protocols to determine whether an orthopaedic surgical consultation is needed. This process will increase the number of patients who are being referred appropriately to an orthopaedic surgeon for a consultation in one of six acute care hospitals in the Toronto Central LHIN. Using the WTIS to develop a single wait list, patients will be given the choice of the next available appointment or a specific surgeon. Not only will the program reduce waiting time to see a surgeon, it will begin expanding the WTIS to include the wait to see a specialist.

Information Management to Support the Surgical Efficiency Targets Program

The Surgical Efficiency Targets (SET) Program has been implemented in 47 Ontario hospitals. It is anticipated that by June 2007, the program will be implemented in all hospitals receiving wait time funding. The SET Program includes standard peri-operative performance indicators – such as surgery start time and length of surgery – to help hospitals identify surgical inefficiencies. Hospitals will be able to compare their performance with their peer hospitals, and use a web-based tool to monitor, assess and improve the use of their surgical resources.

Critical Care Information System

The Critical Care Information System (CCIS) is a key component of the province's Critical Care Strategy. The CCIS Project Team – in consultation with hospitals, clinicians, LHINs and the Ministry – has implemented an electronic critical care data collection tool to track the use of critical care resources in Ontario. A first in Canada, hospital- and patient-specific critical care data will be collected electronically and securely; aggregate reports will be developed for hospitals, LHINs and the Ministry to help plan and make decisions about critical care services.

In January 2007, nine Ontario hospitals began collecting data on their adult medical-surgical intensive care patients, and the resources and interventions used to meet each patient's care needs. In addition, hospitals with Critical Care Response Teams are collecting data on the use and impact of these teams. All hospitals in Ontario that have critical care units will eventually implement the CCIS.

Wait Time Consultations Hosted by the Local Health Integration Networks

Since the beginning of this year, eight Local Health Integration Networks have hosted wait time sessions (Champlain, Toronto Central, Erie St. Clair, Waterloo Wellington, Central, Central East, Mississauga Halton, Central West). Attended by a wide range of representatives from hospitals and community organisations, we have used these meetings to report on the progress made on wait times as well as listen to local issues and advice.

Anaesthesia Teams

Sufficient anaesthesia services to support the Wait Time Strategy has been a concern raised in the community consultations and by the Expert Panels. In response to a recommendation to create anaesthesia care teams (made by the joint Ministry of Health and Long-Term Care and Ontario Medical Association Operative Anaesthesia Committee), the Minister announced nine pilot sites for anaesthesia care teams on March 17, 2007.[4] The teams are a collaboration between anaesthesiologists and two new health care roles:

[4] The nine pilot sites are Halton Healthcare Services, London Health Sciences Centre, Royal Victoria Hospital (Barrie), Sault Area Hospital, Southeastern Ontario Medical Organisation (Kingston), Sunnybrook

- Anaesthesia Assistants: who will take a 22 week graduate certificate program and provide technical and operational support to the anaesthesiologist. The first class recently graduated from The Michener Institute for Applied Health Sciences.
- Nurse Practitioners-Anaesthesia: who are registered nurses with advanced preparation at a Master's level who will help provide anaesthesia care. The University of Toronto has been funded to establish a joint program between the faculties of nursing and medicine.

Celebrating Innovations in Health Care Expo 2007: May 23-24, 2007

The Ministry of Health and Long-Term Care and the Local Health Integration Networks are co-sponsoring *Celebrating Innovations in Health Care Expo 2007* to be held on May 23-24 in Toronto (Direct Energy Centre, Canadian National Exhibition Grounds). This event will showcase innovative health care system solutions and projects in Ontario. Innovation themes include: 1) meeting community needs through integrated health care; 2) improving quality and patient safety; 3) improving efficiency through process redesign; 4) innovations in health information management; 5) innovations in health human resources; and 6) innovations in health promotion. Online registration and the event program are available at www.ontariohealthexpo.ca

IN CONCLUSION

I would like to express my thanks to all of you for your dedication and commitment to improving access to health services and reducing wait times for Ontarians. I extend particular thanks to the Ontario Hospital Association for its continued support and for sponsoring wait time education programs. As a result of everyone's hard work and leadership, Ontario is moving well beyond its original goal of reducing wait times in five service areas.

I ask that everyone reading this update take responsibility for communicating the Strategy to others by circulating this communiqué as broadly as possible.

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Acknowledgement: Thanks are extended to Joann Trypuc for producing this update.

Health Sciences Centre, The Ottawa Hospital, Toronto East General Hospital, and the University Health Network.