THE WAIT TIME STRATEGY
REVIEW OF ACTIVITIES
JANUARY-MARCH 2006

UPDATE #5 – March 28, 2006

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 is 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, hip and knee total joint replacements, and MRI and CT scans.

This is the fifth in a series of updates on the Wait Time Strategy.[1] It presents the highlights and major accomplishments from January to March 2006.

HIGHLIGHTS AND MAJOR ACCOMPLISHMENTS

Ontario's Wait Time Targets

On December 12, 2005, pan-Canadian benchmarks for 10 selected procedures were announced as part of the Federal-Provincial-Territorial Ministers of Health agreement to establish evidence-based benchmarks for medically acceptable wait times. Shortly afterwards, Minister Smitherman, announced Ontario's targets for each of the five service areas. Ontario's targets have a number of unique characteristics. Developed on the advice of the five clinical expert panels, Ontario's targets include four priority ratings each with a wait time target appropriate to the urgency of a patient's condition. Ontario has also developed targets for MRI-CT scans and cancer surgery. For those services that are not currently within Ontario's Wait Time Strategy (i.e., radiation treatment, hip fracture surgery, mammograms, cervical screening), Ontario has adopted the pan-Canadian benchmarks. See Attachment A for the pan-Canadian benchmarks and Ontario's five access target areas.

Public Access to Wait Time Information and the Public Education Campaign: *"It's Worth Knowing: www.ontariowaittimes.com"*

On October 24, 2005, for the first time in Ontario, the public was given access to wait time information for the five service areas in hospitals that received additional wait time cases. These waits reflect the length of time patients had to wait from the decision to

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

have the procedure to actually receiving the procedure. Data has been refreshed every two months. On March 16, 2006, wait time information for December 2005/January 2006 was available on the website. Although a small number of hospitals had difficulty submitting their wait time data initially, there is now 100% compliance. The wait time information being submitted by hospitals and included on the website reports on patients who have had their procedures, and reflects the time these patients had to wait from the decision to have the procedure to actually receiving the procedure. By June 2007, hospitals will be providing near real time information on the number of patients who are waiting for a procedure.

The wait time website has been redesigned to make it easier to navigate and find the information that patients and healthcare providers want. To date, the website has had more than 600,000 hits since hospital-specific wait time data was first posted.

In the spring, the Ministry will be conducting a comprehensive education campaign to raise awareness of wait times and the wait times website. The campaign – ***It's Worth Knowing*** – will include advertisements in community newspapers, trade magazines and web banner ads about the new, easy-to-remember Ontario wait times web address. In addition, posters and pamphlets will be made available to primary care providers for their offices and to discuss with their patients.

Information Management to Support the Wait Time Strategy

A significant amount of progress has been made on developing the Wait Time Information System (WTIS) and Enterprise Master Patient Index (EMPI). This progress is made even more remarkable when one considers that developing a single information system across Ontario is unprecedented, requires a massive effort, builds on the advice and efforts of thousands of clinical and information leaders across the province, and will result in major information developments in healthcare that go well beyond tracking wait times. The EMPI – or Client Registry – will significantly advance the integration of services by enabling the flow of patient information across organisational silos. The WTIS will provide near real-time access information and alerts when wait time priority targets are being compromised at the physician, hospital, Local Health Integration Network and provincial levels. Furthermore, information will be used to monitor progress made in reducing wait times at these levels and identify where improvements must be made.

Phase 1 of the WTIS and EMPI will be successfully implemented as scheduled by March 31, 2006 at five hospitals: Grand River Hospital, Hamilton Health Sciences Centre, St. Joseph's Hamilton, Southlake Regional Health Care, and University Health Network. (Grey Bruce Health Services is implementing the EMPI in Phase 1 and the WTIS in a later phase.) Phase I will capture about 18% of the incremental wait time cases in Ontario, and engage over 300 surgical offices that will use the WTIS and the patient priority ratings developed by the clinical expert panels. The Phase I hospitals are to be highly commended for generously giving their expertise, time and support to develop and implement the WTIS and EMPI. The invaluable role played by the Local Health

Integration Network WTIS/EMPI leads, the clinical expert panels, the provincial project team, and the Smart Systems for Health Agency are also gratefully acknowledged.

In Phase 2 of the WTIS and EMPI implementation (April-December 2006), 50 additional hospitals will implement the provincial system, accounting for about 80% of all wait time funded cases. Hospitals will be divided into five or more groups with implementation efforts targeted at each successive group by December 2006. Work has already begun launching Phase 2. In late December 2005, Phase 2 and 3 hospital CEOs were notified of their responsibility to implement the WTIS and EMPI by December 2006 as a condition of incremental wait time funding. CEOs were also informed about their resource requirements, the one-time cost to cover the EMPI license fee, and the hospital's responsibility to work with their respective LHIN's WTIS/EMPI lead to plan and implement the systems.

We are pleased to announce that on March 16, 2006, Canada Health Infoway approved full funding to implement the Ontario EMPI/client registry. The financial support of Infoway is enthusiastically welcomed and gratefully acknowledged. Initiate Systems was signed as the software vendor to support the provincial EMPI solution in February 2006.

The Wait Time Strategy's information management and technology efforts have been expanded to support other major access to care initiatives. For example, Matthew Anderson (Vice President and Chief Information Officer, University Health Network) is leading the development of a provincial Critical Care Performance Measurement System as part of Ontario's Critical Care Strategy (see section, *Wait Time Expert Panels* below). Performance data, which is being collected through an interim process, will be available in August 2006. An RFP to develop the provincial critical care system was released in March 2006, with implementation to begin in the Fall of 2006. In addition, the Toronto Central LHIN Joint Health and Disease Management Information System is being developed to support a virtual LHIN joint program anchored at the Holland Centre (see section, *Increased System Capacity Through Greater Efficiencies: Centres of Excellence*).

The process of implementing the provincial WTIS is having a number of unintended positive benefits. For example, many surgical offices did not have computers or basic internet access. The Smart Systems for Health Agency's connectivity program has now connected surgeons to the internet. This will support the implementation of the WTIS and enable other electronic health initiatives ranging from simple email communication between providers to supporting physician portals into hospital and other information systems. The WTIS has also been a catalyst to improve cumbersome booking processes between the surgeons' offices and OR departments. In addition, the WTIS/EMPI work has provided a shared objective on which hospital Chief Information Officers can collaborate and further the province's e-health agenda.

We would like to extend our sincere appreciation to Sarah Kramer (Lead, Wait Time Information Strategy) and the members of the Information Management Expert Panel for

their visionary leadership and hard work in advancing the development of the WTIS and EMPI in Ontario.

Increased System Capacity Through More Funded Volumes

On January 13, 2006, Minister Smitherman allocated $6.4 million to fund an additional 907 hip and knee replacements at 20 Ontario hospitals by March 2006. This "mid-year correction" was over and above the 6,700 additional hip and knee replacement surgeries that were allocated in 2005/06, for a combined total of 7,607 additional procedures. The allocation of additional cases took into account population demographics, surgery rates, current wait times, and hospitals' ability to complete procedures by the end of March 2006.

In mid-January 2006, hospitals were asked how many additional procedures they could perform in 2006/07. The criteria used to allocate incremental cases for the full fiscal year included current wait times, LHIN population demographics, surgery rates, a hospital's ability to increase volumes, and a hospital's performance to date (i.e., hospital successfully met volume commitments and 2005/06 funding conditions, and submitted wait time data). The clinical expert panels and LHIN CEOs validated the allocation methodology and funding conditions.

On March 23, 2006, government announced in its *2006 Ontario Budget* that it will continue to shorten wait times in 2006/07 by providing funding for additional procedures. It is expected that the Minister will announce the allocations for each area in the near future.

Consistent with past practice, additional conditions will be associated with wait time funding in 2006/07. Conditions that are being considered – in consultation with the Ontario Hospital Association's Wait Time Advisory Committee – include:

- Ensuring that no patients wait for surgery or a scan longer than 10 months without being reassessed;
- Maintaining high quality standards when delivering wait time volumes;
- Working with one's respective LHIN to ensure that patients from the surrounding area and LHINs have the appropriate access to the needed surgery or scan;
- Working with one's LHIN to implement a toll free number by March 2007 to provide information on access to surgery to patients and their families;
- Participating in the implementation of the Wait Time Information System and the Surgical Efficiency Targets Program;
- Collaborating with surgeons to develop a surgical access management process that provides patients with equitable access to surgeons, regardless of which surgeon the patient may have been referred to originally; and
- Getting the Chief Nursing Officer to sign the funding agreement along with the CEO, Chief of Staff, Head of Surgery and the Head of the Service receiving the additional cases.

Increased System Capacity Through Greater Efficiencies

A number of initiatives are focused on increasing system capacity through greater efficiencies.

Peri-Operative Coaching Teams are visiting hospitals to help improve surgical efficiencies. Hospital CEOs were informed of the coaching team initiative in late September 2005. Since then, 23 coaches from across Ontario were selected and trained. Teams are made up of three to four hospital-based individuals with a wide-range of skills. At a minimum, each team has at least one physician lead (surgeon or anaesthesiologist), an administrative lead (VP or director of peri-operative services) and an operating room leader (OR manager). Coaches spend a day and a half observing the peri-operative staff and processes, and interviewing key individuals. Another day and a half is taken to coach the peri-operative team to develop a best practice action plan. A report is provided to the hospital, LHIN and Ministry. Within nine months, at least one of the coaches will evaluate the hospital's success in implementing the action plan. To date, coaching teams have made seven visits, with another eight scheduled from April to August 2006.

The Provincial Surgical Efficiencies Program will use quantitative measures to review peri-operative productivity. The program will create site-specific and LHIN reports, as well as peer group reports. On January 27, 2006, an RFP was posted to develop the program with a closing date of March 27, 2006. Data collection is expected to begin by September 2006. Performance indicators being considered include surgery start time accuracy, hours scheduled for surgery versus hours actually used, turnover time between surgeries, operating room downtime, length of surgery, surgical drug costs and patient outcomes. This information will help assess the surgical efficiency of hospitals and target areas for improvement.

Innovative Roles in Anaesthesia are being promoted in partnership with the government's Health Human Resources Strategy. Expanded practice roles with anaesthesia skills are being explored along with the use of anaesthesia teams and anaesthesia assistants.

A number of ***Centres of Excellence*** are being developed to improve access and reduce wait times. The Kensington Eye Institute – a not-for-profit independent health facility that opened in Toronto in January 2006 – will perform 5,000 new routine cataract surgeries annually. The first 1,000 procedures have already been completed. In August 2005, Minister Smitherman announced the creation of a centre of excellence for hip and knee joint replacements at the Holland Orthopaedic and Arthritic Institute of Sunnybrook and Women's College Health Sciences Centre. The Toronto Central LHIN is leveraging the creation of this Centre into a LHIN joint health and disease management program. A number of other centres of excellence are being considered.

Release of the Institute for Clinical Evaluative Sciences Atlas: *Access to Health Services in Ontario,* 2nd Edition

In April 2005, the Institute for Clinical Evaluative Sciences (ICES) completed its report, *Access to Health Services in Ontario*, which profiled and analysed access issues in the five wait time service areas. ICES will soon be releasing the 2nd edition of this publication analysing wait times using various 2004/05 data sources. These two documents will provide a solid baseline upon which to assess the impact of the Strategy on wait times. The Atlas will be available on the ICES website: www.ices.on.ca.

Healthcare Innovations and Efficiencies

In January 2006, the Ministry received 54 final reports on innovation and education initiatives that were funded through its Innovation and Education Grant. A total of $5.8 million was awarded for projects to educate staff about efficient practices and support hospital innovations. A report summarizing the projects is being planned and will be available in a few months.

The Ministry and the LHINs will be co-sponsoring ***Celebrating Innovations in Health Care Expo on April 19-20, 2006***, an event showcasing the wide range of innovative activities occurring in Ontario's healthcare system. Over 600 applications were received and categorised into five theme areas: 1) meeting community needs through integrated care; 2) improving quality and patient safety; 3) improving efficiency through process redesign; 4) innovations in health information management; and 5) innovations in health human resources.

Panels of experts representing the full range of healthcare from across Ontario reviewed the applications. (The Ministry did not participate on the evaluation panels.) At the end of March, successful applicants were informed of their participation in the Expo as award winners, workshop leaders/speakers, or poster/booth presenters. It is anticipated that the two-day event will feature over 100 poster presentations, more than 80 display booths, and over 35 interactive workshops and panel discussions. There is no admission fee, and all are encouraged to attend. We look forward to seeing you on April 19-20 at the Toronto Convention Centre.

Wait Time Expert Panels

The expert panels continue to meet and ongoing provide advice on allocations and system improvements. Two additional expert panels are being struck to provide advice to the Ministry.

- ***The Primary Care Wait Times Expert Panel*** is being created to advise the Ministry on how primary care providers can be more integrated into and better support the Wait Time Strategy. Chaired by Dr. Phil Ellison, Family Physician-in-Chief at University Health Network, the Panel will provide its final report to Alan Hudson and Dr. Joshua Tepper, Assistant Deputy Minister, Health Human Resources.

- ***The Trauma Expert Panel*** is being created from the Provincial Trauma Network, which has been meeting for over five years under the leadership of Dr. Murray Girotti (London Health Sciences Centre). Made up of representatives of the lead trauma hospitals, the Ministry and other stakeholders, the network has been working to develop an effective and sustainable provincial trauma system. The Trauma Expert Panel will advise the Minister, through Alan Hudson, on improving the access, quality, efficiency, safety and accountability of trauma services in Ontario. It is anticipated that the work of the Trauma Expert Panel will harmonise with the work of the Critical Care Expert Panel.

An effective system of critical care is a necessary support to the Wait Time Strategy. If critical care is not available, surgeries can be delayed or cancelled, and wait times for surgeries increased. On the advice of the ***Critical Care Expert Advisory Panel***, Minister Smitherman announced Ontario's Critical Care Strategy on January 30, 2006. The strategy includes:

- 26 critical care response teams made of intensive care physicians and nurses, and respiratory therapists who are available 24/7 to provide critical care skills and expertise throughout the hospital ($29.4 million).
- Additional adult intensive care and chronic assisted ventilatory care beds ($38.3 million).
- Additional critical care training to 450 nurses per year, an additional 10 training spots for intensive care physicians (from eight to 18 per year), critical care response team training, community hospital physician training in advanced resuscitation techniques, and staff retention programs ($10 million).
- Other system initiatives including a Performance Measurement System, a policy to address ethical issues related to critical care access, and a series of quality improvement initiatives ($12.2 million).

Dr. Bernard Lawless has been appointed the Ministry's Provincial Lead, Critical Care and Trauma. He will be accountable for implementing the Critical Care Strategy and overseeing the Critical Care Secretariat, as well as improving trauma services and aligning them with other Ministry initiatives. Dr. Lawless' clinical practice in general surgery, trauma surgery and critical care is based at St. Michael's Hospital in Toronto.

Assessment of Our Progress to Reduce Wait Times

The Strategy has six months of data on how long Ontarians waited for cancer surgery, cardiac surgery, cataract surgery, hip and knee replacements, and CT and MRI scans (August 2005 to January 2006). An analysis of the data indicates that:

- Wait times for all procedures have decreased as measured by the 90th percentile (i.e., the point at which 90% of patients received their treatment).

- Ontario is meeting its wait time targets for cancer and cardiac surgery when the 90th percentile is viewed in relation to Priority IV targets (i.e., the least urgent cases).

- Although the provincial median wait time for cataract surgery has decreased 21%, Ontario is not yet meeting its wait time targets for cataract surgery when the 90th percentile is viewed in relation to Priority IV targets. We are confident that Ontario will meet its cataract targets given the available capacity to do more of these surgeries and the innovative approaches that are being used to perform this procedure.

- Although the provincial median wait times for hip and knee joint replacements decreased 19% and 17% respectively, Ontario is not yet meeting its wait time targets for hip and knee joint replacement surgery when the 90th percentile is viewed in relation to Priority IV targets. Even though hospitals have performed 32% more joint replacements from November 2004 to March 31, 2006, Ontario continues to be challenged by the backlog of cases, insufficient operating room time, the high demand for these procedures, and human resource issues (e.g., orthopaedic surgeons who are retiring or leaving the province, the shortage of nursing staff, the lack of appropriate anaesthesia coverage). Efforts are being made to streamline the assessment of orthopaedic cases, maximise the appropriate use of non-physician providers, and improve surgical productivity and peri-operative efficiencies.

- The provincial median wait times for MRI and CT have remained fairly constant even though hospitals have performed 8% more CT scans and 42% more MRI scans from November 2004 to March 31, 2006, and scanners are being used more efficiently. The MRI-CT Expert Panel has established working groups to address the appropriate use of scanners, the use of new MRI-CT equipment, human resource planning, and funding for MRI-CT operations.

TOOLS TO HELP MANAGE WAIT TIMES

Hospital Board Wait Times Checklist

The Strategy holds hospital Boards accountable for governing their organisation's access management strategy and assessing their hospital's performance compared to other hospitals in the LHIN and province. Hospital CEOs should be reporting at each regular Board meeting their hospital's wait time data and compliance with funding conditions.

The following hospital Board checklist has been developed to assist Boards with their accountabilities. Although it is recognised that the WTIS and EMPI will make tracking this information easier, it is expected that hospitals should be documenting and tracking this information already. It is recommended that the Board Chair ask the following questions of the CEO at each Board meeting.

HOSPITAL BOARD WAIT TIME CHECKLIST		BOARD TOOL
1. For each wait time procedure, what is our hospital's wait time data compared to every other hospital in our LHIN? What are you doing to manage our wait lists? What are you doing to make access more equitable between facilities?	√	
2. Show me the information that we are maintaining our base volumes in addition to performing the incremental cases. Show me the evidence that we are maintaining high quality care for all cases.	√	
3. How many patients in our hospital are waiting longer than the target for each wait time procedure? If this number is increasing, what are you doing to address the issue?	√	
4. How many patients have been waiting for surgery or a scan longer than 10 months? Have they been reassessed? Why are they still waiting? If this number is increasing, what are you doing to address the issue?	√	
5. Does the length of specialists' waiting lists vary significantly in our hospital? What are we doing to promote equitable access to specialists?	√	
6. Are we using surgical best practices? For example: Is the length of stay for our surgeries best practice? Is our use of day surgery best practice?	√	

Wait Times Certification

In the future, Board chairs and CEOs of hospitals will be asked to certify that they are managing wait time issues within their organisations. Similarly, LHIN leaders will also be asked to certify that they are managing wait time issues within and across LHINs.

IN CONCLUSION

We gratefully acknowledge the positive contributions that thousands of individuals have made to the success of the Wait Time Strategy, to date. We continue to seek input and advice from our expert panels and through local consultations. (Since January 2006, Alan Hudson has met with four LHINs, at their invitation: Erie St. Clair, South West, Toronto Central, and Waterloo Wellington). ***We ask that everyone reading this update take responsibility for communicating the Strategy to others by circulating this update as broadly as possible.***

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

ATTACHMENT A

Pan-Canadian Benchmarks and Ontario's Five Access Target Areas

Service Area	Pan-Canadian Benchmarks (Announced Dec 12, 2005)	Ontario's Targets (Announced Dec 16, 2005)
Cataract Surgery	16 weeks for patients at risk (Ontario's Priority III rating)	Priority I: Immediate Priority II: 6 weeks Priority III: 12 weeks Priority IV: 26 weeks
Hip/Knee Replacement Surgery	26 weeks	Priority I: Immediate Priority II: 6 weeks Priority III: 12 weeks Priority IV: 26 weeks
Cardiac Bypass Surgery	Level I: 2 weeks Level 2: 6 weeks Level 3: 26 weeks	Priority I: Immediate Priority II: 2 weeks Priority III: 6 weeks Priority IV: 26 weeks
MRI-CT Scans	No Benchmarks	Priority I: Immediate Priority II: 48 hours Priority III: 2-10 days Priority IV: 4 weeks
Cancer Surgery	No Benchmarks	Priority I: Immediate Priority II: 2 weeks Priority III: 4 weeks Priority IV: 12 weeks

Services Beyond Current Ontario Wait Time Strategy		
Service Area	**Pan-Canadian Benchmarks**	**Ontario Response**
Cancer Radiation	Within 4 weeks of being ready to treat	Accept Pan-Canadian Benchmarks
Hip Fracture Surgery	Within 2 days	
Mammograms	Every 2 years for persons 50-69 years of age	
Cervical Screening	Every 3 years after two normal scans for persons 18-69 years of age	