THE WAIT TIME STRATEGY
REVIEW OF ACTIVITIES
APRIL-AUGUST 2005

UPDATE #3 – August 16, 2005

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 third in a series of updates on the Wait Time Strategy.[1] It presents the highlights and major accomplishments from April to August, 2005.

HIGHLIGHTS AND MAJOR ACCOMPLISHMENTS

Year-End Audit of Compliance With Purchase Service Agreements

In Phase I of the Strategy (2004/05), the Minister allocated $35 million to Ontario hospitals to increase the number of procedures in the five selected areas by March 31, 2005. Conditions of funding were set out in purchase service agreements. A year-end audit of compliance with the agreements found that all of the Ministry's 2004/05 wait time targets were achieved for hip and knee joint replacements, cataract and MRI. The year-end audit of 1,700 additional funded cancer surgeries will be completed in September using data from the Canadian Institute for Health Information.

The audit found that in 2004/05:

- 1,680 additional funded *hip and knee joint replacements* were performed.
- 2,000 additional funded *cataract surgeries* were performed.
- 13,000 more *MRI hours* were conducted.

Some hospitals were unable to complete all their allocated cases in 2004/05. This was offset by a number of hospitals that over performed and conducted more volumes than

[1] Update #1: The *Wait Time Strategy*, December 8, 2004 (English and French long and short versions) is available on: www.health.gov.on.ca/transformation/wait_times/wait_mn.html.
Update #2: *The Wait Time Strategy Report on Phase I and a Preview of Phase II*, March 29, 2005.

they were allocated. The Wait Time Information Office is working with hospitals to address compliance and data quality issues. The Ministry is in the process of recovering the wait time funding for uncompleted procedures. In addition, hospitals were notified that if they failed to submit their wait time data by a certain date, they would be reported as "non-compliant" on the public Wait Times website and that incremental funding may be recovered.

We are pleased that we have met our system-level targets, and acknowledge the performance of those hospitals that over performed in 2004/05. Congratulations to all those professionals who managed system and local challenges so successfully.

Increased System Capacity Through More Funded Volumes in 2005/06

On May 27, 2005, Ontario Premier, Dalton McGuinty, announced $154 million to cover full operational case funding for cancer surgeries, cardiac procedures, hip and knee replacements, cataract surgeries, and extended MRI hours for 2005/06. ***This funding will continue to support the incremental volumes allocated in Phase I of the Strategy plus support additional procedures in 2005/06***. Full operational case funding was provided as follows:

- $27 million was provided to 37 hospitals to perform 4,800 cancer surgeries by March 31, 2006. Of these cases, 2,900 are new cases for this fiscal year.
- $47.1 million was provided to 17 hospitals to perform 7,000 cardiac procedures by March 31, 2006. These cases reflect a 7% increase in procedures over last year.
- $53.3 million will be used to perform 6,700 total hip and knee joint replacements by March 31, 2006. Of these cases, 4,300 are new cases for this fiscal year.
- $12 million will be used to perform 16,000 cataract surgeries in 2005/06. Of these cases, 14,000 are new cases for this fiscal year.
- $15 million will be used to perform 58,500 more MRI exams in 2005/06. Of these, 39,500 are new exams for this fiscal year as a result of expanding the hours of operation of existing MRI machines. An additional 37,260 exams will be conducted in 2005/06 as a result of last year's investments in seven replacement machines, new hospital MRI machines, and expanded hours of operation at the repatriated MRIs in independent health facilities.

Hospitals that will be performing additional cancer and cardiac procedures have received the full allocation for 2005/06. Hospitals that will be performing extra hip and knee replacements, cataract surgeries and extended MRI hours, have received a six month allocation. After assessing compliance and progress and determining additional funding conditions, allocations for the second six months will be announced by September 30.

Increased Focus on Efficiency, Safety and Quality

The Strategy is strengthening the link between increased capacity, and efficiency, safety and quality. The purchase service agreements for 2005/06 – signed by the Ministry and hospital representatives – clearly state a series of conditions that hospitals must meet to

obtain incremental volume funding. These include minimum wait time data requirements, surgical efficiency conditions, willingness and ability to provide incremental volumes without compromising other services, and surgical access management processes to facilitate equitable patient access to surgery.

Governance and Management of Wait Times by Individual Hospital Boards and Managers, and Oversight by Local Health Integration Networks

Hospital boards are accountable for equitable access to services in their organisations, and hospital CEOs are accountable for managing access, waits and patient flow. At their regular meetings, Boards should be reviewing their hospital's wait time data and compliance with funding conditions. When comparative wait time data is posted on the Wait Times website in September, Boards should review their hospital's performance in relation to their peers and other facilities in their Local Health Integration Network.

The 14 LHINs will be accountable for monitoring and ensuring access to services in their networks. Alan Hudson will be meeting with the LHINs to discuss the steps they need to take to provide oversight for wait times in their areas.

Analysis of Access Conducted by The Institute for Clinical Evaluative Sciences

On April 6, 2005, the Minister of Health and Long-Term Care received, *Access to Health Services in Ontario*, an Institute for Clinical Evaluative Sciences' Atlas commissioned by the Wait Time Strategy. The report documents the state of access in Ontario for:

- Selected cancer surgeries: large bowel resection, mastectomy, radical prostatectomy and hysterectomy;
- Selected cardiac procedures: coronary angiography, angioplasty, coronary artery bypass graft surgery;
- Cataract surgery;
- Total hip and knee replacements; and
- Computed tomography (CT) and magnetic resonance imaging (MRI) scans.

For each area, rates of service provision, wait times, appropriateness, urgency, unmet need and patient outcomes are examined. The report presents an objective overview of wait times for the province and for each of the 14 LHINs. The ICES report includes wait times from 2003/04 – obtained from various data sources – that will be used as a baseline to measure the success of the Strategy. The data has already been used to identify the LHINs that are facing wait time challenges and to inform the allocation of additional cases. The ICES Atlas is available on the organisation's website (www.ices.on.ca). The wait time data is posted on the Wait Times website (www.health.gov.on.ca/transformation/wait_times/wait_mn.html).

Information Management to Support the Wait Time Strategy

In April 2005, the Minister and Deputy Minister of Health and Long-Term Care – George Smitherman and Ron Sapsford – approved the recommendations and funding outlined in the *Report of the Wait Time Information Expert Panel* (see the Wait Times website). This ambitious plan is critical to the success of the Wait Time Strategy. Considerable progress has been made on implementing this plan.

Working under the leadership of Sarah Kramer – Lead for the Wait Time Information Strategy – the Wait Time Information Expert Panel and project team finalised the business, functional, technical and security requirements for the provincial wait time information system. On June 30, the Wait Time Information System (WTIS) team and the Cardiac Care Network of Ontario jointly issued a request for proposals for a vendor to build this system. Proposals are currently being evaluated. The successful vendor will be selected by the end of August with development work to begin immediately thereafter.

The WTIS will be a single provincial information system linked to all hospitals participating in the Wait Time Strategy (i.e., those receiving wait time funded volumes). To ensure a cohesive approach, hospitals had been asked to defer decisions to purchase hospital-based wait list management systems until the provincial information strategy was complete. Now that a clear plan for a provincial WTIS is in place, hospitals need to consider their individual wait list management plans, keeping in mind that only the provincial WTIS will be funded through the Wait Time Strategy, and that all hospitals receiving Strategy funding will be required to submit data using the WTIS. The interface between the provincial WTIS and local wait list management systems will be the sole responsibility of individual hospitals. If there are any questions regarding this direction, hospitals are asked to contact Sarah Kramer (Sarah.Kramer@cancercare.on.ca).

The success of the WTIS depends on a provincial Enterprise Master Patient Index (EMPI). In June 2005, the Deputy Minister directed Sarah Kramer to lead and expedite the implementation of a provincial EMPI along with implementing the WTIS. Although implementation of the EMPI will first focus on meeting the needs of the WTIS, it will be designed to support the needs of other critical transformation initiatives such as LHINs and eHealth (e.g., Picture Archive and Communication Systems or PACS). Work is well underway on the EMPI project. A request for proposals for EMPI software has been posted and the vendor will be selected in September. In addition to collaborating with Ontario's eHealth leaders, Sarah Kramer is working with Canada Health Infoway to leverage its knowledge and tools, and to secure additional funding for the project.

The selection of the first hospitals to implement the EMPI and the WTIS is finalised and will be communicated shortly. The criteria used to select hospitals included assurances of geographic distribution, capacity and ability to implement quickly, support from the Chief Executive Officer, clinical leaders and the Chief Information Officer, and volume of Wait Time Strategy-funded cases. The first group of selected hospitals will implement the WTIS and EMPI by March 31, 2006. The next round of hospitals will start implementation immediately afterwards. The target is to complete implementation in

approximately 50 hospitals – which represent 80% of Wait Time Strategy-funded volumes – by December 2006.

The five clinical Expert Panels have made initial recommendations to Alan Hudson on standard clinical assessment criteria and priority levels for each of the service areas. The WTIS team is working with the Expert Panel chairs to create consistent priority levels across the five speciality areas, and to develop a method of testing these standards. Final recommendations will be presented to the Ministry by the end of August 2005.

A Wait Time Information Office has been established to receive, analyse and report on wait time data from all hospitals that received wait time volume funding. The Office has been monitoring compliance with data reporting requirements, and working with hospitals to address issues of compliance and data quality. Beginning in September, wait times by hospital will be reported publicly on the Wait Times website using data collected through the current interim wait time data collection process.

When developing the WTIS, current information systems – such as those used by the Ontario Joint Replacement Registry and the Cardiac Care Network of Ontario – were reviewed to determine the most effective and efficient way to capture and report wait time information for all five clinical areas. For various reasons, the Ontario Joint Replacement Registry (OJRR) was found to be incompatible with the provincial WTIS. Currently, orthopaedic surgeons submit wait time and surgical data on total hip and knee replacement surgeries to the OJRR. As of October 1, 2005, this data will be collected and reported as follows:

- Hospitals will submit data required by the Wait Time Strategy funding agreements to the Ontario WTIS Office which is responsible for managing and reporting wait times for the five clinical areas. When the WTIS is fully functioning, orthopaedic surgeons and hospitals will use this system to input and receive data.
- Surgeons will submit surgical data to the Canadian Joint Replacement Registry, which is a division of the Canadian Institute for Health Information and a national registry that collects and reports the surgical data currently being collected and reported by the OJRR.

A transition strategy for the OJRR was developed collaboratively by OJRR's management, the London Health Sciences Centre (OJRR's administrative centre), the Canadian Institute for Health Information and the Ministry. The Minister approved the transition strategy in July 2005, and implementation is underway.

Clinical Expert Panel Reports

In the fall of 2004, five clinical expert panels were struck to advise the Ministry on the criteria for investments, wait list management issues, methods for prioritizing patients, areas for quality improvements, and a plan to provide Ontarians with equitable access to services in a timely and appropriate manner. In addition, the Surgical Process Analysis

and Improvement Expert Panel was struck to identify opportunities for surgical efficiencies.

In March 2005, the Cardiac Care Network of Ontario submitted its cardiac expert panel report, *Optimizing Access to Advanced Cardiac Care: A 10 Point Plan for Action.* Since April 1, 2005, three additional expert panels have submitted their reports to the Minister through Alan Hudson. These reports – which are available on the Wait Times website – include:

- *MRI and CT Expert Panel Phase I Report* (Dr. Anne Keller, Chair), April 2005.
- *Report of the Surgical Process Analysis and Improvement Expert Panel* (Valerie Zellermeyer, Chair), June 2005.
- *Report of the Cataract Surgery Expert Panel* (Dr. Phil Hooper, Chair), July 2005.

Common themes in the four reports include the importance of standardised practices to support safe care, the efficient and effective use of resources, information to monitor outcomes, clear accountabilities for performance, appropriate funding levels and approaches, the innovative use of human resources, and integrated networks of care.

The Expert Panels on total hip and knee joint replacements (chaired by Dr. Allan Gross) and cancer surgery (led by Cancer Care Ontario) are expected to submit their reports by September 2005.

Local Input

Alan Hudson continues to actively seek local input on the Strategy. Four regional site visits have been conducted since April 1. Issues that were consistently raised during these consultations include:

- The ability to achieve incremental volumes is a concern in the face of operating deficits, limited numbers of medical staff and hospital staff cuts.
- The impact of the Strategy on other services will be negative if hospital Boards give a lower priority to all other areas.
- Information technology is vital to support the Strategy and improve access.

Additional local input will be sought through the 14 LHINs beginning in the fall.

Update on a Critical Care Plan for Ontario

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. In March 2005, the Ontario Critical Care Steering Committee – co-chaired by Dr. Robert Bell and Lynda Robinson – submitted its report to the Minister. The Committee's report included a comprehensive list of innovative recommendations to improve access to safe critical care by better organising services, providing critical care supports, and targeting efficiencies through better management.

In June 2005, the Ministry struck the Ontario Critical Care Expert Advisory Panel to provide continued advice on improving the access, quality, efficiency, safety and accountability of adult critical care services in Ontario. Chaired by Alan Hudson, the Panel has met twice. It has made recommendations on critical care investments for 2005/06, and is furthering a number of initiatives including the development of a critical care information registry, structures to champion performance improvement, and improved access through outreach (medical emergency teams) and telemedicine.

IN CONCLUSION

The Strategy has been very successful in achieving its targets largely due to the thousands of dedicated individuals across the province who are helping to implement this transformation initiative. We recognise that it has been difficult for organisations and providers to "ramp up" suddenly, and increase the number of procedures and hours of operation, as well as collect and submit wait time information in a timely manner. We are pleased that so many of you have successfully met these challenges and are actively participating in developing solutions.

All of these efforts are paying off. A preliminary review of data suggests that waiting times for the five services are decreasing in Ontario. We look forward to continuing our work with you and thank you for your support.

We request that this report be circulated as broadly as possible to Board members, medical and hospital staff, and other stakeholders.

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

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