THE WAIT TIME STRATEGY
REVIEW OF ACTIVITIES
SEPTEMBER-DECEMBER 2005

UPDATE #4 – December 15, 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 fourth in a series of updates on the Wait Time Strategy.[1] It presents the highlights and major accomplishments from September to December 2005. These achievements reflect the immense effort made by thousands of healthcare providers and administrators in Ontario.

HIGHLIGHTS AND MAJOR ACCOMPLISHMENTS

Public Access to Wait Time Information on www.ontariowaittimes.com

On October 24, 2005, Premier Dalton McGuinty announced that the public and providers have – for the first time in Ontario – access to hospital-specific wait time information for the five service areas of the Strategy. Individual hospitals submitted and verified the data as a condition of receiving additional cases and funding. The user-friendly website presents wait times by procedure, hospital and Local Health Integration Network (LHIN). Currently, the website presents wait time information for July 2005 for hospitals that received additional wait time cases. This information 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. Data for August and September will be added to the site by mid-December, with data being updated every two months. All hospitals required to submit wait time data have complied. Hospitals receiving incremental funding will submit data on patient priority by mid- to late-2006. To date, the website has had about 425,000 hits.

Upcoming Announcement of Wait Time Targets

In *A 10-Year Plan to Strengthen Health Care*, the Federal-Provincial-Territorial Ministers of Health agreed to establish evidence-based benchmarks for medically

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

acceptable wait times by December 31, 2005 starting with cancer, heart, diagnostic imaging procedures, joint replacements, and sight restoration. The pan-Canadian benchmarks for selected procedures were announced on December 12, 2005. Minister Smitherman will announce Ontario-specific targets for each of the five service areas with priority levels and wait time targets for each level before the end of 2005. This information is based on advice from the five clinical expert panels, and from subsequent advice from the expert panel chairs on a common and consistent approach to priority levels and targets. This information will be sent to the field soon after Minister Smitherman's announcement.

Hospitals receiving incremental volumes will be required to submit data on patient priority to the Wait Time Information System by mid- to late-2006 (see the section on *Information Management to Support the Wait Time Strategy* for additional information). Healthcare providers, hospital boards and administrators, and the Ministry will be able to use patient priorities and targets to manage access and track whether Ontarians with similar clinical needs are being treated within generally accepted timeframes regardless of their surgeon, hospital or geographic location. Targets will also give patients a sense of how quickly they should be receiving treatment.

Information Management to Support the Wait Time Strategy

Considerable progress continues to be made on implementing the Wait Time Information System (WTIS). This progress has been possible due to the excellent working partnership between the hospitals and the Wait Time Strategy. In August 2005, Sarah Kramer, Lead for the Wait Time Information Strategy, and her team selected the successful vendor to build the provincial WTIS. Clinical leaders from the expert panels and hospitals that received volumes in Phase 1 of the Strategy (2004/05) provided detailed input into the design of the system. The development of the software was completed at the end of November.

Negotiations with the successful software vendor for the Provincial Enterprise Master Patient Index (EMPI) are nearly complete. Canada Health Infoway has committed funding to implement the EMPI, which is being developed along with the WTIS in three phases:

- Phase 1 (By March 2006): Grand River Regional Hospital, Hamilton Health Sciences Centre, St. Joseph's Hamilton, Southlake Regional Health Care and University Health Network will implement the WTIS and EMPI. Grey Bruce Health Services will implement the EMPI in Phase 1 and the WTIS in a later phase. These hospitals have struck multi-disciplinary project teams, held "kick off" meetings and are preparing for full implementation by the end of March. The volumes in these hospitals reflect almost 20% of the incremental wait time cases in Ontario.
- Phase 2 (April-December 2006): About 50 additional hospitals will implement the system. By December 2006, about 80% of all cases will be reported using the provincial system.

- Phase 3 (January-June 2007): About 20 additional hospitals will implement the provincial system. At this point, all hospitals receiving wait time funded cases will be using the provincial wait time information system.

WTIS/EMPI leaders have been identified in each LHIN geographic area, and are working within their communities to lay the groundwork for the implementation of Phases 2 and 3.

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 real time information on the number of patients who are waiting for a procedure.

Increased System Capacity Through More Funded Volumes and Greater Efficiencies

As previously reported, in May 2005, Premier 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. Based on the experiences of and advice from the Cardiac Care Network of Ontario and Cancer Care Ontario, incremental cardiac and cancer surgeries were allocated to hospitals for all of 2005/06. Only six months of funding were provided to hospitals for additional hip and knee replacements, cataract surgeries and extended MRI hours. Hospitals' success in meeting volume targets and complying with the conditions of funding in these first six months was assessed. When Minister Smitherman announced the second six month allocation for these procedures on October 3, 2005, hospitals that had been unable to meet volume and efficiency targets received fewer or no additional cases. The Minister also announced an additional $10 million to meet the increased demand for in-home rehabilitation services for hip and knee joint replacement patients.

By mid-January 2006, hospitals will be asked how many additional procedures they can perform in 2006/07. Incremental cases will be allocated for the full fiscal year in all five service areas. The Strategy will continue to strengthen the link between increased capacity and efficiency, safety and quality. The 2006/07 purchase service agreements will include more indicators in these areas, and more stringent requirements for accountability (e.g., the Chief Nursing Officer may be required to sign the agreements).

Since the Strategy was officially announced in November 2004 to March 31, 2006, healthcare providers and hospitals will have performed 8% more CT scans, 11% more cancer surgeries, 16% more cataract surgeries, 17% more cardiac surgeries, 28% more hip and knee joint replacements, and 42% more MRI scans.

Expert Panels

In September 2005, the last two clinical expert panels submitted their reports to the Minister through Alan Hudson. These reports were:

- *Report of the Cancer Surgery Expert Panel* (Dr. Jonathan Irish, Chair), September 2005.
- *Report of the Total Hip and Knee Joint Replacement Expert Panel* (Dr. Allan Gross, Chair), September 2005.

These reports are available on the wait times website along with the six other panel reports completed in 2005: i) critical care (Dr. Bob Bell and Lynda Robinson, Co-chairs); ii) cardiac (Cardiac Care Network of Ontario); iii) MRI and CT (Dr. Anne Keller, Chair); iv) wait time information (Sarah Kramer, Chair); v) surgical process analysis and improvement (Valerie Zellermeyer, Chair); and vi) cataract surgery (Dr. Phil Hooper, Chair).

A number of the expert panels have been reconstituted to include representatives from each of the 14 LHIN geographic areas. The panels in hip and knee joint replacement, MRI and CT, cancer surgery, and wait time information continue to meet. In addition, the Ontario Critical Care Expert Advisory Panel continues to advise on improving the access, quality, efficiency, safety and accountability of adult critical care services in Ontario. The Ontario Hospital Association committee, chaired by Murray Martin, also continues to provide valuable advice to the Wait Time Strategy.

The chairs and participants of all the panels have not only provided their expert advice and vision but have become champions for improving the system. We have been guided by their advice, and have recognised their efforts by releasing their reports and acting on their recommendations.

Increasing Participation of Local Health Integration Networks in the Wait Time Strategy (Subject to the Legislature's Debate and the Bill's Passage)

On November 24, 2005, Minister Smitherman tabled Bill 36, the *Local Health System Integration Act, 2005*. ***Subject to the Legislature's debate and the Bill's passage***, the LHINs' objects would be to plan, fund and integrate the local health system. This would include developing an Integrated Health Service Plan, engaging the community on an ongoing basis about the Plan and priorities, and funding health providers for services provided in or for the LHIN geographic area. Government would continue to provide stewardship of Ontario's health system, setting direction, strategic policy and system standards, and delivering provincial programs and services.[2]

Each of the Expert Panel reports included recommendations that highlighted the important role that LHINs can play – subject to the Bill's passage – in planning and

[2] For additional information, see www.lhins.on.ca.

integrating health services, monitoring and improving performance, and making the system more efficient and effective.

Currently, the wait time team is working closely with the Toronto Central LHIN office to create a template for a more efficient and effective approach to provide surgical services. This plan is leveraging the creation of the Centre of Excellence for Hip and Knee Joint Replacements (at the Holland Orthopaedic and Arthritic Institute) into a virtual Toronto Central LHIN program for hip and knee joint replacements, anchored at the Holland Centre.[3] The LHIN program and the Holland Centre represent a new approach to delivering hip and knee joint replacements that will be characterised by:

- All health care providers working to the maximum level of their education and skills.
- The use of appropriately trained non-physician providers in new and expanded roles.
- Increased volumes.
- Efficient and effective processes supported by safe, high quality practices.

Improving Surgical Efficiencies: Coaching Teams and Provincial Surgical Targets Program

The Surgical Process Analysis and Improvement Expert Panel recommended the development of coaching teams to help hospitals improve their peri-operative efficiencies.[4] Made up of peers with experience in effective management of peri-operative resources, coaching teams will assist hospitals to plan, map their processes, analyze the results, identify areas for improvement, and determine optimal human resources and scheduling. Ultimately, coaching teams will improve access through system efficiencies, and standardized processes and best practices. A Coaching Team Oversight Committee has developed the key objectives of the coaching teams and the selection process and criteria for team members, has interviewed and selected the coaches, and is in the process of developing the training program and evaluation process.

Hospital CEOs were informed of the coaching team initiative in late September 2005. Since then, 20 coaches have been selected from across the province. Teams of coaches will visit 15 hospitals in this fiscal year. Committee members Valerie Zellermeyer and Dr. Keith Rose made the first site visit in early December (Muskoka East Parry Sound Health Services). As a result, the challenges that coaches may face have been identified, and the coaching curriculum, tools and templates are being refined. The coaching team initiative represents peers working together to improve hospital operations and patient access.

The Surgical Process Analysis and Improvement Expert Panel also recommended an Ontario program to improve surgical efficiencies using quantitative measures to assess

[3] 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 the Sunnybrook and Women's College Health Sciences Centre.

[4] *Report of the Surgical Process Analysis and Improvement Expert Panel* (Valerie Zellermeyer, Chair), June 2005.

hospital peri-operative productivity and efficiency. Such a program is being considered. This information would help providers identify efficiency bottlenecks and solutions.

Results of Innovation and Education Projects on Increased Efficiency

As previously reported, in February 2005, proposals submitted by nine teaching hospitals, 20 community hospitals and three provincial organizations were successfully awarded $5.8 million for 54 projects to educate staff about efficient practices and support hospital innovations. Final project reports will be received in January 2006. Planning is underway to showcase the successful projects in this fiscal year.

Accountability of the Wait Time Strategy to the Public and Providers

Reporting on Progress to the Public: Minister Smitherman's One Year Results Report, and Associate Deputy Minister Hugh MacLeod's Health Results Team First Annual Report 2004-2005

On October 6, 2005, Minister Smitherman reported to the public on the progress made transforming Ontario's healthcare system over the past year. This included developing LHINs, launching the Ontario Health Quality Council, developing Family Health Teams, supporting Health Information Management, and spearheading the Wait Time Strategy. The Minister's announcement reported on many of the accomplishments outlined in Hugh MacLeod's comprehensive document, *Health Results Team First Annual Report 2004-2005*. A one year overview of the Wait Time Strategy is included in this document (see www.health.gov.on.ca).

Reporting on Progress to the Ontario Health Quality Council

In September 2005, the Minister launched the Ontario Health Quality Council, chaired by Ray Hession. This independent body will monitor the province's healthcare system and report to the public on access to publicly funded health services, doctors and nurses, and on the overall health of Ontarians. It is anticipated that the Wait Time Strategy will report its progress to the Council.

Communicating Through the Wait Times Website

The Wait Times website is an important vehicle for ongoing communications. The website has been redesigned to include wait time information that will be updated every two months. In addition to being accessible through the Ministry's website, the wait time website can now be accessed directly through www.ontariowaittimes.com. Readers are encouraged to visit the site regularly for updated information.

Publishing Analyses of the Wait Time Strategy in Healthcare Journals

A series of articles on Ontario's Wait Time Strategy will be published by Longwoods Publishing Corporation in 2006 (www.longwoods.com). The current issue of the

Canadian Journal of Nursing Leadership features an article on nursing and wait times (www.nursingleadership.net), all four issues of *Healthcare Quarterly* in 2006 will focus on different aspects of the Strategy, and the topic of wait times accountability will be examined and debated in the next issue of *HealthcarePapers* scheduled for release in the Spring of 2006.

IN CONCLUSION

Hospital CEOs should be reporting at each regular Board meeting their hospital's wait time data and compliance with funding conditions. Boards should be reviewing this information as well as their hospital's performance in relation to their peers and other facilities in their LHIN. Discussions should focus on managing and improving access to services for patients.

Thousands of individuals in Ontario's healthcare system have worked to implement the Strategy since it began just over a year ago. We recognise that it has been difficult for many organisations and providers to be part of this transformational change process. We are very pleased that so many of you have contributed positively with your time, skills, innovative ideas and enthusiasm, and attribute the Strategy's successes thus far to you all. We would also like to acknowledge the valuable contributions of Rachel Solomon (Project Manager, the Ministry's Access to Services and Wait Times office), Vince Rice (Senior Communications Advisor, the Ministry's Access to Services and Wait Times office), staff in the Ministry's Access to Services and Wait Times office, and Joann Trypuc (independent consultant).

Thanks to all of you for working with us to improve access to care for Ontarians. We look forward to continuing to work with you in 2006. ***We ask that everyone reading this update take responsibility for communicating the Strategy to others by circulating this update as broadly as possible.***

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

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