

For Immediate Release
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FIRST EVER COMMON BENCHMARKS WILL ALLOW CANADIANS TO MEASURE PROGRESS IN REDUCING WAIT TIMES

Toronto, December 12, 2005 – Provinces and territories are taking an important step to address how long Canadians wait for health services. For the first time ever, there will be common goals for the provision of medical treatments and screening services, provincial and territorial ministers of health announced today.

“Establishing common benchmarks gives Canadians the ability to see how well we are improving access for selected health services,” said Ontario’s Health Minister George Smitherman.

Under the benchmarks, which are based on research and clinical evidence, provinces and territories will strive to provide:

- Radiation therapy to treat cancer within four weeks of patients being ready to treat;
- Hip fracture fixation within 48 hours;
- Hip replacements within 26 weeks;
- Knee replacements within 26 weeks;
- Surgery to remove cataracts within 16 weeks for patients who are at high risk;
- Breast cancer screening for women aged 50 to 69 every two years; and
- Cervical cancer screening for women aged 18 to 69 every three years after two normal tests.

Three benchmarks are being established for cardiac bypass surgery reflecting how urgently care is required:

- Level I patients within 2 weeks;
- Level II patients with 6 weeks; and
- Level III patients within 26 weeks.

These benchmarks do not apply to emergency procedures. Patients requiring emergency care will continue to be seen as soon as possible.

More wait time benchmarks will be developed as new evidence is produced. To make this happen, provinces and territories are taking a leadership role in collaborating with the federal government, the Canadian Institutes of Health Research, and some of Canada’s top clinicians.

Each government will continue to pursue its own strategy to improve access and, by the end of 2007, establish its own multi-year targets to achieve the benchmarks.

Provinces and territories are also improving how they measure, monitor and manage wait times. Comparable indicators of access are being established to enable everyone to measure wait times in the same way.

Today's announcement builds on a series of initiatives already underway in provinces and territories to make health care more accessible, such as:

- Strengthening the health workforce so that more doctors, nurses and other health professionals are available to provide a broad range of services;
- Using new technologies to provide care to rural and remote communities;
- Enhancing community care to allow hospitals to focus on what they do best; and
- Encouraging Canadians to make healthy choices that promote wellness and help prevent illnesses.

Reducing wait times is a complex challenge because it affects every aspect of how health services are delivered. "Governments alone cannot improve access," said New Brunswick's Health Minister Elvy Robichaud. "Physicians and health service organizations need to play an important role in delivering services more effectively and efficiently. Canadians can make a significant contribution by becoming informed about their options and by making healthy choices to prevent the need for care."

Today's announcement meets commitments made by First Ministers in the 10-Year Plan to Strengthen Health Care in September 2004.

As described in the agreement entitled "Asymmetrical federalism that respects Quebec's jurisdiction," which accompanies the 10-Year Plan, Quebec applies its own wait time reduction plan in accordance with the objectives, standards and criteria established by the relevant Quebec authorities.

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