EvidenceBoost for Quality
A series of essays highlighting evidence-informed management and policy options for improving quality of care
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MANAGE WAITS CENTRALLY FOR BETTER EFFICIENCY

The Problem: Canada has a patchwork system for managing waits

Healthcare is sometimes compared to a "cottage industry". Over time each province, region, facility and doctor's office has developed their own best practices designed to meet their individual needs or those of their patients.[i]

The comments by the federal wait-times advisor hold true for wait lists as well. In many cases, systems for tracking waits exist in multiple places — in doctor's offices, health facilities and regions.[i, ii] Rarely integrated, these systems often collect a variety of information. As a result, the Canadian Institute for Health Information has reported that "the data about who is waiting for what, for how long and the factors that influence waiting are still far from comprehensive."[ii]

This news comes at a time when all Canadian governments have been working hard to set benchmarks for appropriate waits in key areas.[ii,iii] It also comes a time when almost all provinces have built (or are in the process of building) wait list registries or wait times reporting systems.[iv] Even so, many of those in healthcare, trying to organize their services or institutions better, wonder "Where do I start?" It's an important question, especially since waiting for care remains the number one barrier for those experiencing difficulties accessing care.[v]

Strategy for Change

A major step in raising the profile of wait times and collecting relevant data is the identification of a "representative basket of procedures on which to report wait times."[vi] But that step contributes more toward identifying efficiencies and should come later in the process. The primary step involves pulling together a single list of everyone waiting for a particular type of care. This list may be co-ordinated by the province, health region or institution and should aim to produce common datasets with comparable indicators.[i] To ensure that patients receive the highest quality care, where possible, these indicators should be assessed against existing research-based benchmarks, such as those in cancer care, joint replacement and sight restoration.[vii]

Using a single list will provide standardized data, essential for wait list and wait time management. It will also help with the important task of ensuring the sickest people are treated first, regardless of who their primary care provider is or where they live. To help decision makers get started, many best practices exist that may be replicated. The Alberta Hip and Knee Replacement Project is one of the most recent promising practices. The project entailed a single, centralized referral by an orthopaedic team to an orthopaedic specialist for hip or knee replacement. The booking process was designed to minimize variations, eliminate duplications and smooth out the distribution of patients across multiple clinicians. Once patients are referred, they are immediately assigned to case managers who walk them through the continuum of care, from primary to acute to homecare.[viii] Another example is the Cardiac Care Network of Ontario — one of the longest-running efforts to improve access to care — which implemented a province-wide registry for identifying regional disparities in access to cardiac care.[ix] The surgical booking system in Kingston, Ontario, provides a similarly comprehensive view, in this case, of the city's surgical wait list. Developed over eight years, the Kingston system identifies efficiencies in booking appointments, for example, by tracking the time it takes individual surgeons to perform various procedures.[i] And there are other innovations to draw from as well.[x]

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What the Research Says

In the spring of 2005, news of the Alberta Hip and Knee Replacement Project stunned medical staff and news media throughout the nation. The news was surprising because the waits had improved so dramatically for the approximately 1,200 patients involved in the pilot project. For example, waits from the time of referral to first consult by an orthopaedic specialist shrank from 35 weeks to less than six weeks. And waits for surgery dropped to five weeks — just a fraction of the previous wait time of 47 weeks.[viii] These improvements were led by the Alberta Bone and Joint Health Institute, together with the provincial government, medical association and three health regions.

Their efforts also showed that reorganization need not equal greater costs per case. The initiative used roughly the same healthcare dollars from time of referral to discharge from hospital, but saved resources in acute care and invested in the "front end" of care. With a more comprehensive care model, this Alberta collaborative saw other improvements too: stays in hospital post-surgery went down from six to 4.7 days; more patients were up and moving around as well as experiencing less pain following their surgery; and both patients and providers reported greater satisfaction with care.[viii]

Meanwhile, the Cardiac Care Network has long demonstrated benefits, especially since launching its plan to match patients who need care with services beyond their local region. In the first quarter of 2005 (compared to 2004), the data show the median wait time for bypass surgery in Ontario was one day less for urgent and semi-urgent cases (a 13 percent drop) and six days less for elective cases (down 25 percent). For catheterization — a procedure that involves inserting a flexible tube or catheter into an artery or vein of the heart — median wait times dropped by three days for urgent or semi-urgent cases (down 23 percent) and seven days for elective cases (down 32 percent).[ix]

Meaningful reductions in wait times have also been seen in hip and knee surgery in British Columbia, cancer care in Nova Scotia, diagnostic imaging in Saskatchewan and cataract surgery in Ontario.[x]

Conclusion

Creating a single, common framework for reporting wait times is the necessary first step toward better healthcare planning. It's also a necessary step in the application of methods (such as queuing theory) to shorten and eliminate waits.[i] While this step has led to dramatic improvements in wait times in some well-documented cases, there may be others where improvements have yet to be realized. Still, taking this first step will make the next step of improving efficiencies far easier.[vi] It will also instil confidence in Canadians, who want to be assured that when they need it, they will get timely access to healthcare that doesn't compromise their health or well-being.[v]

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