

Taming of the Queue: **Perspectives from a** **Health District**

by

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Healthy People, Healthy Communities

Agenda

Context: N.S. and Capital Health

Provincial Initiatives

Capital Health:

- “Hotspots”
- Strategies

Accountability

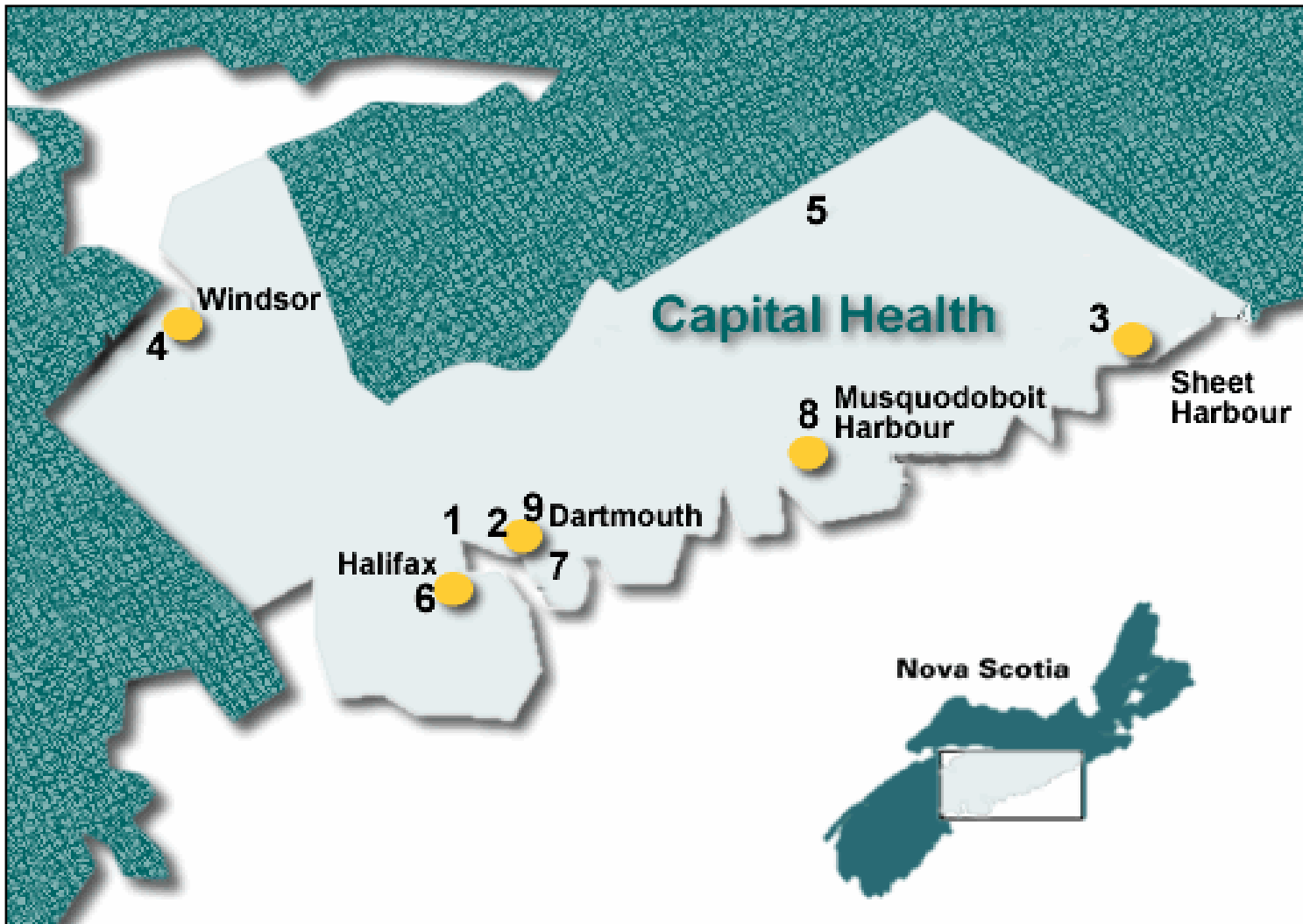
Conclusions



Capital Health

- Integrated health system since January 2001
- 10 sites (large/small, urban/rural)
- Acute care, mental health, public health, community health, some LTC
- Serves 400,000+, Provincial and Maritime resource
- Academic district
- 8700 employees, 1000 physicians (400 community-based)
- \$550 million operating budget





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Our Vision

Healthy People, Healthy Communities.



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Provincial Waitlist Project

Priorities:

- Surgical services (ortho)
- Diagnostics (CT, MRI, Genetic services)
- GP to specialist (GI, Med onc, Plastics)

Definitions

Standards/targets

Tools/methodology



Capital Health Waitlists

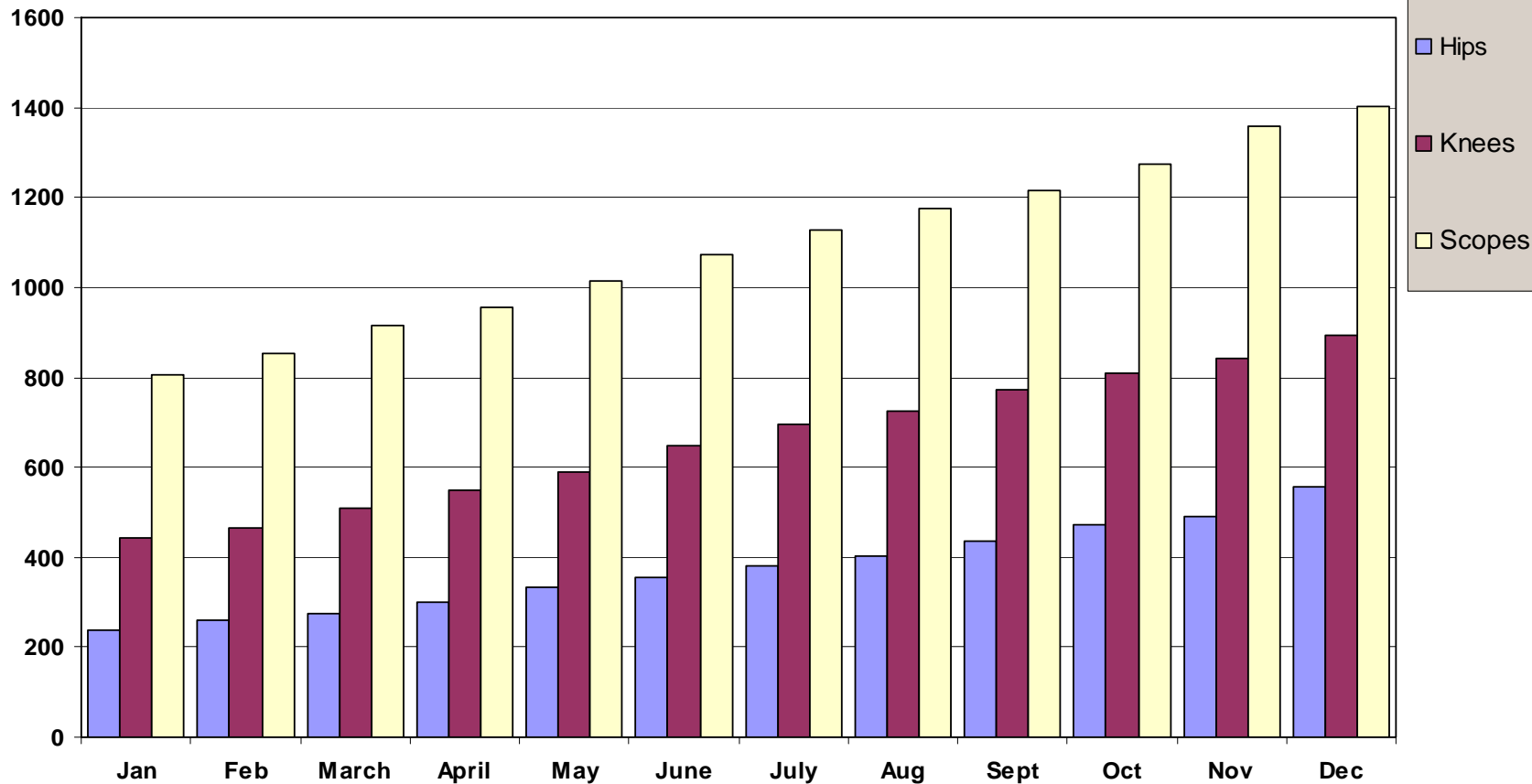
Access is #1 issue for patients, providers and community

Hotspots:

- Orthopaedic surgery
- Emergency departments
- LTC
- Mental health
- Primary care
- CT and MRI
- Cancer care
- GI consults and scopes
- Cardiac surgery and cardiac cath
- Etc., etc.



Arthroplasty Patients Waiting for Surgery (QEII) 2003



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Ortho Wait times

Most urgent cases: 6 – 18 months

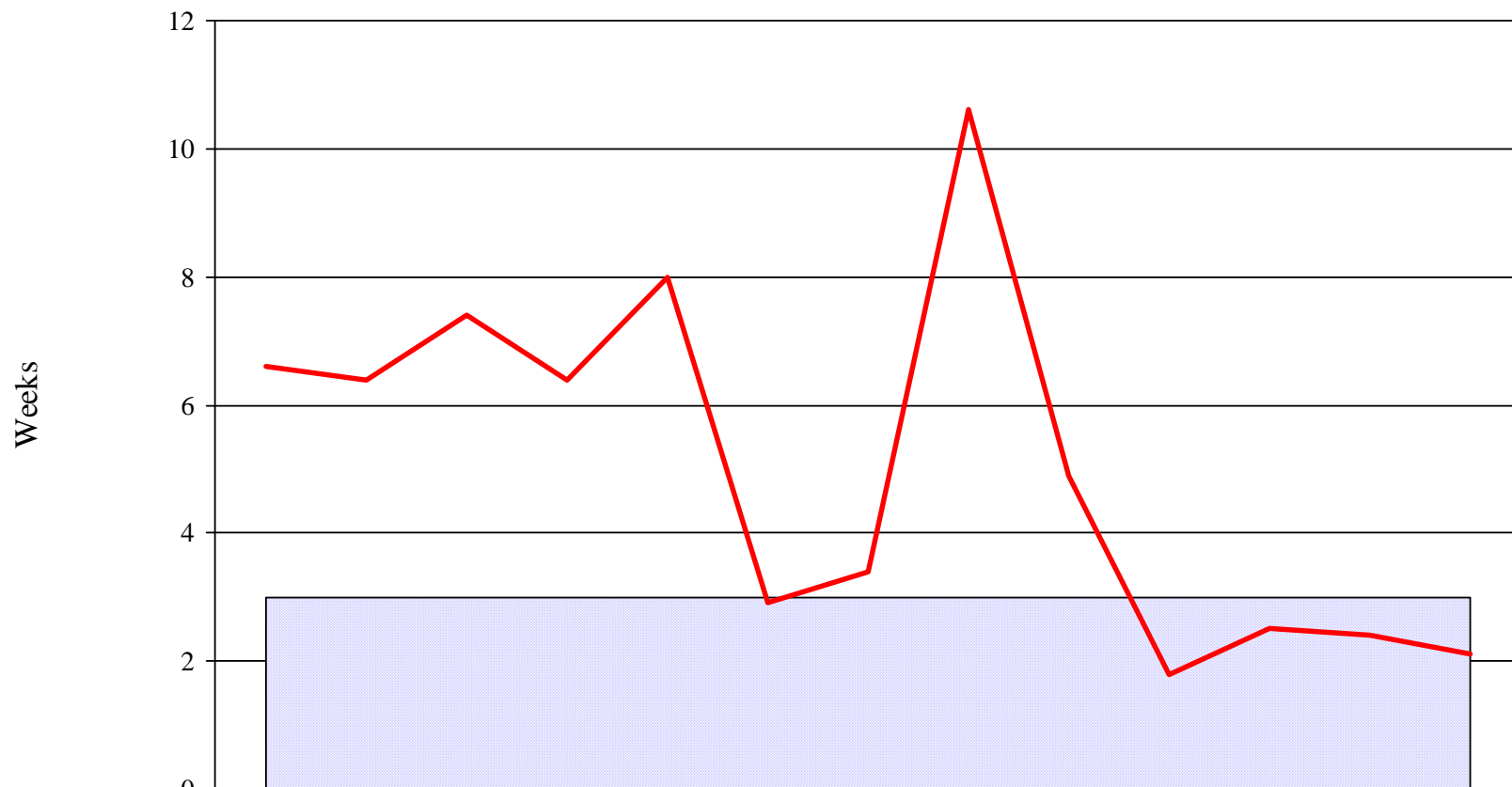
Less severe cases: >18 months

Provincial & National standard: 6 months

Unacceptable from patient & surgeon perspectives



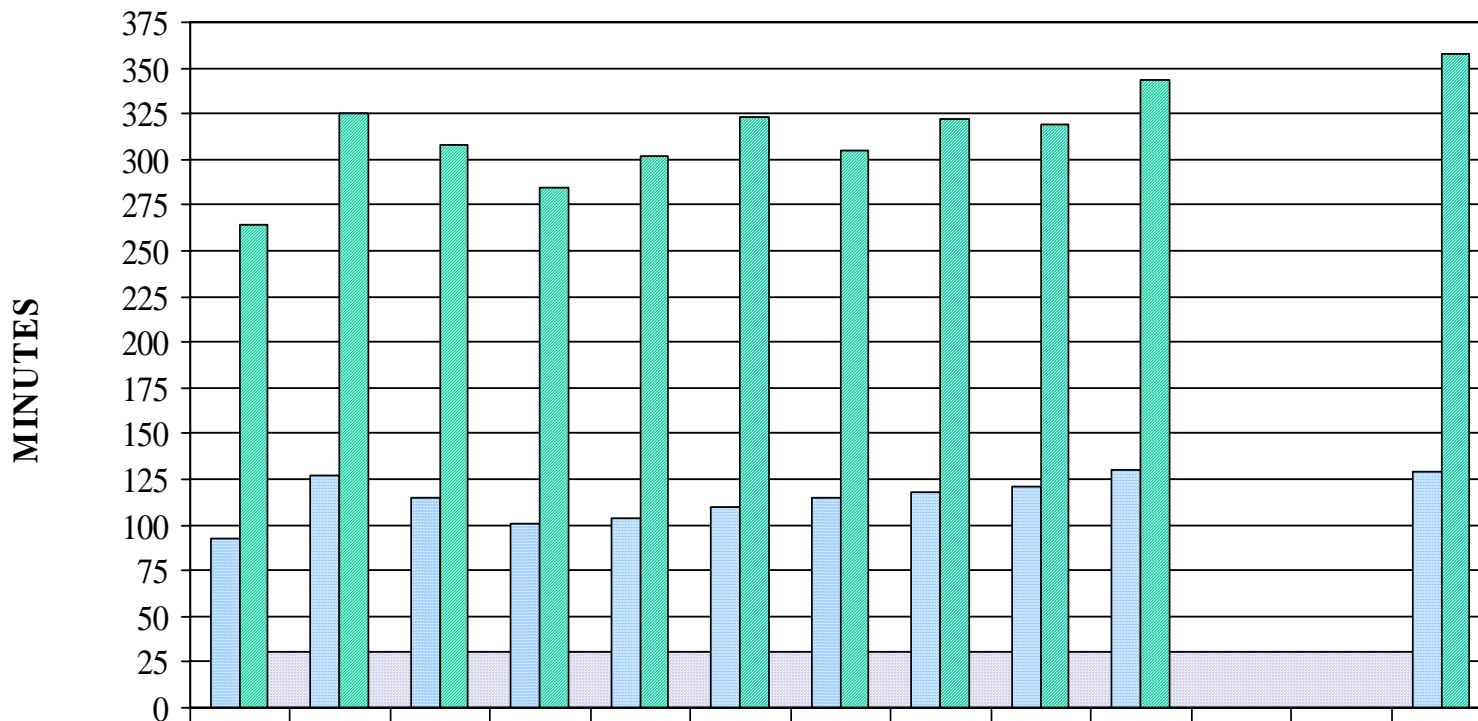
Wait Times for Cardiovascular Surgery - Semi-Urgent "A" February 2003 to February 2004



	Feb 2003	Mar 2003	Apr 2003	May 2003	Jun 2003	Jul 2003	Aug 2003	Sep 2003	Oct 2003	Nov 2003	Dec 2003	Jan 2004	Feb 2004
Standard Wait	3	3	3	3	3	3	3	3	3	3	3	3	3
Actual Wait	6.6	6.4	7.4	6.4	8	2.9	3.4	10.6	4.9	1.8	2.5	2.4	2.1
No. on Wait List	23	29	33	23	30	30	28	31	14	17	13	8	10

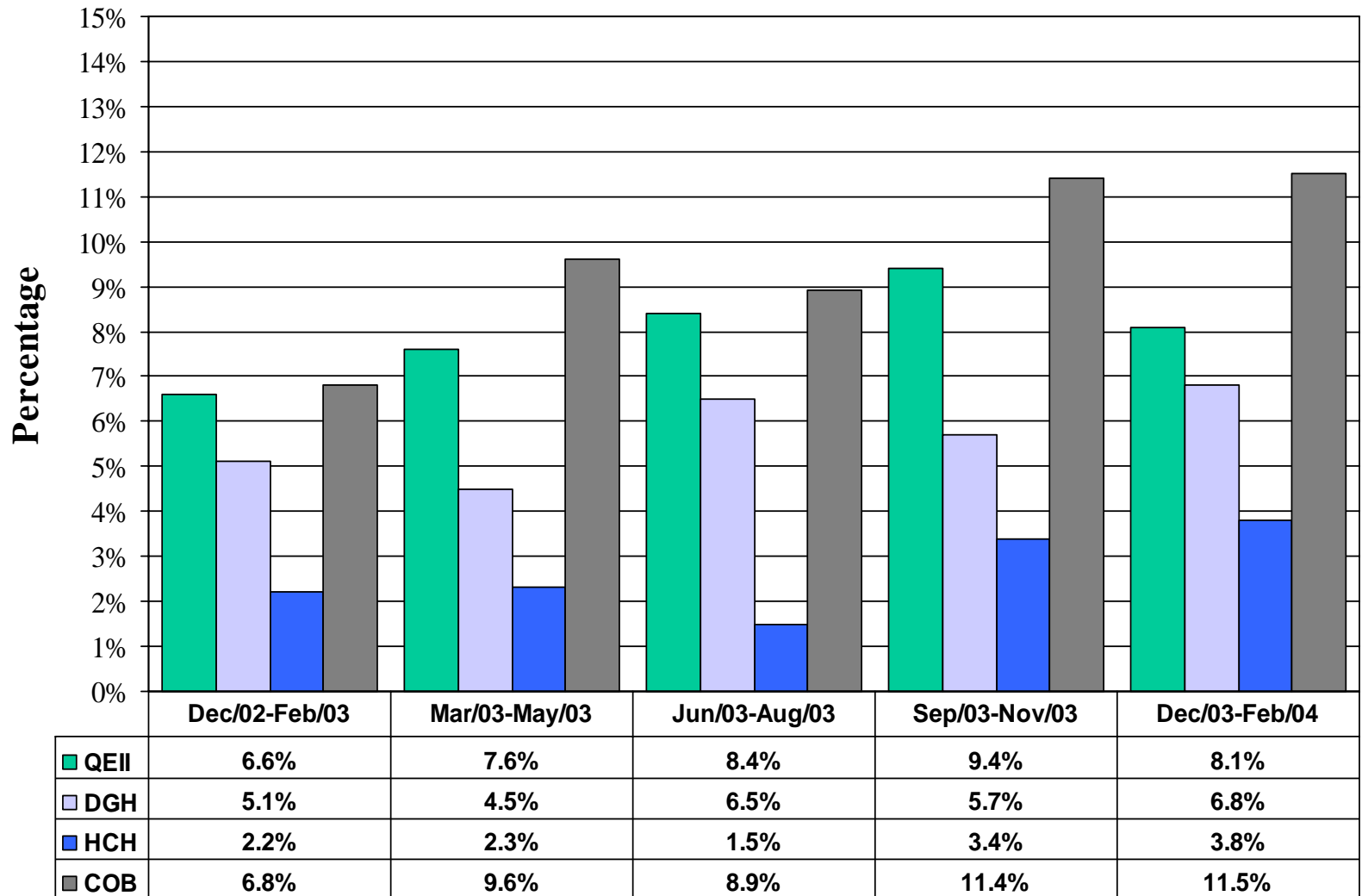
Emergency Wait Times - Triage Acuity Level 3

QEII Health Sciences Centre, December 2002 to December 2003



	Dec 2002	Jan 2003	Feb 2003	Mar 2003	Apr 2003	May 2003	Jun 2003	Jul 2003	Aug 2003	Sep 2003	Oct 2003	Nov 2003	Dec 2003
□ 90th %ile Target	30	30	30	30	30	30	30	30	30	30	30	30	30
■ Median	92	127	115	101	104	110	115	118	121	130			129
■ 90th Percentile	264.0	325.0	307.9	285.0	301.4	323.0	305.0	322.0	318.7	344.0			357.6
% Pts Over Target	84.8%	89.7%	87.2%	83.5%	85.0%	85.7%	86.9%	87.3%	88.3%	88.2%			86.5%
# Pts Over Target	1,768	1,866	1,702	1,773	1,569	1,707	1,895	1,961	1,981	1,659			1,573

Percentage of Patients who Walked Out without Being Seen Capital Health, December 2002 to February 2004

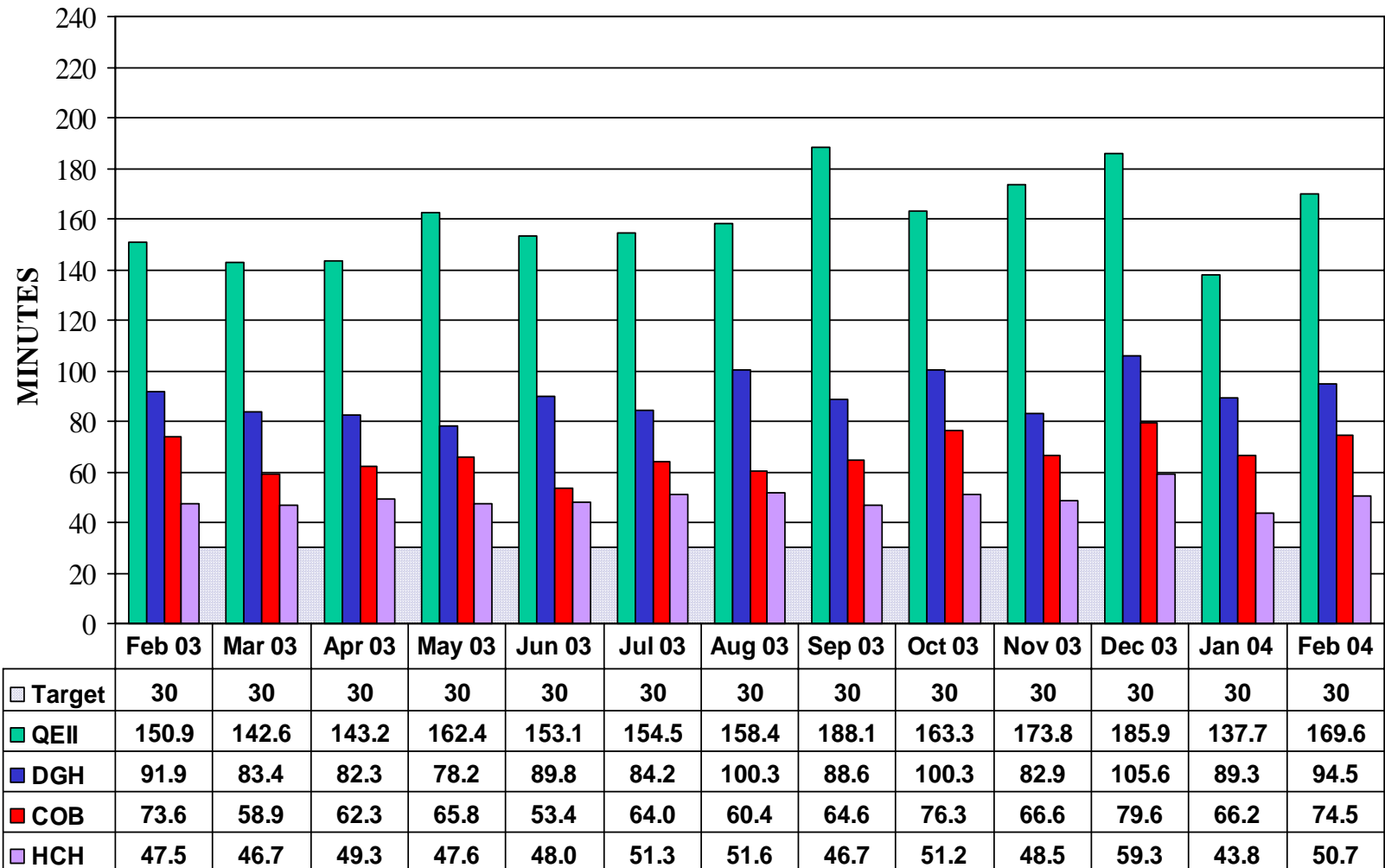


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Average Emergency Wait Times

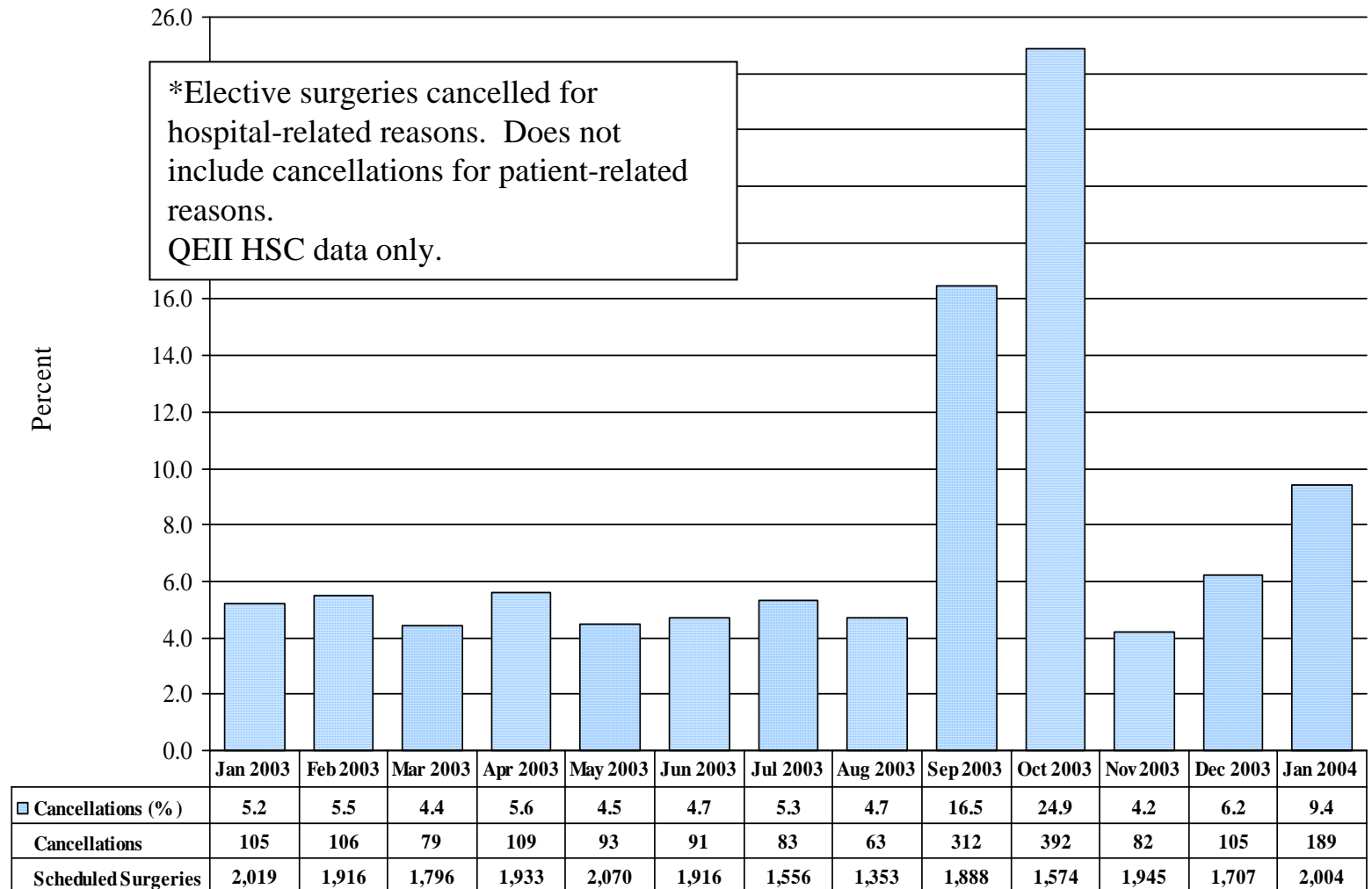
Triage to Physician - Triage Acuity Level 03

Capital Health, February 2003 to February 2004

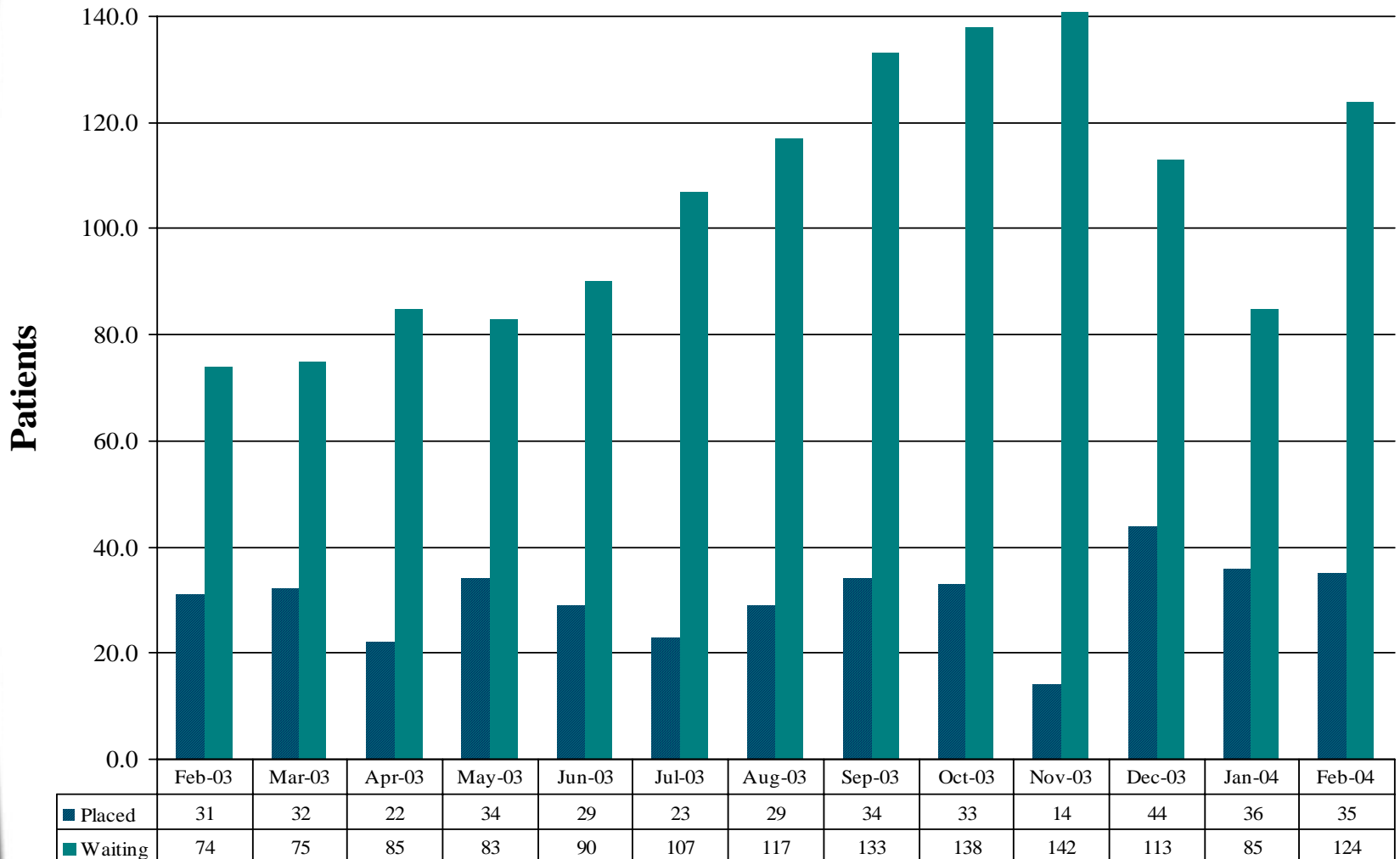


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Surgical Cancellation Rate, Elective - QEII Total* January 2003 – January 2004

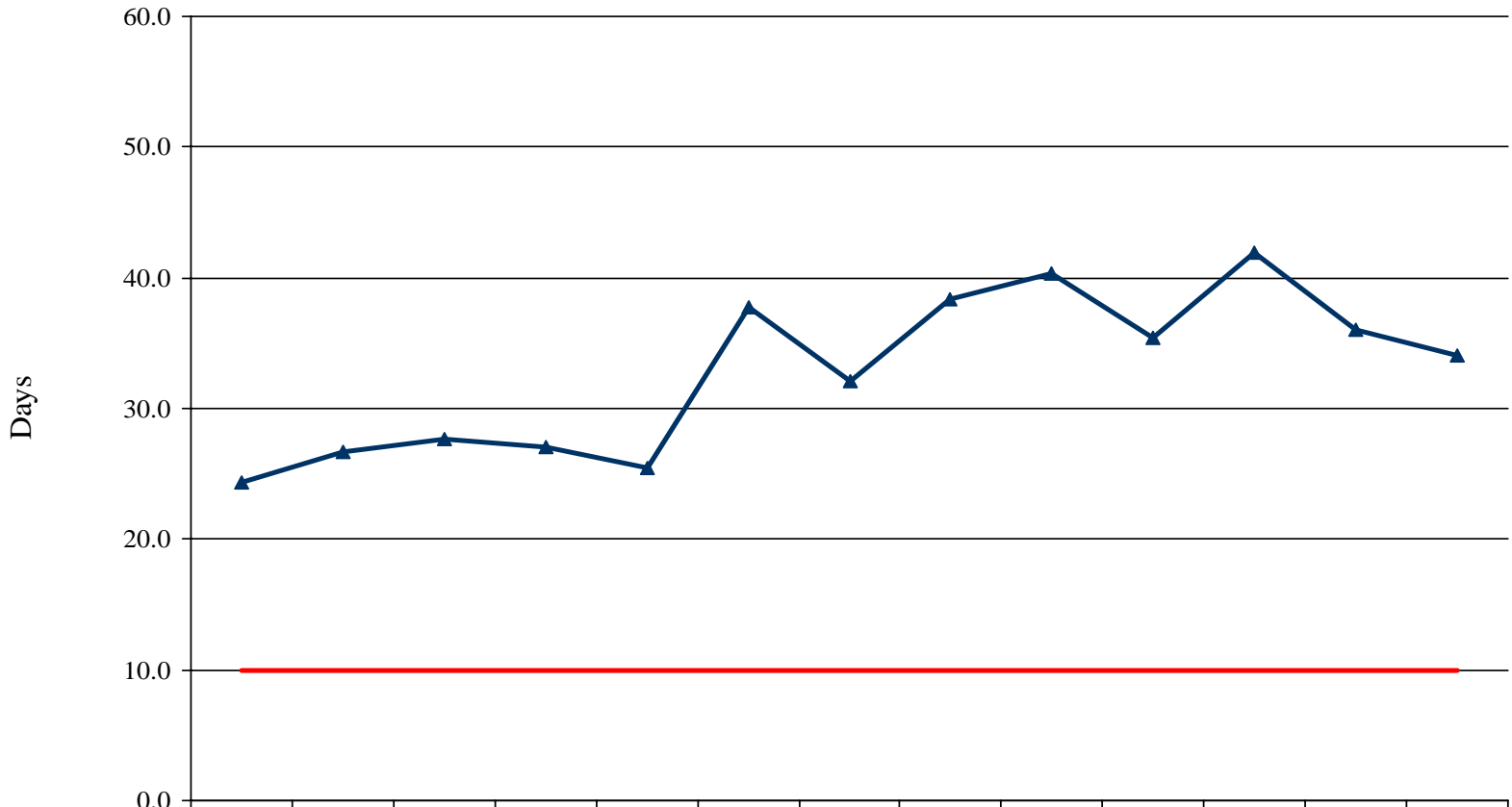


Patients Placed and Waiting to be Placed in LTC Capital Health, February 2003 – February 2004



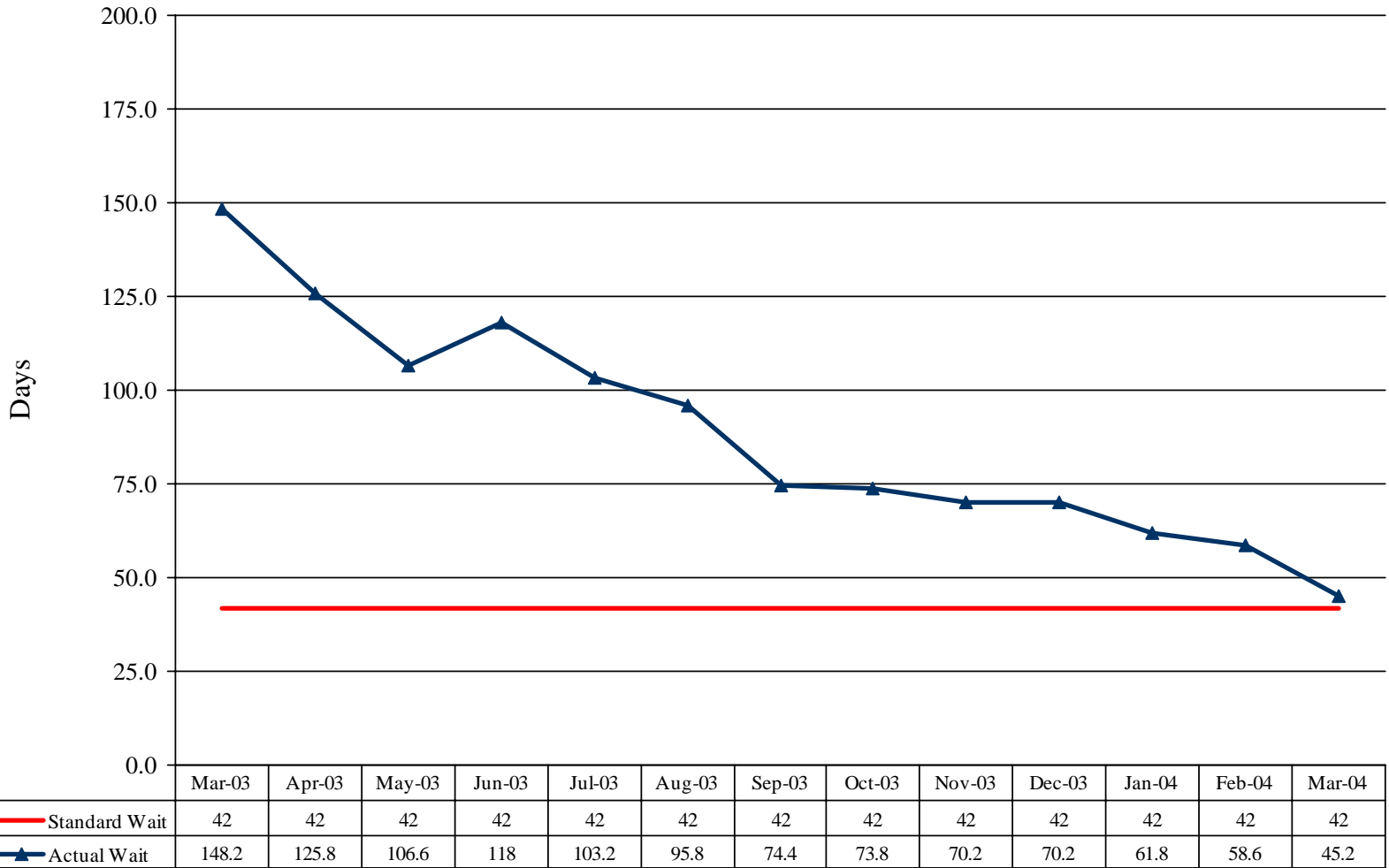
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Wait Times for Elective CT Capital Health, March 2003 – March 2004

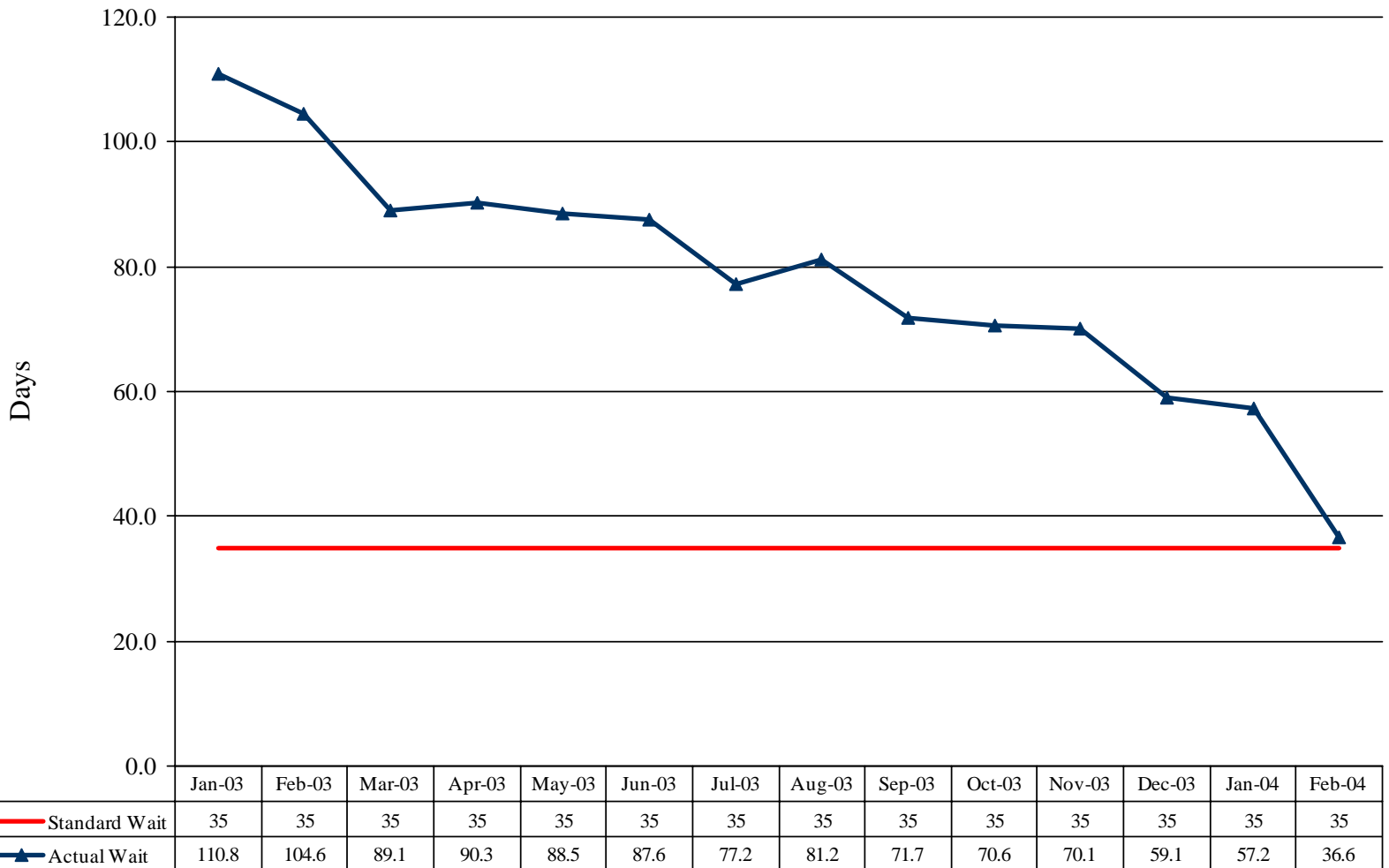


	Mar-03	Apr-03	May-03	Jun-03	Jul-03	Aug-03	Sep-03	Oct-03	Nov-03	Dec-03	Jan-04	Feb-04	Mar-04
Standard Wait	10	10	10	10	10	10	10	10	10	10	10	10	10
Actual Wait	24.4	26.7	27.7	27.1	25.4	37.7	32.1	38.3	40.3	35.4	41.9	36	34

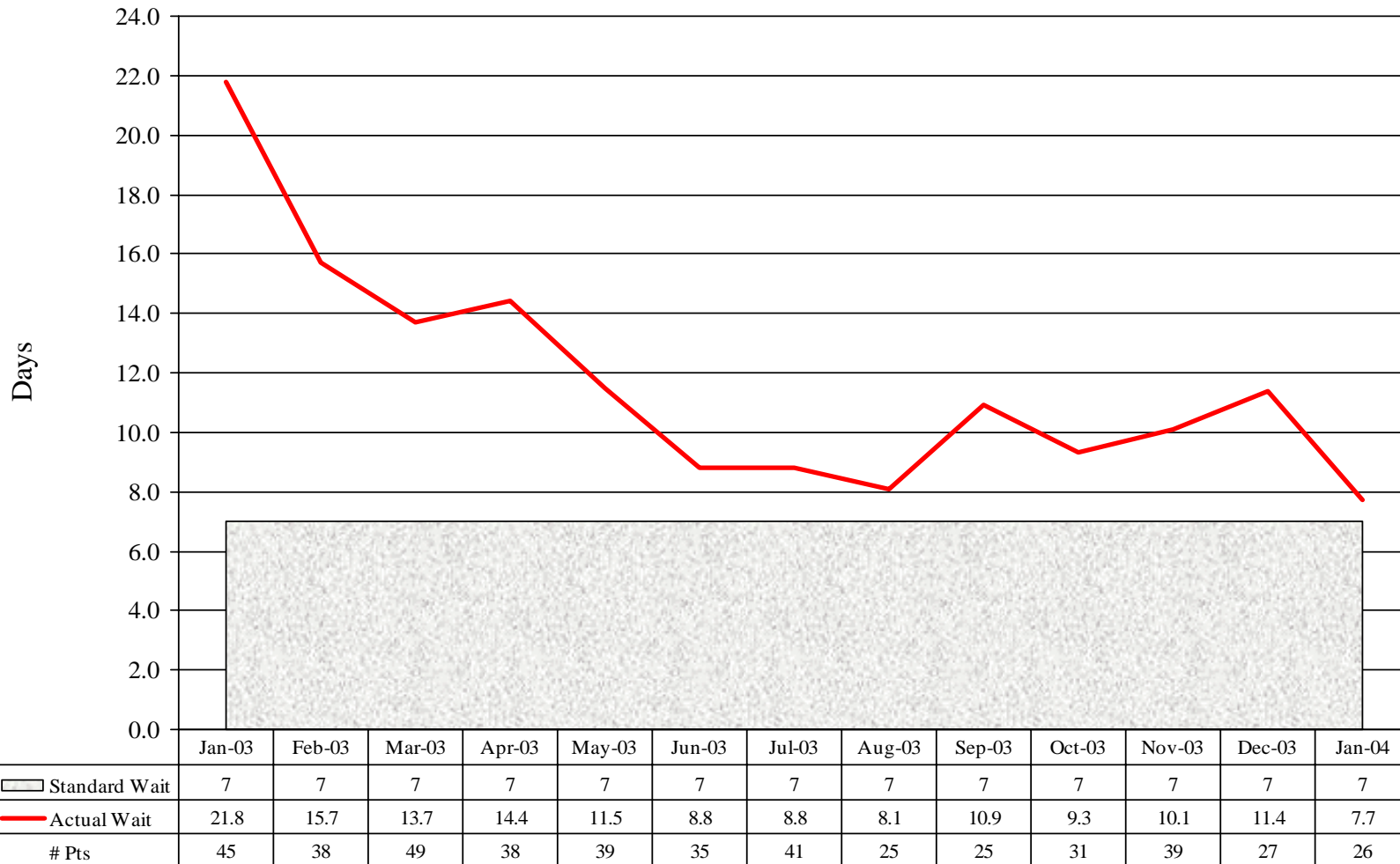
Wait Times for Elective MRI Capital Health, March 2003 – March 2004



Wait Times for Elective Cardiac Cath Capital Health, February 2003 – February 2004



Wait Times for Radiotherapy Treatment - Urgent Capital Health, January 2003 – January 2004



Capital Health Waitlist Strategies

Ortho: Waitlist project > 25 beds, OR, efficiencies

Cardiac: \$5M for more cases and 4th cath lab

ER QI project: 10 point plan

Mental health: community teams, shared care

LTC: interim expanded beds

MRI: access to IWK unit

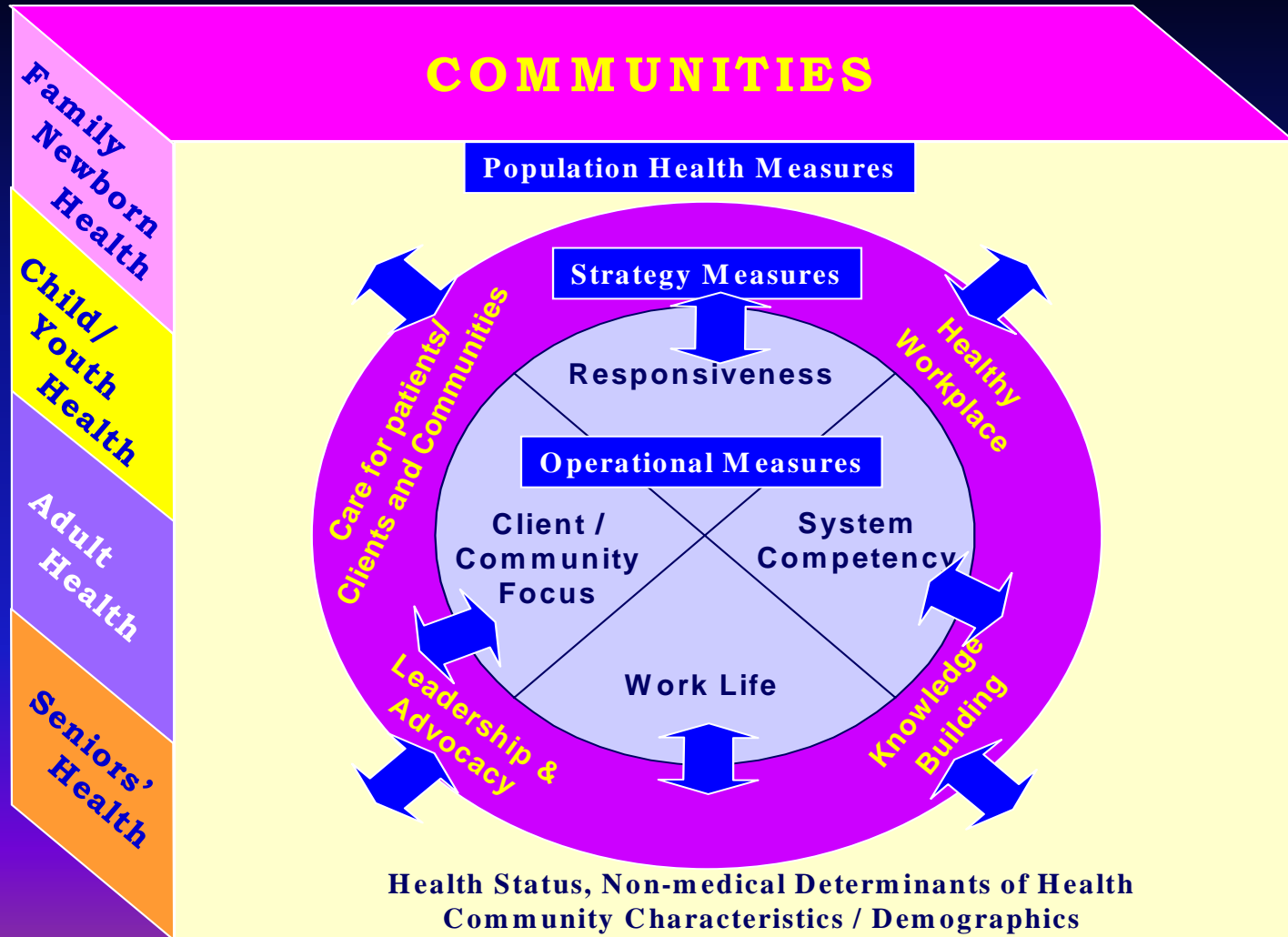
Radiotherapy: extended hours

Primary Care: recruitment, focus on interface, HTF

GI: triage, case management for IBD



Capital Health Performance Framework



Are we improving health?

How well is the system working?

Are we achieving our goals?

Accountability

Service-specific monitoring

AFP Accountability Framework

Quarterly Strategy Measures Report

Report to Community

Web-based Dashboard and Daily Snapshot



Conclusions

Wait times are high profile, political issue

Public confidence and patience declining

Consumers/ staff/ government looking for quick fix

Concern re impact on patient safety

Concern re impact on quality of worklife

Multiple strategies required

\$ count, but are not only solution



We are accountable

Conclusions

We have had success when we:

Gather data/ intelligence on problem

Plan action strategy with timelines and deliverables

Implement plan

Monitor implementation over time

Communicate results broadly



Work in Progress

Provincial standards

Waitlist management

Health Outcomes Research

Ethical issues re: resource allocation





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