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March 31, 2004

Canadian Policy Health Research
Networks

Dr. Kevin Glasgow, CCN CEO

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Life Lines

Universal Care Has a Big Price: Patients Wait

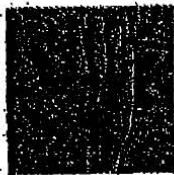
Canada, Where Long Delays
Have Stirred an Outcry,
Tries a New Triage Tactic

Nurse Riley Defers a Bypass

By ELENA CHERNEY

TORONTO—Nurse Donna Riley hurried through the drab halls of St. Michael's Hospital to deliver the bad news.

Eduard Krapse, a 71-year-old retired mechanic, had been waiting more than six weeks for heart-bypass surgery. After fast-



**WHO GETS
HEALTH CARE?**
Rationing in
an Age of
Rising Costs

ing for 18 hours, he was lying on a gurney, ready to be rolled into the operating room. Now he would have to wait a bit longer: An emergency patient had been rushed into surgery, bumping him from the day's schedule.

"The lady who is having her operation is 34 years

Waiting is the giant flaw in many of the government-funded medical coverage that other industrialized countries provide their citizens. A study this year by the Organization for Economic Cooperation and Development found waiting times for elective surgery are a "significant health-policy concern" in about half of the group's 30 members, including the United Kingdom, Australia, Sweden, Canada, Italy, Denmark and Spain. Waiting times weren't a problem in the U.S., the group said.



Donna Riley

In Canada, the long waits stirred a public outcry and a government inquiry when a 63-year-old heart patient at St. Michael's died in 1989 after his surgery had been canceled 11 times. While the inquiry concluded the death wasn't caused by the delays, it highlighted the long waiting lists and called for better management of patients in the line.

To tackle this crucial problem, Canada is turning to Donna Riley and others like her. The 51-year-old nurse is one of Ontario's "cardiac-care coordinators." Her job: to make sure waiting doesn't kill patients.

Hospitals across Canada struggling with their own waiting-list woes are now trying to follow Ontario's model. The experience in Ontario, the largest of Canada's 10 provinces, spotlights one of the essential problems with health-care rationing and a possible solution.

In Canada, one way hospitals restrain

Agenda

- History of CCN
- CCN's role in Ontario's cardiac system
- What the data show
- How are the data used?
- CCN accomplishments
- CCN challenges
- Care Guarantees
- Discussion

Public perceptions in the late '80s

- Patients dying waiting for cardiac surgery
- No objective way to assess patient urgency – therefore, access unequal
- Perceived lack of resources, no central data on availability at surgical centres
- No formal system to assist physicians

Hospital News™ H

Toronto and Region

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FOCUS ON
SECURITY

Ministry launches investigation

Surgery delays blamed in two deaths

by Fred Spatzoff

The Ontario health care system is taking those who need it the most: its patients.

A shortage of nurses, lack of government funding and a desperate need for facilities has strained the system, and pe-



**INVESTIGATION OF CARDIAC SURGERY
at St. Michael's Hospital
Toronto, Ontario**

**FINAL REPORT
FEBRUARY 15, 1989**

**(submitted with recommendations for St. Michael's Hospital
and for Provincial Cardiovascular Services)**

Investigation Team

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Investigators' Recommendations

- Expand Toronto triage program province-wide
- Gather standardized data based on objective rating system
- Establish provincial forum of providers
- Educate the public about care options, waiting and scheduling

CCN Formed in July 1990

Mandate

- To provide liaison and coordination for all adult patients awaiting cardiac surgery or catheterization in Ontario
- To advise Ontario's Ministry of Health on matters related to adult cardiac services

Role of Ontario's Cardiac System and CCN

- Provincial forum for doctors, hospitals, Ministry and others
- Regional Cardiac Care Coordinators in all cardiac centres
- Urgency Rating Scores as “guideline” for prioritizing patients
- Links to independent researchers; e.g. ICES
- Consensus panels for examination of specific issues

Data-Driven Decision-Making

- **Credibility** – Data are standardized, audited, current, accurate and reliable
- **Confidence** – Data jointly monitored by physicians, hospitals and Ministry
- **Objectivity** – Independent data analysis
- **Availability** – Data used by CCN, Ministry, patients, cardiac centres, JPPC, DHCs, ICES, Health Services Restructuring Commission

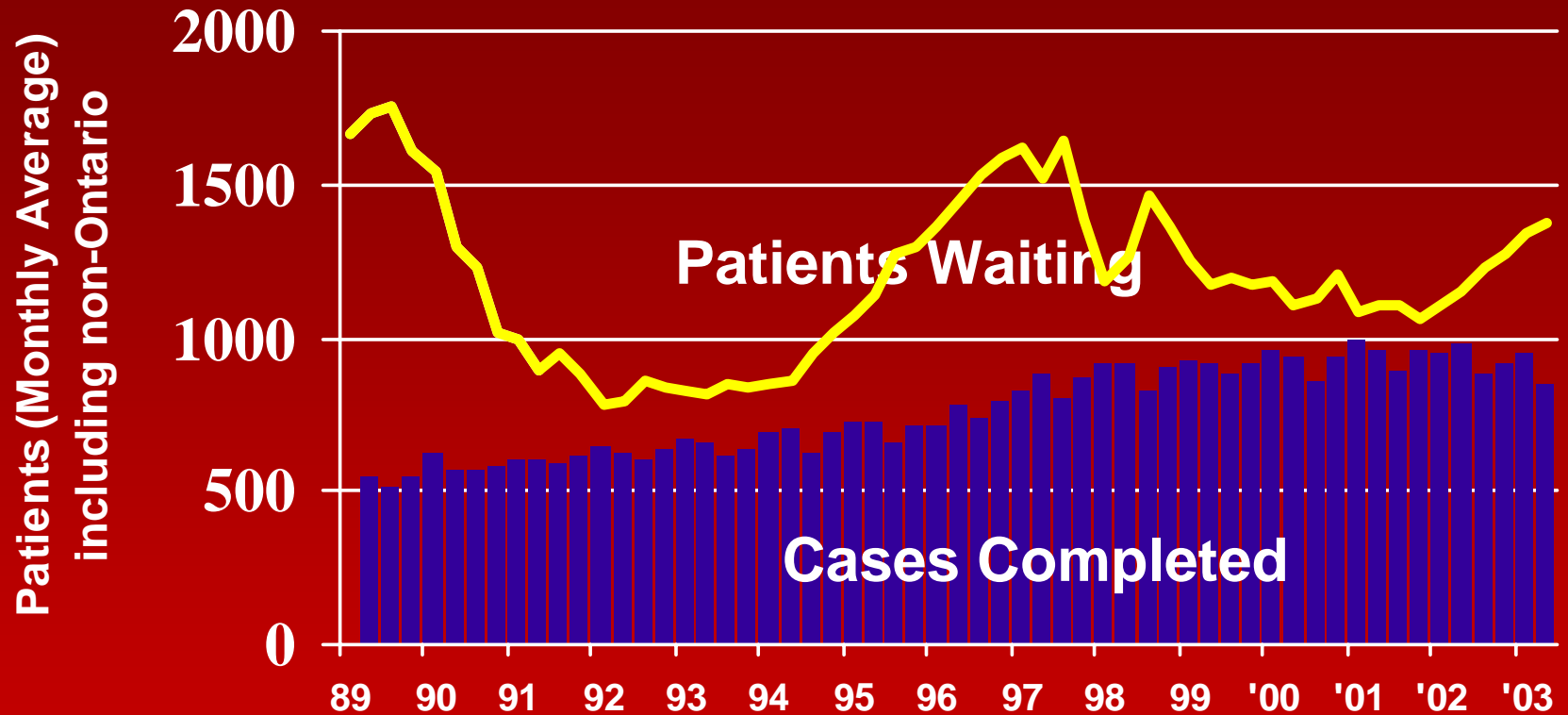
ONT. CARDIAC CENTRES

- 17 Cardiac Centres in Ontario:
 - 11 surgery/PCI/cath sites
 - 5 cath only sites
 - 1 PCI (pilot)/cath site (effective 2003)

What the Data show

Cardiac Surgery

Patients Waiting and Cases Completed



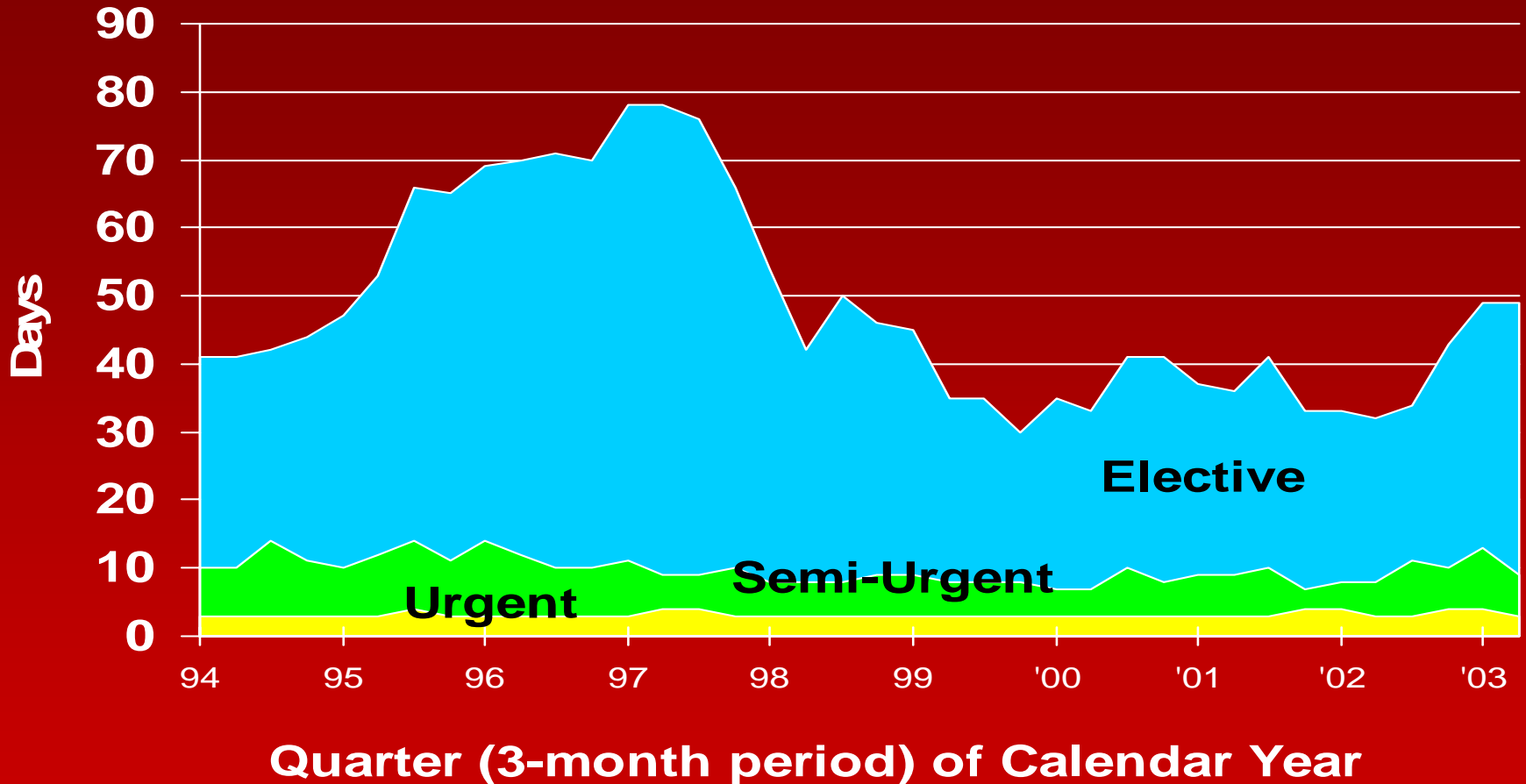
Quarter (3-Month Period) of Calendar Year



Note: Includes Ontario (97%) and non-Ontario (3%) residents
includes the first quarter of 03/04

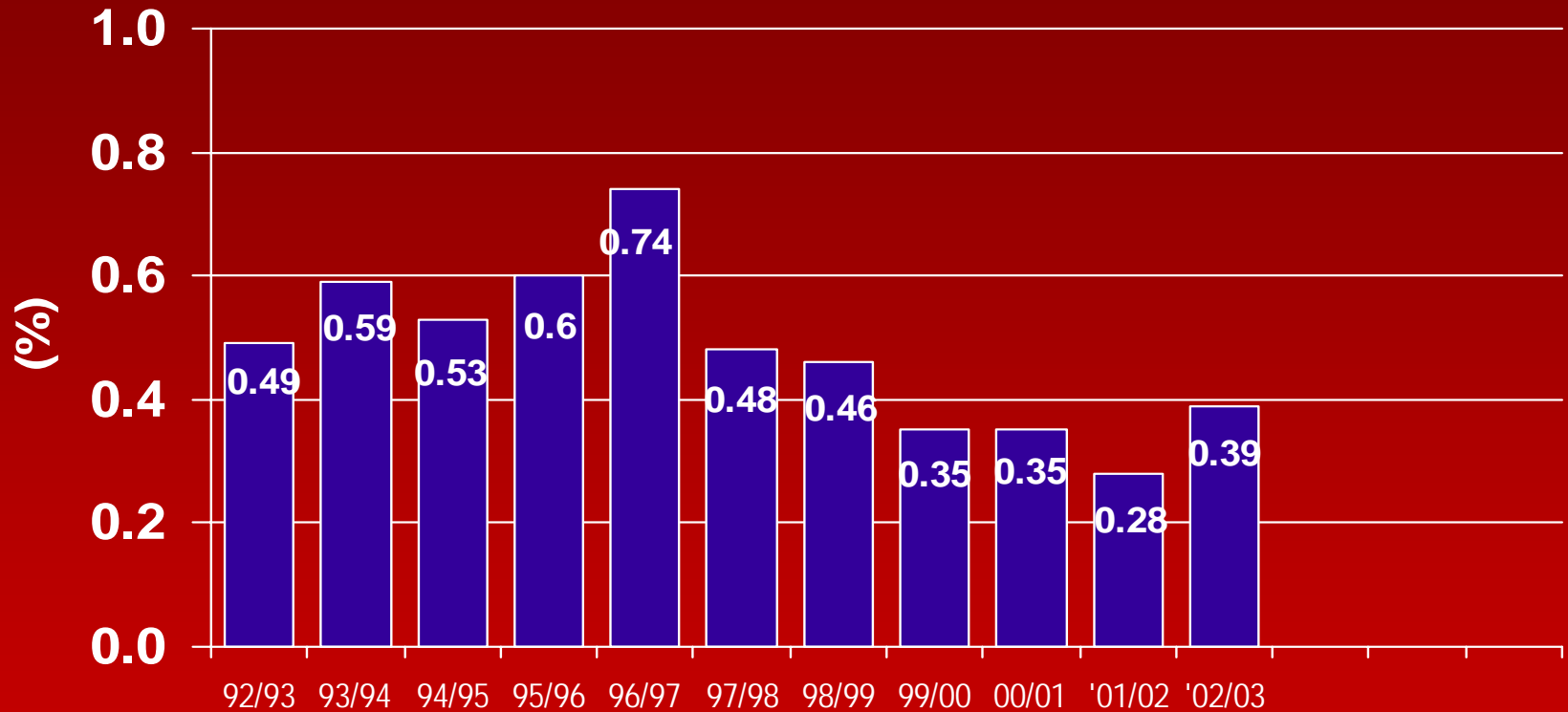
Median Cardiac Surgery Wait Times

(includes the first quarter of 03/04)

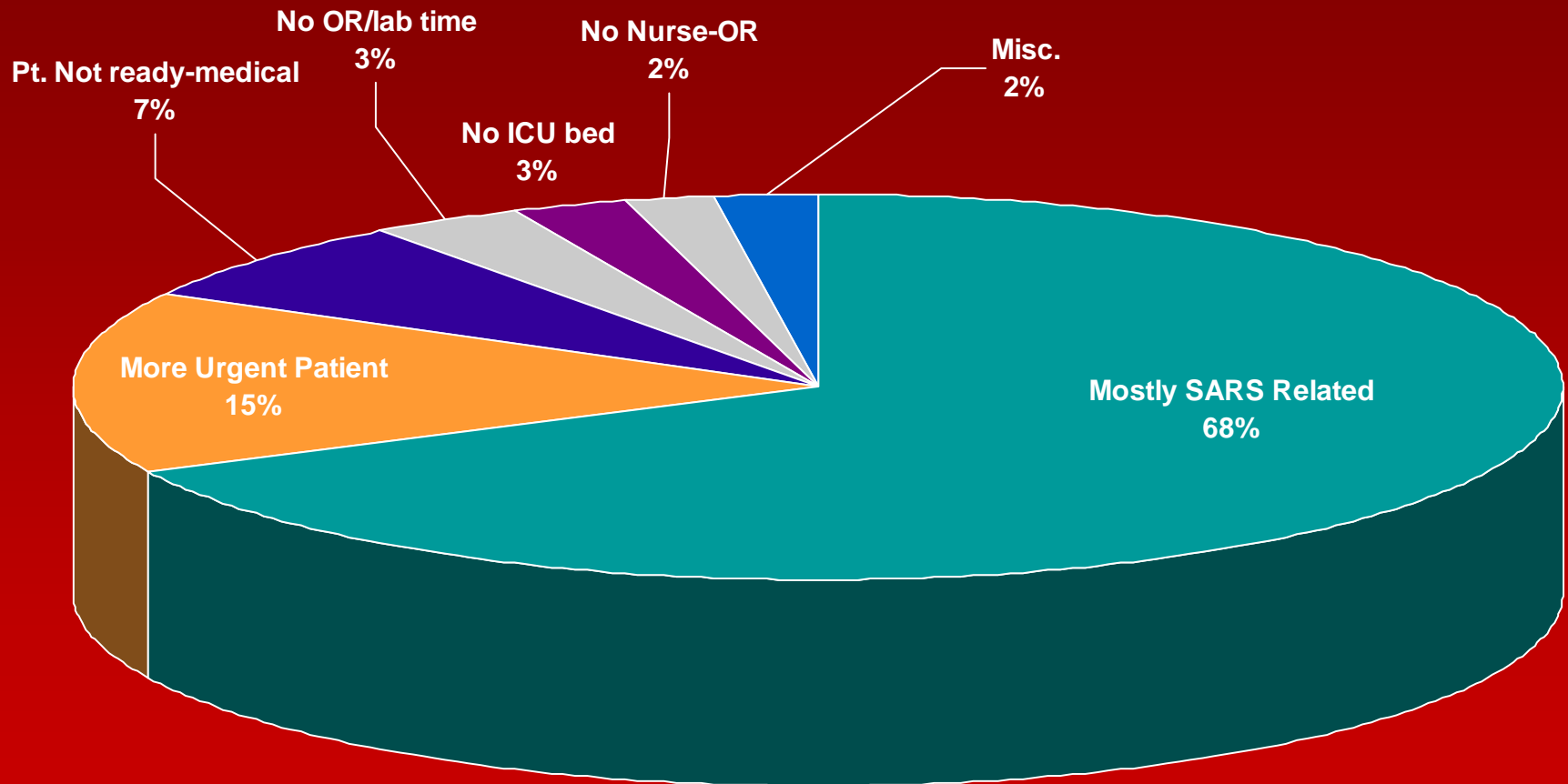


Note: Includes Ontario residents only

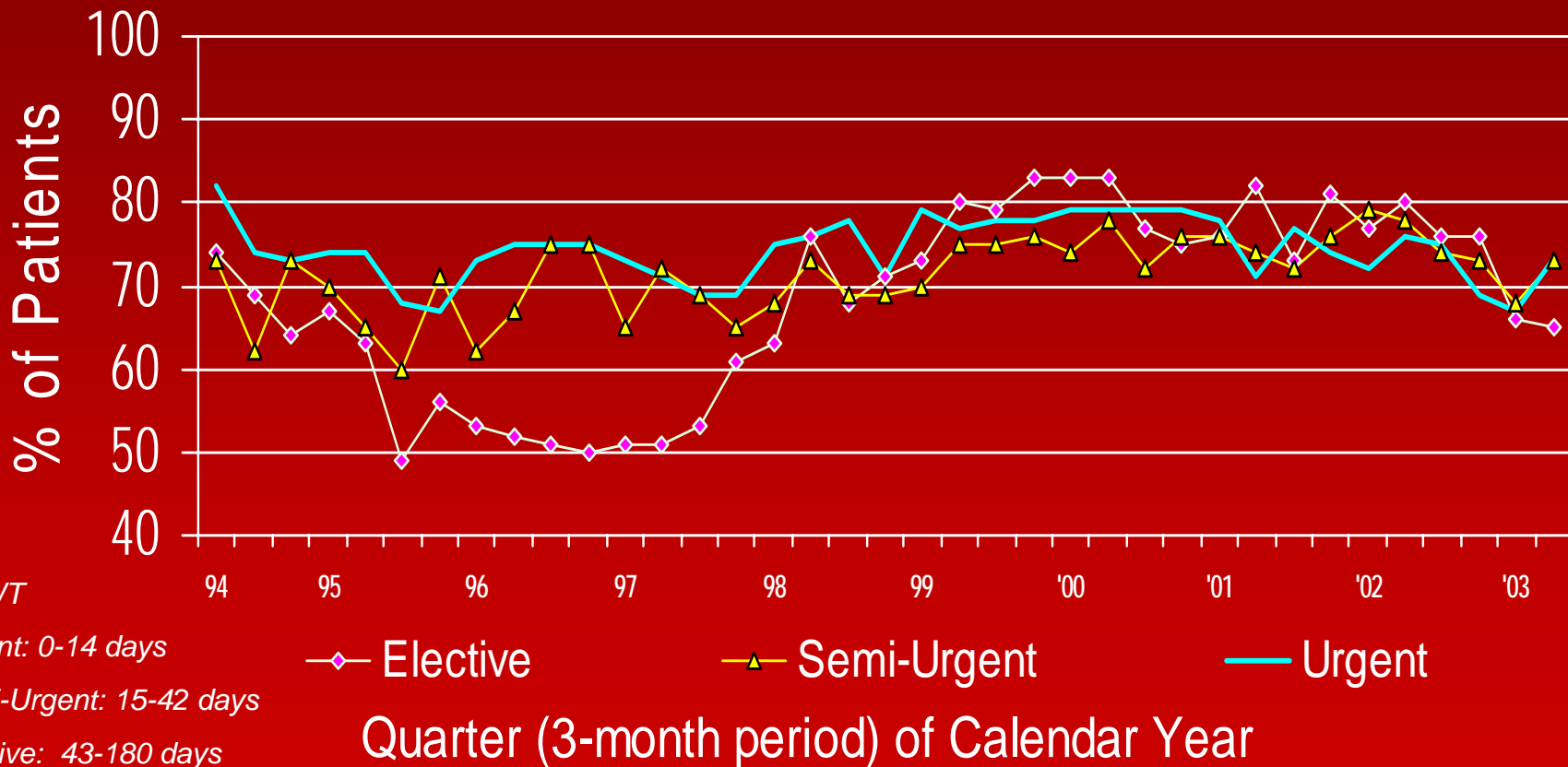
Waiting-List Mortality for Cardiac Surgery



Cardiac Surgery Cancellations April 2003



Surgery Within Recommended Maximum Waiting Time (RMWT) – Ontario Residents *(includes the first quarter of 03/04)*



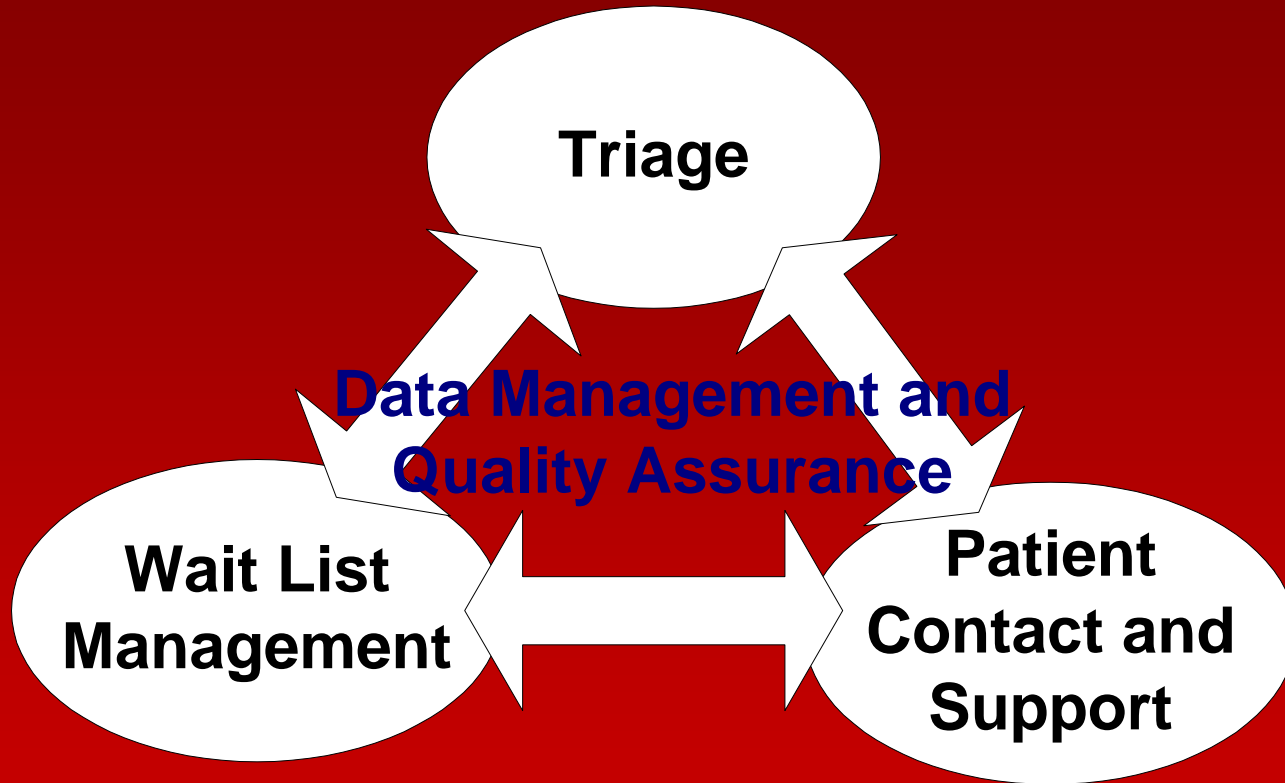
How the Data Are Used

- ➔ Facilitation of patient care
- ➔ Monitoring & evaluation of access
- ➔ Research and planning
- ➔ Communication with stakeholders

Communication with stakeholders

- ← Institution-Specific Reports
- ← Surgical Report Cards (with ICES)
- ← Provincial Monthly Reports
- ← Annual Report, Newsletters
- ← Distribution of specific cath data to referring physicians in Ontario
- ← Internet Site: www.ccn.on.ca

Regional Cardiac Care Coordinators Key Functions:



Critical Success Factors

- ⌚ Non-partisan management of a provincial program
- ⌚ Consensus and data-driven decision-making
- ⌚ Physicians, managers, government & others at table
– patient-focused
- ⌚ CCN is arm's length to Government; separate from any one hospital and stakeholder group
- ⌚ Access to cardiac surgery and cath have been “objectified” by Urgency Rating Score
- ⌚ Cardiac Coordinator = one number for patients to call
- ⌚ Accountability frameworks

The Problem:

- Waiting for Godot ...

CCN Challenges (1)

- “Victim of own success”
- Resourcing lagging system growth
- Decaying and inadequate IT infrastructure
- Delay in moving to web-based, centralized, real-time system
- Other

CCN Challenges (2)

- Volunteer motivation
- Fragmentation of wait list and data systems across Province given funding delays
- Translating data into action & policy
- Privacy considerations

The Opportunity:

- Federal-Provincial alignment re. wait time measurement, monitoring, and management

Ontario Care Guarantees

- “We will work with experts to set and meet max. needs-based waiting times for care.”
- “These standards will be made public ...”
- “We will begin (with) ... cardiac, cancer, total joints, and MRI/CT.”
- “We will make smart investments ... and build on successes like Cardiac Care Network.” ... Election Platform of current Ontario Government, 2003

What does this mean? (1)

- Need ability to objectively monitor queues
- Need appropriate, timely data systems
- Need trained human resources
- Need common data definitions // QA
- Need needs-based methodology
 - ◀ Urgency rating scores based on scientific evidence // expert opinion
 - ◀ Analogy to CCN target-setting process

What does this mean? (2)

- Need agreement on appropriate wait times
- Need data review mechanism
- Need data-driven policy translation
- Need up-front and on-going investment
- Need ability to respond to excessive waits
... intra- and interprovincial + international
- RMWT for treatment may or may not correspond to MWT for care guarantee

Needy, Needy, Needy

- Many therapeutic & diagnostic areas
- Limited healthcare resources
- Treatment vs. Monitoring
- Which areas to monitor?
 - ⇒ Burden of illness
 - ⇒ Ability to make a difference
 - ⇒ Other
- Do we really want to know?



www.ccn.on.ca

APPENDICES

Accountabilities

- CCN-Hospital Participation Agreements
- Data Sharing Agreements
- Governing structure evolution
- CCN-MOHLTC MOU pending
- Data talks – hospital, clinician, and Ministry reviews
- Peer + Public pressure – wait list data
- RCCC and data staff – dual accountability

CCN Proposed IT Strategy

- Web-based
- Centralized
- Timeliness of data
- Partnership with Smart Systems for Health
- Business intelligence tools capability
- Current mandate, but future-oriented
- Security, efficiency, flexibility, scalability

Facilitation of Patient Care

- ➔ Collect pre-operative data
- ➔ Calculate urgency rating score (URS)
- ➔ Queue patients according to urgency
- ➔ Monitor patients who are waiting
- ➔ Revise URS if patient condition changes
- ➔ Provide information to care providers

Monitoring & Evaluation

- Hospitals' ability to service patients within recommended maximum wait time
- Mortality in the queue
- Hospital-specific report cards on bypass surgery outcomes
- Monitoring and facilitation of over 70,000 referral encounters annually

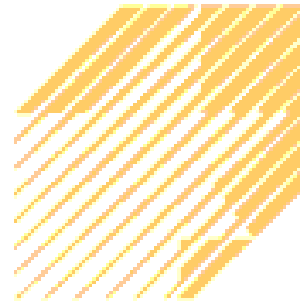
Regional Coordinators

- Triage urgent cardiac patients
- Manage cardiac cath, PCI, and cardiac surgery waiting lists
- Ensure patients are registered in CCN database
- Responsible for data quality at each site
- Provide information and support to patients/families awaiting cardiac procedures

Planning and Research

- ➔ Data critical to objective and rational decision-making
- ➔ CCN data has been used extensively by the Ministry, DHCs and individual hospitals for planning cardiac programs
- ➔ Provide information/guidelines of new cardiac programs
- ➔ Clinical research (e.g., mortality analysis) to inform quality improvement initiatives

*CANADA
AWARDS FOR
EXCELLENCE*



*PRIX CANADA
POUR
L'EXCELLENCE*

2001

RECIPIENT RÉCIPIENDAIRE
QUALITY QUALITÉ

Driven by Data, Consensus and Concern

CardiacCareNetwork



of Ontario