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# Wait time Initiatives in Newfoundland and Labrador

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# Overview of The Province

- ◆ Population 520,000 and declining
- ◆ Significant decline in youth
- ◆ Significant decline in rural populations
- ◆ Population density 1.3 persons per km<sup>2</sup>

# Health status – Healthy Behaviours

- ◆ Lowest birth rate in Canada
- ◆ Aging faster than other jurisdictions
- ◆ Highest rates of obesity, diabetes, smoking, drinking
- ◆ Low rates of physical activity
- ◆ Low rates of screening such as pap smear, mammography

# Overview of health services

- ◆ One tertiary care centre
- ◆ 16 hospitals, ~half provide secondary services
- ◆ 18 primary health care centres
- ◆ Approx 450 specialists and 450 GPs
- ◆ 1 cardiac surgery site with invasive cardiac catheterization and interventional lab
- ◆ 1 cancer treatment site with radiation therapy, and chemo/some surgery also at other locations
- ◆ Joint replacement selected secondary centres,
- ◆ Ophthalmology selected secondary centres

# Health Professionals

- ◆ Training programs: Medical, nursing, pharmacy, social work, medical lab technology, medical radiation technology, respiratory therapy

# Cardiac Care

- ◆ Cap funding 20 CABG procedures per week currently but have not reached target
- ◆ Approximately 650 CABG cases in 2001/02
- ◆ Expansion of diagnostic capacity and # procedures in late 1990's
- ◆ External review of clinical appropriateness of service confirmed case selection
- ◆ Wait list management system mid 1990's
- ◆ Wait times consistently exceed accepted ranges for non urgent cases
- ◆ NL has highest rates of CABG per population 149.4 per 100,000 vs 95.1 per 100,000 in CA!!

# FMM Commitments

◆ \$1.2M to

- increase Cardiac Surgery by 184 cases per year (3-4 cases per week)
- 900 more echocardiograms annually

# Joint replacement

- ◆ No provincial wait time information
- ◆ Hip and knee replacements rates lowest in country
  - Hip 38.5 vs 56.9 per 100,000
    - ◆ Approximately 229 replacements in 2001/02
  - Knee 44.2 vs 70.5 per 100.000
    - ◆ Approximately 252 replacements in 2001/02
- ◆ FMM Commitments
  - \$2.6M - Additional 340 joint procedures per year (not just replacements)



# Cancer care

- ◆ No provincial surgical wait time information
- ◆ Provincial monitoring of radiation therapy
- ◆ Some patients were sent out of province when recruitment of RT most problematic
- ◆ Recent Study: High personal costs for access-travel, accommodation, medications, home care, income loss

# FMM Commitment

- ◆ \$225,000 to expand hours of operation for chemo and radiation
- ◆ \$3.5M Urology and other General Surgeries related to cancer,
- ◆ 740 additional cases annually

# Sight restoration

- ◆ FMM \$350,000 Visudyne 150-200 cases annually
- ◆ Currently not an insured procedure in NL

# Diagnositics

## ◆ Medical imaging units per capita

- ◆ Nuclear medicine cameras - NL 21.2 per million population (CA 19.5)
- ◆ CT Scanners – NL 19.2 per million population (CA 10.6)
- ◆ Angiography suites – 5.8 per million (CA 5.4)
- ◆ MRI scanners – 3.8 per million (CA 4.8)
- ◆ Catheterization labs – 3.8 per million population (CA 3.2)

## ◆ 2<sup>nd</sup> MRI just started operations

# FMM Commitments

- ◆ \$2.6M MRI (3<sup>rd</sup> in province)
  - 2500 new procedures annually, WT reduced by 4 months
- ◆ \$2M replace 2 CT
  - 4000 additional procedures annually, reduce wait time by 2 weeks
- ◆ \$1.3M -3 new ultrasound, one replacement
  - 16,050 new procedures annually
- ◆ \$2.6M Nuclear medicine cameras
  - 2900 new procedures annually
- ◆ \$2.5M 4 new mammography units
  - 10,700 additional exams annually
- ◆ \$1M Endoscopy - 3400 new procedures
- ◆ \$75,000 laparoscopy equipment – 350 procedures

# Work ahead

- ◆ Action recent Budget announcements
  - Equipment purchase – tender, install
  - Space build or renovate – design, tender, build
  - Recruit staff/Train staff as needed
- ◆ Build monitoring capacity in regions and at provincial level
  - Determine standard data elements, collection mechanisms, electronic tools, reporting and monitoring
  - Determine benchmarks, targets

# Continued...

- ◆ Shift focus to prevention and screening
- ◆ Evaluate outcomes
- ◆ Determine if these five FMM areas are the most critical areas of wait times
- ◆ Examine wait times from health team approach
- ◆ Dialogue with public