

Ontario's Wait Time Strategy Improving System Efficiency

Taming of the Queue III

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Rachel Solomon

Ontario's Wait Time Strategy - 2006/07

Mandate: A comprehensive system that monitors wait times and works toward ensuring Ontarians receive timely and appropriate access to five services: hip & knee joint replacement, cancer surgeries, cardiac care, cataract surgery and MRI/CT scans.

	Accountability	Access Management	Capacity	Evaluation	Communication Public Reporting
Activities	<ul style="list-style-type: none"> - Volume allocation - Accountability agreements - Data collection 	<ul style="list-style-type: none"> - Development of WTIS - Development of priority rating tools - Development of OAI information system - Expert panels 	<ul style="list-style-type: none"> - Volume allocation for 5 key services - OAI development - Implementation of SPAI recommendations - Implementation of provincial education/innovation projects - Development of expanded practice roles 	<ul style="list-style-type: none"> - Data collection - ICES Evaluation: wait times, outcomes, quality, rates of procedures per population, appropriateness 	<ul style="list-style-type: none"> - Communication strategy - Report development - Website development - Response to media and inquiries
Outputs	<ul style="list-style-type: none"> - Access requirements integrated into hospital accountability agreements - Website - Provincial access targets 	<ul style="list-style-type: none"> - WTIS in 55 hospitals - Prioritization tools - Incorporation of expert recommendations 	<ul style="list-style-type: none"> - Volumes for 5 key services - OAI - Expert Coaching Teams - Surgical Targets Program - Provincial education/innovation projects - NP-As, RNFAs, physician assistants 	<ul style="list-style-type: none"> - ICES report on access indicators - ICES study on MRI appropriateness - ICES modelling work on how many procedures are required to reach target 	<ul style="list-style-type: none"> - Website - Reports - Expert panels - Interviews
Short-term Outcomes (end of 4 yrs)	<ul style="list-style-type: none"> - Clear roles and responsibilities - Performance measured against expectations - Organization accountability 	<ul style="list-style-type: none"> - Public awareness of wait times - Patients receive care in accordance to need and within target timeframe 	<ul style="list-style-type: none"> - Decreased wait times for 5 key services - Improved hospital efficiency - Increased patient throughput - Human resource shortage addressed 	<ul style="list-style-type: none"> - Planning and care reflect need - Understanding of progress on wait times 	<ul style="list-style-type: none"> - Public awareness and understanding of wait times and related issues - Accountability for progress on wait times



Long-term Outcome

An organized system of access to care for Ontario, promoting best practices and resulting in improved quality of care for our patients.

Ontario's Wait Time Strategy's Initiatives

- o Increasing volume of service substantially across the province while tying conditions to funding that require hospitals to work differently (e.g. enhancing physician/administration relationship)
- o Change led by the health care field; 7 Expert Panels who are advising the Wait Time Strategy and whose recommendations are already being implemented
- o Creation of a wait time information system to help measure, monitor, and manage wait times

- o ***Focus on system improvement, productivity and efficiency!***

Findings and Recommendations of Expert Panel on Surgical Process Analysis and Improvement

30% of hospitals have no system for sequencing patients for the surgical day.

Few hospitals coordinate post-operative services like rehab, physiotherapy or long-term care services prior to surgery.

19% of hospitals do not track start time.
27% do not track cancellations.
29% do not track delays.

Key System Improvement Initiatives

- o Peri-operative Coaching Teams
- o Surgical Efficiency Targets Program
- o Education/Innovation Projects
- o New Models of Service Delivery
- o MRI Efficiency
- o Celebrating Innovations in Health Care Conference

Peri-operative Improvement Coaching Teams

- o Coaching teams are made up of peers with experience in effective management of peri-operative resources. They will assist hospitals in how to make improvements.
- o This assistance includes coaching hospitals in effective peri-operative management techniques such as:
 - Planning;
 - Mapping processes;
 - Determining optimal human resource use; and
 - Scheduling.

Peri-operative Improvement Coaching Teams

- o Coaching Teams are successful because:
 - They are led and endorsed by the field.
 - They focus on system improvements, leading to improvements in access and wait times.
 - Individual hospitals will be armed with the best available knowledge to make appropriate decisions about how to improve and to work together on standardizing processes and practices.
- o Although formal evaluation will be undertaken later this year, so far coaching teams have helped identify opportunities to improve care for all surgeries, including all wait time procedures.

Provincial Surgical Efficiency Targets

- o The Surgical Efficiency Targets Program will evaluate how hospitals are performing compared with their peers and identify areas for improvement.
- o Program will include:
 - Measurement of peri-operative processes (e.g. number of patients screened prior to surgery; length of stay per surgery; drug costs per surgery; patient outcomes).
 - Analysis of results (comparing hospitals by peer groupings, by LHIN)
 - Setting targets to improve processes (working with each individual hospital to set appropriate targets)
 - Keeping hospitals accountable for working toward their targets

Provincial Surgical Efficiency Targets

- o Provide comparable, quantitative measurements of the efficiency of hospitals in the province
- o Assist hospitals in identifying opportunities for improvement
- o Assist the province in understanding pervasive bottlenecks and challenges in the system
- o Help manage system throughput and access

Education and Innovation Projects

- o Funded 54 projects in 2004/05 aimed at increasing efficiency in order to reduce wait times. Final reports submitted early in 2006
- o Set the foundation in many hospitals to decrease wait times by surveying, assessing and improving their peri-operative processes.
- o Reorganized and retrained their health human resources, their scheduling, their processes in order to increase efficiency and throughput
- o The wait times have decreased and access to radiology and MRI scans have improved in some hospitals as a result of these initiatives.

Education and Innovation Projects

- o I&E projects have resulted in more surgeries performed, decreased wait times, and increased patient satisfaction.
- o Example 1: One hospital staggered its scheduled surgeries using an alternate surgical suite, which meant that it was capable of performing 64 additional joint replacement surgeries.
- o Example 2: Another hospital was able to reduce its wait times for angioplasty from 5 to 3 days by revising the scheduling methodology to ensure maximum utilization of catheterization labs.
- o Example 3: Another hospital established a computerized Hip & Knee discharge tracking database that decreased the length of stay for many patients.

New Models of Service Delivery

o New models of service delivery will demonstrate improvements in use of human resources, access, and increased efficiency and productivity. These models focus on increased volumes while stimulating innovation and high quality of care.

- As a Centre of Excellence for orthopaedic care, The Orthopaedic and Arthritic Institute will provide a continuum approach to its services, including necessary pre-care, and will incorporate best practices in referral management, use of human resources, and integration.
- Kensington Eye Institute will facilitate great efficiency in the system by being a high volume centre for cataract surgeries where patients can be referred to a program, not an individual surgeon.

MRI Efficiency

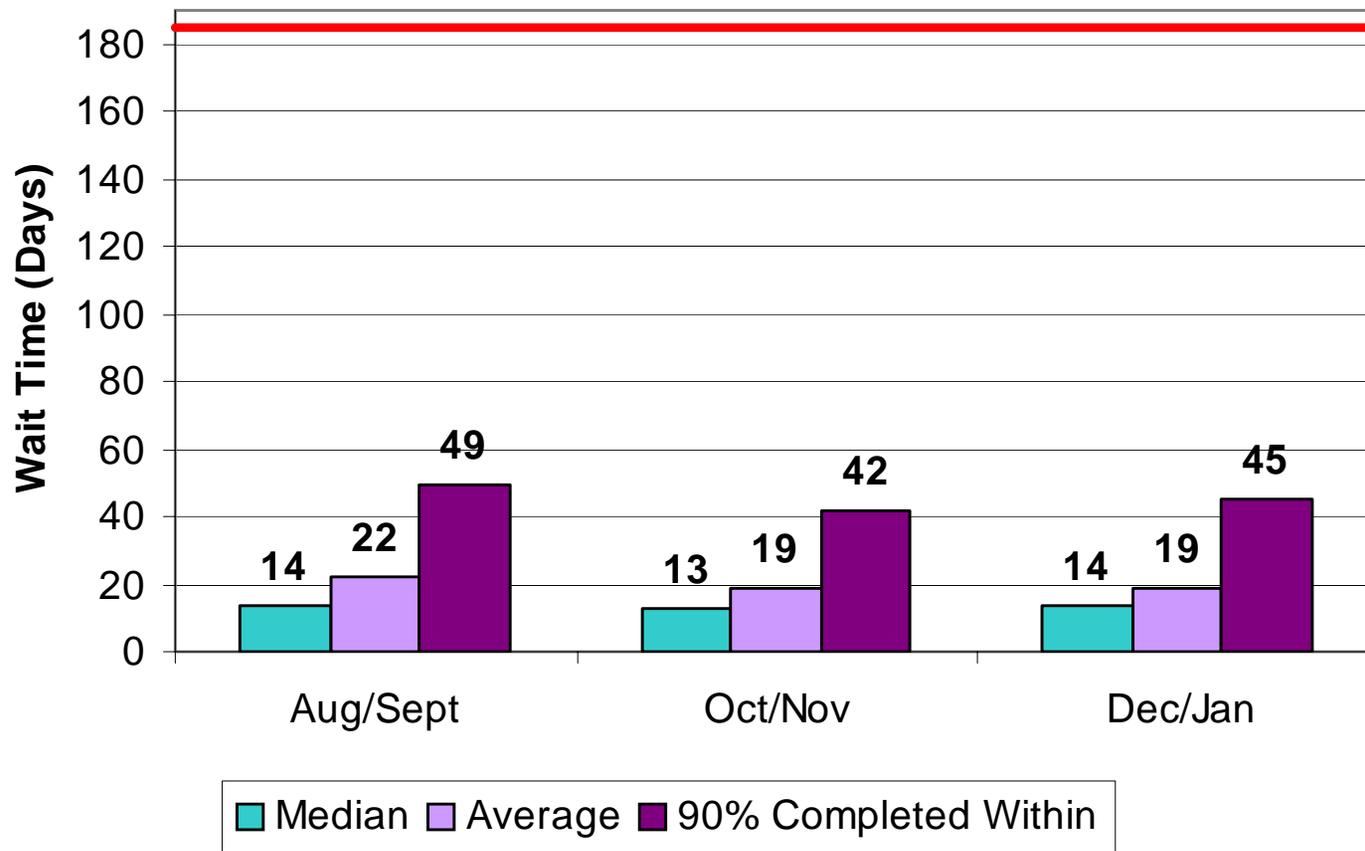
- o In order for hospitals to receive additional wait times funding, they must operate their MRI machines at a minimum of 80% of the recommended rate of efficiency (derived by expert panel)
- o Expert Panel will identify opportunities for improvement for hospitals unable to maintain the current rate of efficiency
- o Improving MRI efficiency results in improvements in quality of care and system throughput

Celebrating Innovations in Health Care Conference

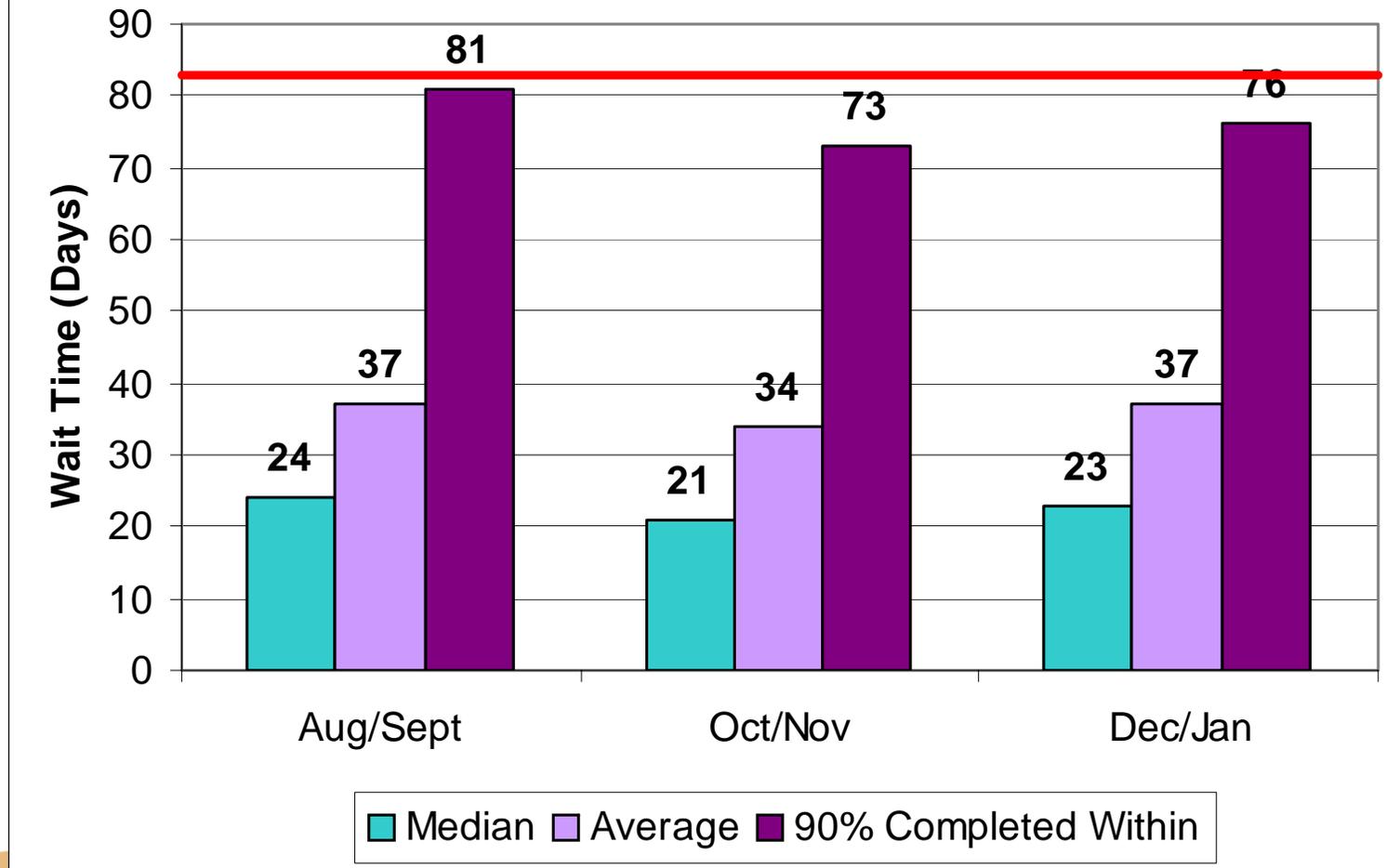
- o A two-day event (April 19/20), ***Celebrating Innovations in Healthcare*** is being co-sponsored by the Ministry and the LHINs to give healthcare providers in Ontario an opportunity to display and demonstrate the innovative ideas they have implemented in efforts to transform healthcare in their own communities.
- o The interest in this event has been overwhelming with over 620 submissions
- o Conference themes are:
 - Meeting community needs through integrated care;
 - Improving quality and patient safety;
 - Improving efficiency through process redesign;
 - Innovative health information management; and
 - Innovations in health human resources.

So how is Ontario doing?

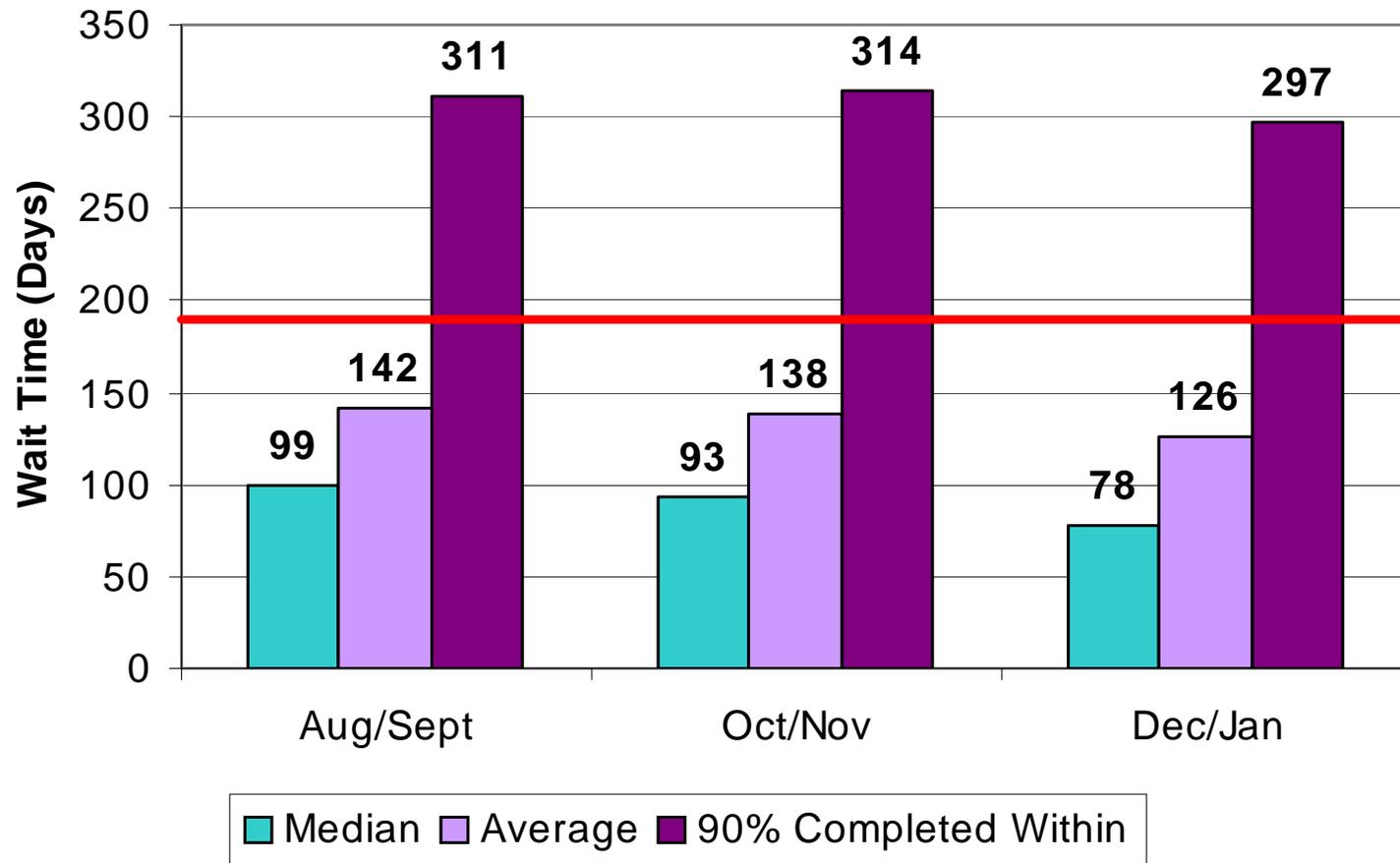
Provincial Bypass Surgery Wait Times



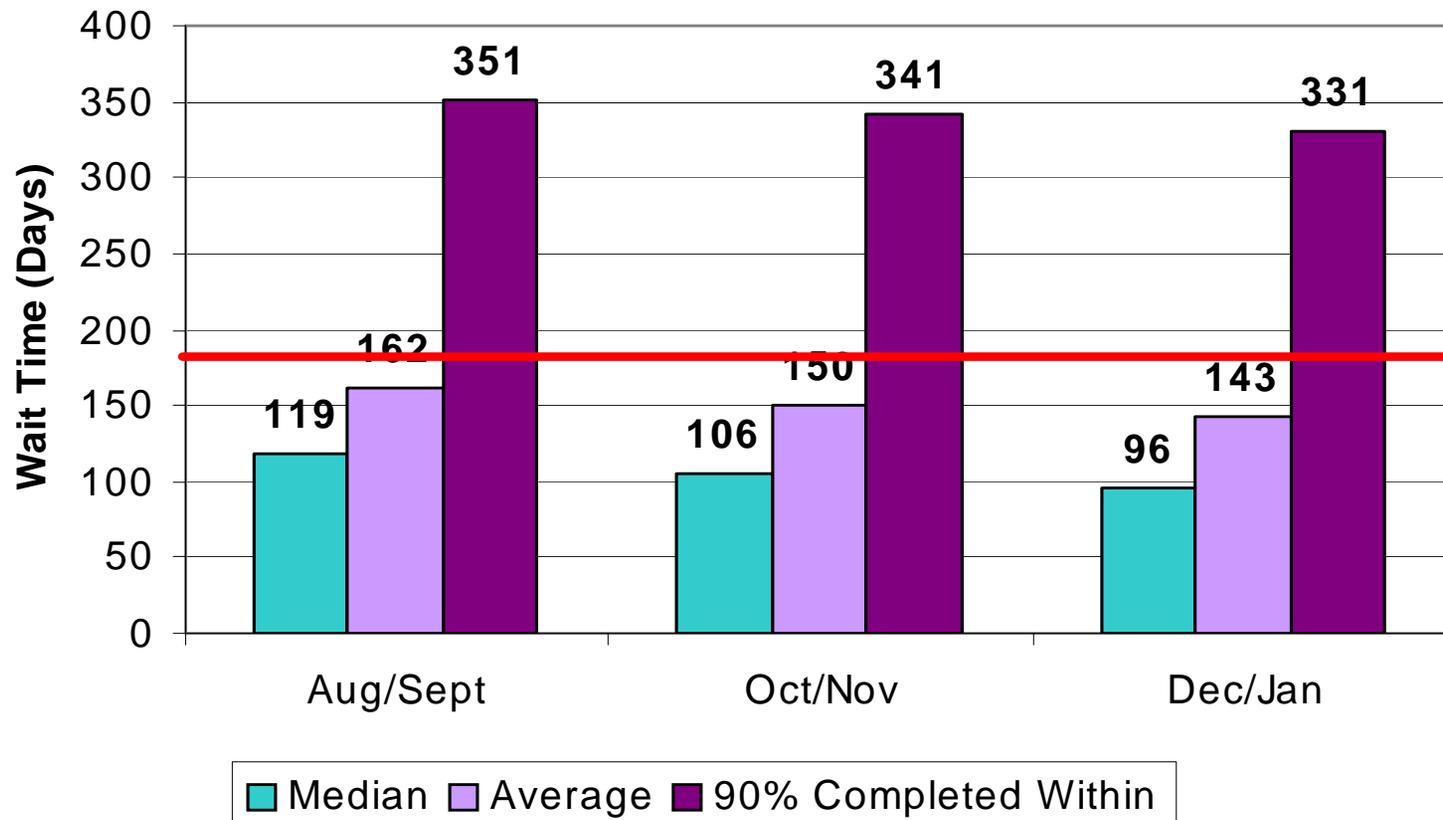
Provincial Cancer Surgery Wait Times



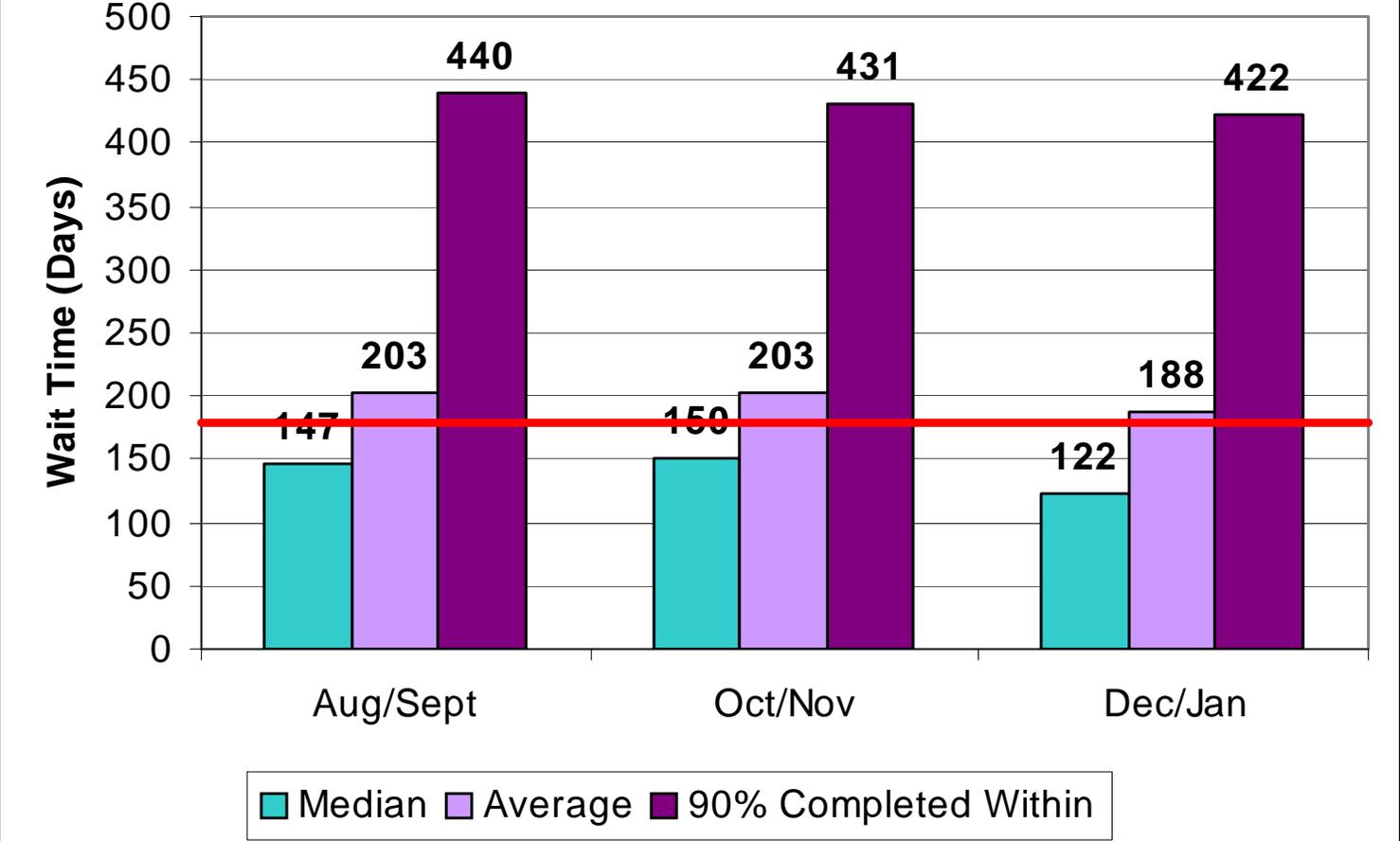
Provincial Cataract Surgery Wait Times



Provincial Hip Replacement Wait Times



Provincial Knee Replacement Wait Times



Provincial MRI Wait Times

