Contextual and local success factors in the management of wait times for scheduled care

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OUTLINE

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Research team

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Context

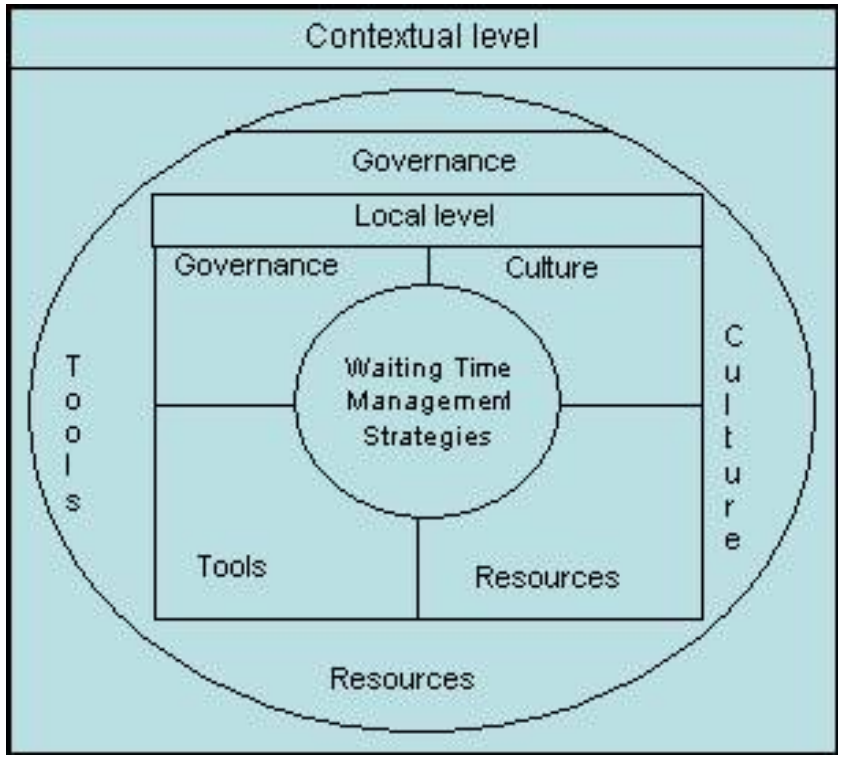
- **As a result of a request for proposal** put out by CIHR for research syntheses on WTM

- **The research objective:**
  1. Conduct a systematic review of the literature that focuses on the success and failure factors of waiting time management for **scheduled care**
  2. Conduct interviews with key Canadian policy and decision-makers involved in the management of waiting lists to analyze factors that inhibit or encourage the implementation of WTS at the organizational level
  3. Synthesize the information gathered in order to identify the policy and organizational determinants associated with the management of waiting times.
  4. Advise policy-makers and HCO managers on the course to follow for the implementation of WTM strategies

- **Methodology** : literature review and interviews

Conceptual framework

Factors enhancing or inhibiting the implementation of waiting time management strategies (Pomey et al., 2004)



Systematic Literature Review

Methodology

- **Data-gathering**
  - **Sources searched**:
    - 6 medical databases
    - 19 non-medical databases
  - **Publication years**: 1990 - Dec. 2005
  - **Search terms**: Waiting List* OR derivatives
    AND organizational management terminology
  - **Excluded:** Transplants, Emergency, LTC, Pharmacy

- **Software used**: Trialstat – SRS

Methodology (cont'd)

- **Screening**
  - Four levels of review performed by two reviewers
  - Only peer-reviewed journals were retained
  - Final inclusion criteria:

1. **A model or framework with WTM factors at the organizational level**
2. **An organizational or regional initiative specifically addressing WT or WL and explicitly stating organizational factors and possibly contextual factors**
3. **Higher-level (national or provincial) strategies or policies addressing WTM that explicitly stated factors at the org. level, in relation to the implementation of strategy/policy**

Methodology (cont'd)

- **Data abstraction**
  - Qualitative
  - Performed by two reviewers
  - Using a custom-designed template tested on a sample of articles
  - Done in Trialstat - SRS

Results

- Total number of abstracts at first screening level: **5205**

- Total number of articles retained for data abstraction, that described a wait time strategy and explicitly included implementation factors at the organizational level : **31**

  - 1990-1995: 5
  - 1996-2000: 12
  - 2001-2006: 14

Results – Jurisdiction

Country where the study was performed:	Number of articles	Percentage
o UK	14	45%
o Sweden	4	13%
o Other European countries (Norway, Finland, Ireland, The Netherlands)	4	13%
o Australia	3	10%
o New-Zealand	3	10%
o USA	2	6%
o Canada (Ontario)	1	3%
TOTAL	**31**	**100%**

Total number of articles on WTM in scheduled care in Canada: 53

Results – Clinical area

Clinical area affected by the initiative	Number of articles	Percentage
o Cardiac Care	6	17%
o Orthopaedic	7	19%
o Radiology	0	0%
o Cancer	1	3%
o Other	22	61%

Note: One initiative can affect more than one clinical area of care

Results – Type of study

Type of study	Number of articles
Case study – descriptive/qualitative	22
Before and after comparison	5
Time Series	1
Random Control Trial	0
Survey	4
Theoretical framework or model	2
Other (Prospective study, Data collection, RL)	4
TOTAL	**38 ***

*** Note**: When a study involved mixed methods, all methods used were identified separately

Results - Type of WTM Strategies

Type of strategy	# of articles
■ National booking system (UK and NZ)	5
■ Maximum WT guarantee (all from Sweden)	4
■Work reorganization at the local level	4
■ Increase in capacity	3
■ Software development for WL management	4
■ Standards or prioritization tool	2
■ Pooled waiting list	2
■ Pre-op clinic	2
■ Improved data collection or analysis	2
■ Other (Sending patients abroad, specialized clinics, GP fund holding)	3

Factors – Literature review

- **Definition of "wait time"** was found in only **7 articles**
- **Contextual factors** mentioned in **20 articles**
- **Organizational factors** mentioned in all **31 articles**
- **Only 2 articles** focused on **evaluating the implementation** of a WTM strategy

Contextual Factors

Governance

- **Political and administrative support (4)**
- **Involvement of professional associations or partnerships (2)**
- **Project group/committee (3)**
- **Centralized reporting and coordination (2)**
- **Government policy for WT and Patient Charter (2)**

Culture

Positive factors:

- **Physician involvement and consultation (2)**
- **Collaboration / cooperation (4)**

Negative factor:

- **An environment affected by budget cuts (1)**

Tools

- **Guidelines (7)**
- **New clinical technology (2)**
- **Improved data collection system (2)**
- **Training - Specific skills or service redesign (2)**
- **Evaluation (3)**

Resources

- **Funding (12)**
  - **To address backlog (3)**
  - **To provide WT Guarantee (3)**
  - **Specific to an initiative (3)**
  - **To purchase equipment, an information system (2)**
- **Economic Context - Recession (1)**
- **Incentives**
- **Other policies that effect resources**
  - **Increasing productivity (1)**

Organizational Factors

Governance

Positive factors:

- **Project team or dedicated project manager (4)**
- **Leadership (4)**
- **Support (1)**
- **Coordination (1)**
- **Accountability of clinicians (1)**

Negative factors:

- **Mergers within organization (1)**
- **Split between the purchase and provision of care (1)**

Culture

- **Physicians involvement and attitude (11)**

Positive factor:

- **Culture of change, QI culture (1)**
- **Participation**
- **Communication (1)**
- **Flexibility in approach (1)**
- **Patient culture (2)**
- **Building on past achievements (2)**

Negative factor:

- **Distrust between managers and clinicians (1)**

Tools

- **Information management system / Computer database(7)**
  - ➢**Overly complex system a disadvantage (1)**
  - ➢**Use flexibility / a user-friendly interface necessary (2)**
- **Communication via intranet and websites (2)**
- **CQI as tool for implementation of initiatives (2)**
- **Information from other sites (1)**
- **Training (3)**

Resources

- **Financial resources**
- **Human resources**
  - •**Staff dedicated to the initiative (7)**
  - •**Short term staff recruitment (2)**
  - • **Professional staff shortage (2)**
  - •**Staff level prior to initiative too low (2)**
- **Incentives (4)**
- **Capacity constraints - OR and bed post Surgery (3)**

Organizational Culture

"Therefore, managing a change like the introduction of booking depends on understanding and working with the culture of the organizations and professions concerned and focusing on those mechanisms that affect implementation. By culture, we mean the values, beliefs, and norms that shape actions and behaviors in hospitals and health care organizations. In practice, the challenge is knowing how to do this given the elusive nature of culture and the difficulty of changing deeply held beliefs, long established practice, and "the way things are done around here" (Davies, Nutey, and Mannion 2000). It also is important to recognize the many cultures in hospitals based on occupation, specialty, and other affiliations."

(Ham, C., Kipping, R., and McLeod, H., 2000, p. 432)

In peer-reviewed journals

- **In General:**
  - Few articles explicitly address the factors that can enhance or inhibit the implementation of a wait time reduction strategy at the local level.
  - Contextual factors are absent from 1/3 of the articles.
  - There are few "empirical" studies: most are case descriptions with little rigorous hypothesis generation or testing.
  - The studies focus more on evaluating outcomes than evaluating implementation, except for two articles written by the same British authors.
- **Articles on WT in Canada:**
  - Good description of WT strategies but no analysis of the context of implementation at the organizational level.

Interviews

Methodology

- Interviews requested covered four different levels.
  A total of 27 requests for interviews were sent:

Higher levels:

- National level: 2
- Provincial level: 7

Local levels:

- Regional level: 10
- Hospital level: 8

- Interview guides were written specifically for the project and tested in both French and English.
- Interviews were recorded, summarized, reviewed by the interviewees if requested and coded for qualitative analysis.
- Approval by the Research Ethics Board from the University of Ottawa

Results - General

- Number of full interviews 17
  - Number of focus groups (5 participants) 1
  - Number of individual interviews 16
- Level of interviews
  - at a higher level 9
  - at a local level 7
- Clinical area
  - Orthopedic surgery 7
  - Cardiac surgery 2
  - Medical imaging 2
  - Other or broad spectrum initiative 9

Results - Type of WTM Strategy

Type of strategy	# of initiatives
■ Centralization of referral system or grouping of services	7
■ Registries and improved data collection	4
■ Standards and prioritization tools	4
■ Increase in capacity	4
■ New coordinating entities (SSCN, RSEC, TJN)	3
■ Software developed for WL management	2
■ Modeling (supply and demand or simulations)	2
■ Pathway redesign	2
■ Performance targets	2
■ Other (Allocation methodology, accountability agreements)	2

Contextual Factors

Governance

- **Leadership – individuals: credible**
  – structure: independent
- **Strong political and administrative support and collaboration**
- **Accountability for hospitals**
- **Benchmark for competition**
- **Included in a national or regional strategy**

Culture

Positive:

- **Participative process**
- **Public information**
- **Capacity to react quickly**
- **Culture of evaluation and communication**
- **Taking into account the physician culture**

Negative:

- **History of adversity between stakeholders**
- **Mistrust between hospital/regional administrations and the ministry of health**

Tools

- **Provincial registry**
- **Provincial standards or guidelines**
- **Communication campaign**
- **Public website**
- **Indicators**
- **Queuing theory**
- **Modeling**

Resources

- **Financial incentives**

Organizational Factors

Governance

- **Credible internal leadership**
- **Support by senior executives and the CEO**
- **Partnerships with other provincial groups**

Culture

- **Stakeholder perception of the tools to be implemented**

Positive factors:

- **Data collection culture / evaluation of project**
- **Culture of innovation**
- **Team identification**
- **Non-punitive approach**

Negative factors:

- **Physician autonomy and resistance**
- **Micro-vision of costs**
- **Differing sub-cultures within one organization**

Tools

- **Clinical guidelines**
- **Pathways**
- **Evaluation tools**
- **Information technology**
- **Training and support**
- **Process for resource allocation**

Resources

Positive factors:

- **Seed money for the organizations**
- **Incentives via cost benefits at the local level**
- **Dedicated human resources for data collection**

Negative factors:

- **Insufficient funds**
- **Shortage of HR**
- **Kind and availability of infrastructure**

Factors identified according to the interviewee's position in the health care system

	Contextual factors	Organizational factors	TOTAL
Governance	High level: **7** Local level: **3** TOTAL: 10	High level: **5** Local level: **8** TOTAL: 13	High level: **13** Local level: **11** TOTAL: 34
Culture	High level: **7** Local level: **2** TOTAL: 9	High level: **5** Local level: **8** TOTAL: 13	High level: **12** Local level: **10** TOTAL: 22
Resources	High level: **5** Local level: **4** TOTAL: 9	High level: **3** Local level: **3** TOTAL: 6	High level: **8** Local level: **7** TOTAL: 15
Tools	High level: **8** Local level: **4** TOTAL: 12	High level: **2** Local level: **8** TOTAL: 10	High level: **10** Local level: **12** TOTAL: 22

Quotes from the interviews

"The key is money and dedicated staff, and a group to steer it and gage all players" High level interviewee (I16)

"It's almost like you need allies in all the different groups, at all the different levels in order to make the changes"

High level interviewee (I6)

"It's crucial to get the surgeons on side. The person implementing the initiative has to have the respect and the trust of the surgeons and the demonstrated support from the top." Low level interviewee (I3)

Close-up on the Role of Physicians

Positive factors	Negative factors
■ Acceptance of change ■ Involvement for buy-in ■ Input from GP's ■ Surgeons' participation	■ Resistance or reluctance to change ■ Desire for medical autonomy ■ Professional status: feeling threatened ■ Skepticism and a lack of trust ■ Low interest in shortened wait lists

Lessons learned

- **Effective leadership** is recognized as important at both a higher and organizational level. Having a **neutral person** in a leadership position was identified as a possible facilitating factor.
- **Physicians** are recognized **as key players** in the implementation of WTM strategies. Their desire for **autonomy and their resistance to change** were some of the factors cited as inhibiting the implementation of a WTM strategy.
- **Financial incentives** are key to the implementation of a WTM strategy.
- The **paradox of money** was underlined several times:
  - **Money cannot be the only cure**
  - **Seed money to try new initiatives is necessary**

Recommendations for decision-makers

Recommendations

- An **alignment** of high-level policies with local strategies is essential
- For **top-down initiatives**, local support must be acquired, and for **local initiatives**, access to special funds at the top is necessary
- **Cultural factors** should not be underestimated in the implementation of a WTM strategy and should be clearly identified as a determinant
- **Higher-level decision-makers** need to take **organizational factors** into account to maximize successful implementation
- Whether the result of a national, a provincial or a local initiative, the **implementation of WTM strategies must be monitored** at the organizational level
- We need to **promote research** in the implementation of WTM strategies to help fill gaps in the knowledge

"The first lesson to be learnt from [the study on wait time guarantee] is how difficult it is to change clinical practice with political initiatives or reforms. Success is highly dependent on what happens when the policy becomes reality and is to be incorporated into daily routines. Often forgotten in policy discourse, but necessary for a successful outcome, is the approval of the implementers."

(Hanning M., and Spånberg, U., 2003, p. 29)

References

Pomey et al, Determinants of Waiting Time Management for Health Services—A Policy Review and Synthesis, Proposal for CIHR, CIHR, 2004

Two most relevant articles from the literature review

Ham, C., Kipping, R., and McLeod, H., Redesigning work processes in health care: lessons from the National Health Service, **Milbank Quarterly.**81(3):415-39,2003

McLeod, H., Ham, C., and Kipping, R., Booking patients for hospital admissions: Evaluation of a pilot programme for day cases, **British Medical Journal.** Vol. 327, pp 1147-1150, Nov 2003.