



Addressing Surgical Wait Times for Canada's Children and Youth

“A Pan-Canadian Approach”

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Health
Canada

Santé
Canada



Report on Wait times

April 2006

“Addressing wait times for children’s clinical and surgical interventions is therefore a moral responsibility – a trust responsibility that needs to be shared by society at large.”

Dr. Brian Postl

Former Federal Advisor on Wait Times



Partnerships

- Paediatric Surgical Chiefs of Canada (PSCC)
- Canadian Association of Paediatric Health Centers (CAPHC)
- National Coalition of Child and Youth Health (NCCYH)





Canadian Association of Paediatric Health Centres: Priorities

- Pan-Canadian paediatric benchmarking
- Development of evidence based indicators
- Paediatric surgical wait times
- Collaborative paediatric clinical trials
- Paediatric pandemic planning

AGENDA



- 1) Ontario Wait Time Strategy**
- 2) Ontario Paediatric Surgical Wait Time Project**
- 3) National Paediatric Surgical Wait Times Pilot**

Ontario's Wait Time Strategy



- Strategy announced November 17, 2004
- Focus on five areas: cancer surgery, selected cardiac procedures, cataract surgery, hip and knee total joint replacements, and MRI and CT scans

The Approach

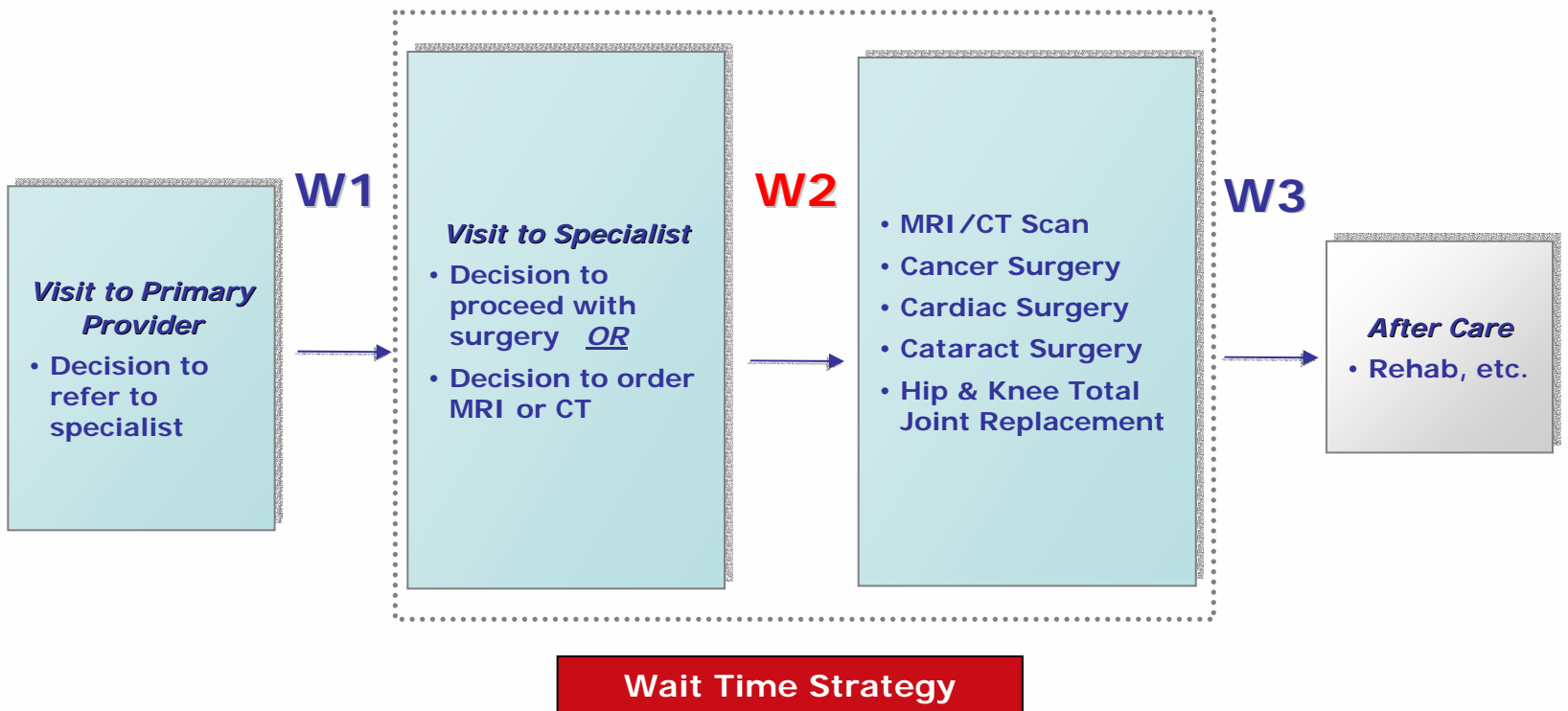
A three pronged approach:

Capacity building
through additional
surgical cases

System and
process redesign
to reduce
bottlenecks

Wait time
Measurement
and reporting

Ontario's Wait Time Strategy: Focus of the Wait



State of Paediatric Surgical Wait Times January 2005



- A lack of information on wait times. (You can't manage what you can't measure.)
- Inconsistent methods of prioritizing patients
- Little information-sharing across the Paediatric Academic Health Sciences Centres.
- Surgery often critical to children's development.



Comparison of Adult vs. Paediatric Strategy

	Adult	Paediatric
Initial Scope	“Big 5” Procedures	
Current Stage	Provincial Website Reporting of W2 by Hospital, LHIN, Provincially	
Accountability	Defined Provincially & Tied to Incremental Funding	
IT System	Centralized	
Relevant Stages	Wait 2	
Clinical Prioritization	Procedure	

*** Some overlap where paediatric centres provide Big 5 procedures or when overlap with adult populations.**



Ontario Surgical Wait Time Project Aims

Grant from the Ontario Wait Time Innovation Fund

To develop expert consensus-based priority ranking system for paediatric surgical consultations and surgical procedures across the five acute paediatric academic health sciences centres (PAHSCs) and for ten surgical subspecialties, and to apply standardized definitions across the PAHSCs in Ontario.

- Children's Hospital of Eastern Ontario
- Children's Hospital of Western Ontario
- McMaster Children's Hospital
- South Eastern Ontario Health Sciences Centre (KGH/ HDH)
- The Hospital for Sick Children
- Orthopaedic Surgery ✓
- Otolaryngology ✓
- General Surgery ✓
- Neurosurgery ✓
- Ophthalmology ✓
- Plastic Surgery ✓
- Urology ✓
- Gynaecology ✓
- Cardiovascular Surgery ✓
- Dental ✓

OCHN Surgical Wait Time Project Aims

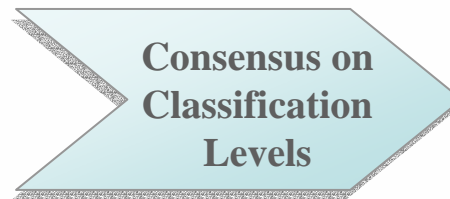


- 1) Phase 1 Development of Access Targets**
- 2) Phase 2 Capacity Analysis**
- 3) Phase 3 Information System**

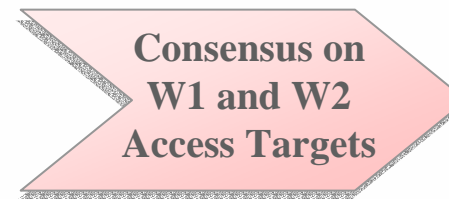
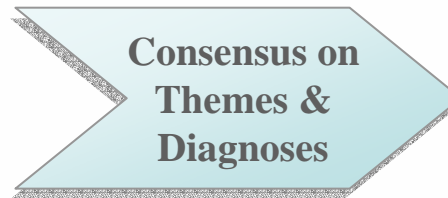
Phase 1: Expert Panel Sessions



- Literature review
- Themes
- Diagnoses



- Priority Levels 1-6



- By Diagnosis



Priority Classification Levels



Priority Classification Level	Target Time Frame for Surgery
Priority I	within 24 hours
Priority IIa	within 1 week
Priority IIb	within 3 weeks
Priority III	within 6 weeks
Priority IV	within 3 months
Priority V	within 6 months
Priority VI	within 12 months
All cases	Within 18 months



Consensus on Themes & Diagnoses

Themes

Disorders of Spine
Disorders of Hip
Disorders of Upper Extremity
Disorders of Lower Extremity
Disorders of Feet
Bone and Joint Infections
Musculoskeletal Tumours
Skeletal Dysplasias
Fractures
Minor Variants of Normal
Other

Diagnoses (examples)

Scoliosis, spondylolysis
DDH, Legge Perthes
Sprengels Deformity
Blounts, osteochondritis
Club feet, vertical talus
Septic arthritis
Malignant, benign
Cerebral palsy, MD
Compound, displaced



**Consensus on
W1 and W2
Access Targets**

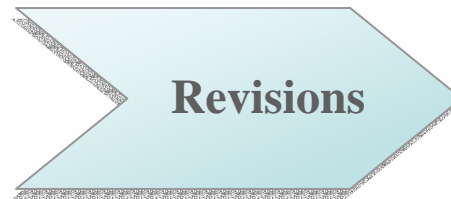
E.g. Disorders of the Hip

Diagnosis	Surgery Wait Time Priority Level (W2)	Consult Wait Time Priority Level (W1)
DDH (hip clicks, dislocations in newborns, subluxations, clunks)	III	IIb
Legge Perthes	IV	III
Avascular Necrosis of the Hip	IV	III
Slipped Capital Femoral Epiphysis	Stable – IIa Unstable I	I

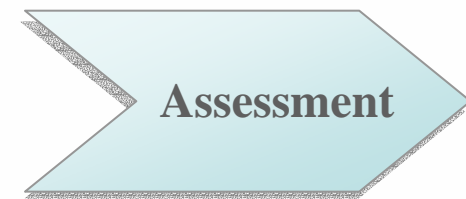
Post-Expert Panel Activity



- All paediatric surgeons in PAHSC



- Application at institutional level





Phase 2 Capacity Analysis



- Understanding the surgical capacity across the five PAHSC, who is doing what, where.



- Inventory of paediatric surgeons across province.





Phase 3 Information System



- Development of business requirements and a strategic framework for a paediatric wait time information system.
- Consulted over 50 surgical, administrative and informatics representatives across the 5 PAHSCs.
- Who requires what information, and how can that information be used.
- Leverage best practices from the adult WTIS.





Comparison of Adult vs. Paediatric Strategy

	Adult	Paediatric
Initial Scope	“Big 5” Procedures	10 Surgical Subspecialties
Current Stage	Provincial Website Reporting of W2 by Hospital, LHIN, and Provincially	Waits available April’06
Accountability	Defined Provincially & Tied to Incremental Funding	Defined Provincially & Tied to Incremental Funding
IT System	Centralized	Centralized
Relevant Stages	Wait 2	Wait 1 & Wait 2
Clinical Prioritization	Procedure	Diagnosis

* Some overlap where paediatric centres provide Big 5 procedures or when overlap with adult populations.



National Meeting – February 06

CAPHC/NCYHC



- All 16 surgical chiefs and hospital administrators met
- Adopted access Targets
- Reviewed BC Children's wait time management system
- Resolved to address surgical wait for children



Commitments



- Apply access targets at each PAHSC
- Determine number of children waiting (in/out of window)
- Centralize/share information
- Address surgical waits for children

National Paediatric Surgical Wait time Pilot Jan. 2007



- *Develop a pan-Canadian system to measure surgical wait times for Canada's children*
- *Focus on addressing surgical waits in one or more of six key areas"*
 - **Cardiac surgery**
 - **Cancer surgery**
 - **Neurosurgery**
 - **Sight (wandering eye)**
 - **Spinal deformity (scoliosis)**
 - **Dental treatment requiring anaesthesia**
- *Two streams*
 - **Develop wait time information system**
 - **Clinical recourse planning and testing**

Clinical Recourse

How children waiting for surgery move through system



- *Fundamental principles*
 - *Fairness and equity for all patients*
 - *Transparency so that info is readily available*
 - *Flexibility to respond to individual circumstances*
 - *Collaborative across all levels of government*
 - *Improved access*

- *Currently four basic options within “clinical recourse”*
 - **Patient reassessment**
 - **Intra-provincial transfer**
 - **Inter-provincial transfer**
 - **International transfer**



Recourse Project Phases

- **Phase 1 – survey of current clinical recourse pathways across Canada**
- **Phase 2 – data collection on numbers of children not currently meeting access targets in six areas**
- **Phase 3 – using data collection system, identify the number of children exceeding access targets**
- **Phase 4 – develop detailed clinical recourse pathways and test alternate recourse option(s) in one of six areas based on testing in phase 3**

Considerations



- **Sophistication of data collection is highly variable across the country**
- **National system should be compatible with existing provincial WTIS where possible**
- **National system should be compatible with existing hospital IT systems where possible**



Expanded funding for children's surgery March 22/07

- Ontario government adds pediatric surgery to the Ontario wait time strategy
- Accountability defined provincially & tied to incremental funding of approximately \$10M



Timelines

- Nov 2004; PSCC make surgical wait times a priority
- Jan 2005; Ontario Health Innovation funding
- Sept 2005; Development of access targets
- Feb 2006; National meeting surgeons/administrators
- Aug 2006; Communication strategy to engage Ministries
- Nov 2006; PSCC develop priority areas
- Dec 2006; Draft proposal distributed
- Jan 2007; National project announced
- March/April 2008; Project evaluation



Conclusion

- We have developed a National approach to assessing wait times for children's surgery
- In Ontario we are partnering with the MOHLTC to reduce wait times
- We need to understand and apply clinical recourse pathways and expand our efforts beyond academic institutions