

Prince Edward Island *Wait Time Strategy*

*A System That Provides
Timely Access to Health Services
in Prince Edward Island*



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2007 to 2011

A System That Provides Timely Access to Health Services in Prince Edward Island

Introduction

In September 2004, the First Ministers agreed that access to timely care across Canada was their biggest concern and a national priority. As part of "A 10-Year Plan to Strengthen Health Care", all governments agreed to work collaboratively in "Reducing Wait Times and Improving Access." Five priority areas were identified including: cancer (radiation therapy), heart, diagnostic imaging, joint replacements and sight restoration.

The Prince Edward Island health system is committed to improving timely access to services that are a priority to its citizens. Federal, Provincial and Territorial governments are working collaboratively to set priorities, determine appropriate benchmarks and access targets and implement system changes for better access management.

There are various points within the health system that a patient may have to wait for service. They may wait for a visit to a primary provider, to a specialist, for a test or surgery, or for home or long term care. The focus of this strategy is to reduce the time a patient waits for radiation therapy, cataract surgery (for high priority patients), hip and knee replacements and for MRI/CT scans. To achieve meaningful reductions in wait times, system changes and access management strategies will be implemented in the context of realistic, multi-year targets. Although the initial main focus of the strategy is on the national priorities, it also outlines a process to identify other provincial priorities of access.

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Measuring Access to Services

Evidence-based Benchmarks and Access Targets

Wait time benchmarks and access targets are goals that each province and territory will strive to meet amidst other priorities aimed at providing quality care to Canadians.

Although access targets and benchmarks for wait times are the standards of care that a high quality health care system strives for, there is a clear distinction in how each is developed and applied. Benchmarks are the amount of time that the scientific evidence shows is appropriate to wait for a particular procedure.

For a variety of reasons, research in particular areas is not always available, therefore, benchmarks cannot be set. In the absence of evidence to establish benchmarks, access targets can be developed using sound clinical advice and expert opinion. This information is generally gathered from clinical knowledge and experience of physicians and surgeons, health organizations and researchers. As more research is explored, or when expert opinion changes, access targets can be adjusted to better reflect the appropriate wait times for services.

Access targets and benchmarks must be developed in conjunction with criteria, including patient characteristics, urgency and health status at diagnosis. For some of the targets already established, urgency or priority categories have been identified. Further work is needed to define such criteria and how to employ it systematically across jurisdictions.

PEI has established multi-year targets toward meeting national evidence-based benchmarks and improving access to service in these priority areas while ensuring quality care for all citizens.

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Measuring a Wait Time

To measure a wait time, you need to know when the clock starts and stops. Provinces and territories agreed to the following definitions (taken from the *Provincial/Territorial Proposal to Establish Comparable Indicators of Access*):

- Waiting for a health service *begins with the booking date* of the treatment or service.
- Waiting for a service *ends when the patient receives the service, or the initial service* in a series of treatments or services.
- A wait time is the *number of days between* the booking date and the finish date.

Goals to Improve Access to Services

In January 2006, the Prince Edward Island health system embarked on a process to develop a multi-year, multi-faceted provincial strategy to improve access. A steering committee was established for the duration of this initiative to provide direction and monitoring to working groups. Clinical and task working groups were established to provide clinical expertise and advice on process changes, best practice in service delivery and to develop realistic multi-year targets toward achieving the benchmarks. The committee and working group members included physicians, other health professionals, hospital administrators and administration staff.

The goals of the strategy are fundamental in achieving timely access for citizens. The health system will be accountable for equitable access, ensuring patients on wait lists are appropriately managed, that resources will be used effectively, that patients and the public are knowledgeable about service access and that the system continuously monitors and evaluates access.

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Strategic Goals to Improve Access to Care

<p>1. Accountability</p>	<ul style="list-style-type: none"> • Ensuring equitable access to health services for all citizens • Developing new benchmarks and access targets • Defining/redefining priorities on a regular basis
<p>2. Access Management</p>	<ul style="list-style-type: none"> • Managing patient wait lists • Aligning current and new information to collect wait times information • Exploring need for patient registry
<p>3. System Design</p>	<ul style="list-style-type: none"> • Using current resources efficiently and effectively to maximize capacity • Recruiting adequate health professionals to meet demand
<p>4. Communication</p>	<ul style="list-style-type: none"> • Communicating with patients on wait lists and those needing services • Educating patients and public about access to services • Developing a website with current wait times information
<p>5. Evaluation</p>	<ul style="list-style-type: none"> • Monitoring wait times, quality of care and patient outcomes • Identifying priority areas of citizens

Citizens of Prince Edward Island will have timely access to health services, based on clinically acceptable benchmarks.

1. Accountability

Citizens of Prince Edward Island will have timely access to health services, based on clinically acceptable benchmarks. The health system will collaborate with other jurisdictions to support the development of new benchmarks and access targets to achieve best possible outcomes for patients.

The health system will gather and analyze wait time information on current priorities and establish new priorities over time. It will be open and transparent with patients, providers and the public and will publish current wait times information, as available.

Hospital administrators and health providers will be responsible for ensuring resources are used effectively, patients are managed according to urgency and need and will work with health administration on improving timely access to services.

2. Access Management

Management of wait lists is one of the most important determinants of reducing wait times. Various benchmarks and access targets need to be established for the various categories of urgency or priority. This will ensure that the most urgent cases do not end up waiting longer periods of time for the service. Currently, there are no standards to determine when and under what circumstances a patient should be placed on a wait list. Wait lists and priority rankings should be linked to clinical management systems that are monitored regularly, focused on ensuring that patients on lists are (i) waiting for care that is appropriate to their clinical circumstance, (ii) placed on a list based on urgency or priority, and (iii) monitored for changes in condition that would warrant a change of placement on the list.

Just as a wait list for a specific service (i.e., cancer surgery) must be managed based on urgency, wait lists among services must be well managed. This involves managing operating room time for various specialties. For example, consider two separate patients, one needing surgery for a hip replacement and the other needing surgery for cancer. If the patient needing the hip replacement is put on the wait list one month before the patient scheduled for cancer surgery, the cancer surgery patient should take priority over the hip replacement patient, as long as the benchmark for the hip replacement patient is not exceeded.

Currently, our ability to capture wait times information is negatively impacted by limited electronic information systems. We have various

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The operational costs of health services continue to escalate with advances in medical technology and treatments.

electronic information systems but they do not have the capability to communicate with each other to capture information that will be used to manage wait times. We will be building upon our current systems, including the Client Registry, and two diagnostic imaging systems, Radiology Information System (RIS) and Picture Archiving Communication System (PACS). These systems, together with our planned Clinical Information System (CIS), will gather and manage patient information for hospital services. This new technology, along with existing technology, will be key in supporting mechanisms and processes that will collect, measure and manage wait lists.

The Prince Edward Island health system will explore the option of developing a patient registry to collect and manage patient information to ensure timely access, enhanced communication with the patient while on a wait list and to monitor and evaluate wait lists in the province.

An *Access to Care Coordinator* position will be created to allow patients, providers and administration better management of access. The coordinator will work collaboratively with the patient navigator to assist patients in navigating the system. The coordinator will work with patients to ensure they are scheduled for their surgery or scan and will give them information on expected waits. The coordinator will provide health providers with information that they can use to better manage their wait lists. The coordinator will also be responsible for working with hospital administrators, providers and administration to coordinate the implementation, monitoring and evaluation of this strategy.

3. System Design

The health system must manage its resources effectively and efficiently. The operational costs of health services continue to escalate with advances in medical technology and treatments. New technologies and procedures are necessary as they have significantly improved patient outcomes and quality of care. The health system is responsible for maximizing these resources by reducing system inefficiencies.

Clinical working groups have reviewed hospital services including cancer treatment, operative services and diagnostic services. Their reviews have identified improvements in medical and administrative best practices that will result in better pre-operative and post-operative care. These new models also aim to improve better patient outcomes and safety. Details of the proposals are outlined later in this Strategy.

To achieve the multi-year targets for each benchmark, expert reviews will be key in monitoring system re-designs and to continuously identify changes to improve system efficiencies.

With an increase in the number of patients receiving services, additional human resources will be required. Existing recruitment and retention strategies will be key in securing adequate physicians, surgeons, other medical specialists, nurses, allied health professionals (i.e., physiotherapists, radiation therapists, occupational therapists), and support and administrative staff. The health system must continue to monitor appropriate levels of staffing to ensure timely service provision.

4. Communication

The health system needs to enhance communication with patients that are on wait lists. Administratively, patients need to know when they were placed on a wait list, times that are available to them, and how long they may expect to be waiting to receive the services.

While patients wait, medical professionals will educate them on ways to manage or improve their health before receiving the service, what to do if their condition worsens and any other options that may be appropriate. Patients need to be informed of pre-surgery and post-surgery care to ensure improved outcomes.

The health system is committed to educating patients and the public on wait times. The health system is complex and challenging to navigate. Patients need to know how, when and where to access services. A website on wait times and access to services will be developed with information on

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current wait times to services, information for patients on wait lists and any system changes that have led to improved patient outcomes and safety.

5. Evaluation

Information will be gathered and analyzed to monitor patient wait lists in the priority areas and to evaluate access to services, patient outcomes and safety. This will allow the health system to identify areas for improvement and to monitor changes over time. The information will also be used to ensure that access beyond the priority areas is not compromised.

Strategies to Achieve Appropriate Access to Services

The *10-Year Plan to Strengthen Health Care* outlined five priorities – cancer, cardiac, diagnostic imaging, joint replacements and sight restoration. Cardiac surgical services are not offered in Prince Edward Island, so patients travel to other provinces, mainly New Brunswick and Nova Scotia, for these services. To address the four priority services offered in Prince Edward Island, clinical working groups were formed to develop a proposal with realistic multi-year targets and objectives to achieve these targets. The main objectives for each area are outlined below.

Radiation Therapy

To achieve the benchmark for radiation therapy in Prince Edward Island, an additional linear accelerator needs to be installed at the PEI Cancer Treatment Centre that would involve the following:

- construction of a second bunker for the PEI Cancer Treatment Centre; and
- purchase of a second linear accelerator for the PEI Cancer Treatment Centre.

... outlined five priorities – cancer, cardiac, diagnostic imaging, joint replacements and sight restoration.

Hip and Knee Replacements

Hip and knee replacements are only performed at the Queen Elizabeth Hospital. Additional operative services are required to achieve an acceptable wait time for these procedures. To perform additional hip and knee replacements, the following improvements will be considered:

- orthopedic scopes to be performed at the Prince County Hospital;
- comprehensive pre-teaching to take place at the initial visit with the surgeon;
- improvements in pre-surgery clinic to accommodate additional teachings;
- modifications to nursing care map to reduce the length of in-hospital stay; and
- increased post-operative physiotherapy services in all PEI hospitals. This will allow for patients to receive out-patient care in their community.

Cataract Surgery

Cataract surgery is performed only at the Queen Elizabeth Hospital. The following multi-year proposed system changes which will allow for a greater volume of cataract surgeries to be performed include:

- improvements in the operating room including purchase of new stretchers, an operating microscope, standardized equipment and a brushless scrubbing system; and
- hiring additional nurses, housekeeping staff and clerical staff to accommodate an increase in the number of surgeries and changes in the models of care.

The following multi-year proposed system changes allow for a greater volume of cataract surgeries

MRI/CT Scans

In Prince Edward Island, MRI scans are available at the Queen Elizabeth Hospital and CT scans are available at the Queen Elizabeth Hospital and Prince County Hospital. To achieve MRI/CT scan targets, the following improvements will be considered:

- implementation of an information system to collect wait time information;
- increase in the number of MRI/CT scans based on radiologist availability; and
- hiring additional technologists at the QEH and PCH to increase volume of scans performed.

... hiring additional technologists at the QEH and PCH to increase volume of scans performed.

Multi-Year Targets

The multi-year targets toward achieving the national benchmarks and access targets for the four priority areas are:

Prince Edward Island Targets

Priority Area	National Benchmark	2007/08	2008/09	2009/10	2010/11
Cancer (curative radiotherapy)	Within 4 weeks of being ready to treat	90%	90%	90%	90%
Sight Restoration (Cataract Surgery)	Within 16 weeks for patients who are at high risk	70%	75%	80%	90%
Joint Replacement (Hip and Knee Replacement)	Within 26 weeks (6 months)	70%	85%	85%	90%
Diagnostic Imaging (Access Targets)*		*National benchmarks were not established for Diagnostic Imaging due to lack of research evidence, but access targets were established based on clinical expertise.			
Magnetic Resonance Imaging (MRI) Scans	<ul style="list-style-type: none"> • Urgency I – within 2 weeks of referral • Urgency II – within 4 weeks of referral • Urgency III – within 12 weeks of referral 	90%	90%	90%	90%
Computed Tomography (CT) Scans	<ul style="list-style-type: none"> • Urgency I – within 2 weeks of referral • Urgency II – within 4 weeks of referral • Urgency III – within 8 weeks of referral 	90%	90%	90%	90%

**National benchmarks were not established for Diagnostic Imaging due to lack of research evidence, but access targets were established based on clinical expertise.*

Provincial Priorities to Access

The Prince Edward Island health system is committed to achieving timely access to services as outlined in the *10-Year Plan to Strengthen Health Care*. There needs to be a systematic approach in the identification of provincial priorities. There will be consultations with the public, patients and health professionals to gather information on what additional access priorities need to be addressed.

Moving the Strategy to Action

The strategy is designed to make fundamental changes in system design and functioning, managing access, developing new collaborations with health providers and exploring work in other priority areas. In a complex health system, change takes time. Therefore, this multi-year strategy will be implemented in various stages.

A Wait Time Steering Committee has been established to guide the successful implementation of the Strategy. The Committee has representation from physicians, surgeons, nurses, other health providers and senior management from the Department of Health. During the implementation phase, there will be on-going consultations with hospital administrators and health providers to determine how best to introduce change and to evaluate the impact these changes have on improving access.

There will be consultations with the public, patients and health professionals to gather information on what additional access priorities need to be addressed.

PEI Wait Time Strategy

Steering Committee and Working Group Members 2006

Anne Whalen, Chair, Director of Nursing, Queen Elizabeth Hospital

Mark Spidel, Chair, Health Information Coordinator

Dr. E. Laukkanen, Radiation Oncologist

Dr. G. Boswall, Ophthalmologist,

Dr. J.Y. Dubois, Anaesthetist

Dawn MacIsaac, Manager of Diagnostic Imaging, QEH

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