

Timely Access to Child Health Services

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Background to this presentation

Our hospital waiting list pain will only get worse

- by: Grant McArthur, Lucie van den Berg
- From Herald Sun
- January 06, 2012 12:00AM

Hospital	Waiting List 2010/11	Waiting List 2011/12	Diff	Elective Surgery 2010/11	Elective Surgery 2011/12	Diff
METROPOLITAN						
Peninsula	1,680	1,645	- 35	6,280	6,140	- 140
Southern Health	5,900	6,685	+ 785	22,258	20,400	-1,858
Eye and Ear	3090	2580	-510	11,920	11,470	-450
Royal Women's	750	806	+ 56	3,467	3,860	+ 393
St Vincent's	1201	1215	+14	5,411	5,532	+ 121
Western Health	5900	3675	-2,225	14,000	11,936	- 2,064
Royal Children's	1,700	3850	+ 2,150	7,600	6,750	- 850
Northern	2,100	2,100	0	8,100	7,884	- 216
Mercy	1,113	1,162	+ 49	6,300	6,215	- 85
Melbourne	1,800	2,195	+ 395	7,906	7,780	- 126
Eastern	3,650	4,963	+ 1,313	13,650	12,684	- 966
The Austin	2,742	3,499	+ 757	10,400	10,150	- 250
The Alfred	2,200	3,100	+ 900	11,300	10,000	-1,300
TOTAL	33,826	37,475	+3,649	128,592	120,801	-7,791

Background to this presentation



Australian Government
Australian Institute of
Health and Welfare

AIHW Authoritative information and statistics
to promote better health and wellbeing

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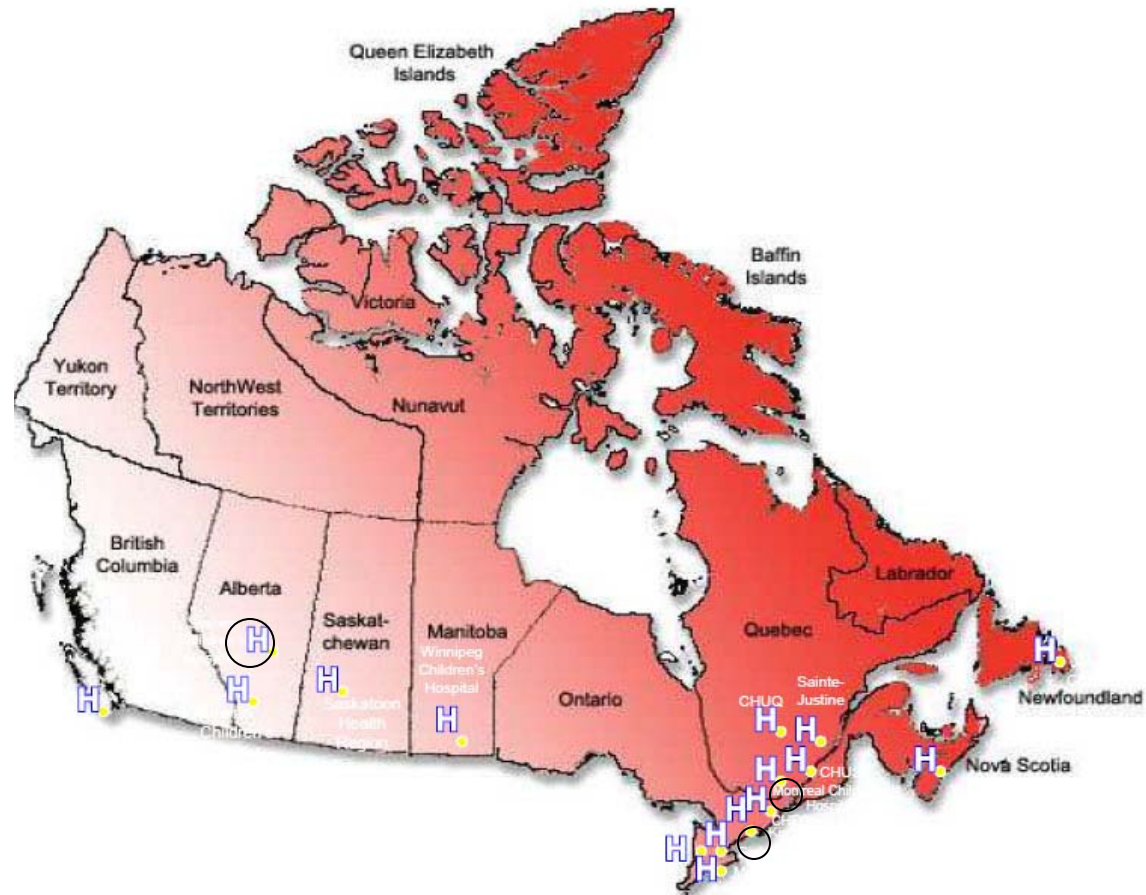
National definitions for elective surgery urgency categories

Under the National Health Reform Agreement, the Standing Council on Health have requested the Australian Institute of Health & Welfare work together with the Royal Australasian College of Surgeons to develop new national definitions for elective surgery urgency categories including not ready for care to be used in all Australian public hospitals.

Content of presentation

- Children's hospitals of Canada
- Timely access to clinical services is a key issue
- Patient focused approach (diagnosis- and acuity- based) to measure, monitor and manage waiting lists for any clinical service
- Canadian Pediatric Surgical Wait Times Project
- Alberta Surgical Wait Times Project
- Summary

Canadian pediatric hospitals



Western Canadian Child Heart Network

Delivering world-class cardiac care to children in Western Canada

An Intro to WCCHN



Mailing Address:

Garneau Professional Building
Room 260, 11044-82 Avenue
Edmonton, AB T6G OT2

Phone: (780) 407-1519

Fax: (780) 407-1521

Contact Us

Search Site

- ? Who should I contact for help?
- ? Are there any support groups I can join?
- ? What is a ventricular assist device (VAD)?
- ? What is the latest research?
- ? What is the best way to prepare for surgery?
- ? Are there conferences/events for families?

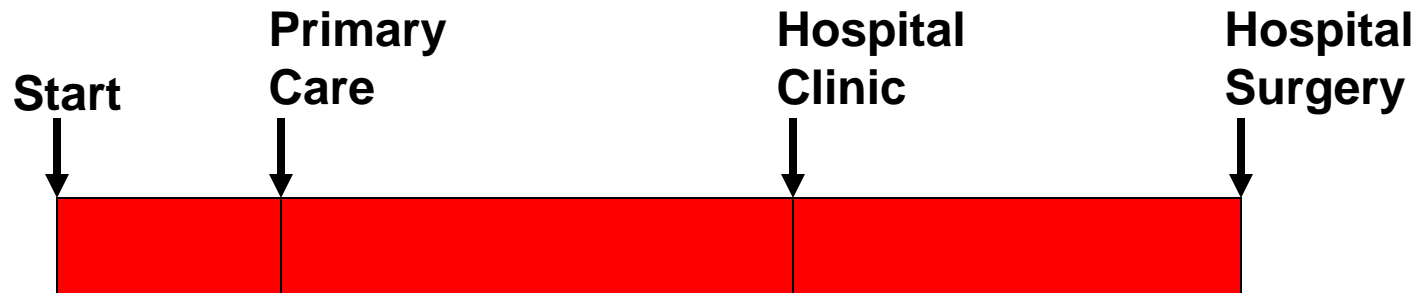


New research & Projects

Long-term Outcomes in Children Undergoing Cardiac Surgery with and without Acute Kidney Injury

Family Resilience Study – Safeguarding the Heart Child Research Program

Timely access to clinical services

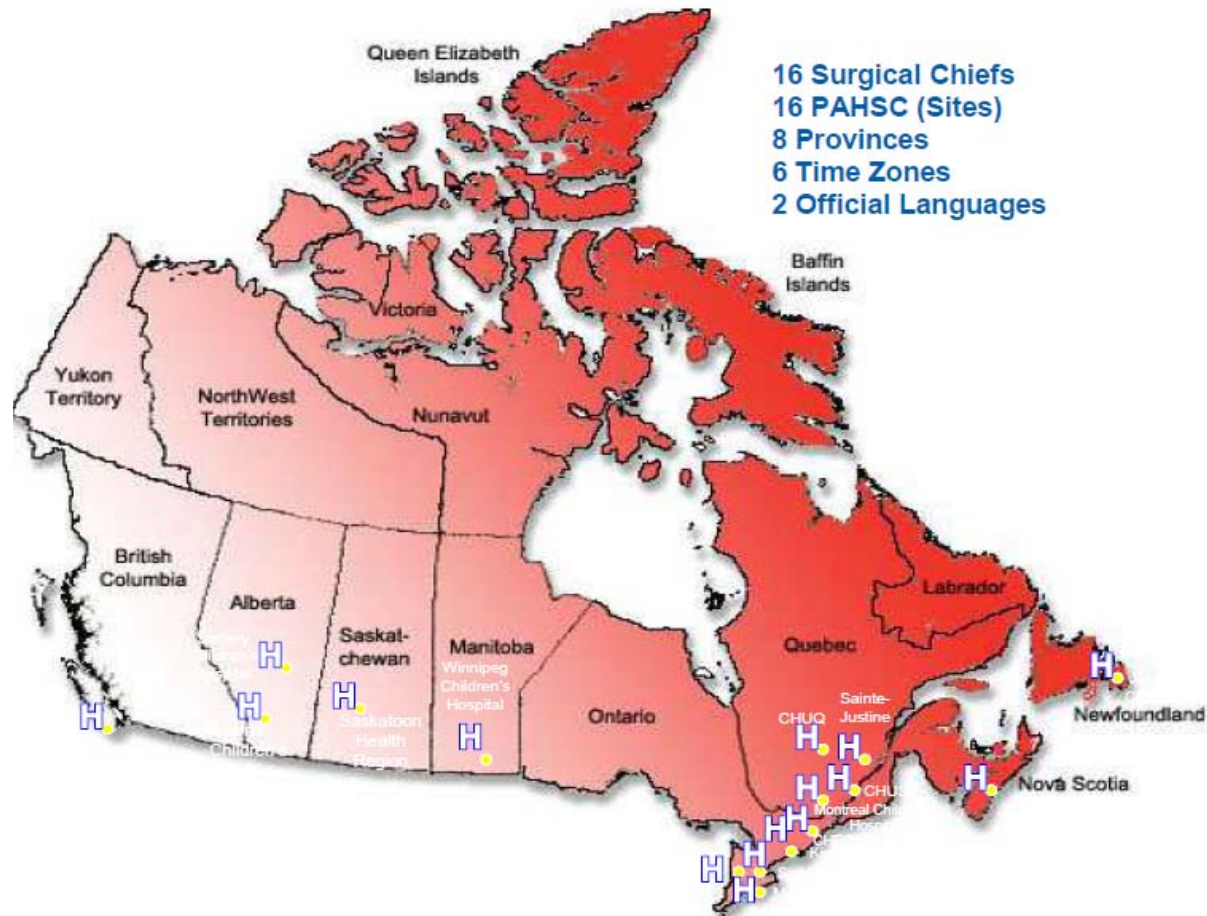


Many steps for patients

Many delays possible

**Today's focus is on access to hospital-based
scheduled (elective) surgical services**

Canadian Pediatric Surgical Wait Times Project



References

- **Wright JG et al. Development of pediatric wait time access targets. Can J Surg 54:107-10;2011**
- **Wright JG et al. Waiting for children's surgery in Canada: the Canadian Pediatric Surgical Wait Times Project. CMAJ 183:E559-64;2011**
- **Fixler T et al. Pediatric surgical capacity and demand: analysis reveals a modest gap in capacity and additional efficiency opportunities. Healthc Q Spec no 3:28-34;2011**

Priorities & target times

- **Acuity-based**
 - **Category 1 (urgent) <30 days**
 - **Category 2 (semi-urgent) <90 days**
 - **Category 3 (non-urgent) <365 days**
- **Diagnosis- & acuity-based**
 - **Pediatric Canadian Access Targets for Surgery (pCATS) – evidence- and consensus-based**

pediatric Canadian Access Targets for Surgery - pCATS

- **Standardized methodology for measuring and comparing pediatric surgical wait times across Canada**
- **Developed by over 100 pediatric surgeons across Canada from all surgical subspecialties and accepted by the Pediatric Surgical Chiefs of Canada**
- **Diagnosis- and acuity-based priority classification with associated maximum target times**
- **Evidence/consensus based**
- **857 diagnoses with associated W1 (clinic), W2 (scheduled OR) & E (emergency OR) access targets**

pCATS – Data Elements in Each Spreadsheet Row

Service

eg. General Surgery

Category

eg. Anatomical sites

Subcategory

eg. cancer

pCATS Code

Pre-assigned code added
to the OR booking form

Standardized description of diagnosis

Diagnosis

Pre-assigned priority

W2 Priority Level

Pre-assigned maximum target time from when the
patient is ready for surgery

W2 Target Time

OR booking form – patient registration

Surgeons' offices

OR booking office

Surgical information
system

Operating rooms

Site wait times lead

How to Use pCATS in OR Booking

- Surgeon selects unique pCATS code from specialty list
- Surgeon adds pCATS code to the OR Booking Request Form
- OR Booking Office staff enters pCATS code into their Surgical Information System which links the code with the corresponding diagnosis, priority and maximum target time
- The priority dictates the “demand window” starting from the Patient Ready-to-Treat Date

Service	Diagnosis	pCATS Code	Within
General Surgery	Inguinal hernia: Incarcerated, non-reducible	3169	24 hours
General Surgery	Inguinal hernia: <1 year non-incarcerated	3167	3 weeks
General Surgery	Inguinal hernia: >1 year non-incarcerated	3168	3 months

Surgery Demand Window - Scheduling

Patient Ready-to-Treat (RTT) Date + Maximum Target Time (MTT)

Maximum Target Time = 6 Weeks

Demand Window

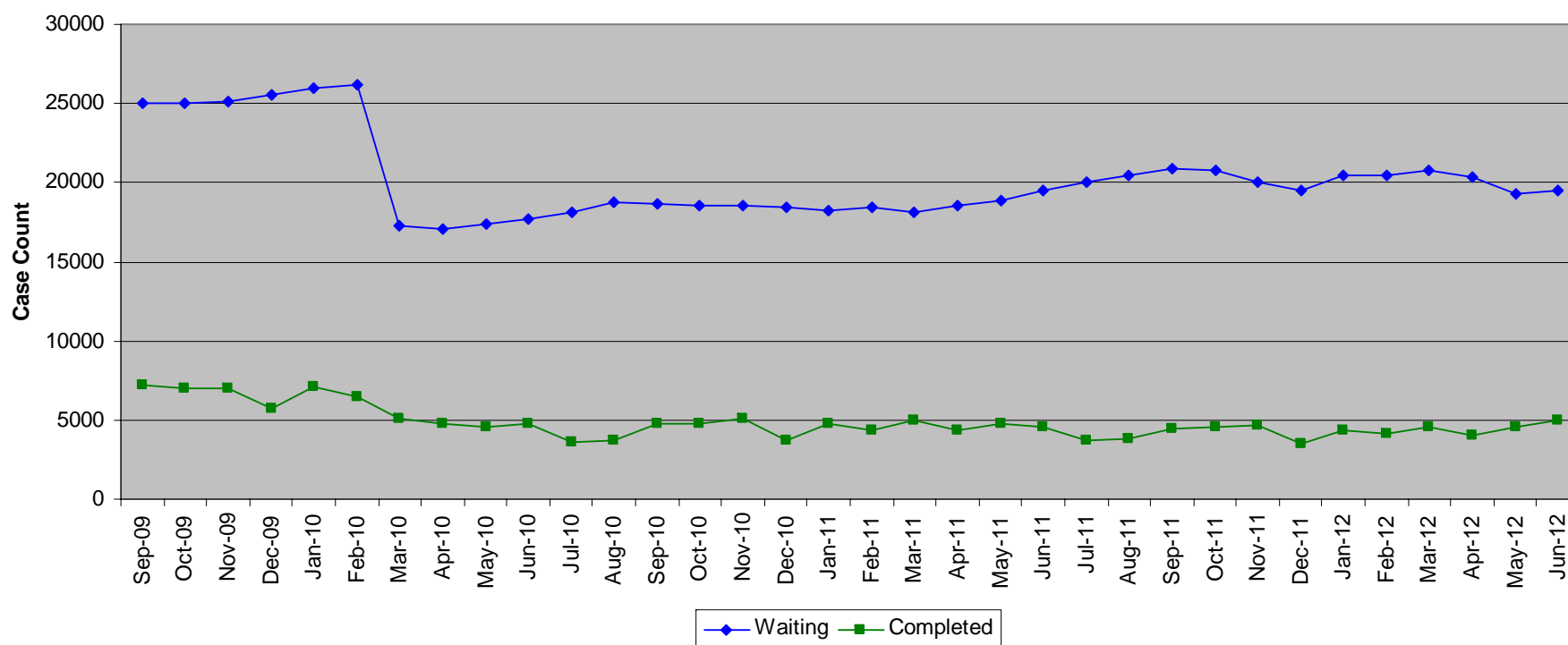
December 2008						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	RTTD	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

January 2009						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
	RTTD + MTT	21	22	23	24	
25	26	27	28	29	30	31

Benefits of model:

1. Considers all cases in the queue
2. Considers clinical acuity in prioritizing cases

Canadian Pediatric Surgical Wait Times Project Waiting and Completed Cases – National Data

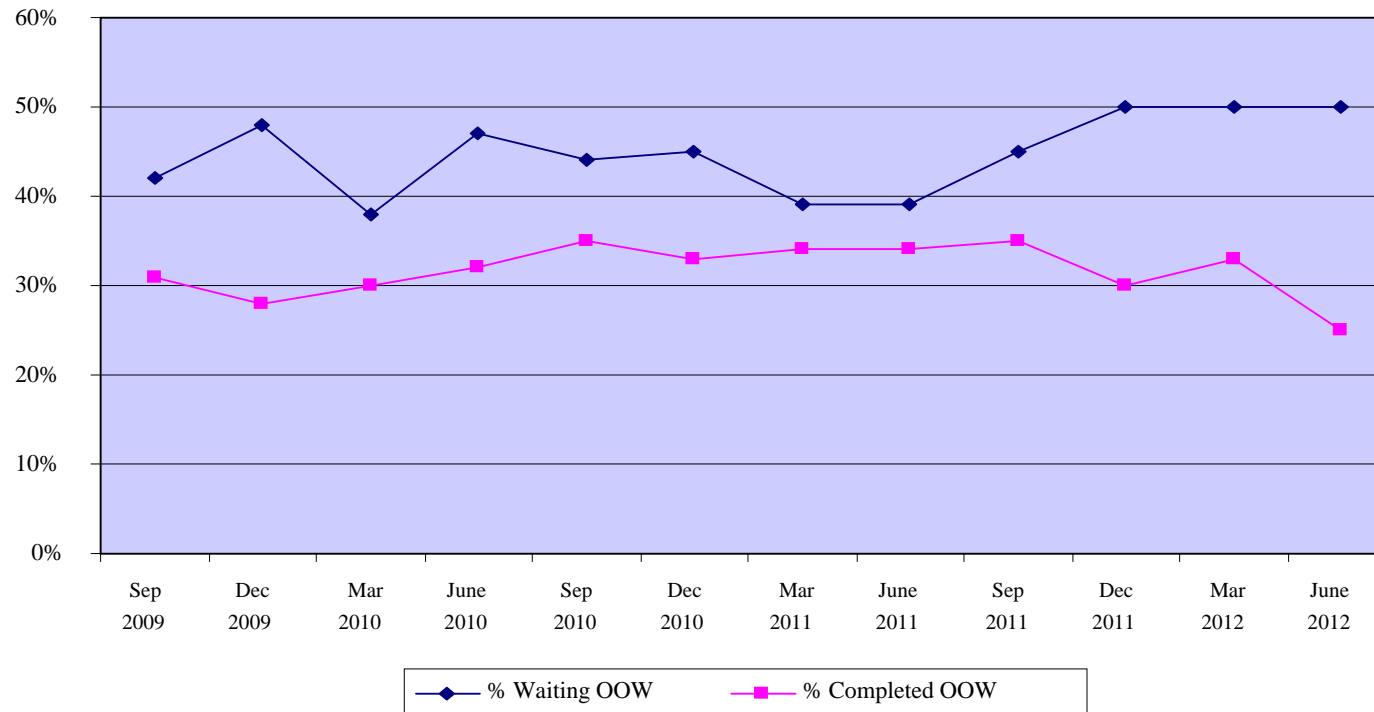


2007 to June 2012: 273,852 cases – 255,660 completed; 18,192 waiting

Canadian Pediatric Surgical Wait Times Project

% Waiting and Completed Cases Beyond Target Times

National Data



Canadian Pediatric Surgical Wait Times Project

- **Strengths:**
 - **Standardized diagnoses and targets (pCATS)**
 - **National reference data for measuring, monitoring & managing surgical wait times**
 - **Essential as each Province has only 1 - 5 children's hospitals**
 - **Provides some analytical tools – capacity analysis**
 - **Enables sharing of local problems & solutions**
 - **Facilitates local management of surgical wait times**

Canadian Pediatric Surgical Wait Times Project

- **Weaknesses:**
 - **Future National funding uncertainty**
 - **pCATS has not been updated**
 - **Limited emphasis on management of waiting lists**
 - **National improving access for cases completed associated with worsening access for cases waiting**

days waiting for surgery

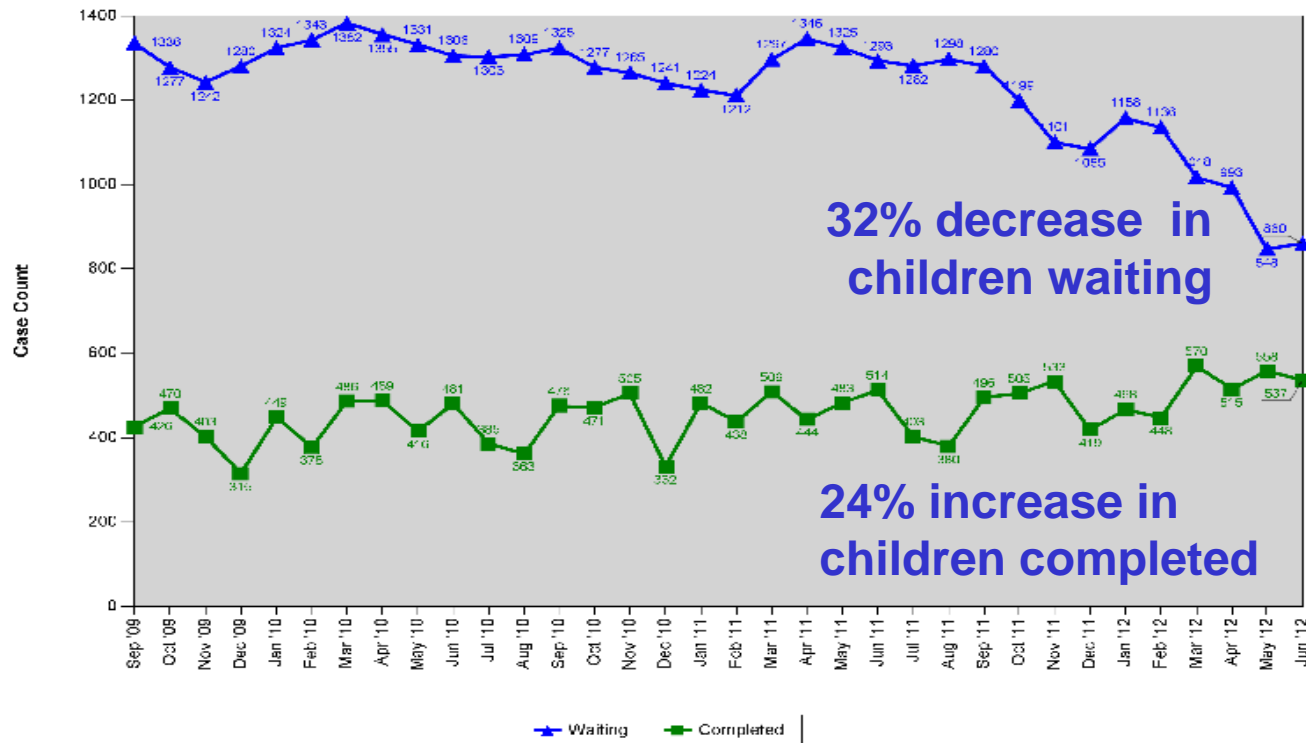
Hospital	Aug 2009 (# days waiting)	July 2012 (# days waiting)	Change
Benchmarking Hospitals (7)	108	174	<u>61 % increase</u>
Stollery Children's Hospital	101	53	<u>47 % decrease</u>

Stollery Children's Hospital

Canadian Paediatric Surgical Wait Times Project
Waiting and Completed Cases

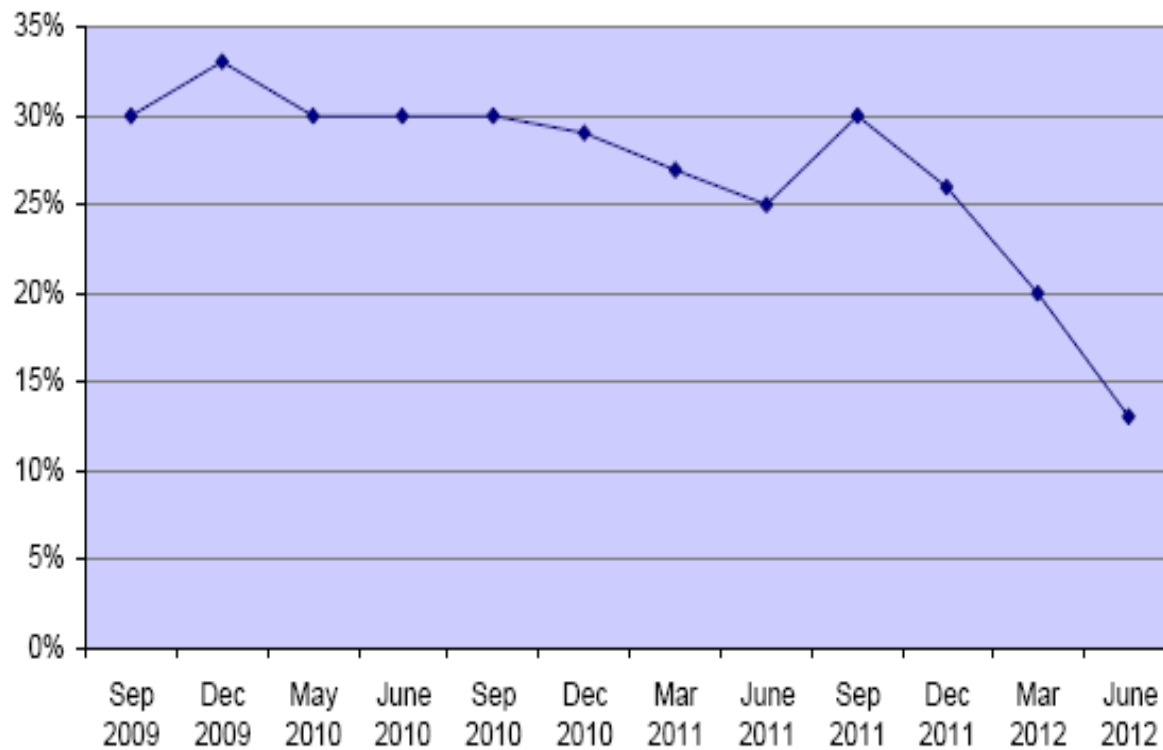
L03
September 2009 - June 2012

All



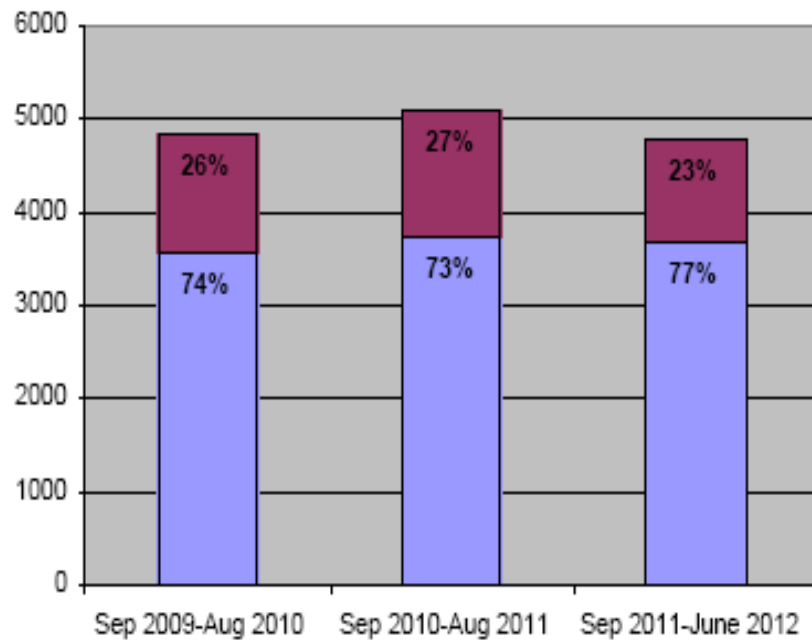
Stollery Children's Hospital

Percentage of Surgical Patients Waiting Beyond Target Time

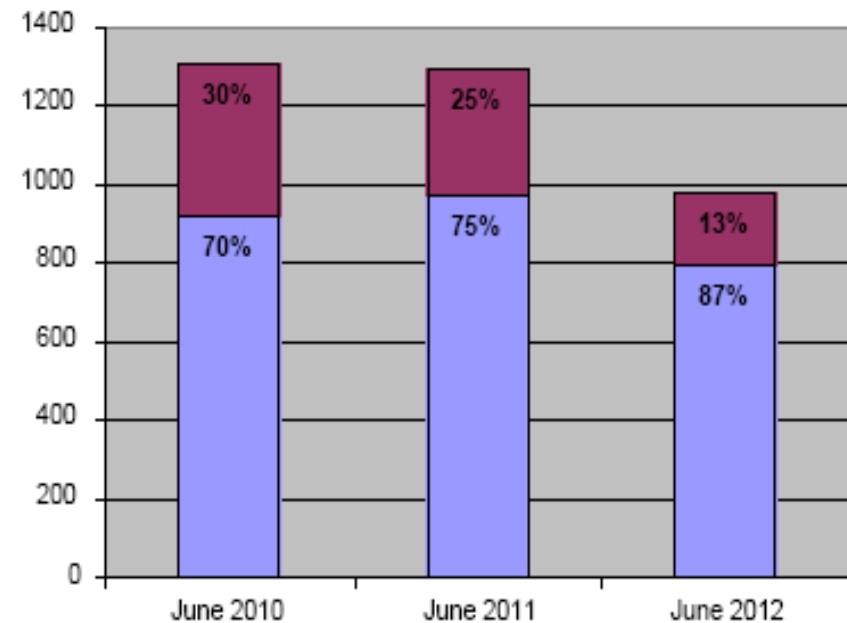


Stollery Children's Hospital

Stollery Children's Hospital
Completed Elective Cases



Stollery Children's Hospital
Elective Cases Waiting

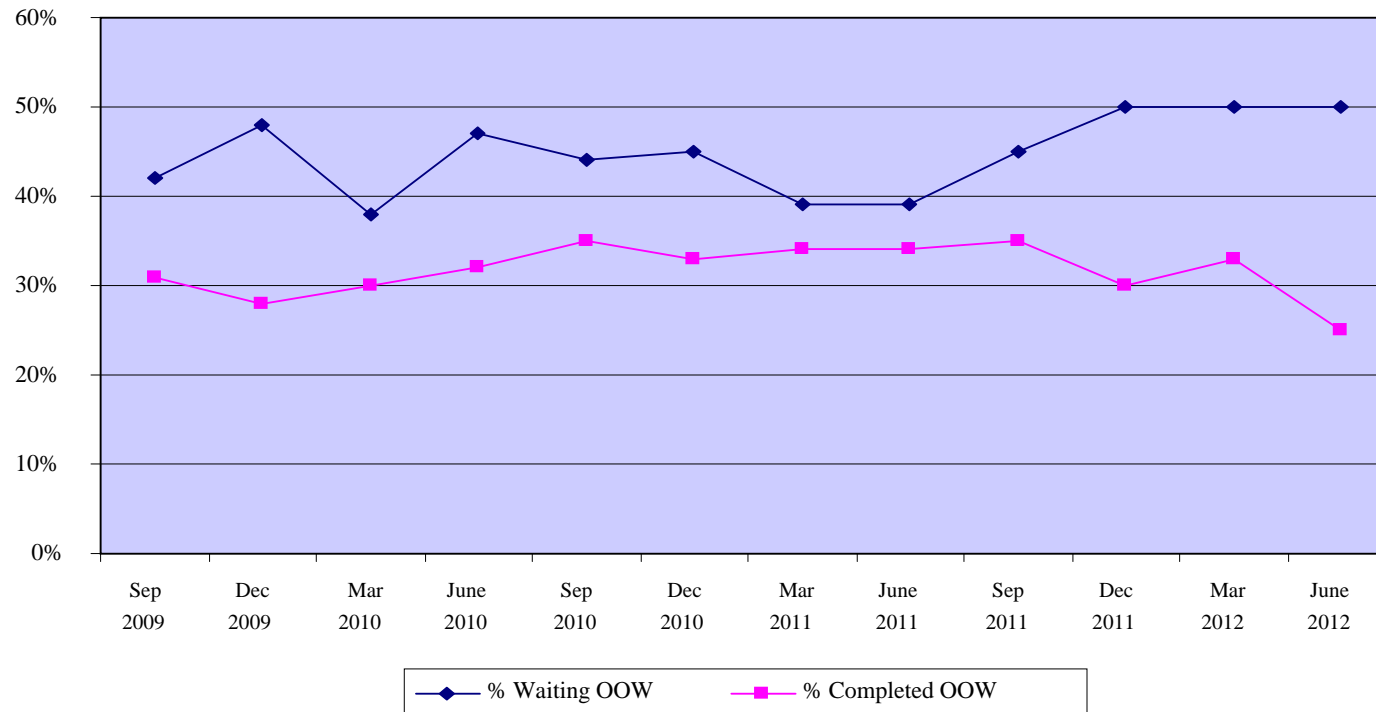


■ Beyond Target Time
■ Within Target Time

Canadian Pediatric Surgical Wait Times Project

% Waiting and Completed Cases Beyond Target Times

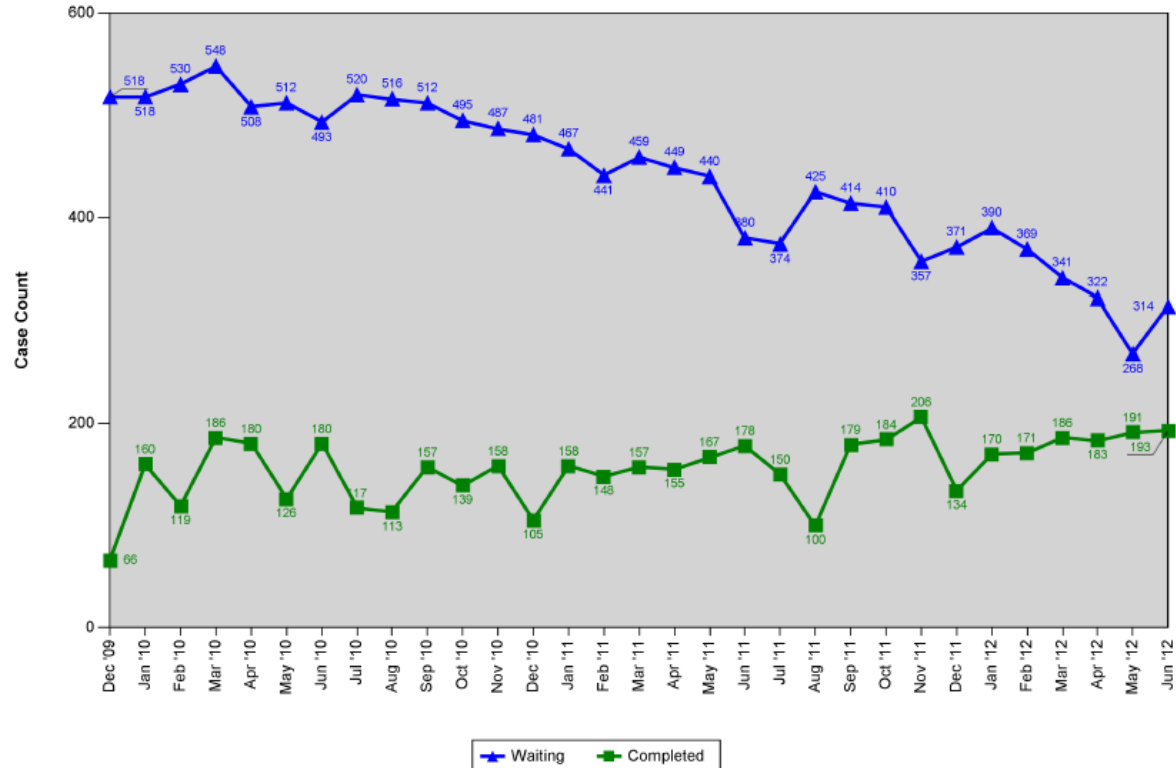
National Data



Stollery - otolaryngology

Canadian Paediatric Surgical Wait Times Project
Waiting and Completed Cases
Otolaryngology

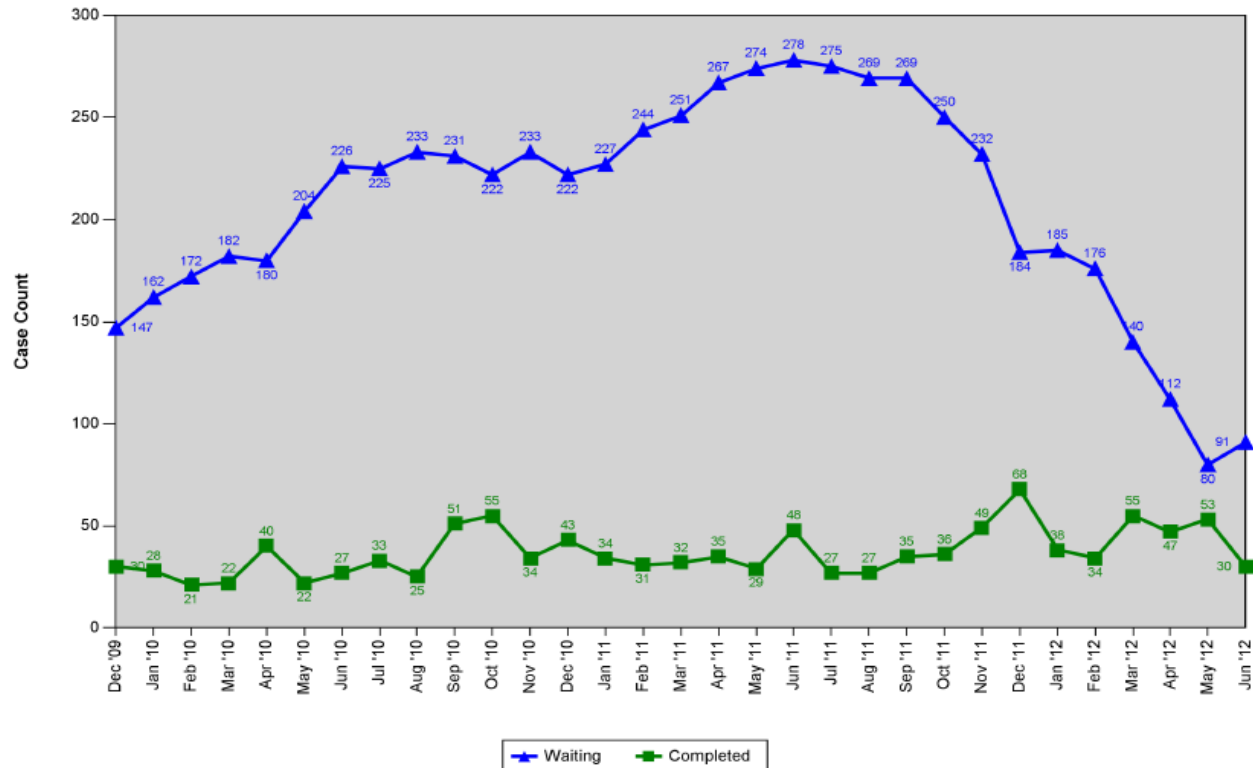
L03
December 2009 - June 2012



Stollery – plastic surgery

Canadian Paediatric Surgical Wait Times Project
Waiting and Completed Cases
Plastic Surgery

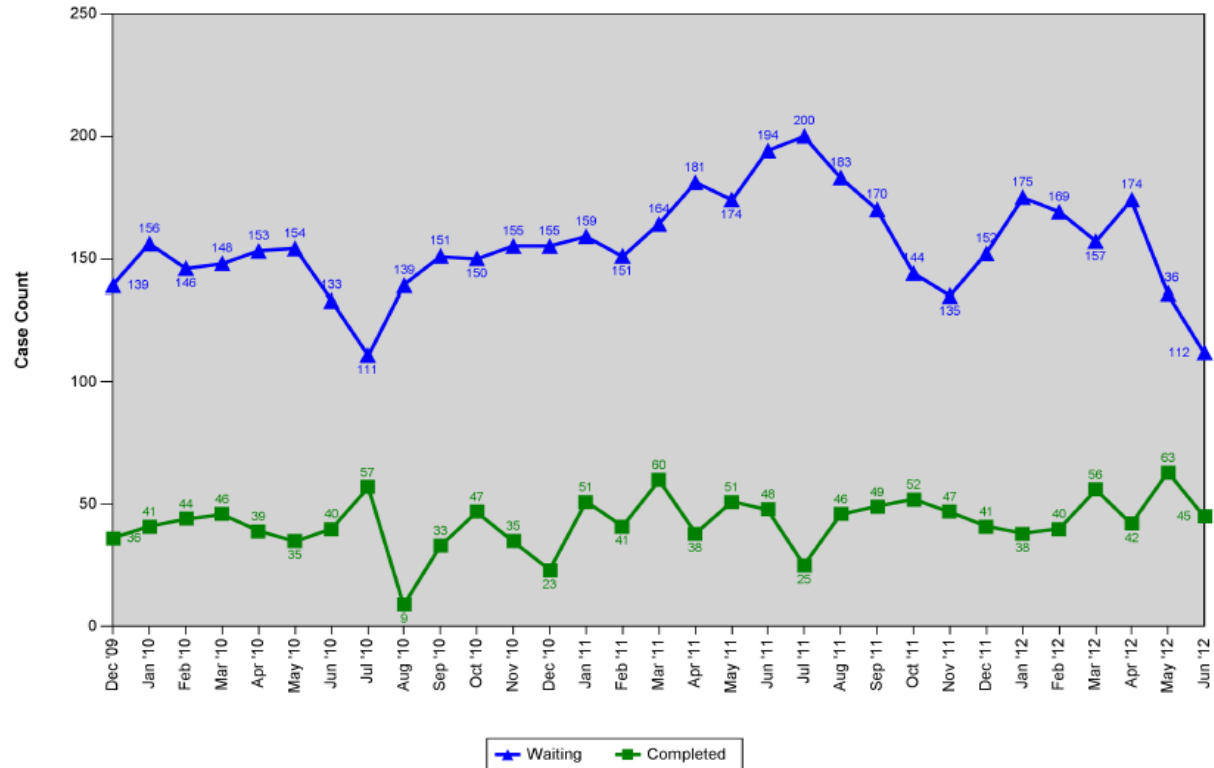
L03
December 2009 - June 2012



Stollery - dentistry

Canadian Paediatric Surgical Wait Times Project
Waiting and Completed Cases
Dentistry

L03
December 2009 - June 2012



CMAJ 183:E559-64;2011

“Dental treatment requiring anesthesia uses the most operating room hours at the majority of pediatric hospitals in Canada. Our results identify dentistry as a high-priority area to address and underscore the importance of reducing the prevalence of dental decay.”

Dental Care Plans

theage.com.au
THE  AGE

Labor plans \$4bn expansion of dental service

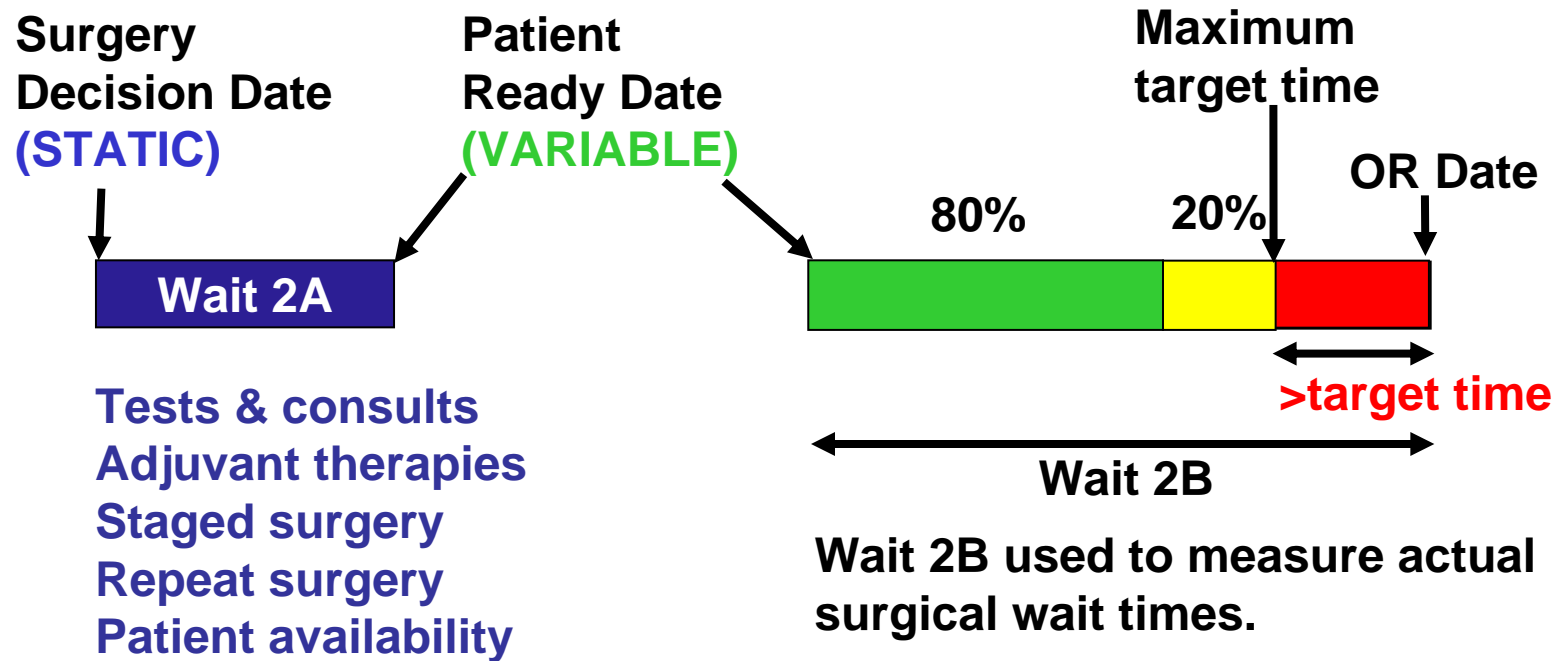
Mark Metherell

Published: August 30, 2012 - 3:00AM

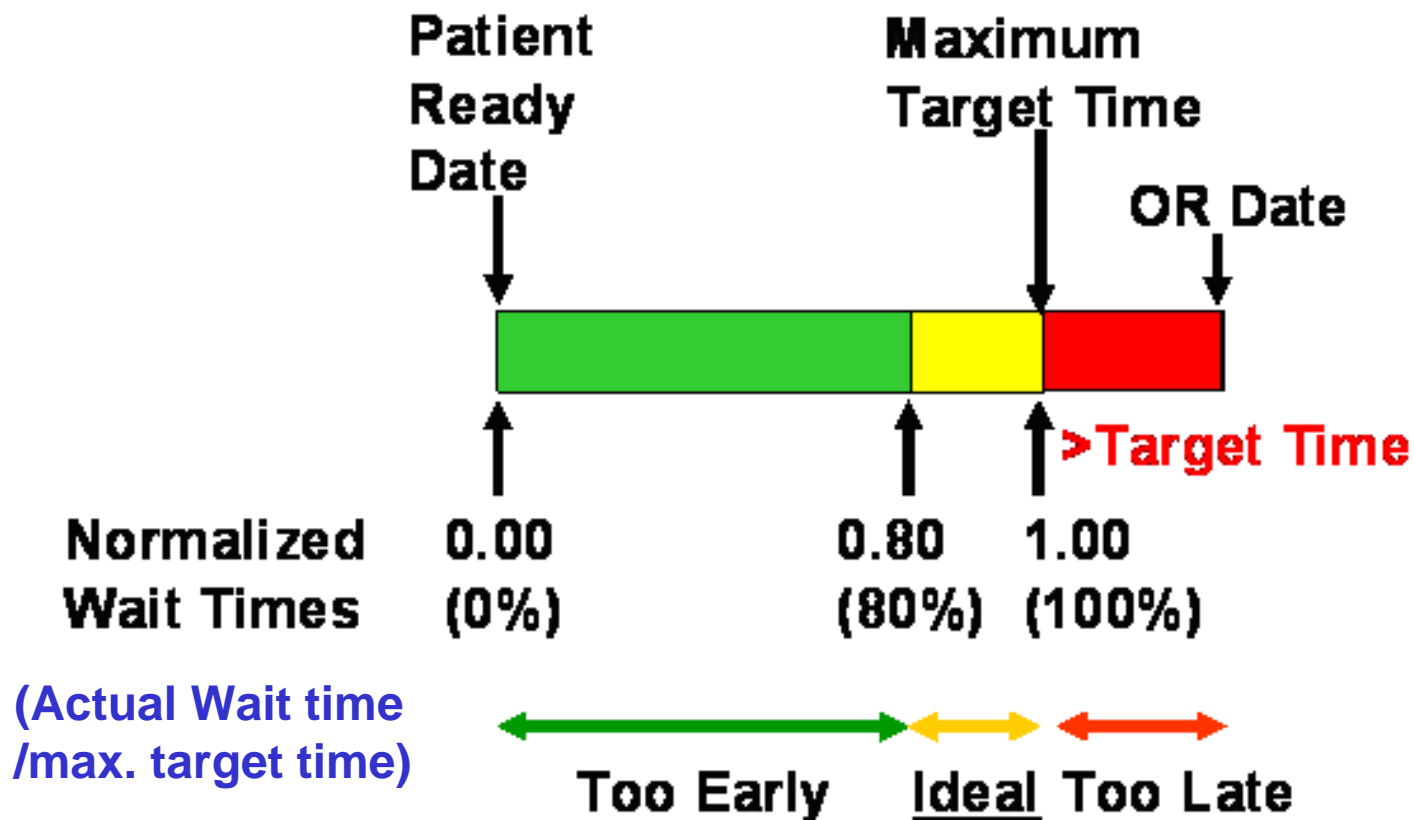
The arrangements will provide \$2.7 billion for 3.4 million children to get treatment from public or private dentists, capped at \$1000 over two years, starting from January 2014.

**Collaboration – primary care teams,
pediatricians, dentists & government**

Key Dates & Concepts in Wait Times Management



Normalized wait times – scheduling queue



Normalized wait list example

Surgical Priority	Patient Name (Fictitious)	Actual No. of Days	Clinically-Accepted Maximum Wait Time (Days) (B)	Normalized Wait Time (A / B)
1	Maria	25	14	1.7857
2	Brian	265	180	1.4722
3	Michael	27	21	1.2857
4	Jennifer	89	90	0.9888
5	Debbie	305	365	0.8356
6	Kevin	20	42	0.4762



Surgical office report – patients listed in normalized wait times order with scheduling date range

Booking #	Patient Name	Surgery Decision Date	Patient Ready (Available) Date	aCATS or pCATS Code	Priority	Diagnosis	Schedule Date Range ²		Scheduled Date ³
							Start Date	End Date	
				SCHEDULE					
				SCHEDULE					
				DON'T SCHEDULE					

Online, real time reports

Chief of surgery summary report

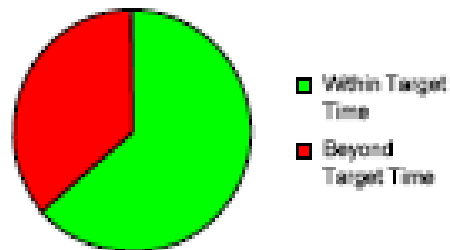
Service A	eg. General Surgery	
Surgeon 1	Total # waiting cases	Total # (%) > target time
Surgeon n	Total # waiting cases	Total # (%) > target time
All service A	Total # waiting cases	Total # (%) > target time
All services A-Z	Total # waiting cases	Total # (%) > target time

Local management of surgical waiting lists

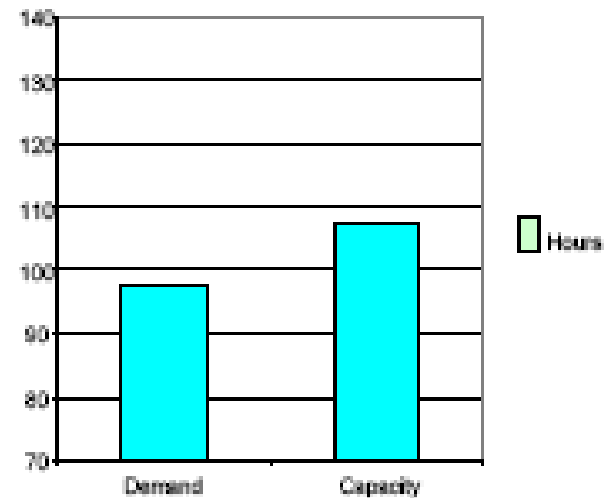
- **Well maintained waiting lists**
 - All patients for surgery registered
 - Patient ready-to-treat dates current
 - Appropriate pCATS code used
- **Queue-based scheduling rather than opportunity-based (random scheduling) – ‘right patient at the right time’**
- **Identify suboptimal processes and resource limitations**
- **Identify, implement & evaluate solutions**

Capacity Analysis – OR Allocation

Cases Pending for Dr. X



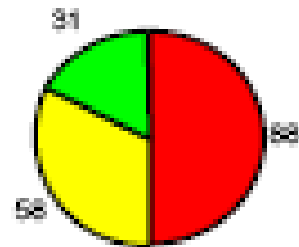
Demand vs. Capacity for Dr. X



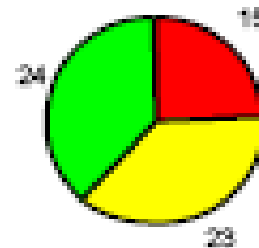
The pie chart shows that a significant % of Dr. X's children are waiting too long for surgery. However, the Demand vs. Capacity chart shows that Dr. X has sufficient OR time to keep pace with surgical demand.

Capacity Analysis – OR & Beds

COMPLETED SURGERIES
JULY 2011-AUG 2012



PENDING SURGERIES
AUG 2012



- Beyond target time
- 2nd half of max. waiting time
- 1st half of max. waiting time

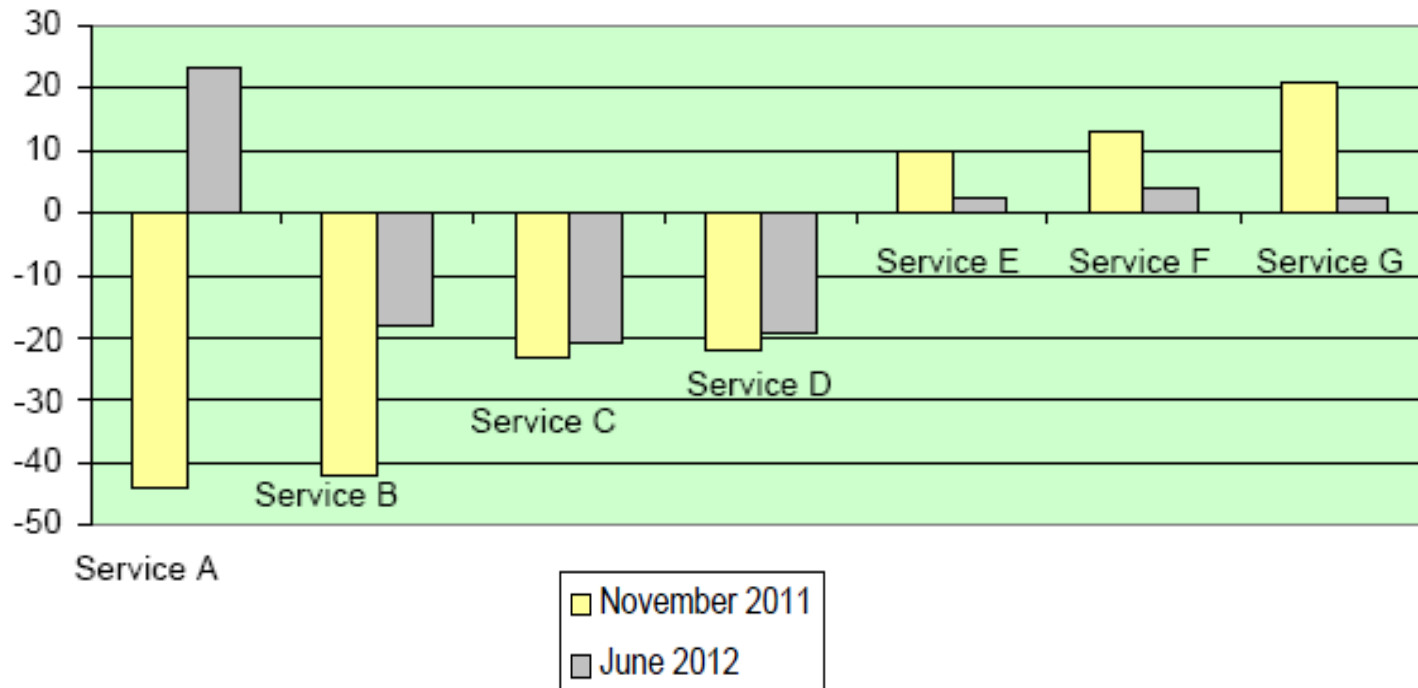
Limited # beds for sleep apnea patients to stay overnight

Our local strategies

- **Optimize processes**
- **Resource changes:**
 - **Anesthesia staffing**
 - **OR allocation – Moving from historical to patient wait times – based allocation**
 - **20% vs 40% summer OR closures**
 - **Doubling # of ORs (including an emergency OR)**
 - **Day ward to be also used as a 24 h surgical unit**
 - **Improved hospital bed usage**
 - **New cardiovascular ICU**

Dynamic OR template changes

OR Block Deficits/Surpluses
Pre and Post OR Template Changes



Alberta Surgical Wait Times Project

SERVICE	CATEGORY (SUBCATEGORY)	CODE	DESCRIPTION	MAX WAIT TIME
GENERAL	ABDOMINAL WALL	W5K1	INCARCERATED HERNIA OF ANY TYPE	WITHIN 1 WEEK
GENERAL	ABDOMINAL WALL	W5L9	INGUINAL OR FEMORAL HERNIA UNCOMPLICATED	WITHIN 26 WEEKS
GENERAL	ABDOMINAL WALL	W5N4	UMBILICAL HERNIA UNCOMPLICATED	WITHIN 26 WEEKS
GENERAL	ABDOMINAL WALL	W5P0	INCISIONAL OR OTHER HERNIA UNCOMPLICATED	WITHIN 26 WEEKS
GENERAL	BREAST	W5U9	BENIGN BREAST DISEASE EXCLUDING ABSCESS	WITHIN 6 WEEKS
GENERAL	BREAST (? CANCER)	W5X2	BREAST MASS UNDIAGNOSED FOR BIOPSY	WITHIN 3 WEEKS
GENERAL	BREAST (CANCER)	W5Z8	BREAST CANCER INFLAMMATORY FOR DEFINITIVE SURGERY	WITHIN 1 WEEK
GENERAL	BREAST (CANCER)	W609	BREAST CANCER NON INFLAMMATORY FOR DEFINITIVE SURGERY	WITHIN 3 WEEKS

Adult tier 1 targets – CABG; cataracts; joint replacements; cancers

Can J Cardiol 22:679-683;2006

Treating the right patient at the right time: Access to cardiac catheterization, percutaneous coronary intervention and cardiac surgery

Michelle M Graham MD¹, Merrill L Knudtson MD², Blair J O'Neill MD³, David B Ross MD⁴,
for the Canadian Cardiovascular Society Access to Care Working Group

Evidence- & consensus-based priority system – each diagnosis with several levels of acuity that determine the priority & maximum target times

Cancer Care Ontario – Surgical Targets

- **Priority level I (Emergency)**
 - CNS tumour with decreasing level of consciousness
 - Colorectal cancer with obstruction or life threatening bleeding
 - Laryngeal cancer with airway obstruction
- **Priority level II (< 14 days)**
 - Most CNS tumours
 - Rapidly evolving ovarian cancer
- **Priority level III (<28 days)**
 - *THE EXPERT PANEL HAS SUGGESTED THAT MOST CANCERS FALL IN THIS PRIORITY LEVEL*
- **Priority level IV (<84 days)**
 - “low risk” prostate cancer (early stage, low Gleason score, low PSA level where surgery recommended)
 - “low risk” thyroid cancer
 - Other low risk, indolent cancers

Gynecology

Statement on Wait Times in Obstetrics and Gynaecology

COMMITTEE ON WAIT TIMES

Scott Farrell, MD, FRCSC (Co-Chair), Halifax NS

Charmaine Roye, MD, FRCSC (Co-Chair), Brantford ON

Joan Crane, MD, FRCSC, St John's NF

Don Davis, MD, FRCSC, Medicine Hat AB

Mark Heywood, MD, FRCSC, Vancouver BC

André Lalonde, MD, FRCSC, Ottawa ON

Nicolas Leyland, MD, FRCSC, Toronto ON

Vyta Senikas, MD, FRCSC, Ottawa ON

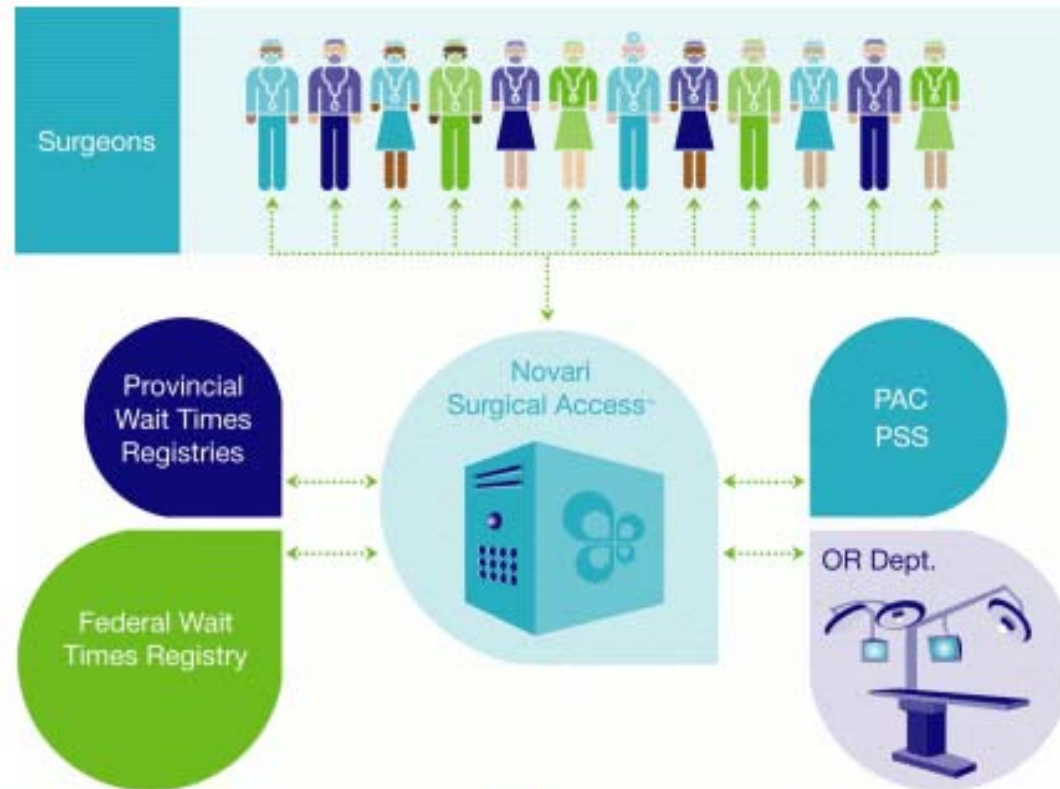
Project Manager

Christiane Menard, SOGC

This Policy Statement was prepared by the SOGC ad hoc Committee on Wait Times and was reviewed, amended, and approved by the Executive and Council of the Society of Obstetricians and Gynaecologists of Canada.

J Obstet Gynaecol Can 2008;30(3):248–257

Electronic Surgical Access



Novari Surgical Access electronically links the Surgeons' offices, OR Department and the Pre-Surgical Team. Everyone communicates in real time and is always on the same page.

Summary

- **Timely access to clinical services is a key issue**
- **Patient focused approach (diagnosis- and acuity- based) to measure, monitor and manage waiting lists can be applied to any clinical service**
- **Quality of local data is critical for local change management and for central reporting**
- **Local change management (processes and resources) needs to be a major focus of wait times projects**
- **Hospitals need appropriate electronic tools for the measurement and management of waiting lists**

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