



Wait Times for Priority Procedures in Canada, 2015

Report

April 2015

Types of Care



Canadian Institute
for Health Information

Institut canadien
d'information sur la santé



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Introduction

Long wait times can be a barrier that prevents Canadians from receiving timely access to health care services.¹ In 2004, first ministers signed the *10-Year Plan to Strengthen Health Care*,^{1,2}

committing to a meaningful reduction of wait times through strategic investments in 5 priority clinical areas: cancer, heart, diagnostic imaging, joint replacement and sight restoration.³ As a result, jurisdictions made reducing wait times and improving access to care a high priority and continue to do so for Canadians. In the 11 years since 2004, the Canadian Institute for Health Information (CIHI) has reported wait times across the country for identified priority areas.

Over the years, there has been significant improvement in reporting how long people wait for the priority clinical areas in all provinces. All provinces report wait time information on public websites, and some do so at the regional, facility and physician levels (see the appendix). That said, there are some areas of care where information gaps continue to be challenging, such as cardiac surgeries, diagnostic imaging and consultations with specialists.

In collaboration with provinces, each year CIHI reports pan-Canadian wait times using comparable definitions and presents the key findings to health care professionals, decision-makers and the public. The report looks at both current results and trends over time. Over the past 5 years, wait times for priority procedures have remained stable, while the numbers of procedures performed have increased. Improvements in wait times for hip and knee surgeries were observed, with more patients receiving care within benchmarks. For the first time, reporting of regional-level wait time data for hip and knee replacements is available. New data is also available to compare Canada's wait times with those of other countries to view Canada's performance from an international perspective. In comparison with some of its peers, Canada performs well on cataracts and joint replacement surgeries.

Understanding This Report

This report provides comparative wait time information for procedures in the 5 priority areas set by the first ministers in 2004. To facilitate comparisons, pan-Canadian benchmarks were established in 2005. Benchmarks are defined here as “evidence-based goals each province or territory will strive to meet, while balancing other priorities aimed at providing quality care to Canadians. Benchmarks express the amount of time that clinical evidence shows is appropriate to wait for a particular procedure.”⁴ Because not all delays in receiving treatment are directly related to access to care, it may not be reasonable to expect 100% of procedures to be performed within a benchmark time frame. To date, 90% has served as a practical target.

5 years of pan-Canadian estimates for patients receiving care within wait time benchmarks are now available. A trend is considered an increase or decrease of at least 5 points in the percentage of patients receiving care within the benchmark from the baseline year of 2010. A proportion is considered unchanged if there is a difference of less than 5 percentage points.

i. In the companion agreement, *Asymmetrical Federalism That Respects Quebec's Jurisdiction*, it was noted that Quebec would apply its own wait time reduction plan in accordance with the objectives, standards and criteria established by the relevant Quebec authorities.

Comparing wait times for coronary artery bypass graft (CABG) surgery continues to be a challenge in 2015. The benchmarks for CABG were established based on the urgency level of a patient's condition. However, there continues to be a lack of consensus across provinces on how physicians should prioritize these patients. In the meantime, wait times for all bypass patients have been combined, and the percentage of patients (regardless of urgency level) receiving care within the benchmark has been calculated using the longest time frame of 26 weeks (182 days). Some clinicians have expressed concern that applying a benchmark of 26 weeks for all bypass surgery patients, regardless of priority level, presents a more favourable picture of wait times than would otherwise be seen. Addressing this challenge will require engagement and collaboration between the provinces and physicians.



This report provides a snapshot of wait times in Canada. Additional wait time information, including trends from 2008 to 2014 by province, health region and priority area, is available on CIHI's website (<http://waittimes.cihi.ca/>).



New for 2014: Regional-Level Wait Times for Priority Procedures, and Investigating Hip Fracture Repairs in Yukon

Many health care decisions and policies are made at the health region level. For 2014, provinces have provided regional-level procedure volumes and wait times for hip and knee replacements. CIHI will continue to report on regional-level data for hip and knee replacements in this annual wait times report and in the online graphic display.

The report has a special focus on patients receiving care for hip fractures in Yukon. Its small population is geographically isolated from large urban centres, where greater access to specialized care is offered. To receive appropriate care, sometimes Yukon residents travel long distances, often to neighbouring provinces. The study explores interprovincial health care provision and its impact in this case on hip fracture repair wait times.

Wait Times in 2014: Key Findings

Wait Times Stable Over Past 5 Years While More Patients Receive Care

With 5 years of pan-Canadian data, it is now feasible to take a longer view of wait time trends (Figure 1). Since 2010, there has been little change in the proportion of people treated within the benchmarks, with the exception of hip fracture repairs, which increased from 78% in 2010 to 84% in 2014 (Table 1). Consistently across the 5-year period, about 8 out of 10 patients received priority surgical procedures within the benchmark, while 98% of radiation therapy was delivered within 4 weeks (28 days). Over the same time frame, there has been an increase in the number of patients who received care. The largest change was seen in the number of radiation treatments (34%), followed by hip replacements (28%) and knee replacements (24%) (Table 1). Despite the increase in the number of procedures (i.e., more patients requiring surgery), wait times have remained mostly consistent over the years (Figure 1).

Table 1: Change in Percentage Meeting Wait Time Benchmarks and Total Volume, 2010 to 2014, Canada

Procedure (Benchmark)	Percentage Within Benchmark		Change in Number of Procedures
	April–September 2010	April–September 2014	April–September 2010 to April–September 2014
Hip Replacement (182 Days)	84%	83%	28%
Knee Replacement (182 Days)	80%	79%	24%
Hip Fracture Repair* (48 Hours)	78%	84%	5%
Cataract Surgery† (112 Days)	83%	80%	7%
Radiation Therapy (28 Days)	98%	98%	34%

Notes

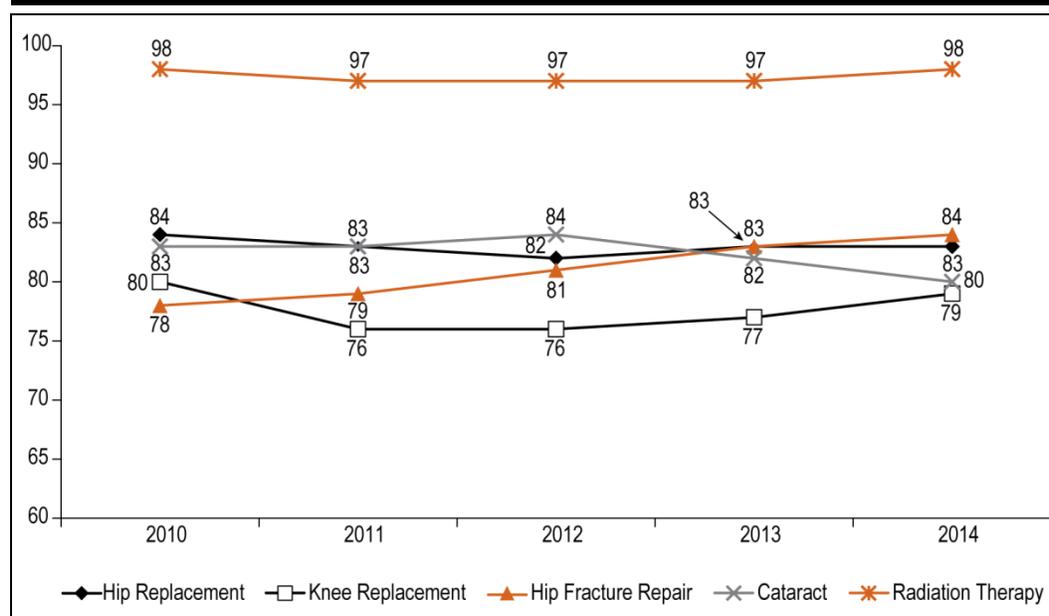
* Quebec wait times for hip fracture repair are not included due to methodological differences in the data.

† The pan-Canadian benchmark specifies cataract surgery within 16 weeks (112 days) for patients who are at high risk. There is not yet consensus on a definition of “high risk,” so the benchmark is applied across all priority levels.

All-Canada estimates were calculated using the provincially submitted percentages meeting benchmark and 50th and 90th percentile waits, except for hip fracture repair.

Due to a data issue in British Columbia that has been addressed, figures for percentage meeting benchmark for hip replacement, knee replacement and cataract have been updated for 2010 to 2014.

There are no pan-Canadian benchmarks for cancer surgery, magnetic resonance imaging scans and computed tomography scans. As of 2012, the percentage of patients receiving coronary artery bypass graft within the benchmark is no longer reported.

Figure 1: Percentage Meeting Benchmark for Priority Procedures in Canada, 2010 to 2014

Note

Due to a data issue in British Columbia that has been addressed, figures for percentage meeting benchmark for hip replacement, knee replacement and cataract have been updated for 2010 to 2014.

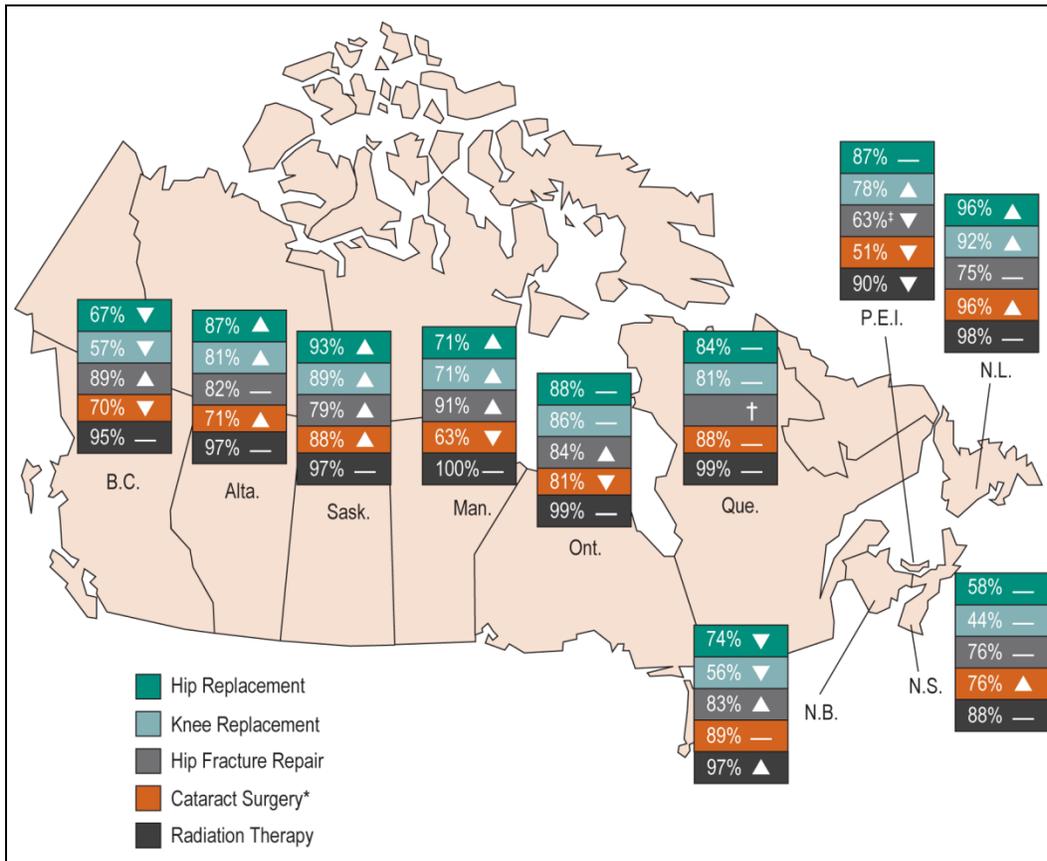
More Patients Receive Surgery for Joints and Radiation Within Benchmarks

Across 5 jurisdictions, between 2010 and 2014, there was a significant increase (of 5% or more) in the proportion of knee surgeries completed within the benchmark of 182 days (Newfoundland and Labrador, Prince Edward Island, Manitoba, Saskatchewan and Alberta) (Figure 2). Over the same period, there were also similar increases for hip replacements across 4 provinces (Newfoundland and Labrador, Manitoba, Saskatchewan and Alberta) (Figure 2).

Several factors can contribute to an increase in hip and knee replacements. Although there are more patients older than age 65 in Canada, which is the age group most likely to need a joint replacement, the pace of aging has been shown to contribute little to the increase in these procedures.⁵ Until recently, doctors and surgeons typically preferred to do joint replacement surgery on individuals older than 60, as it was believed that these individuals would put less stress on their new joints by leading less active lifestyles. However, doctors have now established that joint replacement surgery is also effective in people younger than 60.⁶ Changes in surgical practice and improvements in the prostheses used have also expanded joint replacement surgery to younger patients.⁵ Conditions leading to joint replacement, such as osteoarthritis and obesity, are also becoming more prevalent among the overall Canadian population.⁷ These factors combined can help to explain the increase observed in joint procedures over the years.

Along with more joint replacements being done, the volume of patients receiving radiation treatment has increased (34%) over the past 5 years across provinces (Table 1). Radiation therapy is used as the primary method of treatment for cancer.⁸ In 2014, the Canadian Cancer Society linked increased volumes of radiation therapy with population growth and aging.⁹ When adjusted for population growth and age, the incidence of new cancer has remained unchanged since 2009.⁸ As the Canadian population continues to age, we can expect the number of radiation therapy procedures to continue to rise in the future.

Figure 2: Change in Percentage Meeting Wait Time Benchmark, April to September, 2010 to 2014, by Province



Notes

- ▲ At least a 5-percentage-point *increase* in percentage meeting benchmark since 2010 (after rounding to nearest percent).
- ▼ At least a 5-percentage-point *decrease* in percentage meeting benchmark since 2010 (after rounding to nearest percent).
- No substantial change in percentage meeting benchmark since 2010.
- * The pan-Canadian benchmark specifies cataract surgery within 16 weeks (112 days) for patients who are at high risk. There is not yet consensus on a definition of “high risk,” so the benchmark is applied across all priority levels.
- † Quebec wait times for hip fracture repair are not included due to methodological differences in the data.
- ‡ P.E.I. open-year data submissions to the Discharge Abstract Database were incomplete for April to September 2014. There are no pan-Canadian benchmarks for cancer surgery, magnetic resonance imaging scans and computed tomography scans. As of 2012, the percentage of patients receiving coronary artery bypass graft within the benchmark is no longer reported.

NEW Hip Fracture Repair in Yukon: Wait Times Longer for Patients Who Need to Go Out of Jurisdiction for Care

With more than 95% of Canada's geography considered rural, the geographic distance that patients must travel can greatly influence their wait time for accessing appropriate care for emergent conditions such as hip fracture repair.^{10, 11} It is common practice in an urban centre to receive hip fracture patients in the emergency department followed by admission to the same hospital for surgery. In rural areas, this may be a multi-step process encompassing a patient's initial visit to a rural emergency department or regional referral centre, followed by a transfer to an urban hospital where the patient is treated for the hip fracture repair. This transfer can add considerably to the patient's wait time.

In Yukon, some hip fracture patients are taken by air-ambulance to a neighbouring province for urgent surgeries. This is of particular concern for conditions affecting older patients, as 35% of Yukon residents are older than age 50.¹² Between 2011–2012 and 2013–2014, 59% of all Yukoners with a hip fracture received the surgery in British Columbia or Alberta. The majority (80%) of hip fracture repair patients who received their surgery within the territory had it within the benchmark of 48 hours, similar to other provinces in Canada. However, of those who needed to be transferred to a neighbouring province, only 31% received their surgery within the benchmark. The main reason for patient transfers outside of Yukon is surgeon availability.¹³ Unlike in urban centres, there is no back-up if surgeons are not scheduled to work or are on holidays. Poor weather conditions, combined with timing of flights, contribute to the longer waits experienced by these patients.

How Are Hip Fracture Repair Wait Times Measured in Yukon?

The patient pathway for hip fracture repair commonly begins in the emergency room and ends with the hip fracture repair surgery. Patients' wait time includes their time in the first emergency department through to the time they are admitted at the acute care facility where the surgery will take place. This includes any interprovincial travel time that may occur between the 2 facilities.

Due to the small number of annual surgeries in Yukon, hip fracture cases were accrued over 3 fiscal years (2011–2012 to 2013–2014), and the results were aggregated to protect patient privacy.

The benchmark of 48 hours from booking date to surgery applies to this analysis.

Detailed methodology notes for hip fracture repair in Yukon are available on [CIHI's website](#).

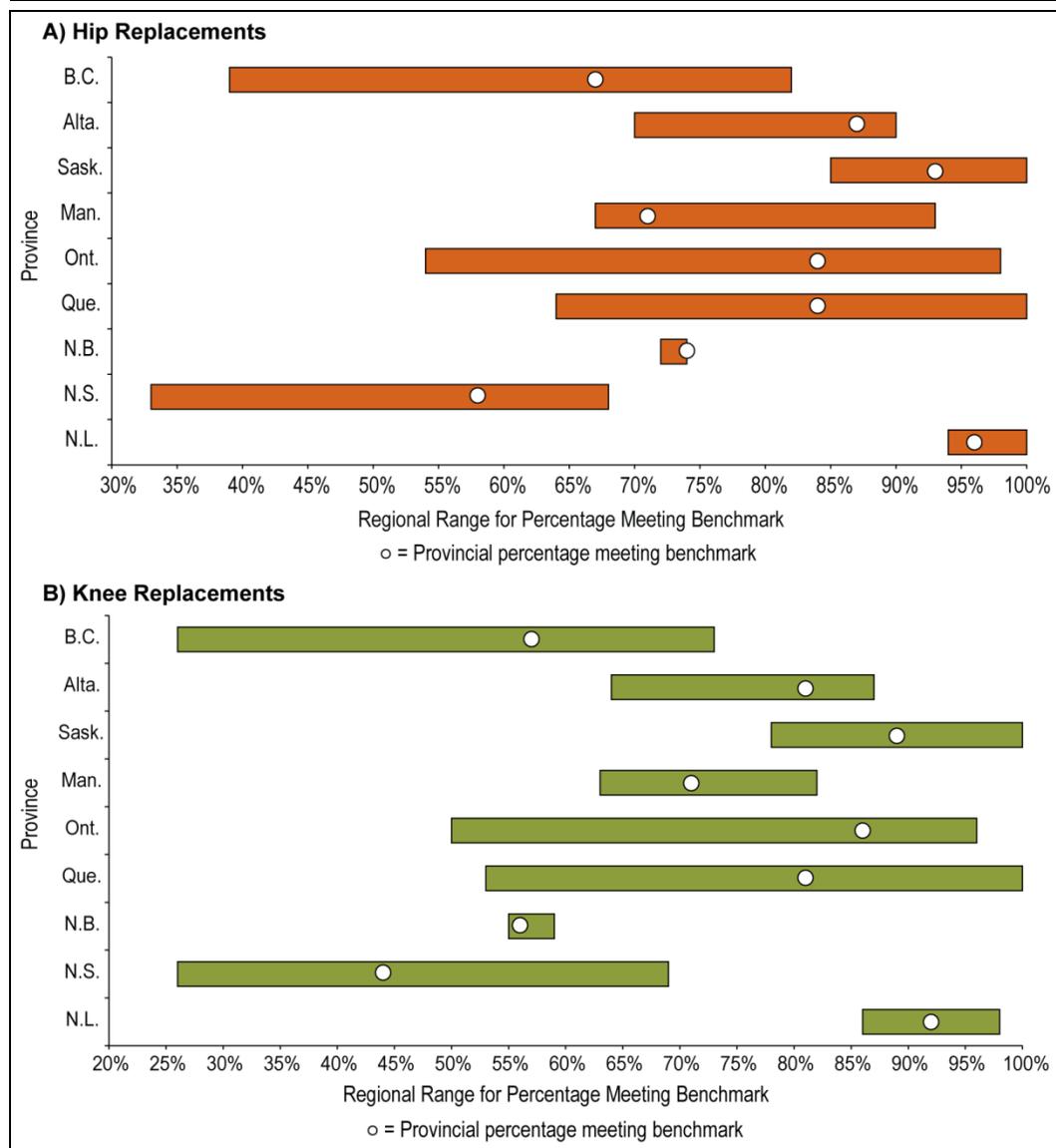
Variation in Regional Wait Times Impacts Provincial Results

Health regions help organize, administer and deliver health services to Canadians according to population health needs.¹² Figure 3 illustrates the variation of hip and knee surgeries completed within benchmark across health regions within each province. In addition to the interprovincial variation in percentage meeting benchmark, there is considerable variation within each of the provinces at a regional level. This regional variation does not appear to be related to the size of a province. Not all health regions are represented in the data because some provinces have organized care such that certain procedures are performed at a few regional hospitals. For example, Nova Scotia consists of 10 health regions, but only 4 of these regions are designated areas for adult hip and knee replacement surgeries.

Within larger provinces, the proportion of surgeries completed within benchmark varies among more populated regions, with no clear pattern observed between regional population size and percentage meeting benchmark. This can be seen in both Quebec and Ontario. For example, in the 6 Ontario local health integration networks that service Toronto and its surrounding areas, there is considerable variation in the proportions of patients receiving care within benchmark time frames: 54% to 98% for hip replacements and 50% to 96% for knee replacements.

Measuring health service provision and use at the regional level provides finer detail on the system’s ability to serve Canadians. Variation at the regional level also suggests that there are likely lessons to be learned in both the provision of care and best practices that can improve access.

Figure 3: Range in Regional Wait Times for Hip and Knee Replacements by Province, April to September 2014



Note
Detailed regional-level wait times data for hip and knee replacements can be found at <http://waittimes.cihi.ca/>.

Wait Times for Cataract Surgery Improve in Some Provinces, Grow Longer in Others

Between 2010 and 2014, 4 provinces showed an increase in the proportion of patients receiving cataract surgery within the benchmark (Newfoundland and Labrador,ⁱⁱ Nova Scotia, Saskatchewan and Alberta), while 4 saw a decline in this proportion over 5 years (Prince Edward Island, Ontario, Manitoba and British Columbia). The percentage of patients being treated within the benchmark of 112 days ranged from 51% to 96% among provinces in 2014.

Half of Provinces Continue to Provide Diagnostic Imaging Wait Times

5 out of 10 provinces continued to submit comparable wait time data for computerized tomography (CT) and magnetic resonance imaging (MRI) scans in 2014. Among these 5 provinces, the typical wait (50th percentile) for an MRI scan in 2014 ranged from 29 to 82 days and was 2 to 5 times longer than the typical wait for a CT scan. The 90th percentile ranged from 30 to 68 days for CT scans and from 73 to 214 days for MRI scans. Overall, volumes for MRI and CT scans increased over the past 5 years, with ranges in wait times remaining fairly stable, especially for CT scans. In general, the reporting of diagnostic imaging data has improved over time but continues to be a challenge, in that it is the area with the fewest provinces reporting.

Wait Times for Cancer Surgery Consistent in Second Year of Reporting

According to the Canadian Cancer Society, in 2014, there were approximately 200,000 new cancer cases diagnosed, with 52% of this incidence attributable to breast, colorectal, lung and prostate cancers.¹⁴ At present, there are no clinically established benchmarks for cancer surgery wait times, although some provinces and agencies have developed performance targets for radiation and surgery treatments based on the stage of cancer diagnosis.¹⁵ Most recommended targets are formulated by consensus based on surgeon experience and cancer stage. The cancer surgery wait times in this report include all stages of each type of cancer.

Measuring cancer surgery wait times is essential to determine the health care system's ability to respond to the more urgent needs of its patients. Delays in cancer treatment can lead to progression of the disease to more advanced stages and spreading to other body systems. Furthermore, delays between diagnosis and treatment can contribute to patient anxiety.

In 2014, of the 5 most common types of cancer in Canada, prostate cancer had the longest waits for surgery (median: 35 days; 90th percentile: 83 days) (Table 2). Given the slow growth of prostate cancer cells, watchful waiting and active surveillance approaches are often utilized, leading to longer wait times.¹⁶ Compared with data reported in 2013, the wait times across all 5 cancer surgeries remained consistent with each of the 50th and 90th percentiles. Several more years of data are required before any conclusive interpretations can be made.

ii. In keeping with data standards, outliers or cases that do not comply with the standard wait time definitions are excluded from wait time calculations for Newfoundland and Labrador.

Table 2: Wait Times for Cancer Surgery by Cancer Site, 2013 and 2014

Type of Cancer Surgery	50th Percentile (Days)		90th Percentile (Days)	
	2013	2014	2013	2014
Bladder	24	23	59	56
Breast	17	19	42	41
Colorectal	18	19	44	44
Lung	20	21	49	47
Prostate	37	35	85	83

Notes

Cancer surgery wait times are measured from the date of booking to the date of surgery.

There are no pan-Canadian benchmarks for cancer surgery.

All-Canada estimates were calculated using the provincially submitted 50th and 90th percentile waits.

Surgical wait time estimates for bladder cancer, colorectal cancer and prostate cancer exclude Manitoba.

No lung cancer surgical procedures were performed in Prince Edward Island.

Internationally, Canada Performs Well on Cataract and Joint Replacement Surgeries

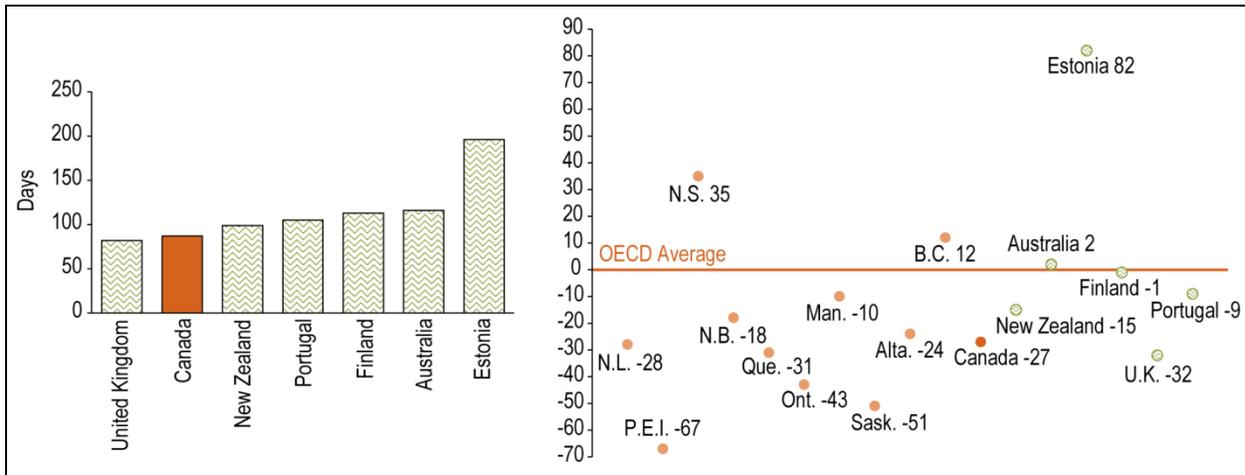
Canada's demographic and health system access concerns are not unique, so comparing Canada's performance with that of other countries can provide useful benchmarking information.^{17, 18} In a recent international report by the Organisation for Economic Co-operation and Development (OECD),¹⁹ Canada's median wait times for hip and knee replacements and cataracts were compared with figures from Australia, Estonia, Finland, New Zealand, Portugal and the United Kingdom. These OECD countries have publicly funded health care systems that medically insure the majority of their population with similar care delivery and service use, and they store health information in electronic patient registries.²⁰ In addition, Australia, New Zealand and the United Kingdom are considered peer countries because they have similar health policies and population characteristics, such as age, sex, income inequality and health behaviours.^{21, 22}

Figures 4, 5 and 6 illustrate the comparison of median wait times for hip and knee replacements and cataract surgeries at the provincial, pan-Canadian and international levels. For 2 of the 3 procedures, the United Kingdom had the shortest wait times among the 6 countries. For hip replacements, Canada's median wait time (87 days) was the second lowest, after the United Kingdom (82 days). Similarly, for knee replacements, Canada (median 98 days) was second to the United Kingdom (87 days). The United Kingdom mandates that the wait time between consultant referral and treatment be no longer than 18 weeks (126 days).²³ For hip and knee replacements, only a few provinces reported median waits lower than those of the United Kingdom.

Canada had the shortest median wait time among the 6 countries for cataract surgeries. 5 provinces reported lower median wait times compared with the United Kingdom and Portugal.

Comparing Canada's health system performance with that of other countries provides context for health care service provision, and may help Canadian policy-makers to identify strategies from peer countries to improve system efficiencies.¹⁸

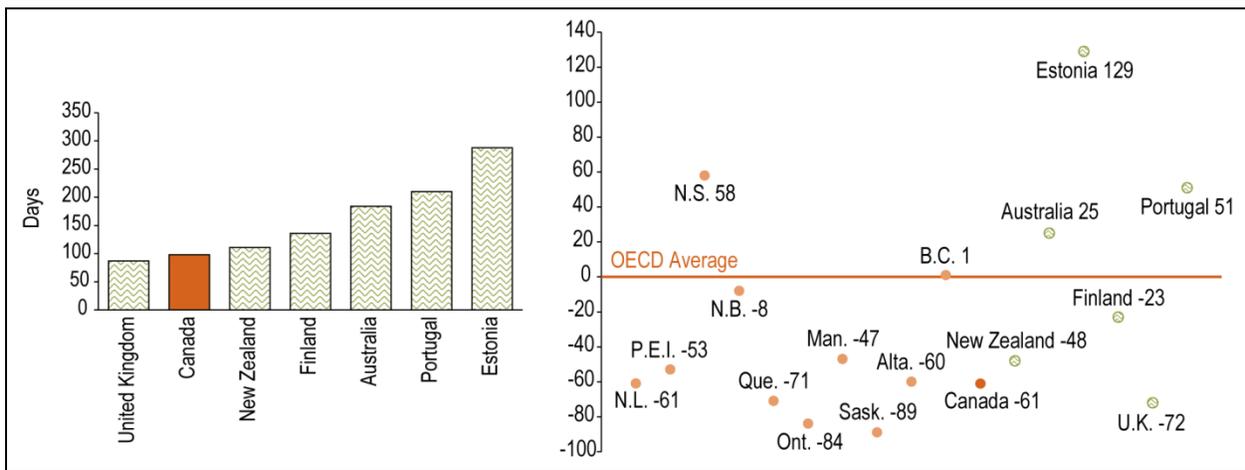
Figure 4: Hip Replacement Surgery Wait Times (Median) at the Country and Province Level



Notes

Canada's data is based on wait times from 2014; data for other countries is from 2011, based on the OECD's *Health at a Glance, 2013*. In the scatterplot graph, the OECD average (114 days) is the mean of the wait times of the 7 countries, including Canada. Each point on the graph is the result of subtracting the OECD average from the province's or country's wait time in days. A score below the OECD line denotes a shorter wait time than the OECD average, whereas a score above denotes a longer wait time.

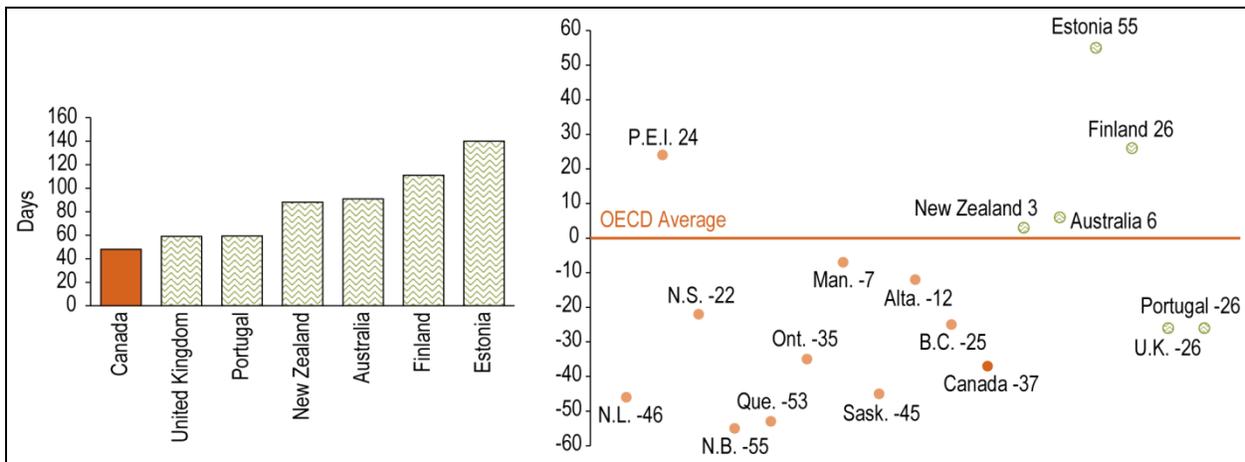
Figure 5: Knee Replacement Surgery Wait Times (Median) at the Country and Province Level



Notes

Canada's data is based on wait times from 2014; data for other countries is from 2011, based on the OECD's *Health at a Glance, 2013*. In the scatterplot graph, the OECD average (159 days) is the mean of the wait times of the 7 countries, including Canada. Each point on the graph is the result of subtracting the OECD average from the province's or country's wait time in days. A score below the OECD line denotes a shorter wait time than the OECD average, whereas a score above denotes a longer wait time.

Figure 6: Cataract Surgery Wait Times (Median) at the Country and Province Level

**Notes**

Canada's data is based on wait times from 2014; data for other countries is from 2011, based on the OECD's *Health at a Glance, 2013*. In the scatterplot graph, the OECD average (85 days) is the mean of the wait times of the 7 countries, including Canada. Each point on the graph is the result of subtracting the OECD average from the province's or country's wait time in days. A score below the OECD line denotes a shorter wait time than the OECD average, whereas a score above denotes a longer wait time.

Wait Time Challenges: The Road Ahead

As Canada's population continues to age, ensuring that all patients receive care in a timely manner will continue to be a challenge. All 5 priority areas are procedures for conditions that affect the elderly. Establishing care benchmarks ensure that providers strive to offer treatment to patients in a timely fashion. This leads to improved health system efficiencies that can serve the increasing volume of patients. There are currently no wait time benchmarks for cancer surgeries and diagnostic imaging services. As the demand for these procedures continues to increase, establishing universal guidelines and appropriate benchmarking for wait times will require further collaboration of provincial health authorities and clinicians.

As the population ages, patients are likely to present with more combined complex conditions requiring attention from multiple health specialists. As the number of patients with unique health care needs increases, the demand for specialized care will increase. The process of measuring and understanding these waits is just beginning. Many unknown factors still remain, such as how long Canadians wait to see a family physician, wait for diagnostic tests and results or wait for a specialist appointment.

As a step in the right direction and to improve our knowledge of the cancer care journey for patients, CIHI and the provinces are currently working toward reporting intravenous chemotherapy wait times that can be compared at the provincial level.

Conclusion

Health care providers are performing more procedures now than they did 5 years ago, and wait times are remaining stable. This is good news in the context of an aging population. In other areas, such as primary health care and consultation with specialists, Canada does not fare as well as other OECD countries.¹⁸ Until recently, there was little information available on these areas to provide insights into the provision of care, but that is changing. More data and information are becoming available to support decision-making around access challenges. For example, the recently released Commonwealth Fund data used to inform the new Ontario Action Plan found that timely access to primary and specialist care remains a significant challenge for older Canadians.²⁴ As well, the Canadian Community Health Survey (CCHS) has implemented a subsample module on access to health services and wait times that will help to shed light on the gaps.

For More Information

This report is part of CIHI's ongoing program of work related to access to care, including wait times. This area was identified as a priority through consultations leading up to the development of CIHI's strategic directions. Specific topics for analysis were selected based on subsequent focused consultations on priorities for better information about access to care.

This document is available free of charge in both official languages on CIHI's website, at www.cihi.ca.

Wait time information, including trends from 2008 by province and priority area, is also available on CIHI's website, at <http://waittimes.cihi.ca>.

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This analysis could not have been completed without the generous support and assistance of several other organizations, including access and wait time representatives from the provincial ministries of health.

Appendix: Provincial Wait Time Websites

Province	Wait Time Website
N.L.	http://www.health.gov.nl.ca/health/wait_times/index.html
P.E.I.	http://www.healthpei.ca/waittimes
N.S.	http://waittimes.novascotia.ca/
N.B.	http://www1.gnb.ca/0217/surgicalwaittimes/index-e.aspx
Que.	http://wpp01.msss.gouv.qc.ca/appl/g74web/default.asp
Ont.	http://www.health.gov.on.ca/en/pro/programs/waittimes/
Man.	http://www.gov.mb.ca/health/waittime/index.html?/index.html
Sask.	http://www.sasksurgery.ca/
Alta.	http://waittimes.alberta.ca/
B.C.	https://swt.hlth.gov.bc.ca/

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