March 2012

Analysis in Brief

Wait Times in Canada—A Summary, 2012

Types of Care

Ensuring that Canadians have access to the care they need when they need it was identified as a top priority by first ministers in 2004.[1] The *10-Year Plan to Strengthen Health Care*[i] identified strategic investments toward achieving reductions in wait times for five priority clinical areas: cancer, heart, diagnostic imaging, joint replacement and sight restoration.[1] As part of the plan, the Canadian Institute for Health Information (CIHI) was asked to report on progress in wait times across jurisdictions.

The strategic investments undertaken by provincial governments have led to improvements in measuring and reporting wait times such that progress can now be tracked for five out of eight priority procedures. While reporting on comparable urgency levels for cardiac surgery remains a challenge, more provinces are moving toward consistent reporting for diagnostic imaging. After seven years of provincial reporting in priority areas, are waits improving for Canadians?

A more comprehensive picture of wait times in Canada shows that about 80% of patients received priority procedures within benchmarks for the second year in a row. While ideally all patients would receive treatment within these time frames, this may not by achievable or practical. For the purposes of this summary, a threshold of 90% completion is used to assess progress. Outside of the priority area of radiation therapy, few provinces have attained or maintained the threshold of 90%. While the largest gains in wait time reductions were observed in the first years following the start of the 10-Year Plan, in more recent years the magnitude of the changes has decreased for the majority of procedures. In fact, in some instances, the number of Canadians receiving care within benchmarks has declined.

Who We Are

Established in 1994, CIHI is an independent, not-for-profit corporation that provides essential information on Canada's health system and the health of Canadians. Funded by federal, provincial and territorial governments, we are guided by a Board of Directors made up of health leaders across the country.

Our Vision

To help improve Canada's health system and the well-being of Canadians by being a leading source of unbiased, credible and comparable information that will enable health leaders to make better-informed decisions.

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.[2]

Federal Identity Program
Production of this report is made possible by financial contributions from Health Canada and provincial and territorial governments. The views expressed herein do not necessarily represent the views of Health Canada or any provincial or territorial government.

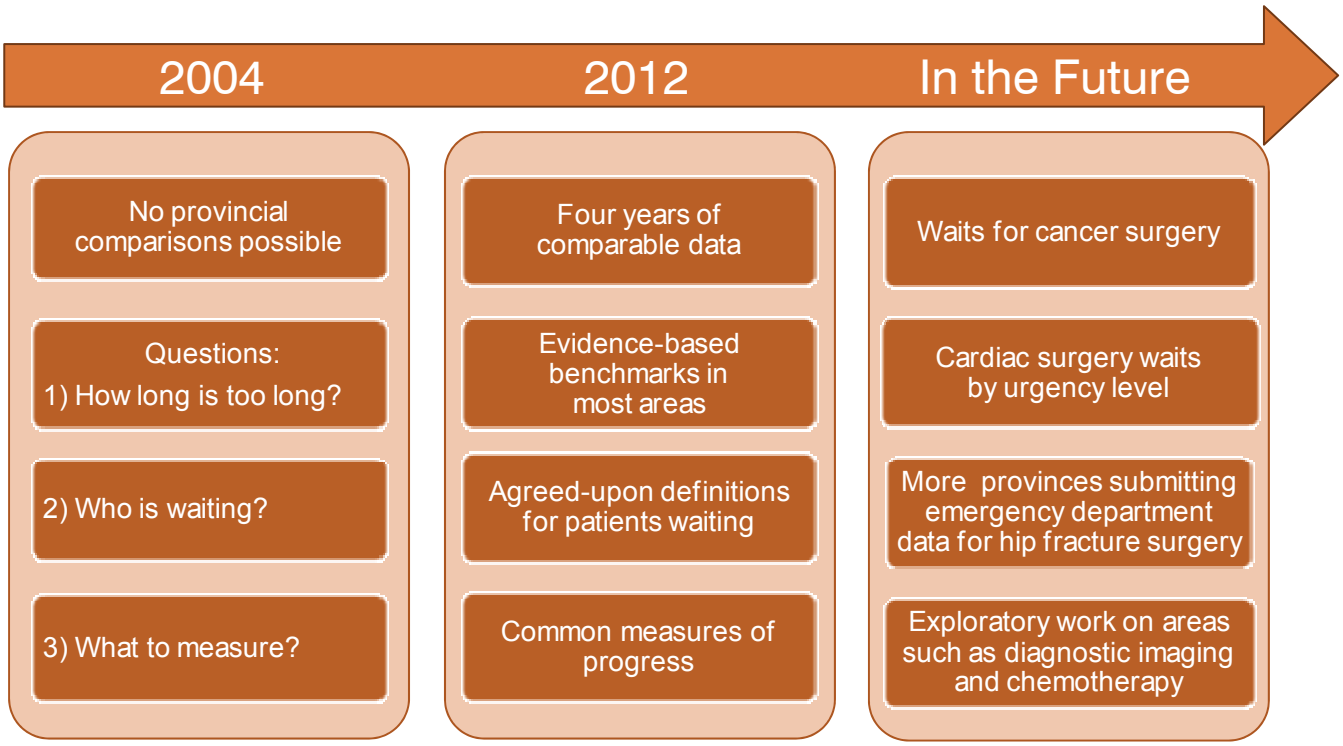
Working Toward Better Cardiac Data Quality

After seven years of cardiac wait times reporting, it is still unclear whether Canadians are receiving timely access to the cardiac surgery they need. In 2005, a pan-Canadian definition for coronary artery bypass graft (CABG) surgery urgency levels was developed along with respective benchmarks: Level I—within 2 weeks; Level II—within 6 weeks; and Level III—within 26 weeks.[3] There is not yet consistency in how urgency levels are applied across the country. Past reports presented the proportion of patients receiving CABG surgery within the longest time frame (the 26-week benchmark). It is clear, however, that assessing the percentage of patients receiving care within the longest benchmark does not truly reflect the experiences of patients who have different requirements for treatment—particularly for the group of patients in need of the most urgent care.

Continuous collaboration across jurisdictions and the engagement of clinicians are essential to further refine cardiac wait times by urgency levels. To facilitate consultation with clinicians, this year, provinces reported a narrower definition of CABG surgery (without valve replacement or any other cardiac procedure). Wait times for all isolated CABG patients were combined and reported as the percentage of patients receiving care within six months.

The objective for CIHI's 2013 report will be to provide comparable wait times by urgency levels that will enable more meaningful interpretation of cardiac surgery waits.

Evolution of Wait Time Measurement and Reporting



NEW! Interactive Wait Times Graphics

These online graphics display wait times in all priority areas over the last four years. The goal is to help Canadians better understand the progress made in tracking, reporting and reducing wait times. Wait time information, including trends from 2008 by province and priority area, is available according to the following agreed-upon definitions:

- **Surgical procedures, including hip and knee replacements, cataract surgery and bypass surgery:** The date the surgery is booked to the date the patient received surgery.
- **Radiation therapy for cancer treatment:** The number of days waiting, from the date the patient was ready to treat to the date of the first radiation treatment.
- **Diagnostic imaging:** Wait times, as measured from the date the order was received to the date the patient received a magnetic resonance imaging (MRI) or computed tomography (CT) scan.

Look for this logo on CIHI's website: 

Key Findings—Wait Times in Canada

Are Canadians receiving care within the recommended time frames? To answer this question, the percentage of patients receiving care within benchmark time frames was examined for all priority-area procedures, with the exception of diagnostic imaging, where no pan-Canadian benchmarks have been established. From this data, a picture of wait times in Canada emerges:

- **The proportion of Canadians receiving care within benchmarks was similar to last year's.** About 80% of Canadians received priority procedures such as hip replacement, hip fracture repair and cataract surgery within their respective benchmark time frames. A lower proportion was reported for knee replacements (75%), while almost all Canadians (97%) received radiation therapy for cancer treatment within the recommended 28-day time frame.
- **Estimates show that the typical patient received care within benchmark time frames for priority procedures.** New this year is an all-Canada estimate of median and 90th percentile wait times for most priority areas. The median broadly captures how long it took 50% of Canadians to receive these surgical procedures—meaning that half of all Canadians received treatment within this time frame and half waited longer. The 90th percentile is the wait time where 90% of patients were treated and 10% were still waiting. Although the typical (median) patient received care within benchmark time frames, waits for knee replacements continued to be the longest of all priority procedures. See Table 1.

Table 1: Percentage Meeting Benchmark, Median and 90th Percentile Wait Times in Canada, April 1 to September 30, 2011

	2011 Percentage Meeting Benchmark	2010 Percentage Meeting Benchmark	Pan-Canadian Benchmark	All-Canada 50th Percentile Wait	All-Canada 90th Percentile Wait
Hip Replacement	82%	84%	182 Days	89 Days	239 Days
Knee Replacement	75%	79%	182 Days	107 Days	278 Days
Hip Fracture Repair*	79%	78%	48 Hours	25 Hours	68 Hours
Cataract Surgery**	82%	83%	112 Days	49 Days	148 Days
Radiation Therapy	97%†	98%	28 Days	8 Days‡	22 Days‡
Bypass Surgery§	N/A	N/A	14–182 Days	7 Days	50 Days

Notes

* Hip fracture repair estimates exclude Quebec due to methodological differences in the data.

† Percentage meeting benchmark for radiation therapy estimates exclude New Brunswick.

‡ Median and 90th percentile radiation therapy estimates exclude New Brunswick and Quebec.

§ The pan-Canadian benchmark specifies bypass surgery within 2 to 26 weeks (14 to 182 days), depending on how urgently care is needed.[4] As there is a lack of comparability for urgency levels, provinces are reporting the percentage of patients treated within a six-month time frame. An all-Canada estimate indicates 99% of patients received isolated CABG surgery within a time frame of six months. All-Canada estimates exclude Quebec due to differences in cardiac reporting.

** The pan-Canadian benchmark specifies cataract surgery within 16 weeks (112 days) for patients who are at high risk.[4] There is not yet consensus on a definition of "high risk," so the benchmark is applied across all priority levels.

There are no pan-Canadian benchmarks for MRI and CT scans.

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

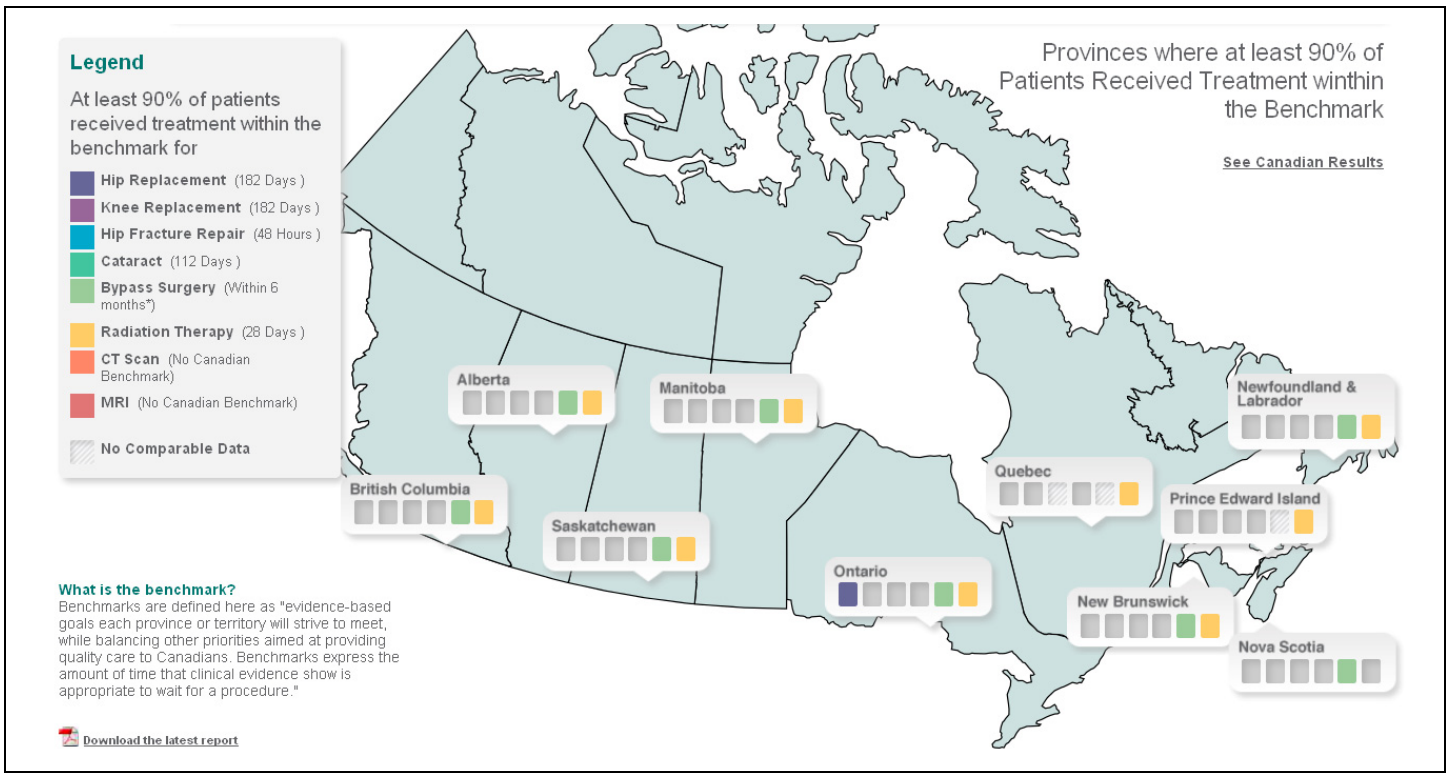
- **Few provinces completed 90% or more of procedures within a clinically appropriate time frame.** Across priority areas, provinces varied in their ability to reach a target of 90% completion within the benchmark. In the case of radiation therapy, where treatment is recommended within 28 days, 9 out of 10 provinces reached the target (see Figure 1). In areas where information has been consistently reported over several years (joint replacements and cataracts), 90% completion has not been attained in any province, with the exception of hip replacements in Ontario.

  Despite having pan-Canadian benchmarks for bypass surgery by urgency levels, consistency in how cardiac urgency ratings are applied across the country is still needed. From a clinical perspective, assigning trends to the proportion of patients receiving bypass surgery within a six-month time frame, regardless of urgency level, is not meaningful. As well, given this year's reporting of isolated CABG surgery (which, unlike previous years, does not include valve surgery), assigning trends is not possible for all provinces.

Understanding Benchmarks

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. They express the amount of time that clinical evidence shows is appropriate to wait for a procedure."[4] Not all delays in obtaining priority-area treatment are directly related to access to care. Factors that may extend the wait include delays in updating wait lists for patients who no longer require surgery or a patient's preference to have the surgery postponed. Therefore, benchmarks are not meant to be guarantees that all patients will receive care within the specified time frames. Instead, they should be used as guidelines for the recommended medically acceptable maximum wait time. As there are a number of reasons why providing care within the benchmark may not be achievable, a reasonable target of 90% may be practical.

Figure 1: Provinces Completing at Least 90% of Procedures Within Benchmarks, April 1 to September 30, 2011



Notes

* The pan-Canadian benchmark specifies bypass surgery within 2 to 26 weeks (14 to 182 days), depending on how urgently care is needed.[4] As there is a lack of comparability for urgency levels, provinces are reporting the percentage of patients treated within a six-month time frame. Quebec reports the percentage of bypass patients receiving care within the benchmark for their assigned urgency level.

There are no pan-Canadian benchmarks for MRI and CT scans.

The pan-Canadian benchmark specifies cataract surgery within 16 weeks (112 days) for patients who are at high risk.[4] 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. For information on Quebec hip fracture wait times, see CIHI’s report *Comparing Wait Times for Hip Fracture Repair in Quebec With Those in Other Jurisdictions*.

P.E.I. does not offer cardiac services; patients receive care out of province.

Now that common definitions have been established for most priority areas, it is important to examine whether the percentage of patients receiving treatment within benchmarks is continuing to increase, levelling off or declining. Understanding trends is most important in priority areas where a large proportion of patients is waiting longer than the benchmark. It is, however, harder to achieve a significant change if wait times are already close to the benchmark. Changes of 10 points (up or down) in the percentage of procedures completed within benchmark time frames were used to assess trends from 2009 to 2011.

- **The proportion of patients receiving care within benchmarks has remained unchanged for most priority areas over the past three years.** The largest gains in the percentage of patients meeting benchmarks were observed in the first years following the start of the 10-Year Plan. In more recent years, the magnitude of the changes has decreased, with at least five provinces showing no significant change per priority procedure since 2009. This year, a few provinces showed a decline for areas such as knee replacements, hip replacements and cataract surgery. Two other provinces, which had previously reported longer waits, showed improvements in the percentage meeting the benchmark for more than one priority area (see Figure 2).

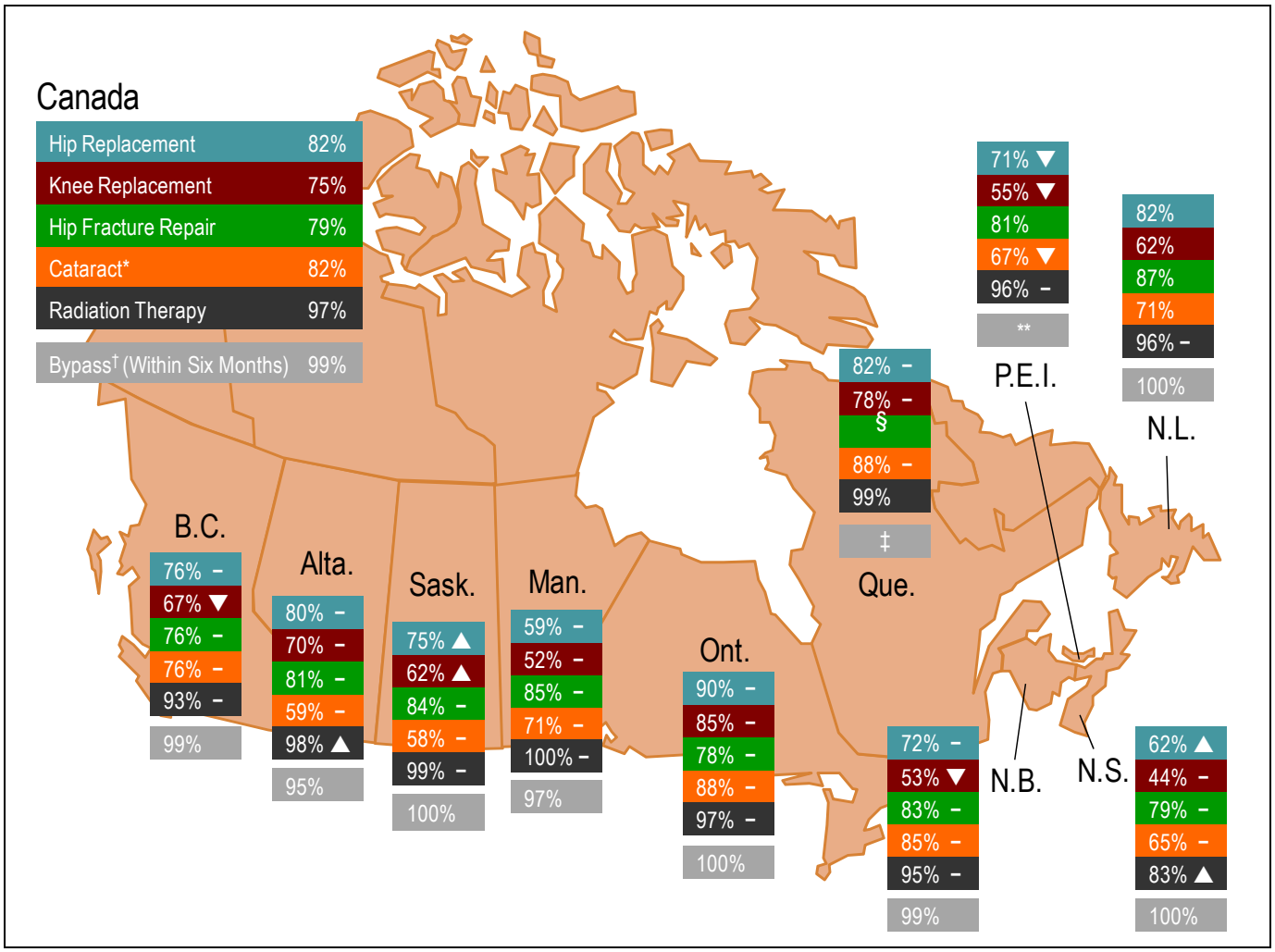
What Is a Trend?

Trends were determined using the last three years of available data, where measurements have been consistently reported. Examining the latest three years enables a more accurate picture of progress in wait times.

A trend is at least a 10-point increase or decrease in the percentage of patients receiving care within the benchmark from the baseline year of 2009. The proportion was considered unchanged with any difference of less than 10 points.

Four years of comparable data are available in the graphic display. For complete provincial results, visit http://waittimes.cihi.ca/.

Figure 2: Trending for the Proportion of Patients Receiving Care Within Benchmarks by Province and Priority Area, 2009 to 2011



Legend

▲ There was at least a 10-point increase in the proportion of patients receiving care within the benchmark.
▼ There was at least a 10-point decrease in the proportion of patients receiving care within the benchmark.
– No change in proportion of patients receiving care within the benchmark.

Notes

* The pan-Canadian benchmark specifies cataract surgery within 16 weeks (112 days) for patients who are at high risk.[4] There is not yet consensus on a definition of "high risk," so the benchmark is applied across all priority levels.

† The pan-Canadian benchmark specifies bypass surgery within 2 to 26 weeks (14 to 182 days), depending on how urgently care is needed.[4] As there is a lack of comparability for urgency levels, provinces are reporting the percentage of patients treated within a six-month time frame. Trending is not possible due to changes in the reported population.

‡ Quebec reports the percentage of bypass patients receiving care within the benchmark for their assigned urgency level.

§ Quebec wait times for hip fracture repair are not included due to methodological differences in the data. For information on Quebec hip fracture wait times, see CIHI's report *Comparing Wait Times for Hip Fracture Repair in Quebec With Those in Other Jurisdictions*.

** P.E.I. does not offer cardiac services; patients receive care out of province.

All-Canada estimates were calculated using the provincially submitted percentage meeting benchmark and 50th and 90th percentile waits. Trends were determined for provinces with at least three years of available data. A trend is at least a 10-point increase or decrease in the proportion of patients receiving care within the benchmark from 2009. The proportion was considered unchanged with any difference of less than 10 points. There are no pan-Canadian benchmarks for MRI and CT scans.

Overview of Progress in Wait Times by Priority Procedure

- **In most provinces, the percentage meeting the benchmark for hip replacements has remained relatively stable since 2009.** Improvements were observed in Nova Scotia and Saskatchewan, where waits were longest three years ago. However, across most provinces (six of nine provinces where data was available), the percentage of patients receiving care within the benchmark remained unchanged. Previous gains have not been maintained in P.E.I., where the proportion of hip replacements meeting the benchmark dropped by 13%.
- **Knee replacements and cataract surgery are two priority areas where most provinces showed no improvement.** In spite of the achievements made in the past, provinces were unable to complete 90% of knee replacements and cataract surgery procedures within their respective benchmarks. With the exception of Saskatchewan, provinces showed no change or a decrease in the percentage of patients receiving knee replacements within the assigned time frame. As well, the proportion of patients receiving cataract surgery within the recommended 112 days remained unchanged or decreased across the country.
- **Almost four out of five patients received hip fracture repair surgery within the 48-hour benchmark.** There was little provincial variation for the proportion of patients receiving hip fracture repair surgery within the benchmark—from the lowest in British Columbia (76%) and Ontario (78%) to the highest in Manitoba and Newfoundland and Labrador (85% and 87%, respectively). Three years of comparable data for hip fracture repair wait times show that the proportion of patients receiving care within the benchmark remained relatively stable across the country. Results for provinces where hip fracture repair waits can be calculated as of registration in the emergency department are available at http://waittimes.cihi.ca/.
- **Nine out of 10 provinces achieved the threshold of 90% for radiation treatments.** Although Nova Scotia was the only province unable to attain 90%, the proportion of patients receiving care in that province within the benchmark has increased by 21% from 2009. Most provinces showed consistency in maintaining previous gains for radiation therapy.
- **More provinces are reporting diagnostic imaging information.** Understanding waits for diagnostic imaging is important, as these waits can influence access to other priority treatments. Although data collection is challenging in this area, one additional province has data available for trending. Table 2 displays wait time trends for MRI and CT scans. While waits for MRI scans continue to be longer than those for CT scans, three out of four provinces reported shorter MRI waits for the typical patient (the 50th percentile). Waits for CT scans were stable or decreasing for 90% of patients (the 90th percentile).

Table 2: Provincial Wait Time Trends for CT Scans and MRI Scans, 2009 to 2011

	CT Scans		MRI Scans	
	50th Percentile	90th Percentile	50th Percentile	90th Percentile
Alta.	▲	—	▼	▲
Ont.	▼	▼	▼	▼
N.S.	▲	—	▲	▲
P.E.I.	▲	▼	▼	▼

Legend

▼ Wait times decreasing.
▲ Wait times increasing.
— No change in wait times.

Note

A trend is at least a 10% change from the first year (2009), either up or down, in the wait time. Wait times were considered unchanged with any difference of less than 10%. Some provinces may have made big gains in wait times prior to 2009, which will not be reflected in the trending displayed in Table 2. It is also harder to get a 10% change if wait times are already at the benchmark.

Conclusion

Numerous steps have been taken to better measure and report wait times in Canada. With continuous provincial collaboration, a more comprehensive picture of how long Canadians wait for care is now available. Estimates indicate that about 80% of patients received priority procedures within clinically recommended time frames, yet few improvements were observed compared with previous years. Outside of radiation therapy, few provinces have attained or maintained the 90% threshold. While more provinces are moving toward better reporting of diagnostic imaging information, efforts should be made to increase comparability of cardiac urgency levels.

For More Information

This Analysis in Brief 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, 2005–2006 to 2007–2008*. Specific topics for analysis were selected based on subsequent focused consultations on priorities for better information about access to care.

Copies of this document are available free of charge in both official languages on CIHI's website at www.cihi.ca.

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References

1. Health Canada, *A 10-Year Plan to Strengthen Health Care*, accessed on February 7, 2012, from <http://www.hc-sc.gc.ca>.

2. Health Canada, *Asymmetrical Federalism That Respects Quebec's Jurisdiction*, accessed on February 7, 2012, from <http://www.hc-sc.gc.ca>.

3. Comparable Indicators of Access Sub-Committee, *PT Proposal to Establish Comparable Indicators of Access* (Ottawa, Ont.: Comparable Indicators of Access Sub-Committee, 2005).

4. Ontario Ministry of Health and Long-Term Care, *First Ever Common Benchmarks Will Allow Canadians to Measure Progress in Reducing Wait Times* (media release), accessed February 7, 2012, from <http://www.health.gov.on.ca>.