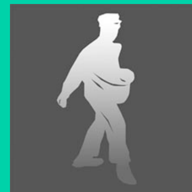


Welcome to Breakfast with the Chiefs

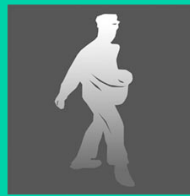
brought to you in collaboration with

Breakfast with the Chiefs

With the support of . . .

1. You are on camera. Don't take a power nap or . . .
2. Questions and answers will be live here in the auditorium. All others should go to: Questions@longwoods.com.

We'll send the answers to everyone.



Breakfast with the Chiefs

The camera will be on the speaker.

Video participants should have Dr. Hudson's presentation with them.

If not . . .

Download speaker notes here.

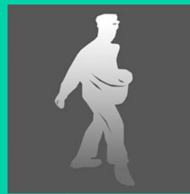
www.longwoods.com/slides

Breakfast with the Chiefs

Ignore the little snags . . .

Report them later

If video participants experience problems contact your network

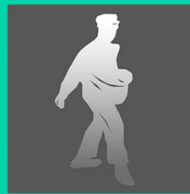


Breakfast with the Chiefs

Our program for the year

. . . 2004/5 programs completed

3. Dr. Ross Baker – Patient Safety: Raising the Bar
4. Tom Closson – Charting a course for eHealth
5. Dr. John Frank – Obesity in Canada: A Call to Action
6. Dr. Matthew Morgan et al – Patient Safety: a proposal



Breakfast with the Chiefs

Our program for the year

. . . 2004/5 programs completed

5. Sheila Weatherill – The real fix for a generation
6. Hugh MacLeod – LHINs
7. Dr. Jim MacLean with the Hon. G. Smitherman – Primary Care
8. Matthew Anderson – CIO's role in an Integrated System

Breakfast with the Chiefs
Our program for the year

. . . programs in the works.

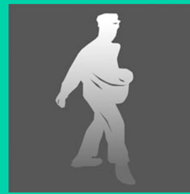
10. Dr. Michael Guerriere – IM:State of the Nation (unvarnished)
11. Michael Decter – First Report of the Healthcare Council of Canada
13. Dr. Adelstein Brown – Information Management Strategy
14. Gail Paech – A 'State of the LHINs Report'

Breakfast with the Chiefs

Our program for the year

. . . programs in the works.

15. Hume Martin – What difference will a BOT make
16. Richard Alvarez – One year into the new mandate
17. Mary Jo Haddad – Leadership issues at HSC
18. Dr. John Wade – 1st report of the Patient Safety Institute

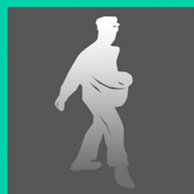


Questions?

Q&As here in the auditorium, plus . . .
Send your questions to

questions@longwoods.com

Questions and answers will be distributed one week after the breakfast session.



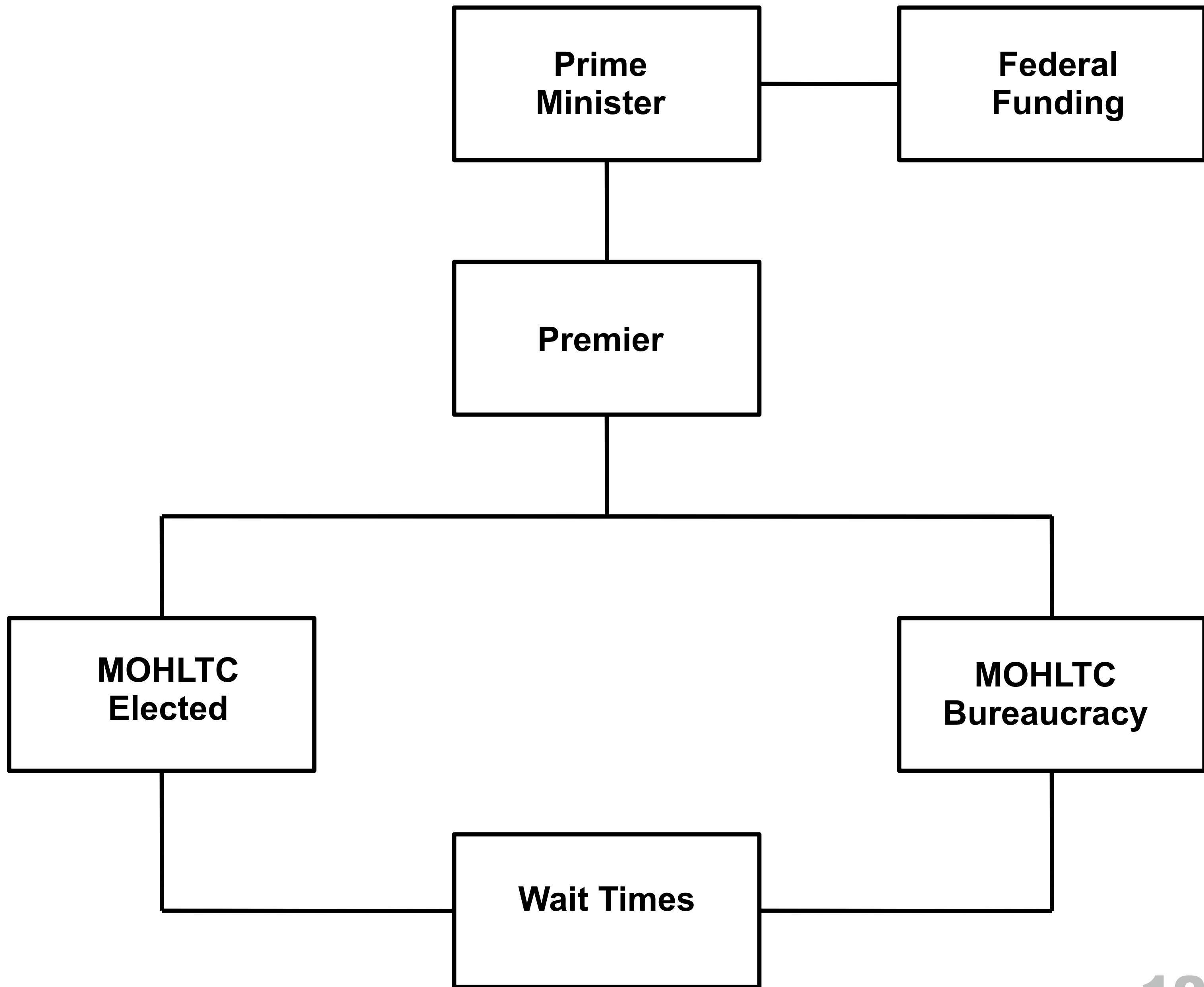
Breakfast with the Chiefs

Wait Time Strategy

Dr. Alan Hudson, OC, MB

Lead, Access to Services and Wait Time Strategy, Health Results Team, Ministry of Health and Long-Term Care and a distinguished career . . .

Transformation

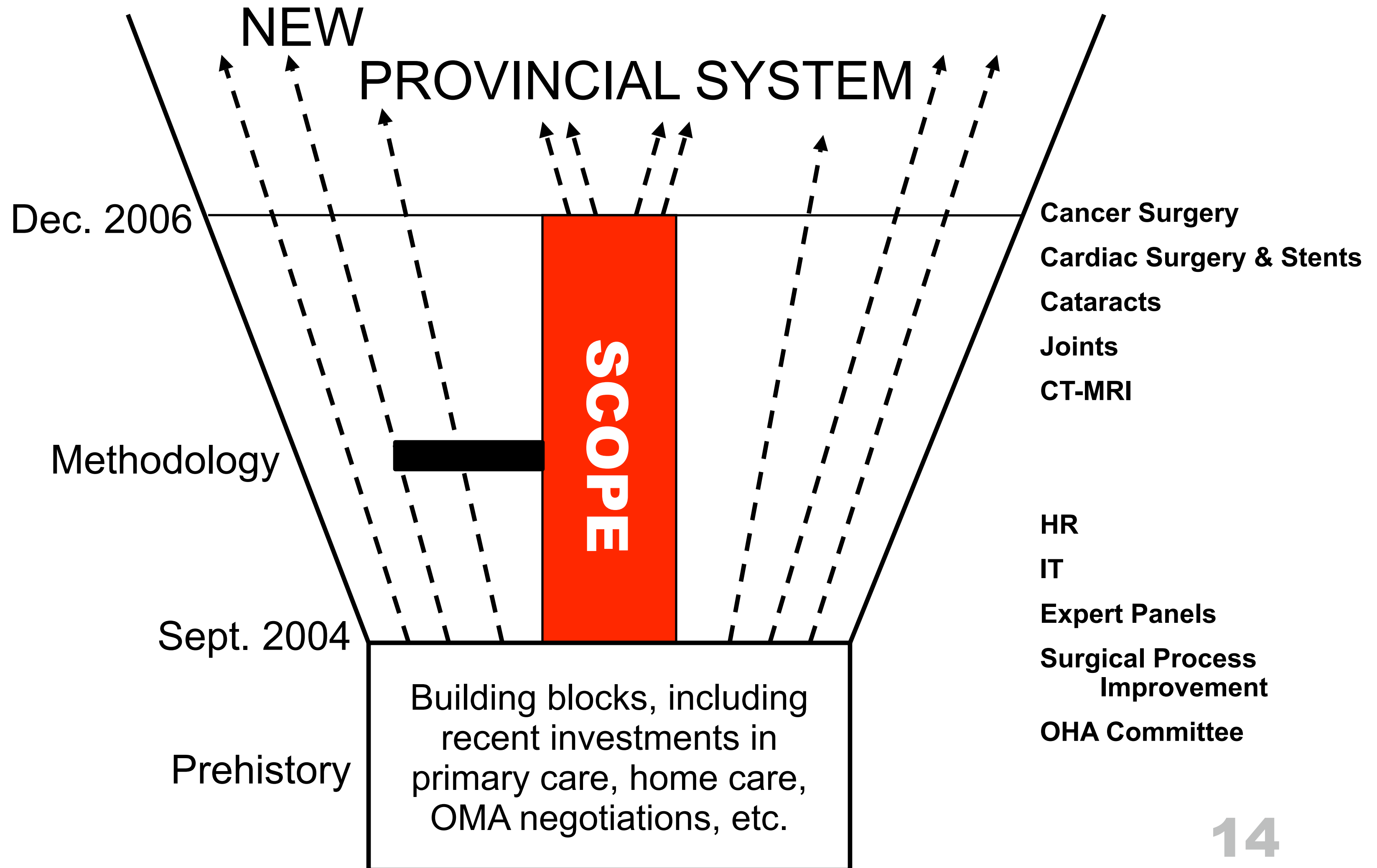

Prime Minister
Federal Funding
Premier
MOHLTC Elected
MOHLTC Bureaucracy
Wait Times

Treat the Disease

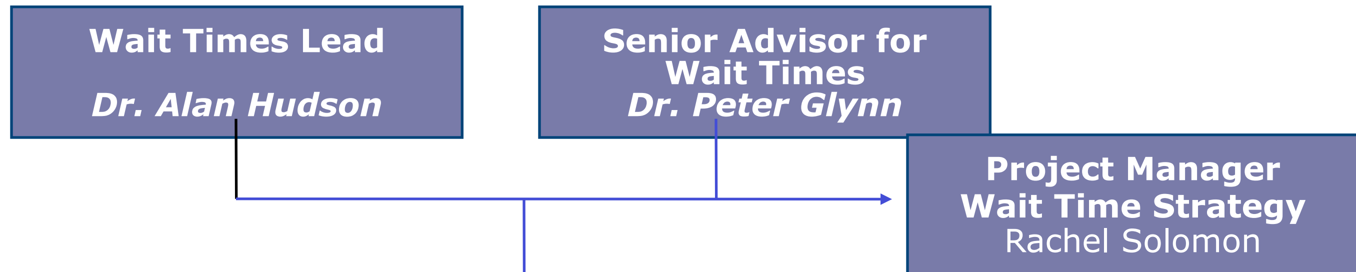
Wait times are symptom of faulty management of access to care.

Improving access will result in shorter wait times

TARGET
Improved Access –December 2006
Scope of Project



The key players in the Wait Times Information Management Strategy have been established



5 Expert Panels:

- Cancer (Dr. Terry Sullivan, Chair)
- Cardiac (Dr. Kevin Glasgow, Chair)
- Cataract (Dr. Phil Hooper, Chair)
- Joint Replacement (Dr. Robert Bourne, Chair)
- MRI/CT (Dr. Anne Keller, Chair)

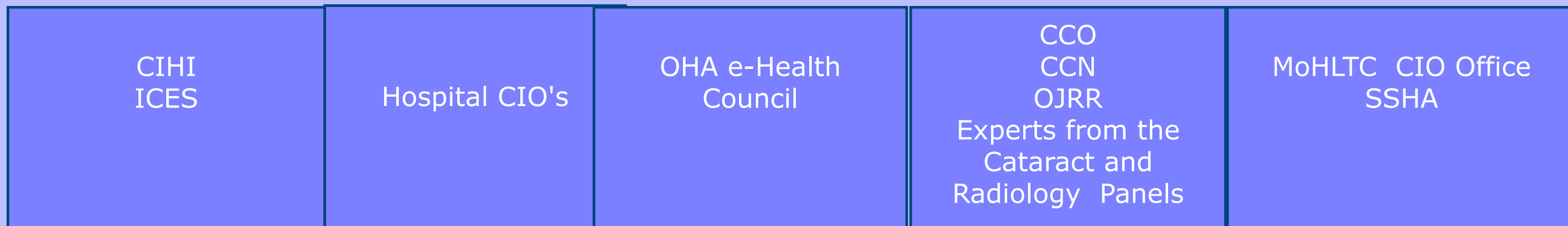
Information Management Expert Panel
Sarah Kramer, Chair

OHA Reference Group
(Murray Martin, Chair)

Surgical Process Analysis and Improvement Expert Panel
(Valerie Zellermeyer, Chair)

Access Atlas: Institute for Clinical & Evaluative Studies (ICES)
(Andreas Laupacis)

Key IM Stakeholders



Wait Time Information Strategy: Approach & Timeline

Central to the success of the Wait Time Strategy are three major components:

1. **Development and implementation of a Provincial Wait Time Information System**
2. **Consistent methods for prioritizing patients by need**
3. **A public website to report wait time information in the five service areas**

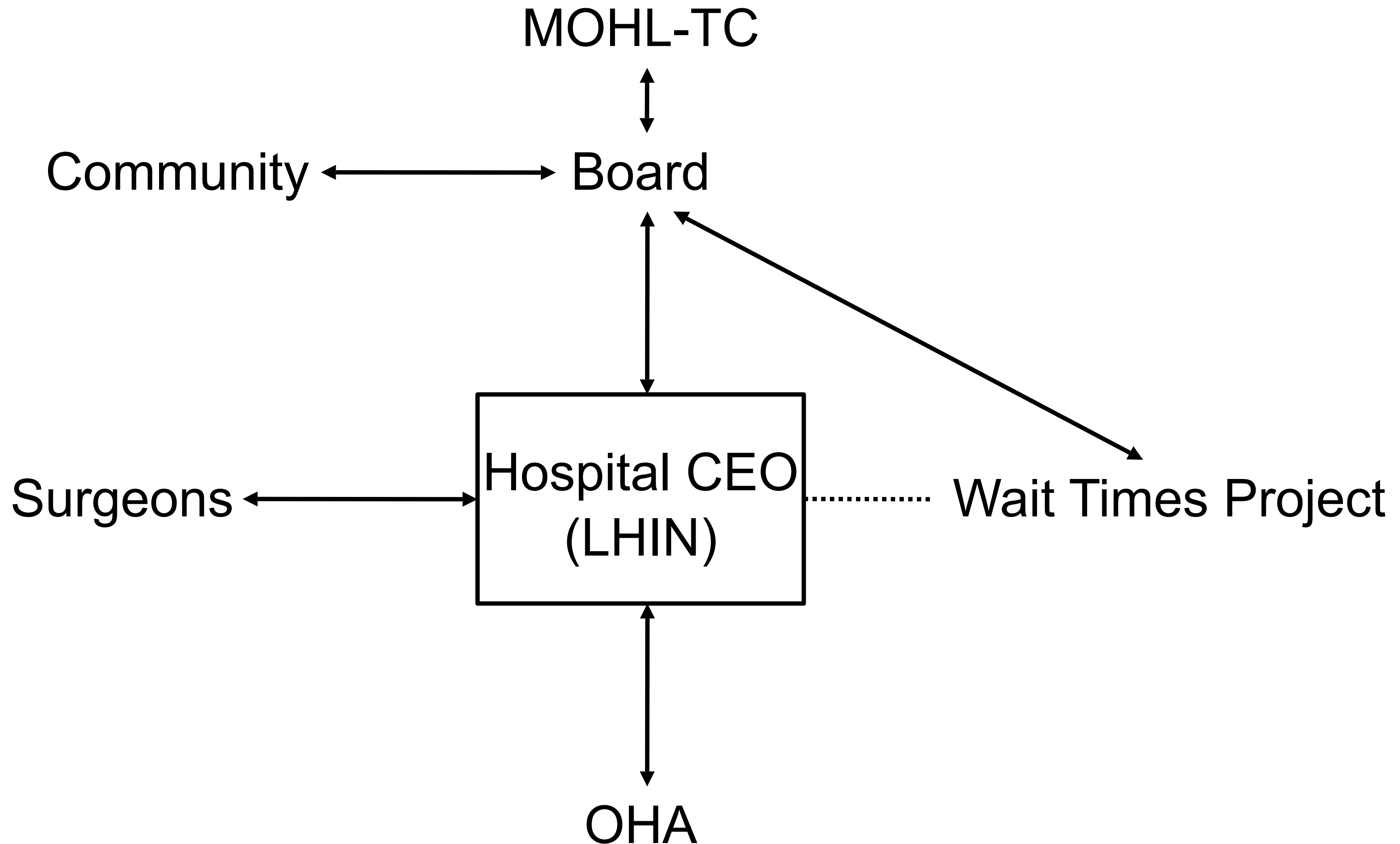
Stakeholder engagement is a key success factor. Significant time will be spent consulting with key stakeholders from across the province over the next 3 months.

By March 31, 2005, a strategy and detailed plan to implement a provincial Wait Time Information System will be developed and communicated.

Key questions to be addressed over the next 3 months:

1. **What are the functional capabilities of the Wait Time Information System?**
2. **How will the Wait Time Information System integrate with existing hospital systems?**
3. **How will the Wait Time Information System be used to manage wait lists?**
4. **How will existing OJRR, CCO and CCN registries fit with the Wait time Information System?**
5. **What is the recommended governance and management structure for the provincial Wait Time Information System?**
6. **What is the implementation approach for the Wait Time Information System?**

Transformation



Phase I Contractual $

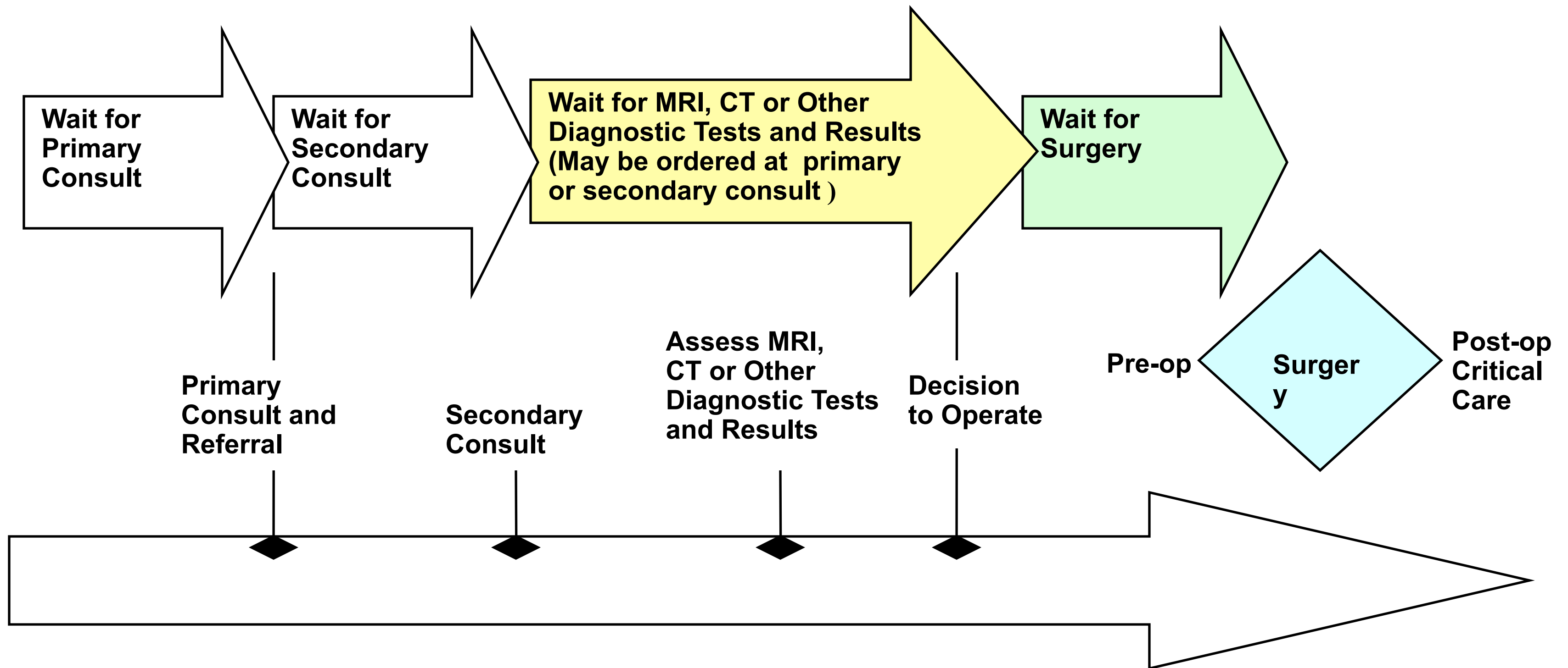
2004/2005 Global $

Board Accountability re volumes, waiting times, and quality indicators as per contract.

Purchased Service

Price

SERIES OF WAIT TIMES



Access Management Strategy

Centralize Ontario standards, indicators, benchmarks, registries

Decentralize access management, initially to hospitals, subsequently to LHINs

How did we get here?

Cannibalism – 1991 budget pressures

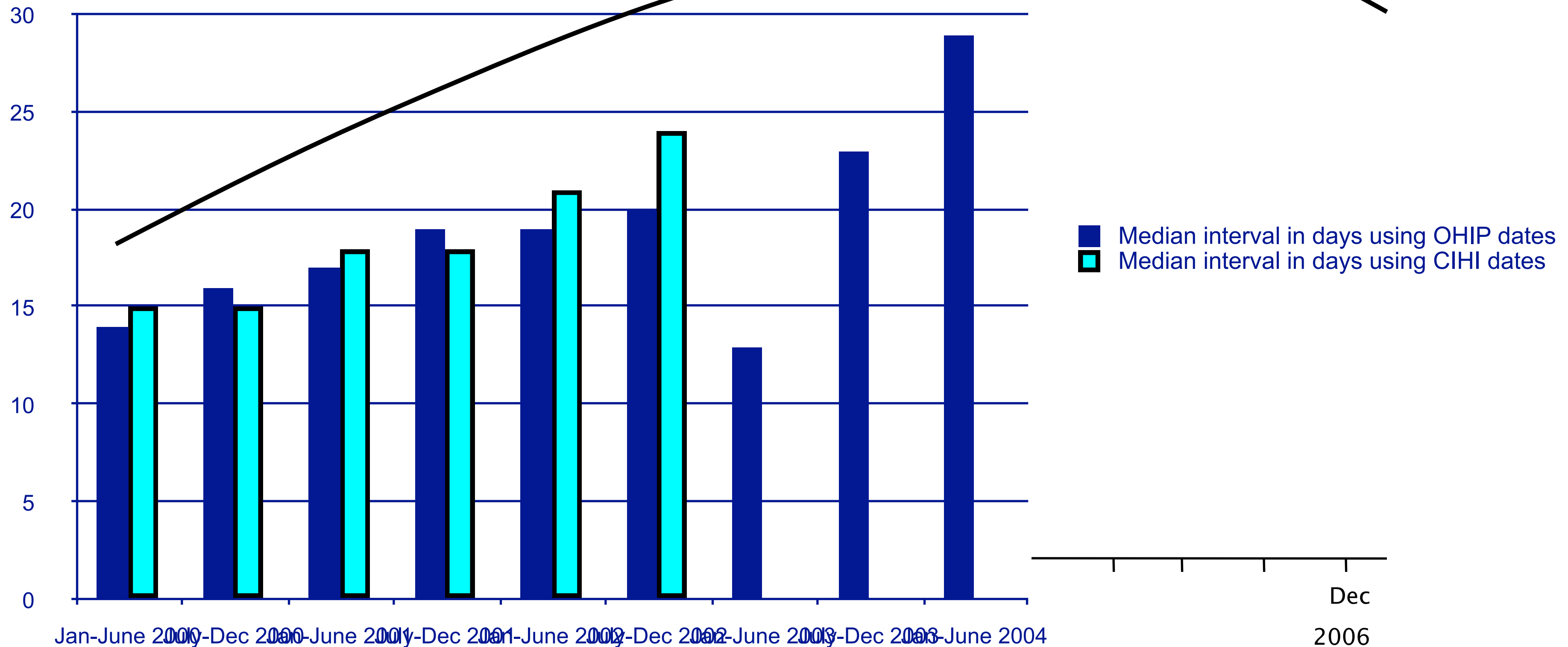
No Data – hospitals budgeting by guesswork

Not a System – "buddy" system of referrals

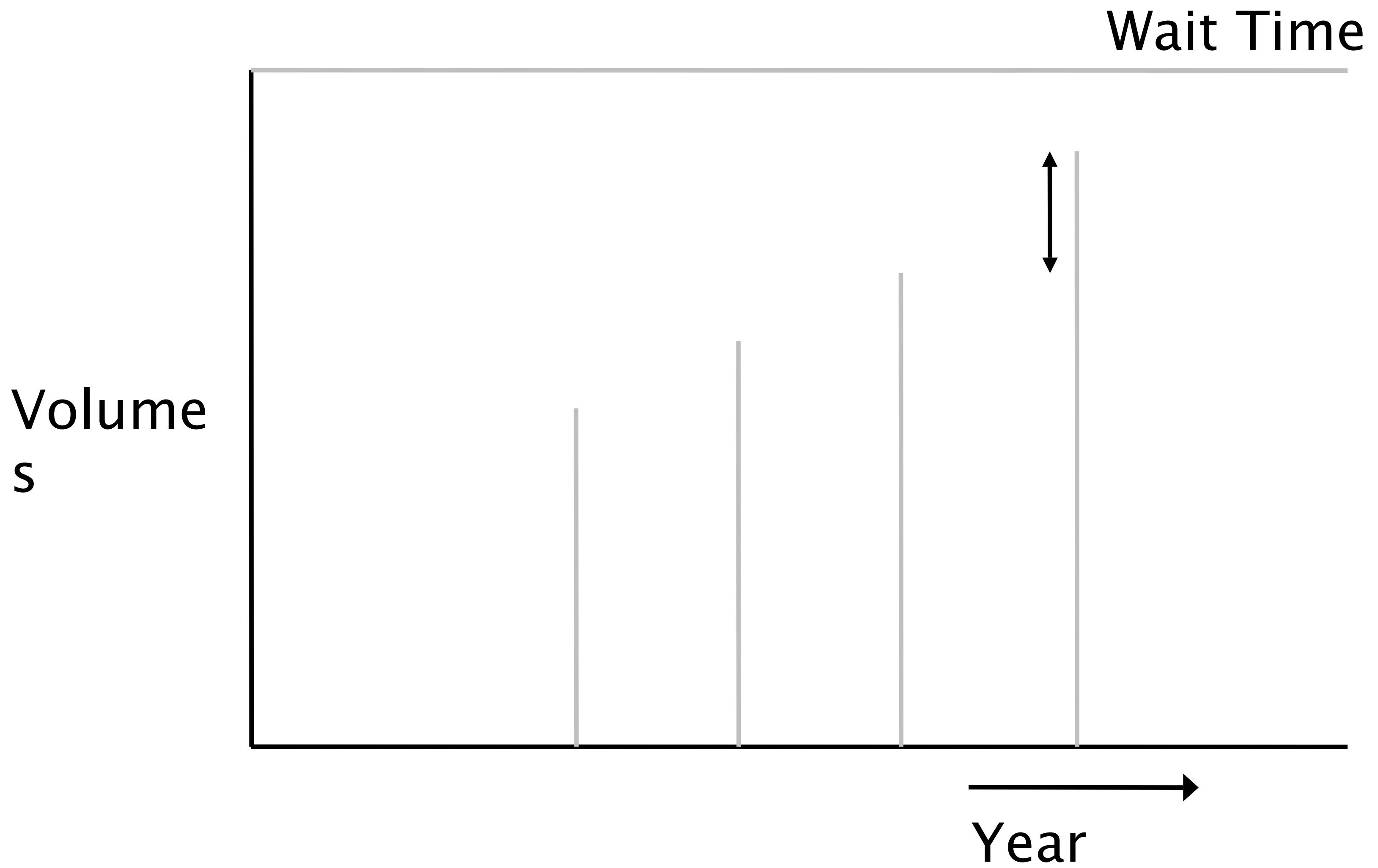
Demographics – aging population means more healthcare demand

Cancer surgery access *
(Ontario wide 2000 - 2004)

Consult to surgery interval in days;
Large bowel resection for colorectal cancer (excludes emergencies)
(note drop during SARS associated with drop in procedure counts)



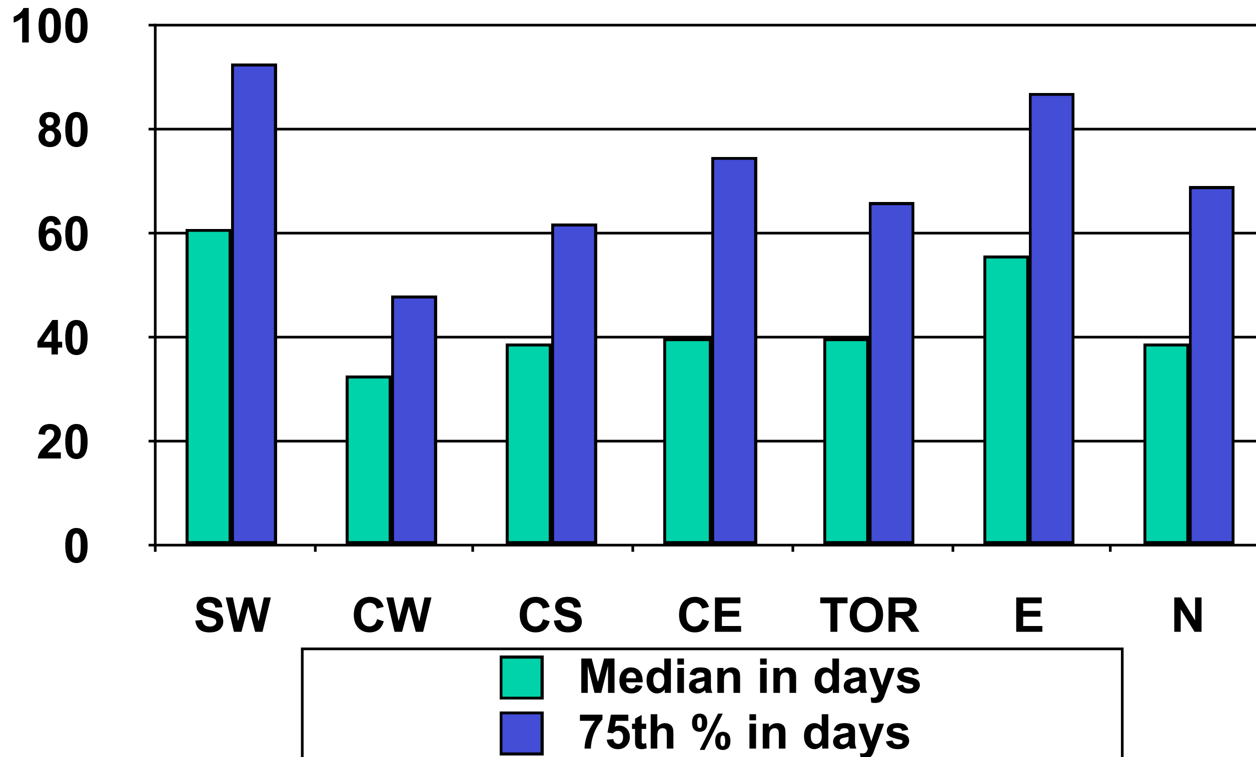
* This and subsequent slides exclude resections at the Kingston General Hospital
Data courtesy of Dr. Lawrence Paszat and Carole Chartier, I.C.E.S.
and the Cancer Quality Council of Ontario

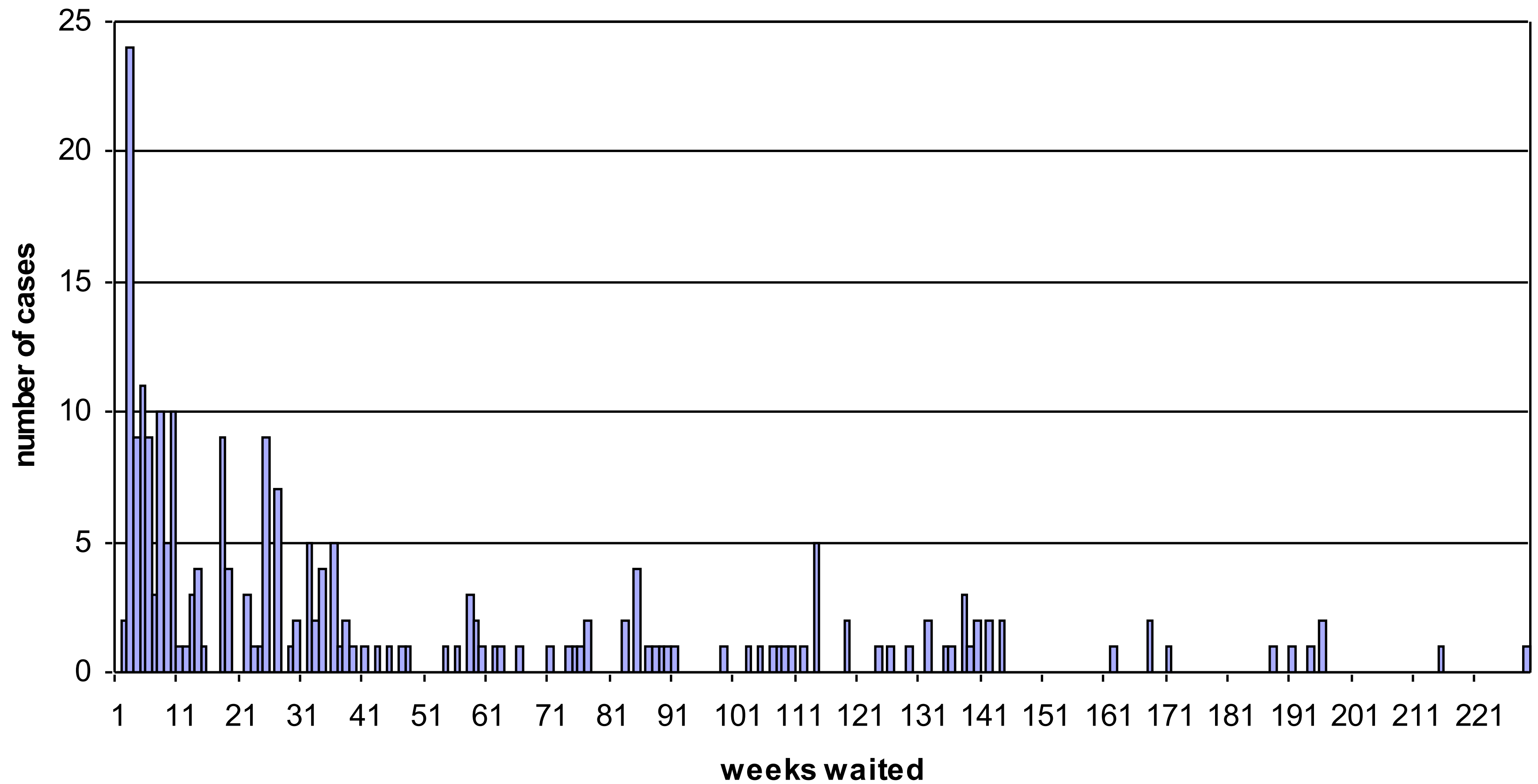


GTA 2014 – 4% annual increase

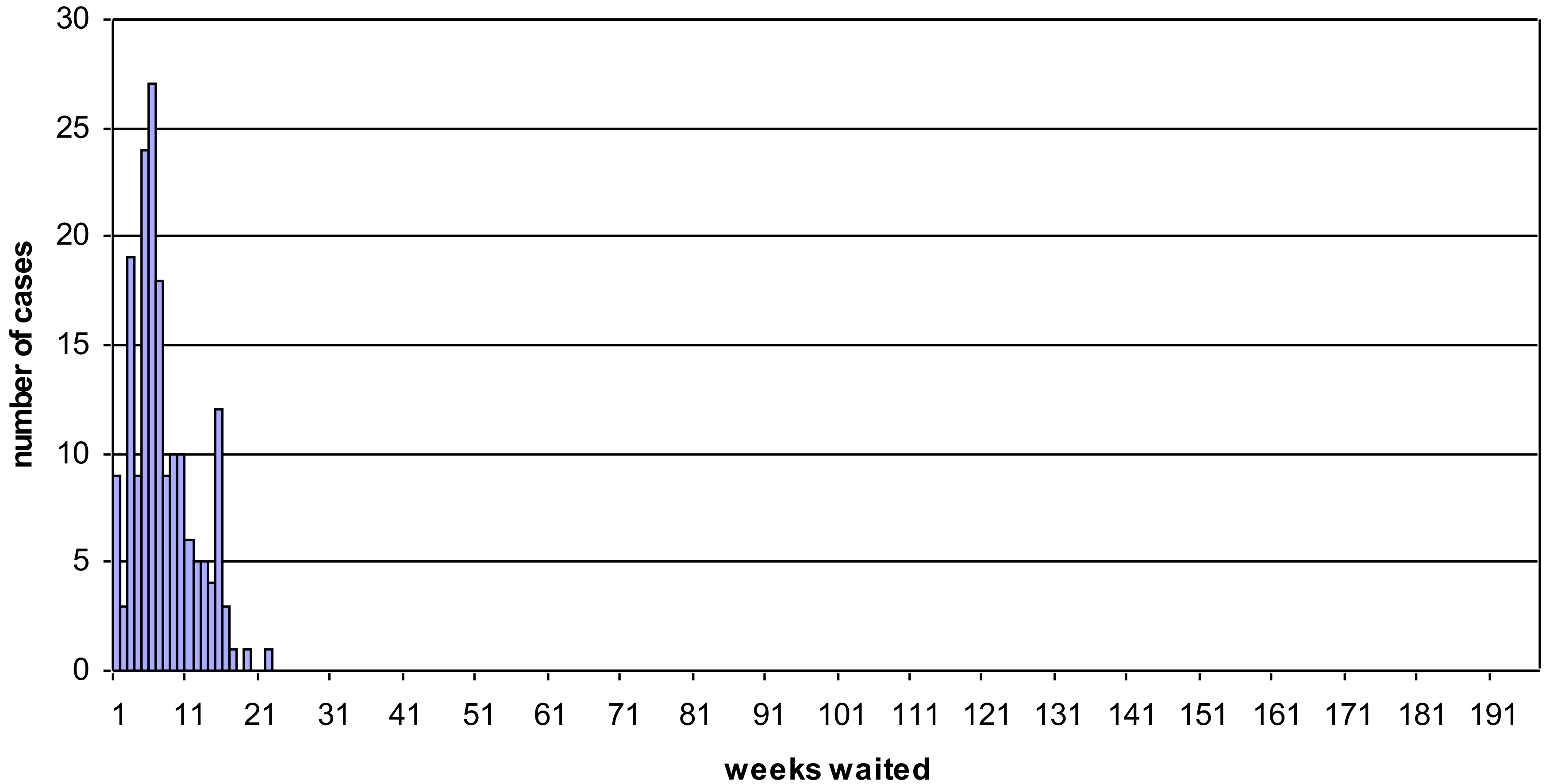
REGIONAL VARIATION

Median interval from consultation to surgery January 2003 to June 2004: lung cancer resection





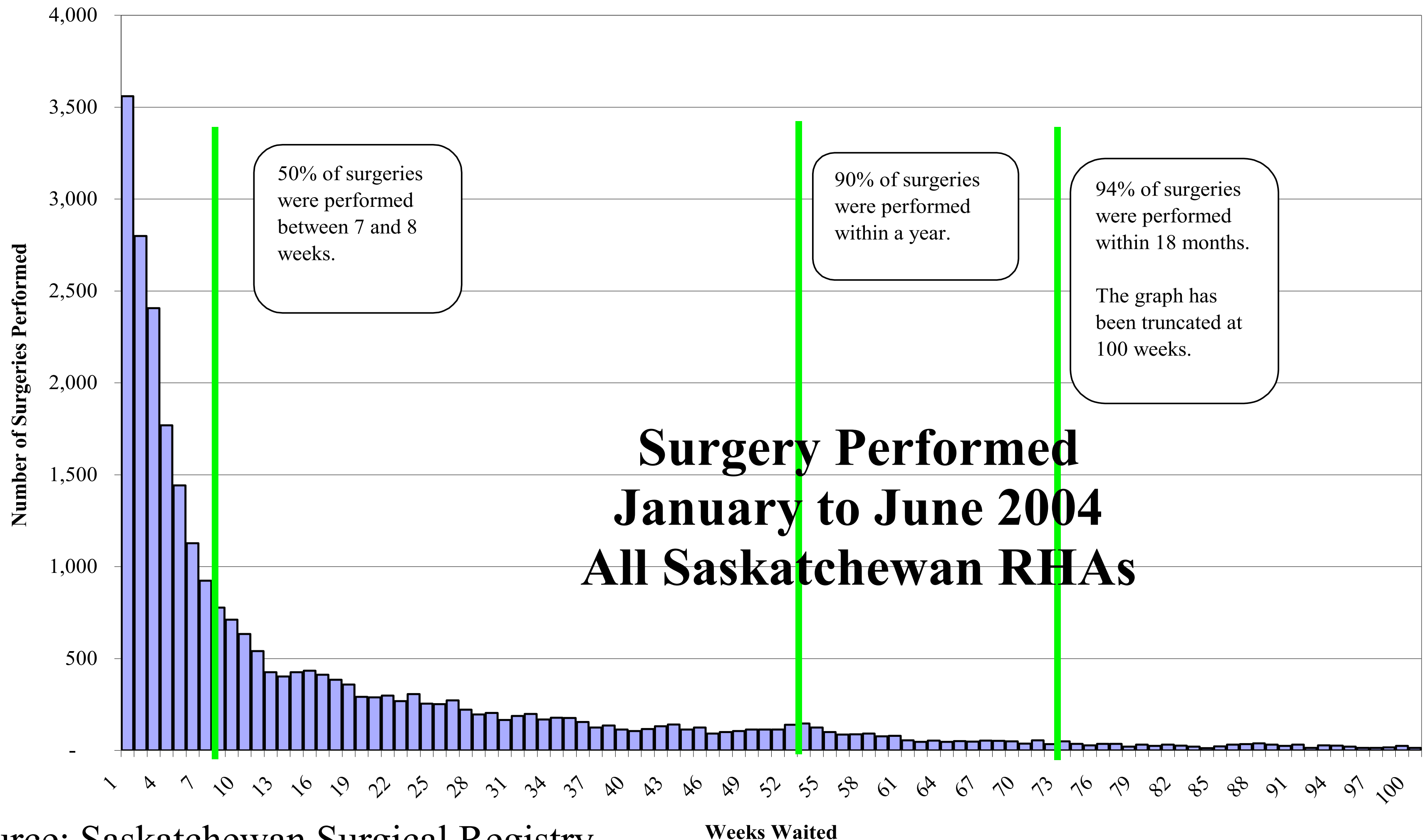
Courtesy SSCN



Courtesy SSCN

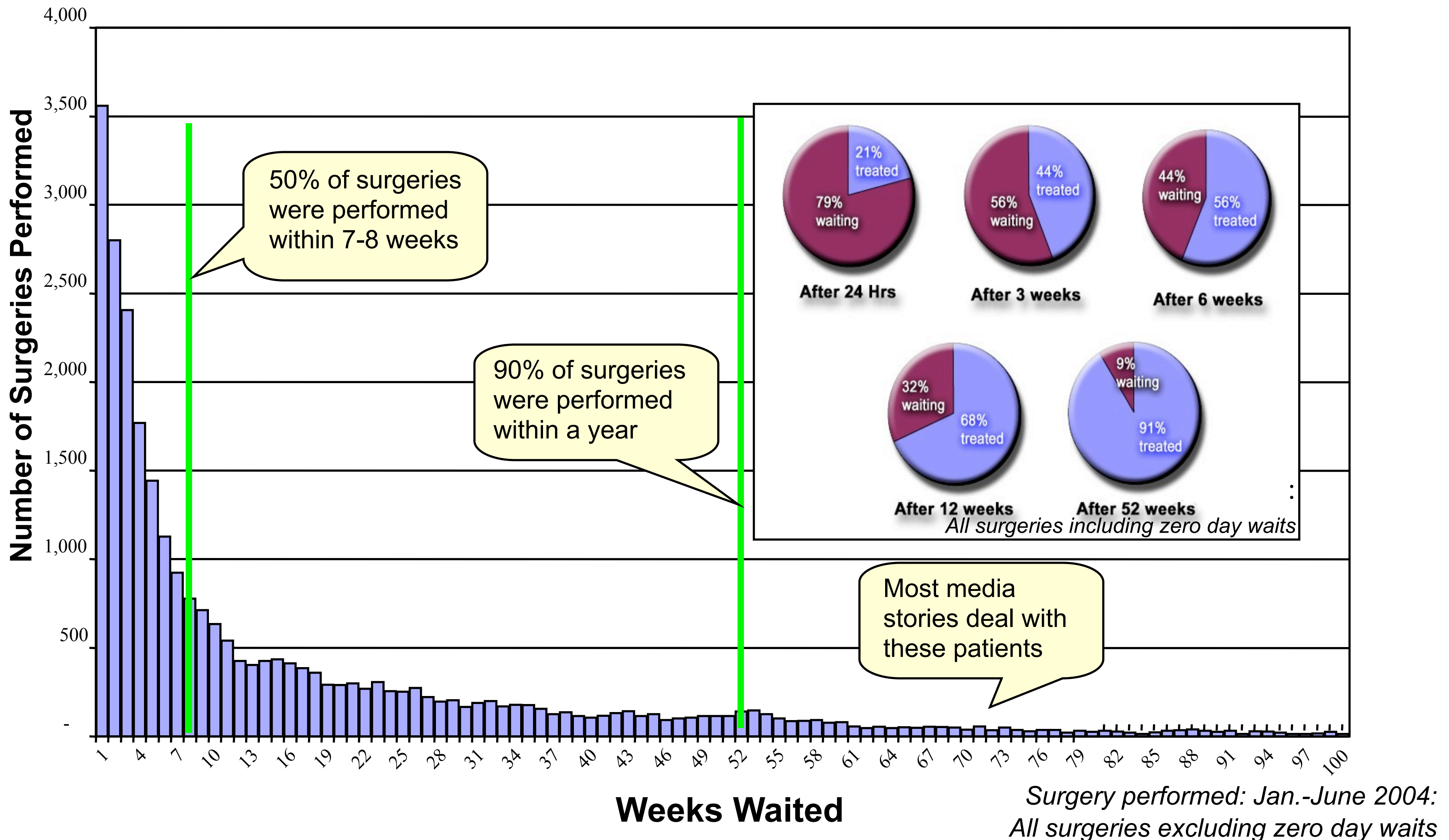
The Problem

Many patients receive their surgery quickly, others wait too long.



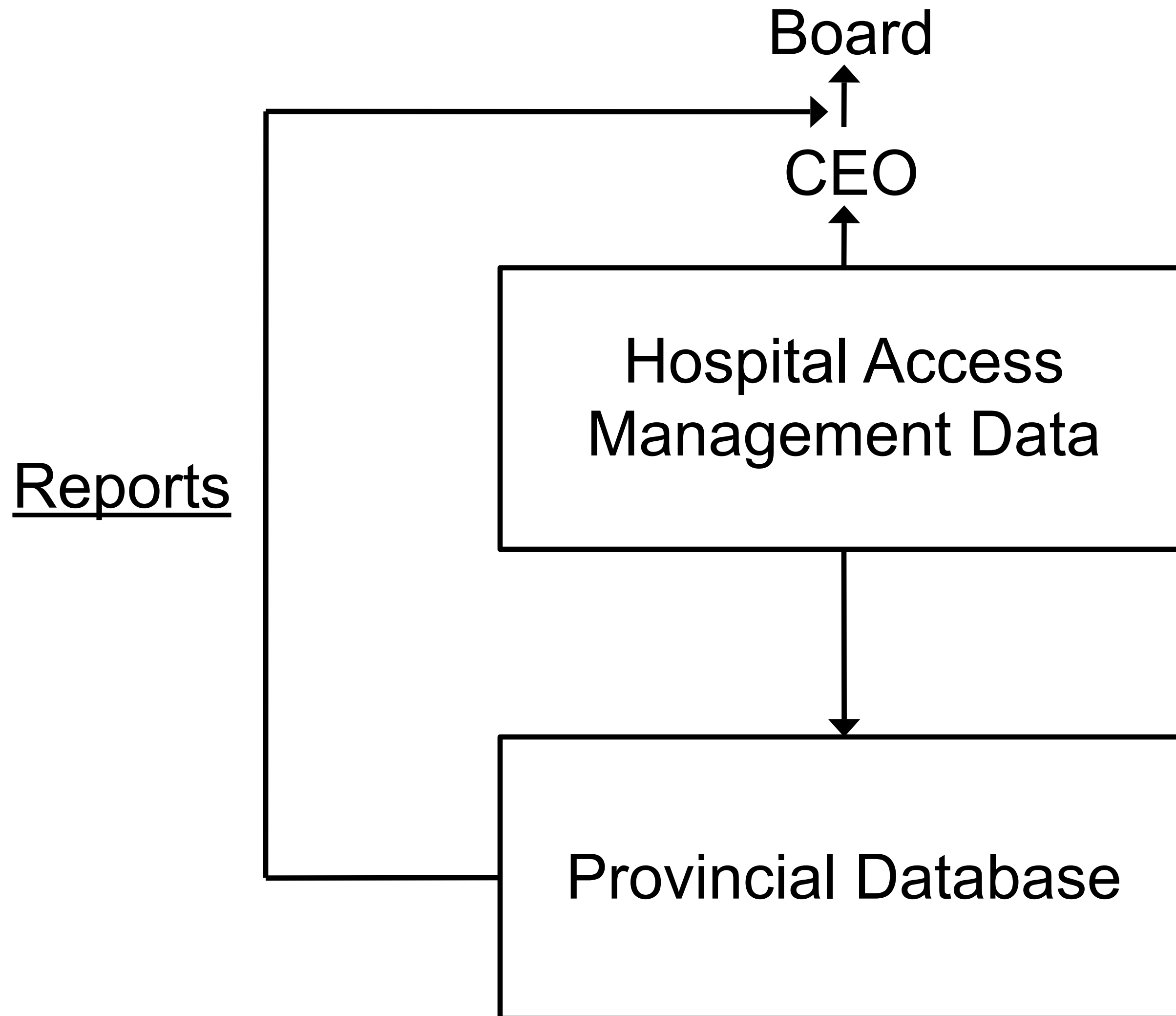
Source: Saskatchewan Surgical Registry

The Saskatchewan Case Study



Surgery performed: Jan.-June 2004: All surgeries excluding zero day waits

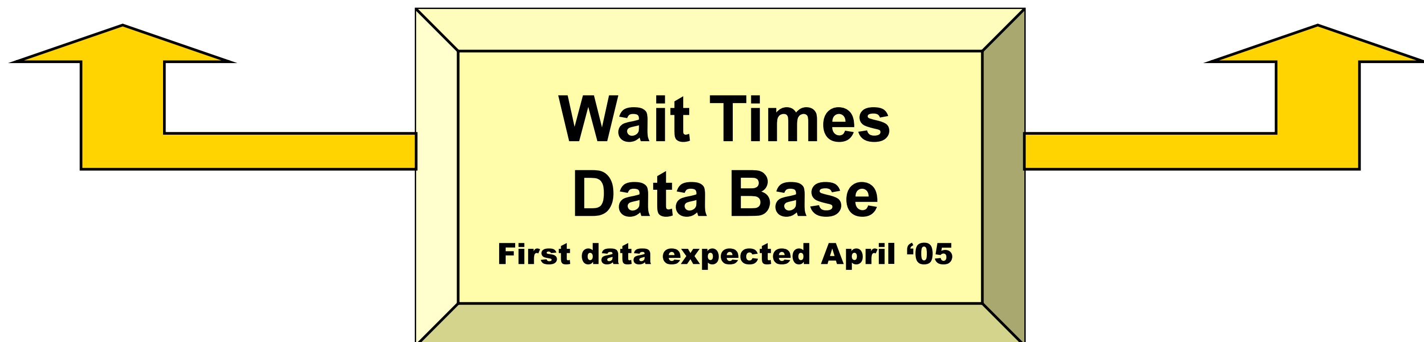
Source: Saskatchewan Surgical Registry


Board
CEO
Reports
Hospital Access Management Data
Provincial Database

The Data to make Decisions

Hospital boards make informed decisions about where to put their resources

Patients make informed decisions about where to be treated



TORONTO STAR

SHOWERS. HIGH 15 C ★ THURSDAY, NOVEMBER 18, 2004 ★ thestar.com ★ METRO EDITION

$107M booster shot to ease hospital waits

Province finds extra funds for more surgeries, MRIs
Money not directed to budget shortfalls, minister says

ROB FERGUSON
QUEEN'S PARK BUREAU

Ontario's cash-strapped hospitals are getting an extra $107 million to reduce waiting times for surgery and MRIs.

The money, which comes out of the recent federal-provincial health-care deal, will fund an extra 1,680 hip and knee replacement operations, put another $10 million toward cancer surgery, provide for 2,000 more cataract operations and help with an extra 805 cardiac surgeries, among other things.

"It's taking a one-year bite out of the (waiting) list," Health Minister George Smitherman said after a speech to the annual convention of the Ontario Hospital Association yesterday.

However, there is no money in the package to ease huge hospital budget shortfalls that have prompted warnings about service cuts.

"It's not designed as a strategy to address whatever budgetary challenges hospitals may be facing," Smitherman said.

The minister said the $107 million for more surgeries and diagnostic tests by MRIs and CT scans is coming from the $825 million in funding to Ontario this fiscal year from the federal-provincial health talks in September.

The government, which promised to reduce wait times for key procedures, has been under pressure to show results after it broke an election promise not to raise taxes with the Ontario health premium, imposed in July. Smitherman has named neurosurgeon Dr. Alan Hudson to spearhead the government efforts to cut waiting times. Hospitals welcomed the $107 mil-

➤ Please see **Hospitals, A23**

ART OF DESIGN

Creative flair meets a love of history

FASHION, C1

State of Play

1. Cataracts
2. Joints
3. Cancer
4. Cardiac
5. D.I.
6. Critical Care

Expanding Capacity

$107 million in 2004-05

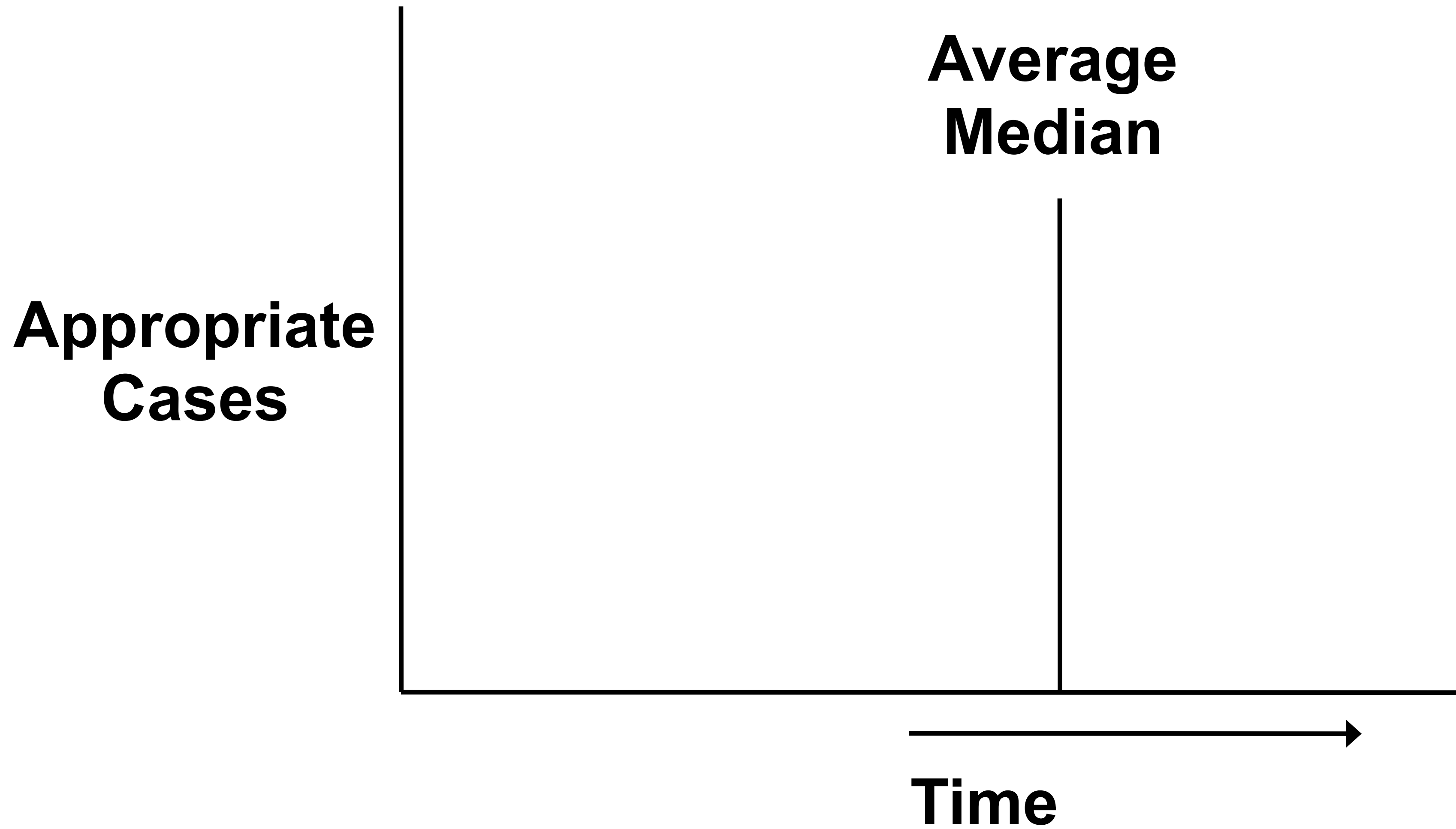
Targeted volume increases

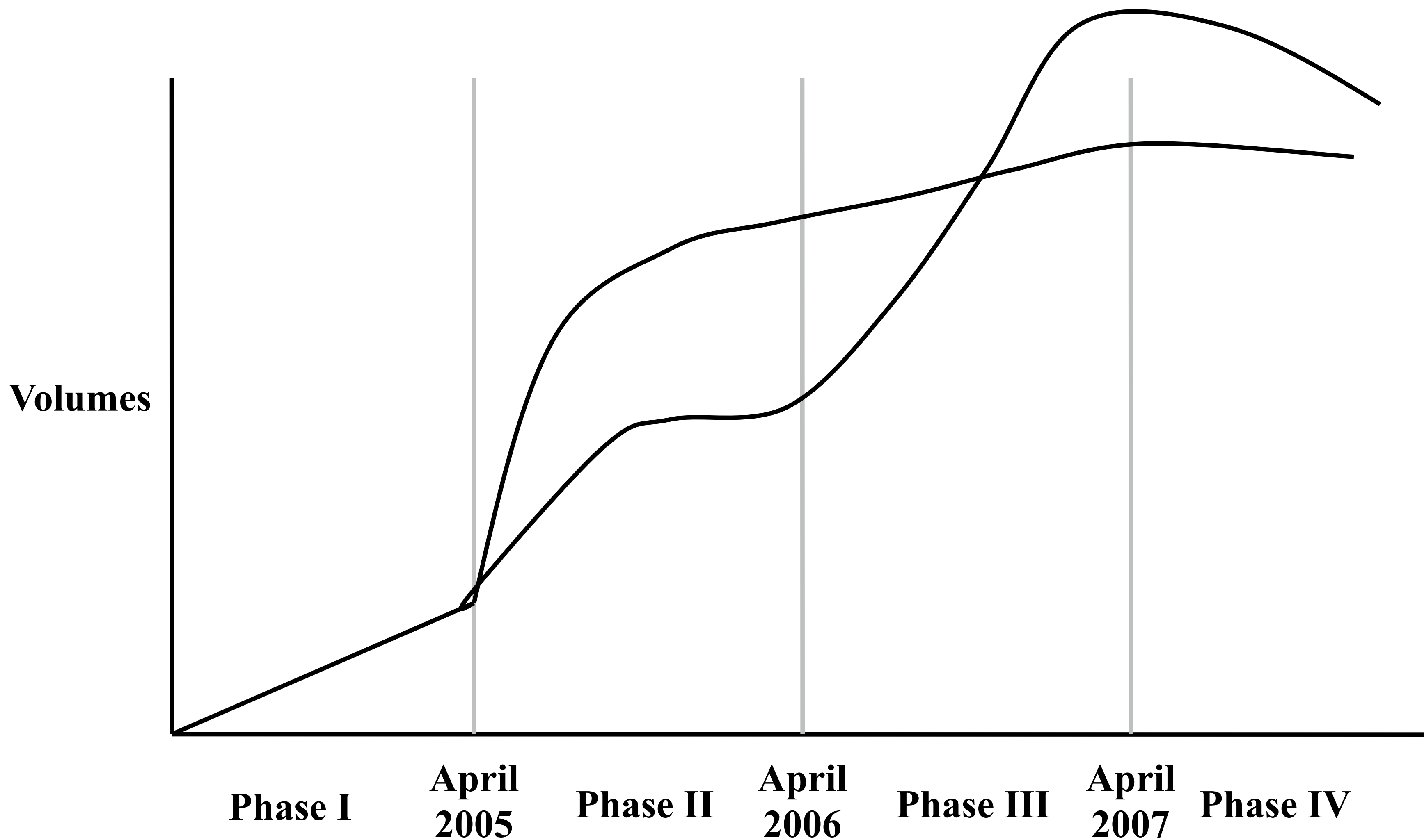
Investment in efficient technology

Standardize:

» Best practices (medical and admin.)

» Criteria for care


Average
Median
Appropriate
Cases
Time


Volumes
April
2005
April
2006
April
2007
Phase I
Phase II
Phase III
Phase IV

Simply Put!!

1. Assign personal and organizational responsibility and accountability
2. Measure performance against goals
3. Hold organizations and people accountable

Summary

Building a rational system that changes the way health care is managed and delivered in order to ensure patients get the timely care they need

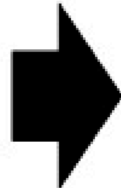
First for 5 key procedures, with a legacy for all services

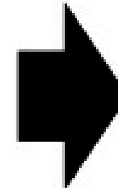
Collecting data that will publicly show wait times by hospital

Empowering the public to make informed decisions and hold the government and health care system to account.

Ontario's Wait Time Strategy

Better Access to Care





Sept. 2004

- Health Results Team Appointed.
- Development of Wait Time Strategy begins.
- Building blocks including recent investments in primary care home care, OMA negotiations, CCN, CCO, etc

Dec. 2006

Registry 5 key services:
- Cardiac
- Cancer surgery
- Cataracts
- Hip and Knee replacement
- MRI/CT

Hospitals ensure access management; Increased capacity and efficiency; Not at expense of other services; Wait times by hospital on public web site; IT component complete;

Beyond 2006

New Provincial System

- Additional surgical services added to registry.
- Management of access transfers from hospitals to LHINs.

Questions?

We will take questions in the room, or . . . send your questions to

questions@longwoods.com

Questions and answers will be distributed one week after the breakfast session.

Thank you from Breakfast with the Chiefs and its collaborators