



You Can't Fix the (Right) Problem Until You Have Good Data

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Jurisdictions around the world are experiencing a common demand for timely access to healthcare services. Not only are patients demanding high quality service, but they expect it fast and they want information to make

their own choices.

We know that there are multiple factors affecting access to care including limited resources and limited system capacity. But which resources are limited and where in the system do we have bottlenecks and capacity shortages? What we need are the facts to identify the right problems before we can begin to solve them.

Gathering the data consistently, and more importantly, understanding what it tells us, is key to assist us with access to service issues. Patients should be provided with information on how long they can expect to wait by service type and by hospital. Healthcare professionals should be provided with information to assist in appropriately triaging patients for service. Hospitals and governments should be able to see where the bottlenecks exist in our healthcare system and make informed decisions around resource allocation and system capacity.

This is not a new revelation by the authors. Many have recognized this issue before and have set in motion actions to address it. Let's look at a few provinces in Canada and how they have approached this issue and for comparison we'll show how the UK's National Health Service has been addressing things.

The UK's National Health Service has long realized the problem of timely access to care and has been addressing the demand for information for a number of years. Wait time information is reported publicly on websites, to hospital boards, and even in doctors' offices. The public is aware of waiting times by service and by hospital – this information allows them to make informed decisions about their own care. Furthermore NHS health authorities have the information to appropriately allocate resources based on need. Add to this the "Choose and Book" initiative whereby patients

can select from one of four providers for elective treatment and have their GP make the booking, and you have a fairly sophisticated information system for patients and providers.

In Canada, all provinces are tackling the same problem, albeit in somewhat different ways. It is clear that all governments are not only listening to this issue, but are beginning to act. Since the announcement of Ottawa's 10-year health accord in September of 2004, with \$5.5 billion targeted to reduce wait times, plus the announcement in the 2005 budget of an additional \$15 million in direct federal funding to build on provincial and territorial wait times initiatives.

Consistent with what the UK accomplished several years ago, most Canadian provinces have made the commitment to publicly provide information on wait times for surgical and diagnostic imaging services. BC, Alberta, Saskatchewan, and Ontario are examples of provinces that post wait time data on provincial websites. In Alberta and BC for example, the public can see the number of patients currently waiting. In Ontario they can also see how long they can expect to wait. While based on retrospective data, this is still the most important information to inform patient choice.

From a process improvement point of view, Alberta and Saskatchewan are good examples of provinces that have focused first on gathering wait time data and have then turned their attention to making targeted process changes in areas where wait times are the biggest problem.

Data collected through the Saskatchewan Surgical Patient Registry tracks and reports how long patients have waited for treatment, by procedure, surgeon, and priority level. Using this data, Saskatchewan has been able to identify the bottlenecks in the healthcare system and has begun addressing problem areas. One example of this is the new interventional radiology suite that opened at the end of September 2005. This suite replaces an existing unit and is more flexible in layout. This has allowed for increased efficiency and volumes, improved ability to handle procedures that previously required an operating room, and an overall reduction in diagnostic imaging wait times.

After establishing the Alberta Waitlist Registry, Alberta faced the fact that the supply of orthopedic surgeons could not meet the demands of today and the baby boomers of tomorrow. In response to this the province launched a pilot program – with centralized assessment clinics – to reduce the referral process for bone and joint care. To date, the clinics have successfully met the goal of providing access to bone and joint care within four months.

Ontario is in the process of adding another dimension to wait time data collection. Ontario's Wait Time Information System will capture data in near real-time directly from surgeon's offices. This will give surgeons' offices, OR departments and DI departments a tool to monitor wait times and manage waitlists. Healthcare providers can decide which patient should get surgery next based on patient priority, who is approaching or past the target timeframe and so on. It will also allow hospital administrators and clinical chiefs to know the status of waiting times in their hospital at any time so they can make appropriate decisions.

So what can we see as consistent patterns among these approaches? Firstly, we've come to determine there is no "one" right way to reduce wait times. While similar, each province will identify unique needs for services. However, we have reached a common understanding that providing consistent information on access to care to the public, healthcare professionals, and

administrators is an important part of the strategy to improve access to care. Probably most importantly we now have the data to make public our progress towards the government's committed agenda of wait time reduction.

As to the differences, we have seen a systemic approach over many years in the UK that has led to quite sophisticated benchmarks and automated processes to assist in their attainment. In Alberta and Saskatchewan we have seen good and early results by focusing on a couple of key areas and driving clinical process improvement. And in Ontario we are seeing progress on near real-time data collection, standard priority levels to monitor and measure how long patients should be waiting and agreed targets such that hospital departments and surgeons' office can actively manage their wait lists, ensuring that priority patients get care first.

At the end of the day, the message is clear: start with gathering consistent data about the actual wait times, set targets based on appropriateness relative to the service, gather the data, analyze the data to determine where the real problems are, target areas for service improvement with laser-like focus, intervene and make changes, measure the effect of those changes, and publish the results. Such systemic change is a long-term proposition and will take discipline, time and an ongoing commitment to continuous improvement. ●

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