

## National Child and Youth Health Coalition



Council of Canadian  
Child Health Research  
(CCCHR)



Paediatric  
Chairs of  
Canada



Directeurs  
de pédiatrie  
du Canada



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# “Children Wait Too”

## *National Paediatric Surgical Wait Times Strategy*

### Final Report

Submitted to Health Canada,  
Health Care Policy Directorate,  
Health Care Strategies,  
Policy Contribution Program

April 2006

## ***Call to Action on Wait Times***

In 2004, Statistics Canada reported that 29% of Canadians who accessed specialized care reported they had to wait too long to receive service. In response to public expectations of shorter wait times and better access to health care, the Federal and provincial governments signed the First Ministers Health Accord in September 2004 and established a \$5.5 billion Wait Time Reduction Fund. The primary objective of the agreement was to reduce wait times in five priority areas – cancer, cardiac procedures, joint replacement, sight restoration and diagnostic imaging – by December 2007.

The newly elected Federal government further committed to working with the provinces to implement a ‘Patient Wait Times Guarantee’ whereby all Canadians would receive essential medical treatment within clinically acceptable wait times either within or outside their jurisdiction as required by the Supreme Court of Canada’s *Chaoulli* decision and the Canadian Charter of Rights and Freedoms.

While not excluded from this proposal the Accord was silent on the specific and unique needs of children: **Children’s wait list problems are not addressed by the five adult oriented priorities outlined in the Accord.**

## ***The Impact of Wait Times***

The impact of lengthy waits for surgical procedures for any patient can result in unnecessary and deleterious effects on health and quality of life. Prolonged pain, disability, emotional distress, health complications, personal economic hardship, and increased health costs are all affected by the lack of timely access to health care.

For children, failure to provide timely service can have even more serious outcomes. Many surgical procedures must be performed during critical developmental periods to avoid long-term irreversible outcomes. For example, cleft lip and palate surgery must be performed at specific times to ensure the child’s optimal speech and brain development. In such instances, provision of surgery within that developmental “window of opportunity” is critical to both the child’s ability to function and his/her ultimate quality of life.

Learning, behavior and social development can be significantly impacted if a child does not receive timely access to surgery. The impact of a delay extends beyond the young patient, creating undue stress and hardship on families.

## ***Call to Action for Children***

In November 2005, Dr. Brian Postl, Special Adviser on Wait Times to the Prime Minister, approached the National Child and Youth Coalition (NCYHC) to lead the development of a national paediatric surgical wait times strategy.

The National Child and Youth Health Coalition is a coalition of the following five organizations who work collaboratively to advance the health and healthcare of children and youth across Canada:

- The Canadian Association of Paediatric Health Centres
- The Canadian Child Health Clinician Scientist Program

- The Council of Canadian Child Health Research
- The Paediatric Chairs of Canada
- The Pediatric Surgical Chiefs of Canada

Representing Canada's paediatric academic health sciences centres (PAHSCs), paediatric research institutes, Paediatric Chiefs and Paediatric Surgical Chiefs, the Coalition provides an established network that draws from the practical experience and professional expertise of health practitioners across Canada.

On February 24<sup>th</sup> 2006, a National Consensus Workshop was held. The workshop brought together the paediatric surgical chiefs and administrators representing the 16 Canadian paediatric academic health sciences centres, paediatric surgical chiefs from across Canada as well as representatives from partnering organizations – Canadian Institute for Health Information, the Canadian Medical Association, the Canadian Paediatric Society, the Canadian Paediatric Anesthesiology Society and the Canadian Council on Health Service Accreditation. Workshop participants enthusiastically endorsed adopting and implementing a national strategy for paediatric surgical wait times and agreed in principle to a framework and methodology for a National Surgical Children's Strategy.

### ***The National Paediatric Surgical Wait Times Strategy (“The Children’s Strategy”)***

Drawing from a national pool of experts, the Children's Strategy builds on the collective work of provincial groups across Canada and is fashioned after the model developed by the Ontario Children's Health Network (OCHN).

The Strategy will complement the adult strategy and make system-wide changes by:

- Establishing national access targets for ten paediatric surgical subspecialties.
- Determining the current wait time “burden” i.e. the number of children across Canada who are not receiving care within the established access targets.
- Developing strategies to optimally manage wait times.
- Assessing the system's capacity to provide timely care and
- Developing resource allocation recommendations.

### ***The Strategy Framework***

The OCHN access targets as outlined in Appendix A form the basis of the Strategy's national standards which will be further reviewed and refined through a national consultation process. The access targets address approximately 350 diagnoses within nine subspecialties: Cardiovascular Surgery, General Surgery, Gynaecology, Neurosurgery, Ophthalmology, Orthopedics, Otolaryngology, Plastic Surgery and Urology. Table 1 outlines the major areas where access targets have been developed. Access targets for a tenth subspecialty – Oral and Dental Surgery are currently under development.

**Table 1: Major categories having access targets within the nine subspecialties**

<b>Paediatric General Surgery</b>	<b>Paediatric Gynaecology</b>
Neonatal Conditions Thoracic Neonatal conditions Abdominal Wall Colon, Rectum, Anus Esophagus Stomach, Duodenum, Small Bowel Solid Tumors Neck Mass Trauma Care Biliary System and Spleen Genitalia	Adolescent Pregnancies Vulva, Cervix, Vagina Gynaecological Congenital Anomalies Genital Trauma Ovaries Ante-natal Care for Adolescent Pregnancies Solid Tumors Miscellaneous Procedure
<b>Paediatric Neurosurgery</b>	<b>Paediatric Ophthalmology</b>
Developmental Malformations : Spine, Brain Structures, Craniofacial, Vascular Intracranial Cyst and Abscess Brain Tumors Cerebro-Spinal Fluid Build-up Skull Tumor Epilepsy and Spasticity Trauma	Strabismus Oculoplastics: Lacrimal Surgery, Eyelid, Orbital Surgery Anterior Segment Cornea Retinal Surgery Glaucoma
<b>Paediatric Orthopedic Surgery</b>	<b>Paediatric Otolaryngology</b>
Disorders of the: Hip, Spine, Upper Extremities, Lower Extremities, Feet Minor Variants of Normal Bone and Joint Infections Fractures Skeletal Displasias Musculoskeletal Tumors Other	Disorders of the Airway Neck Mass Sino-Nasal Disorders Salivary Gland Disorders Otologic Surgery Disorders of the Head and Neck
<b>Paediatric Plastic Surgery</b>	<b>Paediatric Urology</b>
Clefts Burns Congenital Hand and Upper Extremity Soft Tissue and Skin Conditions Craniofacial Trauma Ear Solid Tumors Miscellaneous	Urinary Incontinence Renal/Bladder Anomalies Genital Anomalies Urinary Tract Calculi Solid Tumors Genitourinary Trauma Inguinal Pathology (non-malignant) Miscellaneous
<b>Paediatric Cardiovascular Surgery (50 diagnoses)</b>	

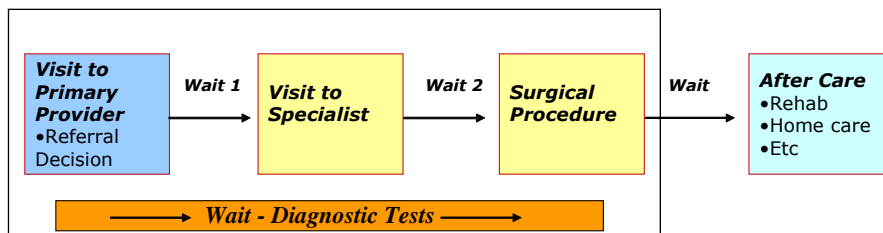
## The Strategy Methodology

### Multiple wait times

The national paediatric surgical wait times strategy focuses on two wait times, W1, the time period between referral from primary provider to surgeon and W2, the time period between the decision by surgeon and family to proceed with surgery and the actual surgical procedure.

A comprehensive Paediatric Surgical Wait Times Strategy will require developing standards for two other “wait times”. These will be addressed at a later date:

1. The wait time for diagnostic procedures at the stage of primary care or specialty consultation and
2. The wait time for after care services



### Priority rating system and diagnostic themes

Sub-specialty access targets are based on:

- A priority rating system and
- Diagnostic themes within each subspecialty.

A seven grade priority rating system developed to address the specific needs of the paediatric population will be used. This system is flexible as it can be truncated into a four grade scale that is consistent with grading for many adult wait time initiatives.

<b>Priority Classification Level</b>	<b>Access Target Time Frame</b>
<b>Priority I</b>	<b>within 24 hours</b>
<b>Priority IIa</b>	<b>between 24 hours and 1week</b>
<b>Priority IIb</b>	<b>between 1 to 3 weeks</b>
<b>Priority III</b>	<b>within 6 weeks</b>
<b>Priority IV</b>	<b>within 3 months</b>
<b>Priority V</b>	<b>within 6 months</b>
<b>Priority VI</b>	<b>within 12 months</b>
<b>All cases</b>	<b>Within 18 months</b>

Access targets are then based on diagnostic themes within each subspecialty. There are several advantages of this approach. First, the diagnosis is the basis of referral for consultation and the most appropriate determinant of waits. Second, diagnosis is easily understood and agreed upon by the surgical specialties. Third, diagnosis is less prone to manipulation in any waiting list management system. Finally, diagnoses can also be mapped onto procedures thereby facilitating the determination of surgical wait times by procedure as well as diagnosis.

Including all sub-specialties and diagnostic themes within the strategy has an additional advantage: It provides a basis for monitoring whether or not any subsequent strategies to address waiting times compromise one aspect of care for the sake of another.

Appendix A - “**Ontario Paediatric Surgical Wait Time Access Targets – Ontario Children’s Health Network**” details the access targets for the approximately 350 diagnoses contained within the nine subspecialties.

### ***Application of Access Targets***

Once the access targets for all ten subspecialties are refined and endorsed, they will be applied to current wait lists for W2 across Canada. This will not only inform each setting of the number of children meeting target or not, but will also provide a basis for establishing the national “burden” at a single point in time. This baseline can then be used to monitor progress in reducing wait times at the local, regional, provincial or national levels. Common definitions will need to be applied as well as consistent methods for data collection.

The information provided by this assessment can also inform families of wait times within and across jurisdictions and help them assess their options with respect to accessing service. Organizations can use the information for internal resource allocation and human resource planning. Through a national strategy, an inventory of paediatric surgical capacity within regions and nationally becomes possible and long term resource planning can be evidence-based.

### ***Wait List Management - IT Application for Consideration***

IT solutions for wait list management will be considered. Currently the British Columbia Children’s Hospital has developed a unique computer-based application to perform systematic and unbiased scheduling of surgeries to optimize efficiency and to match current hospital and health care delivery resources. The system uses the access targets established for the National Strategy as the basis for determining surgical priority. It accommodates both “high” and “low” priority cases in such a way that all children obtain service in a timely and equitable fashion.

The application can also be used for scenario modeling. Through computer-based simulations that are dynamic and time-based, it is possible to determine system performance, solve scheduling problems, and determine resource requirements.

Through the national collaborative, solutions like these can be piloted across settings with the possibility of creating a system for efficient data collection and a mechanism for information exchange.

## ***Ensuring Success***

Many provinces are currently working to address wait times and measure the burden of wait. The success of the National Paediatric Surgical Wait Times Strategy will depend upon provincial engagement as much as professional endorsement and site uptake. A communication strategy for all stakeholders will be instrumental to ensuring common understanding and application.

### ***Implementation Plan (24 months)***

1. Communication and Partnerships
  - a. Disseminate Strategy to key stakeholder organizations
  - b. Develop and distribute communication material for internal distribution within health settings
  - c. Develop and distribute communication material for engagement of provincial governments
  - d. Identify potential partners around data collection, uptake, monitoring and reporting
2. National Access Targets
  - a. Develop consensus-based access targets for Oral and Dental Surgery
  - b. Engage the National Surgical Specialty Societies.
  - c. Conduct national consultation for all 10 sub-specialty access targets.
  - d. Revise access targets accordingly
  - e. Disseminate and gain agreement on the timeline for adoption of the National Access Targets
3. Monitoring and Evaluation
  - a. Develop an evaluation framework to assess the uptake, impact and outcomes (intended and unintended) of the National Strategy
  - b. Develop a mechanism for collecting and reporting data nationally
4. Determining Burden
  - a. Recruit centres to pilot the priority system and national access targets to determine “burden” within their sites
  - b. Apply the strategy nationally to determine national burden
5. Wait List Management
  - a. Conduct a workshop for IT specialists to make recommendations on wait list management IT solutions
  - b. Pilot wait list management IT solutions and evaluate and compare outcomes
6. National Implementation
  - a. Implement strategy for one-year
  - b. Evaluate outcome
7. National Forum
  - a. Host a national conference to review progress and outcomes, share lessons learned and make recommendations for continuous improvement of the strategy and the systems that support it.
8. Capacity Analysis and Strategy
  - a. Develop a framework for assessing and addressing infrastructure and human resource capacity issues.

## ***Meeting the Challenge***

As part of *The National Wait Times Strategy*, the National Paediatric Surgical Wait Times Strategy will ensure that children find their rightful place. The Strategy will serve as a model for Paediatric Wait Times Strategies in other high priorities areas where children and youth wait for essential services, services essential for the health of our children, the health of our nation.

The Canadian populace would be surprised to learn that the children and youth of Canada, like their adult counterparts, encounter significant barriers to timely health care. There is a common myth that the needs of children are always first and always met. But the reality of the situation is different and we will act now on the behalf of Canada's children and youth.

The Federal government has recognized the unique needs of young Canadians by inviting the National Child and Youth Health Coalition to develop a National Paediatric Surgical Wait Times Strategy. The Coalition and its partners have taken on this challenge with enthusiasm and a deep commitment to make a difference for the health of our children.