



# **PAEDIATRIC SURGICAL WAIT TIME MODEL**

**~ Recommendations for a National  
Strategy ~**

**October 2006**

# AGENDA

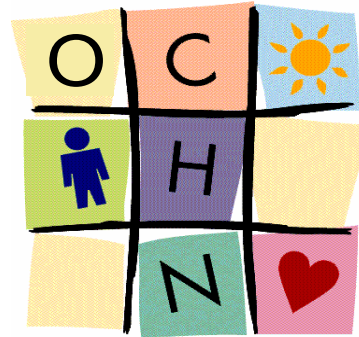
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- 1) Ontario Child Health Network (OCHN)**
- 2) Ontario Wait Time Strategy**
- 3) OCHN Surgical Wait Time Project**
- 4) Next Steps – National Strategy**



# Ontario Children's Health Network

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- **Children's Hospital of Eastern Ontario - Ottawa**
- **Children's Hospital of Western Ontario - London**
- **McMaster Children's Hospital - Hamilton**
- **South Eastern Ontario Health Sciences Centre (KGH/HDH) - Kingston**
- **The Hospital for Sick Children - Toronto**
- **Bloorview Kids Rehabilitation Centre - Toronto**





# Ontario Children's Health Network

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## Charter:

We, the leaders of Ontario's children's hospitals, believe that children and youth deserve the best in all things, but particularly health care. Therefore, we are making a bold promise to all families throughout the province:

*We will work to achieve timely access to world-class paediatric care for Ontario's three million children and youth as close to home as possible.*



# Ontario's Wait Time Strategy

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- One of the government's top priorities
- Strategy announced November 17, 2004
- Focus on five areas: cancer surgery, selected cardiac procedures, cataract surgery, hip and knee total joint replacements, and MRI and CT scans
- Wait times to be reduced by December, 2006



# The Approach

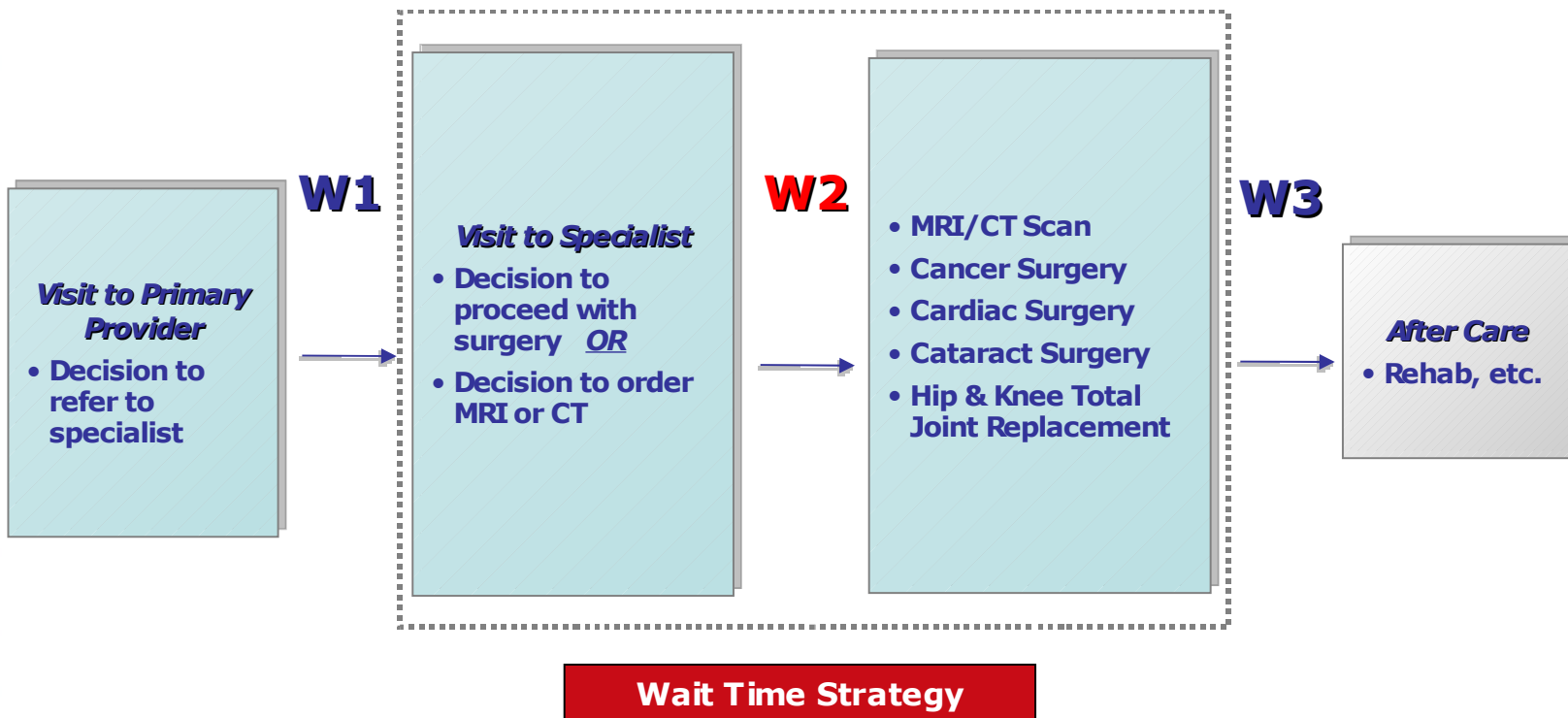
A three pronged approach:

Capacity building through additional surgical cases

System and process redesign to reduce bottlenecks

Wait time measurement and reporting

# Ontario's Wait Time Strategy: Focus of the Wait



# Comparison of Adult vs. Paediatric Strategy

	<b>Adult</b>	<b>Paediatric</b>
<b>Initial Scope</b>	“Big 5” Procedures	
<b>Current Stage</b>	Provincial Website Reporting of W2 by Hospital, LHIN, Provincially	
<b>Accountability</b>	Defined Provincially & Tied to Incremental Funding	
<b>IT System</b>	Centralized	
<b>Relevant Stages</b>	Wait 2	
<b>Clinical Prioritization</b>	Procedure	

**\* Some overlap where paediatric centres provide Big 5 procedures or when overlap with adult populations.**









# State of Paediatric Surgical Wait Times

## Jan. 1995

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- A lack of information on wait times. (You can't manage what you can't measure.)
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- Inconsistent methods of prioritizing patients
  - Little information-sharing across the Paediatric Academic Health Sciences Centres.
- 
- Children's wait times are not identified on either the provincial or federal agendas.
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- Surgery often critical to childrens' development.

# OCHN Surgical Wait Time Project Aims

*To develop expert consensus-based priority ranking system for paediatric surgical consultations and surgical procedures across the five acute paediatric academic health sciences centres (PAHSCs) and for ten surgical subspecialties, and to apply standardized definitions across the PAHSCs in Ontario.*

- Children's Hospital of Eastern Ontario
- Children's Hospital of Western Ontario
- McMaster Children's Hospital
- South Eastern Ontario Health Sciences Centre (KGH/ HDH)
- The Hospital for Sick Children

- Orthopaedic Surgery ✓
- Otolaryngology ✓
- General Surgery ✓
- Neurosurgery ✓
- Ophthalmology ✓
- Plastic Surgery ✓
- Urology ✓
- Gynaecology ✓
- Cardiovascular Surgery ✓
- Dental ✓





# OCHN Surgical Wait Time Project Aims

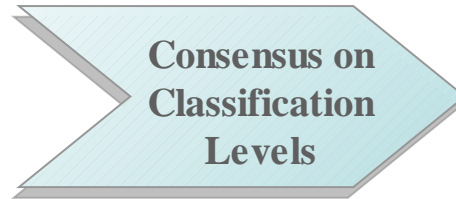
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- 1) Phase 1 Development of Access Targets**
- 2) Phase 2 Capacity Analysis**
- 3) Phase 3 Information System**

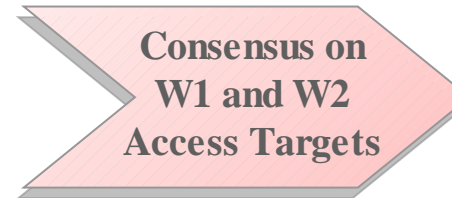
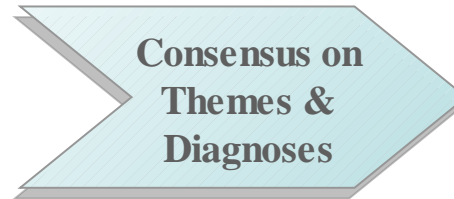
# Phase 1: Expert Panel Sessions



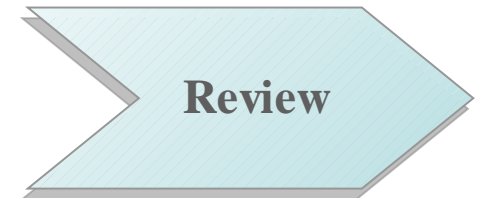
- Literature review
- Themes
- Diagnoses



- Priority Levels 1-6



- By Diagnosis





# Priority Classification Levels

Priority Classification Level	Target Time Frame for Surgery
Priority I	within 24 hours
Priority IIa	within 1 week
Priority IIb	within 3 weeks
Priority III	within 6 weeks
Priority IV	within 3 months
Priority V	within 6 months
Priority VI	within 12 months
All cases	Within 18 months



## Consensus on Themes & Diagnoses



### Themes

- Disorders of Spine
- Disorders of Hip
- Disorders of Upper Extremity
- Disorders of Lower Extremity
- Disorders of Feet
- Bone and Joint Infections
- Musculoskeletal Tumours
- Skeletal Dysplasias
- Fractures
- Minor Variants of Normal
- Other



### Diagnoses (examples)

- Scoliosis, spondylolysis
- DDH, Legge Perthes
- Sprengels Deformity
- Blounts, osteochondritis
- Club feet, vertical talus
- Septic arthritis
- Malignant, benign
- Cerebral palsy, MD
- Compound, displaced



**Consensus on  
W1 and W2  
Access Targets**

E.g. Disorders of the Hip

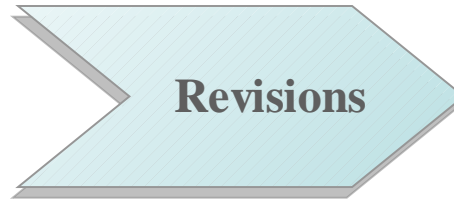
<b>Diagnosis</b>	<b>Surgery Wait Time Priority Level (W2)</b>	<b>Consult Wait Time Priority Level (W1)</b>
<b>DDH (hip clicks, dislocations in newborns, subluxations, clunks)</b>	<b>III</b>	<b>IIb</b>
<b>Legge Perthes</b>	<b>IV</b>	<b>III</b>
<b>Avascular Necrosis of the Hip</b>	<b>IV</b>	<b>III</b>
<b>Slipped Capital Femoral Epiphysis</b>	<b>Stable – IIa Unstable I</b>	<b>I</b>

# Post-Expert Panel Activity

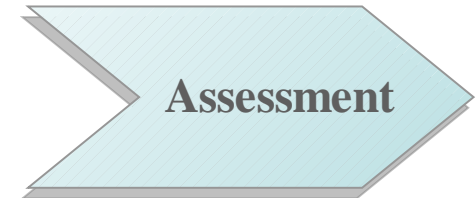
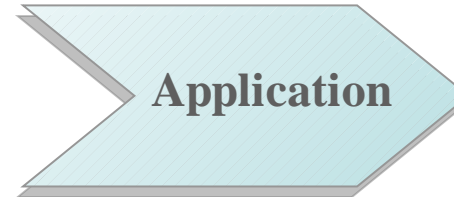
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- All paediatric surgeons in PAHSC



- Application at institutional level





# Phase 2 Capacity Analysis

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- Understanding the surgical capacity across the five PAHSC, who is doing what, where.
- Inventory of paediatric surgeons across province.





# Phase 3 Information System

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- Development of business requirements and a strategic framework for a paediatric wait time information system.



- Consulted over 50 surgical, administrative and informatics representatives across the 5 PAHSCs.



- Who requires what information, and how can that information be used.

- Leverage best practices from the adult WTIS.



# Comparison of Adult vs. Paediatric Strategy

	<b>Adult</b>	<b>Paediatric</b>
<b>Initial Scope</b>	“Big 5” Procedures	10 Surgical Subspecialties
<b>Current Stage</b>	Provincial Website Reporting of W2 by Hospital, LHIN, and Provincially	Waits available April’06
<b>Accountability</b>	Defined Provincially & Tied to Incremental Funding	TBD
<b>IT System</b>	Centralized	In planning
<b>Relevant Stages</b>	Wait 2	Wait 1 & Wait 2
<b>Clinical Prioritization</b>	Procedure	Diagnosis

**\* Some overlap where paediatric centres provide Big 5 procedures**





# National Meeting – Feb.'06

## CAPHC/NCYHC

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- All surgical chiefs and hospital administrators met
- Adopted OHCHN Access Targets
- Resolved to address surgical wait for children



# Next Steps

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- Apply access targets at each PAHSC
- Determine number of children waiting (in/out of window)
- Centralize/share information
- Address surgical waits for children
- Wait time guarantee?

