

**CPSWT**

Canadian Paediatric  
Surgical Wait Times



**TACPC**

Temps d'attente en chirurgie  
pédiatrique canadienne

# Connecting Networks of Knowledge: The Pediatric Surgical Chiefs of Canada

**October 21, 2008**



Pediatric Surgical  
Chiefs of Canada

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# PSCC Mission

- The Pediatric Surgical Chiefs of Canada represent **16 Canadian paediatric academic health centres** (PAHSCs) where pediatric surgical services are offered to children and their families.
- Advocate for improving the health of children and youth who are in need of surgical care.
- Facilitate dialogue, promote synergies, and offer guidance on common issues affecting the practice of Pediatric Surgery in Canada.
- Establish national benchmarks for Pediatric Surgical procedures.
- Foster and promote scholarly partnerships across Canadian pediatric academic health centers.
- Strengthen and expand high quality clinical outcomes evaluation and research.
- Cultivate a forum in which clinicians and researchers can network regarding the advancement of the field of Pediatric Surgery.
- Establish a common voice when communicating with the public and media on matters relating to access and delivery of Pediatric Surgical services in Canada.
- Take a leadership role in all disciplines of Pediatric Surgery.

# Evolution in Canadian Paediatric Wait Times

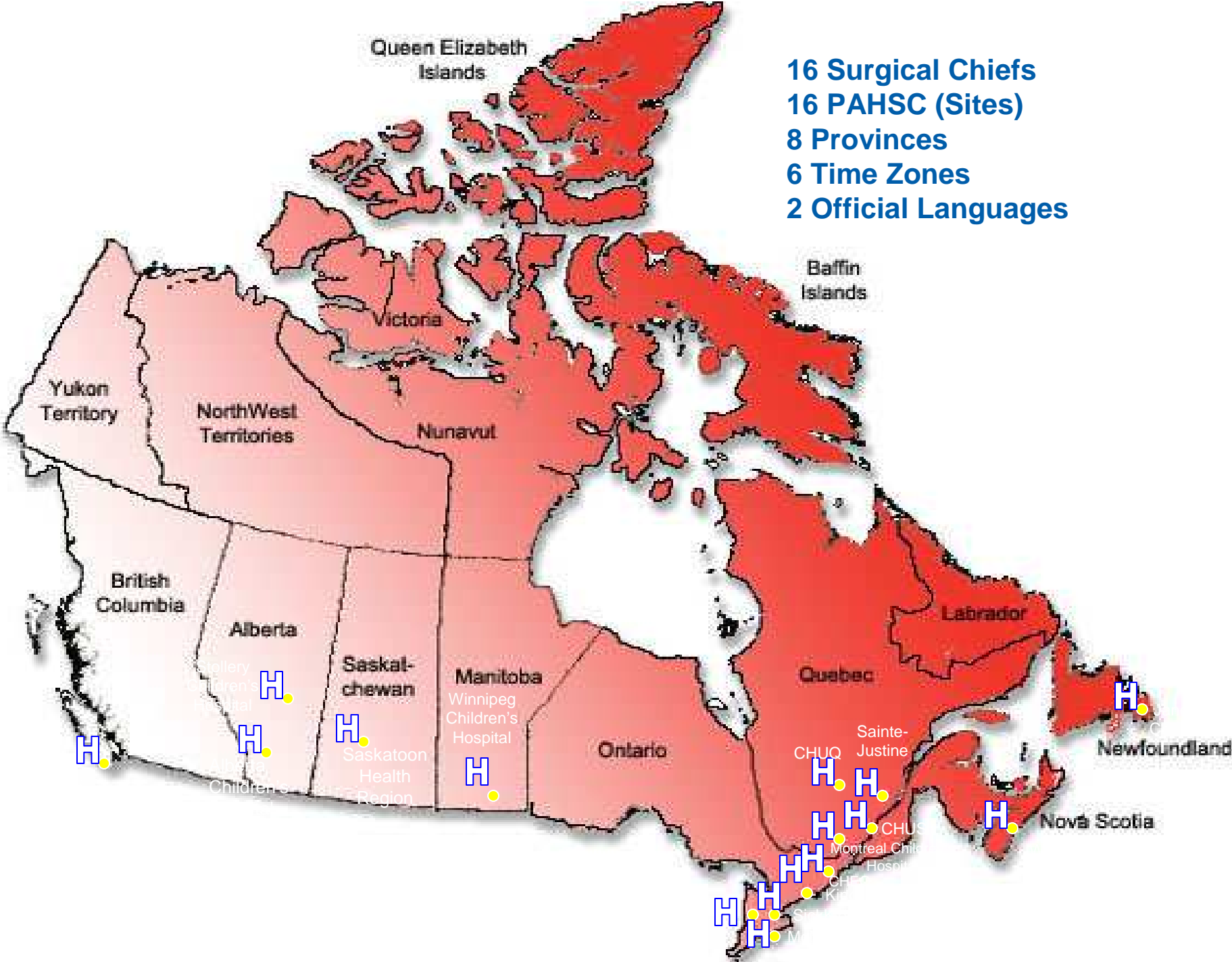
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| <p><b>November 2004 (PSCC)</b></p> <ul style="list-style-type: none"> <li>• No information on duration and number of children waiting for surgery</li> <li>• Inconsistent methods of prioritizing patients</li> <li>• Little information-sharing across the Paediatric Academic Health Sciences Centres (PAHSCs) and the PSCC across Canada</li> </ul> | <p><b>February 2006: (CAPHC/CCYHC)</b></p> <ul style="list-style-type: none"> <li>• All 16 surgical chiefs and hospital administrators met</li> <li>• Resolved to address surgical wait for children &amp; youth</li> <li>• Adopted diagnoses-based Ontario Child Health Network (OCHN) Surgical Access Targets at each PAHSC across Canada</li> <li>• Priorities developed for 574 diagnoses in 11 surgical disciplines</li> </ul> | <p><b>April 2006: Federal Report on Wait Times</b></p> <ul style="list-style-type: none"> <li>• “Addressing wait times for children’s clinical and surgical interventions is therefore a moral responsibility – a trust responsibility that needs to be shared by society at large.”</li> </ul> <p><i>Dr. Brian Postl<br/>Federal Advisor on Wait Times</i></p> |
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*"This has been an age-old problem, with province-by-province data. It's something that has bedeviled the system since I've been involved. We need comparable indicators."*



Health Minister Tony Clement in reaction to the Health Council of Canada’s June 2007 Wait Times Report.

**16 Surgical Chiefs**  
**16 PAHSC (Sites)**  
**8 Provinces**  
**6 Time Zones**  
**2 Official Languages**



# Pediatric Surgical Chiefs of Canada

- Dr. Geoffrey Blair (B.C Children's Hospital)
- Dr. Gerard Corsten (IWK Health Centre)
- Dr. Jean-Pierre Farmer (Montreal Children's Hospital)
- Dr. Peter Fitzgerald (McMaster Children's Hospital)
- Dr. Douglas Hedden (Stollery Children's Hospital)
- Dr. Anne-Marie Houle (CHU Sainte-Justine)
- Dr. William Hyndman (Alberta Children's Hospital)
- Dr. Sarah Jones (Kingston General Hospital)
- Dr. Suzanne Leclerc (Centre Hospitalier Universitaire de Quebec)
- Dr. Kellie Leitch (Children's Hospital of Western Ontario)
- Dr. Sandeep Kumar Mayer (CHU de Sherbrooke)
- Dr. Jack McPherson (Winnipeg Children's Hospital)
- Dr. Grant Miller (Saskatoon Health Region)
- Dr. David Price (Janeway Children's Health & Rehab Centre)
- Dr. Baxter Willis (Children's Hospital of Eastern Ontario)
- Dr. James Wright (The Hospital for Sick Children)

# Canada's new Government announces pilot project on wait times

11 January 2007



*“The 16 paediatric academic health science centres from across the country will participate in a \$2.6 million, 19-month pilot project to develop a national information system that will identify children who are waiting longer than the acceptable time in areas of surgery.”*

## Focus on:

Cardiac surgery

Cancer surgery

Neurosurgery

Strabismus (wandering eye)

Spinal deformity (scoliosis)

Dental treatment requiring anesthesia

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# CPSWT Pilot Project Goals

1. Apply access targets to patients at all Canadian PAHSCs in 6 areas
2. Determine number of patients waiting (in/out of window)
3. Centralize/share knowledge
4. Develop and implement a clinical pathway guideline for patients waiting for cancer surgery

# Focus on Process

To manage large and complex stakeholder group:

1. Both CEO and SIC were signing authority; bridging surgical and operational arms of each Site
2. Governance structure was created to manage project:
  - Leadership committee
  - National Steering committee
  - PSCC meetings
3. Communications with PT Deputy Liaison
4. Weekly calls with participants to discuss ideas, challenges and share best practices
5. Site Coordinator in frequent contact with participants for support
6. IT Tools:
  - Interactive website for participants to view announcements, FAQs, project calendars, and share documents, and respond to surveys
  - Wait Time Data Collection Tool

# Canadian Collaboration

1. Unprecedented level of collaboration and knowledge sharing among 16 Canadian PAHSCs.
2. Voluntary participation → consensus reached on virtually all requirements.
3. Participants included in the development of requirements – shared ownership of solutions.
4. When surveyed, all participants agreed that given the Project's national perspective, their site-specific needs were addressed.

# CPSWT Pilot Project Achievements

1. Standardized pan-Canadian paediatric surgical wait times measurement in six surgical areas.
2. Paediatric hospitals using wait time data to allocate resources and inform treatment decisions based on acuity and share approaches to improved efficiency.
3. Over 100 clinicians from across Canada met to revise access targets.

# Model for other Pan-Canadian Projects

1. Commitment of senior surgical and operational leadership at each Site to act as project champions
2. Project funding for participants
3. Flexibility to accommodate diverse needs of participants
4. Consensus building process
5. Leverage provincial requirements
6. Stakeholder engagement and collaboration strategy

# The Need for Standardized Data

- “While wait time information has significantly increased over time, variations in measures across provinces means the reported wait times are not yet comparable from one jurisdiction to the next.” - **Canadian Institute for Health Information’s (CIHI)** report - *Surgical Volume Trends 2008: Within and Beyond Wait Time Priority Areas.*
- “An alarming lack of standardized data suitable for monitoring progress in reducing wait times .” - **The Wait Time Alliance**, Fall 2007.
- “Provinces and territories do not have common definitions of when waits for elective procedures begin and end, and they do not have information systems for data to be compiled on a national basis so that it can be compared .” - **Les Vertesi**, B.C. government representative to the Health Council of Canada.

## Government of Canada Announces \$9.8 Million in Funding for the Canadian Paediatric Surgical Wait Times Project - Stage II

12 June 2008



Expanding data collection from six to eleven surgical areas:

1. Cardiovascular Surgery
2. Dentistry
3. General Surgery
4. Gynaecology
5. Neurosurgery
6. Ophthalmology
7. Oral & Maxillofacial Surgery
8. Orthopaedic Surgery
9. Otolaryngology
10. Plastic Surgery
11. Urology

*"Ultimately, work on this new Stage II project will go a long way to accelerating access to treatment for more children." - Health Minister Tony Clement*

# CPSWT Project – Stage II

1. Improve data collection
  - a. Implement revised targets
  - b. Move towards resolving minor variations in data definitions
  
2. Expand measurement of wait times
  - a. Expand network to allow more Canadian hospitals to participate
  - b. Increase scope of data collection to include 11 surgical disciplines
  
3. Increase network's sharing of knowledge and best practices leading to improved efficiencies; e.g.
  - a. Revise clinical pathway & apply to second area
  - b. Capacity Analysis
  - c. Performance Improvement
  - d. Surgical Indications

***“It's nice to work on something you really believe can make a difference.”***

Quote from Project Participant

