

## **BRIEFING NOTE**

January 31, 2018

For Information

Board of Directors Item 13.1 – Hospital wait time review

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### **PURPOSE**

To update the WWLHIN Board of Directors on the status of WWLHIN's third party hospital wait times review.

### **CORE CONTEXT**

- Wait time for acute care procedures, diagnostics tests (MRI and CT) and ER have consistently fallen under minimum standards set in the Hospital Service Accountability Agreements (HSAAs)
- WWLHIN has initiated a third part review of these wait times, with a view to identifying root causes of performance, and collaborating with hospitals on beginning to implement mitigation strategies and solutions to these root causes.
- The wait times review is currently in procurement – the LHIN contacted five potential vendors to solicit proposals. The closing date was January 15<sup>th</sup>, at which time one proposal was received. It is currently under evaluation and review.
- The wait times review and implementation of initial action plans is expected to last six months.

### **RECOMMENDATION**

N/A

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## BACKGROUND INFORMATION

### Current wait times performance

Currently, there are:

- three hospitals providing hip and knee replacement surgery and MRI scans – Cambridge Memorial Hospital (CMH), Guelph General Hospital (GGH) and Grand River Hospital (GRH)
- three hospitals providing cataract surgery – CMH, GGH and St. Mary's General Hospital (SMGH)
- five hospitals providing CT scans: CMH, GGH, GRH, SMGH as well as Groves Memorial Community Hospital (GMCH).

The latest WWLHIN System Performance Dashboard results show that WWLHIN residents wait longer than residents in other LHINs in the ED for non-admitted low acuity patients, and for cataract surgery, hip and knee replacement surgery and MRI scans. The associated wait time targets for these surgery and diagnostic imaging metrics have not been met at the system-level since the current methodology (i.e. for % within Target) was introduced in the MLAA/H-SAA in 2015/16. Further, the target of 4 hours for the ED length of stay for non-admitted low acuity patients metric has not been met since Q3 2013/14.

Wait Time Performance, Q3 2017/18				
Indicator	WW Health System	Ontario	Target	LHIN Rank
ED Length of Stay for Complex High Acuity Patients	8.22 hours	10.62 hours	8.00 hours	#2
ED Length of Stay for Non-Admitted Low Acuity Patients	4.87 hours	4.35 hours	4.00 hours	#11
Cataract Surgery	66.65%	82.65%	≥ 90%	#12
Hip Replacement Surgery	67.46%	77.98%	≥ 90%	#11
Knee Replacement Surgery	59.49%	73.98%	≥ 90%	#11
MRI Scans (includes P2, P3 and P4 scans)*	30.41%	37.07%	≥ 90%	#12
CT Scans (includes P2, P3 and P4 scans)	75.45%	78.64%	≥ 90%	#8

Note: \* Excludes MRI scan performance at Independent Health Facilities as per MLAA contractual obligations.

Sources:

Ministry-LHIN Quarterly Stocktake Report, Q2 17/18 (November 2017)

Wait Time Information System (WTIS), iPort Access, Cancer Care Ontario. Data last refreshed on November 29, 2017.

### Scope of the review

The WWLHIN is seeking a third party to collaborate with the WWLHIN, hospitals, and other stakeholders, to:

- Review performance on wait times for emergency departments (ED), diagnostic imaging (CT and MRI), and acute care procedures (cataract, hip replacement, and knee replacement surgery) and identify barriers to and solutions for success.
- Develop an Action/Implementation Plan for the WWLHIN, including recommendations to implement relevant to each hospital. This plan will identify strategies at both the hospital- and LHIN-level.

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- Deploy teams to work with each hospital and the WWLHIN to implement the Action/Implementation Plan so residents of WWLHIN receive services at the quality standards established provincially.

### **Track 1 – Analysis and Action Plan (Months 1-3)**

The Track 1 review of hospital performance will include at a minimum:

- Engagement with key stakeholders, including patients, hospital leadership and operational staff, ER physicians, surgeons, radiologists and other clinicians as required, and other relevant stakeholders.
- A review of historical and current performance on wait times for each hospital, for each service/procedure, with identification of root causes of any current performance issues, and a summary of actions taken to date.
- A review of operational issues, including processes, physician staffing mechanisms, data quality, quality improvement, funding etc. that need to be addressed to achieve wait time standards.
- Identification of evidence-based leading practices and other innovations that should be implemented, including those driving unnecessary use, achieving the principles of a culture of quality and clinical adoption of Quality Based Procedure handbooks.
- Identification of hospital and health system operational efficiencies in ED, DI (MRI and CT), hip and knee replacement, and cataract surgeries that could be reinvested into achieving wait time obligations.
- Consideration of regional integrated surgical service and diagnostic imaging models that optimize resources to achieve wait times and quality outcomes across the WWLHIN.
- A high level regional capacity plan for these services to understand the current need and appropriateness for these services, and expected needs over the next 5 years and solutions to address that need. This work will build on a number of existing plans and reviews, with some primary work required to fill in gaps and reduce unwanted variation.

As part of this phase, the third party will facilitate the development of an action plan at each hospital and the WWLHIN-wide level that provides solutions for achievement of the wait time standards. We expect solutions to begin implementation in month two of the project with Track 2 starting in parallel.

### **Track 2 – Implementation (Months 2-6)**

Track 2 will involve the implementation of solutions and actions identified in Track 1, to achieve required minimum quality standards in 2018/19. It will include:

- Overall program management for the implementation of the Action Plan
- Implementation teams working with hospital staff and supporting the hospital and WWLHIN teams in implementing the short- medium-term recommendations and beginning the implementation of longer-term actions.

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- Operational and methodological support for each relevant hospital, and the LHIN, in implementing the plan. This could involve the deployment of an “implementation team” that includes content and methodological experts, clinical expertise, project management, facilitation, etc. including systematic clinical practice changes.

### **Project Governance**

This initiative will be chaired by the Chair of the Board from the WWLHIN. A steering committee will steer the project and will consist of:

- the WWLHIN Chair and Board members
- Hospital Board representatives
- the third party reviewer and key team members
- patient representatives (at minimum from the LHIN Patient Advisory Council),
- WWLHIN Clinical VP and other WWLHIN Clinical leads
- Clinicians
- WWLHIN Performance representative
- Hospital administration representatives
- Others as invited by the Chair