

Checklist for Stage 1 Evaluation

This document is aimed at health authorities considering the use of WCWL priority tools in the management of waiting lists for selected elective procedures. It is expected that implementation of the tools will entail region-specific changes to the current system of waiting list management.

1. PRELIMINARY WORK

- ❑ Establish clearly defined roles and responsibilities of WCWL and the regions.
- ❑ Identify the stakeholders (e.g., physician/clinician, public, decision makers).
- ❑ Determine approaches to involve stakeholders in the implementation and evaluation process.
- ❑ Establish methods to optimize communication and build trust among regions, clinicians, and WCWL.
- ❑ Establish an implementation and evaluation team for each region.
- ❑ Establish a work plan including timelines for implementation and evaluation.
- ❑ Review relevant literature on priority setting and initiatives to manage wait lists.
- ❑ Identify regional and provincial initiatives that will affect implementation.

2. DESCRIBE THE CURRENT SYSTEM(S) IN THE REGION

Underlying philosophy and goals

- ❑ What are the philosophy, goals, and policies of the current system of wait list management?

How patients are prioritized

- ❑ On what basis are patients booked for the service—(e.g., priority, case mix, chronology, therapy modality, inpatient vs. outpatient?)
- ❑ Who determines priority?
- ❑ Is there an urgency rating (e.g., urgent, semi-urgent), what are the criteria, and are the same criteria applied in a consistent manner?

The mechanisms of booking

- ❑ Where is this information documented and how is this information communicated into the booking process (transferred into a position on the waiting list)?
- ❑ How does the booking system work?
- ❑ Is the booking system regional?
- ❑ What factors influence the booking date and allocation of OR time?
- ❑ Is there any audit or quality assurance mechanism of booking practices?

Wait list management

- ❑ Are wait lists kept by individual physicians or merged by facility or site?
- ❑ Other than the call for admission, are patients contacted while waiting?
- ❑ How are services scheduled?
- ❑ How often are patients bumped?
- ❑ What is the procedure if a patient refuses the date offered for a service?
- ❑ How is allowance made for emergencies?
- ❑ What factors determine changes in position on waiting lists?
- ❑ How are patients reassessed?
- ❑ Who keeps the information on waitlists?
- ❑ What factors determine actual wait times?
- ❑ Identify processes (methods) of data capture.
- ❑ Identify hospital reporting requirements.
- ❑ Identify quality improvement issues relating to waiting list management.
- ❑ If data are available, what is the relationship between urgency and wait times?
- ❑ At what level does wait list management occur (office, hospital, regional)?
- ❑ What is the current case-mix of clients on the wait list?
- ❑ What are the variations in booking methods, case mix, urgency ratings, and actual wait times for different hospitals within a health region?
- ❑ What are the incidence rates for the procedure?
- ❑ What are reasons for coming off of the wait list?
- ❑ How effective is the current system in terms of equity and resource use?
- ❑ How do physicians/clinicians change and reorder patients on the list?
- ❑ Identify strengths, weaknesses, and current gaps in the system.

Available Data Sources

- ❑ Is the wait list system automated? If so, how and what are the data elements reported by the systems? (e.g., waiting times, number of patients booked by each surgeon, urgency rating, date of entry into the system, number of patients on waiting list who do not receive the service, reasons for leaving wait list)
- ❑ What data are currently available and accessible to establish baseline values for waiting time by relevant variables—patient age, gender, other socio-demographic variables, date of referral, date of consultation, date of surgery or intervention, patient requested delays, reason for surgery, past history, reason for delay or change.

Waiting times

- ❑ Exactly how are waiting times defined (i.e., specific dates to define wait times).
- ❑ What are actual waiting times from referral to specialist and from specialist to intervention?
- ❑ What is the variation in wait times between physician/clinicians?
- ❑ Do the numbers on the wait list reflect patients waiting or procedures (e.g., a patient may be booked for 2 cataracts)
- ❑ Do benchmarks exist for wait times and how are they evaluated?

3. ASSESS THE REGIONAL READINESS FOR CHANGE

- ❑ What are the attitudes of stakeholders towards the proposed change?
- ❑ Who might be or perceived to be winners and losers in this system?
- ❑ What approval needs to take place before implementation of the project?
- ❑ Identify potential barriers and challenges to implementation.
- ❑ What are the key factors that are prerequisite or critical to tool implementation?
- ❑ What system changes need to take place to implement the tools?
- ❑ What change management strategies need to be in place?
- ❑ What infrastructure resources, including information systems (IS), are in place and what needs to be put in place to support tool implementation?
- ❑ What is the commitment for additional infrastructure resources, such as personnel and IS to maintain the system.
- ❑ How does the implementation and evaluation of the WCWL tools integrate with provincial reports and health policies?
- ❑ How much of a backlog of patients is there?
- ❑ How will the current patients who are waiting be dealt with during the transition period?
- ❑ Is the predominant physician support mechanism fee-for-service?
- ❑ Is there a pooling of income or practice plan among physicians?
- ❑ Identify the data sources and required data elements.

3. IMPLEMENTATION PLAN

- ❑ Describe the philosophy and goals of the proposed system of wait list management, including the intended use of the WCWL tools.
- ❑ Identify the target group to whom the implementation is directed.
- ❑ Describe the procedures for prioritizing, booking, and managing the wait lists.
- ❑ Describe the resources required for implementation (e.g., personnel, finances).
- ❑ Plan information and training sessions for physicians and others involved in the implementation and data collection process to explain the project, introduce assessment forms, clarify criteria and system changes, and emphasize the importance of complete data.

4. EVALUATION PLAN

- ❑ Guided by the overall evaluation design, complete a regional evaluation plan.
- ❑ Develop an ethics proposal.