

IN THIS ISSUE

- **What's New?**
- **Updates from Alberta**
- **Publications Update**
- **Upcoming Meetings**

WHAT'S NEW?

The WCWL Waiting Time Panel will hold its first meeting on Thursday, August 21, 2003. This panel will review all considerations around acceptable waiting times based on prioritization scores, and will propose to the WCWL Steering Committee maximum acceptable waiting times for one or more procedure(s) for which there exists a valid and reliable WCWL waitlist prioritization tool.

Waiting Time Panel Members

Dr. Heather Clarke	Vancouver, BC
Ms. Barbara Brink	Vancouver, BC
Mr. Art Phillips	Vancouver, BC
Dr. Clayne Steed	Raymond, AB
Dr. Tony Fields	Edmonton, AB
Mr. Les Young	Edmonton, AB
Mr. Howard Waldner	Calgary, AB
Dr. Jack Reilly	Saskatoon, SK
Ms. Darlene Eberle	Humboldt, SK
Ms. Jeannine Brown	Regina, SK
* Dr. Sharon Mould	Winnipeg, MB
Ms. Chasity Remillard	Winnipeg, MB
Mr. Tom Carson	Winnipeg, MB

* Dr. Sharon Mould is a new addition to the Panel since last month's newsletter.

UPDATES FROM ALBERTA

Alberta Health and Wellness Access Initiatives

Alberta Health and Wellness is working on a number of important initiatives to improve access to health services.

1. The Alberta Waitlist Registry:

The Alberta Waitlist Registry will be available on-line by end of summer 2003. The main objective of the Alberta Waitlist Registry is to provide better information for

decision making, by allowing patients, referring physicians, RHAs and other stakeholders to access information around waiting times for diagnostic testing and all surgical services. The registry's website is http://www.health.gov.ab.ca/wait_list/

2. Access Standards for Selected Health Services:

Alberta Health and Wellness is working with stakeholders to develop waiting time standards for:

- major diagnostic services (MRIs)
- major joint replacements
- cardiac services
- children's mental health.

Sub-committees of experts were developed for each health service and are in the process of developing appropriate access standards implementation plans. The WCWL is maintaining a connection with these initiatives through its participation on four of these sub-committees.

3. Booking Services:

The initial phase of this project developed a health services booking model that focused on patient requirements (access and treatment). The model was validated with two health services. These were: 1) access to, and booking of primary care via a tele-triage call center and 2) access to, and booking of, orthopedic specialty services.

*Submitted by Dr. Sue Ludwig, Consultant
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Calgary Health Region

The Calgary Health Region (CHR) has chosen to introduce two WCWL wait list prioritization tools: one for children's mental health and another for hip/knee replacement. Implementation of the former is well underway and the CHR is currently in the process of preparing the latter. The following are updates from each of these areas of implementation.

In preparation for a phase of full implementation of the WCWL wait list prioritization tool, the Child and Adolescent Mental Health and Psychiatry Program has, in a field study, examined the utility of employing the WCWL child mental health priority form. The main objective of the study was to examine the clinical utility of form results according to the following lines of questioning:

1) Do WCWL priority scores map onto placement within the continuum of care such that, compared to community settings, those who are referred to inpatient and day treatment settings have WCWL priority scores reflecting greater severity?

2) Are the WCWL priority scores related to actual wait times?

Intake workers completed the WCWL priority forms for consecutive referrals to the child and adolescent regional access and intake system (RAIS) for a period of approximately eight months. The intake workers were blind to the WCWL total scores at the time of intake and enrollment to clinics within the continuum of care. The weighted WCWL total scores were only used to examine the main questions of the study. In other words, the WCWL priority scores were not employed to drive placement. When accepted for care, cases flow from RAIS to services that range from inpatient to ambulatory care. During the period of study, 1675 WCWL forms were completed for referrals to pediatric mental health services. Furthermore, the weighted WCWL total scores were related to clinical severity, as indicated by placement in the continuum of care, and actual wait times. Importantly, this indicates that the WCWL is a valid tool. In other words, the WCWL child mental health form scores accurately reflect the clinical practice around screening and intake.

Submitted by Dr.D.Cawthorpe, Research & Evaluation Coordinator, david.cawthorpe@calgaryhealthregion.ca

The WCWL initiative for hip and knee replacement in the CHR is moving forward at the pre-implementation phase. Within this phase our goals are focused on accuracy and manageability of wait list information. More specifically, we are performing an audit on our current wait list and refining its system of management.

In addition to addressing system-wide issues, we are also evaluating the impact of the wait from the perspective of those currently on the wait list. Our road to the implementation phase will be to initially start surgeons scoring patients with the tool without using the tool to prioritize. This methodology will allow us to illuminate priority scoring across our surgeons and our sites. The completion of this step taken in concert with our wait list audit and the development of targeted wait times will allow us to enter the implementation phase with greater vision and momentum.

*Submitted by Dan Larsen, Program Analyst
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Capital Health Region

From December 2000 to June 2001, Capital Health (CH) participated in a WCWL study assessing the internal consistency, reliability and aspects of validity of the Hip and Knee Priority Tool (HPKT) in a clinical setting. The study was participated in by 230 consecutive patients and 16 orthopedic surgeons. Results of this study have been written for publication.

In addition, a survey was conducted at the end of the study to determine the strengths and challenges associated with tool implementation in the region. Twelve of the 16 surgeons (participating in the validity study) agreed to be surveyed. Results indicated that the tool was generally used (80%) and accepted (91%) by surgeons interviewed. However, a number of implementation challenges were identified. Surgeons suggested that a regional infrastructure (i.e. centralized booking system, electronic linkages between surgeon's office and site booking office) and a comprehensive data management and tool monitoring system would be required. Other considerations included the need to integrate tool implementation with concurrent provincial wait list initiatives, such as the wait list registry, targeted access standards and regional booking among others.

Capital Health is presently undertaking a more extensive study to determine the feasibility of implementing the hip and knee priority tool on an ongoing basis. We will be examining the appropriate timelines, required infrastructure and resources to ensure a successful outcome. This study will be carried out over the next two to three months. CH continues to participate with the WCWL project with representation on the Steering Committee, Implementation Panel, and the newly established Waiting Time Panel.

*Submitted by Ms. Kathy Ness
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WCWL PUBLICATION UPDATE

Since the June 2003 newsletter another of our articles has been published on-line. A copy of this article is included with this newsletter.

Claudia Sanmartin, and the Steering Committee of the Western Canada Waiting List Project. **Toward Standard Definitions for Waiting Times.** Healthcare Management Forum (web based version). June 2003. 49-53.

You may also find the above article at:

<http://www.cchse.org/asp/F%20o%20r%20u%20m/Sanmartin%20final.pdf>

UPCOMING MEETINGS

August 2003 - WCWL Steering Committee teleconference
August 21, 2003 - WCWL Waiting Time Panel meeting, Calgary, AB

UPDATE

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