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IMPLEMENTATION PLANNING

WCWL Chair Tom Noseworthy and Project Director John McGurran are holding discussions with implementation teams in the partner health authorities. To date, sessions have been held in Calgary, Edmonton, Saskatoon, and Winnipeg and will be held in Victoria, Vancouver, and Regina. The purpose of these meetings is to identify the tools to be implemented, to discuss how the evaluation will proceed, and to identify project contacts.

Calgary Health Region identified hip and knee replacement and children's mental health as the tools they will employ. Capital Health in Edmonton will focus initially on the hip and knee replacement tool. Saskatoon District Health would like to implement the prioritization tools for cataract surgery, general surgery, and hip and knee replacement. Winnipeg Regional Health Authority will continue its work with the general surgery tool and implement the children's mental health tool as part of their regional assessment program. Consideration is being given to the orthopedic tool as well.

Our overall goal for implementation is to have each tool introduced in at least two health regions, and to have each of the seven

WCWL health regions implement at least one. WCWL will provide the necessary support to standardize both the implementation and the evaluation.

NEW STEERING COMMITTEE

As noted in the last newsletter, a revised committee structure and terms of reference is being developed for the project reflecting the new mandate and funding streams. All four partner groups provided meaningful input to the issue, and are in the process of identifying their delegates to the Steering Committee.

In brief, the nine-member steering committee will consist of two representatives from the medical associations, the regional health authorities, the research partners, and the western provincial ministries of health. Health Canada would also have one delegate on the committee. Membership will be constructed iteratively with the goal of attaining equal participation from each of the four provinces. Members will be selected in the following (randomly determined) order: provincial ministries of health; then medical associations; then research centres; then health regions. There will also be a provision in the terms of reference that this could be revised at any time at a meeting of the Partnership.

EVALUATION PROTOCOLS

The first recommendation of our March 31, 2001 Final Report¹ called for implementation of the prioritization tools, at the discretion of the health authorities, accompanied by monitoring and evaluation. Broad-brush descriptions of the evaluation are incorporated in the prospectus for the second phase of WCWL activity.

WCWL PUBLICATION UPDATE

Another of the articles describing the developmental work has been published and a copy is included with this newsletter:

Kenneth G. Romanchuk M.D., Suren Sanmugasunderam M.D., David C. Hadorn M.D. and the Steering Committee of the Western Canada Waiting List Project.

Developing cataract surgery priority criteria: results from the Western Canada Waiting List Project. Canadian Journal of Ophthalmology. Volume 37(3). 2002. pp 145-154.

A research advisory group came together May 3rd, 2002 to elucidate the conceptual and measurement issues. Dr. Barbara Conner-Spady is preparing evaluation protocols for review by the health authorities where implementation will move forward. Ultimately the WCWL Steering Committee will endorse an evaluation and work plan. Execution of these protocols would follow in the late summer or early fall.

¹ <http://www.wcwl.org/pages/finalreport.html>

PHASE-2 PILOT WORKSHOP

Cataract Surgery

As part of our series on the WCWL Phase-2 Pilot Workshop held in Calgary in March, this month we present a synopsis of the cataract surgery report.

Phase-2 validity testing was carried out on patients waiting for cataract surgery in the Vancouver Coastal Health Authority and surrounding areas. Cataract surgery is the most common surgical procedure in British Columbia and is therefore very resource intensive. Eleven ophthalmologists participated in the validity testing, assessing 366 patients. Data describing the summed Priority Criteria Score (PCS), the Visual Analogue Scale (VAS) of urgency, the maximum recommended wait time, and the patients' actual wait time was collected. The patient-completed VAS, maximum desirable wait time, the Visual Function Assessment and the EuroQol 5D were used to measure the patient's assessment of urgency and quality of life.

This trial is unique in that it collects post-operative outcome data from the patient including patient assessment of change in function, satisfaction with surgery and wait time as well as repeated measure from the pre-surgical period. Follow-up and outcome data collection is still taking place.

UPCOMING EVENTS

- The 4th International Conference on Priorities in Health Care, Oslo, Norway, September 18-20
- Canadian Surgery Forum, London, Ontario, September 20, 2002
- XX Congreso de la Sociedad Espanola de Calidad Asistencial, Pamplona, Spain, October 8-11, 2002

UPDATE

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