## Results from the Canadian Paediatric Surgical Wait Times (CPSWT) Project

Wait-time measurement can be improved and used to enhance patient access. The Canadian Paediatric Surgical Wait Times (CPSWT) Project, in collaboration with the WTA-member Canadian Association of Paediatric Surgeons (CAPS), — with support from the federal government[1] and in collaboration with other subspecialty paediatric surgeons from across the nation — track surgical wait times for over 850 medical conditions for children and youth at participating hospitals.

The project goes beyond the 5 priority areas, collecting and reporting on pediatric surgical wait-time data in all surgical subspecialties from participating hospitals across Canada. The project focuses on the elapsed time from a patient's decision-to-treat date to their surgery date. To generate data that is comparable between hospitals, benchmarks called the Paediatric Canadian Access Targets for Surgery (P-CATS)[2] were developed by expert panels of 100 pediatric surgeons across Canada and implemented at participating hospitals.

Last year, the WTA reported on 2009 data collected from 15 participating paediatric academic health sciences centres (PAHSC) that more than 17,000[3] children, or 27%, waited longer than the recommended standardized wait time access target (P-CATS) or beyond the benchmark. This year, 2010 data was collected and analyzed from nine PAHSC and two community hospitals participating in the CPSWT Project. Overall, approximately 15,000[4] children, or 28%, waited beyond the benchmark. This means that approximately 72% of children received their surgery within the benchmark for an overall score of 'B'. It should be noted that Health Canada funding for the CPSWT Project has ended. New funding will need to be secured or data collection and reporting taken over by an external organization to maintain the collection of this important data.

Ophthalmology (driven by patients receiving surgery for 'wandering eye'), dentistry (driven by patients having procedures for dental caries) and plastic surgery (driven by

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[1] In 2010-2011, the CPSWT Project was made possible through financial contributions from Health Canada and Participating Sites. The views expressed herein do not necessarily represent the views of Health Canada. The project is currently working toward a long-term self-sustaining model.

[2] A full list of P-CATS is available at http://www.waittimealliance.csa/wait_times.htm

[3] Wright JG, Menaker RJ, the Canadian Paediatric Surgical Wait Times Study Group ***(2011)*** Waiting for children's surgery in Canada: the Canadian Paediatric Surgical Wait Times project, CMAJ (Early Release May 2, 2011. Retrieved from http://www.cmaj.ca/cgi/rapidpdf/cmaj.101530v2?maxtoshow=&hits=10&RESULTFORMAT=&fulltext=wait+times&searchid=1&FIRSTINDEX=0&sortspec=date&resourcetype=HWCIT)

[4] Reduction in number of cases that waited beyond benchmark may be attributed to the reduced number of participating Sites in 2010-2011 as hospitals were required to fund their participation in the project without external support.

patients receiving cleft lip and/or cleft palate surgery) continue to be the areas of greatest need, with the lowest percentage of cases completed within their benchmark (Table 1). Since physical development in children and youth occurs very quickly, especially in the earliest years, delaying surgery could have a lifelong impact on these young patients and their families. For example, delay in correcting 'wandering eye' in children jeopardizes their chances of retrieving normal vision and the associated benefits in quality of life. Similarly, cleft lip and/or palate surgery must be performed at specific times to ensure optimal speech and brain development. In addition, dental procedures must be completed before cleft repairs can begin, further under-scoring dentistry as a high priority area to address since it was identified as the area with the lowest percentage of cases completed within the benchmark.

The experience in wait times at individual hospitals may differ from the aggregate results shown in this report. Based on their P-CATS data, individual centres can now identify their priority areas to be addressed. Participating hospitals have already used P-CATS data to reduce the percentage of children exceeding acceptable wait times by reallocating resources to the areas of greatest need and schedule paediatric wait list cases by acuity.

**Table 1: Pediatric wait times based on P-CATS in all surgical subspecialties**

| Area | Jan - Dec 2009 | | | Jan - Dec 2010 | | |
|---|---|---|---|---|---|---|
| | Current Waiting* | Total Completed† | Completed Grade | Current Waiting** | Total Completed†† | Completed Grade |
| Dentistry | 2518 | 6181 | D | 2688 | 6438 | D |
| Ophthalmology | 1583 | 4228 | D | 1838 | 4565 | D |
| Plastic Surgery | 1333 | 3999 | C | 1623 | 4226 | C |
| Cancer | 73 | 951 | B | 73 | 896 | C |
| Otolaryngology | 3627 | 12119 | A | 4319 | 12752 | B |
| General Surgery | 1314 | 7782 | A | 1680 | 8039 | B |
| Orthopaedics | 1754 | 4661 | B | 1887 | 5145 | B |
| Cardiac Surgery | 238 | 1486 | B | 228 | 1597 | B |
| Neurosurgery | 87 | 882 | B | 95 | 837 | B |
| Gynaecology | 12 | 165 | A | 30 | 124 | B |
| Urology | 1619 | 4903 | A | 1884 | 5043 | A |
| **Total** | **14158** | **47357** | **B** | **16345** | **49662** | **B** |

* "Current waiting" is based on data as of December 2009 from nine pediatric academic health sciences centres and two community hospitals.

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