WTA Report 2011

Examples of Leading Practices

In other words, participating hospitals have used the CPSWT data to reduce the percentage of children exceeding acceptable wait times by actively managing their wait lists and resources, for example:

- At one hospital, between 89% and 94% of otolaryngology and orthopaedic patients received surgery within acceptable wait times, representing an improvement of up to 30% during the duration of the CPSWT Project.
- One hospital built the case for, and obtained, funding for additional dental procedures, thereby reducing the number of patients waiting for dental surgery by roughly 40% over time.
- The vast majority of participating academic centres reported improvements in wait times in one or more clinical areas during the course of the project.
- Some hospitals have modified their booking practices by providing surgeons real time reports showing waiting cases by priority, in order to schedule *the right case at the right time* (i.e. in-window cases are flagged green, cases approaching out-of-window are flagged yellow and cases already waiting out-of-window are flagged red).
- Some hospitals have also implemented an out-of-window scaling factor that allows surgeons to identify cases that have proportionally been waiting the longest past their assigned access target.
- Several hospitals are using the P-CATS data to regularly review resource allocation among surgical departments in order to manage excessive waits where they exist.

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