

Wait Time Alliance

Canadian Anesthesiologists' Society

Waits for access to alternate levels of care causing ripple effect throughout health care system

Canadian Association of Emergency Physicians

Ottawa, June 21, 2011 — The Wait Time Alliance (WTA) today warned that as the expiry of the 10-Year Accord to Strengthen Health Care draws near, long waits for care still threaten the ability of Canadians to get timely access to quality health care services.

Canadian Association of Gastroenterology

Canadian Association of Paediatric Surgeons

“Nearly 10 years and billions of dollars later, Canadians still experience lengthy delays in accessing a wide range of necessary care,” said Dr. Lorne Bellan, WTA Chair. “Further, the data show that the system is barely functioning as a system at all, as too often patients are languishing in hospitals instead of receiving the appropriate level of care they need.”

Canadian Association of Nuclear Medicine

Canadian Association of Radiation Oncology

The sixth annual WTA report card highlights the serious detrimental impact alternate-levels-of-care (ALC) stays are having on wait times for both emergency and elective/scheduled care. Approximately one in six hospital beds are occupied by patients who should be receiving care somewhere else.

Canadian Association of Radiologists

“A myriad of factors lead to long waits for care, but the high number of hospital patients waiting for alternative levels of care such as rehabilitative or long-term care is likely the single-biggest cause of wait times,” said Dr. Bellan. “Even more important is the fact that these patients would receive more appropriate and cost-effective care outside of the hospital.”

Canadian Cardiovascular Society

Canadian Medical Association

As in the WTA’s five previous annual report cards, provinces and territories have shown modest improvement in reducing waits endured by patients in the five clinical areas governments consider a priority. For the five-year period between 2007-2011, governments receive an overall national grade of B for reducing waits for cancer care, heart procedures, diagnostic imaging, joint replacement and sight restoration. However, beyond those five priority areas governments are reporting on just 10 per cent of the important procedures selected by the WTA. Those grades that could be assigned for these other procedures/treatments are very low in most instances. “This is of tremendous concern because it translates to thousands of Canadian patients waiting too long for treatment and care,” added Dr. Bellan.

Canadian Ophthalmological Society

Canadian Orthopaedic Association

Canadian Psychiatric Association

One area where governments are doing better is in the public reporting of wait time data, with all provinces now having a wait-time website. While progress has been achieved in increasing accountability to the public, there remains considerable room for improvement in how many services are reported on and in the provision of more precise data.

Canadian Society of Plastic Surgeons

Society of Obstetricians and Gynaecologists of Canada

The Wait Time Alliance (WTA) was formed out of concern among Canada's doctors over delayed access to care for their patients, and an interest in working collaboratively with stakeholders to improve wait times. The WTA works to hold governments accountable for addressing the lengthy wait times endured by patients throughout the health care system. The WTA comprises 14 national organizations whose members are directly involved in providing a wide range of specialty medical care to patients.

For more information, including WTA reports and examples of leading practices, please go to: www.waittimealliance.ca.

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For more information, please contact:
Lucie Boileau
Canadian Medical Association
Media Relations Manager
800 663-7336 or 613 731-8610 x 1266
lucie.boileau@cma.ca