Paediatric Canadian Access Targets for Surgery (P-CATS)

5 November 2008

Introduction

Canadian children and youth represent more than one quarter of the population[1]. In addition to prolonged suffering and anxiety typical of extended waits, surgery in children must sometimes be performed at critical developmental periods to avoid lifelong impact[2]. Although it is assumed that children receive care on a priority basis, many wait for surgery[3].

Prolonged waits for care are a common issue in publicly-funded health-care systems[4]. Governments in Canada have made reducing wait times a priority, including through their work under the 2004 *10-Year Plan to Strengthen Health Care*. This Accord included a commitment to achieve meaningful reductions in wait times in five priority areas including cancer, cardiac, diagnostic imaging, joint replacements and sight restoration. These areas however, are almost exclusively relevant to adults, omitting Canada's children and youth from the wait time agenda. The Accord also included a $5.5 billion Wait Times Reduction Fund to help provincial and territorial governments reduce wait times[5]. The Canadian Paediatric Surgical Wait Times Project, the subject of this report, is one of the initiatives funded by Health Canada aimed at ensuring more children requiring surgery will receive timely access to care.

The Canadian Paediatric Surgical Wait Times (CPSWT) Project was announced in January 2007 by Prime Minister Stephen Harper to measure wait times for children and youth in need of surgery. Since then the Project has developed the first centralized database for the collection and measurement of paediatric surgical wait time data from 24 hospitals across Canada.

The first step towards developing a central database was to create common standards on acceptable wait times for the spectrum of paediatric surgical diseases in Canada. This was accomplished by leveraging the surgical expertise of over 100 Canadian paediatric surgeons who developed the Paediatric Canadian Access Targets for Surgery (P-CATS) by consensus panels. Please see **Appendix A** for further details on the approach for creating P-CATS.

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[1] Warnock GL. Meeting the challenges of reducing waiting times for surgery. Canadian Journal of Surgery 2005; 48: 349–350.

[2] Harrison RV, Gordon KA, Mount RJ. Is there a critical period for cochlear implantation in congenitally deaf children? Analyses of hearing and speech perception performance after implantation. Developmental Psychobiology 2005; 46: 252–261.

[3] Blair GK. Wait times affect kids too. CMAJ. 2005; 173:1486.

[4] Warnock GL. Meeting the challenges of reducing waiting times for surgery. Canadian Journal of Surgery 2005; 48: 349–350.

[5] Federal Transfers in Support of the 2000/2003/2004 First Ministers' Accords: Department of Finance Canada; [updated 2008 Oct 8; cited 2008 Dec 17]. Available from: http://www.fin.gc.ca/fedprov/fmAcc-eng.asp

The P-CATS are diagnosis-based, in contrast to many adult surgical access targets, which are procedure-based. The benefits for using diagnosis-based access targets are listed below:

1. Patients are referred based on a diagnosis therefore, Wait 1[6] and Wait 2[7] are able to be captured using the same target description.
2. General practitioners/paediatricians may not know the actual procedure required to treat a specific diagnosis and referral may not result in a surgical procedure.
3. Procedure names are not standardized across different institutions, provinces, and regions.
4. The use of diagnosis-based access targets prevents targeting of funds directed at specific procedures (since several procedures may be employed for the same diagnosis).

The data collected using the P-CATS is standardized. The P-CATS Access Targets Priority Classification scheme is based on the Saskatchewan Surgical Care Network's system and is composed of a 7-level priority classification scheme (see **Table 1**), which better categorize the spectrum of priorities for children and youth.

Priority Classification Level	Target Time for Surgery
Priority I	Within 24 hours
Priority IIa	Within 1 week
Priority IIb	Within 3 weeks
Priority III	Within 6 weeks
Priority IV	Within 3 months
Priority V	Within 6 months
Priority VI	Within 12 months

Table 1: P-CATS Priority Classification

P-CATS are the second iteration of the access targets utilized for data collection in the CPSWT Project; the first iteration were the Ontario Child Health Network (OCHN) surgical access targets, which were developed in the fall of 2005 by surgical representatives from ten subspecialties, representing their Ontario Paediatric Academic Health Sciences Centre (PAHSC). As the OCHN access targets were implemented at participating hospitals across Canada, surgeons began noticing that some diagnoses were missed or could be made more accurate. The OCHN access targets were therefore revised after approximately one year of use, based on lessons learned and given a new name (P-CATS) to reflect their pan-Canadian perspective. The surgeons that participated in the revision stated that the *"Revised list is as we want it: simple, yet complete, and*

[6] Defined as the time from referral to a specialist to the initial specialist consultation.
[7] Defined as the time between the date on which a decision is made to proceed with surgery and the surgery date.

representative of real case situations. Good geographical turnout with good discussions and good agreement."

What's beneficial about these access targets is that since the same standards are used across all surgical subspecialties, a general surgery patient and an orthopaedic surgery patient with the same priority are assigned the same recommended wait times. In addition, since these wait time standards are used in 24 participating hospitals across Canada, patients with the same diagnosis are assigned the same wait time regardless of whether they are located in participating hospitals in Nova Scotia or British Colombia.

Standardization across surgical subspecialties and hospitals allows for national and hospital-specific analyses, comparisons and benchmarking since each patient with a given diagnosis will also have the same priority level. In addition, this standardization allows OR resources to be managed across surgical subspecialties.

As of December 2009, data has been collected for nearly three years, is mature and composed of approximately 150,000 paediatric surgical cases from across Canada. Many data quality initiatives have been undertaken to ensure the data collected and reported is accurate. Furthermore, based on the usefulness and quality of the data, many participating hospitals use the data generated by the CPSWT Project to make decisions regarding OR resources. For example, hospitals are using the data to determine, on a quarterly basis, how to redistribute OR time in order to minimize wait times for their patients.

Please see **Appendix B** for a list of expert panel members and **Appendix C** for a list of institutions that are using P-CATS as of December 2009.

The Pediatric Surgical Chiefs of Canada (PSCC) governs the P-CATS list with input from National Expert Panels. Expert Panel Members recommended reconvening expert panels annually to update the P-CATS list.

Appendix A

Approach for Creating P-CATS

The Pediatric Surgical Chiefs of Canada (PSCC) and each PAHSC were asked to submit names of surgical volunteers from their Sites to participate in updating the access targets. The CPSWT Project National Office coordinated and facilitated all meetings and ensured that national representation was present on all expert panels. Two-hour conference calls were scheduled from February 2008 to May 2008. Once the access targets were updated they were circulated back to all panel members for final comments and approval. The access targets were also circulated to each panel's national association (where applicable) in order to increase the distribution and buy-in of the updated access targets.

The completed, finalized access targets were reviewed to ensure consistency and standardization of terminology and priority across services. Any overlapping diagnoses across areas were identified by a clinical expert and discrepancies were resolved by asking one representative from each panel to reach consensus on the terminology and priority for these duplicated diagnoses.

The P-CATS list was then forwarded to the PSCC for final approval.

Please see **Appendix B** for a list of expert panel members and **Appendix C** for a list of institutions that are using the P-CATS as of December 2009.

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Appendix B

Expert Panel Members, Paediatric Canadian Access Targets for Surgery (P-CATS)

Surgical Area	Expert Panel Member	Affiliated Hospital	Province
Cardiovascular Surgery	Gyaandeo Maharajh	Children's Hospital of Eastern Ontario	ON
	Stacey O'Blenes	IWK Health Centre	NS
	David Ross	Stollery Children's Hospital	AB
Dentistry	Ross Anderson	IWK Health Centre	NS
	Patrick Canonne	CHU Sainte-Justine	QC
	Michael Casas	The Hospital for Sick Children	ON
	Marie-Claude Cholette	Alberta Children's Hospital	AB
	Carol Janick	Children's Hospital of Eastern Ontario	ON
	Doug Johnston	BC Children's Hospital	BC
	Raymond Lee	Children's Hospital, London Health Sciences Centre	ON
General Surgery	Juan Bass	Children's Hospital of Eastern Ontario	ON
	Paul Beaudry	Alberta Children's Hospital	AB
	Geoffrey Blair	BC Children's Hospital	BC
	Mark Evans	Stollery Children's Hospital	AB
	Michael Giacomantonio	IWK Health Centre	NS
	David Girvan	Children's Hospital, London Health Sciences Centre	ON
	Sarah Jones	Kingston General Hospital	ON
	Jack Langer	The Hospital for Sick Children	ON
	Erik Skarsgard	BC Children's Hospital	BC
	Natalie Yanchar	IWK Health Centre	NS
Gynaecology	Lisa Allen	The Hospital for Sick Children	ON
	Nathalie Fleming	Children's Hospital of Eastern Ontario	ON
	Suzy Gascon	CHU Sainte-Justine	QC
	Tarek Motan	Stollery Children's Hospital	AB
Neurosurgery	Louis Crevier	CHU Sainte-Justine	QC
	James Drake	The Hospital for Sick Children	ON
	Mark Hamilton	Alberta Children's Hospital	AB
	Dan MacNeely	IWK Health Centre	NS
	Vivek Mehta	Stollery Children's Hospital	AB
	Adrianna Ranger	Children's Hospital, London Health Sciences Centre	ON
	Enrique Ventureyra	Children's Hospital of Eastern Ontario	ON

Oral & Maxillofacial Surgery	Richard J. Emery	Montreal Children's Hospital	QC
	Frank Hohn	Saskatoon Health Region	SK
	Nicholas Hogg	Interface (London)	ON
	Kevin Lung	Stollery Children's Hospital	AB
	Greg Mitton	Queen Elizabeth Hospital	PEI
	Mark Reichman	BC Children's Hospital	BC
	Chad Robertson	IWK Health Centre	NS
	George Sandor	The Hospital for Sick Children	ON
	Michael Shimizu	Children's Hospital, London Health Sciences Centre	ON
Ophthalmology	Elise Heon	The Hospital for Sick Children	ON
	Robert G. LaRoche	IWK Health Centre	NS
	Christopher Lyons	BC Children's Hospital	BC
	Inas Makar	Children's Hospital, London Health Sciences Centre	ON
	Louis-Étienne Marcoux	CHU de Québec	QC
	Kenneth Romanchuk	Alberta Children's Hospital	QC
Orthopaedic Surgery	Don Dick	Stollery Children's Hospital	AB
	Ron El-Hawary	IWK Health Centre	NS
	Douglas Hedden	Stollery Children's Hospital	AB
	Elaine Joughin	Alberta Children's Hospital	AB
	Louis Lawton	Children's Hospital of Eastern Ontario	ON
	Kellie Leitch	Children's Hospital, London Health Sciences Centre	ON
Otolaryngology	Pierre Arcand	CHU Sainte-Justine	QC
	Gerard Corsten	IWK Health Centre	NS
	Eduard Eksteen	Stollery Children's Hospital	AB
	Vito Forte	The Hospital for Sick Children	ON
	Fred Kozak	BC Children's Hospital	BC
	Murad Husein	Children's Hospital, London Health Sciences Centre	ON
	David Schramm	Children's Hospital of Eastern Ontario	ON
	Jean-Philippe Vaccani	Children's Hospital of Eastern Ontario	ON
Plastic Surgery	Patricia Bortoluzzi	CHU Sainte-Justine	QC
	Doug Courtemanche	BC Children's Hospital	BC
	Mary Jean Duncan	Children's Hospital of Eastern Ontario	ON
	Christopher Forrest	The Hospital for Sick Children	ON
	Rob Harrop	Alberta Children's Hospital	AB
	Cynthia Verchere	BC Children's Hospital	BC
	Kenneth Wilson	IWK Health Centre	NS
Urology	Peter Anderson	IWK Health Centre	NS

	Diego Barrieras	CHU Sainte-Justine	QC
	Sumit Dave	Children's Hospital, London Health Sciences Centre	ON
	Walid Farhat	The Hospital for Sick Children	ON
	Luis Guerra	Children's Hospital of Eastern Ontario	ON
	Darcie Kiddoo	Stollery Children's Hospital	AB
	Andrew MacNeily	BC Children's Hospital	BC

Appendix C

List of hospitals using P-CATS as of December 2009.

Province	Hospital
Alberta	Royal Alexandra Hospital
	Stollery Children's Hospital
	Alberta Children's Hospital
British Columbia	Surrey Memorial Hospital
	Northern Health Authority
	British Columbia Children's Hospital
Manitoba	Brandon Regional Health Authority
	Winnipeg Children's Hospital
Newfoundland & Labrador	Janeway Children's Health and Rehabilitation Centre
Nova Scotia	IWK Health Centre
Ontario	Credit Valley Hospital
	Grey Bruce Health Services
	North York General Hospital
	The Hospital for Sick Children (SickKids)
	Children's Hospital, London Health Sciences Centre
	McMaster Children's Hospital
	Children's Hospital of Eastern Ontario
	Kingston General Hospital
Québec	Hôpital Maisonneuve-Rosemont
	Centre hospitalier universitaire Sainte-Justine
	Centre hospitalier universitaire de Québec
	Centre hospitalier universitaire de Sherbrooke
Saskatchewan	Saskatoon Health Region

Contact

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