Wait Time Alliance
Report Card

No Time for Complacency

Report Card on Wait Times in Canada

June 2010

Overview

Almost 6 years on from the 2004 accord that promised significant reductions in wait times and provided $41 billion in ongoing funding, including $5.5 billion specifically to address wait times, have governments made meaningful progress in reducing wait times in Canada? Have the wait time guarantees promised by governments truly provided patients with recourse if their wait exceeds maximum recommended wait times?[1] Beyond all of the money spent and promises made, patients and their loved ones simply want timely access to medical care or, at least, to know how long they will have to wait for that care.

With an ever-expanding roster of wait-time benchmarks and data, the 5th Wait Time Alliance (WTA) report card gives Canadians a better picture of wait times to access a broad range of medical care. This report card is the second time the WTA has gone beyond reporting on access to the initial 5 priority areas targeted by First Ministers in 2004 — joint replacement (hip and knee), sight restoration (cataract surgery), heart (coronary artery bypass graft surgery or 'CABG'), diagnostic imaging (magnetic resonance imaging or 'MRI' and computed tomography or 'CT') and cancer care (cancer radiotherapy).

The report contains 5 sections:

1. The illusion of progress — Grading the original 5 "priority areas"
2. Raising the bar — Grading beyond the 5 "priority areas" using WTA Benchmarks
3. Kids wait for surgery too — Results from the Canadian Paediatric Surgical Wait Times Project
4. Patients deserve to know — Grading provincial wait-time reporting
5. Summary and next steps

Despite some improvement in wait time grades, long waits for care continue to be an issue and much of the wait time picture remains clouded in mystery. One difficulty in providing a true picture of the waits facing patients is that most current wait time reporting focuses only on the original 5 priority areas, a far cry from the hundreds of different types of care offered in physicians' offices, hospitals and other settings across the country each day.

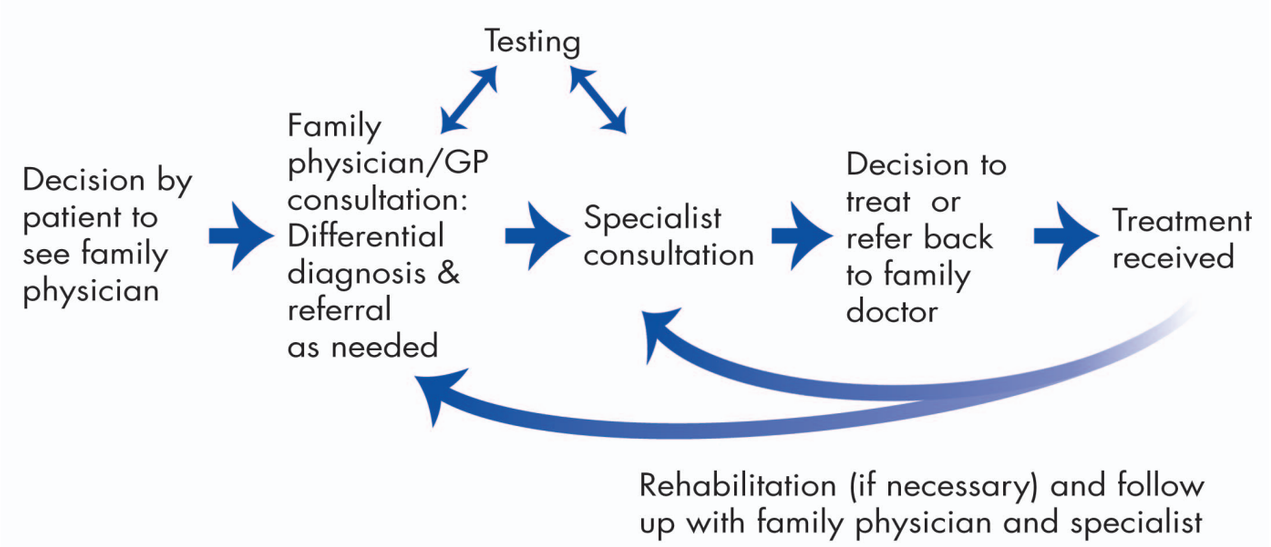
Another issue is that most wait-time reporting measures the wait starting from a specialist physician's decision-to-treat a patient to the time the patient receives treatment. Because this is the portion of the wait for which data are publicly available, it is the focus of the 2010 WTA Report Card. However, it is only one portion of the total wait; patients can also face long waits from family physician/general practitioner (GP) referral to specialist consultation or multiple waits for several tests and procedures associated with a single care pathway. Figure 1 shows the stages of a patient's journey through the health care system.

The 2009 WTA Report Card measured the total wait facing patients across a range of services and procedures that go beyond the narrow focus of the 5 priority areas and found long waits in both the referral-to-specialist-consultation stage and specialist-consultation-to-treatment stage. Furthermore, 5 million Canadians do not have a regular family physician/GP and may have to wait longer at the beginning of their health care journey.

Despite being hailed as signs of progress, recent wait-time reports[2,3] show how far we still have to go. When it comes to wait times, Canadians are selling themselves short. Canadians deserve timely access to health care and accurate information on how long they can expect to wait for a consultation, test or procedure. Unfortunately, Canada is one of the few developed countries with universal health care systems where patients face long waits for necessary care.

1. On March 31, 2010, the WTA issued a release reporting on the status of wait time guarantees by province. Please see: www.waittimealliance.ca/media/Promises-backgrounder_e.pdf
2. G Carrière, C Sanmartin. Waiting time for medical specialist consultations in Canada, 2007. Statistics Canada. www.statcan.gc.ca/pub/82-003-x/2010002/article/11144-eng.htm
3. Wait times Table — A comparison by province, 2010. Canadian Institute for Health Information, March 24, 2010. secure.cihi.ca/cihiweb/products/wait_times_tables_2010_e.pdf (accessed April 30, 2010)

Figure 1. Wait times from the patient's perspective



Adapted from prototype shared by The College of Family Physicians of Canada and from ICES, *Access to Health Services in Ontario, Fig. 1.1*

1. The illusion of progress — Grading the original 5 "priority areas"

The 2010 WTA report card includes grades based on both government benchmarks and WTA benchmarks. Based on government benchmarks, the report card shows some improvement over the previous year in wait times for the 5 priority areas (Table 1). This year, several provinces are strong performers, while others lag behind. These results can vary by region within a province (e.g., urban areas may have different access levels than rural/remote areas). In a worrisome trend, the wait-time data for Newfoundland and Labrador and Alberta are both more than 6 months old. The situation in Alberta is particularly concerning because the province is no longer reporting in a timely manner and has failed to implement a wait-time guarantee as promised. It should be noted that these benchmarks set by governments represent maximum acceptable wait-time targets and should not be viewed as desired wait-time targets. In the case of CABG surgery, the government benchmark does not reflect the medical consensus.

WTA benchmarks reflect maximum medically acceptable wait times as set by the WTA's national medical specialty society members. These benchmarks represent the medical consensus and are based on the highest available standard of evidence. In some cases WTA benchmarks differ from those set by governments. Table 2 highlights the difference between wait-time grades based on government benchmarks and grades based on WTA benchmarks for 2 procedures: CABG surgery and cancer radiotherapy.[4,5] Where data are available, in most cases wait-time grades based on government benchmarks do not stand up when held to a higher standard of medical care based on evidence and expert consensus. Waiting longer than the WTA benchmark can have a very negative impact on patients.

4. Joint replacement and cataract were excluded because provincial and WTA benchmarks are the same.
5. The available scientific evidence suggests that the wait times for beginning radiotherapy for treatment for all types of cancer should be as short as possible. This is consistent with international and proposed Canadian benchmarks. CIHR Releases Research Results to Inform the Development of Benchmarks for Wait Times. 2005. www.cihr-irsc.gc.ca/e/29903.html.

Table 1. Wait times based on government benchmarks

Province	CT		MRI		Hip		Knee		Cancer ☢		Cataract		CABG❤	
	Gov't benchmark (nb)				Gov't benchmark (26 weeks)				Gov't benchmark (28 days)		Gov't benchmark (16 weeks)		Gov't benchmark (26 weeks)	
NL🏳	nb	?	nb	?	D🏳	?	D🏳	?	A🏳	?	A🏳	?	A🏳	?
PEI	nb	⇩	nb	⇩	A	⇩	B	⇩	A	⇩	A	⇩	/	/
NS	nb	⇩	nb	?	F	⇔	F	⇔	na	?	C	⇧	na	?
NB	nb	?	nb	?	A	⇩	B	⇩	A	⇩	A	⇩	A	⇩
QC	nb	?	nb	?	A	⇩	A	⇩	A	⇩	A	⇩	na	?
ON	nb	⇩	nb	⇔	A	⇩	A	⇩	A	⇩	A	⇩	A	⇩
MB	nb	⇩	nb	⇧	B	⇧	C	⇧	A	⇩	B	⇩	A	⇩
SK	nb	?	nb	?	C	⇩	D	⇩	A	⇩	A	⇩	A	⇩
AB🏳	nb	?	nb	?	A🏳	?	B🏳	?	B🏳	?	na🏳	?	A🏳	?
BC	nb	?	nb	?	A	⇩	A	⇩	A	⇩	A	⇩	A	⇩
Annual National Wait Time Grades†														
2007	nb	?	nb	?	B	⇩	B	⇩	C	⇩	B	⇔	A	⇔
2008	nb	?	nb	?	B	⇔	B	⇩	B	⇔	B	⇔	A	⇔
2009	nb	?	nb	?	B	⇩	C	⇔	A	⇩	A	⇩	A	⇔
2010	nb	?	nb	?	B	⇩	C	⇩	A	⇩	A	⇩	A	⇩

Table 1 letter grading methodology — based on provincial websites as of April 2010:

- A: 80–100% of population treated within benchmark
- B: 70–79% of population treated within benchmark
- C: 60–69% of population treated within benchmark
- D: 50–59% of population treated within benchmark
- F: Less than 50% of population treated within benchmark
- na: No data are provided or data do not lend themselves to estimates of performance as detailed below. The diagonal line / in white squares indicates that the service is not provided (i.e., coronary artery bypass graft surgery in PEI).
- nb: 'No benchmarks' — benchmarks for diagnostic imaging in Canada have not yet been established. Where provinces have reported wait times a colour grade is assigned to note progress made over the last 12 months.
- † Annual national wait-time letter grades are based on a weighted average of provincial letter grades.
- ❤ The category of bypass surgery (CABG above) represents only a small part of the full continuum of cardiac care to patients. Please refer to the Canadian Cardiovascular Society website at www.ccs.ca for a full range of benchmarks for cardiovascular services and procedures. All of these benchmarks need to be adopted to meaningfully address wait times.
- ☢ Cancer radiotherapy: Wait times for RT currently reflect only waits for external beam radiotherapy, while waits for brachytherapy (implanted radiation treatment, e.g., for prostate and cervix cancers) go unreported
- 🏳 The latest available wait time data for Newfoundland and Labrador and Alberta is more than 6 months old (Sept 2009) as of April 1.

Table 1 colour grading methodology

This table identifies the change in wait times using the most recent publicly available data for each of the 5 priorities by province as follows:

- (?) insufficient data to make determination
- (⇩) decrease in wait times over the year
- (⇧) increase in wait times over the year
- (⇔) no significant change (i.e.,+ or - < 5% difference) over the year

Table 2. Comparing wait-time grades based on government and WTA benchmarks

Province	CABG		Cancer ☢			
			Referral to consultation*		Consultation to treatment†	
	Gov't benchmark (26 weeks)	WTA benchmark (6 weeks)	Gov't Benchmark (nb)	WTA benchmark (14 days)	Gov't benchmark (28 days)	WTA benchmark (14 days)
NL	A🏳	na	nb	na	A🏳	na
PEI	/	/	nb	na	A	na
NS	na	na	nb	na	na	na
NB	A	B	nb	na	A	na
QC	na	na	nb	na	A	na
ON	A	B	B‡	B	A	B
MB	A	A	nb	na	A	na
SK	A	A	nb	na	A	na
AB	A🏳	F🏳	B‡🏳	F🏳	B🏳	D🏳
BC	A	na	nb	na	A	na

Table 2 letter grading methodology — based on provincial websites as of April 2010:

- A: 80–100% of population treated within benchmark
- B: 70–79% of population treated within benchmark
- C: 60–69% of population treated within benchmark
- D: 50–59% of population treated within benchmark
- F: Less than 50% of population treated within benchmark
- na: No data are provided or data do not lend themselves to estimates of performance as detailed below. The diagonal line / in white squares indicates that the service is not provided (i.e., coronary artery bypass graft surgery in PEI).
- nb: No benchmarks
- ☢ Cancer radiotherapy. Wait times for RT currently reflect only waits for external beam radiotherapy, while waits for brachytherapy (implanted radiation treatment, e.g., for prostate and cervix cancers) go unreported. The Canadian Association of Radiation Oncologists's benchmarks for cancer radiotherapy are broken up into two wait times:
- * Referral to consultation: within 10 working days (14 days).
- † Consultation to treatment: within 10 working days of consultation (14 days).
- 🏳 The latest available wait time data for Newfoundland and Labrador and Alberta is more than 6 months old (Sept 2009) as of April 1.
- ‡ Although there is no national benchmark, Alberta has established a target of 4 weeks and Ontario has a target of 2 weeks.

2. Raising the bar — Grading beyond the 5 "priority areas" using WTA benchmarks

Six years after the 2004 accord, the time has come for governments to meaningfully address long waits for specialist care outside the initial 5 priority areas. The 2009 WTA Report Card found long total waits across a wide range of services and procedures. Recognizing the importance of reducing waits for all patients, the WTA's 13 national specialty society members have now established benchmarks for a comprehensive slate of medical care.[6]

For the current report, each WTA member society selected approximately 3 services/procedures for which they have established benchmarks. Criteria for selection varied, but

6. A full list of WTA benchmarks is available at www.waittimealliance.ca/wait_times.htm.

Table 3. Provincial wait times compared to select WTA benchmarks

Treatment/service/procedure	WTA benchmark	NL	PE	NS	NB	QC	ON	MB	SK	AB	BC
Chronic pain (anesthesiology)											
Acute neuropathic pain	30 days	?	?	?	?	?	?	?	?	?	?
Acute lumbar disc protusion	3 months	?	?	?	?	?	?	?	?	?	?
Cancer pain	2 weeks	?	?	?	?	?	?	?	?	?	?
Subacute chronic pain (working age)	3 months	?	?	?	?	?	?	?	?	?	?
Cancer care (radiation therapy, curative care)		✍	✍	✍	✍	✍	✍	✍	✍	✍	✍
Breast	14 days	?	?	?	?	✍	?	F	?	?	?
Prostate	14 days	?	?	?	?	?	?	F	?	?	?
Lung	14 days	?	?	?	?	?	?	A	?	?	?
Cardiac care (scheduled cases)		✍		✍	✍	✍	✍	✍	✍	✍	✍
Electrophysiology catheter ablation	30 days	?	?	?	?	✍	?	?	?	?	?
Cardiac rehabilitation	30 days	?	?	?	?	?	?	?	?	?	?
Echocardiography	30 days	?	?	?	?	?	?	?	?	?	?
Gastroenterology											
Cancer	2 weeks	?	?	?	?	?	?	?	?	?	?
Inflammatory bowel disease (IBD)	2 weeks	?	?	?	?	?	?	?	?	?	?
Fecal occult blood test positive	2 months	?	?	?	?	?	?	?	?	?	?
Emergency department (maximum wait times)										✍	
Admitted patients: CTAS level 1 (resucitation)	6 hours	?	?	?	?	?	D	?	?	✍	?
CTAS level 2 (emergent)	6 hours	?	?	?	?	?	F	?	?	?	?
CTAS level 3 (urgent)	6 hours	?	?	?	?	?	F	?	?	?	?
CTAS level 4 (less urgent)	4 hours	?	?	?	?	?	F	?	?	?	?
CTAS level 5 (non urgent)	4 hours	?	?	?	?	?	F	?	?	?	?
Non-admitted patients: CTAS level 1(resucitation)	6 hours	?	?	?	?	?	B	?	?	✍	?
CTAS level 2 (emergent)	6 hours	?	?	?	?	?	B	?	?	?	?
CTAS level 3 (urgent)	6 hours	?	?	?	?	?	A	?	?	?	?
CTAS level 4 (less urgent)	4 hours	?	?	?	?	?	A	?	?	?	?
CTAS level 5 (non urgent)	4 hours	?	?	?	?	?	A	?	?	?	?
Joint replacement (orthopedics)											
Total hip arthroplasty	26 weeks	D🏳	A	F	A	A	A	B	C	A🏳	A
Total knee arthroplasty	26 weeks	D🏳	B	F	B	A	A	C	D	B🏳	A
Nuclear medicine (scheduled cases)				✍				✍			
Bone scan — whole body	30 days	?	?	?	?	?	?	✍	?	?	?
FDG-PET	30 days	?	?	?	?	?	?	?	?	?	?
Cardiac nuclear imaging	14 days	?	?	?	?	?	?	✍	?	?	?

✍ The province tracks wait times for this specialty but not for the specific procedure/treatment/service in a manner that would permit it to be graded by WTA measures.

cont'd on next page

🏳 The latest available wait time data for Newfoundland and Labrador and Alberta is more than 6 months old (Sept 2009) as of April 1.

? Treatment/service/procedure not reported

Treatment/service/procedure	WTA benchmark	NL	PE	NS	NB	QC	ON	MB	SK	AB	BC
Obstetrics and gynecology (scheduled cases)				∽	∽		∽		∽		∽
Abnormal premenopausal uterine bleeding	12 weeks	?	?	?	?	?	?	?	?	?	?
Urinary incontinence	12 weeks	?	?	?	?	?	?	?	F	?	?
Pelvic prolapse	12 weeks	?	?	?	?	?	?	?	F	?	?
Plastic surgery					∽		∽		∽		∽
Breast cancer reconstruction	4 weeks	?	?	?	A	?	∽	?	F	?	?
Carpal tunnel release	2 months	?	?	D	C	?	?	?	F	?	?
Skin cancer treatment	4 months	?	?	?	?	?	?	?	B	?	?
Pediatric surgery*							∽				
Advanced dental caries†	90 days	?	?	?	?	?	∽	?	?	?	?
Cleft lip/palate†	21 days	?	?	?	?	?	∽	?	?	?	?
Strabismus (2–6 years old)†	90 days	?	?	?	?	?	∽	?	?	?	?
Psychiatry (scheduled)											
Early psychosis	2 weeks	?	?	?	?	?	?	?	?	?	?
Postpartum severe mood disorders	4 weeks	?	?	?	?	?	?	?	?	?	?
Acute/urgent mental health concerns	1 week	?	?	?	?	?	?	?	?	?	?
Sight restoration — cataract surgery	16 weeks	A⚐	A	C	A	A	A	B	A	?	A

∽ The province tracks wait times for this specialty but not for the specific procedure/treatment/service in a manner that would permit it to be graded by WTA measures.
? Treatment/service/procedure not reported
* These benchmarks enable pediatric institutions to compare with peers and share learning.
† These are a subset of the areas of greatest need identified in Section 3.
⚐ The latest available wait time data for Newfoundland and Labrador and Alberta is more than 6 months old (Sept 2009) as of April 1.

included services/procedures with the highest volumes, the greatest potential for improvement or the greatest return-on-investment. Waits were then graded based on publicly available information.

Table 3 shows wait-time grades for 32 services/procedures selected by WTA members across all 10 provinces. The most striking finding is the lack of public reporting on wait times for the important services/procedures selected by the WTA outside the original 5 priority areas. This is not to say that governments are not reporting any other wait times, just not the important procedures selected by the WTA. For instance, no province is currently reporting wait times for any services/procedures in anesthesiology (chronic pain), gastroenterology and psychiatry.

Ontario and Saskatchewan should be credited for reporting the greatest number of treatments selected by the WTA beyond the priority areas. When governments do report on wait times outside the priority areas, grades are woefully low, with an average grade of 'D'. In some cases, provinces may report data for a given procedure, but they may not report this data relative to the recommended WTA benchmarks. Due to the absence of public reporting by governments, some WTA member societies such as the Canadian Association of Gastroenterology have taken it upon themselves to collect national wait-time data within their specialty.[7]

3. Kids wait for surgery too — Results from the Canadian Paediatric Surgical Wait Times Project

A good example of how wait-time measurement can be improved and used to enhance patient access is the recent study by the WTA-member Canadian Association of Paediatric Surgeons (CAPS), which — with support from

7. D Leddin, RJ Bridges, DG Morgan, et al. Survey of Access to GastroEnterology in Canada: The SAGE wait times program. *Can J Gastroenterol.* January 2010; 24(1):20-25. www.cag-acg.org/uploads/sage.pdf.

the federal government[8] and in collaboration with other subspecialty paediatric surgeons from across the nation — tracked surgical wait times for over 850 medical conditions for children and youth at hospitals participating in the Canadian Paediatric Surgical Wait Times Project (CPSWT).

The project goes beyond the 5 priority areas, collecting and reporting on pediatric surgical wait-time data in all surgical subspecialties from 24 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) were developed by expert panels of pediatric surgeons across Canada and implemented at participating hospitals.[9]

For the 2010 WTA report, data from 15 paediatric academic health sciences centres participating in the CPSWT were analyzed. Overall, 73% of children received their surgeries within the benchmark for an overall score of 'B'. This means that, in 2009, more than 17,000 children waited longer than the benchmark. Dentistry (driven by patients having procedures for dental caries), ophthalmology (driven by patients receiving surgery for 'wandering eye') and plastic surgery (driven by patients receiving cleft lip and/or cleft palate surgery) proved to be the areas of greatest need, with the lowest percentage of cases completed within their benchmark (Table 4). 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 certain steps of secondary cleft reconstruction, further underscoring dentistry as a high priority area to address since it was identified as the area with the lowest percentage of cases completed within benchmark.

Table 4: Pediatric wait times based on P-CATS in all surgical subspecialties

Area	Current waiting*	Total completed†	Completed grade
Dentistry	4608	9785	D
Ophthalmology	1764	5169	D
Plastic surgery	1653	4843	C
Cancer surgery	82	1079	B
Neurosurgery	115	986	B
Cardiac surgery	296	1570	B
Otolaryngology	5597	17616	B
General surgery	1829	10380	A
Urology	2258	6063	A
Orthopedic surgery	2099	6322	A
Gynecology	39	282	A

* "Current waiting" is based on data as of December 2009 from 15 pediatric academic health sciences centres.
† "Total completed" is based on data from January 2009 to December 2009 from 15 pediatric academic health sciences centres.

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. For example, at some hospitals P-CATS data is used to reallocate operating room time to the areas of greatest need, enabling improvements of up to 30% in one case; at other hospitals P-CATS are used to prioritize and schedule pediatric wait list cases; elsewhere P-CATS indicators are reported on the hospital's performance scorecard.

4. Patients deserve to know — Grading provincial wait-time reporting

How long will it take for a patient to receive the treatment that they need? The answer to this question should reside on provincial government wait time websites. Some provinces such as Nova Scotia and Saskatchewan provide wait time information on an extensive list of procedures. Other provinces such as British Columbia present wait time information in an easy-to-navigate format. Ontario has gone one step further than other provinces and provides detailed information on emergency room wait times. The ideal website should

8. The CPSWT project has been made possible through a financial contribution from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada. The project is currently working toward a self-sustaining model.
9. A full list of P-CATS is available at http://www.waittimealliance.ca/wait_times.htm

Table 5. Grading provincial wait time websites

Province	Timeliness	Comprehen-siveness	Patient friendly	Performance	Quality/ reliability	Average score	Grade	Best practices/comments
ON	4	4	4	3.5	4.5	4.0	A	ER reporting leader
SK	2	4	4.5	5	4	3.9	B	Multiple ways to assess performance
NB	2	4	5	4	4	3.8	B	Strong performance reporting
BC	4	4	4	3	3.5	3.7	B	User-friendly and data are timely
NS	2	4.5	5	2	4	3.5	B	Leader in comprehensiveness
MB	4	2	5	2	4	3.4	C	Timely data and patient friendly
PEI	2	2	5	4	4	3.4	C	Patient friendly and performance indicators
QC	2	2	5	4	3	3.2	C	Provides details on its wait-time guarantees
AB	0	1.5	4	3	3	2.3	F	Reports ER times, used to have one of the better sites
NL	0	1	2.5	1	0	0.9	F	No website

Scoring for the WTA grading of provincial wait-time reporting: There is a maximum of 5 points for each of the 5 criteria (total perfect score = 5).
Note: Newfoundland and Labrador does not have a wait time website. The province produces a press release on wait times that is posted on the Ministry of Health's website.

make it easy for a patient to find out, in a timely trustworthy fashion, how long the wait is in their area for a particular procedure or treatment. Accordingly, provincial websites were rated using the following five criteria:

Provincial wait-time reporting[10] criteria[11]

1. **Timeliness:** How often the wait-time website is updated? Weekly or monthly is ideal.
2. **Comprehensiveness:** How many procedures are covered by the website?
3. **Patient-friendliness/Accessibility:** How easy is it to find the wait time by procedure?
4. **Performance orientation:** Is it easy for the patient to compare the wait to the benchmark?
5. **Quality/reliability:** Are the wait times that are reported reflective of the actual wait times; are they being audited by a trusted third party?

Overall, the quality of wait-time reporting has improved over the past 5 years, however, there is still room for improvement in the areas of timeliness, comprehensiveness and performance. At this point there is also great variability in the quality of reporting from one province to another.

5. Summary and next steps

While progress on access to timely care is being made in some specialty areas, additional sustained effort is still required. Governments must work harder to achieve meaningful reductions in wait times across a broader range of medical care while reporting to their citizens in a timely and transparent manner. The WTA will continue to track provincial progress on the initial 5 priority areas announced as part of the 2004 First Ministers' *10-Year Plan to Strengthen Health Care*. The WTA will also continue to report on:

- the wait that patients experience for a wider range of specialty care services; and,
- the patient-friendly public reporting by provincial governments of wait-time information.

10. Links to each one of the provincial websites reviewed can be found on the WTA website at www.waittimealliance.ca/wait_times.htm.
11. A full explanation of the website ratings can be found in the technical backgrounder to this report.

Appendix 1. Thirteen Wait Time Alliance (WTA) members have set benchmarks

WTA members		Number of benchmarks
1.	Chronic pain (anesthesiology)	5
2.	Cancer care	1
3.	Cardiovascular care	21
4.	Digestive health care (gastroenterology)	24
5.	Emergency department	5
6.	Joint replacement (orthopedics)	2
7.	Nuclear medicine (DI)	3
8.	Obstetrics & gynecology	23
9.	Pediatric surgery	866
10.	Plastic surgery	91
11.	Psychiatry	7
12.	Radiology	2
13.	Sight restoration (ophthalmology)	1
Total: 13 specialties		**1051**

About the Wait Time Alliance

Since 2005, the Wait Time Alliance (WTA) has been issuing reports on Canadians' access to timely specialty care. The WTA is comprised of 14 national medical organizations whose members are directly involved in providing care to patients. The WTA members are (in alphabetical order):

- Canadian Anesthesiologist's Society (CAS) — www.cas.ca
- Canadian Association of Emergency Physicians (CAEP) — www.caep.ca
- Canadian Association of Gastroenterology (CAG) — www.cag-acg.org
- Canadian Association of Paediatric Surgeons (CAPS) — www.caps.ca
- Canadian Association of Nuclear Medicine (CANM) — www.csnm-scmn.ca
- Canadian Association of Radiation Oncology (CARO) — www.caro-acro.ca
- Canadian Association of Radiologists (CAR) — www.car.ca
- Canadian Cardiovascular Society (CCS) — www.ccs.ca
- Canadian Medical Association (CMA) — www.cma.ca
- Canadian Ophthalmological Society (COS) — www.eyesite.ca
- Canadian Orthopaedic Association (COA) — www.coa-aco.org
- Canadian Psychiatric Association (CPA) — www.cpa-apc.org
- Canadian Society of Plastic Surgeons (CSPS) — www.plasticsurgery.ca
- Society of Obstetricians and Gynaecologists of Canada (SOGC) — www.sogc.org