CPSWT
Canadian Paediatric Surgical Wait Times

TACPC
Temps d'attente en chirurgie pédiatrique canadienne

The Canadian Paediatric Surgical Wait Times (CPSWT) Project tracked surgical waits for children and youth at participating hospitals and contributed annually to the 2010-2013 Wait Time Alliance Report Cards through the member organization, the Canadian Association of Paediatric Surgeons (CAPS). This innovative practice addressed the issue of pediatric surgical wait times by providing a comprehensive, comparable prioritization wait-time information system for this population.

The project went beyond the five priority areas outlined in the 2004 Health Accord, collecting and reporting on paediatric surgical wait time data for 867 diagnoses in all surgical subspecialties from participating hospitals across Canada. The project focused on the elapsed time from a patient's decision-to-treat date to their surgery date.

To generate data that was comparable between hospitals, benchmarks called the Paediatric Canadian Access Targets for Surgery (P-CATS) were developed for clinicians by clinicians (by 100 paediatric surgeons in expert panels across Canada), was accepted by the Paediatric Surgical Chiefs of Canada, and implemented at participating hospitals. Using this methodology, children with the same diagnosis were assigned the same priority (access target) regardless of where they lived in Canada. By attaching one priority to each diagnosis and using consistent priorities across all surgical subspecialties, P-CATS generate data that are less prone to variance in practice. The advantage has been to create clinically relevant and useful access targets for clinical decision-making in the management of wait times (i.e. "to do the right case at the right time"). Since pediatric surgery is highly specialized, a common methodology allowed hospitals to collaborate to identify areas of common need and leverage possible solutions.

Based on their P-CATS data, individual participating centres were able to identify their priority areas to be addressed. Participating hospitals used the CPSWT data to reduce the percentage of children exceeding acceptable wait times by actively managing their wait lists and resources.

Examples include:

- In 2011, B.C. Children's Hospital introduced an Operating Room Allocation Methodology (ORAM), which reallocates a fixed pool of operating room time between surgical services based on the P-CATS case priorities for each individual surgeon, and an in-window (within benchmark) or out-of-window (OOW) (beyond benchmark) waitlist. In addition, B.C. Children's allocated OR resources specifically targeting OOW cases in specific subspecialties which has had the intended results of reducing the OOW waitlist in the last year.
- 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 paediatric academic health sciences 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 used the P-CATS data to regularly review resource allocation among surgical departments in order to manage excessive waits where they exist.

The CPSWT Project received the *2009 Gold Leadership Award* [link to: http://www.leadershipawards.ca/en/winners/pages/cpswt.aspx] by the Institute of Public Administration of Canada. The project won the award for its outstanding vision, innovation and collaboration, in pursuit of better outcomes for Canadian children and youth.

As of April 1, 2013, the decision-to-treat date, surgery date, and P-CATS code for completed pediatric surgical cases across Canada can be submitted to the Canadian Institute for Health Information (CIHI) through the Discharge Abstract Database (DAD) and National Ambulatory Care Reporting System (NACRS) databases under Special Project 050. The Canadian Association of Paediatric Health Centres-Canadian Paediatric Decision Support Network (CAPHC-CPDSN) agreed to create reports for their members which will be published in their Annual Report.

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Links

Canadian Child and Youth Health Coalition: National Paediatric Surgical Wait Times Strategy

Accreditation Canada information on Canadian Pediatric Surgical Wait Times (CPSWT) Project

ACAHO information on Canadian Pediatric Surgical Wait Times (CPSWT) Project

Cutting surgical wait times for children

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

Area	Current Waiting*	**Jan-Dec 2010** Total Completed†	Completed Grade	Current Waiting**	**Jan-Dec 2011** Total Completed††	Completed Grade	Current Waiting***	**Jan-Dec 2012** Total Completed†††	Completed Grade
Dentistry	2688	6438	D	3181	6524	D	2783	6956	D
Ophthalmology	1838	4565	D	1979	4348	D	1696	4568	D
Plastic Surgery	1623	4226	C	1569	4149	D	1397	4347	C
Cancer	73	896	C	58	992	C	66	923	C
Gynaecology	30	124	B	27	128	C	20	156	B
General Surgery	1680	8039	B	1517	8064	B	1597	8136	B
Neurosurgery	95	837	B	122	870	B	135	871	B
Orthopaedics	1887	5145	B	1944	5251	B	1990	5393	B
Otolaryngology	4319	12752	B	4268	12499	B	3745	12951	A
Urology	1884	5043	A	2467	4852	B	2322	5798	A
Cardiac Surgery	228	1597	B	305	1480	A	254	1558	A
Total	16345	49662	B	17437	49157	C	16005	51657	C

Table 1 Definitions

Current Waiting: current number of cases waiting for surgery.
Total Completed: total number of surgical cases completed.
Completed Grade: based on Table 1 of the Wait Time Alliance's annual report card [link to: 3. WTA Reports]. For more information on Wait time Alliance grading methodology, refer to the FAQs [link to 6.c. FAQs].
* "Current waiting" is based on data as of December 2010 from nine pediatric academic health sciences centres and two community hospitals.
** "Current waiting" is based on data as of December 2011 from nine pediatric academic health sciences centres and one community hospital.
*** "Current waiting" is based on data as of December 2012 from nine pediatric academic health sciences centres.

† "Total completed" is based on data from January 2010 to December 2010 from nine pediatric academic health sciences centres and two community hospitals.
†† "Total completed" is based on data from January 2011 to December 2011 from nine pediatric academic health sciences centres and one community hospital.
††† "Total completed" is based on data from January 2012 to December 2012 from nine pediatric academic health sciences centres.