



Survey Feedback Highlights National Survey on Access to Care at Tertiary Cardiac Care Centres

Background

In 2006, the Canadian Cardiovascular Society (CCS) developed wait time benchmarks for cardiovascular services and procedures, based on the best available evidence and consensus opinion of over 50 cardiovascular health care professionals. The benchmarks cover the full continuum of care, from initial referral to a cardiologist through to rehabilitation and secondary prevention for a broad spectrum of cardiac indications.

The CCS wait time benchmarks were published in the Canadian Journal of Cardiology and reprinted in *Universal Access, But When? Treating the Right Patient at the Right Time*, which is available at www.ccs.ca.

In 2007, the CCS surveyed 54 tertiary cardiac care centres across Canada to:

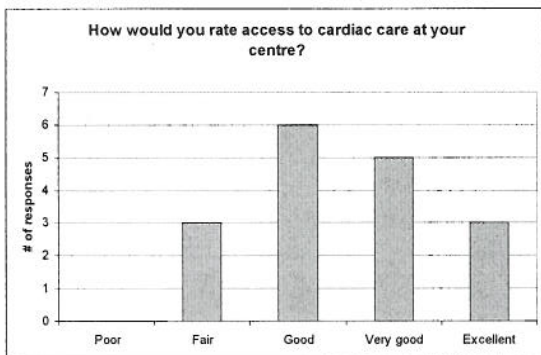
- Profile access issues across Canada,
- Assess awareness of and support for the CCS wait time benchmarks,
- Solicit views on government actions to date to reduce wait times.

Survey Methods and Responses

Seventeen of the 54 centres responded, for a response rate of 34%. Most responses (76%) were from Chiefs of Cardiology. Two-thirds were from academic health science centres and the remainder from community or regional hospitals. Responses were received from all regions of Canada.

We're Not There Yet

Despite monitoring wait times for more than five years, fewer than one-half of the centres rated access to cardiac care as "excellent" or "very good".



Respondents report that the most significant barriers to the adoption of access targets are the lack of the following resources, in order of severity:

- Human resources,
- Physical resources,
- Funding, and
- Data collection and availability.

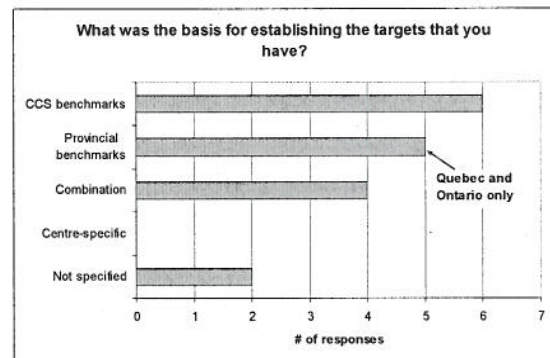
Many centres had wait time benchmarks for:

- Diagnostic catheterization (12),
- Angioplasty (11),
- Cardiac surgery (9), and
- Hospital transfers (8).

Only five of 17 centres (29%) have access targets for heart failure clinics, electrophysiology services and rehabilitation.

High Level of Support for CCS Wait Time Benchmarks

CCS wait time benchmarks enjoy a high level of awareness across Canada, with 82% reporting "good", "very good" or "excellent" awareness of the benchmarks.



Some of the CCS wait time benchmarks have been used to establish wait time targets across the country, except in Ontario and Quebec where provincial benchmarks are already well established for some procedures.

All respondents perceive the CCS benchmarks as "credible" (4), "very credible" (5) or "highly credible" (8).

Survey Feedback Highlights

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The Patient's Journey a.k.a. "The Continuum of Care"

"Access to care needs to start with the first contact with a physician. The 'chain' of delays adds significant total delays to care." (Survey Respondent)

The patient's journey, or care experience, begins at the onset of symptoms and lasts until all diagnostic and therapeutic tests and procedures are completed, and the last stage of rehabilitation and secondary prevention begins.

All survey respondents (17/17) believe it is "important" or "very important" to have targets for a broad range of services and procedures across the continuum of care, as provided in the CCS benchmarks.

Confirmed Need for National Benchmarks for Cardiovascular Care

Most survey respondents (15/17) believe it is "important" or "very important" that:

- Targets be standardized across all cardiac care centres in Canada.
- CCS benchmarks be adopted by all centres.

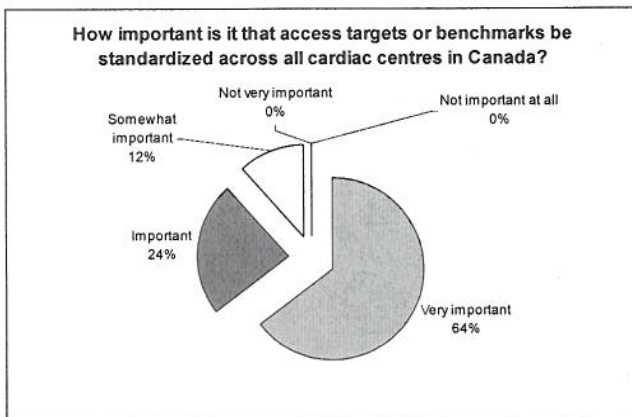
It's About the Patient, Not the Procedure

Four out of seventeen (4/17) survey respondents give a grade of "good" or "excellent" to governments for how well they have meaningfully addressed wait times for access to cardiovascular care over the last 2 years.

Survey respondents also indicated that, to meaningfully address wait times for access to cardiovascular care by Canadians, governments need to focus on wait times for the *entire* patient care experience or journey. By addressing only one procedure (such as cardiac bypass surgery, for which access to care was already relatively good across most of the country) among potentially many others in the continuum of care, a meaningful impact on the patient's overall wait time is minimal.

For more information:

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Most respondents (14/17) also believe it is "somewhat feasible" or "feasible" to adopt the CCS benchmarks within two years.