



**TARGETS  
WITHOUT  
CONSEQUENCES  
ARE **NOT**  
TAKEN  
SERIOUSLY.**

- Les Vertesi

Reducing Wait Times  
& **QUALITY PAYS INITIATIVE  
PATIENT TRANSFER POLICY**

For a Sustainable Canadian Healthcare System



**Affiliation:**

School of Health Studies,  
Faculty of Health Sciences,  
The University of Western Ontario  
London, Ontario N6A 3K7

**Authors:**

Samantha Rivers, BHSc IV  
Erica Siba, BHSc IV  
Davy Tawadrous, BHSc IV  
Sylvia Zhou, BHSc III

**Developed Under the Guidance of:**

Deborah Lee, Ph.D., R.N.

**Honorable Mentions:**

Leanne Schill, Derek Cope, Jacqueline Mitchell

Wait times undermine the sustainability of the Canadian healthcare system. The longer one waits for treatment, the more their health deteriorates, and the less chance they have for a full recovery<sup>1</sup>. This in turn increases healthcare service utilization, exacerbates existing wait times, and reduces quality of care<sup>1</sup>. While many resource-driven strategies have been employed to reduce wait times, they often fail to address the root causes of the issue<sup>2</sup>. Innovative solutions that make use of existing resources are needed to ensure the long-term viability of our healthcare system.

Current State:

Several initiatives have been developed to address wait times, including the Ten Year Action Plan to Strengthen Healthcare and the Wait Times Reduction Fund<sup>3</sup>. These initiatives resulted in improved data collection and reporting, and the development of pan-Canadian benchmarks<sup>4</sup>. Despite these efforts, wait time measures continue to show gaps between wait time performance and targets (Table 1)<sup>5</sup>. Utilizing the Generalized Model for Program Planning<sup>6</sup>, we propose an innovative strategy to reduce the problematic wait times associated with tertiary care centers across Canada.

**Table 1 - National Wait Time Performance for Priority Areas. Adapted from CIHI 2009<sup>5\*</sup>**

	Cancer-Radiation Treatment	Coronary Artery Bypass Surgery	Hip Replacements	Knee Replacements	Cataract Surgery
Wait Time Benchmarks	Treatment within 4 weeks (28 days) of being ready to treat	Surgery within 26 weeks (182 days)	Surgery within 26 weeks (182 days)	Surgery within 26 weeks (182 days)	Surgery within 16 weeks (112 days)
N.L.	85%	95%	79% - 100%	67% - 100%	29%-100%
P.E.I.	100%	--	71%	75%	60%
N.S.	--	--	45%	46%	75%
N.B.	94%	95%	66%	55%	74%
Que.	79% - 100%	--	90%	86%	--
Ont.	90%	100%	90%	85%	88%
Man.	99%	96%	80%	71%	87%
Sask.	81%	98%	56%	37%	84%
Alta.	--	99%	77%	72%	71%
B.C.	95%	91%	78%	71%	78%

\*Sub-optimal performance is highlighted in red.

Needs Assessment:

Several observations have motivated the development of our strategy. First, wait times along the patient pathway are inextricably linked to the quality of healthcare services provided, and are inversely proportional to the effectiveness, and efficiency of the healthcare system<sup>7</sup>. Second, while many tertiary healthcare organizations have existing quality improvement (QI) programs, these programs rarely extend across all departments. Thus, quality improvement remains an unleveraged key to reducing wait times along the patient pathway.

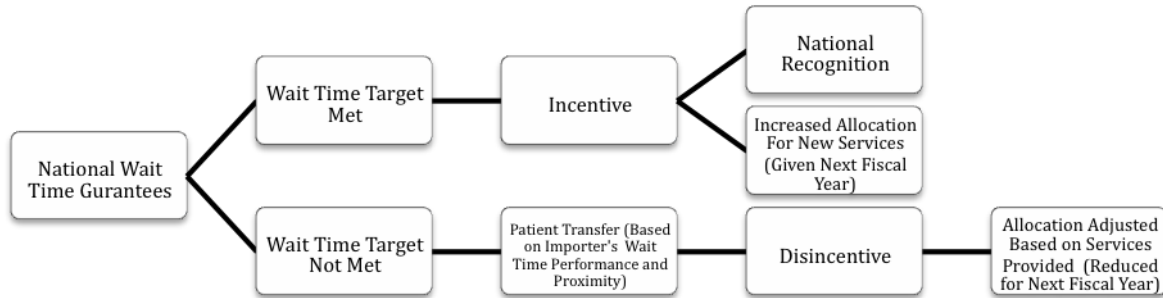
Objectives:

The objectives of our strategy are to a) encourage the expansion of QI programs across all departments of tertiary care centers, and b) facilitate the provision of care to patients within medically acceptable timeframes.

Intervention:

While pay-for-performance systems have yet to be implemented on a national scale in Canada<sup>8</sup>, we propose the Quality Pays Initiative (QPI): a national pay-for-performance system that overhauls the block funding models utilized by Regional Health Authorities (RHAs), Local Health Integration Networks (LHINs), and Ministries of Health (MoH) to fund tertiary care centers. By establishing a funding model similar to the Health-Based Allocation Model used in Ontario, QPI will incorporate each organization's wait time performance measures into a funding allocation formula<sup>9</sup>. This formula will be utilized at the end of every fiscal year using an organization's wait time measures to determine their share of funding for the following year. Therefore, organizations that improve their wait time measures will receive an increase in their base allocation, while those that perform poorly will experience decreased allocation.

To ensure the timely provision of healthcare services, we propose the Patient Transfer Policy (PTP). Each organization will be required to assemble a task team, which will be used to facilitate patient transfers when an organization cannot provide services within a medically acceptable timeframe (i.e. within wait time benchmarks). The external provider is determined on the basis of their wait time performance, proximity, and the patient's preference. Thus, PTP will ensure patient care is received within the evidence-based wait time targets. Overall, the QPI along with the PTP will reduce wait times along the patient pathway (Figure 1).



**Figure 1 - Quality Pays Initiative and the Patient Transfer Policy Scheme.**

*Complementary Systems*

**Quality Improvement Resource Center:**

In order to promote the development and implementation of QI programs in healthcare settings and to provide ongoing support and education for this initiative, a QI Resource Center could be established in each province and territory. Healthcare organizations will design and fund their own reforms.

**Performance Points System:**

To optimize wait time performance across all departments of an organization, a point system will be implemented. The system functions by assigning a percent score to an organization based on their performance within each of the service areas (Table 2). Thus, the system provides an overview of an organization’s wait time performance across all departments.

**Table 2 - Example of Performance Points System.**

<i>Department</i>	<i>Target Met</i>	<i>Points Allocated</i>
Orthopedic	Yes	1
Cardiovascular	No	0
Diagnostic	No	0
<b>Total</b>		1/3 (33%)

**QPI Awareness Program:**

To promote public awareness of QPI and the PTP, an awareness campaign, set up in collaboration with the medical associations in each province and territory, will be utilized to highlight the benefits of our strategy to organizations, physicians, healthcare workers and the general public. This will garner the support of all organizational members, from the CEO to the frontline workers, thereby affirming their long-term commitment to the strategy.

*Implementation:*

As it is the responsibility of the health system planners (i.e. RHAs, LHINs, or the MoH) to administer the funding for the delivery of healthcare services to their catchment areas, they are able to implement and enforce the QPI and PTP in a top-down manner to ensure compliance<sup>10</sup>.

Second, to foster a culture of quality improvement within each healthcare organization, QI training would be provided to empower and enable staff to participate and fulfill their role in the implementation of the strategy. Finally, there will be a gradual lowering of wait time targets towards pan-Canadian benchmarks to ensure realistic goals and build organizational efficacy.

### *Evaluation:*

Several measures will be used to evaluate the effect of QPI and PTP on wait time performance. First, continued tracking of wait times will serve as an indicator of strategy performance. Second, the level QI consultations will be measured as an indicator of organizational efforts to implement these programs. Third, the Performance Points System will allow comparisons to be drawn among different organizations. Finally, feedback from all levels of an organization, including patients, will be collected to ensure provider and patient satisfaction, as well as to identify areas for improvement.

### *Conclusion:*

While the Canadian healthcare system continues to struggle with lengthy wait times, innovative strategies are needed for a more robust effort to impact an area of our healthcare system that threatens its sustainability. A comprehensive wait time strategy comprised of the Quality Pays Initiative and Patient Transfer Policy is proposed to encourage the adoption of quality improvement programs by healthcare organizations, and ensure the delivery of services within medically acceptable timeframes. Ultimately reducing wait times makes certain that a system responsive to the needs of Canadian's is realized and will be there for future generations.

---

<sup>1</sup> Health Council of Canada (2005). *Health Care Renewal in Canada: Accelerating Change*. Toronto, Canada.

<sup>2</sup> Ball, T. (2008). *Thriving in the Emerging Healthcare System*. Health System Transformation Report.

<sup>3</sup> Health Canada. (2007). *Health Care System: Wait Times in Canada*. Canada: Retrieved from <http://www.hc-sc.gc.ca/hcs-sss/qual/acces/wait-attente/index-eng.php>

<sup>4</sup> Health Canada. (2006). *First Minister's Meeting on the Future of Health Care 2004: A 10-year plan to strengthen health care*. Canada: Retrieved from <http://www.hc-sc.gc.ca/hcs-sss/delivery-prestation/fptcollab/2004-fmm-rpm/index-eng.php>

<sup>5</sup> Canadian Institute for Health Information. (2009). *Analysis in Brief: Wait Times Tables – A Comparison by Province, 2009*. Canada: Retrieved from [secure.cihi.ca/cihiweb/en/downloads/aib\\_provincial\\_wait\\_times\\_e.pdf](http://secure.cihi.ca/cihiweb/en/downloads/aib_provincial_wait_times_e.pdf)

<sup>6</sup> McKenzie, J. F., Neiger, B. L., & Thackeray, R. (2009). *Planning, implementing, and evaluating health promotion programs: A primer* (5th ed.). San Francisco: Pearson Benjamin Cummings.

<sup>7</sup> Ontario Health Quality Council (2009). *2009 Report on Ontario's Health System*. Toronto, Ontario.

<sup>8</sup> Coutts, J., & Thornhill, J. (2009). Service-based funding and pay for performance: Will incentive payments give Canadian healthcare the quality boost it needs? *Healthcare Quarterly*, 12(3), 42.

<sup>9</sup> Ministry of Health and Long-Term Care. (2007). *Backgrounder: Health-based allocation model*. Ontario: Retrieved from [http://www.health.gov.on.ca/english/media/news\\_releases/archives/nr\\_07/sep/hbam\\_br\\_04\\_20070907.pdf](http://www.health.gov.on.ca/english/media/news_releases/archives/nr_07/sep/hbam_br_04_20070907.pdf)

<sup>10</sup> Moloughney, B. (2007). *A Discussion Paper on Public Health, Local Health Integration Networks, and Regional Health Authorities*. Ontario Public Health Association. Retrieved from <http://www.opha.on.ca/resources/docs/OPHA-DiscussionPaper-PH-LHINs-Oct07.pdf>