

Wait Times for Cancer Surgery in British Columbia

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Wait time:

- Is the period of time the patient has to wait for an appointment or treatment
- Surgery wait time
 - Time elapsed between first physician appointment and date of surgery
 - Time between first referral to see the surgeon and date of surgery
 - Time between decision-to-treat has been made by the surgeon to date of surgery
 - Time from the moment OR booking form received to date of surgery

In Focus:

- June 2006 – Final Report of the Federal Advisor on Wait Times (MoH)
 - Encourage research, review of evidence and recommend benchmarks for patient care
 - Develop wait time tools (Canada Health Infoway)
 - Recommended the use of single common waiting lists
- June 2008 – Draft Report on Status of Wait Times for Cancer Services in Canada (CAPCA)
 - True wait time includes only the time the patient waits for the system to provide care
 - Calendar days – consistent way to measure wait times
 - Means and 90th percentile should be reported.

(No data for cancer surgery in BC)
- 2008 – Breast Cancer Wait Times in Canada – 2008 Report Card (CBCN)
 - Median wait time is 4 weeks (2004 – most recent available data)
 - 94% of women receive surgery by 9 weeks

Ontario:

90th Percentile Wait Time (days)	Access Target (days)	% Completed Within Access Target
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Cancer Surgery

Priority 2	29	14	62%
Priority 3	44	28	72%
Priority 4	76	84	93%

Priority 2 – aggressive cancer

Priority 3 – all cancer patients that are not emergent, priority 2 or 4

Priority 4 – indolent tumors

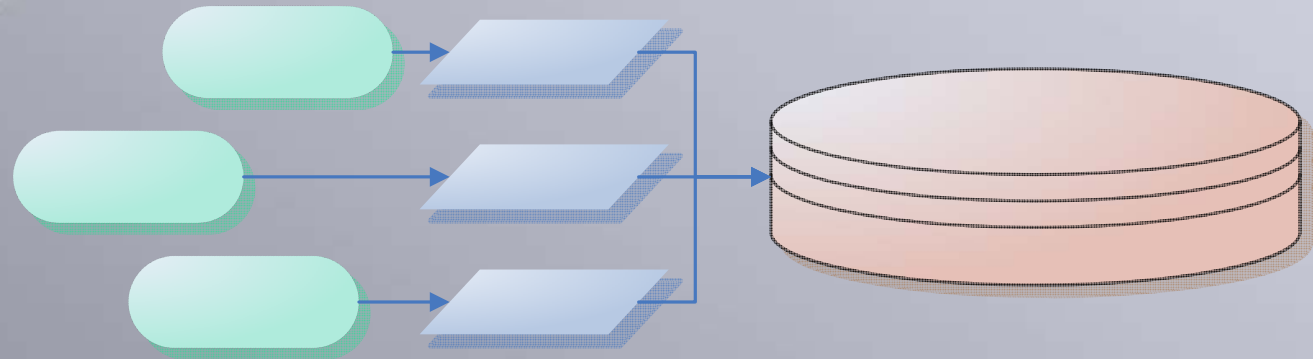
Cancer surgery	90 th percentile (days)
Breast	37
Bone, joint & muscle	52
Eye	47
Gastrointestinal	45
Genitourinary	69
Head & neck	73
Liver & pancreatic	48
Gynecological	62
Lung	40
Neurological	55
Prostate	94
Thyroid & Endocrine	126

BC Surgical Oncology Network

**The Goal of Surgical Oncology Network
is to integrate quality surgical services
in the formal cancer care in BC**

- SON started to work on Cancer Surgery Wait Times in BC to fill in the gap of information existing in the CAPCA report as well as on BCCA Management Indicator report which lists radiotherapy and chemotherapy wait times.
- SON established a Wait Time Working Group Committee under Clinical Practice Committee:
 - Assessed the potential data sources to be used
 - Defined variables and periods to be reported
 - Focuses on target wait times (priority base system?)
 - Development of a cancer specific pre-operative assessment
 - Define and implement sustainable surgical wait time reporting mechanisms to accommodate short and medium term objectives of the SON.

Source:

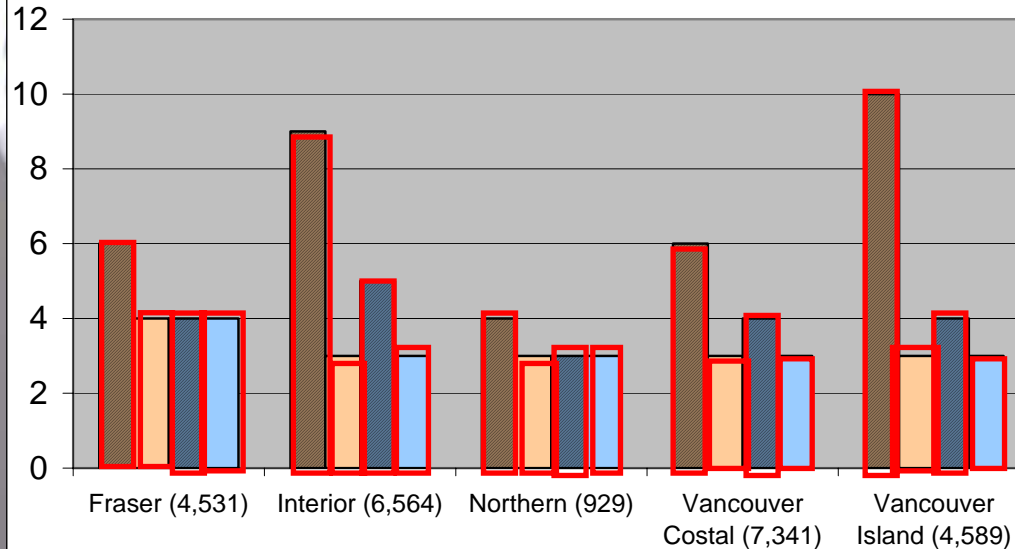


- province wide system integrated with the OR booking systems
- multitude of dates: appointment, referral, decision, completed
- includes patient demographics & other info (AT)

Definitions:

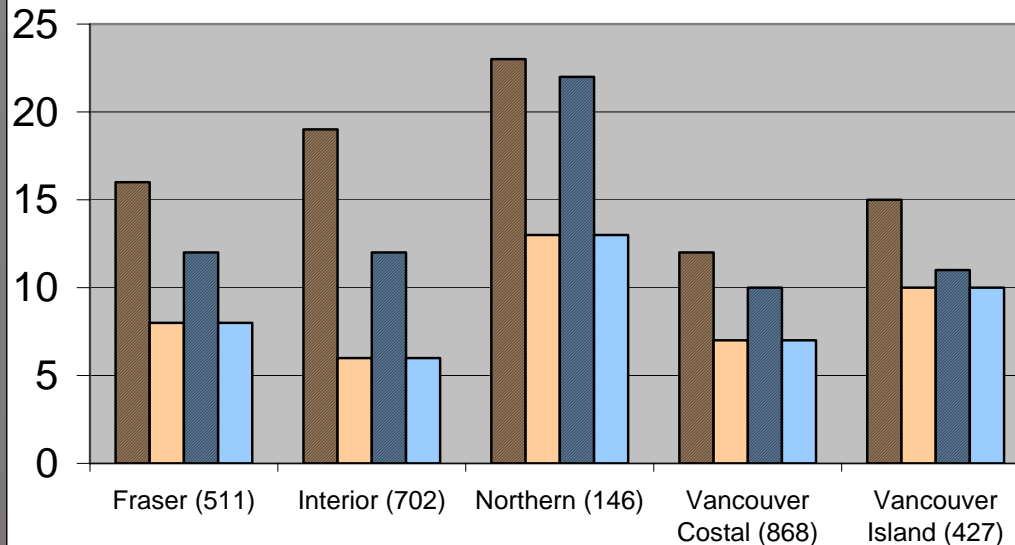
- Weeks since Decision for Surgery: period of time elapsed between the day decision for surgery has been made (as captured on Assessment Tool) and the day of surgery.
- Weeks since Booking Received: period of time between when the OR booking form is received and the date of surgery.
- Cases performed: where date of surgery is a day in the past
- Cases waiting: where date of surgery is today (the day is today for all unperformed surgeries)

Current SPR Reports



Wait time in Weeks Performed Cases by Health Authority

■ Decision to Surgery (Avg)
■ Decision to Surgery (Median)
■ Booking received (Avg)
■ Booking received (Median)



Wait time in Weeks Cases Waiting by Health Authority

■ Decision to Surgery (Avg)
■ Decision to Surgery (Median)
■ Booking received (Avg)
■ Booking received (Median)

Current SPR Reports

HA	Facility	Decision to Surgery (Avg)	Decision to Surgery (Median)	Booking received (Avg)	Booking received (Median)	Total Cases
Vancouver	Lions Gate Hospital	4	3	2	3	496
Costal	Mount Saint Joseph Hospital	5	3	3	3	1,077
	Powell River General Hospital	3	3	2	3	58
	Squamish General Hospital	3	2	2	2	6
	St Mary's Hospital	8	4	5	4	20
	St Paul's Hospital	6	4	4	4	677
	The Richmond Hospital	5	3	4	3	932
	Vancouver Acute - UBCH	6	5	4	5	993
Vancouver Acute - VGH	6	4	4	4	3,082	
Summary		6	3	4	3	7,341

HA	Specialty	Decision to Surgery (Avg)	Decision to Surgery (Median)	Booking received (Avg)	Booking received (Median)	Total Cases
Vancouver	General surgery	5	3	3	3	30,289
Costal	Gynecology Surgery	5	4	4	4	1,176
	Neurosurgery	9	4	7	4	449
	Ophtalmology Surgery	10	6	5	6	53
	Oral Maxillofacial Surgery - Dental Surgeon	4	4	4	4	1
	Oral Maxillofacial Surgery - Oral Surgeon	17	11	3	11	12
	Orthopedic Surgery	6	5	2	5	174
	Otolaryngology Surgery	6	5	3	5	659
	Plastic Surgery	8	5	5	5	310
	Thoracic Surgery	4	3	2	3	769
	Urology Surgery	6	5	5	5	2,457
	Vascular Surgery	4	4	1	4	1
	Summary		6	5	4	5

Current SPR Report

Number of Completed Cases and Average Weeks Waited From Booking to Surgery for General Surgery between November 1, 2007 and October 31, 2008 by Health Authority, Encounter Type and Cancer Status

Specialty Description	Encounter Type - HA regrouped	Health Authority(ID)	Cancer Flag					
			Not Reported		Cancer Suspected or Known		No Cancer	
			Count of Cases	Avg. Weeks: Booking to Surgery	Count of Cases	Avg. Weeks: Booking to Surgery	Count of Cases	Avg. Weeks: Booking to Surgery
General Surgery	Day Surgery	IHA	1,887	12	876	2	3,274	6
		FHA	1,953	12	770	3	5,217	7
		VCHA	2,575	10	1,275	2	3,604	7
		VIHA	2,306	13	407	2	2,202	7
		NHA	2,512	11	346	2	1,985	6
	Inpatient	IHA	728	13	714	3	664	6
		FHA	605	7	1,065	3	1,120	8
		VCHA	558	11	879	4	1,051	9
		VIHA	1,073	23	704	3	745	8
		NHA	619	6	162	3	200	6

SON Wait Times Working Group:

- Identified and agreed to report (based on CAPCA recommendations):
 - 90th percentile in addition to the Median WT
 - Reports to list “calendar days”
 - Percent of patients to undergo surgery within 14, 28 and 84 days
 - Identified referral to surgery and decision to surgery intervals
 - Report trends on a monthly, quarterly and annual basis
 - RHA and cross-boundary volumes
- SON now contributes to SPR committees
- Works with SPR to streamline the reporting processes
- Improve the type and quality of data captured

Clinical Practice Committee:

- a) Evaluation of the current data collection
 - determine which information should be included
 - consultation / feedback - Surgical Tumor Groups
 - survey SON members
- b) Propose a new Assessment Tool
 - propose a cancer specific Assessment Tool
 - generic or tumor specific
 - consultation / feed-back form SON members
- c) Review and edit the New Tool
 - propose the newly developed tool to SPR and MoH
- d) Validate and Implement

CANCER SURGERY ASSESSMENT TOOL

VERSION 1.3

Please check the box that most accurately describes the patient situation.

- 1) **Re-occurrence:** Yes No
- 2) **Tumor visualized by:** X-Ray CT U/S MRI PET
- 3) **Biopsy:** Yes FNA No
- 4) **Histology (differentiation score):**
Low grade 1 2 3 4 5 6 7 8 9 10 High grade
- 5) **Tumor palpable:** Yes No
- 6) **Tumor size:** <1cm 1 - 2cm 2 - 5cm 5 - 10cm >10cm
- 7) **Clinical staging:**
cTNM TX NX MX
 T1 N1 M0
 T2 N2 M1
 T3 N3
 T4
- 8) **Preoperative chemotherapy:** Yes No
- 9) **Preoperative radiotherapy:** Yes No
- 10) **Degree of impairment in usual life activities (such as managing ones' personal or work like activities) due to condition:**
 Not impaired at all/mildly impaired
 Able but difficult and/or somewhat impaired
 Able but very difficult and at much reduced level
 Total dependent (unable to perform any usual activities)
- 11) **Life-expectancy implications of condition without the procedure:**
 Minimal threat to life
 Likely to be fatal between five and ten years
 Likely to be fatal between two and five years
 Likely to be fatal between six months and two years
 Likely to be fatal within six months
- 12) **Expected Improvement on life-expectancy with surgery:**
 None Minimal Moderate Major
- 13) **Priority level based on best clinical judgement:**
 P1 Immediate - emergency surgery required
 P2 Patient with known or suspected highly aggressive malignancy
 P3 Patient with known or suspected highly invasive cancer that is not highly aggressive or indolent
 P4 Patient with known or suspected indolent tumor
- 14) **Was the above assessment made by:** Surgeon Multi-disciplinary team

Cancer Specific Assessment Tool

- Is it necessary?
- how should it look?
- should we have clinical stage?
- what are you interested in?