



February 2008

Wait Time Tables—A Comparison by Province, 2008

Since first ministers met in the fall of 2004, pan-Canadian efforts to reduce wait times have focused on five priority areas: cancer, heart, diagnostic imaging, joint replacements and sight restoration.¹ Timely access to quality care and a collective commitment to achieving “meaningful reductions” in wait times was the focus of the resulting *10-Year Plan to Strengthen Health Care*.^{1,2} As part of this plan, the Canadian Institute for Health Information (CIHI) was asked to report on progress on wait times across jurisdictions.

All jurisdictions have undertaken initiatives to inform their residents about wait times. The information is shared through a variety of mechanisms, including reports and news releases, although the majority of provinces are now using websites dedicated to wait times information. While publicly available wait time information has increased significantly over time, comparable provincial data about who is waiting for what and how long are still evolving. The variations across provinces in wait time measures mean that reported wait times are not yet comparable from one jurisdiction to the next. That said, pockets of trend data within individual provinces for selected procedures are beginning to emerge.

This third consecutive yearly report provides an overview of data and information reported on provincial websites on wait times as of December 1, 2007. It includes a province-by-province summary of the approaches that each used to report on wait times, including definitions, measures and time frames, as well as a snapshot of wait times reported. The latest data were reviewed to determine the extent of change in wait times reporting. Results were then shared with jurisdictions for validation. Detailed tables with provincial results are attached. Key findings include:

- **Reporting on more priority areas.** Most provinces are now regularly reporting wait times on publicly accessible websites. Several provinces have also expanded their reporting to cover more priority areas. As a result, all provinces are now reporting wait times for radiation therapy, joint replacements and cataract procedures. Additionally, five provinces are reporting on all five priority areas, an increase of one from last year.

i. In the companion agreement, *Asymmetrical Federalism That Respects Quebec's Jurisdiction*, it was noted that Quebec would apply its own wait time reduction plan, in accordance with the objectives, standards and criteria established by the relevant Quebec authorities.

- **More recent data available.** Most provinces are reporting on time frames within the current fiscal year and in some cases within a month of the December scan. This means that those provinces refreshing their data shortly after the December close for this report do not have the most current data reflected in the attached tables.
- **Enhanced detail in public reporting.** The number of provinces reporting percentages of procedures completed within national benchmarks or province-specific targets for radiation therapy is now three, up from one last year. Two provinces have enhanced the specificity of their reporting for bypass surgery by providing wait time information by priority level.
- **Wide variation in measurement approaches prevents pan-Canadian comparison of reported waits.** The variation in wait segments measured, summary measures, types of cases included and time periods reported limits the potential for pan-Canadian comparisons and analysis. The degree to which this variation may matter is not always clear. For example, for certain priority area procedures, it is not known if there is a significant difference in the wait times when reporting the start from “decision-to-treat” or from “ready-to-treat.” This may be more significant for cancer therapy as the patient may require time to heal from surgery prior to commencing another treatment such as radiation.

Another example where the variation in measurement approach may matter is inclusion or exclusion of emergency cases. The proportion of emergency cases in some priority areas such as knee replacements or cataracts is much lower than in others like cancer or cardiac.

- **Quality initiatives improve wait time information, but may impact reported waits.** After focusing initial efforts on developing and implementing wait time systems many provinces are turning their attention to improving data quality. A variety of strategies are being employed from automated identification of implausible waits, to audits of wait lists ensuring all on the list are candidates for surgery, to increased education to ensure guidelines are interpreted in the same way from all submitting institutions in a province. Some provinces have also changed definitions and summary measures to better meet the needs of specific audiences. The extent and nature of these activities vary by province and some are not easily discernable from web sites. All of these initiatives will improve wait time information, but may have an effect (either negative or positive) on reported waits in the short term.
- **Pockets of trend data for individual provinces for selected procedures beginning to emerge.** While different definitions and summary measures restrict comparisons among provinces, it is possible to look at progress over time within some provinces for selected priority areas for those who reported in a consistent way in the three consecutive yearly CIHI reports. Reporting on bypass surgery was the least consistent while reporting on sight restoration the most; however, still fewer than half of all provinces reported with uniformity. That said, trend data are beginning to emerge in these provinces. Across priority areas the greatest improvement was seen in wait times for joint replacements. Because provinces have engaged in quality initiatives as outlined above, it is difficult to definitively comment on these trends.

References

1. Canadian Intergovernmental Conference Secretariat, *A 10-Year Plan to Strengthen Health Care*, [online], cited January 25, 2008, from <http://www.scics.gc.ca/cinfo04/800042005_e.pdf> .
2. Canadian Intergovernmental Conference Secretariat, *Asymmetrical Federalism That Respects Quebec's Jurisdiction*, [online], cited January 4, 2007, from <http://www.scics.gc.ca/cinfo04/800042012_e.pdf> .

For More Information

This Analysis in Brief is part of CIHI's ongoing program of work related to access to care, including wait times. This area was identified as a priority through consultations leading up to the development of CIHI's *Strategic Directions*. Specific topics for analysis were selected based on subsequent focused consultations on priorities for better information about access to care.

Copies of this document are available free of charge in both official languages on the CIHI website at www.cihi.ca. You can also find related reports such as *Surgical Volume Trends Within and Beyond Wait Time Priority Areas*, *Waiting for Health Care in Canada: What We Know and What We Don't Know* and the *Health Care in Canada* series.

Acknowledgements

CIHI would like to acknowledge and thank the many individuals and organizations that have contributed to the development of this Analysis in Brief.

Production of this document involved many people throughout CIHI. The editorial committee consisted of Kathleen Morris, Tracy Johnson, Lynne Duncan and Jenny Lineker. We also would like to acknowledge the work of external consultant Giselle Scanlon.

This analysis could not have been completed without the generous support and assistance of several other individuals and organizations, including representatives from the provinces who validated the results.

About CIHI

The Canadian Institute for Health Information (CIHI) collects and analyzes information on health and health care in Canada and makes it publicly available. Canada's federal, provincial and territorial governments created CIHI as a not-for-profit, independent organization dedicated to forging a common approach to Canadian health information. CIHI's goal: to provide timely, accurate and comparable information. CIHI's data and reports inform health policies, support the effective delivery of health services and raise awareness among Canadians of the factors that contribute to good health. For more information, visit our website at www.cihi.ca.

Appendix

Overview of Provincial Reporting of Wait Times Tables

Table 1-1 Provincial Reporting on Priority Wait Time Areas

Province	Wait Times Website(s)	Cancer	Cardiac	Diagnostic Imaging	Joint Replacement	Sight Restoration	Reporting Includes All Facilities
N.L.*	www.releases.gov.nl.ca/releases/2007/health/1022n02.htm	•	•		•	•	Yes
P.E.I.†	www.gov.pe.ca/photos/original/WaitTimes.pdf	•		•	•	•	Yes
N.S.	www.gov.ns.ca/health/waittimes/wt_treatment_service/default.htm	•	•	•	•	•	Yes
N.B.	www.gnb.ca/0217/NBSCN-RSCNB/wait-e.asp	•	•		•	•	Yes
Que.‡	wpp01.msss.gouv.qc.ca/appl/g74web/tableaucomparatif.asp	•	•		•	•	Yes
Ont.§	www.health.gov.on.ca/transformation/wait_times/public/wt_more_info.html	•	•	•	•	•	No [§]
Man.	www.gov.mb.ca/health/waitlist/index.html	•	•	•	•	•	Yes
Sask.	www.sasksurgery.ca/wait-list-info.htm	•	•	•	•	•	Yes
Alta.	www.ahw.gov.ab.ca/waitlist/TrendReports.jsp	•	•	•	•	•	No
B.C.	www.healthservices.gov.bc.ca/waitlist/ www.healthservices.gov.bc.ca/cpa/mediasite/waitlist/median.html	•	•		•	•	Yes

Notes

- * Reporting includes Newfoundland and Labrador. Labrador-Grenfell Health Region has a catchment population of 40,516; therefore, data suppression is necessary when a small volume of cases are completed in a particular benchmark category.
- † P.E.I. does not offer cardiac services, and patients receive care out of province.
- ‡ Quebec does not monitor wait times, but rather the percentage of procedures performed within recommended time frames.
- § The Ontario data are based on procedures completed for the most current time period, at hospitals that are participating in the Wait Time Strategy, accounting for more than 80% of Ontario's total cases for these services.

Table 1-2 Additional Provincial Wait Time Websites

Province	Wait Times Website(s)	Cancer	Cardiac
N.B.	www.surgerynewbrunswick.ca	www.gnb.ca/0051/cancer/benchmarks_wait-times-e.asp	www.ahsc.health.nb.ca/Programs/NBHC/heartbeat/NB%20HeartBeat%20Spring%2007_eng.pdf
Que.	www.msss.gouv.qc.ca/en/sujets/organisation/waiting_lists.html wpp01.msss.gouv.qc.ca/appl/g74web/SommairePDF.asp		
Ont.	www.health.gov.on.ca/transformation/wait_times/providers/wt_pro_mn.html		www.ccn.on.ca/index.cfm?fuseaction=ts&tm=17&ts=160&tsb=0
Sask.		www.saskcancer.ca *	www.sasksurgery.ca/specialty/cardiac/cardiac.htm

Note

* Information retrieved from *Saskatchewan Cancer Agency 2006–2007 Annual Report*, page 11.

Provincial Reporting of Wait Times for Cancer Services

Table 2-1 Specific Cancer Services Reported by Provinces and Reporting Unit*

Service	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont. [†]	Man.	Sask. ^{††}	Alta.	B.C.
Services Reported										
Radiation [§]
Cancer Specialist			.					.	.	
Cancer Surgery			. [‡]			.				
Chemotherapy					
Level of Reporting										
Province	. ^{**}
Geographic Region			.			.				
Facility					
Physician										

Notes

* Information retrieved from provincial websites on December 3, 2007.

† Information obtained from Cancer Care Ontario for chemotherapy and radiation therapy.
http://www.cancercare.on.ca/index_2208.htm.

‡ Mastectomy and gynecological surgery only.

§ Data taken from http://www.gnb.ca/0051/cancer/benchmarks_wait-times-e.asp.

** In Newfoundland and Labrador, radiation oncology services are provided at the Dr. H. Bliss Murphy Cancer Centre. This is a provincial program serving all citizens of Newfoundland and Labrador.

†† Information retrieved from *Saskatchewan Cancer Agency 2006–2007 Annual Report*, page 11.

Some provinces also reported on wait times for types of surgery that might include procedures for persons with cancer (such as gynecological surgery) but did not separate these patients out in reporting.

Table 2-2 Radiation Therapy Wait Times Reporting Methods and Wait Times Estimates by Province*

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.†	Man.	Sask.†	Alta.†	B.C.
Wait Segment(s) Measured	From decision-to-treat to treatment for all new cases	From booking to treatment	From decision-to-treat to treatment	From ready-to-treat to treatment	From ready-to-treat to treatment	Two-part definition: A. From referral to consult B. From ready-to-treat to treatment	From ready-to-treat to treatment	Two-part definition: A. From receipt of referral to consult B. From first oncologist visit to treatment	Two-part definition: A. From booking to consult B. From oncologist visit to treatment	From ready-to-treat to treatment
Summary Measure	Percent of patients commencing treatment within national benchmark of 4 weeks (w)	Median	Mean by region and priority level‡	Percent of new patients commencing treatment within 4 weeks	Of those who are ready in a given week, the percentage who started within 4 weeks	Percentage of patients seen/ treated within recommended provincial wait time targets	Median	Median by facility§§	Median wait time from last day of the previous month by facility and body site	Median
Emergency Cases Excluded	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
Perspective	Retro-spective	Retro-spective	Retro-spective	Retro-spective	Retro-spective	Retro-spective	Retro-spective	Retro-spective	Retro-spective	Retro-spective
Time Frame	January to March 2007	January to December 2006	November 2007	As of September 30, 2007	Average over past 4 weeks as of October 13, 2007	October 2007§	October 2007	2006–2007 fiscal year	90 days prior to September 30, 2007**	3 months preceding September 30, 2007
Estimates	95% within 30 days (d) (4.3 w)	1.6 w††	Range: 0 to 5.1 w†. ††	94%	84% to 100% within 4 w††	A. 57% within target of 1, 7, 14 d B. 50% within target of 1, 7, 14 d	1.0 w	A. 4 to 4.9 w B. 4 to 4.9 w	Range: A. 5 w B. 4 to 5 w	0.9 w

Notes

* Information retrieved from provincial websites on December 3, 2007.

† Ontario, Saskatchewan and Alberta presented the waits in two stages.

‡ Nova Scotia reported separately for four priority levels. Nova Scotia also reported separately for two regions that provide radiation therapy services. The range represents the region- and priority-level-specific values.

§ Ontario now reports on monthly wait times by province, regional cancer centre and type of cancer.

** Alberta reported separately for each facility (2) and two body sites (breast and prostate) via data from the Alberta Cancer Board. The range represents the facility- and site-specific values. One site reported manually for the last 30 days only. The Alberta Cancer Board rounds up all cancer wait time data.

†† Nova Scotia and P.E.I. reported number of days. This was converted to number of weeks.

‡‡ Quebec reported for 10 facilities in seven regions. The range represents the facility-specific values. Quebec's target is 90% of patients treated within four weeks.

§§ Saskatchewan reported separately by facility (Allan Blair Cancer Centre and Saskatoon Cancer Centre).

Table 2-3 Oncologist Wait Times Reporting Methods and Wait Times Estimates by Province*

	N.S.	Ont.	Sask.	Alta.
Wait Segment(s) Measured	From referral arrival in cancer centre to appointment	From referral to radiation consult appointment	From referral to first appointment	From booking in electronic system to appointment
Summary Measure	Average wait time by level of urgency, and percent within standard	Percent of patients seen within target of 14 days, averaged across all regions and cancers [§]	Median by facility**	Median wait time from last day of the previous month by facility and body site [†]
Emergency Cases Excluded	Yes	Yes	Yes	Yes
Perspective	Retrospective	Retrospective	Retrospective	Retrospective
Time Frame	April to June 2007	October 2007	2006–2007 fiscal year	90 days prior to September 30, 2007
Estimates	Range: 1.3 to 5.4 w [‡] /40% to 64% within standard	57%	Radiation: 4.0 to 4.9 w Medical: 4.9 to 6.7 w	1 to 4 w

Notes

- * Information retrieved from provincial websites on December 3, 2007.
- † Alberta reported separately for each facility (2) and two body sites (breast and prostate) via data from the Alberta Cancer Board. The range represents the facility- and site-specific values. One site reported manually for the last 30 days only. The Alberta Cancer Board rounds up all cancer wait time data.
- ‡ Nova Scotia reported number of days. This was converted to number of weeks.
- § Ontario data are also available by regional cancer care program.
- ** Saskatchewan reported separately by facility (Allan Blair Cancer Centre and Saskatoon Cancer Centre) and for radiation and medical oncology. Data are taken from *Saskatchewan Cancer Agency 2006–2007 Annual Report*, page 11.

Table 2-4 Cancer Surgery Wait Times Reporting Methods and Wait Times Estimates by Province*

	N.S.	Ont.**
Wait Segment Measured	From initial visit to gynecologic cancer surgery or mastectomy	From decision-to-treat to treatment
Summary Measure	Mean wait for gynecologic cancer surgery [†] Cumulative percentages within time periods for mastectomy	The point at which nearly all patients (90%) have completed their surgery
Emergency Cases Excluded	Yes	Yes
Perspective	Retrospective	Retrospective
Time Frame	September 2007 for gynecologic cancer surgery April 1 to June 30, 2007, for mastectomy	August, September, October 2007
Estimates	Gynecologic cancer: 5.1 w ^{‡, §} Mastectomy: 72% within 4.3 w, 92% within 8.6 w ^{‡, §}	90% of cancer surgeries completed within 10 w ^{‡, §}

Notes

- * Information retrieved from provincial websites on December 3, 2007.
- † Nova Scotia only reported for gynecologic cancer surgery and mastectomy. This indicates the percentage of patients who received gynecologic surgery.
- ‡ Within 1, 2, 3, 4, 5 and 6 weeks were also reported.
- § Nova Scotia and Ontario reported wait times in days. These were converted to weeks.
- ** Ontario reports on eight different body areas. More detailed information is available from the Health Care Professionals website: www.health.gov.on.ca/transformation/wait_times/providers/wt_pro_mn.html.

Table 2-5 Chemotherapy Wait Times Reporting Methods and Wait Times Estimates by Province*

	Ont.	Sask.	Alta.	B.C.
Wait Segment Measured	From receipt of referral at cancer centre to treatment	A. From referral to first appointment with oncologist B. From first oncologist visit to start of treatment	A. From booking in electronic system to appointment with oncologist B. From oncologist visit to treatment	From medically-able-to-receive to treatment
Summary Measure	Median by facility and body site	Median by facility ^{‡, §}	Median wait time from last day of the previous month by facility and body site [‡]	Maximum
Emergency Cases Excluded	Yes	No	Yes	No
Perspective	Retrospective	Retrospective	Retrospective	Retrospective
Time Frame	August to October 2007	2006–2007 fiscal year	90 days prior to September 30, 2007	N/A
Estimates	Range for individual body sites: 1.4 to 7.8 w [†]	1.9 to 2.4 w	1 w ^{‡, **}	2 w

Notes

- * Information retrieved from provincial websites on December 3, 2007.
- † Ontario also reported separately for each facility and eight body sites (breast, central nervous system, gastrointestinal, genitourinary, gynecologic, hematology, head and neck, and lung and sarcoma). The range represents the facility and site-specific values. Some estimates were flagged as unstable due to low numbers of patients. These were not included in the range.
- ‡ Saskatchewan and Alberta presented the waits in two stages. To enhance comparability with other jurisdictions' waits the second wait segment (B) estimates are presented.
- § Saskatchewan reported separately by facility (Allan Blair Cancer Centre and Saskatoon Cancer Centre).
- ** Alberta reported separately for the two main facilities and two body sites (breast and prostate). In this case, both were the same at one week. Wait times for chemotherapy at associate cancer centres and community cancer centres are not available. Cancer wait data are rounded up by the Alberta Cancer Board.

Provincial Reporting of Wait Times for Cardiac Services

Table 3-1 Specific Cardiac Services Reported by Provinces and Reporting Unit*

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.**	Man.	Sask.†	Alta.	B.C.
Services Reported										
Cardiovascular Surgery			•					•††		
Cardiac Surgery					•**	•	•		•	•
Bypass Surgery	•§§			•	•	•	•	•	•†	
Angioplasty			•		•	•				
Catheterization			•	•§		•				
Level of Reporting										
Province	•		•	•		•	•	•	•	•
Geographic Region				•		•	•	•	•	
Facility				•	•	•			•	•
Physician									•	•

Notes

- * Information retrieved from provincial websites on December 3, 2007.
- † Reporting against Alberta's access goals (time period in which 90% of patients should be treated) occurred at a regional level for bypass surgery.
- ‡ Website reports provincial numbers for cardiovascular surgery only.
- § New Brunswick's reporting on catheterization is a new initiative, and separate from bypass reporting.
- ** Quebec does not monitor wait times but rather percentage of procedures performed within recommended time frames.
- †† Saskatchewan cardiac surgery is performed at two sites. Regina includes vascular and thoracic procedures in its reporting; Saskatoon does not.
- ‡‡ Cardiac surgery is reported by the Cardiac Care Network of Ontario.
- §§ In Newfoundland and Labrador the Cardiac Care Program is a provincial program.

Table 3-2 Cardiovascular/Cardiac Surgery Wait Times Reported by Provinces*

	N.S. [†]	N.B.	Que. [‡]	Ont. ^{§§}	Man. [‡]	Sask. [†]	Alta. [‡]	B.C. [‡]
Wait Segment	From decision-to-treat to surgery	From ready-to-treat to surgery	From medically ready to surgery	From decision-to-treat to surgery	From ready-to-treat to surgery	From booking form received to surgery	From decision-to-treat to surgery	From booking to surgery
Summary Measure	Mean by priority level [§]	Median by urgency level	Percentage of procedures performed within recommended time frames	Median by urgency level	Median	Median ^{††} 1) All cardiovascular 2) Non-emergent	Median, mean for persons served in the 90 days prior to the report date ^{††}	Median
Emergency Cases Excluded	Yes	No	No	No	No	No	Yes	Yes
Perspective	Retro-spective	Retro-spective	Retrospective	Retro-spective	Retro-spective	Retro-spective	Retrospective	Retrospective
Time Frame	November 2007	January to March 2007	September 16 to October 13, 2007	July to September 2007	October 2007	January to June 2007	90 days preceding October 31, 2007	3 months preceding September 30, 2007
Estimates	Range: 2 to 22 d [§]	Emergent and Urgent: 1 d Semi-Urgent: 5 d Elective: 10 d	Range: 50% to 100% ^{**}	Emergent and Urgent: 3 d Semi-Urgent: 6 d Elective: 18 d	All cardiac surgery: 26 d	1) 2 d 2) 8 d	Median: 9 d Mean: 41 d	64.5 d

Notes

- * Information retrieved from provincial websites on December 3, 2007.
- † Reported on cardiovascular surgery, also reported on percentages within time periods.
- ‡ Reported on cardiac surgery.
- § Nova Scotia reported separately for four priority levels. The range represents the priority-level-specific values.
- ** Quebec presented facility-specific numbers by priority level. The benchmarks were as follows: Level 1, 24 hours; Level 2, 72 hours; Level 3, 2 weeks; Level 4, 6 weeks; Level 5, 3 months. The range represents the facility-specific percentage meeting the benchmarks.
- †† Saskatchewan also reported percentages within time periods.
- ‡‡ Alberta reported wait times in weeks, which were converted to days. Alberta also reported percentages within time periods and separately for day surgery and inpatient groups at the facility level.
- §§ Cardiac surgery data retrieved from Cardiac Care Network of Ontario.

Table 3-3 Bypass Surgery Wait Times Reported by Provinces*

	N.L.	N.B.	Ont.	Man.	Sask.	Alta.
Wait Segment	From decision-to-treat to surgery	Last major consult to surgery	From the date patient was accepted for surgery to surgery	From ready-to-treat to surgery	From booking form received to surgery	From decision-to-treat to surgery
Summary Measure	Percent within national benchmark of 26 weeks (182 days)	Percentages within time periods	The point at which nearly all patients (90%) have completed their surgery [§]	Median wait in days, by priority level	Percentages of patients treated within time periods [†]	Median, mean [‡]
Emergency Cases Excluded	Yes	Yes	Yes**	No	No	Yes
Perspective	Retrospective	Retrospective	Retrospective	Retrospective	Retrospective	Retrospective
Time Frame	January to March 2007	April 2005 to March 2006	August to October 2007	October 2007	January to June 2007	90 days preceding October 31, 2007
Estimates	92% within 182 d	<3 m: 88% 3–6 m: 8% 6–9 m: 3% 9–12 m: <1% >12 m: <1%	61 d	Emergency and Urgent: 0 d Semi-Urgent: 7 d Elective: 46 d	≤3 w: 81% 4–6 w: 7% 7 w–3 m: 6% 4–12 m: 7%	Median: 6 d Mean: 34 d

Notes

* Information retrieved from provincial websites on December 3, 2007.

† Saskatchewan’s website presents data for the two regions where bypass surgery is performed (<http://www.sasksurgery.ca/specialty/cardiac/cardiac.htm#table>).

‡ Alberta reported the wait times in weeks, which were converted to days. Alberta also reported separately for day surgery and inpatient groups. It also reported percentages within time periods and against access goals.

§ Ontario also presents data by participating hospital.

** Additional data available at www.ccn.on.ca includes emergency cases.

Table 3-4 Angioplasty Wait Times Reported by Provinces*

	N.S.	Que.	Ont.
Wait Segment	From decision-to-treat to treatment	From date patient is accepted by catheterization lab service until date of treatment	From date patient is accepted by an interventional cardiologist
Summary Measure	Mean by priority level	Percentage of procedures performed within recommended time frames	The point at which nearly all patients (90%) have had their surgery [§]
Emergency Cases Excluded	Yes	No	Yes
Perspective	Retrospective	Retrospective	Retrospective
Time Frame	November 2007	September 16 to October 13, 2007	August to October 2007
Estimates	Range: 12 to 29 d [†]	Joint estimate for angioplasty and cardiac catheterization: 81% to 100% [‡]	14 d

Notes

* Information retrieved from provincial websites on December 3, 2007.

† Nova Scotia reported separately for three priority levels (urgent, semi-urgent and elective). The range represents the priority-level-specific means.

‡ Quebec presented facility-specific numbers by priority level. The benchmarks were as follows: Level 1, immediate; Level 2, 24 hours; Level 3.1, 72 hours; Level 3.2, 1 week; Level 4, 2 weeks; Level 5.1, 1 month; Level 5.2, 2 months. The range represents the facility-specific percentage meeting the benchmarks.

§ These waiting times apply only to those patients who had angioplasty on a different day than their cardiac catheterization.

Table 3-5 Cardiac Catheterization Wait Times Reported by Provinces*

	N.S.	N.B.	Que.	Ont.
Wait Segment	From decision-to-treat to treatment	From receipt of referral at heart centre to treatment	From date patient is accepted by catheterization lab service until date of treatment	From date patient is accepted by an interventional cardiologist
Summary Measure	Mean by priority level	Percentage within time period for priority-level benchmarks	Percentage of procedures performed within recommended time frames	The point at which nearly all patients (90%) have had their surgery**
Emergency Cases Excluded	Yes	No	No	Yes
Perspective	Retrospective	Retrospective	Retrospective	Retrospective
Time Frame	November 2007	January to March 2007	September 16 to October 13, 2007	August to October 2007
Estimates	Range: 14 to 32 d [†]	91% [§]	Joint estimate for angioplasty and cardiac catheterization: 81% to 100% [‡]	24 d

Notes

- * Information retrieved from provincial websites on December 3, 2007.
- † Nova Scotia reported separately for three priority levels (urgent, semi-urgent and elective). The range represents the priority-level-specific means.
- ‡ Quebec presented facility-specific numbers by priority level. The benchmarks were as follows: Level 1, immediate; Level 2, 24 hours; Level 3.1, 72 hours; Level 3.2, 1 week; Level 4, 2 weeks; Level 5.1, 1 month; Level 5.2, 2 months. The range represents the facility-specific percentage meeting the benchmarks.
- § The Atlantic Health Sciences Corporation Regional Health Authority in New Brunswick also reported on median wait in days and 90th percentile wait in days.
- ** These waiting times apply only to those patients who had catheterization on a different day than their angioplasty.

Provincial Reporting of Wait Times for Diagnostic Imaging

Table 4-1 Specific Diagnostic Imaging Procedures Reported by Provinces and Reporting Unit*

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.
Services Reported										
CT Scans		•	•			•	•	•	•	
MRI Scans		•	•			•	•	•	•	
Level of Reporting										
Province		•				•	•		•	
Geographic Region			•			•		•	• [†]	
Facility			•				•		•	
Physician										

Notes

* Information retrieved from provincial websites on December 3, 2007.

† Reporting against Alberta's access goals (time period in which 90% of patients should be treated) occurred at a regional level.

Table 4-2 CT and MRI Scan Wait Times Reported by Provinces*

	P.E.I.	N.S.	Ont.	Man.	Sask.**	Alta.
Wait Segment	From booking to scan	From when request arrives to next day with three open appointments	From the date the MRI/CT was ordered to scan	From booking to scan	From booking to scan	From decision-to-treat to scan
Summary Measure	Median	Expected number of days by facility [†]	90th percentile wait in days	Estimated maximum wait time	Estimated maximum elective wait	Median, mean ^{‡, §}
Emergency Cases Excluded	Yes	Yes	Yes	Yes	Yes	Yes
Perspective	Retrospective	Prospective	Retrospective	Prospective	Retrospective	Retrospective
Time Frame	January to December 2006	November 2007	August to October 2007	October 2007	As at March 31, 2007	90 days preceding October 31, 2007
CT Wait Estimate	Within 7 d (urgent), 56 d (routine) [§]	Range: 0 to 69 d	73 d ^{††}	Range: 7 to 112 d Man. average: 56 d [§]	Range: 7 to 42 d [§]	Median: 14 d Mean: 21 d
MRI Wait Estimate	Within 2 d (urgent), 84 d (routine) [§]	Range: 15 to 156 d	126 d ^{††}	Range: 21 to 56 d Man. average: 42 d [§]	Range: 133 to 182 d (urgent < 21 d) [§]	Median: 57 d Mean: 74 d

Notes

* Information retrieved from provincial websites on December 3, 2007.

† The ranges for Nova Scotia represent facility-specific estimates.

‡ Alberta also reported percentages within time periods and against access goals.

§ Estimates were reported in weeks. These were converted to days.

** Information retrieved from <http://www.gov.sk.ca/news?newsId=2179b65f-789e-4886-966d-83a6efa77a84> and Diagnostic Imaging Network e-newsletter, July 2007 (<http://www.health.gov.sk.ca/diagnostic-imaging>).

†† Diagnostic imaging rolling quarters are for outpatient cases (priorities 3 and 4 combined).

Provincial Reporting of Wait Times for Joint Replacement

Table 5-1 Specific Joint Replacement Surgeries Reported by Provinces and Reporting Unit*

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.
Services Reported										
Orthopedic Surgery								•	•	•
Hip Replacement	•	•	•	•	•	•	• [‡]	• ^{**}	•	•
Knee Replacement	•	•	•	•	•	•	• [‡]	• ^{**}	•	•
Level of Reporting										
Province		•	•	•	•	•	•	• [§]	•	•
Geographic Region	•		•	•	•	•	•	•	• [†]	
Facility				•	•	•	•		•	•
Physician									•	•

Notes

- * Information retrieved from provincial websites on December 3, 2007.
- † Reporting against Alberta's access goals (time period in which 90% of patients should be treated) occurred at a regional level.
- ‡ Manitoba also reported on the median wait time for all hip and knee surgeries combined.
- § Orthopedic surgery only.
- ** Saskatchewan website reports on total hip replacements and total knee replacements, including revisions.

Table 5-2 Joint Replacement Wait Times Reported by Provinces*

	N.L.	P.E.I.	N.S. [†]	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.
Wait Segment	From decision-to-treat to surgery	From booking to surgery	From decision-to-treat to surgery	Last major consult to surgery	From booking in provincial electronic system to surgery	From decision-to-treat to surgery	From decision-to-treat to surgery***	From booking form received to surgery	From decision-to-treat to surgery	From booking to surgery
Summary Measure	Percent within the national benchmark of 26 weeks (182 days)	Median	Percentages within time periods	Percentages within time periods	Percentage waiting more than 6 months	The point at which nearly all patients (90%) have completed their surgery	Median wait time by regional health authority ^{††}	Median for orthopedic surgery only ^{‡, §} Percentages within time periods	Median, mean [‡]	Median ^{§§}
Emergency Cases Excluded	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
Perspective	Retro-spective	Retro-spective	Retro-spective	Retro-spective	Retro-spective	Retro-spective	Retro-spective	Retro-spective	Retro-spective	Retro-spective
Time Frame	January to March 2007	January to December 2006	April to June 2007	April 2005 to March 2006	June 1 to October 15, 2007	August to October 2007	October 2007	January to June 2007	90 days preceding October 31, 2007	3 months preceding September 30, 2007
Orthopedic Surgery Wait Estimate								48 d including emergency; 129 d non-emergent	Median: 82 d Mean: 109 d	44 d
Hip Replacement Wait Estimate	79% to 100% within 182 d ^{**}	77 d ^{**}	< 60 d: 9% < 180 d: 36% < 270 d: 64% < 360 d: 78% < 540 d: 89%	< 3 m: 41% 3–6 m: 26% 6–9 m: 15% 9–12 m: 8% > 12 m: 11%	> 6 m: 5%	210 d	Range: 133 to 385 d	≤ 3 w: 15% 4–6 w: 6% 7 w–3 m: 11% 4–12 m: 47% 13–18 m: 13% > 18 m: 8%	Median: 92 d Mean: 116 d	72 d

(table continued on next page)

Table 5-2 Joint Replacement Wait Times Reported by Provinces* (cont'd)

	N.L.	P.E.I.	N.S. [†]	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.
Knee Replacement Wait Estimate	70% to 96% within 182 d ^{††}	133 d ^{**}	< 60 d: 3% < 180 d: 26% < 270 d: 52% < 360 d: 70% < 540 d: 83%	< 3 m: 28% 3–6 m: 24% 6–9 m: 19% 9–12 m: 13% > 12 m: 17%	> 6 m: 10%	291 d	Range: 112 to 168 d	≤ 3 w: 4% 4–6 w: 3% 7 w–3 m: 10% 4–12 m: 45% 13–18 m: 21% > 18 m: 17%	Median: 120 d Mean: 167 d	112 d

Notes

- * Information retrieved from provincial websites on December 3, 2007.
- † Nova Scotia reported separately for revision surgeries. These estimates are not included in the above table.
- ‡ Alberta and Saskatchewan (for orthopedic surgery) also reported percentages within time periods. Alberta also reported against provincial access goals.
- § Saskatchewan’s website presents procedure-specific data for the four regions where hip and knee replacement surgery is performed. The provincial-level summary of the data for these procedures was provided by the ministry of health.
- ** Estimates were presented in weeks and converted to days.
- †† Manitoba presented estimates in weeks separately for each region. The range represents region-specific values.
- ‡‡ Region-specific ranges were presented.
- §§ B.C. information retrieved from <http://www.healthservices.gov.bc.ca/cpa/mediasite/waitlist/median.html>.
- *** “Decision-to-treat” implies “readiness-to-treat.”

Provincial Reporting of Wait Times for Sight Restoration

Table 6-1 Specific Eye Surgeries Reported by Provinces and Reporting Unit*

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.†	Alta.	B.C.
Services Reported										
Eye Surgery								•	•	•
Cataract Surgery	•	•	•	•	•	•	•	•	•	•
Level of Reporting										
Province		•	•	•	•	•		•	•	•
Geographic Region	•		•	•	•	•	•	•	‡	
Facility				•	•	•	•		•	•
Physician									•	•§

Notes

* Information retrieved from provincial websites on December 3, 2007.

† Saskatchewan's website reports for eye surgery at both the provincial and health authority levels, cataract surgery only at the health authority level.

‡ Reporting against Alberta's access goals (time period in which 90% of patients should be treated) occurred at a regional level.

§ B.C. wait time reporting at the physician level is by priority level.

Table 6-2 Sight Restoration Wait Times Reported by Provinces*

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask. [†]	Alta. [§]	B.C.
Wait Segment	From decision-to-treat to surgery	From booking to surgery	From first appointment with ophthalmologist to surgery	From last major consult to surgery	From booking in provincial electronic system to surgery	From decision-to-treat to surgery	From decision-to-treat to surgery***	From booking form received to surgery	From decision-to-treat to surgery	From booking to surgery
Summary Measure	Percent within national benchmark of 16 weeks (112 days) for high-risk patients	Median	Percentages within time periods	Percentages within time periods	Percentage waiting 6 months or more ^{§§}	The point at which nearly all patients (90%) have completed their surgery	Median wait time by regional health authority ^{††}	Provincial median, regional percentages within time periods [‡]	Median, mean [‡]	Median
Emergency Cases Excluded	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
Perspective	Retro-spective	Retro-spective	Retro-spective	Retro-spective	Retro-spective	Retro-spective	Retro-spective	Retro-spective	Retro-spective	Retro-spective
Time Frame	January to March 2007	January to December 2006	April to June 2007	April 2005 to March 2006	June 1 to October 15, 2007	August to October 2007	October 2007	January to June 2007	90 days prior to October 31	3 months preceding September 30, 2007
Eye Surgery Wait Estimate								75 d including emergency 76 d non-emergent	Median: 73 d	56 d
Cataract Surgery Wait Estimate	23% to 100% within 112 d ^{††}	77 d ^{**}	<30 d: 36% <60 d: 53% <90 d: 63% <180 d: 84% <270 d: 94%	<3 m: 58% 3-6 m: 19% 6-9 m: 7% 9-12 m: 3% >12 m: 13%	2% waiting + 6 m (+ 180 d)	141 d	14 to 126 d	≤3 w: 25% 4-6 w: 9% 7 w-3 m: 20% 3-12 m: 44% 13-18 m: 1% >18 m: 1%	Median: 81 d Mean: 104 d	63 d

(see footnotes for the table on next page)

Analysis in Brief

Taking health information further

Notes

- * Information retrieved from provincial websites on December 3, 2007.
- † Saskatchewan's website reports wait times for eye surgery at provincial and health authority levels and for cataract surgery only at the health authority level. Wait times are presented as percentages completed within time frames. Medians are also reported at the provincial level. Saskatchewan's website presents data for the eight regions where cataract surgery is performed. The provincial-level summary of the data was provided by the ministry of health.
- ‡ Alberta and Saskatchewan (for eye surgery) also reported percentages within time periods.
- § Alberta also reported against access goals and separately for day surgery and inpatient groups. Prior to July 2007, cataract wait times and volume of events described all cataract surgeries, including second eye surgeries. Since then, wait times described are associated with the first surgery per patient.
- ** Estimates were presented in weeks and converted to days.
- †† Manitoba presented medians in weeks for each region. Estimates were converted to days. The range represents region-specific values.
- ‡‡ The Labrador-Grenfell Health Region relies entirely on visiting ophthalmologists, hence the low (23%) completion rate. All other regions reported completion rates of 73% to 100% of the benchmark.
- §§ Range reflects facility-specific data and is taken from <http://wpp01.msss.gouv.qc.ca/appl/g74web/SommairePDF.asp>.
- *** "Decision-to-treat" implies "readiness-to-treat."