



Backgrounder: Solutions to Healthcare Waiting Lists February 2007

Across Canada, public sector solutions to healthcare wait times abound.

- **Keep the solutions public.** Evidence from Canada and around the world demonstrates that private health care lengthens wait lists and drives up costs.ⁱ
- **Streamline wait lists.** Combine doctors' individual wait lists, and use queuing theory and case management to improve care. Examples include the Kingston Surgical Booking system, the Alberta Bone and Joint Institute, and the Saskatoon Community Clinic.ⁱⁱ
- **Fully utilize hospital ORs.** Schedule operations and invest resources to maximize OR time for patients in the public queue. Richmond Hospital cut joint surgery waits by 75 percent by standardizing devices, creating dedicated rooms for orthopaedic surgery, and increasing OR efficiencies.ⁱⁱⁱ
- **Expand team work.** A North Vancouver joint replacement clinic reduced waits from 50 weeks to under four through collaboration between five orthopaedic surgeons.^{iv} In Hamilton, counsellors and doctors working in mental health teams decreased referrals to the regional psychiatric clinic by 70 percent while reaching nine times the number of patients.^v
- **Combine different steps.** The Sault Ste. Marie breast health centre reduced the wait for diagnosis by 75 per cent with one-stop assessments, offering mammograms, ultrasounds and sometimes biopsies on the same day.
- **Expand continuing care.** Under-funding of home care and residential long-term care has increased pressure on emergency rooms and in-patient wards. Without enough staff to monitor changes in residents' health, ensure that they get proper nutrition and fluids, turn them or assist them with walking, long-term care residents are more likely to end up with pressure sores, pneumonia, dehydration, malnutrition and broken bones from falls – conditions that often result in hospitalization.
- **Improve primary care.** Community health centres offer public health, chronic disease care, 24-7 access, and a range of programs that ease reliance on hospitals.
- **Invest in equipment, facilities and staffing to clear backlogs.** While many of the solutions involve making smarter use of existing resources,

some areas need new resources to meet pent-up demand. Between 1988 and 2002, over 64,000 hospital beds, or 35 percent of the total, were cut across Canada.^{vi} Home care, residential long-term care and community services remain stretched. Many health care workers are in short supply. Equipment and infrastructure needs are neglected.

- **Invest in healthcare workers.** Governments should implement health human resources strategies that improve working conditions and support professional development. In one project, Hospital Employees' Union in partnership with the Vancouver Coastal Health Authority is helping train and certify internationally educated nurses.^{vii}

ⁱ Tuohy, C. H., Flood, C. M., & Stabile, M. (2004). How does private financing affect public health care systems? Marshaling the evidence from OECD nations. *Journal of Health Politics, Policy and Law* 29(3): 359-396.

ⁱⁱ Postl, Brian D. (June 2006). *Final Report of the Federal Advisor on Wait Times*. Health Canada, p. 30.

ⁱⁱⁱ Fayerman, P. (February 18, 2006). "Pilot project offers hope, shorter waits." *Vancouver Sun*.

^{iv} Habdank, J. (May 28, 2006). "Joint surgery waits cut on North Shore: Replacement clinic working well." *North Shore News*.

^v Rachlis, p. 25.

^{vi} Canadian Institute for Health Information (2005). *Hospital Trends in Canada*. Ottawa.

^{vii} HEU Guardian, "Four steps to stronger public health care", Winter 2006.