access to care – particularly wait times – is often
the focus of intense media coverage and public
debate. Ideally, solid information would inform
this debate and the decisions that follow. Imagine
knowing how long patients wait for different types of care
and how this has changed over time. Or how waits affect the
health and well-being of patients and their families. Or what
works best to reduce wait times. Now imagine having this
type of information for all parts of a patient’s journey – from
initial assessment and diagnosis, to treatment, to recovery or
management of chronic illness. This would mean no hidden
waits and make it more obvious how changing one part of the
health system affects others.

The good news is that there is better information on wait
times than ever before. As of December 2005, all provinces
had reported wait times in at least some of the First Ministers’
priority areas: cancer treatment, sight restoration, joint replace-
ments, cardiac care and diagnostic imaging. Many provinces
have enough information now to begin to manage wait-lists.
The information can also form a starting point for tracking
trends over time, with the longer-term objective of answering
the question: Are things getting better or worse?

Nevertheless, while the data picture has
improved dramatically in a relatively short time,
we still do not have a comprehensive, cross-
Canada picture of all waits. Differences exist in
defining when the clock starts (e.g., symptom
onset, initial assessment or procedure booking),
which patients are included and how the data
are reported. These differences preclude
direct comparison of most wait times among
provinces and against national benchmarks.
Additionally, most wait times measures focus
on waits for surgery, so little data are available
about other waits across the spectrum of care.
Here, we present selected findings from a recent
CIHI publication (Canadian Institute for Health
Information 2006), based on data reported in
provincial wait times Web sites and reports,
surveys, new data and analysis from CIHI, as well
as other pan-Canadian and international sources.

Waits May Start Before You Are on
“The List”
There has been a focus on measuring and
reporting waits for surgery, but patients may
experience other waits on their care journey. For
example, there may be waits for primary care
(whether through a family doctor, in a hospital
emergency department or elsewhere), for a
specialist, for diagnostic tests (and their results), as well as for
surgery or other treatment. Some patients may also wait for
additional care after their surgery or treatment is complete.

The majority of Canadians reported that their waits were
acceptable, but of those who said that their waits were not
acceptable, a higher percentage indicated specialist visits
rather than non-emergency surgery or major diagnostic tests as
the source of those waits (Statistics Canada 2005) (Fig.1).

In some areas, such as joint replacements, we are begin-
ning to understand how the wait time is segmented across
the spectrum of care from referral to a specialist through to
completion of surgery (Fig. 2).

No Average Patient, No Average Wait
“How long is the wait?” is a common question – but analysis of
available data shows that it is difficult to give a single answer.
Most often reporting focuses on median wait times, or the time
within which half of those waiting receive their care. What is
less frequently reported is the distribution of waits.

For many procedures and treatments, there are patients
who receive care relatively quickly, as well as those who have

### Figure 1. Canadians age 15+ who report their waits as unacceptable

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-emergency MRI/CT/Angiography</td>
<td></td>
</tr>
<tr>
<td>Non-emergency surgery</td>
<td></td>
</tr>
<tr>
<td>Specialist visit for new illness or condition</td>
<td></td>
</tr>
</tbody>
</table>

Source: Health Services Access Survey 2005 (first 6 months of data), Statistics Canada.

### Figure 2. Where are the Waits? Focus on Joint Replacements

The Canadian Joint Replacement Registry reflects submissions from selected orthopedic
surgeons in eight provinces. Data from the 1,915 patients entered between April and
December 2005 highlight how the time between referral to a specialist and surgery is
divided for hip and knee replacement patients, on average.

<table>
<thead>
<tr>
<th>Phase</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral to Specialist</td>
<td>30%</td>
</tr>
<tr>
<td>Specialist Appointment</td>
<td>10%</td>
</tr>
<tr>
<td>Decision to Operate</td>
<td>60%</td>
</tr>
<tr>
<td>Surgery</td>
<td></td>
</tr>
</tbody>
</table>

Source: Canadian Joint Replacement Registry, CIHI.
much longer waits. For example, CIHI analysis shows that waits for knee replacements are typically in the range of seven months. But we know that the 10% of patients who receive care most quickly wait less than two months for their surgery, while at the other end of the queue, the 10% with the longest delays wait more than 21 months for surgery. These figures exclude the time a patient was in a queue for an appointment with an orthopedic surgeon or for tests. Data reflect submissions from selected orthopedic surgeons in eight provinces.

Surveys of Canadians who have received non-emergency surgery or major diagnostic services suggest that the waits in 2005 are about the same as they were in 2001 (Statistics Canada 2001; Statistics Canada 2005). However, 2005 data show that within a given year there are some patients who receive care promptly, and others who have much longer waits (Fig. 3).

Figure 3. Distribution of Wait Time by Service, Canada 2005

![Wait Time Distribution](image)

Source: Health Services Access Survey 2005 (first 6 months of data), Statistics Canada.

What Factors Influence How Long You Wait?

There are several factors that can affect Canadians’ waits for healthcare services, making it difficult to describe a typical patient experience across all health conditions. Among these factors are

- What you’re waiting for: Across the country, wait times in First Ministers’ priority areas tend to be longest for knee replacements, followed by hip replacements and cataract surgery. Typical waits for cardiac procedures tend to be shorter.
- Whose list you are on: Where comparable data exist, there are often significant variations in waits among care providers. For example, waits for radiation therapy vary across Ontario. In December 2005, for eight of the nine types of cancer, typical waits varied by more than three and a half weeks depending on which treatment centre provided care. Similar variation was found in provinces such as Alberta or British Columbia, where waits are reported by surgeon.
- How urgently you need care: Not surprisingly, patients who are deemed to require care more urgently tend to have shorter waits. For example, most CT exams are for outpatient diagnostic purposes, with typical waits of a few weeks. In contrast, about one in three CT patients are referred for their exam from hospital (in-patient bed or emergency department). These patients typically receive their exam on the same or next day.
- Special factors related to individual patients or conditions: Critically ill patients may need to be stabilized before they have surgery. In the case of elective surgery, patients may wish to schedule the procedure to take work or family events into account. Other patients may prefer to wait for a surgeon of their choice. Some wait times measurement systems take these factors into account; others do not.

These findings and others are described in more detail in a recent report by the Canadian Institute for Health Information (CIHI) entitled Waiting for Health Care in Canada: What We Know and What We Don’t Know. This new report compiles information from various data sources to provide a unique picture of waits for assessment and diagnosis, surgery and post-acute care. For a free copy of the report, as well as links to the most up-to-date provincial and territorial information from government wait times Web sites, please go to www.cihi.ca.

References

Canadian Institute for Health Information. 2006. Waiting for Health Care in Canada: What We Know and What We Don’t Know. Ottawa: Author.


About the Authors

Kathleen Morris, MBA, conducts special projects for CIHI. Recent assignments have included coordinating CIHI activities regarding the measurement and reporting of wait times for health services, developing a long-range analytic plan, and assessing how CIHI data and reports are used by decision-makers.

Jennifer Zelmer, PhD, is Vice-President, Research and Analysis for the Canadian Institute for Health Information. In this role, she leads an integrated program of health services and population health-related analytical and research initiatives. Prior to joining CIHI in 1995, she worked with a variety of health, academic and government organizations in Canada, Australia, Denmark and India, among other countries.

Tracy Johnson, MBA, is a Project Consultant for CIHI. She recently joined CIHI to work specifically on reporting of wait times for health services. She has previous clinical and management experience working in both private and public sectors.