



NewsLHINS

Cardiac News for Local Health Integration Networks • September 2007 • ccn.on.ca

FEATURE

Understanding Your CCN Data

THE LHIN DATA SHOWN ON PAGE 3 OF THIS newsletter is extracted from the public annual reports for 2005–06 and 2006–07. Although CCN records go back to 1990, only the last two periods are reported by LHIN.

Patients waiting is the average number of patients waiting for a procedure at each month end. This is broken down by the type of procedure and where the patient has been referred for treatment.

Median wait time is the median number of days from the date the patient is accepted by the physician to undergo the procedure until the procedure is actually performed.

Data is gathered by Cardiac Care Network hospitals and assessed and reviewed for completeness and quality by CCN. It is then reported publicly through the Ministry of Health and Long-Term Care website for elective surgery only.

In addition, the CCN website provides more in depth reports on each of the procedures tracked.

For diagnostic catheterization, virtually all LHINs have seen a decrease in median wait days in all urgency categories. The average of total patients waiting at month end showed a wide variation partially due to the volumes of procedures completed at each centre, which varies according to size of the program. But in all categories, the numbers were consistently below the figures recorded for 2005–06.

For PCI, all LHINs showed decreased wait time or remained steady as measured by median wait days. The average number of patients waiting this year over last year dropped in virtually all LHINs.

Cardiac Surgery (CABG) is the procedure highlighted in the Ministry of Health and Long-Term Care website reporting,

specifically for elective patients. Median wait times for elective surgery increased slightly in several LHINs between 2005–06 and 2006–07; there was a corresponding modest increase in the number of patients waiting in several LHINs. The urgent and semi-urgent categories showed less variation. The reasons for increases in the elective wait time have been tracked and investigated by CCN and the cardiac centres and include factors such as staff shortages, inter-hospital patient transportation and the challenging logistics of preparing patients and families for a complex operation with a relatively short lead time.

Importantly, it should be noted that regardless of the increases, the vast majority of surgery patients are still being treated well within their recommended maximum wait time (RMWT), which is explained in detail in Dr. Cohen's article on page 2.

CCN and LHINS

CCN is committed to sharing information with LHINS to help the planning and delivery of excellent advanced cardiac services with equitable access and measurable quality. This quarterly electronic newsletter is a tool to share news and invite feedback.

CCN is made up of 18 member hospitals and advises the Ministry of Health and Long-Term Care on volume targets, and the need for new services, while monitoring wait times and access. Additional advice is generated from expert panels and continuous quality reviews.

? If you have questions about interpreting this data, please call Jim Pagiamtzis at CCN: 416-512-7472 x228

Also In This Issue:

FEATURE: RMWT or "Recommended Maximum Wait Time"—what does it mean?

PLUS CARDIAC NEWS FROM LHINS & CCN →

FEATURE

RMWT—or “Recommended Maximum Wait Time”:

the first in a series of articles from a guest medical writer

Cardiac patients are triaged and scheduled using their individual RMWT. Each month CCN reports the proportion of patients in each urgency category who receive treatment within their RMWT. This report is one of the most useful summary measures of access to care, since it relates patient-specific wait time to patient specific urgency. These reports are available on the CCN website under “Wait Times” → [click here](#)

Dr. Eric Cohen explains how it works.

CCN’S TERMINOLOGY FOR USE IN prioritizing patients and monitoring wait times has been in place for several years. It reflects that the upper limit on wait time is not an absolute but rather a recommended time window. Several algorithms or “prioritization schemes” exist for assigning a specific RMWT to a given patient referred for a given procedure.

All of the prioritization schemes are based on two fundamental concepts. First, certain characteristics of a given patient allow a relative ranking of that patient’s urgency as compared to other individual patients or to a hypothetical “average” patient. For many characteristics, there is substantial clinical evidence to support these rankings. The second concept looks at the absolute length of time that a given patient might reasonably wait without an adverse outcome, especially an irreversible outcome like heart attack or death. Because there is relatively less clinical evidence relating specific wait times to adverse outcomes, this aspect of prioritization draws more heavily on expert opinion.

CCN’s first prioritization scheme was developed for coronary bypass surgery in 1990. A panel of experts used a Delphi technique to estimate RMWT for hundreds of hypothetical cases with a range of clinical characteristics. Regression analysis was then used to attach relative importance to specific features such as symptoms and coronary anatomy. Using a similar technique, a scheme for diagnostic catheterization was developed and implemented in April 2000 and more recently, prioritization schemes for PCI, valve surgery and electrophysiology procedures have been implemented.

CCN regularly validates each scheme to ensure it remains relevant to current practice. For example analysis of several years of CABG wait list data demonstrated that poor left ventricular function was a stronger predictor of adverse events than had originally been anticipated. The scheme was therefore modified to attach increased weight to poor LV function; as a result, surgeons and coordinators triaged patients with seriously impaired LV function more urgently.

LHINs News

Support for LHINs on cardiac issues

→ CCN has had a number of requests for information on cardiac services. We are currently setting up local meetings with LHINs and service providers. Several meetings have been scheduled this fall to discuss targets, access, service gaps, models of care as well as new initiatives for best practices.

Representation on CCN Planning Committees

→ Rosalind Tarrant, (HNHB) has joined the Primary PCI working group at CCN and will be contributing her cardiac planning expertise to guide the development of a manual to implement integrated Primary PCI.

LHIN Visits

- ▶ Presentation to Toronto Central LHIN Board
- ▶ Participation in Mississauga Halton LHIN cardiac visioning session

CCN News

CCN Board represent all regions of Ontario

→ Recent additions to the CCN Board will continue its broad geographic representation. Members from Kingston, Sudbury, Ottawa and London bring their local as well as professional expertise to decisions on vision and direction for CCN.

William Osler Health Centre opens New Cardiac Cath Lab

→ Opening in October, 2007—this new cath service at the Brampton hospital is expected to perform 3,000 procedures by 2008/09.



Contact CCN Contact Jim Pagiamtzis at 416-512-7472 x 228 to share information on cardiac planning activities in your LHIN.

Wait List Statistics by Local Health Integration Network

2006-7

	Central	Central East	Central West	Champlain	Erie St. Clair	Hamilton Niagara Haldimand Brant	Mississauga Halton	North East	North Simcoe Muskoka	North West	South East	South West	Toronto Central	Waterloo Wellington	Provincial Avg.
Catheterization (Patients Waiting)	76	77	149	30	134	107	113		36	70	82	306	89	105.8	
Median Wait Time (Days)															
Urgent	1	1	1	1	1	1	0		1	1	1	1	1	0.9	
Semi-urgent	7	6	11	6	9	12	13		8	6	7	7	13	8.8	
Elective	7	8	16	8	12	15	15		15	10	12	9	21	12.3	
Surgery (Patients Waiting)	54		100		83	27	24			34	75	250	39	76.2	
Median Wait Time (Days)															
Urgent	5		2		2	3	0			4	2	1	3	2.4	
Semi-urgent	7		10		6	5	3			5	6	7	5	6.0	
Elective	26		34		16	10	20			15	22	9	8	17.8	
PCI (Patients Waiting)	10	9	23		2	14	14			4	27	112	4	21.9	
Median Wait Time (Days)	2	1	3		1	1	1			1	1	2	1	1.4	

2005-6

Catheterization (Patients Waiting)	80	89	281	48	281	148	143		49	86	117	343	99	147
Median Wait Time (Days)														
Urgent	1	1	3	1	2	2	1		1	1	2	1	1	1.4
Semi-urgent	5	7	30	9	19	11	13		11	6	12	7	11	11.8
Elective	7	14	51	15	27	23	18		18	10	18	10	21	19.3
Surgery (Patients Waiting)	61		67		78	31	18			32	68	252	62	74.3
Median Wait Time (Days)														
Urgent	3		1		2	2	0			3	2	2	2	1.9
Semi-urgent	6		4		6	5	2			6	6	5	6	5.1
Elective	14		17		15	12	10			14	21	15	13	14.6
PCI (Patients Waiting)	14	11	52		10	13	15			5	32	94	11	25.7
Median Wait Time (Days)	2	2	4		3	1	3			2	3	2	1	2.3