Waiting Times for Cancer Surgery

During the period from August 2005 to January 2007, median cancer surgery wait times have been relatively stable, but 90th percentile waits have decreased 25%. This means the provincial target of 90% of patients being seen within 84 days has been exceeded and patients waiting the longest have seen the greatest improvements.

What's new this year?
This time trend data is made possible by the Ontario Government’s Wait Time Information Strategy and the implementation of the Wait Time Information System. In last year’s report, data was presented for a single time period.

See table next page.
Cancer surgery wait times – Ontario

Median* and 90th percentile** waits (weeks), decision-to-treat to operation, Ontario
– Aug/Sept 2005 – Dec 06/Jan 07

Source: Interim Wait Time Collection Database & Wait Times Information System, Cancer Care Ontario
Notes:
1. *The median wait time is the time at which 50% of all patients has received surgery and 50% has not.
2. **“90% completed within” is the time at which 90% of all patients has received surgery and 10% has not.
Variation in Cancer Surgery Wait Times by LHIN

90th percentile** wait (in days), decision-to-treat to operation, by LHIN, August 2005 - January 2007

Source: Interim Wait Time Collection Database & Wait Times Information System, Cancer Care Ontario

Notes:
1. ** “90% completed within” is the time at which 90% of all patients has received surgery and 10% has not.
Cancer surgery wait times - Breast Cancer

Median* and 90th percentile** waits (days), decision-to-treat to operation, Ontario August 2005 – January 2007

Source: Interim Wait Time Collection Database & Wait Times Information System, Cancer Care Ontario
Notes:
1. * The median wait time is the time at which 50% of all patients has received surgery and 50% has not;
2. ** The 90th percentile is the time at which 90% of all patients has received surgery and 10% has not.
**Cancer surgery wait times - Lung Cancer**

Median* and 90th percentile** waits (days), decision-to-treat to operation, Ontario

Source: Interim Wait Time Collection Database & Wait Times Information System, Cancer Care Ontario
Notes:
1. * The median wait time is the time at which 50% of all patients has received surgery and 50% has not;
2. ** The 90th percentile is the time at which 90% of all patients has received surgery and 10% has not.
Cancer surgery wait times – Gastrointestinal (including Colorectal) Cancer

Median* and 90th percentile** waits (days), decision-to-treat to operation, Ontario

Source: Interim Wait Time Collection Database & Wait Times Information System, Cancer Care Ontario
Notes:
1. * The median wait time is the time at which 50% of all patients has received surgery and 50% has not;
2. ** The 90th percentile is the time at which 90% of all patients has received surgery and 10% has not;
3. Gastrointestinal includes colorectal, esophagus and stomach cancer, of which colorectal cancer makes up almost 90% of the total cases.
What do the results show?

- During the period from August 2005 to January 2007, median cancer surgery wait times (the time it takes for 50% of patients to have surgery after the decision to treat is made) have been relatively stable, decreasing from 24 to 23 days in Dec/Jan 2007. During the same period, the time for 90% of patients to have surgery decreased by 25% from 81 to 68 days. Although the median has not changed significantly, this change in distribution means that significant improvements have been made in the wait times of the 50% of patients who wait longer than the median. *Figure 1*
- The most recent figure of 68 days is well below the provincial Wait Times Strategy target of 90% of patients being treated within 84 days.
for the least urgent category of surgery cases. This target is for the least urgent type of cancer.

- Wait times vary by LHIN, with 90th percentile waits being longer in South West and Champlain and shorter in North West and North East. *Figure 2*
- Wait times also vary type of cancer. The shortest waits are for breast cancers (median: 15 days, 90th percentile: 40 days); and the longest waits are for thyroid (not shown) and prostate cancers (median: 43 days, 90th percentile: 106 days) *Figures 3-6*
- Breast cancer and gastrointestinal cancers have shown the largest improvement over the time period, with 90th percentile waits decreasing from by 22 – 25%. For breast cancer, half of patients currently have surgery within 15 days.
- Prostate and genitourinary cancer waits have remained relatively stable over the period. The apparent decrease in genitourinary cancer wait times is due to the separation of prostate data in April 2006.
- While waits have decreased overall, lung cancer remains one of the most challenging areas, showing an increase in 90th percentile waits of 34% during the period.

**Why measure this?**

- To achieve the best treatment outcomes, we need to ensure that patients are treated within reasonable timeframes.
- Surgery is most often the first point of entry into the cancer treatment system, so waits for surgery have an impact on the entire patient journey. About 80% of cancer patients will have surgery.\(^1\)
- We do not know all the effects that waiting for care may have on a patient’s health. While some waiting is reasonable and even necessary to plan treatment appropriately, waiting for treatment can be emotionally difficult for the patient, and it may also affect clinical outcomes.
- Wait times are an important measurement of access and confirm whether the cancer system has the capacity to meet the needs of all cancer patients.
- Wait times data also provide useful information in planning for existing cancer services and in identifying where new services are needed.

**How does Ontario compare?**

- Despite significant differences in how surgery wait times are measured across Canadian provinces, a recent Canadian Institute for Health Information (CIHI) analysis compared these waits for in Ontario, BC,
PEI. Manitoba and Nova Scotia.

- The CIHI analysis showed the reported cancer surgery waiting times varied across these provinces from less than 1 week up to 13 weeks.
- It is difficult to draw conclusions from these results as the measurement intervals and data collection methodologies differ.

**What is being done?**

- The Ontario government’s Wait Times Strategy has resulted in significant progress in managing cancer surgery waits over the past 3 years:
  - To expand system capacity, approximately 11,000 additional cancer surgeries have been funded since the Strategy began in 2004-05.
  - Hospitals receiving additional funds to carry out cancer surgeries under the Wait Times Strategy also agree to achieve quality and reporting standards.
  - Ontario now has accepted definitions of wait times, accepted targets, and knowledge of how many cancer surgeries are being performed and of their related wait times.
  - Hospitals that are receiving additional funds must also regularly report wait times to Cancer Care Ontario using a provincial information system established and maintained by Cancer Care Ontario. This data system allows surgery departments and hospital leadership to manage wait times actively and in a timely fashion. In the future, reporting of cancer surgery wait times will be based on urgency category, which will allow patients with low-grade and less urgent cancers to be separated from those who require more urgent treatment.
- Investment in additional cancer surgeries has been successful at reducing wait times in more common, lower complexity cases that can be performed at a wide range of institutions (e.g., Breast and Colorectal). Lung cancer surgery is provided by a smaller number of specialists who are concentrated in larger centres. CCO’s Thoracic Surgery guidelines support the establishment of Level I Thoracic centres that adhere to quality standards, and a major provincial planning initiative is underway to facilitate the completion of these cases in appropriate centres while also improving wait times.

**Technical information**

**Definition**

- Median and 90th percentile number of days waited from decision to treat (when a patient and surgeon decide to proceed with treatment)
to treatment (the date of the actual operation)
• Cancer surgery wait times include all cases submitted by participating hospitals (over 40 hospitals that perform 90% of cancer surgeries in Ontario)
• Only cases indicated as providing definitive treatment of cancer are included. Surgical procedures for diagnosis, palliation or reconstruction are excluded.

Data sources
• Source: Interim Wait Time Collection Database & Wait Times Information System, Cancer Care Ontario

Data Quality

• The current data does not allow for an audit trail back to the original source of data in the physician’s office or the hospital scheduling system. As a result, an error in data entry or transcription will have an impact on the wait times reported for a particular hospital. In the future, the Wait Times Information system (WTIS) will serve as a primary source of information in physicians’ offices, and it will pull information directly from existing hospital systems, thereby reducing the need for re-entering information.

Notes