

Reduce waiting times for more services, MDs urge

Specialists set out goals to speed up care in emergency, plastic surgery, anesthesiology, gastroenterology and psychiatric services

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KINGSTON — A coalition of medical specialists is calling on governments to redouble their efforts to speed up care by adopting ambitious waiting time goals in five new areas.

The Wait Time Alliance issued a report yesterday setting out performance goals in emergency care, psychiatric care, plastic surgery, gastroenterology and anesthesiology.

"This represents the next critical step in ensuring patients get the care they need when they need it," Lorne Bellan, president of the Canadian Ophthalmological Society and chairman of the Wait Time Alliance, said yesterday in Kingston.

"It is our sincere hope that this will be taken seriously by government," he said.

The new goals, published in a 24-page report entitled Time For Progress, are in addition to existing waiting-time targets in cancer care, cardiac surgery, cataracts, hip and knee replacement and diagnostic imaging.

In 2004, Ottawa gave the provinces \$5.5-billion to reduce waits in the latter five priority areas. The initiative has been a mitigated success: Waits have come down substantially in some areas and in some provinces, but there is some evidence that they have worsened in non-priority areas.

The alliance said expansion of targets may help offset this phenomenon, but it did not put a price tag on meeting the new goals.

Mary-Lynn Watson, president of the Canadian Association of Emergency Physicians, said establishing waiting-time benchmarks is long overdue because 14 million Canadians a year are treated in emergency departments.

"EDs are a highly visible indicator of the state of the health-care system - particularly access and waits," she said.

The report sets five waiting-time targets for emergency care, ranging from immediate treatment of trauma and cardiac arrest through to a maximum wait of two hours for minor problems such as sprains.

A similar range is proposed for psychiatric care, from a wait not exceeding 24 hours for treatment of severe depression to a maximum of four weeks to see a psychiatrist after referral from a family doctor.

Currently, waits of several months are routine, particularly for children. "There is little doubt this is a societal priority," said Blake Woodside, chairman of the Canadian Psychiatric Association.

Ron Bridges, president-elect of the Canadian Association of Gastroenterology, said patients with digestive system problems currently have some of the longest and most painful waits and need immediate relief.

"Wait times are alarmingly high all over Canada," he said, pointing to data that show more than half of patients with an urgent problem such as a high likelihood of colon cancer are waiting more than four months to see a gastroenterologist.

The new report says the wait should never exceed two weeks, and even routine tests such as screening colonoscopy should be done within six months.

The targets for anesthesiology all relate to chronic-pain management. The report says patients with cancer pain should wait no more than 14 days to see a specialist, while those with back problems such as lumbar disc protrusion should be seen within three months and others with chronic pain should never wait more than six months for care.

The new report also identified waiting times for plastic surgery as a priority. Leif Sigurdson, president of the Canadian Society of Plastic Surgeons, stressed that this does not mean cosmetic nips and tucks should speed up.

Rather, the targets deal with reattaching severed limbs (within six hours), surgery to repair severe burns (a wait of no more than four days), breast reconstruction after mastectomy (four weeks) and repairing congenital abnormalities such as cleft palate (maximum four-month wait).

Colin McMillan, past president of the Canadian Medical Association, said that, over all, the focus on wait times has been beneficial to patients, and urged governments to adopt the new targets.

"There has been progress, but the job is far from done," he said.

Under the terms of the 2004 accord, provincial governments are supposed to announce detailed multiyear plans for meeting existing waiting-time benchmarks before the end of 2007.

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