

Measurement of and Reporting on Wait Times for Priority Procedures in Canada

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Abstract

Despite ongoing efforts to deliver more timely care to Canadians, patients across Canada continued to wait longer for joint replacements, cancer surgery and diagnostic imaging in 2023 compared with 2019 (the pre-pandemic period). In 2023, the wait time for cataract surgery returned to the pre-pandemic level. For radiation therapy and hip fracture repair, the proportion of patients treated within the benchmark decreased slightly compared to the pre-pandemic period.

Introduction

To support the sustainability and quality of Canada’s health-care systems, a continued focus on reducing wait times for medical interventions is essential and considered a priority. This 2024 study by the Canadian Institute for Health Information (CIHI) examined how long patients waited for hip and knee replacements, hip fracture repair, radiation therapy and computed tomography (CT) and magnetic resonance imaging (MRI) scans, as well as surgeries for breast, bladder, colorectal, lung and prostate cancer for procedures received between April 1 and September 30, 2023 (CIHI 2024).

Approach

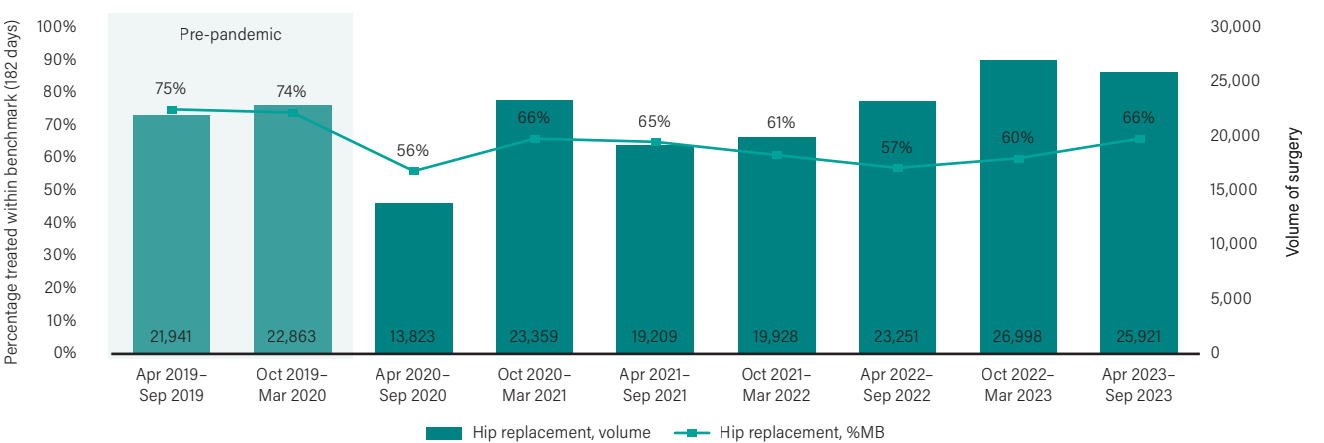
Annually, CIHI collects aggregated data from 10 provinces and releases 15 wait-time indicators on priority areas including joint replacements, radiation therapy, hip fracture repair, cataract and bypass surgery, diagnostic imaging and cancer surgery (CIHI 2024). In 2004, experts agreed on benchmarks for medically acceptable wait times for some of these priority areas (Government of Canada 2004). In this study, we compare data from the years 2023 and 2019 with respect to the percentage of patients treated within the benchmark (where it is established), as well as median wait times, 90th percentile wait times and procedure volumes.

Key Findings

Hip and knee replacement wait times

Between April and September 2023, fewer patients received a hip or knee replacement within the recommended 182-day (six-month) time frame compared with the same period in 2019, despite an increase in the number of surgeries performed (Figure 1).

FIGURE 1.
Percentage of patients receiving scheduled hip replacement surgery within the 182-day benchmark, 2019–2023



%MB = percentage meeting benchmark.

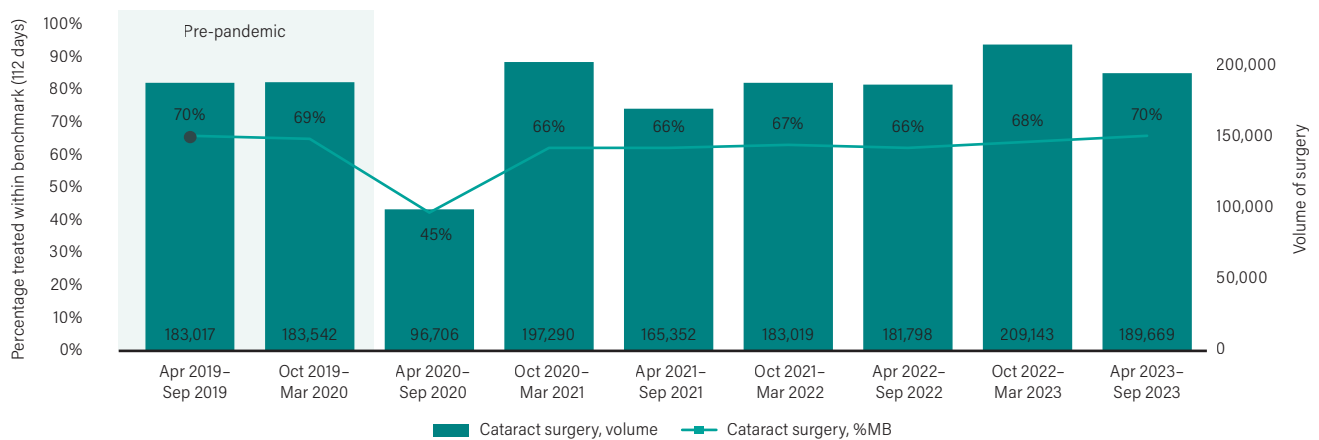
In 2023, 66% of patients received hip replacement surgery within the benchmark of 182 days. Wait times were and continue to be longer than prior to the pandemic (75% of patients were treated within the benchmark in 2019). Also, hip replacement surgery volumes were 18% higher in 2023 compared to 2019. A similar wait-time trend was observed for knee replacement surgeries, with only 59% of patients treated within the benchmark (182 days) in 2023, compared with 70% in 2019. The volume of knee replacement surgery performed in 2023 was 15% higher than before the pandemic.

Cataract surgery wait times

Cataract surgery wait times have returned to pre-pandemic levels.

Following a drop to 45% during the first six months of the COVID-19 pandemic, the percentage of cataract surgeries meeting the benchmark was relatively stable at around 66% after October 2020. In 2023, the percentage of patients who received cataract surgery within the recommended time frame (112 days) had recovered to the pre-pandemic level of 70%. The volume of cataract surgeries performed was 4% higher in 2023 than in 2019 (Figure 2).

FIGURE 2.
Percentage of patients receiving scheduled cataract surgery within the 112-day benchmark, 2019–2023

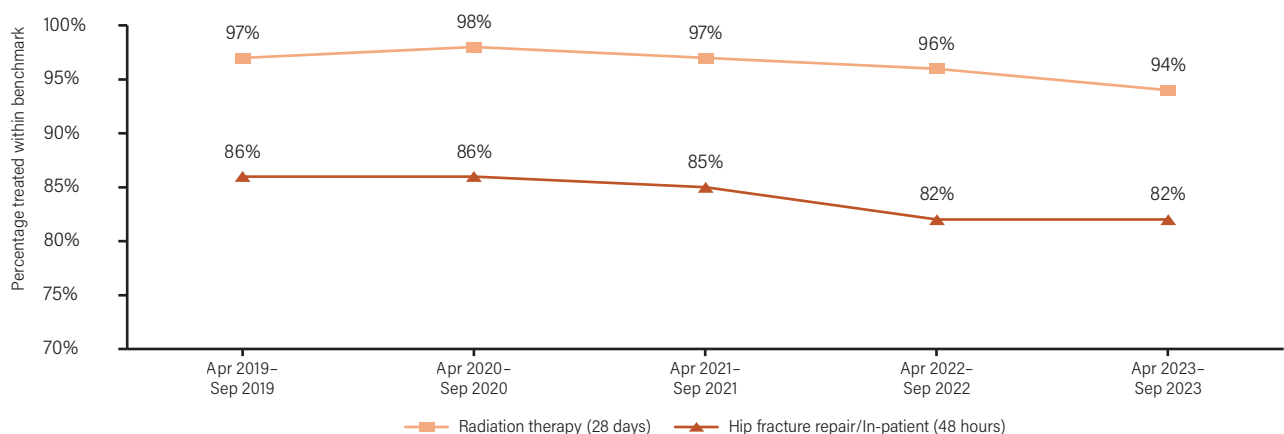


%MB = percentage meeting benchmark.

Radiation therapy and hip fracture repair wait times

While most patients who needed radiation therapy for cancer treatment or hip fracture repair received care within the benchmark time frame (28 days and 48 hours, respectively), the percentage decreased slightly (by 3–4%) between 2019 and 2023 (Figure 3).

FIGURE 3.
Radiation therapy and hip fracture repair wait times



Wait times for radiation therapy and hip fracture repair typically perform the best with respect to percentage meeting the benchmark because of their urgent nature and the impact of timely treatment on patient outcomes. The percentage meeting benchmark for radiation therapy decreased from 97% in 2019 to 94% in 2023. For hip fracture repair, the percentage of patients who received the procedure within the recommended time frame also decreased – from 86% before the pandemic to 82% in 2023. The volumes of both procedures were slightly higher in 2023 than in 2019.

Cancer surgery wait times

Wait times for cancer surgery increased in 2023 compared to the pre-pandemic period. In 2023, median wait times for breast, bladder, colorectal, lung and prostate surgeries were 22, 28, 23, 26 and 52 days, respectively – two to four days longer for breast, bladder, colorectal and lung cancer surgeries than in 2019 and 11 days longer for prostate cancer surgery. The overall volumes of these cancer surgeries increased by 4%.

Diagnostic imaging wait times

Wait times for diagnostic imaging also increased in 2023 compared with 2019. For CT scans, the median wait time was 17 days (an increase of four days) and for MRI scans, it was 49 days (an increase of seven days).

Discussion

While the number of scheduled surgeries performed in 2023 exceeded pre-pandemic levels, this was – for most procedures – insufficient to clear the backlog of surgeries created during the COVID-19 pandemic and to return wait times to pre-pandemic levels.

The growing demand for procedures has outpaced health system capacity. Both aging and the overall growth of the population are contributing factors for higher demand of elective surgeries. Excess demand may be associated with an increase in wait times (Sheehan et al. 2020).

A shortage of healthcare professionals – including surgeons, anaesthesiologists and nursing staff – limits the number of surgeries that can be performed in some geographic areas and specialties. To put the issue into an international context, in 2021, Canada ranked 30 out of 34 Organisation for Economic Co-operation and Development (OECD) countries by the count of surgical group specialists per 1,000 population (OECD n.d.). The same data source shows that Canada ranked 29 out of 35 OECD countries in hospital beds per capita in 2021, indicating another potential source of bottlenecks in moving surgical patients through.

When scheduled surgeries were delayed because of COVID-19, health systems continued to perform urgent procedures such as radiation therapy and hip fracture repair. As a result, wait times for radiation therapy and hip fracture repair were generally less impacted by the pandemic.

Cancer surgery volumes have been holding steady since the initial six-month period of the pandemic. However, they have not surpassed the volumes of surgeries needed to reduce the backlogs and improve wait times.

The data also show that most provinces had more success in addressing wait times for cataract surgeries, which can be performed in community clinics, while joint replacement surgeries are conventionally performed in hospital operating rooms.

Conclusion

The data show that while the number of scheduled surgeries performed in 2023 already exceeded pre-pandemic levels, wait times for most procedures are improving more gradually. Strategies to create sustained improvement in wait times for priority procedures in Canada will need to involve maintaining volumes higher than the pre-pandemic period because of population growth and aging, as well as due to health human resource issues. **HQ**

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