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## **NEWS RELEASE**

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### **PROGRESS MADE, MORE REQUIRED – REPORT FINDS**

#### ***Waits Too Long for Urgent Cancer Surgery, MRIs, Specialists and Nursing Homes***

**TORONTO, ON, June 9, 2009** – Significant improvements have been made in shrinking waits for some types of surgery and high-tech imaging, but many Ontarians still wait too long for urgent cancer surgery, MRI scans, specialists or a space in a nursing home, according to the fourth annual report of the Ontario Health Quality Council (OHQC), released today.

“Thanks to Ontario’s Wait Time Strategy, waits have been greatly shortened for cataract surgeries, hip and knee replacements, and some cardiac procedures,” said Lyn McLeod, OHQC Chair. “But when half of cancer patients who need urgent surgery have to wait longer than is medically acceptable, when waits for MRI scans are three to four times longer than the target, and when waits for nursing home spaces have doubled in just two years, it’s pretty clear that everyone involved in delivering healthcare has to take action.”

Patients needing cancer surgery are prioritized into four categories according to the urgency of their need. This ranges from Priority 1, which calls for “immediate surgery” to Priority 4 where the target is 12 weeks. The OHQC report shows that in Priority 2 or the “urgent surgery” category, half of patients did not get their surgery within the medically acceptable two-week timeframe, including some who waited twice as long.

“Long waits for surgery cause needless anxiety and may result in a patient’s condition getting worse,” said OHQC CEO, Dr. Ben Chan. “This is a serious problem, but solving it doesn’t require large-scale restructuring or great expense.” The OHQC report notes that North York General Hospital has consistently met wait time cancer surgery targets through better coordinated cancer care. “We strongly encourage all hospitals that do urgent cancer surgery to take a close look at their numbers and commit to aggressive targets to bring down their wait times to match the best in the province.”

On the positive side, the independent agency’s report also notes that cancer survival has improved substantially for breast and colon cancer, the large majority of patients who need cardiac procedures are now being treated within the target time and the use of telemedicine is growing rapidly, which greatly reduces travel and inconvenience for people who need a specialist.

“Overall, there have been real improvements in the quality of Ontario’s health system, but the pace of change must be accelerated,” said OHQC CEO Ben Chan. “Our report spotlights specific examples of higher performance from Ontario and elsewhere that show that better results are possible. We encourage healthcare providers, planners and policy-makers to learn from proven practices and apply the lessons.”

For the fourth straight year, the report pointed to the lack of system-wide information technology tools, such as electronic medical records, as one of the biggest roadblocks to a more efficient system with high-quality care. In 2007, just 25 percent of family-practice doctors in Ontario had electronic medical records, compared to 50 percent in Alberta, 98 percent in the Netherlands and 89 percent in the United Kingdom. “Ontarians are more likely than people in these countries to feel that their time was wasted because of poorly organized care or that they’ve been given an unnecessary test,” said Dr. Chan. “Ontario needs to continue to focus on implementing electronic health records for all.”

Other report highlights include:

- Ontario is doing twice as many MRI scans as it did before the introduction of the Wait Time Strategy, but waits for low urgency MRI scans have fluctuated between 90 to 120 days for almost four years, well over the target of 28 days.
- Although Ontario is producing more doctors and nurse practitioners than ever, access to family doctors hasn't improved since 2006 – 7.4 percent of adults in Ontario don't have a family doctor and about half that number, or 400,000 people, are looking for a doctor, but can't find one.
- More than half of “sicker adults” – people who described their health as “fair” or “poor” – surveyed in Ontario said they waited more than a month to see a specialist after being referred, compared to only one-quarter in Germany, the Netherlands and the US.
- Only one-third of people in Ontario (and across Canada) can see their doctor the same or next day when sick and needing care, while two-thirds could do so in the Netherlands.
- Waits for places in long-term care homes have doubled in the last two years, from 49 days to 106 days.
- Most Ontarians rate the care they receive from their regular doctors as very good or excellent and 90% of long-term care residents give their homes the same rating.
- Factors that are linked to chronic disease – obesity, physical inactivity and poor diet – actually got worse from 2005 to 2007. There was progress made in reducing smoking from 2001 to 2005, but there's been none since.
- There are some small improvements in treating chronic disease, but people are not getting the full range of care they need. Use of cholesterol-lowering drugs has improved, but Ontarians with diabetes are much less likely than people in other jurisdictions to get foot and eye exams – tests that can detect problems early and prevent amputations and blindness.
- Fewer people are being hospitalized for asthma. There are signs Ontario's Primary Care Asthma Program is helping – after 12 months, participants reported a 30 percent drop in asthma attacks and a 49 percent drop in missed school days.

The OHQC annual report spotlights success stories in Ontario and elsewhere. These include North York General in Toronto, which consistently meets wait time cancer surgery targets; the Chinook Health Region near Lethbridge, Alberta, which has successfully reduced waits for long-term care by promoting alternative types of care; and the New Vision Family Health Team in Kitchener, which has cut the wait for primary care by 63 percent. The OHQC also provides examples in its report of how Ontarians can get actively involved in managing their own health.

## **ABOUT THE OHQC**

The Ontario Health Quality Council (OHQC) is an independent agency, created by the Government of Ontario in September 2005 and funded through the Ministry of Health and Long-Term Care. The Council reports directly to Ontarians on access to publicly funded health services, human resources in healthcare, consumer and population health status, and outcomes of the health system. The Council also has a mandate to support quality improvement in the healthcare system – by promoting the use of best practices and quality improvement methods among health care leaders and managers.

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