

Wait Time Alliance calls for new medical benchmarks

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[CBC News](#)

The government needs to commit to reducing lengthy wait times for medical services outside the five priority areas established three years ago, says a report released Monday by the Wait Time Alliance.

The group calls for the establishment of wait-time benchmarks for five additional medical specialities: emergency care, psychiatric care, plastic surgery, gastroenterology and anesthesiology. These have been developed by the Canadian Psychiatric Association, the Canadian Association of Emergency Physicians, the Canadian Society of Plastic Surgeons, and the Canadian Association of Gastroenterology.

A 10-year Plan to Strengthen Health Care was signed by first ministers in September 2004 and included commitments to reduce wait times for diagnostic imaging, hip and knee replacement, radiation oncology, cataract surgery and cardiac care.

"They should be viewed as health system performance goals that reflect a broad consensus on medically reasonable wait times," reads the report. "Nevertheless, for the most part, these benchmarks should be viewed as 'maximum acceptable' wait-times, not 'ideal' wait times."

The new wait-time benchmarks are:

- Emergency care – Level 1 (e.g. cardiac arrest): immediate; Level 2 (e.g. chest pain): less than 15 minutes; Level 3 (e.g. moderate asthma): less than 30 minutes; Level 4 (e.g. minor trauma): less than 60 minutes; Level 5 (sprains): under 120 minutes.
- Psychiatric care – Emergency cases: within 24 hours to see a psychiatrist; Urgent cases: within 24 hours to see a family doctor and within 1-2 weeks see to a psychiatrist; Scheduled cases: within 1 week to see a family doctor and within 2-4 weeks to see a psychiatrist.
- Plastic surgery – Emergency cases: within 24 hours (e.g. burns, infections, hand and facial trauma); Urgent cases: within 2-8 weeks (e.g. most malignant neoplastic conditions, some cranofacial conditions); Scheduled cases: within 2-6 months (e.g. congenital abnormalities, wounds, elective hand procedures).
- Gastroenterology – Emergency cases: within 24 hours; Urgent cases: within two weeks; Scheduled cases: within 6 months.
- Anesthesiology: Acute neuropathic pain of less than 6 months duration: 30 days; Acute lumbar disc protrusion: 3 months; Cancer pain: 14 days; Subacute chronic pain in an adult of working age where intervention may improve function: 3 months; Other types of chronic pain: 6 months



The emergency ward of Hull hospital. The report calls for changes to emergency wait times. (CBC)

"What we need now is a similar commitment on the part of governments to act now to fulfil their promises to meet deadlines around the initial five clinical areas identified in the *10-year Plan to Strengthen Health Care* and to take action in these newly-identified areas," Dr. Colin Macmillan, past president of the Canadian Medical Association, said Monday in a release.

The alliance hopes that both federal and provincial governments announce multi-year targets for meeting wait-time benchmarks for the five new medical areas identified in the report. It suggests the

deadline for this be Dec. 31, 2007.

The new report, *Time for progress: New benchmarks for achieving meaningful reductions in wait times*, also calls for provincial governments to standardize their wait-time guarantees and to issue progress reports on meeting these new wait-time benchmarks.

And it recommends the federal government provide more funding to the provinces so they can achieve their wait-time goals.