Newfoundland Labrador

A Strategy to Reduce

Hip and Knee Joint Replacement Surgery Wait Times in Newfoundland and Labrador 2012

Minister's Message

The Government of Newfoundland and Labrador recognizes that our residents expect quality health care services in a timely manner. Over the past number of years, we have taken a strategic approach to addressing the issue of wait times and have made significant investments to improve orthopedic services in Newfoundland and Labrador. To further that commitment, I am pleased to present the Provincial Government's *Strategy to Reduce Hip and Knee Joint Replacement Surgery Wait Times*.

Reducing wait times in our health care system remains one of our highest priorities, but we recognize we can do more to improve the wait time for hip and knee joint replacement surgeries. Our Strategy focuses on key actions to enhance the resources dedicated to providing orthopedic services as well as additional resources to address the list of patients waiting for hip and knee replacement surgeries. This builds on our significant investments in this area and includes the establishment of centralized orthopedic intake clinics, improved access to these surgeries and better communication with the public regarding our wait times.

Our new Access and Clinical Efficiency Division, within the Department of Health and Community Services, will work closely with the regional health authorities that perform these surgeries to achieve efficiencies and develop approaches to improve patient access and decrease wait times.

While we know there are few quick fixes, the Provincial Government remains committed to enhancing orthopedic services throughout the province and to provide patients with timely access to these services. We also commit to continue to monitor and report on wait times through the Department of Health and Community Services' website.

Sincerely,

Susan Sullivan

Honourable Susan Sullivan
MHA, Grand Falls-Windsor-Buchans
Minister of Health and Community Services

INTRODUCTION

Having to wait for non-emergent, elective care is a feature of all publicly funded health care systems. However, there is a point beyond which waiting for services may be excessive and potentially harmful to a patient's health, well-being or quality of life. A 2011 study published by Vergara et al[1] confirmed evidence from previous studies of increased pain and decreased joint function in patients who experienced long wait times for joint replacement surgery.

The Provincial Government knows that the public expects more timely access, shorter wait times, and better communication and information regarding wait times for hip and knee joint replacement surgery. In 2011, the Provincial Government made a commitment to address wait times for these surgeries.

Improving access to the health care system is a priority for the Government of Newfoundland and Labrador. This Strategy is the result of that commitment and is in addition to the more than $140 million the Provincial Government has invested over the past eight years to improve wait times throughout the province.

> ***Within the first 120 days in office, we will produce a provincial strategy on reducing wait times for orthopedic surgeries for joint replacement. This strategy will focus on means of enhancing the use of existing orthopedic services in the province, improving patient flow and ultimately improving the timeliness of access to services.***
> **(2011 Blue Book)**

NATIONAL WAIT TIME BENCHMARKS

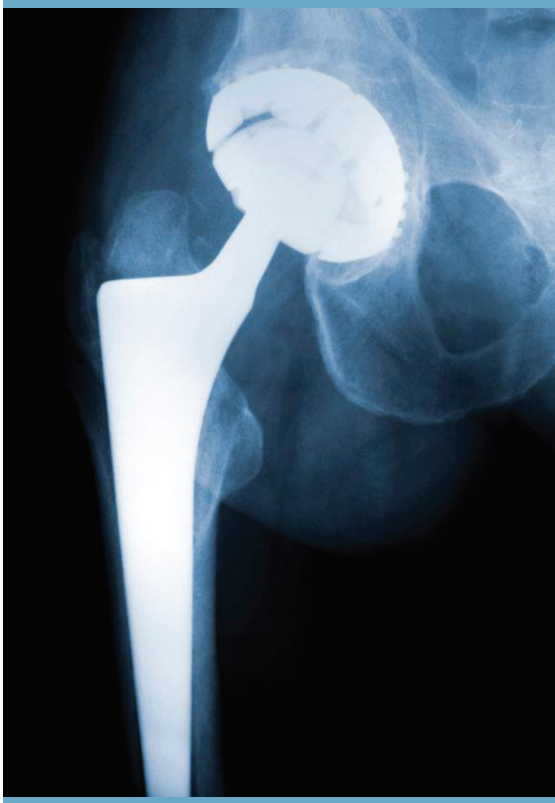
In 2005, following the *First Ministers' Conference on the Future of Healthcare*, national benchmarks were established to reduce wait times in five priority areas: radiation therapy, cardiac bypass surgery, cataract surgery, orthopedics (hip and knee joint replacement surgery and hip fracture repair) and diagnostics (breast screening and Pap smears).

1 Vergara I, Bilbao A, Gonzalez N, Escobar A, Quintana J, *Factors and Consequences of Waiting Times for Total Hip Arthroplasty*, Clin Orthop Relat RES, 2011: 1413-1420

Table 1: National Benchmarks by Priority Area

Priority Area	National Benchmarks
Curative Radiotherapy	Within 4 weeks (28 days)
Coronary artery bypass surgery (CABG)	Level 1 – within 2 weeks (14 days) Level 2 – within 6 weeks (42 days) Level 3 – within 26 weeks (182 days)
Cataract	Within 16 weeks (112 days) for patients at high risk
Hip Replacement	**Within 26 weeks (182 days)**
Knee Replacement	**Within 26 weeks (182 days)**
Hip Fracture Repair	Fixation within 48 hours
Breast Screening	Women aged 50-69 every two years.
Cervical Screening	Women, starting at age 18, every three years to age 69 after two normal pap tests.

For purposes of defining the benchmarks, a wait time was defined as the length of time, in calendar days, that a patient is waiting from when they and their physician (surgeon) agree to a procedure, to when the procedure is completed. This time period is known as Wait 2. (Wait 1 is defined as the length of time from when a patient is referred to see a specialist, to when they are first seen). Like all other provinces, we have been reporting Wait 2 information to the public since the benchmarks for the five priority areas were first established (see Appendix A).



PROVINCIAL CONTEXT

The four regional health authorities have been delegated responsibility for providing health services to the province's population. Included in this, is the responsibility to provide timely access to care and to measure, monitor and report on wait times. The Department of Health and Community Services is responsible for monitoring and evaluating patient access throughout the province and ensuring that regional health authorities have effective and efficient wait time management policies.

There are four sites in three regional health authorities with designated orthopedic programs. The sites include: Health Sciences Centre and St. Clare's Mercy Hospital in St. John's; James Paton Memorial Regional Health Centre in Gander; and, Western Memorial Regional Hospital in Corner Brook. As of December 2011, there were nine Orthopedic surgeons practicing in Eastern; 4.5 (one part-time) in Central and five in Western Health. There is also a solo orthopedic surgeon practicing at the Charles S. Curtis Memorial Hospital in St. Anthony, who does some hip and knee joint replacement surgeries. However, wait time data for this region is typically suppressed due to the low number of cases performed each quarter. As there are no orthopedic surgeries being performed in Labrador, patients requiring joint replacement surgeries are receiving services either at St. Anthony or one of the three other regional health authorities.

WAIT TIMES ISSUES

Understanding the factors that contribute to wait times is the first step in addressing the issue. To inform the development of this Strategy, the Department of Health and Community Services engaged the *Centre for Research Healthcare Engineering* from Ontario to perform a current state assessment of the Orthopedic wait lists in Eastern, Central and Western Health. This work also included validation of the number of patients waiting, by urgency rating and wait times, for hip and knee joint replacement surgeries.

Following the review, substantive decreases in the number of patients actively waiting for hip and knee joint replacement surgeries were noted. The waitlists were reduced because a significant number of patients either chose to postpone their surgery until a later date or were found not to be prepared for surgery as they needed to lose weight, stop smoking or have further medical assessment and treatment of other illnesses. Lessons learned include:

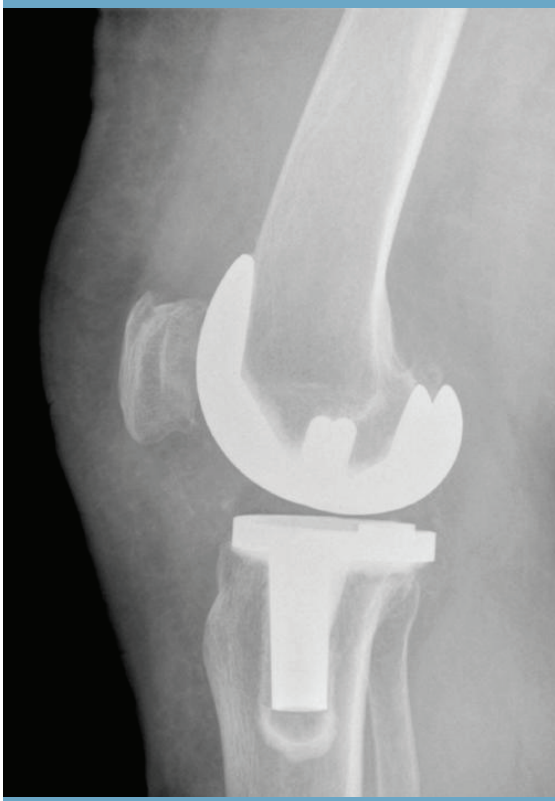
- Wait times for hip and knee joint replacement surgeries can be reduced through better use of existing resources. Inefficiencies in either the operating room programs or in-hospital orthopedic services will reduce the number of surgeries that can be completed.
- While there is no policy that limits where a patient can have a surgical procedure performed, choice of surgical site is usually based on where the patient resides, their preference, the complexity of the case, and/or family doctor referral patterns. This means that patients may not be referred to the region(s) with the shorter wait times.

- Wait lists must be standardized and actively managed in order to ensure patients are placed on a wait list when they are medically ready and actively waiting for surgery. Better access to surgery for those on the wait list can also occur if there is clarity regarding when a patient should be considered for removal from the wait list after consecutive refusals of proposed surgical dates.
- Historically, wait lists have been the property of and held by surgeons in their practices. Centralized maintenance and monitoring of surgical wait lists improves the quality of the data and assists in health system planning and the categorization of patients.

The national benchmark for hip and knee joint replacement surgeries is for patients to receive surgery within 182 days. Meeting the national benchmarks for hip and knee joint replacement surgeries has been challenging for most provinces as improvements in surgical techniques with better outcomes and quality of life, have caused more patients to seek these surgeries. Our aging population and high levels of obesity and osteoarthritis have also increased demand.

In 2011, the Canadian Institute for Health Information reported that[2] eight out of 10 patients in Canada were receiving services in the five priority areas within recommended benchmarks (refer to Appendix B). However, only the three most populous provinces (Ontario, Quebec and British Columbia) reported achieving this for their hip and knee joint replacement surgery wait lists.

While the province has met national benchmarks in the majority of the priority areas, longer than recommended wait times have been experienced for both hip and knee joint replacement surgeries. **In 2010, the province completed 75 per cent of hip and 67 per cent of knee joint replacement surgeries within the benchmark of 182 days.**



THE STRATEGY

This is a five-year Strategy designed to reduce wait times in the province for hip and knee joint replacement surgeries. All of the actions outlined in this Strategy are intended to ensure that patients in the province have access to hip and knee joint replacement surgeries within the national benchmarks.

2 2011 Canadian Institute for Health Information publication: *Wait Times in Canada*

The Strategy has five goals to help reduce wait times:

1. To shorten the wait time and improve the coordination of the initial orthopedic assessment (Wait 1) and the services required by patients before and after hip and knee joint replacement surgeries are performed;
2. To improve the efficiency of the hospital services associated with hip and knee joint replacement surgeries, including the adoption of best practices;
3. To address the current backlog of patients waiting for hip and knee joint replacement surgeries;
4. To improve the collection and use of wait time data for hip and knee joint replacement surgeries; and,
5. To reduce the number of patients who require hip and knee joint replacement surgeries in the longer term.

These goals are consistent with the *2011-2014 Strategic Plan* of the Department of Health and Community Services, under the issues of quality and safety and improved access and increased efficiency.

To develop the Provincial Government's *Strategy to Reduce Hip and Knee Joint Replacement Wait Times*, the Department of Health and Community Services consulted with senior staff in the three regional health authorities, orthopedic surgeons and family physicians in the Eastern, Central and Western Health regions. The Department's Access and Clinical Efficiency Division has responsibility to work with the regional health authorities to implement the Strategy's actions.

PROVINCIAL NUMBERS

The following tables summarize the number of hip and knee joint replacement surgeries completed in the province since 2005-06 by regional health authority.

Table 2: Number of Hip Joint Replacement Surgeries Completed

RHA	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11
Eastern	189	193	195	198	196	184
Central	98	59	53	69	95	69
Western	59	54	54	55	49	45
Provincial	**346**	**306**	**302**	**322**	**340**	**298**

On average, 319 hip joint replacement surgeries were completed annually in the province between 2005-06 and 2010-11. Overall, there has been little variation and no increase in the total number of hip joint replacement surgeries completed since the benchmark was first established.

Table 3: Number of Knee Joint Replacement Surgeries Completed

RHA	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11
Eastern	232	289	328	333	349	381
Central	102	78	100	131	167	162
Western	126	92	97	100	95	125
Prov.	**460**	**459**	**525**	**564**	**611**	**668**

On average, 548 knee joint replacement surgeries were completed annually in the province between 2005-06 and 2010-11. There has been a consistent increase in the total number of knee joint replacement surgeries performed in the province since 2005-06 (45 per cent), which is attributed to increased surgeries being performed in the Eastern and Central Health regions (64 per cent and 59 per cent respectively).

As noted previously, the province reported that 75 per cent of hip and 67 per cent of knee joint replacement surgeries were completed within the benchmark of 182 days in 2010-11. However, there were variations at the regional level. In the fourth quarter of 2010-11, Eastern Health reported that only 44 per cent of hip joint replacement and 30 per cent of knee joint replacement surgeries were performed within benchmarks. During the same quarter, 100 per cent of surgeries were reported as being completed within benchmarks in both Central and Western Health.

While the percentages may vary from quarter to quarter, the trend has been consistent, with the longest wait times, with some patients waiting upwards of two years for surgery, being reported by Eastern Health. There are several reasons for this including: a large catchment area (60 per cent of the province's population); the allocation of operating room time per surgeon; referrals from other regions of the province; recruitment challenges; and, the pre-emption of elective surgery by emergent trauma cases.

The following table summarizes the number of patients waiting by type of surgery and regional health authorities as of December 1, 2011.

Table 4: Number of Patients Actively Waiting for Hip and Knee Joint Replacement Surgery

Procedure	Eastern Health	Central Health	Western Health	Provincial Total
THR	99	12	16	127
TKR	275	37	80	392
Totals	**374**	**49**	**96**	**519**

A total of 519 patients were ready for surgery and actively waiting (no patient-requested deferment or postponement) in the province for either hip replacement or knee joint replacement surgeries; 127 for hip and 392 for knee joint replacement surgery. Given that Eastern Health serves at least 60 per cent of the province's population and is the provincial tertiary care centre, it is not unexpected that 72 per cent of patients were waiting for access in the Eastern Health region.

It is estimated that it will take Eastern Health 196 days to address their wait list for hip joint replacement surgery and 263 days for knee joint replacement surgery. This means that until such time as the wait list is addressed, 100 per cent of new patients added to Eastern Health's wait list for these two surgeries will be waiting more than the benchmark of 182 days, unless a new patient is prioritized higher than the patients currently on the wait list.

Conversely, additional patients can be added to the wait lists in Central Health within benchmarks, as it is estimated that it will take only 63 days for hip joint replacement and 84 days for knee joint replacement surgeries to address their current wait lists. Similarly, it is estimated to take Western Health 130 days for hip joint replacement and 233 days for knee joint replacement surgeries to address their wait lists. By modifying the numbers of the two surgeries being performed (increasing the number of knee joint replacement surgeries and decreasing the number of hip joint replacement surgeries), it is anticipated that national benchmarks can continue to be met.

Goal #1 To shorten the wait time and improve the coordination of the initial orthopedic assessment (Wait 1) and the services required by patients before and after hip and knee joint replacement surgeries are performed

The Canadian Orthopedic Association has recommended that a patient should wait no more than 90 days from the time of referral by the family doctor or primary care practitioner to the time of the initial orthopedic consult. This time period is known as Wait 1.

In response to this recommendation, Interdisciplinary Central Intake and Assessment Clinics (clinics) have emerged nationally as a model to improve patient coordination and quality of care. The Bone and Joint Canada Hip and Knee Replacement Toolkit[3] suggests that a central intake system is the ideal model. To date, clinics have been successfully implemented in British Columbia, Alberta, Saskatchewan, Manitoba, Ontario and Nova Scotia.

At these clinics, all referrals are received and coordinated using a common referral tool and patients who require surgery are triaged into one of three categories: 1) ready for surgery; 2) requiring additional services to optimize surgical results, for example, weight loss; or 3) requiring medical assessment to determine fitness for surgery. Patients in the latter two categories have the additional services they require arranged by the clinic, thereby reducing delays and duplicate referrals and creating efficiencies. While such a clinic could be used initially for hip and knee joint replacement surgery referrals, in the longer term, it could be expanded to include all orthopedic referrals, which would further improve access.

In April 2011, a two-year central intake pilot project for patients anticipated to need hip or knee joint replacement surgery was started at Eastern Health. Positive impacts have already been seen and documented, with decreases in Wait 1 being reported - from a median of 325 days to 91 days for high priority referrals (a 72 per cent reduction) and 179 days for routine referrals (a 45 per cent reduction).

Another factor that affects Wait 1 is the number of referrals to orthopedic surgeons. The management of minor orthopedic conditions, such as bunions and large joint injections, if done by the family doctor, would reduce the number of orthopedic consults and patients requiring surgical assessment could be seen more quickly.

Wait 1 is the length of time from when a patient is referred by their primary care provider to see a specialist, to when they are initially seen.

Wait 2 is the length of time that a patient is waiting from when they and their physician (surgeon) agree to a procedure, to when the procedure is completed.

In a central intake system patients can be offered the choice of being referred to the next available surgeon or wait to see one of their choice.

3 Hip and Knee Replacement Toolkit: *A Living Document*, 2011

Actions:

- **The Department of Health and Community Services, in collaboration with the remaining two regional health authorities will implement Interdisciplinary Central Intake and Assessment Clinics in the Central and Western regions.**
- **The Department of Health and Community Services will lead the development of provincial policies on the collection and reporting of Wait 1 information for hip and knee joint replacement surgeries.**
- **The Department of Health and Community Services will work with the Newfoundland and Labrador Medical Association and the Office of Professional Development at Memorial University's medical school to develop continuing medical education programs to enhance family physicians' training in the management of minor orthopedic complaints, such as major joint injections.**

Goal #2 To improve the efficiency of the hospital services associated with hip and knee joint replacement surgeries, including the adoption of best practices

Through significant investments by the Provincial Government over the last six years, the total number of hip and knee joint replacement surgeries completed in the province has increased by approximately 34 per cent. Despite this, we know that the number of hip and knee joint replacement surgeries being performed in the province is less than the Canadian average[4] [5]

Table 5: Hip Joint Replacement Surgeries (per 100,000 population)

	2005-06	2006-07	2007-08	2008-09	2009-10
NL	**80.6**	**69.3**	**82**	**74**	**80**
Canada	101.5	99.5	98	99	100

Table 6: Knee Joint Replacement Surgeries (per 100,000 population)

	2005-06	2006-07	2007-08	2008-09	2009-10
NL	**106.1**	**107.5**	**116**	**123**	**128**
Canada	149.4	157.9	157	158	158

4 Health Indicators 2011, Canadian Institute for Health Information, Statistics Canada

5 The information was standardized to eliminate any difference in age.

Expenditures on health care continue to account for a large portion of government spending both nationally and provincially. Over the years, reports have indicated that Canada is spending more than $2 billion on operating room programs. As such, it is critical that operating room programs run efficiently and safely to improve access, reduce surgical wait times and maximize the use of public funds. A program that is not efficient can result in elective surgery delays, cancellations and overtime costs for late-finishing surgeries. This leads to reduced surgical capacity and contributes to longer wait times. By looking within the system to identify and eliminate inefficiencies, more surgical cases can be completed within existing resources.

Length of stay is defined as the time from when a patient is admitted to hospital until they are discharged. Length of stay has been found to be one of the most important indicators of efficiency in hospital-based, in-patient programs.

Since the benchmarks for hip and knee joint replacement surgeries were established, work has been completed nationally on the development of standardized patient care pathways (the order, time and number of activities that a patient experiences) as best practices. Arising from this, the national average length of stay for hip and knee joint replacement surgeries has been set at four days. However, the average length of stay must be adjusted to reflect the characteristics and needs of the actual patients being served; this is known as the expected length of stay.

Patients who have pre-operative education, report they are better able to manage their pain after surgery.

The following tables[6] summarize the actual and expected length of stay for hip and knee joint replacement surgeries by regional health authority.

Table 7: Actual and Expected Length of Stay for Hip Joint Replacement, 2009-10

RHA	Actual Length of Stay	Expected Length of Stay
Eastern Health	11.0 days	8.6 days
Central Health	5.8 days	6.1 days
Western Health	10.9 days	8.0 days
Provincial Rate	**9.8 days**	**7.8 days**

6 Clinical Database Management System, Newfoundland and Labrador Centre for Health Information

In 2009-10, the provincial actual length of stay for a patient who had hip joint replacement surgery was 9.8 days, two days longer than the expected. It is noteworthy that Central Health's actual length of stay was shorter than expected. Central Health attributes this to their extensive use of patient-controlled analgesia and the availability of weekend physiotherapy, both of which promote early patient ambulation, which is required prior to discharge.

Table 8: Actual and Expected Length of Stay for Knee Joint Replacement, 2009-10

RHA	Actual Length of Stay	Expected Length of Stay
Eastern Health	7.1 days	4.8 days
Central Health	5.7 days	4.5 days
Western Health	6.4 days	4.4 days
Provincial Rate	**6.6 days**	**4.6 days**

In 2009-10, the provincial actual length of stay for a patient who had knee joint replacement surgery was 6.6 days, two days longer than expected.

Lengths of stay in excess of those expected for the patient populations served suggests that there are inefficiencies in the in-hospital orthopedic programs and that the national, standardized patient care pathways for hip and knee joint replacement surgery have not been fully implemented. Some of the difference between Eastern Health's actual and expected length of stay can be attributed to physiotherapy resources only being available Monday to Friday on the orthopedic wards. As a result, patients who have their surgery performed late in the week may have their discharge delayed while awaiting post-operative physiotherapy services.

Improvements in actual length of stay, coupled with efficiencies being found in the operating room programs are an important means of creating capacity to complete more surgeries within existing resources.

Physiotherapy services and specialized medical care prior to surgery can improve an individual's recovery from hip and knee joint replacement surgery.

Actions:

- **The Department of Health and Community Services, in collaboration with the three regional health authorities will contract to have external efficiency reviews of the regional health authorities' operating room programs completed.**

- **The Department of Health and Community Services will adopt and promote the use of national, standardized patient care pathways for hip and knee joint replacement surgeries.**
- **The Provincial Government will allocate funding to hire two additional physiotherapy staff during 2012-13 for Eastern Health.**

Goal #3 To address the current backlog of patients waiting for hip and knee joint replacement surgeries

By finding efficiencies in operating room programs and reducing actual lengths of stay, it is anticipated that the number of hip and knee joint replacement surgeries performed in the province can be increased. However, both of these initiatives will take time and will not allow the wait lists to immediately align with benchmarks.

The Provincial Government recognizes the need to address the wait lists quickly. For Eastern Health to complete hip and knee joint replacement surgeries within 182 days and for the public to see meaningful progress towards this target, additional surgeries will need to be completed as quickly as possible. However, as joint replacement surgeries are expensive (average cost of $15,000 per case) and in order for additional surgeries to be performed, new investments are required.

Action:

- **The Provincial Government will provide additional one-time funding to help address the current back log of patients waiting for hip and knee joint replacement surgery beyond the benchmarks.**
    - Funds will be provided only to facilities that can accommodate additional surgeries for patients on wait lists exceeding national benchmarks that cannot be addressed by finding efficiencies within existing resources.
    - The methodology to find additional capacity will be determined by the Department of Health and Community Services in consultation with the regional health authorities.

Goal #4 To improve the collection and use of wait time data for hip and knee joint replacement surgeries

All regional health authorities have wait time collection and reporting systems for surgery, with senior staff assigned responsibility in the area. Accurate data on health care performance is required by both policy and decision makers to make strategic improvements in health care delivery. Understanding the reasons for variations in wait times will assist regional health authorities to implement changes designed to increase efficiencies and to plan for future demand. Accurate wait list data is critical to these processes. To ensure that accurate, complete and timely wait list information is being collected, the data elements being collected and reported must be in keeping with provincial methodology.

Action:

- **The Department of Health and Community Services, in collaboration with the regional health authorities, will establish provincial policies governing the collection, management and reporting of wait time data for hip and knee joint replacement surgeries.**

Goal #5 To reduce the number of patients who require hip and knee joint replacement surgeries in the longer term

The goal of reducing the number of patients in the province that require either hip replacement or knee joint replacement (or both) surgeries will not be met quickly. However, we know that many of the conditions that either lead or contribute to the likelihood of joint replacement surgery being required can be influenced by improvements in chronic disease management and modification of unhealthy lifestyles.

The most common diagnosis leading to hip and knee joint replacement surgery is arthritis. In 2011, there were more than 4.4 million people in Canada living with osteoarthritis and more than 272,000 with rheumatoid arthritis. As the general population continues to age and people live longer, the incidence of arthritis is expected to rise. By 2040, it is estimated that more than 10.4 million Canadians will have osteoarthritis and 549,000 will have rheumatoid arthritis.[7] In 2009-10, the Canadian Community Health Survey estimated that 23 per cent of the province's population was affected by arthritis – the highest in the country.

7 Bombardier C, Hawker G, Mosher D. The Impact of Arthritis in Canada: Today and Over the Next 30 Years. Arthritis Alliance of Canada, 2011

Like many chronic diseases, such as heart disease and diabetes, the risk of developing arthritis increases with increasing body weight, with obesity being identified as a key modifiable risk factor for osteoarthritis. This is of particular significance for the province; in 2009, Newfoundland and Labrador had the highest prevalence of overweight and obese adults and children among all provinces in Canada.[8] In addition, studies have demonstrated that weight loss programs can reduce the pain-related symptoms of arthritis and joint loading.[9]

Reducing weight and good pain management help reduce the effects of arthritis on a patient's life.

Actions:

- **The Department of Health and Community Services will ensure collaboration between this Strategy and the Provincial Improving Health Together: A Policy Framework for Chronic Disease Prevention and Management in Newfoundland and Labrador to improve the self-management of arthritis.**
- **The Department of Health and Community Services will ensure collaboration between this Strategy and the Provincial Wellness Plan to target lifestyle modifications that promote wellness and prevent illness.**

CONCLUSION

Since 2005, wait time reports have demonstrated that some patients are waiting longer than the 182 day benchmark for hip and knee joint replacement surgery in the province.

The Provincial *Strategy to Reduce Hip and Knee Joint Replacement Wait Times* outlines a multi-year approach to increase patient access, reduce the wait for patients requiring orthopedic consultation and increase the number of joint replacement surgeries being performed in the province. The Strategy is the means by which the Provincial Government's commitment to reduce wait times for hip and knee joint replacement surgery will be met, with increased and more timely access to services for the province's population.

Implementation of the actions to meet the Strategy's goals will take time and require a coordinated and collaborative approach between the Department, the regional health authorities, orthopedic surgeons and other health professionals involved in the provision of these services.

The Provincial Government will report annually on the status and results of this five-year Strategy.

8 The Newfoundland and Labrador Centre for Applied Research, 2009

9 Aaboe J, Bliddal H, Messler SP, Alkjaer T, Henriksen M. *Effects of an intensive weight loss program on knee joint loading in obese adults with knee osteoarthritis*. Osteoarthritis & Cartilage, 2001: 822-828

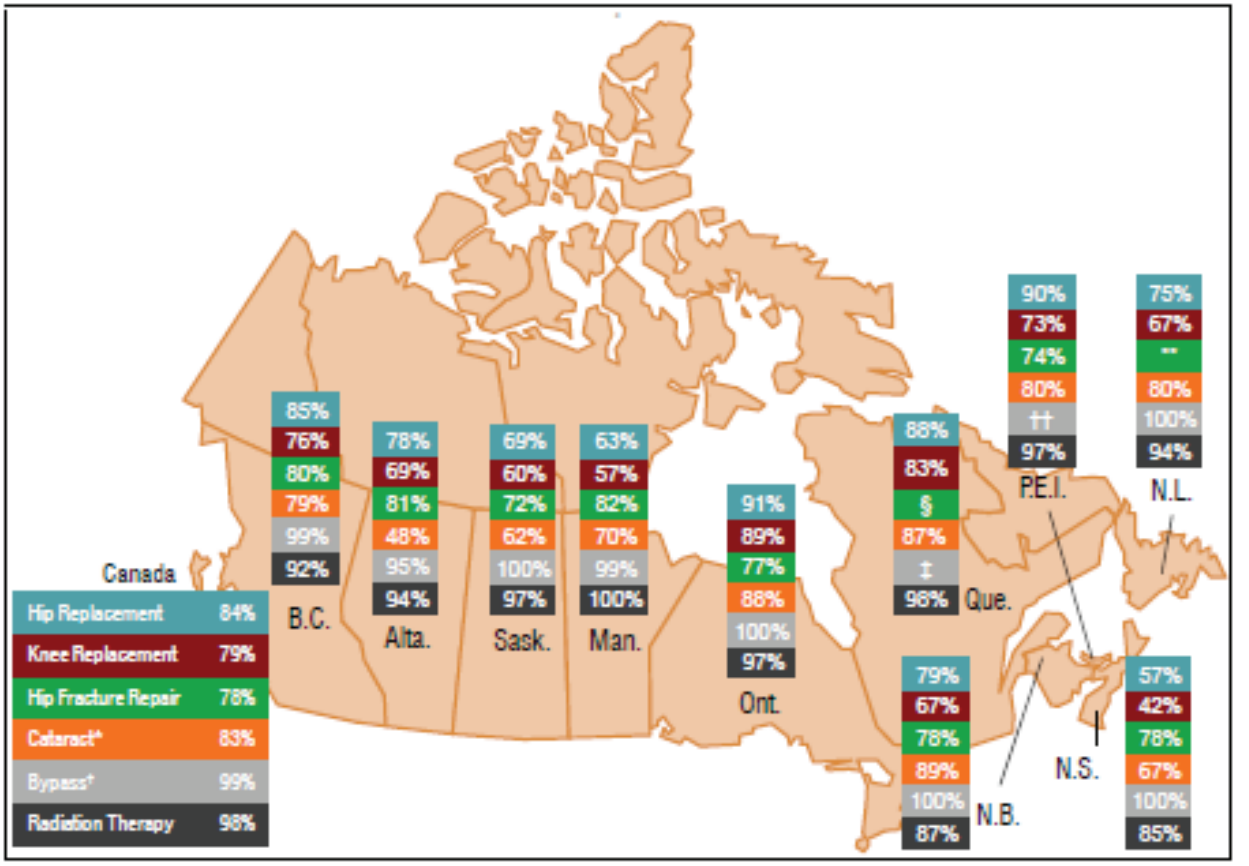
APPENDIX A

Provincial Wait Times Data: 2010-11 Quarter 4: January 1 to March 31, 2011

Service Area	Pan-Canadian benchmarks	Newfoundland and Labrador Wait Times- Fourth Quarter (January-March 31, 2011)
Curative Radiotherapy	Within 4 weeks (28 days) of being ready to treat.	• 97%
Coronary Bypass Surgery (CABG)	Level 1 Within 2 weeks (14 days)	• 100% in 7 days
	Level 2 Within 6 weeks (42 days)	• 100%
	Level 3 Within 26 weeks (182 days)	• 100%
Cataract	Within 16 weeks (112 days) for patients who are at high risk.	• Eastern Health: 76% First eye • Central Health (Gander): 84% First eye • Central Health (GFW): 77% First eye • Western Health: 99% First eye • Labrador-Grenfell Health: 87% First eye
Hip Replacement	Within 26 weeks (182 days)	• Eastern Health: 44% • Central Health: 100% • Western Health: 100% • Labrador-Grenfell Health: DS
Knee Replacement	Within 26 weeks (182 days)	• Eastern Health: 30% • Central Health: 100% • Western Health: 100% • Labrador-Grenfell Health: 86%
Hip Fracture Repair	Fixation within 48 hours	• Eastern Health: 77% • Central Health: 100% • Western Health: 100% • Labrador-Grenfell Health: DS
Breast Screening	Women aged 50-69 every two years	Biennial participation rates (percentages) for the 2009-2010 calendar years for each of the province's 3 breast screening centres. • Eastern Health: 60% (St. John's) • Central Health: 76% (Gander) • Western Health: 58% (Corner Brook) • Provincial: 61%
Cervical Screening	Women, starting at age 18, every three years to age 69 after two normal pap tests.	Across the country, administrative data are not available to report participation rates according to the national benchmark.
	Provincial Benchmark (NL) Sexually active women aged 20-69 who had one Pap test during the period January 1, 2010 to December 31,2010	Annual Participation Rates-2010 • Eastern Health: 49% • Central Health: 41% • Western Health: 39% • Labrador-Grenfell Health: 40% • Provincial: 45%
Notes: Hip replacement and hip fracture repair data are suppressed for the Labrador Grenfell Health Region, as a small volume of cases were performed during this quarter. Source: Regional Health Authorities, Newfoundland and Labrador.		

APPENDIX B

Figure 1: Percentage of Patients Receiving Care Within Benchmarks by Province, 2010



Note
Newfoundland and Labrador reports waits for hip fracture repair starting from registration in the emergency department.

Source: 2011 Canadian Institute for Health Information publication: *Wait Times in Canada*

Department of Health and Community Services
1st Floor, West Block, Confederation Building
P.O. Box 8700, St. John's, NL A1B 4J6

www.health.gov.nl.ca