



Centre universitaire de santé McGill  
McGill University Health Centre

REPORT No 27

## **Wait times at the MUHC. 2.**

**Selected Divisions of the Departments of Medicine and  
Surgery.**

**Supplement to Report No 26**  
**“Wait times at the MUHC 1”**

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This report was prepared for the Technology Assessment Unit  
(*TAU*)

of the McGill University Health Centre (MUHC)

by

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# Wait times at the MUHC. 2.

## INTRODUCTION

In November 2005, Dr. Arthur Porter, Director General and CEO of the MUHC requested the TAU to conduct an investigation of wait times with the following objectives:

- To determine wait times at the MUHC in the five priority areas identified by the Provincial First Ministers (diagnostic imaging, joint replacement, cancer care, site restoration, and cardiac care).
- To study the wait times experienced by patients within the MUHC (appointments, tests, procedures) to identify bottlenecks in patient flow.
- To identify the measures necessary to reduce excessive wait times.

In the previous report, entitled “Wait times at the MUHC. 1”, we reviewed wait times in the five priority areas identified by the Canadian Ministers of Health. The present document is an extension of this report in which we review the wait times experienced by adult patients for consultations and procedures in various specialty areas within the Departments of Medicine and Surgery of the MUHC.

## METHODS

The methods employed, the abbreviations and the definitions used are fully described in the first report, which can be referred to at [www.mcgill.ca/tau](http://www.mcgill.ca/tau) . Briefly, we identified the total time it would take for a patient to receive the health service in question from the MUHC, considering separately the time from referral to receiving an appointment with the relevant specialist, the time from booking an intervention or test to its execution, and where appropriate, the time taken between a test and completion of the test report. We obtained this information from the booking clerks of each department for each of three levels of urgency, by asking the question, “if a request for a service were received today, on what day would you give an appointment for that service to be delivered”. Much additional information was kindly supplied by the individuals listed in Appendix I.

## RESULTS

The results of these enquiries are shown, by procedure, in the following tables.

For *emergency* and *urgent* cases, the waiting times were appropriately short in each of the departments studied.

For *scheduled cases*, in many cases wait times were sufficiently long to unduly prolong the work-up of cases and obstruct the overall access to care experienced by patients.

Overall, in Dermatology, Internal Medicine, Geriatrics, and Medical Oncology, wait times for scheduled patients were consistent with reasonable patient flow. In General Surgery they were borderline

However, in other departments the length of wait times should be a matter of concern. The following demand particular attention:

- Immunology. Consultation time, 6 weeks. Scratch test, 12 weeks. Challenge test, 15 weeks.
- Endocrinology. Consultation time in Lipid clinic, 9-27 weeks , Thyroid clinic 11-27 weeks, Diabetic clinic 18-27 weeks.
- Gastroenterology. Consultation time 15-17 weeks. Endoscopy, 24-32 weeks.
- Hematology. Consultation time (internal) 12-18 weeks. (external) 18 weeks
- Nephrology. Consultation time 7-14 weeks.
- Respirology. Consultation time 9 weeks. Sleep studies 15-28 weeks

It should be noted that this information reflects only the situation at the time of inquiry and may not reflect current or typical wait times in these areas at the MUHC at this time.

## DISCUSSION

The wait times reported here do not cover all services of the MUHC. In particular, pediatrics and obstetrics and gynecology have been omitted for the present.

Nevertheless, it is clear from the results of this and the previous report that many of the wait times experienced by patients at the MUHC are inconsistent with appropriate delivery of health care.

Furthermore, in addition to the inconvenience and suffering caused to patients, excessive wait times have negative effects on the morale of staff, all of whom would wish to feel pride in their institution, and to carry out their functions in a health service that is functioning effectively. Failure to achieve this is a potential cause of loss of medical, nursing, and technical personnel to the private sector or to other provinces.

For both these reasons it is urgent to identify causes and to find solutions. The causes for the excessive wait times found in different services are extremely complex, and differ markedly from one case to another. Thus, no overall simple solution will be found.

## CONCLUSION

Wait times that reflect bottlenecks to patient flow and result in significant limitation of patient access to health care have been identified in five Divisions of the Department of Medicine. Borderline wait times were found in the Department of General Surgery.

Accordingly, TAU will now engage with these departments in an endeavour to identify the specific components that are causing the excessive wait times. The necessary measures to bring about a reduction in wait times will be identified and where additional resources are necessary the cost of their provision will be estimated. Where the causes lie outside the MUHC they will be identified so that where appropriate, representations can be made to the health authorities to achieve correction.

## TABLES

### Clinical Immunology

Table 1.

**Emergency and Urgent Cases**

Urgent consultations, and allergy scratch tests < 24 hours.

**Scheduled Cases** Consultation time.(average, range).

RVH: 6 weeks ( 3-8 weeks)

MGH: 6 weeks (for all clinicians)

<u>Procedure</u>	<u>Site</u>	<u>Time to consult</u>	<u>Time to procedure</u>	<u>Total Time</u>
Scratch test.	MGH	6 weeks	6 weeks	12 weeks
Challenge test .	MGH	6 weeks	9 weeks	15 weeks
Desensitization	RVH.	6 weeks	1 week	7 weeks

*Data collected in May 2006*

# Dermatology

Table 2:

## Emergency and Urgent Cases

Emergency & urgent consultations: same or next day (MGH, RVH)

Urgent referral to Melanoma clinic in oncology day centre: 2 weeks (RVH)

## Scheduled Cases

Consultation time.(Average, range).

Dermatology RVH 5 weeks ( 2-7 weeks)

MGH 5 weeks ( 4-5 weeks)

## Specialized clinics

Leg ulcer clinic MGH 4 weeks

Post organ transplant RVH 7 weeks

Melanoma (oncol. day centre) RVH 7 weeks

<u>Procedure</u>	<u>Site</u>	<u>Time to Consult</u>	<u>Time to procedure</u>	<u>Total time</u>
Phototherapy	MGH	5 weeks	< 1 week .	5-6 weeks
Patch test.	RVH	5 weeks	5 weeks	10 weeks
Micro. surgery (skin cancer)	RVH	5 weeks	11 weeks	16 weeks

*Data collected in April & May 2006*

# Endocrinology

**Table 3:**

**Emergency and Urgent Cases**

Consultation time.

MGH, RVH: Emergency - same day  
 Urgent 1-5 days (depending on case)

**Scheduled Cases**

Consultations.

<u>Specialty/Procedure</u>	<u>site</u>	<u>Time to consult</u>
Dietitian	RVH	1 week
Neuroendocrine clinic	MGH	4 weeks
Neuroendocrine clinic	RVH	6 weeks
Lipid clinic	RVH	9 weeks
Lipid clinic	MGH	27 weeks
Thyroid clinic	RVH	11 weeks*
Thyroid clinic	MGH	27 weeks
Bone Centre .....	RVH	13 weeks.
Diabetes .....	RVH	18 weeks
Diabetes	MGH	27 weeks

<u>Procedures</u>		<u>Time to consult</u>	<u>Time to procedure</u>	<u>Total time</u>
Dynamic test (blood).	RVH	11 weeks	4 weeks	15 weeks
Dynamic test (blood).	MGH	27 weeks	2 weeks	29 weeks

\*range 6-31 weeks

*Data collected in April & May, 2006*

# Gastroenterology

**Table 4:**

## **Emergency and Urgent Cases**

Wait time is 0-3 weeks depending on type of case and degree of urgency.

## **Scheduled Cases**

<u>Consultations</u>	<u>Site</u>	<u>Average wait time (range)</u>
New patients	RVH	17 weeks (9-27 weeks)
	MGH*	15 weeks
<u>Procedures</u>		
Endoscopy**	RVH	24 weeks (9-36 weeks)
	MGH	32 weeks (27-36 weeks)

\*At time of data collection only one clinician at the MGH was accepting 'general GI' patients in consultation.

Most physicians will accept 'super-specialty referrals' (.i.e., biliary tract disease, defined esophageal problem, hepatology, etc). The waiting time for these is estimated to be at least 15 weeks.

\*\* for many patients, the waiting time for endoscopy is in addition to the waiting time for a consultation.

*Data collected in May, 2006*



# Internal Medicine

Table 5:

## Scheduled Cases

<u>Consultation time</u>	<u>site</u>	<u>wait time</u>
Internal medicine consult	RVH	1 week
Internal medicine consult	MGH	1 week

*data collected in May, 2006*

# Geriatrics

Table 6:

## Emergency and Urgent Cases

Urgent (consultation from ER) up to 1 day

## Scheduled Cases: RVH

<u>Consultation/clinic</u>	<u>Wait Time</u>
Screening of referred patients	2-4 weeks
Cognitive disorders	6 weeks
Competency clinic	9 weeks
Pain clinic	14 weeks
Urinary incontinence	14 weeks

*Data collected in April, 2006*

# Hematology

**Table 7:**

**Emergency and Urgent Cases**

Emergency (i.e leukemia referrals),	RVH	<2 days
Urgent	RVH	< 1 week

**Scheduled Cases**

<u>Consultation time</u>	<u>Site</u>	<u>Wait time</u>
All	RVH	8-12 weeks
non-oncology * (external referrals)	RVH	18 weeks

<u>Procedures</u>	<u>Site</u>	<u>Wait time</u>
Bone marrow biopsy	RVH	4 weeks
Doppler thrombosis	RVH	< 1 week
(X-rays.....)	RVH.....	same day)

*Data collected in May, 2006. Note: data were only obtained from the RVH.*

Notes:

- \*The RVH haematology department is one of very few that see non-cancer cases,
- An important issue is the turnaround time for thrombosis tests done by biochemistry (prothrombin, factor V Leiden., and methyltetrahydro-folate reductase), which can be up to 2 months
- For JAK-2 kinase tests, done at hospital Maisonneuve-Rosemont, the delay to get results is generally 2 months

## Medical Oncology

**Table 8:**

### **Emergency and Urgent Cases**

All cases are generally high priority in this department.

### **Scheduled Cases**

<u>Consultation/Procedure</u>	<u>Site</u>	<u>Wait time</u>
All (new patients)	RVH	1-2 weeks
All (new patients)	MGH	1-2 weeks
Medical oncology	RVH	2 weeks
Melanoma clinic(new patient)	RVH	3 weeks
Melanoma clinic (follow up)	RVH	11 weeks
Radiation oncology	MGH	2 weeks
Hematology	RVH	1-2 weeks
Chemotherapy	RVH	<2 weeks *
Chemotherapy	MGH	1 week *

\* longer for combined radiotherapy and chemotherapy

*Data collected in May, 2006*

## Nephrology

**Table 9:**

### **Emergency and Urgent Cases**

RVH: Urgent dialysis generally under 1 day, urgent kidney biopsies 1-2 days

### **Scheduled Cases**

<u>Specialty/Procedure</u>	<u>Site</u>	<u>Wait time average (range)</u>
General Nephrology	RVH	7 weeks (2-8)
	MGH	14 weeks (12-16 )
Resident Consult	RVH	2 weeks
Transplant clinic (referred from nephrologists)	MGH	4 weeks
Kidney biopsy	RVH	1-2 weeks
Haemo-dialysis	RVH	1-6 weeks
Peritoneal dialysis	RVH	3-6 weeks (elective wait)
Vascular surgery	RVH	13 weeks

*Data collected in April, 2006*

# Respiratory

**Table 10:**

**Emergency and Urgent Cases**

Emergency and Urgent procedures < 1 week  
(Bronchoscopy, pulmonary function testing, sleep studies, CT scans)

**Scheduled Cases**

<u>Consultation</u>	<u>Site</u>	<u>Wait time</u>
Pneumologist	Chest Hosp	4 weeks
	RVH	6 weeks
	MGH	4 weeks
Sleep clinic	RVH	9 weeks

<u>Procedures</u>	<u>Site</u>	<u>To consult.</u>	<u>To procedure</u>	<u>Total</u>
Bronchoscopy	Chest Hosp	2 weeks	<3 days	2.5 weeks
TTNA (needle biopsy)	Chest Hosp	2 weeks	<1 week	3 weeks
Pulmonary function	Chest Hosp	2 weeks	< 4 weeks	6 weeks
Sleep studies	Chest Hosp	2 weeks	13-18 weeks	15-20 weeks
Polysomnography	RVH	12 weeks	16 weeks	28 weeks
Home screening	RVH	12 weeks	8 weeks	20 weeks
CT scans	RVH, MGH		5 weeks*	

\*without contrast imaging, longer with contrast imaging

*Data collected in April, 2006*

# Surgery

Table 11

## GENERAL SURGERY (MGH and RVH)

### Emergency and Urgent Cases

For all surgeons there is no significant wait time for emergency or urgent cases.

### Scheduled Cases

Wait times are different for cancer and non cancer cases.

#### Cancer cases:

<u>Consultation/Procedure</u>	<u>Consultation time</u>	<u>Time to surgery</u>	<u>Total wait time</u>
Consultation	2 weeks(1-3)	4 weeks (3-6)	6 weeks (4-9)

#### Non-cancer cases:

<u>Consultation/Procedure</u>	<u>Consultation time</u>	<u>Time to surgery</u>	<u>Total wait time</u>
Consultation	5 weeks (3-8)	10 weeks (6-13)	15 weeks (6-13)

## BARIATRIC SURGERY

All bariatric surgery is elective.

For severe obesity (BMI over 55) wait time is 2 1/2 years.

For less severe cases (BMI less than 55), wait time is 7 years.

## **Appendix I**

Many MUHC staff kindly provided Information for this report, including the following individuals:

Dr. A. Barkun (gastroenterology)  
Dr. J. Barkun (surgery)  
Ms. Darlene Browning (gastroenterology)  
Dr. N. Christou (surgery)  
Dr. A. Cybulsky (nephrology)  
Dr. C. Fallone (gastroenterology)  
Dr. J. How (endocrinology)  
Dr. A. Huang (geriatrics)  
Dr. J. Kimof (respiratory medicine)  
Dr. S. Mayrand (gastroenterology)  
Dr. R. Menzies (respiratory medicine)  
Dr. L. Pilote (internal medicine)  
Dr. G. Spurlin (hematology)  
Dr. J. Sturgeon (oncology)  
Dr. S. Wing (endocrinology)