Derminants of Wait Time Management Strategies in Healthcare Organizations

Post-Workshop Report

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Determinants of Wait Time Management Strategies in Healthcare Organizations

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Re: Workshop held
25 March 2009
Chateau Laurier
Ottawa, Ontario

May 2009
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The workshop hosts gratefully acknowledge the support of CIHR in making this workshop possible.

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Determinants of Wait Time Management Strategies in Healthcare Organizations

Executive Summary

On March 25, 2009, a half-day workshop was held in Ottawa, Ontario to share and discuss the implications of the CIHR-supported research results of a study titled, *Determinants of Waiting Time Management for Health Services - A Policy Review and Synthesis*. This study was undertaken by a research team led by Dr. Marie-Pascale Pomey, University of Montreal.

Twenty individuals representing a cross-section of Canadian healthcare thought-leaders attended this workshop. Participants included care providers, health system managers, policy makers, and representatives of national healthcare professionals’ associations and healthcare accreditation bodies.

Workshop objectives were to:

1. Review the findings of the *Determinants of Waiting Time Management for Health Services - A Policy Review and Synthesis* project with an expert group of individuals who could potentially apply the research findings;
2. Validate research findings with experts from different domains in order to ensure that the findings were sound and to explore how identification of the various factors could be developed into best practices;
3. Discuss ways to disseminate the research findings so as to be most helpful to policy-makers and managers; and
4. Solicit suggestions for future research opportunities and research settings.

Workshop participants identified 10 key barriers and constraints to wait time management (WTM) strategy implementation and sustainability (*presented in priority order*):

1. Resistance to change and uncertainty
2. Lack of leadership for solutions
3. Lack of tools to facilitate change
4. Lack of participation and engagement of front line healthcare workers
5. Competing health system priorities
6. Lack of shared learning opportunities between organizations and among jurisdictions
7. Lack of funding beyond the implementation phase for WTM strategies
8. Lack of management of critical diagnostic, surgical and continuity of care interdependencies within healthcare organizations
9. Prevalence of a “blitz mentality” of healthcare innovators and lack of time allotted by them to successfully sustain WTM strategies
10. Lack of time necessary for/required of administrative and clinical champions of WTM strategies to ensure sustainable change.

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Workshop participants identified the following factors that improve the implementation of wait time strategies and help to sustain their success:

1. Greater alignment of patient-focused agendas across healthcare organizations
2. Increased and strategic communications
3. Availability of strong data
4. Clinical and administrative WTM champion-partners
5. Clear articulation of the value proposition for WTM strategies
6. Patient engagement
7. Knowing the health system trade-offs and patient options
8. Establishing incentives
9. Leadership at the different levels of the health care system
10. Expectations management.

A variety of knowledge translation and dissemination strategies were identified to share the research findings and increase awareness of the determinants of the success of WTM strategies including:

1. In-person presentations
2. Circulation of a one-page fact sheet
3. Append a brief summary of the workshop proceedings to the Taming of the Queue VI conference report
4. Mount a summary of the key findings on each province’s wait-time management web-site
5. Create dissemination partnerships e.g., Canadian Advanced Technology Alliance (CATA), CIHI, the Deputy Minister’s Health group via Health Canada
6. Develop specific communication routes for each province
7. Establish a national “table” at which provincial experience can be shared.

Topics recommended for future research included:

- Synthesis research to update the current research report to 2009
- Key Informant interviews with administrative and secretarial staff
- Implementation and evaluation research including case studies, best practices and lessons learned from public reporting, quality of care and critical factors for WTM preparedness
- Change management research including identification of incentives that drive adaptive change in physicians
- Health services/health systems research including needs assessments for specific services, demand analysis, human resource and economic analyses.
This draft report is provided to workshop participants for review, comment and feedback. A final version of the report will be presented to CIHR and circulated to workshop participants in June 2009. Dissemination of the key messages arising from the research report and workshop will be undertaken during the summer and fall 2009.
1. Introduction

On March 25, 2009, Dr. Marie-Pascal Pomey (University of Montreal), along with Canadian Institutes of Health Research (CIHR)-supported research team members Drs. Pierre-Gerlier Forest (Trudeau Foundation), Claudia Sanmartin (Statistics Canada/University of Calgary), Carolyn De Coster (Alberta Health Services/Universities of Calgary and Manitoba) and Madeleine Drew (Accreditation Canada), hosted a half-day workshop in Ottawa, Ontario to share and discuss the implications their study of the organizational-level determinants of the success or failure of wait time management (WTM) strategies for health services with representatives of the broader Canadian health system, services and policy communities.

In total, 20 individuals representing a cross-section of Canadian healthcare thought-leaders attended the workshop. Participants were selected because they had responsibility for healthcare provision, health system leadership, WTM and/or heath services research and education and were in a position to provide an experience-based critique and potentially apply the team’s research findings in their local context. Participant’s hailed from across the Canadian healthcare sector including care providers, health system managers, policy makers, national healthcare professionals’ associations and healthcare accreditation bodies.

The objectives of the workshop were to:

1. Review the findings of the Determinants of Waiting Time Management for Health Services - A Policy Review and Synthesis project with an expert group of individuals who could potentially apply the research results;

2. Validate research findings with experts from different domains in order to ensure that the findings were sound and to explore how identification of the various factors could be developed into best practices;

3. Discuss ways to disseminate the research findings so as to be most helpful to policy-makers and managers; and

4. Solicit suggestions for future research opportunities and research settings.

With respect to objective #4 above, Dr. Alec Morton, Lecturer in the Operational Research Group of the Department of Management, London School of Economics, provided invited remarks, highlighting recent experiences with the introduction of health system waiting time policy in the United Kingdom, to help inform the group’s discussion of future research opportunities.

Anticipated outcomes of the meeting were that workshop participants would have the opportunity to:

1. Share and compare experiences about wait time-related solutions and challenges;

2. Identify how the research team’s WTM framework could be used to aid implementation and sustainability of WTM strategies at the organizational level;
3. Explore practical strategies arising from the framework that could contribute to the successful implementation and sustainability of WTM strategies

4. Participate in exchanges between individuals who work outside health institutions but who are responsible for setting WTM policies and individuals directly involved in implementing policies within healthcare organizations (HCOs), facilitating shared understanding of the underlying reasons for the different perceptions and experiences of those working at the macro level and in HCOs;

5. Become involved in future WTM research including an opportunity to be part of a new initiative related to the Western Canada Wait List Project, wherein the research team plans to conduct case studies that analyze how different factors have helped or hindered the implementation and the sustainability of wait time strategies in this context;

6. Learn from international experiences and insights arising from the UK experience with respect to WTM policies and practices;

7. Facilitate networking across sectors among individuals with an interest in and/or responsibility for WTM policies and practice.

A participants list is provided in Appendix A. The workshop agenda is attached as Appendix B.

The balance of this report summarizes the discussions and recommendations arising from the workshop.

2. Barriers to the Implementation of Wait Time Strategies

Following a presentation by Dr. Pomey of the key findings identified in the research team’s report *Determinants of Waiting Time Management for Health Services - A Policy Review and Synthesis*, workshop participants broke into smaller groups to compare their experiences with the factors identified in the policy review and synthesis.

Workshop participants were asked specifically to:

1. Identify key constraints and barriers to WTM strategy implementation and sustainability; and

2. Identify additional factors that were not included in the report but, based on the experience of participants, were deemed important to the successful implementation and sustainability of WTM strategies in practice.
Key Constraints and Barriers to WTM Strategy Implementation

Each break-out group identified key constraints and barriers to WTM strategy implementation. These factors were then aggregated into a consolidated list. Workshop participants were subsequently asked to identify across all categories of barriers (using up to five coloured dots [total N=95]), those barriers which they thought were of the overall highest priority to be addressed in order to reduce barriers to WTM strategy implementation.

The individual issues to be addressed in order to improve WTM strategy implementation fell into three broad categories:

A. Resistance to change and uncertainty:
   - Stakeholders need to clearly understand that there are compelling reasons for them to change
   - All stakeholders must believe that it is urgent to make the system patient-focused
   - The healthcare community needs to better understand what motivates all key actors to change their behaviour
   - The impetus for change must be greater than the desire to maintain the status quo

B. Lack of leadership for solutions:
   - Both leadership and strong implementation plans are needed from provincial governments and healthcare system organizations
   - Physicians at the level of individual clinical practitioners and healthcare team leaders and their provincial and national organizations must take a leadership role for WTM strategy implementation to be successful

C. Lack of tools to facilitate change:
   - Collection of standardized data across provinces is essential to assessing the success of WTM implementation strategies
   - New ways to resource healthcare, deploy healthcare human resources, including administrative staff, and increase coordination among related agencies and organizations are needed
   - A body of evidence about the value of WTM strategy implementation needs to be amassed to demonstrate impacts.

A aggregated summary of the individual barriers identified in each category and the number of participants that indicated (using their voting sticker) that the issue was an overarching priority to be addressed to reduce barriers to WTM implementation strategies is provided in Table 1, below.
### Table 1: Barriers to WTM Strategy Implementation

<table>
<thead>
<tr>
<th>A. Resistance to Change and Uncertainty (N=23)</th>
<th># votes (N=63)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. <strong>Resistance</strong> to and or <strong>fear of change</strong> by patients, clinicians and hospital administrators which slows down the use of wait time tools</td>
<td>5</td>
</tr>
<tr>
<td>2. Wait time becomes a “<strong>game</strong>” to meet the defined priorities and an <strong>informal rationing</strong> scheme develops</td>
<td>5</td>
</tr>
</tbody>
</table>
| 3. Lack of **stakeholder** buy-in for change  
  - There is a lack of belief that there is a need to change anything in the system | 3 |
| 4. We don’t understand the underlying **motivations** for change – by patients, providers, funders, administrators | 3 |
| 5. Physician payment systems, **incentives** | 2 |
| 6. Need a system of **evaluation** to track real gains; games; ballooning; and cascade effects along the continuum of care | 2 |
| 7. A **systematic approach** to implement culture change | 1 |
| 8. Patients wait in **uncertainty** as to whether or not they will get access – there is no social contract re: access | 1 |
| 9. **Navigating** layers of bureaucracy | 1 |

<table>
<thead>
<tr>
<th>B. Lack of leadership for solutions (N=21)</th>
<th># votes (N=63)</th>
</tr>
</thead>
</table>
| 1. Lack of **leadership, champions** and strong **implementation plans** in provincial governments and health organizations  
  - Lack of direction  
  - Shifting public perspectives, topics, concerns and government prioritization  
  - Global observation: the largest challenge is aligning priorities of planners, health authorities and politicians  
  - Change takes time and there are no quick fixes  
  - Culture – there are competing cultures | 12 |
| 2. **Physicians** must be part of the solution in three ways:  
  i. Clinical champion  
  ii. Masses of healthcare HR staff | 9 |
Table 1: Barriers to WTM Strategy Implementation

<table>
<thead>
<tr>
<th>C. Lack of Tools to Facilitate Change (N=19)</th>
<th># votes (N=63)</th>
</tr>
</thead>
<tbody>
<tr>
<td>iii. Organized medicine – Colleges, etc.</td>
<td></td>
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</tbody>
</table>

1. Lack of standardized data
   - Lack of alignment of provincial approaches to information gathering and lack of alignment in terms of provision of services 13

2. HR model and the way we compensate people is problematic – it is rigged toward providers and is not patient-centric
   - Poor resourcing of technology and HR/people, time
   - Huge demand and lack of resources (especially in mental health), multiple agencies and lack of coordination among provider groups
   - Insufficient number of administrative staff, and heavy cost burden on practitioners and their practices due to lack of change management support and tools
   - After hours access to doctors requires improvement 5

3. Lack of evidence re: value of WTM strategies 1

Key Constraints and Barriers to WTM Strategy Sustainability

Each break-out group identified key constraints and barriers to WTM strategy sustainability, which were then aggregated into a consolidated list. Workshop participants were subsequently asked to identify (using up to five coloured dots) across all categories of barriers, those barriers which they thought were of the overall highest priority to be addressed in order to reduce the barriers to WTM strategy sustainability.

Three main challenges/barriers to WTM strategy sustainability were identified:

A. Lack of management of critical diagnostic, surgical and continuity of care interdependencies within healthcare organizations;

B. Prevalence of a “blitz mentality” of healthcare innovators and lack of time allotted by them to successfully sustain WTM strategies;

C. Lack of time necessary for/required of administrative and clinical champions of WTM strategies to ensure sustainable change.

An aggregated summary of the individual barriers to WTM sustainability identified and the number of participants that indicated (using their voting sticker) that the issue was an overarching priority is provided in Table 2, below.
Table 2: Barriers to WTM Strategy Sustainability

<p>| | | | | |</p>
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<tr>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Lack of <strong>management of critical dependencies</strong> e.g., ICU beds, surgical theatre availability</td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>2.</td>
<td>Prevalence of a <strong>“blitz” mentality</strong> – it is difficult to sustain momentum over the long-term; Integrating WTM strategies into the culture takes time</td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>3.</td>
<td>Maintained success over time requires commitment over time and must be provided by an <strong>administrator</strong> as well as by a <strong>clinical champion</strong> – it requires <strong>clinical-administrative partnerships</strong> to ensure long-term sustainability</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>4.</td>
<td><strong>Fewer pilot projects</strong> and more <strong>implementation with early evaluation</strong> is needed; the problem is that pilots rarely have any funding for full-time continuity over the long-term</td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>5.</td>
<td>Should build plans for change based on <strong>evidence</strong> to ensure sustainability and long-term commitment to change</td>
<td></td>
<td></td>
<td>0</td>
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</table>

**Key Constraints and Barriers to WTM Strategy Implementation and Sustainability Experienced but Not Noted in the Research Report**

Each break-out group was asked to compare their list of key constraints and barriers to WTM strategy implementation and sustainability to the list of barriers provided in the research report and to identify, based on their experience, any gaps in the list generated in the report. These gaps were aggregated into a consolidated list. Workshop participants were then asked to identify (using up to five coloured dots) across all categories of barriers, those overall barriers which they thought were of the highest priority to be addressed in order to reduce the barriers to WTM strategy implementation and/or sustainability. Five constraints/barriers experienced or observed by workshop participants that should be noted in addition to those identified in the report are:

1. **Lack of participation and engagement of front line healthcare workers**;
2. **Competing health system priorities**;
3. **Lack of shared learning opportunities between organizations and among jurisdictions**;
4. **Lack of funding beyond the implementation phase for WTM strategies**;
5. **Limited information sharing**.

An aggregated summary of the constraints and barriers to WTM sustainability experienced by workshop participants but not specifically identified in the report and the number of participants that indicated (using their voting sticker) that the issue was an overall priority is provided in Table 3, below.
### Table 3: Constraints and Barriers Experienced or Observed but Not Noted in the Report

<table>
<thead>
<tr>
<th>Constraint</th>
<th>Votes (N=25)</th>
</tr>
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<tbody>
<tr>
<td><strong>1. Lack of participation and engagement of front line healthcare workers</strong></td>
<td></td>
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<tr>
<td>- The motivation and participation of front-line workers other than physicians is often overlooked and acts as a barrier to successful WTM implementation and sustainability</td>
<td>8</td>
</tr>
<tr>
<td>- It is important to attend to and ensure the motivation of non-clinicians as well as clinicians</td>
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<tr>
<td><strong>2. Competing health system priorities</strong></td>
<td>7</td>
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<tr>
<td>- There are competing priorities for CEOs at the local level - to remain a high priority within the health system, WTM must compete for priority position with a range of other issues</td>
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<tr>
<td>- This challenge is especially relevant given the prevalence of other crises within the healthcare system to be addressed at this time</td>
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<tr>
<td><strong>3. Lack of shared learning opportunities between organizations and among jurisdictions</strong></td>
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<tr>
<td>- There is currently limited capacity for organizations to learn from one another and to share experiences outside their own jurisdiction</td>
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<tr>
<td>- There is great value in learning from other regions and exchanging experiences across organizations and jurisdictions, but currently there is little opportunity to do so</td>
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<tr>
<td><strong>4. Lack of funding beyond the implementation phase for WTM strategies</strong></td>
<td>5</td>
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<tr>
<td>- Funding is needed for both implementation and sustainability of WTM strategies</td>
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<tr>
<td>- However, strategies to maintain funding to ensure sustainability is currently lacking</td>
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<tr>
<td>- Model for sustainability of WTM strategy funding is needed</td>
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<tr>
<td>- The model required is not the same model as a “seed-funding” model</td>
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<tr>
<td><strong>5. Limited information-sharing</strong></td>
<td>0</td>
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<tr>
<td>- Limited information-sharing and communications is a barrier to successful WTM strategy implementation and sustainability</td>
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</tr>
<tr>
<td>- Ensuring that all players are aware of what is being done (i.e., strategy) and why (i.e., why is this important) is key to a successful WTM strategy</td>
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</table>
3. Factors that Improve the Implementation of Wait Time Strategies and Help to Sustain their Success

Workshop participants were asked to identify strategies and best practices that help improve the implementation of wait time strategies and contribute to sustaining their success. Ten strategies and best practices, outlined below, were recommended:

1. **Greater Alignment**: Agenda alignment across healthcare organizations – focus on the patient and make the patient the common focal point

2. **Increased and Strategic Communications**: Increase communications among stakeholders; communicating at the right place, time, levels and levels of responsibilities

3. **Strong Data**: Establish a strong WTM data repository and ensure WTM data standardization; collect data about the impact of WTM strategies and identify gaps and goals; note that WTM projects are not IT projects – they need to include change management and people, processes and flows must be addressed
4. **Clinical and Administrative Champion-Partners:** Clinical and administrative WTM strategy champions must form a partnership; the system must identify who these champions are, define and resource their roles and actions and enable them to implement an operational plan.

5. **Clear Articulation of the Value Proposition for WTM:** People involved in WTM strategies must feel that “we are doing this for you” and that it is part of an integrated strategy and not a “stove pipe” activity.

6. **Patient Engagement:** Engage and activate patients – create transparency of the current system dysfunctions so that patients understand the problems i.e., varying wait times among caregivers, and provide patients with options.

7. **Health System Trade-offs and Patient Options:** Talk about what the health system is for and what the trade-offs are for immediate access – this will inform resourcing the health system and individual priorities.

8. **Establish Incentives:** Create a system with incentives for clinicians that involves paying them for their time.

9. **Leadership:** Leadership is required in partnership with the payers (Ministries of Health) – make sure that Ministries of Health are at the table or the relationship with them can become a barrier. Leadership has to be at the different levels of the health care system: organisational level, regional level (to have a regional view of the needs and resources), provincial and Federal level.

10. **Expectations Management:** As a parallel strategy, an “expectations management” strategy is recommended around the potential and the limitations of WTM strategies.

### 4. Knowledge Translation Opportunities

Workshop participants suggested a number of ways to share the research findings and increase awareness of the results of the research report and the day’s discussion:

1. Offer “in-person” presentations of the research findings for 15 minutes at key stakeholder organizations’ meetings and conferences – this will be the most effective strategy by which to disseminate the research findings.

2. Create a 1-page quick fact sheet of bullet points that could be circulated to 2,000 medicare doctors and tailored for other audiences.

3. The one-page summary sheet should be appended to the proceedings of the *Taming of the Queue VI* conference.

4. Mount a summary of the key findings on each province’s wait-time management web-site.

5. Create dissemination partnerships e.g., Canadian Advanced Technology Alliance (CATA), CIHI [has wait-time management group that knows what the communication access routes are for each province], the Deputy Minister’s Health group via Health Canada.

6. Specific communication routes should be developed for each province; for example, for policy makers in Manitoba, send to the Acute Care Network and the
Chief Medical Officers, as well as related provincial organizations. Note that the WTM issue is not currently on all government agendas to an equal degree.

7. Establish a national “table” at which provincial experience can be shared - there is a lot of good work done but currently it is difficult to locate and mine existing knowledge bases.

5. Relevant Topics for Future Research

To set the context for a discussion of relevant topics for future research, guest speaker, Dr. Alex Morton, London School of Economics and Political Science, provided a very informative address titled *A Million Years of Waiting: Competing Accounts and Comparative Experiences of Hospital Waiting Time Policy in the UK*. During this presentation, Dr. Morton provided four perspectives on waiting times (production, patient behaviour, producer incentive and process) and a summary of the significant progress made in reducing waiting times in England and Northern Ireland, as well as status reports on progress towards reducing wait times in Scotland and Wales. Following this presentation and a question and answer period, workshop participants explored relevant topics for future wait time research in Canada.

At the local level, workshop participants identified twelve research topics as most relevant to their work over the next five years:

**Synthesis Research:**

1. A rapidly undertaken update of the current research report, using exactly the same search strategy but for the period 2005-2009

**Key Informant Interviews:**

2. Interviews with administrative and secretarial staff to obtain their insights and perceptions about the impacts of constraints and barriers on the success of wait time registries

**Implementation and Evaluation Research:**

3. Implementation analysis and evaluations; however, workshop participants noted that it may be difficult to find a journal willing to publish this type of research

4. Gathering and sharing lessons learned and best practices re: wait-list times to illustrate how to do more with existing resources

5. Public reporting of wait time performance and in particular, what is important to report, how does reporting affect the behaviour of providers and patients and what are the unintended consequences and benefits

6. Measuring quality of care as a wait-list issue and documenting the outcomes and implications of a WTM strategy for patient outcomes and quality of care

7. Case studies and identification of factors for WTM success, including a section of the research report that evaluates system preparedness to accept change and identifies critical factors for WTM preparedness

**Change Management Research:**

8. Identification of the incentives that drive adaptive change in physicians
Health Services/Health Systems Research:

9. Identifying the right capacity for a population with respect to diagnostic imaging and MRIs

10. Examining the degree of pent-up demand for health services to provide a better understanding of why the wait-list doubles when capacity doubles

11. Use of human resources and in particular, how many primary care nurses are working to their scope of practice; are they falling short of or exceeding their scope; are they working as administrators or receptionists?

12. Economic costs of waiting for care in key areas and in isolated pockets of system e.g., mental health, the process and additional costs leading up to the wait time, the extra health system costs of managing disease/pain while patients wait for care, and the process and costs of ambulatory and post-surgery rehabilitation wait times.

The team currently developing a WTM strategy in Saskatchewan and the Nova Scotia WTM representatives expressed interest in working with Dr. Pomey’s research team on future initiatives.

It was also noted that a new initiative supported by a CIHR Emerging Team Grant, led by Dr. Tom Noseworthy (University of Calgary), Total Joint Replacement (TJR): Strategic Management for Timely Treatment, will be examining the sustainability of WTM strategies for TJR and is looking for sites interested in being involved in the project. Interested parties were asked to contact Dr. Noseworthy directly for additional information.

6. Next Steps: Towards the Development of an Action Plan

Following this workshop, a draft report will be circulated to participants for review, comment and feedback in May 2009. A final version of the report will be presented to CIHR and circulated to workshop participants in June 2009. Dissemination of the key messages arising from the research report and workshop will be undertaken during the summer and fall 2009.

Finally, the details of future collaborative research opportunities will be circulated in fall 2009.

The results of the workshop evaluation are provided in Appendix C of this report.

Please forward any comments, suggestions or additional reflections related to the workshop and this report to Dr. Marie-Pascale Pomey at marie-pascale.pomey@umontreal.ca on or before May 15, 2009.
<table>
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<th>E-mail</th>
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<td>Wendy Nicklin</td>
<td>President and CEO, Accreditation Canada, Ottawa, Ontario</td>
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<td>Dr. Tom Noseworthy</td>
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17 | Stephen Vail | Canadian Medical Association, Ottawa, Ontario
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19 | Dr. Eric Wasylenko | Canadian Medical Association, Ottawa, Ontario | Eric.wasynlenko@albertahealthservices.ca
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#### Research Group:

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#### Facilitator:

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Appendix B: Workshop Agenda

Determinants of Wait Time Management Strategies in HCOs

Wednesday March 25, 2009
1:30 – 5:30 p.m.
Chateau Laurier Hotel, 1 Rideau Street
Ottawa, Ontario
K1N 8S7
MacDonald Room
On-site telephone: (613) 241-1414

1:15 – 1:30 p.m. Registration and Reception, Coffee and Light Refreshments

1:30 – 1:35 p.m. Welcome and Overview of the Agenda
Speaker: Marie-Pascale Pomey

1:35 – 1:45 p.m. Round Table Introductions
Facilitator: Diana Royce

1:45 – 1:55 p.m. Research Results:
Determinants of Waiting Time Management for Health Services—A Policy Review and Synthesis
Speaker: Marie-Pascale Pomey

1:55 – 2:00 p.m. Instructions for Break-Out Discussion Groups

2:00 – 2:30 pm Break-Out Session:
Barriers to the implementation and sustainability of wait time management strategies – Confirming research results

1. What constraints or barriers are missing from the list provided?

2. In your experience, what are the top five/two constraints or barriers (refer to list provided) to implement wait time management strategies in healthcare organizations?

3. In your experience, what are the key constraints or barriers to sustainability of wait-time management strategies in healthcare organizations?

4. In your report-back, compare and contrast the common and unique constraints and barriers to implement and to sustain wait-time management strategies.

2:30 – 2:50 p.m. Break-Out Groups Reporting Back
2:50 – 3:00 p.m. **Overall Prioritization:**
1. What are the top five barriers to implement wait time management strategies in healthcare organizations?
2. What do workshop participants see as the top five barriers to the sustainability of wait time management strategies?
3. How do these top five lists differ from the research findings?

3:00 – 3:15 p.m. **Refreshments**

3:15 – 3:50 p.m. **Plenary Session:**
Factors that improve the implementation of wait time management strategies and help sustain their success

1. What strategies/best practices would you recommend to overcome barriers?
2. **Who** should be involved in these strategies/best practices? **Why** should they be involved? **How** should they be involved? How can **policy makers/researchers** help?

3:50 – 4:10 p.m. **Identification of Knowledge Translation Opportunities:**
Suggestions of ways to share the research findings and the results of today’s discussion

4:10 – 5:00 p.m. **Keynote Speaker:** Dr Alec Morton, Lecturer in Operational Research, Department of Management, London School of Economics

*Opening the discussion about what research and challenges should be addressed in the next 5 years: Insights from the United Kingdom*
Questions and discussion

5:00 – 5:25 p.m. **At the local level,** which research topics would be most relevant to your work over the next five years?

- Relevant topics for future research?
- How would you/your organization like to be involved in future research opportunities?

5:25 – 5:29 p.m. **Next Steps: Towards the Development of an Action Plan**

5:29-5:30 p.m. **Workshop Evaluation**

5:30 p.m. **Adjournment**
Appendix C: Workshop Evaluation Results

Thirteen evaluation forms were completed and analyzed.

1. Usefulness of the pre-workshop research summary:

   Q1. Pre-workshop Research Summary - Usefulness and Clarity (N=13)

   0 2 4 6 8 10 12
   N/A Good Very good Excellent

   Usefulness  Clarity

2. Context setting: How useful was the presentation of the research results about factors that improve WTM strategies?

   Q2. Usefulness of the WTM Strategies Research Presentation (N=13)

   Fair Good Very good Excellent
2. a) What did you find most useful about this presentation? (N=3)
   - The presentation generated a good discussion and they have learned good things from the sharing of ideas (2)
   - Useful to identify gaps in research and knowledge (1).

2. b) What could be improved? (N=4)
   - An update of the current research could be undertaken (1)
   - Avoid wasting time at the next workshop because the pre-circulated information was repeated (1)
   - Link the findings of this workshop to future next research (1)
   - Provide participants with a summary before the next workshop to have time to read it and be better informed (1).

3. How effective was the break-out exercise in helping the group confirm the key barriers to the implementation and sustainability of WTM management strategies?

Q. 3 Effectiveness of Break-out Group Exercise (N=13)

[Bar chart showing effectiveness levels: Fair, Good, Very good, Excellent]
3. a) What did you find most useful about this exercise? (N=6)
   - It was useful way of sharing ideas (2)
   - It was useful, but there was no assurance that the iterative approach was inclusive and thorough and we may not have covered enough bases (1)
   - The exercise enabled a broad contribution from the participants (1)
   - Many good ideas were generated (1)
   - The exercise placed the project in a national perspective (1).

3. b) What could be improved? (N=3)
   - The group facilitator needs to be more assertive (1).
   - Only a small number of people spoke and it would be interested in the ideas of the other attendees (1)
   - Allocate more time to discussing action items (1)

4. Keynote speaker: How valuable was the invited presentation by Dr. Alec Morton, Lecturer in Operational Research, Department of Management, London School of Economics?

<table>
<thead>
<tr>
<th>Q. 4 Value of Keynote Speaker: Dr. Alec Morton, LSE (N=13)</th>
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4. a) Please note what you found most useful about this presentation (N=5)
   - The presentation was informative and very interesting (3)
   - Appreciated the framework and concepts shown1)
   - Useful to have more information on NHS (1)
5. How effective was the workshop overall in identifying priorities and strategies for improving and sustaining WTM strategies in HCOs?

Q5. Overall Effectiveness Identifying Priorities & Strategies to Improve WTM (N=13)

6. Venue

Q6. Venue (N=13)
7. Food

Q7. Food (N=13)

8. Meeting materials

Q8. Meeting Materials (N=13)
9. Meeting Facilitation

Q9. Meeting Facilitation (N=13)

10. Other Meeting Logistics

Q10. Other Meeting Logistics (N=13)
Adresse de correspondance
Prière d'adresser toute correspondance concernant le contenu de cette publication ou autres rapports déjà publiés à :

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