

Wait Time Reporting Systems for Elective Surgery in Canada: A Descriptive Overview of Provincial and Territorial Initiatives

Introduction

Limited access to health care services is a global problem. The barriers to access differ across countries and regions. In Canada, a significant barrier to the accessibility of surgical procedures is wait times. In the 2017 Commonwealth Fund Report, Canada was ranked 10th of 11 countries in access to health services, largely due to long wait times for services such as elective surgery (1). Long wait times for elective surgery can cause anxiety, pain, worsening health status, and increased recovery time after treatment. Public concern about wait times pressures governments and health authorities to act to improve timely access to health care services (2).

Between the 2004 and 2005 Canadian First Minister's Meetings on the Future of Health Care, national benchmarks and reporting standards for five priority areas were developed(3). The Canadian Institute for Health Information (CIHI) was mandated to collect data on wait times for five "priority areas": sight restoration (cataract surgery), cardiac care, hip and knee joint replacements, cancer surgery, and diagnostic imaging tests (4).

Waiting for elective surgery usually involves two types of waits; first, waiting for a specialist consultation upon referral from a primary care physician (labelled "Wait 1" in Ontario), and second, the time between the decision to proceed with surgery and the surgery itself (labelled "Wait 2" in Ontario). The national reporting standards established in 2004 required that Wait 2 be reported for the five priority areas. Some provinces have gone beyond the national reporting standards and report wait times for more procedures. For example, Ontario created an online database that provides wait time information for a variety of surgical procedures called the Wait

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3 Time Information System (WTIS) (5), in which wait time data are routinely collected from
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5 individual surgeons and compiled for public use (6).
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8 Despite some progress in recent years, Canadian wait times for elective surgery are still long.
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10 A comparative analysis of provincial and territorial wait time reporting systems would provide
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12 valuable insight into wait time reporting systems across Canada. The objective of this study was
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14 to develop and analyze an inventory of surgical wait time reporting systems in each Canadian
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16 province and territory.
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Methods

Data Collection

We manually searched Ministry of Health web sites for each province and territory to identify the wait time reporting systems in place. The search was conducted between June and August 2019. We first used the Google search engine to identify the url web page address of each provincial and territorial Ministry of Health. We then searched Google Scholar and PubMed—using search terms such as the names of relevant provincial/territorial wait time reporting systems, and phrases such as “wait time reporting in (province/territory)” and “wait times for surgery”—to identify more information about each system, relevant dates, and the reporting process. No restrictions were applied to the searches. The data collection form was created by all the study authors. Data were collected by RS, and verified with all members of the research team.

Variables of Interest

For each province and territory, we gathered information about the wait time reporting system and wait time reporting website. We selected the variables of interest to align with the study’s objective of describing the content, scope, and processes of these systems.

First, we were interested in whether any centralized wait time reporting system was in place. A centralized wait time reporting system was defined as a province/territory-wide program that collected data for various elective surgical procedures into a single database. We were also interested in the scope of procedures for which wait time data were collected (e.g., only for procedures within the five priority areas, or for a broader variety of surgical procedures). We were also interested in which time intervals were measured (“Wait 1”, “Wait 2”). Information was collected about whether a diagnostic prioritization system was used for determining target

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3 wait times, and if benchmarks were used. A ‘diagnostic prioritization system’ was defined as a
4 method for determining acceptable target patient wait times based on the urgency or acuity of a
5 patient’s condition. A ‘comprehensive diagnostic prioritization system’ was defined as a system
6 that was embedded within a centralized wait time reporting system that included two or more
7 different surgical procedures. A benchmark was defined as a standard against which actual wait
8 times were measured.
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11 We gathered information about the data sources, data collection procedures, the
12 frequency of data collection, and the use of data quality and error checks. Finally, we were
13 interested in the date the wait time reporting systems were established.
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16 For wait time reporting websites, we collected information about the procedures for
17 which wait times were reported, the time intervals reported (“Wait 1”, “Wait 2”), how
18 information was reported including statistical aggregation, the frequency of data updates on the
19 web site, the source of data, and when then web site was established.
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21 22 23 24 25 26 27 28 29 30 31 32 33 **Analysis**

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35 We qualitatively analyzed the data and compared the variables of interest across the
36 provinces/territories. The primary intent of the study was descriptive; we did not perform
37 quantitative statistical analyses.
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Results

General Characteristics of Wait Time Reporting Systems

Table 1 presents an overview of wait time reporting systems in the provinces/territories.

Seven provinces have comprehensive, centralized wait time reporting systems and the rest of the provinces/territories have highly decentralized wait time reporting. Provinces with centralized systems have created “registries” where data are inputted into a unified database to monitor wait times for many, if not all, surgical procedures (e.g., British Columbia, Ontario, Alberta, Saskatchewan, Nova Scotia, New Brunswick, and Quebec). Most provinces have gone beyond the nationally-mandated reporting of wait times for procedures in the five priority areas. British Columbia, for instance, has created a Surgical Patient Registry (SPR) which collects wait time data for all elective surgical procedures (7). In contrast, other provinces/territories, such as Manitoba, have separate registries for cardiac surgery (Cardiaccess), cataract surgery (Manitoba Cataract Surgery Waiting List Program) and joint replacement (Hip/Knee Replacement Registry), and only report wait times for procedures in these priority areas (8, 9).

Wait 2 was the time interval most-reported by the provinces/territories, while Wait 1 was far less frequently reported. Ontario and Nova Scotia report Wait 1 consistently across the province (5, 10). Alberta’s Referral Directory allows for the submission of Wait 1 data, but only some specialists report to it. British Columbia also seems to be heading in the direction of reporting Wait 1 data (11).

Comprehensive diagnostic prioritization systems were part of some registries and databases. Alberta Coding Access Targets for Surgery (ACATS) is a prioritization system for all elective surgical procedures. Patients are assigned a code based on their diagnosis. The patient’s position on a waitlist is determined based on their diagnosis, level of acuity and the number of days until

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3 the target wait time is reached (12). Some wait time data were reported with reference to a
4 benchmark. For example, in Manitoba the wait time website reports wait time statistics as
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6 “percent of surgeries done within benchmark” (13).
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10 Some of the provinces provided information about their data quality and error checking
11 processes. The territories did not have reporting systems in place.
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14 **Data Sources and Methods of Data Collection**

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17 Table 2 presents information about wait times collection in provinces with centralized wait
18 time reporting systems. In British Columbia, the Provincial Health Services Authority (PHSA)
19 collects and manages information inputted into the online Surgical Patient Registry by operating
20 room booking staff (7). Quebec has designated staff members at each health care institution who
21 input the data directly into the database (14). Most provinces report wait times in near real-time
22 and are constantly updated.
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30 **Provincial/Territorial Wait Time Reporting Websites**

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33 All provinces except Newfoundland and Labrador have separate wait time reporting web
34 sites (Table 3, links found in the Appendix). Most jurisdictions reported wait times for more than
35 the procedures included in the five priority areas, except for Manitoba, Newfoundland and
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Wait 2 was reported on all provincial wait time web sites, however Wait 1 was only reported
in Ontario and Nova Scotia.

Provincial wait time reporting web sites also differ in how the data are presented (Table 4).
For all provinces data are presented by procedure, location and hospital/institution. Some web
sites have user-directed search features. For example, the Alberta web site permits users to

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3 search for wait time data by procedure, surgeon, hospital/institution, location or time period.

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5 Some provinces report wait times by time period (e.g. monthly) and surgeon, as well. Most
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8 provinces publish percentile statistics (50th and 90th) and average wait times.
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10 Most web sites were updated monthly or bimonthly; Saskatchewan's web site is updated
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12 continuously (14).
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Interpretation

Main Findings

All provinces except Newfoundland and Labrador have web sites to publicly report wait time information. Seven provinces had comprehensive, centralized wait time reporting systems. Many provinces have gone beyond the national reporting standards in terms of procedures reported, and all provinces with systems have standardized diagnostic prioritization systems in place.

Explanation and comparison with other studies

The territories do not currently collect or report wait time data, likely related to the fact that many residents of the territories receive specialty care in a neighboring province. For example, Nunavut transports patients requiring acute medical care, such as major surgeries, to Ottawa (15). This could also be due to a lack of technology and resources. Wait times across the provinces/territories and across specialties were highly variable.

While Wait 1 times represent an important part of the wait for surgery, these times are not consistently reported across Canada. In general, Wait 1 data are more difficult and expensive to collect, since they require obtaining information directly from referring primary care physicians as well as specialists. Although Wait 2 times are generally well reported, the definition of Wait 2 is not consistent across Canada (16). For example, this wait time interval may only begin on the date the hospital has received operating room booking information, which does not account for other system delays in the inputting process (2). There is also unaccounted time between Wait 1 and Wait 2, since Wait 1 ends at the first specialist appointment and Wait 2 only starts at the decision to treat. This highlights an opportunity for consistency across the provinces in terms of wait time definitions and reporting. Creating a national reporting standard that goes beyond the

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3 five priority areas may encourage reporting and, ultimately, increase the accessibility of health
4 care services.
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8 Many European countries have nation-wide reporting systems and databases. (17) Fifteen of
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10 23 member countries of the Organization of Economic Cooperation and Development (OECD)
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12 with similar GDP per capital and health status to Canada monitor and publish national wait time
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14 statistics (18). Elective surgery is the most common health service for which wait times are
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16 measured; most countries begin measuring wait times from the date of the decision to treat (Wait
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18 2). The most commonly measured and reported procedures internationally are hip and knee
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20 replacement, cataract surgery, hysterectomy, prostatectomy, cholecystectomy, hernia repair,
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22 coronary artery bypass grafting, and percutaneous transluminal coronary angioplasty (19).
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24 However, Canada's size and the jurisdictional nature of health care, where each province runs its
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26 own health ministry, limits the feasibility of nation-wide, centralized databases. Development of
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28 provincial/territorial reporting systems and registries that adopt national standards would
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30 increase comparability across Canada and result in more consistent wait time data.
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35 **Future Directions**

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37 It is unclear who is using reported wait time information and for what purpose.
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39 Understanding the extent of use of wait time data and ways to increase awareness among patients
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41 and health care providers is an important future research direction. Further research is needed to
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43 understand how physicians, the public and other stakeholders use this information when making
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45 health care decisions. If data are not extensively used to help reduce wait times, other strategies,
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47 such as a central referral systems and single-entry models, would be helpful.
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Limitations

This study was not a systematic review. The data collected provide a snapshot of the state of surgical wait time reporting in Canada, and are a good overview allowing for comparison. The present findings can help direct future investigation of Canadian reporting systems, which would provide useful information for policy makers and those interested in reducing wait times in Canada.

Conclusions and Implications for Practice

Wait time reporting for elective surgery in Canada is diverse and varies in comprehensiveness across jurisdictions. Canadian provinces and territories would benefit from complete, standardized and publicly available databases with information on access to health services.

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References

1. Schneider EC, Sarnak DO, Squires D, Shah A, Doty MM. Mirror, Mirror 2017: International Comparison reflects Flaws and Opportunities for Better U.S. Health Care: The Commonwealth Fund 2017.
2. Bacchus Barua and David Jacques, with Antonia Collyer Waiting Your Turn: Wait Times for Health Care in Canada, 2018 Report. 2018. Fraser Institute.
<https://www.fraserinstitute.org/sites/default/files/waiting-your-turn-2018.pdf>
3. Health Canada. A 10-Year Plan to Strengthen Health Care. September 16, 2004.
4. Canadian Institute for Health Information. Wait Times for Priority Procedures in Canada. Ottawa, ON:CIHI;2017.
5. Irish J. The Ontario Wait Times Story: Improving Access and Improving Quality of Care [PowerPoint slides]. 2013. Retrieved from Canadian Foundation for Health Care Improvement Website: <https://www.cfhi-fcass.ca/sf-docs/default-source/tq2013/Johnathan-Irish-presentation.pdf?sfvrsn=0>
6. Ontario Wait Times: About Wait Times Data. Ministry of Health and Long-Term Care
<http://www.health.gov.on.ca/en/pro/programs/waittimes/surgery/data.aspx>
7. BC Surgical Patient Registry. Retrieved from Provincial Health Services Authority Website: <http://www.phsa.ca/our-services/programs-services/bc-surgical-patient-registry>
8. De Coster C, Chateau D, Dahl M, Soodeen R-A, McKeen N. Waiting Times for Surgery, Manitoba 1999/2000 to 2003/04 [pdf]. 2007. Retrieved from Manitoba Centre for Health Policy Website: http://mchp-appserv.cpe.umanitoba.ca/reference/swt_3web.pdf
9. Carolyn De Coster, Dan Chateau, Matt Dahl, Ruth-Ann Soodeen, Nancy McKeen. Waiting Times for Surgery, Manitoba, 1999/2000 to 2003/04. Winnipeg, Manitoba Centre for Health Policy, June 2007.
10. Report of the Auditor General. Health and Wellness: Surgical Waitlist and Operating Room Utilization. 2014. Retrieved from Office of the Auditor General of Nova Scotia Website: <https://oag-ns.ca/sites/default/files/publications/2014%20-%20Dec%20-Ch04%20-%20Surgical%20Waitlist%20and%20Operating%20Room%20Utilization.pdf>
11. Wait Time Data Collection. Retrieved from Government of British Columbia Website: <https://www2.gov.bc.ca/gov/content/health/accessing-health-care/surgical-wait-times/understanding-wait-times/wait-time-data-collection>

12. Alberta Health Services. Adult Coding Access Targets for Surgery: aCATS Report Guide Edmonton Zone. 2016. Retrieved from Alberta Health Services Website: <https://albertahealthservices.ca/assets/about/scn/ahs-scen-surg-acats-edmonton-reports-manual.pdf>

13. Government of Manitoba. Health Services Wait Time Information. Retrieved from Government of Manitoba Website: <https://www.gov.mb.ca/health/waittime/index.html>

14. Bernier J, MacLellan K, Clow B. Waiting for Care in Canada: A Report on the State of Wait List Management for Hip and Knee Replacements from Provincial and Territorial Government Websites. 2010. Retrieved from Dalhousie University Website: https://cdn.dal.ca/content/dam/dalhousie/pdf/diff/ace-women-health/live/ACEWH_waiting_for_care_full_report.pdf

15. McKenzie, C. Medevac and Beyond: The Impact of Medical Travel on Nunavut Residents. *Journal of Aboriginal Health*. 9. 80-88. 10.18357/ijih92201214365. https://www.researchgate.net/publication/310845290_Medevac_and_Beyond_The_Impact_of_Medical_Travel_on_Nunavut_Residents

16. Wait Time Alliance. Frequently Asked Questions. Retrieved from Wait Time Alliance Website: <http://www.waittimealliance.ca/for-professionals/faqs/>

17. Swedish Association of Local Authorities and Regions Swedish Waiting Times for Health Care in an International Perspective. 2011. Retrieved from Sveriges Kommuner och Landsting Website: <https://webbutik.skl.se/bilder/artiklar/pdf/7164-735-1.pdf>

18. Viberg N, Forsberg BC, Borowitz M, Molin R. International comparisons of waiting times in health care – Limitations and prospects. *Health Policy*. 2013. 112(1–2): 53-61.

19. Siciliani L, Moran V, Borowitz M. Measuring and comparing health care waiting times in OECD countries. *Health Policy*. 2014. 118(3):292-303.

Table 1
General Characteristics of Wait Time Reporting Systems in Canadian Provinces/Territories

	BC	AB	SK	MB	ON	QC	NL	NS	NB	PE	TRS
Centralized wait time reporting system[†]	✓	✓	✓		✓	✓		✓	✓		
Wait times reported for more than procedures included in the 5 priority areas[‡]	✓	✓	✓		✓	✓		✓	✓		
Wait times reported for procedures in the 5 priority areas				✓			✓			✓	
Wait 1[§] measured		✓ ^{††}			✓			✓	U		
Wait 2[¶] measured	✓	✓	✓	✓	✓	✓	✓ ^{§§}	✓	✓	✓	
Comprehensive diagnostic prioritization system[*]	✓	✓	✓		✓	✓		✓	✓		
Benchmarks established^{**}	✓	✓	✓		✓	✓		✓	✓		
Data quality & error checks	✓	✓	U	U	✓	U	U	✓	✓	U	

Notes. BC = British Columbia, AB = Alberta, SK = Saskatchewan, ON = Ontario, QC = Quebec, NL = Newfoundland & Labrador, NS = Nova Scotia, PE = Prince Edward Island, TRS = territories (Northwest Territories, Yukon & Nunavut), U = uncertain.

[†]Centralized wait time reporting systems are province-wide and collect data for various elective surgical procedures into a single database.

[‡]The 5 priority areas, as defined in the 2003 *First Ministers' Accord on Health Care Renewal*, are sight restoration surgery (cataract surgery), diagnostic imaging, cancer surgery, cardiac surgery and joint replacement surgery (hip and knee replacements).

[§]Wait 1 is defined as the time between referral from the family physician to the specialist and the first (or only) specialist appointment.

[¶]Wait 2 is defined as the time between when the specialist and the patient decide to proceed with surgery and the date the surgery is completed.

^{*}A diagnostic prioritization system is a method for determining patient wait times and/or location on a waitlist based on urgency/acuity. A comprehensive diagnostic prioritization system was defined as a system that is embedded within a centralized wait time reporting system that includes two or more surgical procedures.

^{**}A benchmark is a standard against which actual wait times are measured.

^{††}Only some specialists report consult wait times to the Directory.

^{§§}Wait times for joint replacement surgery, cataract surgery & cancer surgery are tracked by each Regional Health Authority and are reported to the Department of Health & Community Services 4 times/year.

Table 2
Data Source and Method of Collection for Provincial/Territorial Wait Time Reporting Systems

	BC	AB	SK	MB	ON	QC	NL	NS	NB	PE	TRS
Entity tasked with reporting wait time data	Health authorities, operating room booking staff	Operating Room Information System (ORIS)	U		Hospitals and clinical offices. Cardiac Care Network	Assigned staff in every health care institution		District health authorities	Hospital staff		
Entity tasked with collecting wait time data	Provincial Health Services Authority (PHSA)	Alberta Coding Access Targets for Surgery (aCATS)	Surgical Patient Registry		Wait Time Information System (WTIS)	Information System for Managing Access Mechanisms to Specialized Services (SIMASS)		Patient Access Registry Nova Scotia (PAR NS)	Surgical Patient Registry		
Schedule for wait time data reporting	Daily	Varies by report	Daily		Near real-time	Real-time		U	Real-time		

Notes. BC = British Columbia, AB = Alberta, SK = Saskatchewan, ON = Ontario, QC = Quebec, NL = Newfoundland & Labrador, NS = Nova Scotia, PE = Prince Edward Island, TRS = territories (i.e. Northwest Territories, Yukon & Nunavut), U = uncertain.

Table 3
 General Characteristics of Wait Time Reporting Websites in Canadian Provinces/Territories

	BC	AB	SK	MB	ON	QC	NL	NS	NB	PE	TRS
Wait time reporting website	✓	✓	✓	✓	✓	✓	✓ [†]	✓	✓	✓	
Wait times reported for more than procedures included in the 5 priority areas*	✓	✓	✓		✓	✓		✓	✓		
Wait times reported for procedures in the 5 priority areas				✓			✓			✓	
Wait 1 [§] reported	✓		✓ ^{§§}		✓			✓			
Wait 2 ^{**} reported	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	

Notes. BC = British Columbia, AB = Alberta, SK = Saskatchewan, ON = Ontario, QC = Quebec, NL = Newfoundland & Labrador, NS = Nova Scotia, PE = Prince Edward Island, TRS = territories (Northwest Territories, Yukon & Nunavut).

* The 5 priority areas, as defined in the 2003 *First Ministers' Accord on Health Care Renewal*, are sight restoration surgery (cataract surgery), diagnostic imaging, cancer surgery, cardiac surgery and joint replacement surgery (hip and knee replacements).

§ Wait 1 is defined as the time between referral from the family physician to the specialist and the first (or only) specialist appointment.

** Wait 2 is defined as the time between when the specialist and the patient decide to proceed with surgery and the date the surgery is completed.

† There is no website devoted to wait time reporting. However, reports are published on the Western Health & Health & Community services websites.

§§ Wait 1 reporting is under development as indicated on the website.

Table 4
 Characteristics of Wait Time Data Presented on Wait Time Reporting Websites in Canadian Provinces/Territories

	BC	AB	SK	MB	ON	QC	NL	NS	NB	PE	TRS
Data presented by procedure	✓	✓	✓	✓	✓	✓	✓*	✓	✓	✓	
Data presented by surgeon	✓	✓	✓					✓			
Data presented by hospital/institution	✓	✓		✓	✓	✓	✓**	✓	✓		
Data presented by location (e.g., health authority, zone, community)	✓	✓	✓	✓	✓	✓	✓†	✓			
Data presented by time period (e.g., month, year)		✓		✓			✓††	✓			
Information included	- Number of cases waiting - Number of cases completed - 50 th (median) & 90 th percentile wait times	- 25 th , 50 th , 75 th & 90 th percentile wait times - Average (mean) wait time - number of procedures completed	- Number of non-emergent cases completed - 50% and 90% of patients received surgery within (weeks) - Cases waiting - Percent of patients waiting >3 months - Specialist will/will not see patient using video conferencing	- Number of surgeries performed/month - Median wait times by most recent two fiscal years to date	- Percent patients seen within target time (all patients combined) - For each priority level: patients who should be seen within a target time of X days waited on average X days, percent patients seen within target time - Can compare average days waited across various hospitals	- For patients operated on: number of patients, percent operated on within 3 & 6 or more months & average waiting time - For patients waiting: number of patients waiting, number of patients waiting 6 months or more	<u>WH website</u> - Median wait time - Percent benchmark met - total performed <u>HCS website</u> - Number completed - 50% & 90% completed within - Percent within benchmark	- Max time 90% and 50% of patients waited - Shortest wait time - Wait time trends	- 50% & 90% of surgeries were completed within - Trend information - Number completed	- 90% of patients are treated within (days)	
Data source	Surgical Patient Registry (SPR). Data not recorded by the SPR are sent to the MOH by other organizations.	MOH receives data from hospitals & diagnostic clinics. These institutions gather information from physicians & specialists.	Surgical Patient Registry with the exception of hip fracture repair (data comes from CIHI).	Hospitals/facilities gather wait time data from physician & operating room booking systems RHAs check the data & send it to	Wait Time Information System (WTIS)	Information System for Managing Access Mechanisms to Specialized Services (SIMASS)	<u>WH website</u> Hospitals/facilities get data from physicians & OR rooms or booking systems. Data is verified by each RHA and submitted to the Department of Health and	Patient Access Registry Nova Scotia (PARNS)	Provincial Surgical Access Registry	U	

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				Manitoba Health, Seniors & Active Living's Health System Innovation Branch.			Community Services. HCS website RHAs report wait time data to the department of HCS.				
Update frequency	Bi-monthly	Monthly	Real-time	U	Monthly	Monthly	Monthly and/or quarterly	Quarterly	Quarterly	U	

Notes. BC = British Columbia, AB = Alberta, SK = Saskatchewan, ON = Ontario, QC = Quebec, NL = Newfoundland & Labrador, NS = Nova Scotia, PE = Prince Edward Island, TRS = territories (i.e. Northwest Territories, Yukon & Nunavut), U = uncertain, MOH = ministry of health, CIHI = Canadian Institute for Health Information, WH = Western Health, HCS = Health & Community Services.

* WH & HCS websites.

** WH website only.

† HCS website only.

†† Yearly reports are posted on the HCS website.

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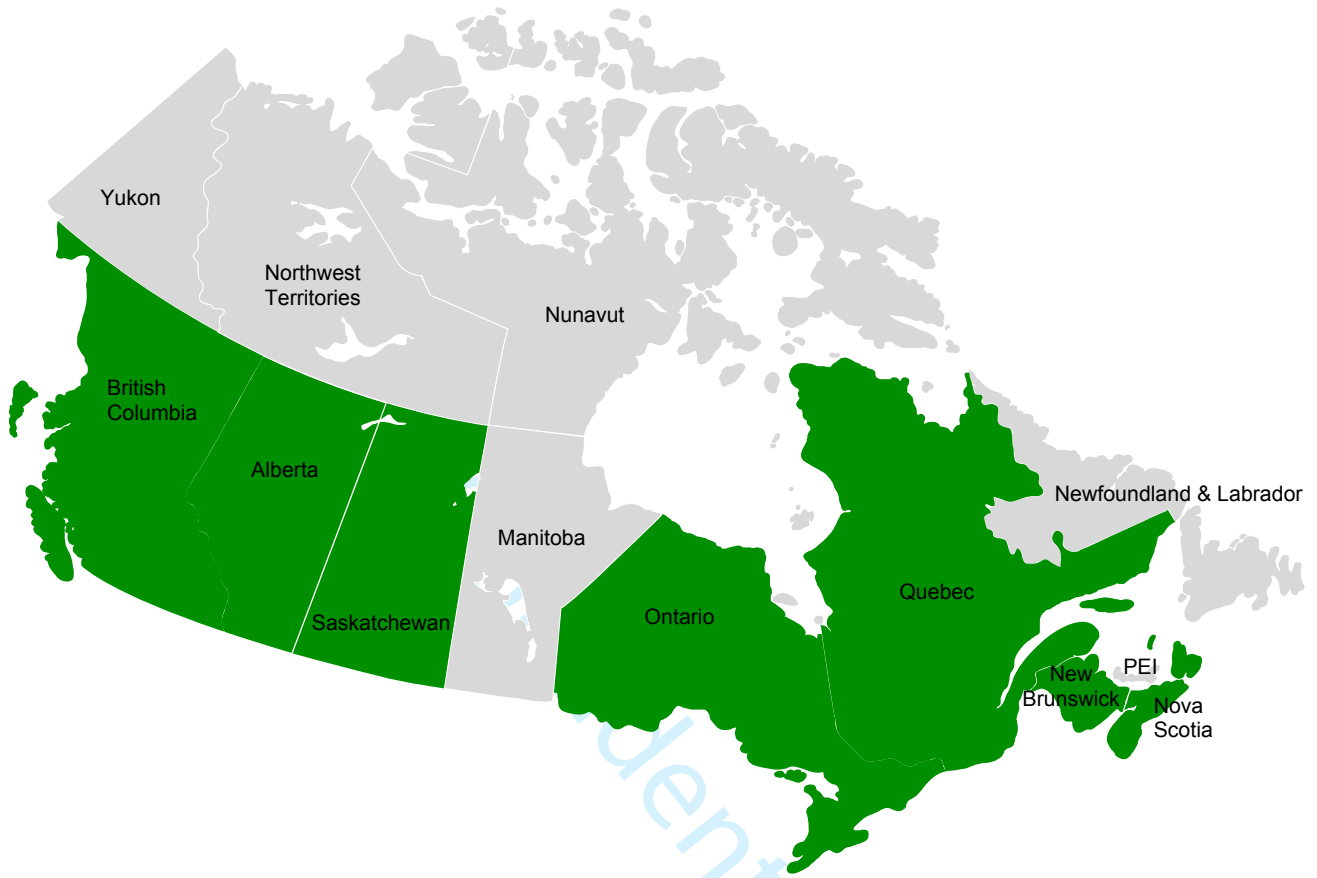


Figure 1. Map of Canada. Green provinces have centralized wait time reporting systems in place.

Appendix

Links to Provincial Wait Time Reporting Websites

British Columbia

<https://swt.hlth.gov.bc.ca/>

Alberta

<http://waittimes.alberta.ca/>

Saskatchewan

<http://specialists.health.gov.sk.ca/>

Manitoba

<https://www.gov.mb.ca/health/waittime/>

Ontario

<https://www.ontario.ca/page/wait-times-ontario>

Quebec

<https://g74web.pub.msss.rtss.qc.ca/default.asp>

Newfoundland & Labrador

Health & Community Services website:

https://www.health.gov.nl.ca/health/wait_times/index.html

Western Health website: <http://westernhealth.nl.ca/home/wait-times-2/>

Nova Scotia

<https://waittimes.novascotia.ca/>

New Brunswick

<https://www1.gnb.ca/0217/surgicalwaittimes/index-e.aspx>

Prince Edward Island

<https://www.princeedwardisland.ca/en/information/health-pe/health-services>