

A Matter of Time: An Investigation into the Management of Wait Lists for Breast Cancer Treatment in Saskatchewan

In May of 2009, Ombudsman Saskatchewan was approached by a Saskatchewan resident (referred to here as Mrs. X) who had been diagnosed with, and undergone treatment for, breast cancer.

Mrs. X was not concerned about the actual clinical care she received from the provincial health care system and specifically the Saskatchewan Cancer Agency (SCA). Rather, she was concerned with what she perceived to be barriers to accessing timely care, specifically chemotherapy, and her experience while waiting for care.

On May 20, 2009, the Ombudsman provided notice to the SCA of his intention to review the administration of the wait lists for oncology services, specifically adjuvant chemotherapy, for women diagnosed with early stage breast cancer.

Key Findings

- SCA is an agency that strives to provide the best care to all its patients.
- Once the SCA learned of Mrs. X's concerns, it acted upon them.
- In 2009 to 2010 SCA was an agency that struggled with how it managed its wait lists. Specifically,
 - The agency managed the lists in a piecemeal fashion. There were individuals in charge of pieces of the wait list but there was no one individual at the SCA identified to be administratively and clinically responsible for overseeing the wait lists.
 - The wait lists, as managed in 2009, were resource dependent — meaning if there was a shortage of clinical staff the waits grew. The system was unable to effectively respond to resources issues.
 - At the time of the review, the structure of the wait lists could be described as a patchwork of information collected and stored using multiple formats, and maintained and updated both manually and through computer programs.
 - We also found that at the time of our review, the SCA did not provide patients with an estimated timeframe of when they would be seen by an oncologist. They now do provide timeframes to patients who request them.

Changes at the Saskatchewan Cancer Agency

The SCA has implemented a number of changes to improve its services based on the concerns raised by Mrs. X and Ombudsman Saskatchewan.

- As of June 2011 the SCA employs a full complement of oncologists and hematologists.
- The Agency has developed multi-disciplinary tumour groups which have adopted benchmarks for treatment and continue to look at improving access to care.
- The Agency has set and will publically report on five year access targets that will see:
 - 100% of patients contacted within 24 hours of referral.
 - 100% of patients screened for distress.
 - 100% of cases reviewed by a multi-disciplinary team.
 - 100% of patients receive a detailed care plan.
 - 100% of patients assessed for clinical trial eligibility.
 - 90% of new patient referrals seen within 7 days of referral.
 - 90% of patients started on treatment within 14 days of being ready to treat.
 - 90% of patients treated according to published treatment guidelines.

Recommendations

1. The SCA review the administrative processes involved in managing the wait list from point of referral to the first consultation/appointment with an oncologist to ensure the skill sets of every member of its clinical staff are fully maximized.
2. The SCA consider formally adopting its informal benchmark for adjuvant chemotherapy for breast cancer patients and develop clinically appropriate access targets.
3. The SCA merge its two wait lists to one provincial list that is centrally managed and supported.
4. The SCA appoint a senior staff member to be responsible for overseeing the entire wait list for the province, which includes ensuring its integrity, that it is maintained efficiently, that new patients are added quickly, and that all patients receive timely appointments.
5. The SCA review and evaluate its information and communication technology on an ongoing basis or as needed to ensure the technology can adequately and effectively support the provision of cancer care services.
6. The SCA consider introducing complete and comprehensive electronic medical records to form the basis for the provincial patient wait list.
7. The SCA develop measurement tools that will assist it in tracking what patient-centred and system-centred factors influence timely and equitable access to care. Such measures should be able to provide the Agency with information to systemically manage its resources, and also to provide information to individual patients about where they are on the wait list and when they can reasonably expect to be seen by a medical oncologist.
8. We support and repeat the recommendation made in an operational review conducted by RockBank Consulting in 2006: "Ensuring that the SCA web site has protocols, guidelines, resources and links needed to support patients and families along the full cancer journey."
9. The SCA review RockBank Consulting's report and give consideration to implementing the noted recommendation, "A shift in care to the most appropriate provider, e.g. moving some care back to the community and to family physicians, partnering with other providers, such as advanced practice nurses and clinical associates."
10. In situations where the SCA finds itself unable to adequately address the demand for its services, the Agency provide all referring community doctors sufficient information to allow the referring doctors and their patients to make informed decisions about alternative care plans at other cancer centres, including agencies outside the province.
11. The SCA develop a plan for consultation and use that plan to consult with community doctors to determine what information is required to be exchanged between health care providers in order to facilitate robust referrals.
12. If it has not already done so, the SCA develop information for community doctors to provide to patients they are referring to the SCA. This should include information about the wait list and the expected time period an individual should remain on the wait list and when patients can be expected to be referred back for follow-up care with their community doctor.
13. When requested, the SCA provide estimates to patients of when they will be seen by a medical oncologist. If an estimate is unable to be met, the SCA should inform the patient, provide an explanation, and provide a new estimate.
14. The SCA ensure navigational assistance is in place to assist patients who are waiting for a first appointment with an oncologist.
15. Working in partnership, the SCA, its patients and patient advocacy groups develop and introduce a patient charter based on the principles of PFCC.
16. The SCA review its administrative processes connected to the wait list on an ongoing basis, with the goal to streamline and simplify the processes.