Enhancing the effectiveness of health care for Ontarians through research

ICES Institute for Clinical Evaluative Sciences

At A Glance

July/August 2007

Monthly highlights of ICES research findings for stakeholders

Canada lags behind international community in strategies to reduce wait times

Wilcox S, Seddon M, Dunn S, Tudor Edwards R, Pearse J, Tu J. Measuring and reducing waiting times: a cross-national comparison of strategies. *Health Aff*. 2007; 26 (4): 1078-1087.

Issue Varying approaches have been used to reduce patient waiting times within the international community. The effectiveness of these policies has not been evaluated.

Study Compared strategies to reduce wait times in Australia, Canada, England, New Zealand, and Wales from 2000 to 2005. Each of these countries provides universal health insurance.

Key Findings Of the five countries, England has had the most success in reducing wait times, as a result of major funding increases, ambitious wait time targets, and a rigorous performance measurement system. Although Canada, England and New Zealand have shown a stronger commitment to addressing the problem than Australia and Wales, Canada's strengths are limited by sizeable geographic variation and different approaches to wait time reductions across the 10 provinces.

Implications Canadian policy makers should build upon recent achievements by adopting some of the approaches used in other countries, such as measuring and reporting on wait times using a common website, expanding wait times to include the time from family physician referral to specialist consultation to treatment, and developing increasingly aggressive national targets across a broad range of surgical and medical conditions.

Colonoscopies done in doctors' offices more likely to be incomplete

Shah H, Paszat L, Saskin R, Stukel T, Rabeneck L. Factors associated with incomplete colonoscopy: a population-based study. *Gastroenterol*. 2007; 132 (7): 2297-2303.

Issue Few reports have examined the completeness of colonoscopy in clinical practice using population-based studies, or the factors which may explain incomplete colonoscopies.

Study Identified Ontarians, 50 to 74 years of age, who underwent a first colonoscopy between 1999 and 2003. Evaluated the association between patient, endoscopist (specialty and colonoscopy volume) and setting factors (academic hospital, community hospital, doctor's office), and incomplete colonoscopy.

Key Findings Of the more than 331,000 individuals who had a first colonoscopy, 13% were incomplete. Patients with an incomplete colonoscopy were older, more likely to be female, or have a history of prior abdominal or pelvic surgery. Colonoscopies done in a doctor's office or private clinic were three times more likely to be incomplete than those done in an academic teaching hospital.

Implications As colonoscopies done in doctors' offices are more likely to be performed with less or no sedation, more procedures may be abandoned because of patient discomfort. Quality improvement programs are needed to improve colonoscopy completion rates.

TV advertising increases public awareness of stroke symptoms and ED visits for stroke

Hodgson C, Lindsay P, Rubini F. Can mass media influence emergency department visits for stroke? *Stroke*. 2007; 38 (7): 2115-2122.

Issue There is little data available on the relationship between public knowledge of the warning signs of stroke and behaviour.

Study Randomly polled 1,000 Ontarians 45 years of age and older about the warning signs of stroke before, during and after two province-wide TV advertising campaigns conducted between October 2003 and July 2005. Also examined data from the Registry of the Canadian Stroke Network between mid-2003 and the beginning of 2006 to track emergency department (ED) visits for stroke.

Key Findings The public's awareness of the warning signs of stroke increased between 2003 and 2005, decreasing in 2006 after a five-month advertising blackout. There was about a nine per cent overall increase in the number of ED visits for stroke over the study period, a five per cent increase for visits within two and a half hours, a 15% increase for arrivals within five hours, and a 30% increase in visits for "mini-strokes" or transient ischemic attacks (TIAs).

Implications There may be an important correlation between advertising and ED visits for stroke, and particularly TIAs. This study supports sustained funding of public education campaigns, such as continuous advertising on the warning signs of stroke.

Study examines patterns of health care use by youth and young adults with cerebral palsy

Young N, Gilbert T, McCormick A, Ayling-Campos A, Boydell K, Law M, Fehlings D, Mukherjee S, Wedge J, Williams J. Youth and young adults with cerebral palsy: their use of physician and hospital services. *Arch Phys Med Rehabil*. 2007; 88 (6): 696-702.

Issue There is little information regarding the use of health care services by persons with cerebral palsy (CP) as they move from childhood to adulthood.

Study Tracked 587 youth aged 13 to 17 years and 477 adults aged 23 to 32 years with CP in Ontario. Examined annual rates of outpatient physician visits and hospitalizations per 1,000 persons from 1999 to 2002, and compared these with rates for the general population.

Key Findings Annual rates of outpatient physician visits for youth and adults with CP were 2.2 times and 1.9 times higher, respectively, than rates for the general population, and annual hospital admission rates were 4.3 times and 10.6 times higher, respectively. Specialists provided 28.4% of youth visits, but only 18.8% of adult visits.

Implications Comprehensive services are essential to support the health of youth with CP as they move into adulthood. There is a need to determine if increases in outpatient services, particularly specialist care, and enhancements to the education of primary care physicians regarding preventive care and common reasons for admission specific to CP, will lead to reductions in hospitalization rates and lengths of stay.

SARS hospital restrictions decreased elective admissions, but also affected urgent services

Schull M, Stukel T, Vermeulen M, Zwarenstein M, Alter D, Manuel D, Guttmann A, Laupacis A, Schwartz B. Effect of widespread restrictions on the use of hospital services during an outbreak of severe acute respiratory syndrome. *CMAJ*. 2007; 176 (13): 1827-1832.

Issue To limit the spread of Severe Acute Respiratory Syndrome (SARS) in the spring of 2003, a public health emergency was declared, restricting non-urgent use of hospital-based services in the Greater Toronto Area (GTA). The impact of these restrictions on health care has not been fully assessed.

Study Determined rates of hospital admissions, emergency department (ED) and outpatient visits, diagnostic testing, and drug prescribing in the GTA, and compared them with regions not subject to the restrictions (Ottawa and London) for the time period before SARS (April 1, 2001 to March 14, 2003), in the early phase of the SARS restrictions (March 15 to May 14, 2003), and in the late phase (May 15 to July 14, 2003).

Key Findings

- High urgency ED visits fell by 37% in the GTA. Transfers of emergency patients from neighbouring hospitals to GTA hospitals declined by 44%.
- Hospitalizations for medical conditions decreased by 10-12% overall in the GTA, while no changes were seen in the comparator regions. Hospitalizations for some serious medical conditions decreased by 15-21% in the GTA.
- Elective surgeries in the GTA fell by 22% (early SARS) and 15% (late SARS), and by eight per cent in the comparator regions, while urgent surgeries remained unchanged in all regions.
- Drug prescribing and primary care visits were unchanged.

Implications During a major community-based outbreak, the ability of hospitals to admit large numbers of affected patients will be limited by hospital occupancy rates, which are continually high. Therefore, when required, restrictions on hospital use should be accompanied by public health initiatives that encourage use of the health care system by patients with potentially serious conditions. Policies are also needed to ensure continued access to highly specialized and regionalized services.

For more information contact:
Paula McColgan, Vice-President, Strategy and External Relations, ICES
(416) 480-6190 or paula.mccolgan@ices.on.ca