
A Strategy to Reduce Orthopaedic and Ophthalmology Waits in British Columbia

November 2004



Prepared by the
BC Nurses' Union and the British Columbia Medical Association

A Strategy to Reduce Orthopaedic and Ophthalmology Waits in British Columbia

November 2004

SUMMARY

This document was drafted in response to a September meeting between the British Columbia Nurses Union (BCNU) and the Premier. At that time, the Premier requested further input from BCNU on how the province could reduce surgical waiting lists by expanding the use of operating rooms in public hospitals. Recognizing that wait lists are a critical issue for BC's physicians as well, the BCNU and BC Medical Association (BCMA) have worked collaboratively to draft this document and present a collective strategy for reducing excessive orthopaedic and ophthalmology waits.

British Columbia's health system is a contradiction. Too many patients are waiting too long for necessary medical procedures. Meanwhile, operating rooms in public hospitals sit idle due to a lack of funding and a shortage of professional resources. Fortunately, new federal funding is now available. The recently signed 10-year health deal between the Premiers and the Prime Minister provides an opportunity to use unused operating room time in public facilities to substantively reduce waits through the 6 year federal Wait List Reduction Fund and other initiatives.

The BCNU and the BCMA believe that a targeted program to reduce waiting lists should initially be focused on orthopaedic, e.g. hip/knee replacements, and ophthalmologic procedures, e.g. cataract surgeries. These services should be prioritized because patients awaiting these procedures are facing some of the longest waits in the province. Subsequently, additional priority areas should be targeted, e.g. cardiac waits. The goal is to reduce wait times for orthopaedic and eye surgeries to medically reasonable timeframes within the next 5 years. To accomplish this goal, projects, including designated funding, should begin as early as January 2005.

The information provided below demonstrates significant unused surgical capacity within BC's public health system. A more detailed summary of this unused capacity is provided in Appendix A. It indicates that the provincial government could cut surgical waiting lists dramatically simply by investing the necessary dollars to increase the use of available operating rooms in public hospitals.

In almost every hospital in BC, operating rooms are used to less than their capacity. Few elective surgeries are done after 3:30 pm, and operating rooms are routinely shut down for budgetary reasons when they could be used to treat patients. In most cases, hospitals have unused capacity in their recovery rooms. In some cases health authorities have closed or scaled back operating rooms that could be re-opened to accommodate unmet need. Generally, the limiting factors are provincially restricted hospital budgets as well as the shortage of RNs and surgeons. With the infusion of new federal health care funding to address waiting list issues, the opportunity to address these issues and accommodate additional patients within public facilities is significant.

The BCNU and BCMA advocate for the creation of a provincial Wait List Reduction Steering Committee (WLRC), comprised of equal representation from the BCMA, BCNU, the Ministry of Health, and the Regional Health Authorities. The WLRC would make

specific recommendations to the provincial government and the health authorities on where to allocate targeted resources. The health authorities would agree to specific deliverables in order to receive additional funding. The WLRC would monitor the progress of change to ensure that targets are being met.

The BCNU and the BCMA make the following recommendations:

- 1. That the provincial government provide 5 years of targeted funding to maximize unused operating room capacity in public hospitals to reduce waits for medically necessary surgery in BC, focusing initially on orthopaedic and ophthalmology wait times. Building upon the success in these areas, additional areas of concern should be addressed, e.g. cardiac waits.*
- 2. That recommendations regarding wait time funding be made by the joint BC Waitlist Reduction Steering Committee (WLRC) comprised of equal representation from the BCNU, BCMA, Ministry of Health, and Regional Health Authorities. These recommendations would include where and how to mobilize unused operating room capacity.*
- 3. That the WLRC monitor the progress of initiatives undertaken by regional health authorities to ensure that wait times are being reduced to medically reasonable levels within the next 5 years.*

INTRODUCTION

One of the most pressing public policy issues affecting British Columbia's health care system is the problem of excessive waiting lists for medically necessary surgeries. Practising physicians cite the lack of available operating room time as a source of frustration for their patients and for their professional practices. Patients live with discomfort and pain for too many months while they wait their turn.

In BC, the number of people waiting for elective procedures has increased by more than 29,000, or 42%, in the past 2.5 years. A May 2004 Ipsos Reid Poll showed that 91% of the public are concerned about excessive waiting times for surgery. Among those waiting longer than they believed reasonable, 60% experienced increased pain or discomfort, while 42% experienced deteriorated health or a worsening of their condition.

The costs of waiting too long for care can be devastating as highlighted by a recent study undertaken by the Canadian Orthopedic Association. This Ontario-based study showed that hip fracture patients between the ages of 50 and 70 years who arrived at hospital with no apparent contraindications to surgery were 1.4 times more likely to die for each day their surgery was delayed.¹ A 2002 study by Hajat et al, found that patients waiting over a year, whether to see a surgeon or on the waiting list for a hip operation, experienced significantly poorer scores on the Oxford Hip Score one year after receiving surgery.²

As this paper demonstrates, there is significant unused operating room capacity within the public hospitals controlled by the same health authorities. This unused surgical capacity could easily accommodate the extra operating room time needed by orthopaedic and ophthalmologic surgeons – whose waiting lists are among the longest in the province.

The 2004 First Ministers "Ten Year Health Plan" provides \$4.5 billion over six years, beginning in 2004-05, for a Wait Times Reduction Fund.³ BC's share of the Wait Times Reduction Fund is almost \$600M over 6 years (approximately \$81M in 2004/05, \$81M in 2005/06, \$156M in 2006/0, \$156M in 2007/08, \$78M in 2008/09 and \$33M in 2009/10). As part of this agreement, First Ministers must achieve meaningful reductions in wait times in priority areas such as cancer, heart, diagnostic imaging, joint replacements, and sight restoration by March 31, 2007.⁴ As noted by the BC Ministry of Health of Health Services, the provincial government will receive a total of \$5.4 billion in new federal funding over the next 10 years. This funding should be used effectively toward reducing waiting times by drawing on the considerable unused capacity in hospital operating rooms.⁵

¹ Skelly, Andrew. "Delays a death risk for hip fracture patients", *Medical Post*. June 29, 2004, Volume 40, Issue 26.

² Hajat et al. "Does waiting for total hip replacement matter? Prospective cohort study. *Journal Health Serv Res Policy*, 2—2 Jan; 7 (1): 19-25.

³ This funding includes \$625M in 2004/05 and 2005/06, \$1,200M in 2006/07 and 2007/08, \$600M in 2008/09 and \$250M in 2009/10. After this, wait times funding will be extended with \$1 billion directed primarily for health human resources (\$250M per year till 2013/14)

⁴ Evidence-based benchmarks for medically acceptable wait times will also be established by December 31, 2005 through a process to be developed by Federal, Provincial and Territorial Ministers of Health. Each jurisdiction will establish its own indicators for access and benchmark targets for wait times. The territories and provinces will report progress to their own citizens. The Canadian Institute for Health Information (CIHI) will produce a pan-Canadian report by compiling information from each report.

⁵ BC Ministry of Health Services. "Landmark Agreement Means Better Patient Care for BC". September 16, 2004, News Release.

Orthopaedic and Ophthalmology Wait Times

New funding for reducing waiting times must be allocated effectively to ensure value for money. Those procedures with the longest wait and greatest priority be dealt with first. As a first priority, the Wait Times Reduction Fund should be directed to reducing orthopaedic (i.e. hip and knee replacements) and ophthalmology (i.e. cataract surgery) procedures. Not only are these surgical procedures facing among the longest waits, such a targeted approach would be consistent with the priorities identified by health professionals as well as the five areas mentioned in the 2004 First Ministers Ten Year Plan.⁶ A 2004 Ipsos-Reid / CMA survey of health care professionals, nurses and doctors report that the conditions or procedures most commonly affected by wait times include orthopedics, diagnostic imaging, cardiac care, and cancer.⁷ BC is performing better than other provinces for cancer surgery waits. A strategy for reducing waits for cardiac surgery must also be developed as a short-term priority.

Projects designed to reduce wait times for orthopaedic and ophthalmology procedures should begin no later than January 2005. These projects must include designated funding to make better use of existing surgical capacity. Once the waits for orthopaedic and eye surgeries are reduced, new procedures and projects should be targeted for other areas, e.g. cardiac surgery as mentioned above.

A 2004 report by the Canadian Orthopaedic Association (COA) and the Canadian Arthritis Society entitled *Canada in Motion: Mobilizing Access to Orthopedic Care* notes that British Columbia's orthopaedic waits are among the longest in Canada with the national median wait times from referral to treatment by an orthopedic surgeon increasing 65% between 1993 and 2003 (19.5 weeks to 32.2 weeks).⁸ Another report from the BC Arthritis Society and BC Orthopaedic Association shows that hip and knee replacement surgery wait lists are longer than any other type of surgery and that BC has one of the lowest age-standardized rates for hip and knee replacement surgery in Canada.⁹

The demand for orthopedic surgeries is rising due to an aging and growing population. The number of people waiting for hip and knee replacement surgery is increasing by approximately 9-13% every six months. The demand for cataract surgery is also increasing with an aging and growing population. Since June 1998, the number of patients waiting for cataract surgery in BC has increased from 6,938 to 15,797 (a 127% increase). The following data from the Ministry of Health Services shows how waiting times for orthopedic (including hip and knee replacement) and cataract surgery have increased since June 1998.

⁶ As part of the agreement, First Ministers are to achieve meaningful reductions in wait times in priority areas such as cancer, heart, diagnostic imaging, joint replacements and sight restoration by March 31, 2007.

⁷ Canadian Medical Association and Canadian Nurses Association. *Health Care Professionals Views on Access to Health Care: Executive Summary Report*. Submitted to: Canadian Medical Association and the Canadian Nurses Association (Ipsos-Reid, July 2004).

⁸ Canadian Orthopaedic Association and the Arthritis Society. *Canada in Motion: Mobilizing Access to Orthopaedic Care*. Accessed at: http://www.coa-aco.org/library_NEW/Canada_In_Motion.asp. Report also notes that More than 37,000 hip and knee joint replacements are performed in Canada each year, and the number is rising annually due to our aging population (i.e. statistics from CIHI indicate that patients age 50 and over account for 91 per cent of hip replacement surgeries and 97 per cent of knee replacement surgeries).

⁹ B C Arthritis Society and BC Orthopedic Association. *Hip and Knee Replacement Surgery in British Columbia: Historical Volumes and Projected Need*. April 14, 2004 prepared by H. Krueger & Associates. Accessed at: <http://www.bcarthritis.com/joint-surgery-study.pdf>.

Table 1: Wait Times in British Columbia for Orthopedic and Cataract Surgery
June 1998 and April 2004

Procedure	# Of Patients Waiting	Surgeries Performed (April 2004)	Median Wait In Weeks	Median Wait In Weeks (June '98)	% Increase in Median Wait from June '98 to April '04
Orthopedic Surgery	18,871	1760	8.4	6.3	33%
Hip Replacement	2,842	185	22	10.6	107%
Knee Replacement	4843	219	30.3	13	133%
Cataract Surgery	14,308	1584	11.4	6.6	73%

Source: BC Ministry of Health Services Surgical Wait Times. Accessed at: <http://www.hlth.gov.bc.ca/waitlist/>

The BCNU and BCMA are pleased the provincial government has begun taking steps to address the issue of wait lists. For example, in September of 2004, the BC government announced that it would be investing \$20.7 million to improve patient access for hip and knee replacement surgeries and diagnostic procedures. Specifically, \$16.7 million of the \$20.7 million will help provide approximately 1,600 orthopedic surgeries.¹⁰ However, no more detail is provided on how this funding will actually reduce waits.

Increasing Surgical Capacity

As detailed in Appendix A, there is significant unused operating room capacity in BC's public system. A summary of this unused capacity for each health authority is provided on the next page, along with the amount of additional operating room time needed by surgeons.

¹⁰Additional surgeries include: 612 more hip replacement surgeries, 875 more knee replacement surgeries and 104 arthroscopy and spine surgeries at BC Children's Hospital. \$4 million will also fund over 13,000 additional diagnostic procedures, such as MRI and CT scans, breast imaging, ultrasounds and echocardiograms.

ORTHOPEDICS

Health Authority	Number of patients on waiting lists April 04/July 04	Median waiting time day patient, P2 & 3 (weeks) April 04/July 04	Median waiting time inpatient, P2 & 3 (weeks) April 04/July 04	Unused daytime OR capacity (hours/week)	Unused evening OR capacity until 9pm (hours/week)	Unused weekend daytime OR capacity (hours/week)	% of Orthopaedic surgeons reporting inadequate OR time	Change in OR time over past 5 years	Additional OR time needed per Orthopaedic surgeon (hours/week)	Total additional OR time needed for orthopaedic surgeries (hours/week)	Most frequently cited reason for inadequate OR time
Fraser	5,079/5,229	9.6/11.9	22.2/23.8	516	1803	1104	90%	Decreased	5.9	266	Short supply of nurses
Van Coastal	4,132/4,591	9.4/11.3	21.3/23.2	472	1423	976	91%	Decreased	5.9	321	Lack of funds
Van Island	4,069/5,684	13.6/16.5	20.8/33.1	352	1105	736	100%	Decreased	5.6	162	Lack of funds
Interior	3,789/4,287	31.0/12.0	31.4/31.8	604	1018	624	85%	Decreased	6.9	193	Lack of funds
Northern	891/1,070	5.3/5.1	6.6/8.1	200	240	160	100%	Decreased	6.8	27	Short supply of nurses

EYE SURGERY

Health Authority	Number of patients on waiting lists April 04/July 04	Median waiting time day patient, P2 & 3 (weeks) April 04/July 04	Unused daytime OR capacity (hrs/wk) (hours/week)	Unused evening OR capacity until 9pm (hours/week)	Unused weekend daytime OR capacity (hours/week)	% of Ophthalmologists reporting inadequate OR time	Change in OR time over past 5 years	Additional OR time needed per Ophthalmologist (hours/week)	Total additional OR time needed for eye surgeries (hours/week)	Most frequently cited reason for inadequate OR time
Fraser	5309/7340	8.2/8.0	516	1803	1104	75%	Decreased	3.5	153	Lack of funds
Van Coastal	6022/5818	8.7/9.3	472	1423	976	91%	Decreased	6.1	420	Lack of funds
Van Island	2012/2325	8.4/8.3	352	1105	736	22%	Decreased	4.9	214	Lack of funds
Interior	892/1366	11.3/9.4	604	1018	624	50%	Unchanged	2.6	53	Lack of funds
Northern	705/775	12.0/14.7	200	240	160	40%	Unchanged	3.8	19	Lack of funds

Almost all BC hospitals report lengthy waiting times for eye and orthopedic surgeries despite having unused daytime and evening OR capacity. Instead of providers being able to use hospital operating rooms to reduce waiting times, the ORs are sitting idle. In a 2004 BCMA Specialty Care Survey, most ophthalmologists and orthopedic surgeons reported a decrease in their available OR time over the past 5 years. These physicians attributed the lack of OR time primarily to insufficient funds and a shortage of professional staff, including nurses. In almost every case, the amount of unused operating room time in hospitals exceeds the amount of additional operating room time needed by surgeons to reduce their waiting lists.¹¹

In almost every hospital in BC, operating rooms are used far less than their capacity, few elective surgeries are done after 3:30 pm, and operating rooms are routinely shut down for budgetary reasons when they could be used to treat patients. In most cases, hospitals have unused capacity in their recovery rooms. In some cases health authorities have closed or scaled back operating rooms that could be re-opened to accommodate patient need. The limiting factors are primarily provincially restricted hospital budgets, the shortage of RNs and surgeons and the need for more full-time OR nursing positions. There's a need to increase funding for OR nursing education so more nurses are encouraged to study the OR specialty without loss of income. With the infusion of new federal health care funding to address waiting list issues, the opportunity to address these issues and accommodate additional patients within public facilities is significant.

Other Priorities

Once progress is being made regarding orthopaedic and ophthalmologic waits, similar strategies should be developed to reduce waiting times for cardiac surgery, which has experienced an unacceptable 38% wait time increase from 13 to 18 weeks between June 2001 and December 2003.

WAIT LIST REDUCTION STEERING COMMITTEE (WLRC)

The BCNU and BCMA propose the establishment of a BC Wait List Reduction Steering Committee (WLRC). This joint WLRC, comprised of equal numbers of representatives from the Ministry of Health, BCMA, BCNU, and the Regional Health Authorities, would make recommendations on how to allocate new wait list funding. For example, the WLRC could recommend that the provincial government allocate a specific amount of money to the Interior Health Authority (IHA) to reduce particularly long waits for hip and knee replacements at Kelowna General Hospital. In exchange, IHA would have to meet specific wait reduction targets. The WLRC would monitor the progress made in meeting these targets.

¹¹ The full results from this survey can be found in the BCMA document *Specialty Care in BC: A System in Distress* (June 2004) Accessed at http://www.bcma.org/public/news_publications/publications/policy_papers/SpecialtyCare/SpecialtyCareReport.pdf

RECOMMENDATIONS

The BCNU and the BCMA make the following recommendations:

- 1. That the provincial government provide 5 years of targeted funding to maximize unused operating room capacity in public hospitals to reduce waits for medically necessary surgery in BC, focusing initially on orthopaedic and ophthalmology wait times. Building upon the success in these areas, additional areas of concern should be addressed, e.g. cardiac waits.*
- 2. That recommendations regarding wait time funding be made by the joint BC Waitlist Reduction Steering Committee (WLRC) comprised of equal representation from the BCNU, BCMA, Ministry of Health, and Regional Health Authorities. These recommendations would include where and how to mobilize unused operating room capacity.*
- 3. That the WLRC monitor the progress of initiatives undertaken by regional health authorities to ensure that wait times are being reduced to medically reasonable levels within the next 5 years.*

APPENDIX A

Maximizing Surgical Capacity in BC

(Information as of September 2004)

The survey was conducted by BCNU in September and October 2004 by interviewing operating room nurses and booking staff. The study also used the most recent waiting list data for elective surgeries posted on the BC Ministry of Health Services web site for cataract, hip replacement and knee surgeries (April 2004 and July 2004). Median wait times reported by each surgeon at a facility were averaged to determine the average median wait time for the facility for patients classified as priority two and three. Unless otherwise noted, wait time data in this appendix is from July 2004.

FRASER HEALTH AUTHORITY

Royal Columbian Hospital - 10 ORs

Waiting lists:

- ▶ Cataracts - no information
- ▶ Hips - 136 patients (26.2 weeks)
- ▶ Knees - 240 patients (36.6 weeks - inpatient)
- ▶ Orthopedic - 808 patients (11 weeks - day, 18.2 inpatient)

RCH has only recently begun using 9 of its 10 ORs. Elective surgeries end at 3:15 pm. There is additional capacity available by using the 10th operating room and/or by increasing the number of hours for elective surgeries. In the recovery rooms, only 9 of the 14 bays are being used normally, occasionally increasing to no more than 12. Four nursing positions are vacant.

Burnaby Hospital - 10 ORs

Waiting lists:

- ▶ Cataract - 509 patients (15.7 weeks)
- ▶ Hips - 24 patients (14.1 weeks)
- ▶ Knee - 47 patients (17.6 wks- inpatient)
- ▶ Orthopedic - 549 patients (10.1 weeks - day, 10.4 weeks - inpatient)

Burnaby Hospital is using 6 of its 10 ORs, up from 5 recently. One room is for eye surgery only. Elective surgery is done from 9 to 5 weekdays. The hospital is seeking more casual nursing staff.

Ridge Meadows Hospital - 4 ORs

Waiting lists:

- ▶ Cataracts – 1,803 patients (6.2 weeks – day, 0.7 weeks - inpatient)
- ▶ Hips - 62 patients (51.7 weeks)
- ▶ Knees - 102 patients (n.a.)
- ▶ Orthopedic - 513 patients (19.6 weeks - day, 46.2 inpatient)

Ridge Meadows is using only three of its four ORs. Two of them are used for eye surgery and the third for other procedures.

Eagle Ridge Hospital - 6 ORs

Waiting lists:

- ▶ Cataracts - no information
- ▶ Hips - 20 patients (24.4 weeks)
- ▶ Knees - 24 patients (22.7 weeks - inpatient)
- ▶ Orthopedic - 179 patients (9.4 weeks - day, 14 inpatient)

Eagle Ridge has the capacity to increase the use of one of its 6 ORs by one half a day a week. Electives are done only until 3:15 pm.

Surrey Memorial Hospital - 10 ORs plus two eye rooms

Waiting lists (from April 2004):

- ▶ Cataract - 513 patients (11.5 weeks)
- ▶ Hips - no information
- ▶ Knee - 71 patients (29.1 wks- inpatient)
- ▶ Orthopedic - 217 patients (9.4 weeks - day, 25.4 weeks - inpatient)

Surrey Memorial uses all 10 of its downstairs operating rooms only on Mondays and Fridays. The rest of the week only 9 rooms are used. Elective surgeries end at 3:30 pm. The two eye surgery rooms upstairs also close mid-afternoon. One room is used for cataract surgery five days a week; the other for retinal procedures only four days a week. Staff report that extra cataract procedures could be done in the second room on the fifth day and in both rooms if an evening shift was added.

Seasonal closures significantly impact the hospitals' surgical capacity. Only six ORs are in use during summer, spring break and Christmas periods, with the possibility of the hospital opening only four next year.

One nursing position is vacant in the OR, but three nurses have applied for it. To ensure an adequate supply of staff, the hospital is currently training new OR nurses, a program it runs each year. All 18 recovery room beds are being used.

Peace Arch Hospital - 3 ORs

Waiting lists:

- ▶ Cataracts - 330 patients (7.2 weeks)
- ▶ Hips - 129 patients (36.6 weeks - day; 45.0 weeks - inpatient)
- ▶ Knees - 294 patients (1.2 weeks - day; 60.2 weeks - inpatient)
- ▶ Orthopedic - 952 patients (4.9 weeks - day, 45.2 inpatient)

Peace Arch Hospital was a significant surgical centre before health care restructuring in 2002 reduced the hospital to a sub-acute facility. Staff report their three ORs close at 3:30 pm, they are not used every day, and that there is significant capacity to increase elective surgeries.

Delta Hospital - 3 ORs

Waiting lists:

- ▶ Cataracts - 97 patients - ave. median wait – 5.5 weeks
- ▶ Hips - no information
- ▶ Knees - no information
- ▶ Orthopedic - 8 patients (14.6 weeks - day)

Staff report their three ORs are used only three days a week and close at 3:30 pm. There is significant capacity to increase the number elective surgeries.

Matsqui/Sumas/Abbotsford (MSA) Hospital - 6 ORs

Waiting lists:

- ▶ Cataracts – no information
- ▶ Hips - 44 patients (14.1 weeks day, 8.1 weeks inpatient)
- ▶ Knees - 184 patients (19.4 weeks - inpatient)
- ▶ Orthopedic - 680 patients (7 weeks - day, 17.9 inpatient)

Only four of MSA's six operating rooms are in use. Only 8 of the 16 recovery room beds are being used.

Mission Memorial Hospital - 2 Ors

Waiting lists - see MSA above

Mission Memorial's ORs were closed in 2002. Since then it has resumed part time use of 1OR.

Chilliwack Hospital - 5 ORs

Waiting lists:

- ▶ Cataract – 2,181 patients (13.5 weeks day, 3.9 weeks inpatient)
- ▶ Hips - 37 patients (15.9 weeks)
- ▶ Knees - 80 patients (14.7 weeks inpatient)
- ▶ Orthopedic - 194 patients (3.2 weeks - day, 15 inpatient)

Chilliwack reports some of the longest waiting lists for cataract surgery, yet the hospital has significant capacity to increase its eye surgery program. The hospital uses only three of its five operating rooms. The two ORs designated for eye surgery are used only three days a week.

VANCOUVER COASTAL HEALTH AUTHORITY

Lions Gate Hospital - 11 ORs plus minor surgery and eye rooms

Waiting lists:

- ▶ Cataract - 591 patients (11.8 weeks)
- ▶ Hips - 119 patients (37.1 weeks)
- ▶ Knees - 230 patients (12.5 weeks inpatient)
- ▶ Orthopedic - 779 patients (14.6 weeks - day, 28.3 inpatient)

Lions Gate uses only 8 of its 11 ORs. VCHA is planning an increase to nine. This number doesn't include its minor surgery and eye surgery rooms. Elective surgeries are done until 8 pm. Lions Gate is posting 4 relief nursing positions to increase its OR capacity. In the recovery room, Lions Gate Hospital has 20 beds but has enough monitors for only 13. It currently uses only 7.

Richmond Hospital - 8 ORs

Waiting lists:

- ▶ Cataract – 1,111 patients (16.6 weeks day)
- ▶ Hips - 146 patients (30.2 weeks)
- ▶ Knees - 313 patients (48.4 weeks inpatient)
- ▶ Orthopedic - 1,089 patients (15.9 weeks - day, 34.1 weeks inpatient)

Richmond Hospital currently is using only five of its eight operating rooms, with a plan to increase the number to six in November 2004. There is one vacant nursing position.

Vancouver General Hospital - 20 ORs

Waiting lists:

- ▶ Cataract – 2,447 patients (13.3 weeks day, 2.9 weeks inpatient)
- ▶ Hips - 784 patients (27.7 weeks)
- ▶ Knees - 565 patients (25.5 weeks inpatient)
- ▶ Orthopedic - 1,669 patients (5.8 weeks - day, 13.9 inpatient)

VGH has 20 operating rooms, but for three days a week it runs only 18 of them. For the other two weekdays, the hospital runs 19 ORs. Consequently, VGH has the capacity to run the equivalent of 8 more operating rooms on the day shift each week. Elective surgeries are done as late as 7:30 pm in some ORs. Three ORs are designated for emergency surgeries during the day. There are 8 nursing vacancies.

VGH has two rooms for eye surgery, running them Mondays to Fridays 8am to 4 pm.

VGH is running only 3 of the 4 ORs in its surgical daycare unit. Hours of operation are 7:30 am to 5 pm Monday to Friday. There's one nursing vacancy.

UBC - 5 ORs

Waiting list for Orthopedic - 295 patients (10.3 weeks - day, 17.5 inpatient)

UBC Hospital was changed to sub-acute, no emergency surgeries. The hospital is using all 5 of its ORs for elective surgery and is building 2 more ORs.

St. Paul's Hospital – 14 ORs

Waiting lists:

- ▶ Cataract - 121 patients (1.1 weeks)
- ▶ Hips - 74 patients (23.6 weeks)
- ▶ Knee - 188 patients (30.9 weeks- inpatient)
- ▶ Orthopedic - 665 patients (9.8 weeks - day, 22.4 weeks - inpatient)

Until the recent resignation of 12 of its RN staff, St. Paul's generally had been using 12 of its ORs three days a week and 11 ORs two days a week. Because of the number of RN vacancies, the hospital has cut back to using only 9 ORs.

VANCOUVER ISLAND HEALTH AUTHORITY

Greater Victoria

Waiting lists:

- ▶ Cataracts - 788 patients (9.4 weeks day, 1.1 weeks inpatient)
- ▶ Hips - 380 patients (25 weeks)
- ▶ Knees - 555 patients (35.5 weeks inpatient)
- ▶ Orthopedic - 2,061 patients (11.1 weeks - day, 23.9 inpatient)

Royal Jubilee Hospital - 16 ORs

RJH uses 13 of its 16 operating rooms. It uses both of its two eye rooms for cataract and other procedures. Elective surgeries end at 3:30 pm. In the evening two of the ORs are used for emergency cases only.

Every 5th Friday, RJH reduces surgery to weekend levels, opening only two ORs during the day and one at night.

The RJH recovery room has the capacity for 14 patients, but it normally holds only 10, occasionally as many as 12. There are no nurse vacancies in either the ORs or recovery room.

Victoria General Hospital - 14 ORs

Victoria General uses only 11 or 12 of its 14 operating rooms. Four are for daycare surgery. Elective procedures are done until 4 pm, with only one or two ORs open in the evenings only for emergency cases.

Similar to Royal Jubilee, as a budgetary measure, every fifth Friday Vic General reduces surgery services to weekend levels, opening only two ORs during the day and one at night. The hospital recovery room is running below capacity.

There are no nursing vacancies in either the OR or the recovery room.

Nanaimo Regional General Hospital - 5 ORs plus two ambulatory rooms

Waiting lists:

- ▶ Cataract - 753 patients (15.6 weeks)
- ▶ Hip - 273 patients (38.8 weeks)
- ▶ Knee - 487 patients (20.1 weeks day, 59.5 weeks inpatient)
- ▶ Orthopedic - 1,225 patients (10.1 weeks - day, 45 weeks inpatient)

Only 3 of the 5 operating rooms are used five days a week during the day. One of the rooms is used three days a week. The other is used four days a week.

Only one of the rooms is used after 6 pm for emergencies and a second is available if a second anaesthetist will stay on (about 25 per cent of the time) The ambulatory OR rooms run until 5 pm Monday to Friday. The pool of casual nurses is very small so nurses are working a lot of overtime. NRGH is using 10 of its 12 recovery room spaces.

St. Joseph's Hospital (Comox) - 4 ORs

Waiting lists:

- ▶ Cataract - 217 patients (6.4 weeks)
- ▶ Hips - 107 patients (20.5 weeks)
- ▶ Knee - 215 patients (41.1 wks- inpatient)
- ▶ Orthopedic – 1,008 patients (40.7weeks - day, 20.7 weeks - inpatient)

The hospital runs 3 ORs five days a week and the other one only three days a week. Elective cases are booked from 7:30am to 2pm, but several add-on cases frequently run into the evening. There are no nursing vacancies.

INTERIOR HEALTH AUTHORITY

Kelowna General Hospital - 9 ORs

Waiting list:

- ▶ Cataract - 48 patients (8.1 weeks)
- ▶ Hips - 237 patients (29.9 weeks day, 38.8 weeks inpatient)
- ▶ Knees - 533 patients (49.2 weeks day, 57.3 weeks inpatient)
- ▶ Orthopedic - 1,967 patients (26.7 weeks - day, 47.2 inpatient)

KGH regularly uses 8 of its 9 operating rooms. The 9th OR has restricted uses. Elective surgery is done from 8 am to 3 pm and 1 pm to 5 pm. The recovery room is running at its capacity of 14 patients.

Penticton General Hospital - 6 ORs

Waiting lists:

- ▶ Cataract - no information
- ▶ Hips - 54 patients (38.3 weeks)
- ▶ Knees - 113 patients (38.3 weeks day)
- ▶ Orthopedic - 326 patients (17.9 weeks - day)

Penticton Hospital uses only 3 of its 6 ORs. Up to 10 of its post-surgery beds have been closed. The hospital is experiencing overflow situations because it has to accommodate patients from Princeton, Oliver and Summerland where hospitals have reduced or closed their operating rooms under restructuring.

Electives are done only until 3:30 pm.

Summerland General - 2 ORs

- ▶ Only one of two ORs are used, with electives done until 3:30 pm.

Vernon Jubilee Hospital - 5 ORs plus a urology room

Waiting lists:

- ▶ Cataract - no information
- ▶ Hips - 113 patients (34 weeks - inpatient)
- ▶ Knee - 259 patients (56.7 weeks- inpatient)
- ▶ Orthopedic - 528 patients (7.2 weeks - day, 41.4 weeks - inpatient)

Vernon Jubilee uses 4 of its 5 ORs on Mondays and only 3 ORs Tuesdays to Fridays. Elective surgery is done from 7:40am to 3:45pm. There are no nursing vacancies.

Royal Inland Hospital - 8 ORs

Waiting lists:

- ▶ Cataract - 514 patients (17.1 weeks)
- ▶ Hips - 30 patients (n.a.)
- ▶ Knees - 86 patients (n.a.)
- ▶ Orthopedic - 348 patients (4.7 weeks - day)

The hospital uses 7 ORs on Mondays, Thursdays, and Fridays and only 6 ORs on Tuesdays and Wednesdays.

Elective surgeries are done 7:45 am – 3:00pm.
There are no nursing vacancies.

Kootenay Boundary Hospital, Trail - 6 OR
Kootenay Lake Hospital, Nelson - 1 OR

Waiting lists:

- ▶ Cataract - 89 patients (9 weeks)
- ▶ Hips - no information
- ▶ Knee - 164 patients (35 weeks day)
- ▶ Orthopedic - 856 patients (13.9 weeks - day)

At Kootenay Boundary Hospital (Trail), from 3 to 6 of the ORs are used. There are 2 nursing vacancies.

At Kootenay Lake Hospital (Nelson), 3 of the 4 ORs were closed in September 2002. The hospital does an average of eight elective cases a day from 7:45 am to 3:30 pm

NORTHERN HEALTH AUTHORITY

Prince George Regional Hospital - 10 ORs

Waiting lists:

- ▶ Cataracts - 180 patients (9.4 weeks)
- ▶ Hips - 37 patients (15.2 weeks day, 4.6 weeks inpatient)
- ▶ Knees - 86 patients (21.1 weeks day surgery)
- ▶ Orthopedic - 579 patients (3.5 weeks day, 0.5 weeks inpatient)

PGRH uses only four or five of its 10 ORs. Elective surgery is done at PGRH until 3:30 pm