

Paediatric Canadian Access Targets for Surgery (P-CATS) Update Project

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Background:

The Paediatric Canadian Access Targets for Surgery (P-CATS) is a standardized, diagnosis-based system with inherent priorities used to measure the time that patients wait for surgery. These nationally accepted access targets were developed in 2008 by over 100 paediatric surgeons from all surgical subspecialties as part of the Canadian Paediatric Surgical Wait Times Project (CPSWTP, 2007-2011), funded by Health Canada.

Several hospitals from across Canada use P-CATS to collect and report surgical wait times data as well as for benchmarking purposes with their peers. Since the implementation of P-CATS, coupled with experience, these surgical groups recognized the need for a qualitative review of P-CATS. There was national interest from stakeholders at participating sites and others to update the access targets in support of better data, maintain relevance and provide a more complete assessment of paediatric surgical wait times across the country.

Objective:

To engage national participation and representation, and to review and enhance the current Paediatric Canadian Access Targets for Surgery (P-CATS).

Implement the proposed enhancements at sites across the country and in the Canadian Institute for Health Information (CIHI) database in support of better pediatric data.

Collaboration and Commitment:

This project was championed by the Paediatric Surgical Chiefs of Canada (PSCC), Canadian Association of Paediatric Health Centres - Canadian Paediatric Decision Support Network (CAPHC-CPDSN) and Alberta Health Services (AHS). AHS committed to lead this initiative, serving as a vector for communication and collaboration inter-provincially and nationally. CAPHC-CPDSN agreed to provide administrative support, stakeholder communication and act as the main liaison with the Canadian Institute of Health Information (CIHI).

Nine sites from across Canada participated in this initiative:

- British Columbia (British Columbia Children's Hospital)
- Alberta (Alberta Children's Hospital; Stollery Children's Hospital)
- Manitoba (Health Sciences Centre Winnipeg)
- Ontario (Hospital for Sick Children; Children's Hospital for Eastern Ontario; Children's Hospital of Western Ontario)
- Nova Scotia (IWK Health Centre)
- Newfoundland (Eastern Health)

These sites provided self-appointed participatory site lead support and stakeholder engagement as in-kind contributions for this important initiative.

Benefits:

In contrast to many adult surgical access targets, the P-CATS surgical access targets are diagnosis-based and not based on procedure. There are five benefits for using diagnosis-based access targets:

1. Patients are referred based on a diagnosis therefore Wait 1¹ and Wait 2² are able to be captured using the same target description.
2. General practitioners/paediatricians may not know the actual procedure required to treat a specific diagnosis and referral may not result in a surgical procedure.
3. Procedure names are not standardized across different institutions, provinces and regions.
4. The use of diagnosis-based access targets prevents targeting of funds directed at specific procedures (since several procedures may be employed for the same diagnosis).
5. The data collected using the P-CATS access targets is recognized as the nationally accepted, standardized methodology for measuring and comparing surgical wait times across the country. There are 7 priority classification levels used as shown in the table below:

Priority Classification Level	Target Time for Surgery
Priority I	Within 24 hours
Priority IIa	Within 1 week
Priority IIb	Within 3 weeks
Priority III	Within 6 weeks
Priority IV	Within 3 months
Priority V	Within 6 months
Priority VI	Within 12 months

Table 1: P-CATS Priority Classification

Each P-CATS diagnosis has one associated priority and the same priority scheme is used across surgical subspecialties for all diagnoses; this allows for National and Site analyses, comparisons and benchmarking since each patient with a given diagnosis will also have the same priority level. In addition, this standardization allows resources to be managed across surgical subspecialties.

¹ Defined as the time from referral to a specialist to the initial specialist consultation.

² Defined as the time between the date on which a decision is made to proceed with surgery and the surgery date.