



Hospital Wait List Lessons from the UK

The issue of reducing waiting for health services in the UK has been a political initiative for the Blair government for several years. Interestingly, “reducing waiting for healthcare” was the key communication in Britain rather than reducing waiting times for “key procedures,” which signalled that initiatives were to be put in place to reduce waits in the health system generally. As a result, this included, for example, waits to obtain service from general practitioners, as well as waits for hospital-based services.

The wait for healthcare services was, in certain cases, horrendously long, averaging as much as 18 months or more for some in-hospital procedures in some areas of the UK. The public was outraged. Britain has a culture of trial-by-media with a result that there were daily reports on how bad the NHS was compared with other countries in Europe.

The barriers to change were substantial; the UK system had not been through the years of reengineering and restructuring that many provinces in Canada have experienced. The result initially was shock, followed by the realization that hospitals did not know how to start to deal with the problems. This led to many false starts and embarrassing media reports.

The government initially chose to take a strident shame-or-blame approach, using a method that resulted in public exposure on a regular basis. Chief executives in hospitals that didn't conform were removed. Fear was the main motivation for change. The levels of resentment increased, and finally the government took a less aggressive approach. Fear only worked for a short time.

Getting compliance internally was easier in the UK than it may be in Canada; many more physicians in the UK are on salary (or some other sessional payment scheme), and so conformance with a hospital-based wait list process was easier to implement in the UK than it may be in Canada. In addition, unlike in Canada, where physicians' secretaries are often the only people who know the extent of the wait, procedure, scheduling and the documentation of wait lists, in the UK, this information was already administered by the hospitals.

Another issue facing hospitals in the UK was the extensive (some would say excessive!) governmental reporting requirements. The government initiated a “star” ranking system, which required hospitals to report annually on 140 key performance indicators. Based on the performance of the hospitals on these 140 indicators, the hospitals achieved zero- through three-star ratings. The results were made public. In addition, they were

either rewarded with more money or penalized by having the equivalent of an operational review. Hospitals already had to report case costs, and each year, case-costing was expanded to other areas of activity such as ambulatory care, community care and more. Currently, some funding in the UK is based on case costs, and all hospital funding will be in the near future. Hospitals suddenly had extensive reporting requirements that weren't just paperwork; serious funding was at stake and careers were on the line. So in a matter of a few years, hospitals became inundated with reporting requirements that required increased staff to accomplish, with no new resources. Staff that had been hired in the past to collect data and submit it to government suddenly had to become information experts.

Put simply, reducing procedure wait lists requires increased patient throughput. Beds could be freed up by reducing length-of-stay, but other resources, such as operating room time, pharmaceuticals and physicians could not be easily made available to increase throughput without additional fiscal resources. In addition, unlike in Canada, UK hospitals were in a system where patients who lived in their area went to that region's hospital. Competition and patient choice didn't really exist (that is changing in the UK now). That meant that, if a hospital was in an area with long wait lists, it was still the only provider; therefore, the hospital was perceived to be the source of the problem. If, due to a problem in a region, a particular hospital didn't achieve targets, then it lost stars, which meant it lost new money and possibly jobs.

As mentioned, there were false starts. One notorious false start was the issue of urgency. Hospitals were given a strict government directive to reduce waiting; target months were announced. Hospitals did what they were told: they brought in tattoo-removal cases that had been waiting for 18 months and cancelled relatively urgent procedures that had only been waiting six months. Hospitals met the targets, but the media quickly exposed the impact of the directive when physicians and patients wrote in about the situation. The politicians looked ridiculous for a while, but they learned from their mistakes and changed guidelines to factor in urgency.

Issues continued; a few hospitals played within the rules – for example, offering surgery when it was known that the patient couldn't make the appointed date, so that the reason for cancellation was patient-based and, thus, the wait list clock could be reset to zero. A few hospitals were less subtle and simply used creative bookkeeping; a few chief executives were fired as a result!

More recently, the government came to the realization that reducing wait lists means more throughput, which means either you give the hospitals time to achieve efficiency targets, or, if they are efficient, you give them more resources. Although many argue that Blair never gave hospitals time to become efficient, the government has finally put considerable resources into the

Just the Facts ...

system to try to fix the problem and although this system still has issues, the situation is beginning to resolve, with wait lists much reduced.

Canada has started down the same path of wait-list management. Giving resources to inefficient hospitals would be a waste, and withholding resources from efficient hospitals will cause unnecessary patient wait times. Some provinces have already spent many years achieving efficiency levels; others have yet to begin. Canada does not currently have comparable national standards for efficiency. Canada needs a set of measurable and achievable standards of efficiency, then after deciding on appropriate wait times, provide resources accordingly.

– **Michael McCartney**, President,
Clinsaver Software Inc. and
McCartney Consultants Inc.

Cheers to Your Mental Health

Women who enjoy a drink of beer or wine daily have sharper minds into old age than women who abstain. (No, we did not make this up!)

The report, based on a study of nearly 12,500 nurses, adds to the apparent benefits of light to moderate drinking, which can also prevent heart disease and stroke.

“Our study suggests that moderate consumption might provide older women some cognitive benefits,” said Dr. Francine Grodstein of Brigham and Women’s Hospital and Harvard Medical School in Boston, who worked on the study.

Writing in the *New England Journal of Medicine*, Grodstein and colleagues said they found that drinkers aged 70 to 81 were 20% less likely to experience a decline in their thinking skills over a two-year period than women who did not drink at all.

On average, the women who quaffed a beer or a glass of wine each day tended to have the mental agility of someone a year and a half younger than abstainers.

Drinking more than one glass of beer or wine didn’t produce a greater benefit, the researchers said. And it didn’t seem to matter whether the women drank wine or beer, according to the team, led by Dr. Meir Stampfer, also of Brigham and Women’s Hospital.

Source: *New England Journal of Medicine*.



Dear Diary, It’s time to end our affair ...

For many years, I believed pouring my feelings into you would make me feel better. That didn’t happen. Now, I have proof. A study shows that people who keep diaries are among the unhealthiest and unhappiest of us all.

They suffer sleeplessness, anxiety, headaches and other health problems more than non-diarists, and the study suggests that the fashion for coping with trauma by “writing it all down” may in fact make it worse.

Psychologists who compared the physical and mental health of 153 people – 110 who kept a diary and 43 who did not – found that diarists suffered far more psychological problems than non-diarists, and the more often they made entries, the worse they felt.

The research at odds with most studies which suggest that writing about personal trauma can have a cathartic effect and can improve mood and

boost the immune system, says that recording feelings, as recommended by life coaches and therapists, may do more harm than good.

Even people who keep appointment diaries and make to-do lists are more prone to suffer headaches, indigestion, asthma, sleeplessness and anxiety than the chronically disorganized.

The results revealed that three-quarters of the sample who wrote about traumatic events to help them to deal with difficulties were unhealthier.

The 85 diarists who admitted writing about emotional problems were found to be more susceptible to physical symptoms, such as headaches and indigestion, as well as anxiety and sleeplessness. But the 99 diary-keepers who admitted rereading entries, perhaps displaying an inclination to introspection, had the most physical symptoms, the most anxiety, sleeplessness and social dysfunction.

I am letting you go and I feel good, already!

Yours truly,
A regular diarist

Source: www.timesonline.co.uk/article/0,,2-1253210,00.html.

Venting your spleen?

“There is an explanation in alternative medicine circles for why more heart attacks occur midmorning than any other time,” writes Emily King. “There are 12 energy meridians that run through the body, each of which has a peak period of ‘charge’ for two hours of the day. Between 9 and 11 a.m. is spleen time, which immediately precedes heart time. Because spleen is chronically weakened in our society ... it in turn ‘borrows’ energy from the meridian that follows”

Source: *The Globe and Mail*.

The weaker sex?



“A team from Liverpool John Moores University found men’s hearts lose up to a quarter of their pumping power from 18 years old to 70,” reports BBC News. “But there was little change in women’s hearts from 20 to 70, the study of 250 people found. The researchers said the difference may explain why women live on average up to five years longer than men.”

Source: *The Globe and Mail*.

High IQ Test Scorers Have Less Suicide Risk: Study

Ever wondered why geeks live so long? Well, don’t lose any more sleep. A Swedish study has found that young men who perform well in intelligence tests have less risk of committing suicide than those with lower scores.

In one of the few studies assessing the link between intellect and suicide, researchers from Sweden’s Karolinska Institute found that men who had the lowest scores were three times more likely to take their own life.

The researchers analyzed test scores of 987,308 Swedish men when they entered the military and recorded the number of suicides among them over 26 years. Nearly 3,000 took their own lives.

The researchers suggested that poor test scores could be associated with depression and schizophrenia – two disorders that contribute to suicide.

It is also possible that people with low intelligence are less able to deal with their problems and may consider suicide as a solution. Low scorers could have suffered from behavioural problems as children which could also have contributed to suicide risk.

Source: Reuters.

Bananas, Root Veggies May Cut Kidney Cancer Risk

If you made faces at the thought of having bananas and traded your lunch for a bag of chips, you may have put your health in risk. A large Swedish study suggests people who like their bananas, carrots and beets may have a lower risk of developing kidney cancer than those who turn their noses up at the foods.

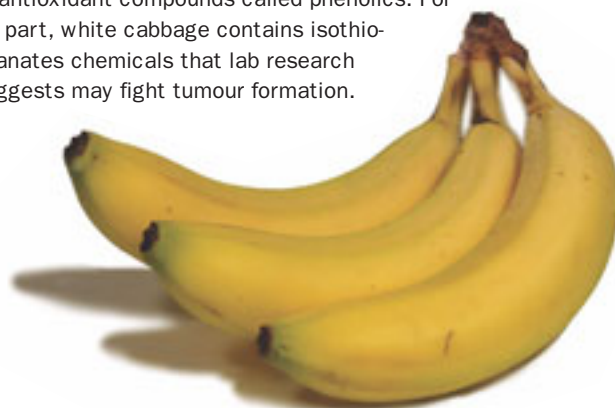
The new findings, based on dietary information from 61,000 Swedish women, zero in on certain foods – namely, bananas, root vegetables, salad greens and cabbage – that may confer such a benefit.

The study found that a high overall intake of fruits and vegetables was related to a lower risk of kidney cancer, though the effect was not significant in statistical terms. There were, however, significant effects when it came to certain foods.

Women who ate bananas four to six times a week, for example, had about half the risk of kidney cancer as those who did not eat the fruit. Regular consumption of root vegetables, including carrots and beets, was linked to a 50 to 65% decrease in risk.

The study, reported in the *International Journal of Cancer*, included 61,000 women aged 40 to 76 who were followed for an average of 13 years. Besides bananas and root vegetables, white cabbage – widely consumed in Sweden – and “salad vegetables,” including lettuce and cucumber, were linked to a lower cancer risk.

Bananas contain an especially high amount of antioxidant compounds called phenolics. For its part, white cabbage contains isothiocyanates chemicals that lab research suggests may fight tumour formation.



Source: *International Journal of Cancer*, January 2005.