

# Waiting Your Turn

## Wait Times for Health Care in Canada, 2016 Report

Bacchus Barua and Feixue Ren





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# Waiting Your Turn

## Wait Times for Health Care in Canada, 2016 Report

by Bacchus Barua and Feixue Ren



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## Executive summary

Waiting for treatment has become a defining characteristic of Canadian health care. In order to document the lengthy queues for visits to specialists and for diagnostic and surgical procedures in the country, the Fraser Institute has—for over two decades—surveyed specialist physicians across 12 specialties and 10 provinces.

This edition of *Waiting Your Turn* indicates that, overall, waiting times for medically necessary treatment have increased since last year. Specialist physicians surveyed report a median waiting time of 20.0 weeks between referral from a general practitioner and receipt of treatment—longer than the wait of 18.3 weeks reported in 2015. This year’s wait time—the longest ever recorded in this survey’s history—is 115% longer than in 1993, when it was just 9.3 weeks.

There is a great deal of variation in the total waiting time faced by patients across the provinces. Ontario reports the shortest total wait (15.6 weeks), while New Brunswick reports the longest (38.8 weeks). There is also a great deal of variation among specialties. Patients wait longest between a GP referral and Neurosurgery (46.9 weeks), while those waiting for Medical oncology begin treatment in 3.7 weeks.

The total wait time that patients face can be examined in two consecutive segments.

- 1 From referral by a general practitioner to consultation with a specialist.** The waiting time in this segment increased from 8.5 weeks in 2015 to 9.4 weeks this year. This wait time is 155% longer than in 1993, when it was 3.7 weeks. The shortest waits for specialist consultations are in Ontario (7.2 weeks) while the longest occur in New Brunswick (21.5 weeks).
- 2 From the consultation with a specialist to the point at which the patient receives treatment.** The waiting time in this segment increased from 9.8 weeks in 2015 to 10.6 weeks this year. This wait time is 88% longer than in 1993 when it was 5.6 weeks, and more than three weeks longer than what physicians consider to be clinically “reasonable”. The shortest specialist-to-treatment waits are found in Saskatchewan (7.9 weeks), while the longest are in Nova Scotia (17.7 weeks).

It is estimated that, across the 10 provinces, the total number of procedures for which people are waiting in 2016 is 973,505. This means that, assuming that each person waits for only one procedure, 2.7% of Canadians are waiting for treatment in 2016. The proportion of the population waiting for treatment varies from a low of 1.6% in Quebec to a high of 5.8% in Nova Scotia. It is important to note that physicians report that only about 10.8% of their patients are on a waiting list because they requested a delay or postponement.

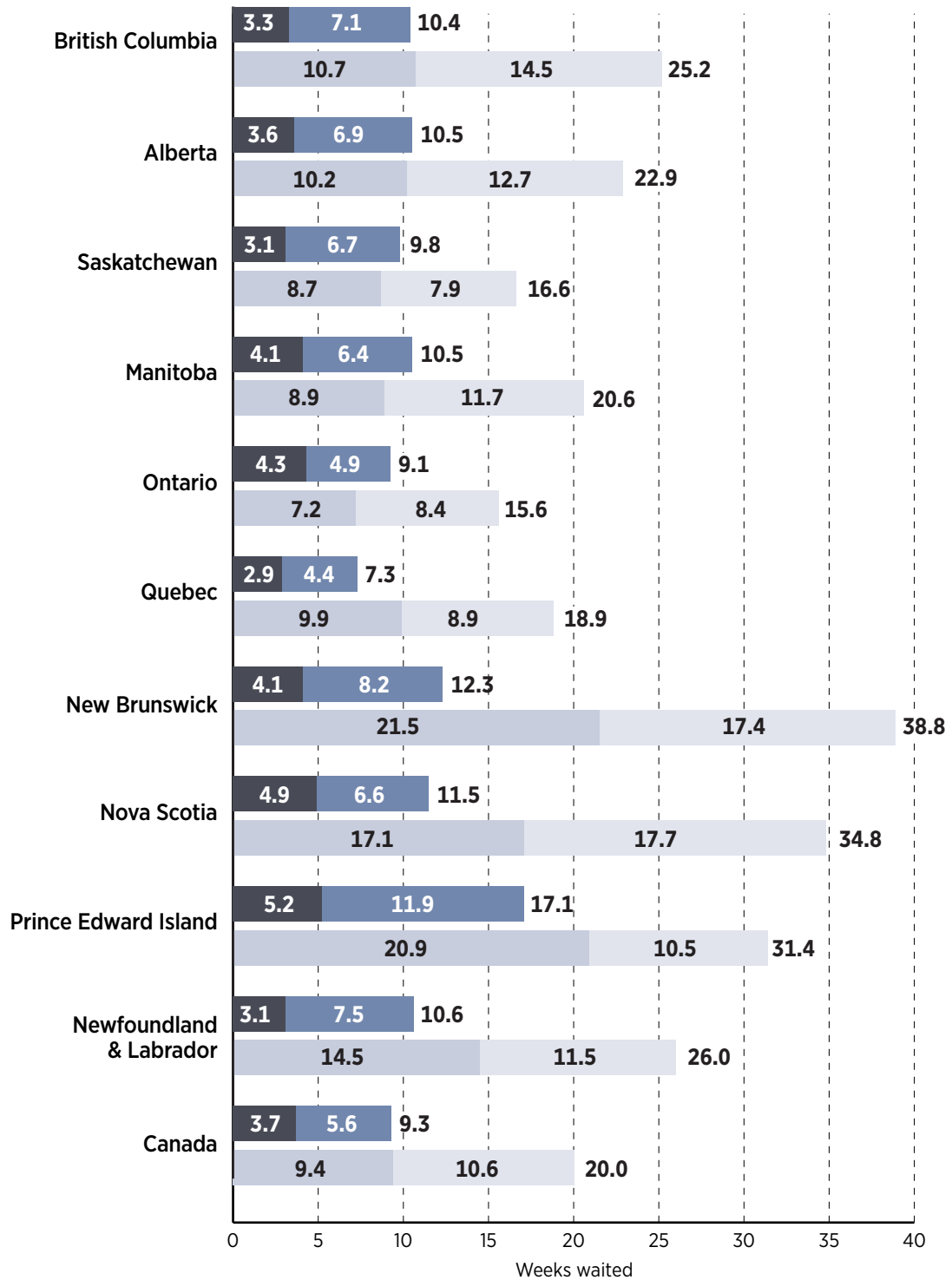
Patients also experience significant waiting times for various diagnostic technologies across the provinces. This year, Canadians could expect to wait 3.7 weeks for a computed tomography (CT) scan, 11.1 weeks for a magnetic resonance imaging (MRI) scan, and 4.0 weeks for an ultrasound.

Research has repeatedly indicated that wait times for medically necessary treatment are not benign inconveniences. Wait times can, and do, have serious consequences such as increased pain, suffering, and mental anguish. In certain instances, they can also result in poorer medical outcomes—transforming potentially reversible illnesses or injuries into chronic, irreversible conditions, or even permanent disabilities. In many instances, patients may also have to forgo their wages while they wait for treatment, resulting in an economic cost to the individuals themselves and the economy in general.

The results of this year's survey indicate that despite provincial strategies to reduce wait times and high levels of health expenditure, it is clear that patients in Canada continue to wait too long to receive medically necessary treatment.



### Median wait from referral by GP to treatment, by province, 1993 and 2016



1993: GP to specialist (dark grey)    specialist to treatment (dark blue)  
 2016: GP to specialist (light grey)    specialist to treatment (light blue)

Source: The Fraser Institute's national waiting list survey, 2016; *Waiting Your Turn*, 1997.

This publication has four series of illustrations and tabular material.

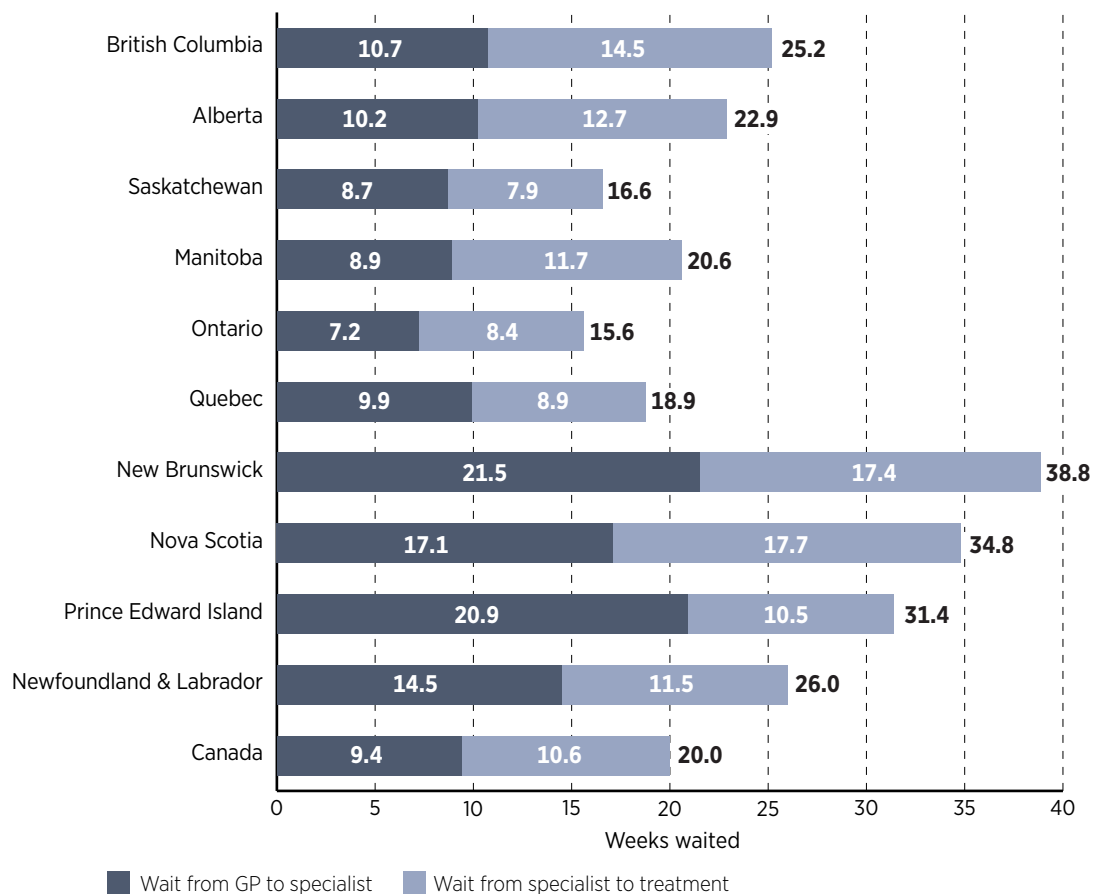
- Charts, which may be graphs or tables, will be found in the main text, pp. 1–16.
- Graphs will be found in “Selected graphs”, pp. 18–32.
- Tables will be found in “Selected tables”, pp. 33–68.
- “Appendix B: Psychiatry Waiting List Survey, 2016 Report”, pp. 71–78, has tables and a graph labeled “B1” and so on.

# Findings

## Total wait times

The Fraser Institute's twenty-sixth annual waiting list survey finds that wait times [1] for surgical and other therapeutic treatments increased in 2016 (table 2; chart 1). The total waiting time between referral from a general practitioner and delivery of medically necessary elective treatment by a specialist, averaged across all 12 specialties and 10 provinces surveyed, has risen from 18.3 weeks in 2015 to 20.0 weeks in 2016. This year's

**Chart 1: Median wait by province in 2016—weeks waited from referral by GP to treatment**



Note: Totals may not equal the sum of subtotals due to rounding.

Source: The Fraser Institute's national waiting list survey, 2016.

1. For an explanation of how *Waiting Your Turn* measures wait times, see the "Method" section.

wait time—the longest ever recorded in the survey’s history—is 115% longer than in 1993, when it was just 9.3 weeks. The deterioration in wait times nationwide reflects increases in British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, Quebec, and Nova Scotia while concealing improvements in New Brunswick, Prince Edward Island, and Newfoundland & Labrador.

Ontario reports the shortest total wait in 2016 (15.6 weeks), followed by Saskatchewan (16.6 weeks), and Quebec (18.9 weeks). New Brunswick has the longest total wait at 38.8 weeks, followed by Nova Scotia (34.8 weeks), and Prince Edward Island (31.4 weeks).

## Wait time by segment

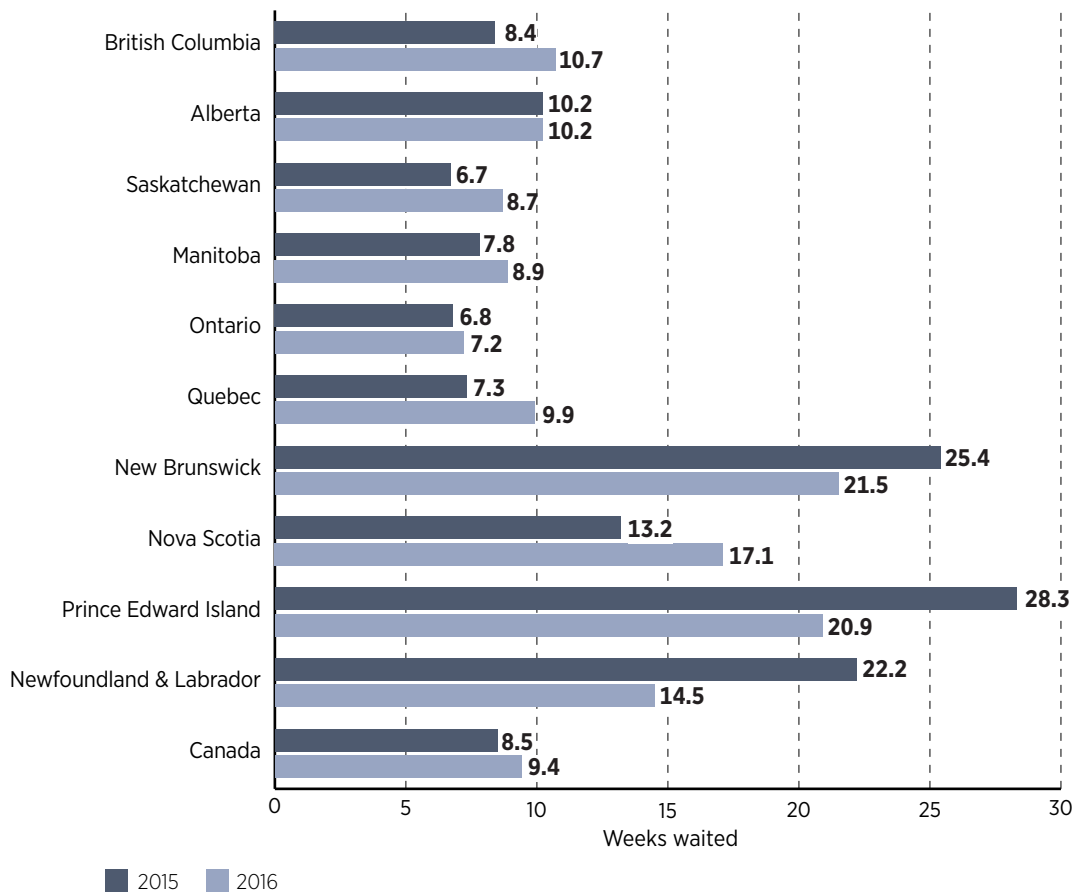
Total wait time can be examined in two consecutive segments:

- 1 from referral by a general practitioner to consultation with a specialist;
- 2 from the consultation with a specialist to point at which patient receives treatment.

The increase in total waiting time between 2015 and 2016 results from an increase in both the first and second segments. The waiting time in the first segment, from referral by a general practitioner to consultation with a specialist, has risen from 8.5 weeks in 2015 to 9.4 weeks in 2016. This wait time is 155% longer than in 1993, when it was 3.7 weeks (**graph 1**; **graph 2**). The waiting time to see a specialist has decreased in three provinces since 2015, stayed the same in Alberta, but has risen in British Columbia, Saskatchewan, Manitoba, Ontario, Quebec, and Nova Scotia (**chart 2**). The shortest waits for specialist consultations are in Ontario (7.2 weeks), Saskatchewan (8.7 weeks), and Manitoba (8.9 weeks). The longest waits for specialist consultations are found in New Brunswick (21.5 weeks), Prince Edward Island (20.9 weeks), and Nova Scotia (17.1 weeks) (see **table 3**).

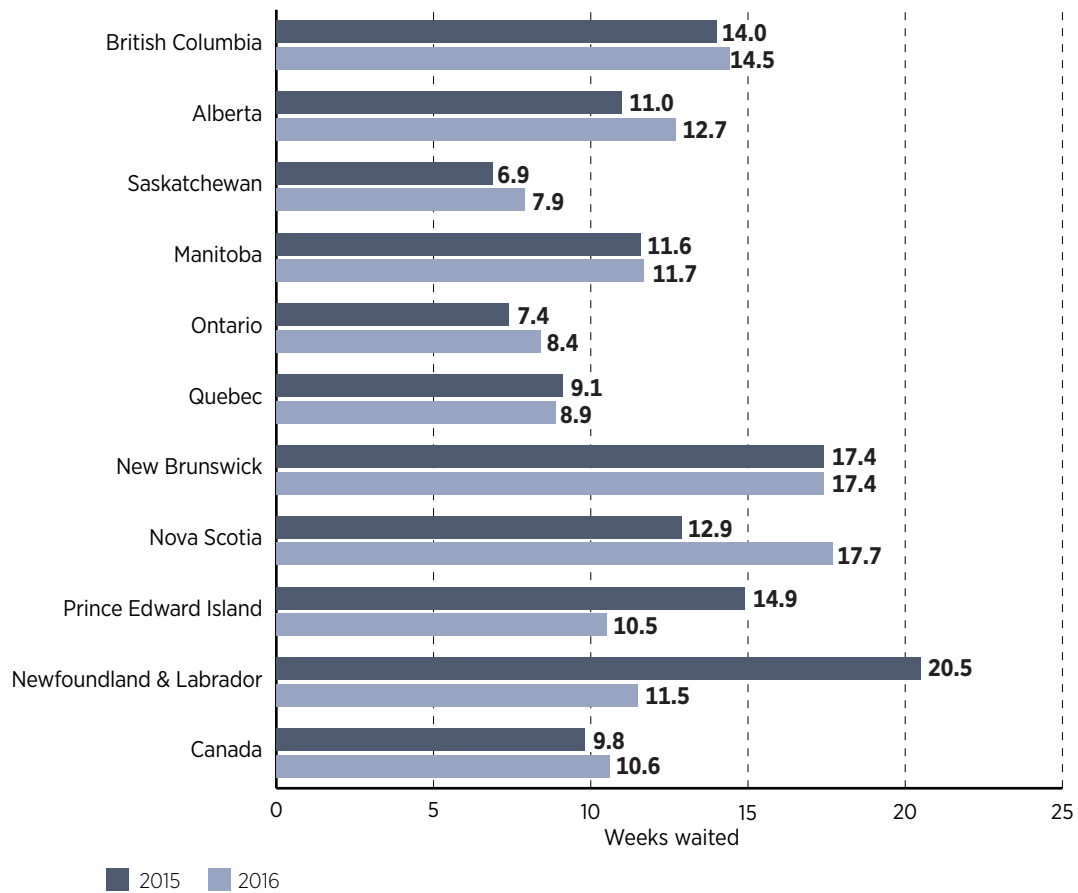
The waiting time in the second segment, from consultation with a specialist to the point at which the patient receives treatment, has risen from 9.8 weeks in 2015 to 10.6 weeks in 2016 (**chart 3**). This portion of waiting is 88% longer than in 1993 when it was 5.6 weeks (**graph 3**; **graph 4**). Waiting times from specialist consultation to treatment have decreased in three provinces, stayed the same in New Brunswick, and increased in British Columbia, Alberta, Saskatchewan, Manitoba, Ontario and Nova Scotia. The shortest specialist-to-treatment waits are found in Saskatchewan (7.9 weeks), Ontario (8.4 weeks), and Quebec (8.9 weeks), while the longest are in Nova Scotia (17.7 weeks), New Brunswick (17.4 weeks), and British Columbia (14.5 weeks) (**table 4**).

**Chart 2: Wait by province in 2015 and 2016—weeks waited from referral by GP to appointment with specialist**



Source: The Fraser Institute's national waiting list survey, 2015, 2016.

**Chart 3: Wait by province in 2015 and 2016—weeks waited from appointment with specialist to treatment**

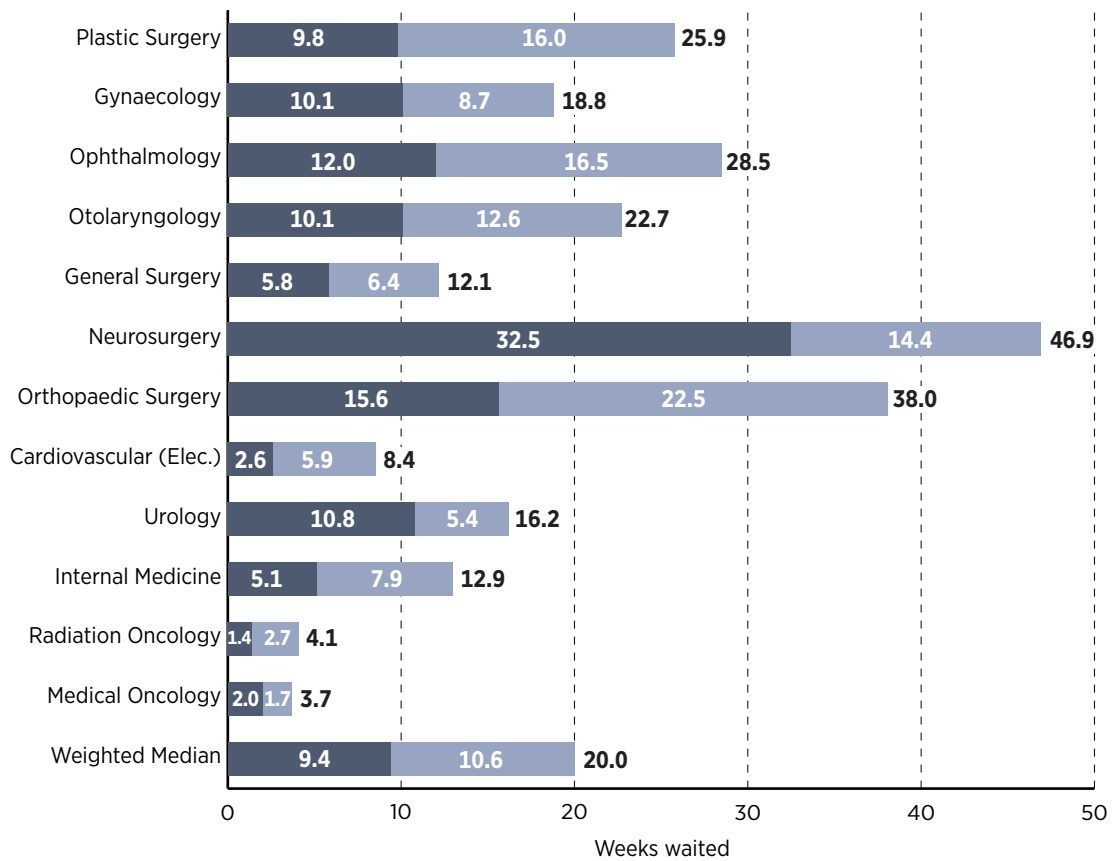


## Waiting by specialty

Among the various specialties, the shortest total waits exist for medical oncology (3.7 weeks), radiation oncology (4.1 weeks), and elective cardiovascular surgery (8.4 weeks). Conversely, patients wait longest between a referral by a GP and neurosurgery (46.9 weeks), orthopaedic surgery (38.0 weeks), and ophthalmology (28.5 weeks) (table 2; chart 4). The largest increases in waits between 2015 and 2016 have been for neurosurgery (19.3 weeks), ophthalmology (7.2 weeks), and otolaryngology (4.2 weeks). Such increases are offset by decreases in wait times for patients receiving treatment in the fields like gynaecology (-1.7 weeks), internal medicine (-1.6 weeks) and elective cardiovascular surgery (-1.5 weeks).

Breaking waiting time down into its two components, there is also variation among specialties. With regard to the first segment, the shortest waits are in radiation oncology

**Chart 4: Median wait by specialty in 2016—weeks waited from referral by GP to treatment**



■ Wait from GP to specialist   ■ Wait from specialist to treatment

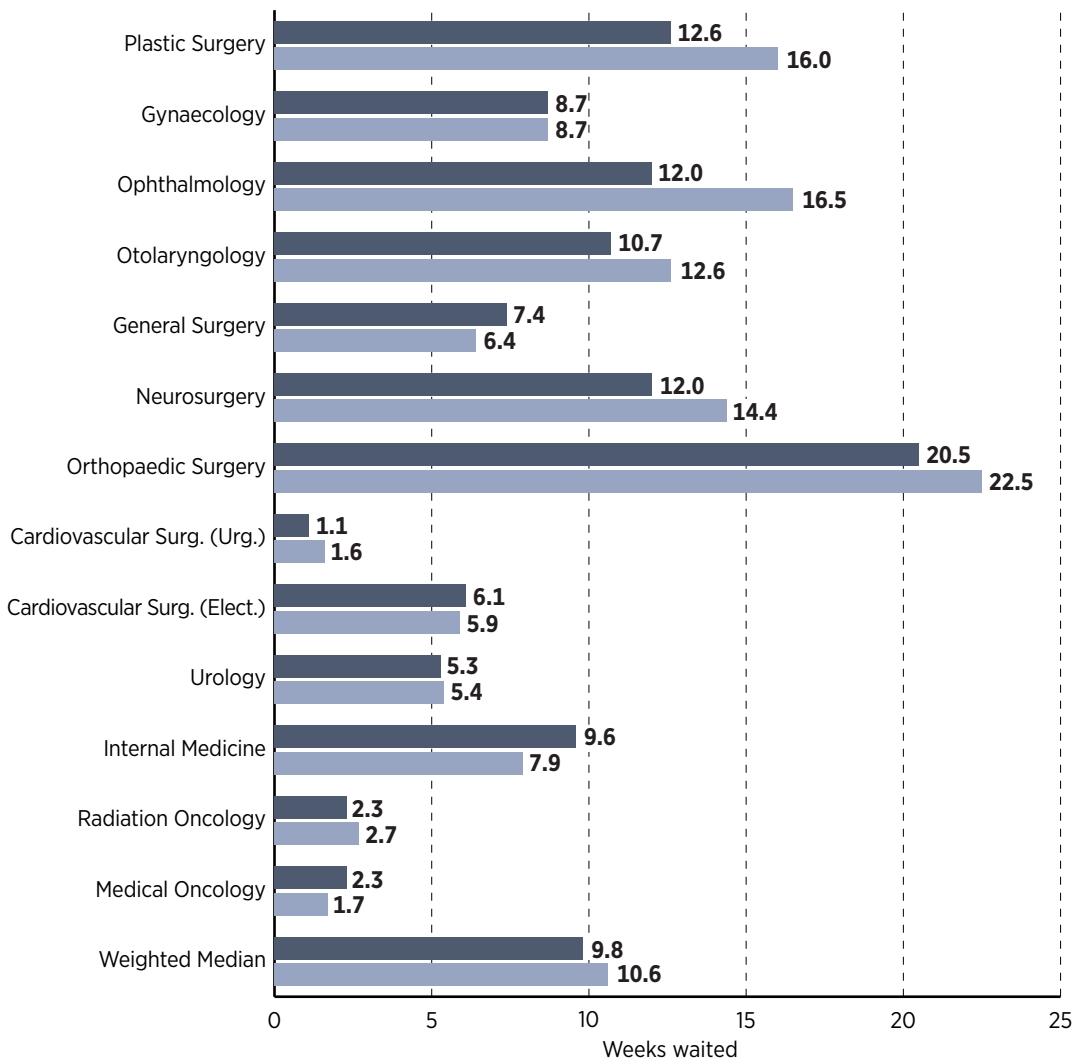
Note: Totals may not equal the sum of subtotals due to rounding.

Source: The Fraser Institute's national waiting list survey, 2016.

(1.4 weeks), medical oncology (2.0 weeks), and cardiovascular surgery (2.6 weeks). Meanwhile, the longest waits are for neurosurgery (32.5 weeks), orthopaedic surgery (15.6 weeks), and ophthalmology (12.0 weeks) (table 3).

For the second segment, patients wait the shortest intervals for urgent cardiovascular surgery (1.6 weeks), medical oncology (1.7 weeks), and radiation oncology (2.7 weeks). They wait longest for orthopaedic surgery (22.5 weeks), ophthalmology (16.5 weeks), and plastic surgery (16.0 weeks) (table 4; chart 5). Median wait times for specific procedures within a specialty, by province, are shown in tables 5A-5L.

**Chart 5: Wait by specialty in 2015 and 2016—weeks waited from appointment with specialist to treatment**



Source: The Fraser Institute's national waiting list survey, 2015, 2016.



## Comparison between clinically “reasonable” and actual waiting times

Specialists are also surveyed as to what they regard as clinically “reasonable” waiting times in the second segment covering the time spent from specialist consultation to delivery of treatment. Out of the 107 categories (some comparisons were precluded by missing data), actual waiting time (table 4) exceeds reasonable waiting time (table 8) in 70% of the comparisons. Averaged across all specialties, Saskatchewan is the only province where actual wait times are the same as what physicians in the province consider is clinically reasonable. While this performance must not be discounted, it should however be noted that physicians in Newfoundland & Labrador, Ontario, Prince Edward Island, Alberta, Quebec, and British Columbia hold relatively more stringent standards as to what is “reasonable” (table 10). The greatest difference between these two values across all provinces for a specialty is in orthopaedic surgery, where the actual waiting time is 11.0 weeks longer than what is considered to be “reasonable” by specialists (chart 6). [2] Median reasonable wait times for specific procedures within a specialty, by province, are shown in tables 9A–9L.

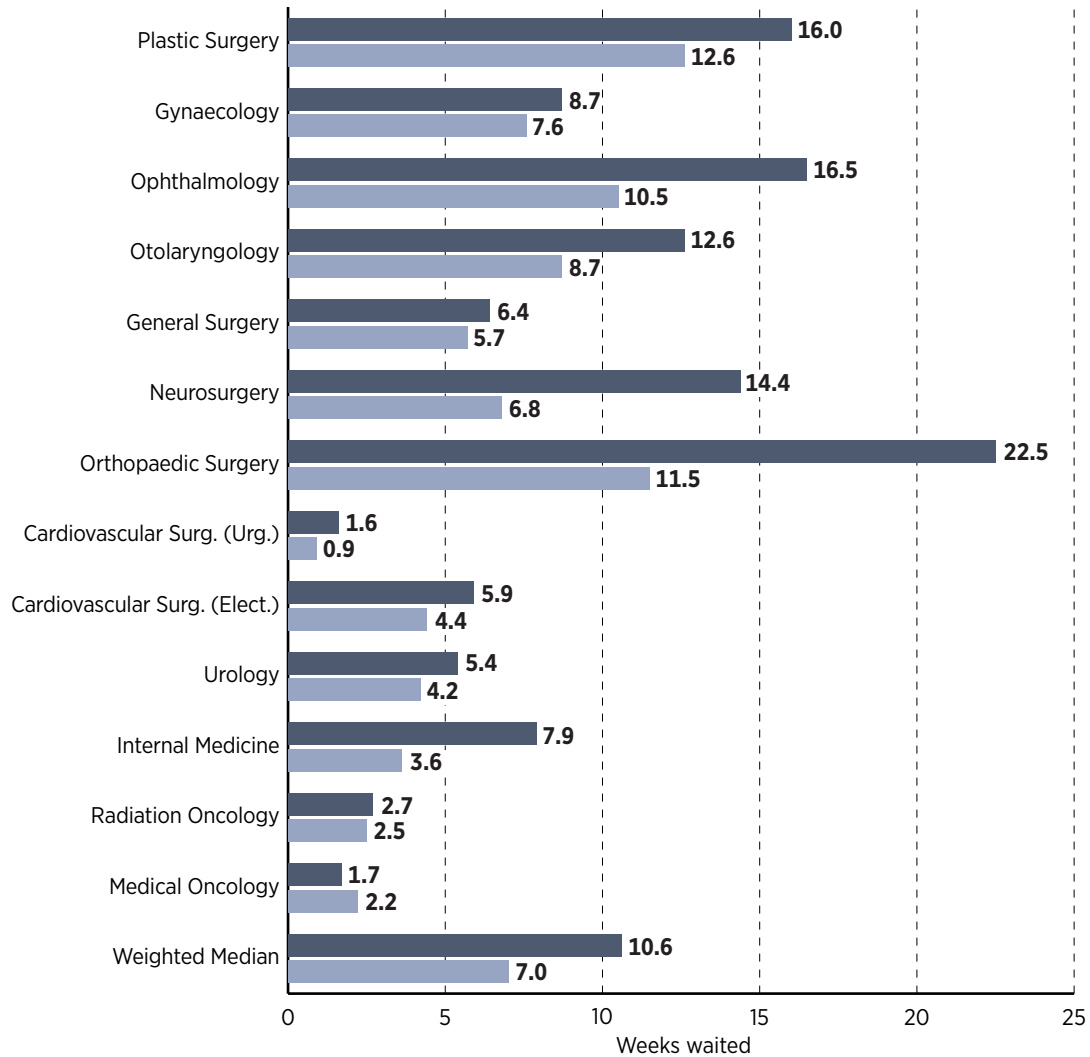
## Waiting for diagnostic and therapeutic technology

Patients also experience significant waiting times for various diagnostic technologies across the provinces. The wait for a computed tomography (CT) scan has decreased to 3.7 weeks in 2016 from 4.0 weeks in 2015. Saskatchewan and Ontario have the shortest wait for a CT scan (3.0 weeks), while the longest wait occurs in Prince Edward Island (6.0 weeks). The wait for a magnetic resonance imaging (MRI) scan has increased to 11.1 weeks in 2016 from 10.4 weeks in 2015. Patients in Newfoundland & Labrador experience the shortest wait for an MRI (4.0 weeks), while residents of British Columbia wait longest (24.0 weeks). Finally, the wait for an ultrasound is 4.0 weeks in 2016, as it was in 2015. Alberta and Ontario have the shortest wait for an ultrasound (2.0 weeks), while Quebec has the longest ultrasound waiting time: 8.0 weeks (chart 7).

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2. The greatest proportional difference for a specialty is in Internal Medicine, where the actual waiting time exceeds the corresponding reasonable value by 120%.

**Chart 6: Median actual wait compared to median clinically reasonable wait by specialty in Canada in 2016—weeks waited from appointment with specialist to treatment**



Median actual wait
  Median clinically reasonable wait  
 Source: The Fraser Institute's national waiting list survey, 2016.

**Chart 7: Waiting for technology: weeks waited to receive selected diagnostic tests in 2016, 2015, and 2014**

	CT-Scan			MRI			Ultrasound		
	2016	2015	2014	2016	2015	2014	2016	2015	2014
British Columbia	5.0	5.0	5.0	24.0	24.0	20.0	5.5	4.0	5.0
Alberta	4.0	4.0	4.0	12.0	12.0	12.0	2.0	2.0	2.0
Saskatchewan	3.0	4.0	4.0	12.0	9.0	6.0	4.0	4.0	3.0
Manitoba	4.0	4.0	4.0	12.0	8.0	6.0	4.5	5.0	4.0
Ontario	3.0	3.0	3.0	6.0	5.0	5.0	2.0	2.0	2.0
Quebec	4.0	5.0	4.0	12.0	12.0	8.0	8.0	8.0	4.0
New Brunswick	4.0	4.0	4.0	8.0	8.0	10.0	6.0	7.0	5.5
Nova Scotia	4.0	5.0	4.0	12.0	12.0	10.0	4.0	5.0	5.0
Prince Edward Island	6.0	6.0	6.0	16.0	12.0	16.0	6.0	42.0	4.0
Newfoundland & Labrador	4.0	4.8	4.0	4.0	6.0	6.0	6.0	6.3	6.0
Canada	3.7	4.0	3.8	11.1	10.4	8.7	4.0	4.0	3.3

Note: Links to wait times data published by provincial government agencies can be found in Appendix A.

## Numbers of procedures for which people are waiting

This study estimates that, across the 10 provinces, the total number of procedures for which people are waiting in 2016 is 973,505 (table 12; table 14 presents the numbers for the provinces on a population-adjusted basis), an increase of 8.8% from the estimated 894,449 procedures in 2015. The estimated number of procedures for which people are waiting increased in British Columbia, Alberta, Saskatchewan, Ontario, and Nova Scotia but decreased in Manitoba, Quebec, New Brunswick, Prince Edward Island, and Newfoundland & Labrador. Assuming that each person waits for only one procedure, 2.7% of Canadians are waiting for treatment in 2016, which varies from a low of 1.6% of the population in Quebec to a high of 5.8% in Nova Scotia. [3] Tables 13A-13L (pp. 55-60) show the number of procedures for which people are waiting within a specialty, by province.

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3. These numbers should be interpreted with caution, especially for Saskatchewan. As a result of discussions with provincial authorities in 2002, counts of “the number of patients waiting for surgery” have been replaced with the “number of procedures for which patients are waiting”. There do not, however, appear to be significant systematic differences between the numbers of “procedures for which people are waiting” estimated in this edition of *Waiting Your Turn* and counts of “patients waiting” reported by provincial ministries.

## Method

The data for this issue of *Waiting Your Turn* were collected between January 11 and April 29, 2016. Survey questionnaires [2] were sent to practitioners in 12 medical specialties: plastic surgery, gynaecology, ophthalmology, otolaryngology, general surgery, neurosurgery, orthopaedic surgery, cardiovascular surgery, urology, internal medicine, radiation oncology, and medical oncology. This year, the overall response rate was 21% (table 1). The major findings from the survey responses are summarized in table 2 to table 15.

This study replicates methods used in previous editions but, like the survey of 2015, this year's survey contains fewer questions than in previous years (2014 and earlier). Both versions of the survey are included for comparison (Appendixes C, D). Because data from the eliminated questions were treated independently of calculated medians, there is no reason to believe that their removal will have a material impact on the results contained in this edition of the report.

As with previous editions, this study is designed to estimate the wait for medically necessary elective treatment. [3] Waiting time is calculated as the median of physician responses. The median is calculated by ranking specialists' responses in either ascending or descending order, and determining the middle value. [4]

The provincial weighted medians, for each specialty, reported in the last line of tables 5A–5L, are calculated by multiplying the median wait for each procedure (e.g., mammoplasty or neurolysis for plastic surgery) by a weight—the fraction of all surgeries within that specialty constituted by that procedure. The sum of these multiplied terms forms the weighted median for that province and specialty (an analogous method is used for tables 9A–9L).

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2. The Cornerstone Group of Companies provided mailing lists, drawn from the Canadian Medical Association's membership rolls. Specialists were offered a chance to a \$2000 cash prize (to be randomly awarded) as an inducement to respond. Physicians were contacted via letter-mail, facsimile, and telephone.

3. Emergent, urgent, and elective wait times are measured for cardiovascular surgery. The specialties of Internal Medicine, Medical Oncology, Neurosurgery, and Radiation Oncology also include non-elective wait times.

4. For an even-numbered group of respondents, the median is the average of the two middle values.

To obtain the provincial medians (displayed in the last row of tables 2, 3, 4, and 8), the 12 specialty medians are each weighted by a ratio—the number of procedures done in that specialty in the province, divided by the total number of procedures done by specialists of all types in the province. To obtain the national medians (displayed in the last column of tables 2, 3, 4, and 8) we use a similar ratio—the number of procedures done in that specialty in the province, divided by the total number of procedures done by specialists in that specialty across all provinces.

To estimate the number of procedures for which people are waiting, the total annual number of procedures is divided by 52 (weeks per year) and then multiplied by the Fraser Institute’s estimate of the actual provincial average number of weeks waited. This means that a waiting period of one month implies that, on average, patients are waiting one-twelfth of a year for surgery. Therefore, the next person added to the list would find one-twelfth of a year’s patients ahead of him or her in the queue. The main assumption underlying this estimate is that the number of surgeries performed will neither increase nor decrease within the year in response to waiting lists.

The number of non-emergency procedures for which people are waiting that were not included in the survey is also calculated, and is listed in table 12 as the “residual” number of procedures for which people are waiting. To estimate this residual number, the number of non-emergency operations not contained in the survey that are done in each province annually must be used. This residual number of operations (compiled from the CIHI data) is then divided by 52 (weeks) and multiplied by each province’s weighted median waiting time for all specialties.

This study’s weighting of medians and the estimation of the number of procedures for which patients are waiting are based on data for 2014/15 from the Discharge Abstract Database (DAD) (CIHI, 2016a) the National Ambulatory Care Reporting System (NACRS) (CIHI, 2016b), and the Hospital Morbidity Database (HMDB) (CIHI, 2016c) published by the Canadian Institute for Health Information (CIHI).

There are a number of minor problems in matching the CIHI’s categories of operations to those reported in the Fraser Institute’s survey. In a few instances, an operation such as rhinoplasty is listed under more than one specialty in *Waiting Your Turn*. In these cases, we divide the number of patients annually undergoing this type of operation among specialties according to the proportion of specialists in each of the overlapping specialties: for example, if plastic surgeons constitute 75% of the group of specialists performing rhinoplasties, then the number of rhinoplasties counted under plastic

surgery is the total multiplied by 0.75. A second problem is that, in some cases, an operation listed in the *Waiting Your Turn* questionnaire has no direct match in the CIHI tabulation. An example is ophthalmological surgery for glaucoma, which is not categorized separately in the CIHI discharge abstract data. In these cases, we make no estimate of the number of patients waiting for these operations.

The Fraser Institute's cardiovascular surgery questionnaire, following the traditional classification by which patients are prioritized, has distinguished among emergent, urgent, and elective patients. However, in discussing the situation with physicians and hospital administrators, it became clear that these classifications are not standardized across provinces. Decisions as to how to group patients were thus left to responding physicians and heart centres. Direct comparisons among provinces using these categories should, therefore, be made tentatively.

Finally, when interpreting median wait-time data for procedures, specialties, and provinces, it is important to take note of the number of responses upon which estimates are based. These are contained in tables 1a–c. For example, the number of survey responses in parts of Atlantic Canada are notably lower than in other provinces, which may result in reported median wait times being higher or lower than those actually experienced.

## Comparisons of Data from Other Sources

### Estimates of wait times measured by provincial governments

On November 7, 2016, we sent preliminary data to provincial ministries of health, and to provincial cancer and cardiac agencies. A list of links to wait-times data published by provincial government agencies can be found in **Appendix A**.

While it is encouraging that provincial governments have gradually come to recognize the value of measuring and reporting wait times for medically necessary procedures and treatments, there are a number of reasons that their estimates should be interpreted with caution.

- 1** Many provinces still do not measure the wait time between the date a patient receives a referral from a general practitioner and the consultation with a specialist. Although there are some notable exceptions, most provinces focus only on the time between the date on which a treatment was scheduled (or booked) and the date of the treatment. The Fraser Institute intends to assist those seeking treatment, and those evaluating waiting times, by providing comprehensive data on the entire wait a person seeking treatment can expect. Accordingly, the Institute measures the time between the decision of the specialist that treatment is required and treatment being received as well as the time between a referral by a general practitioner and the consultation with a specialist.
- 2** Even when examining only the waiting time between seeing a specialist and receiving treatment, many provinces only start their wait-time clocks when the operating room booking information for a case is received by the hospital. Using this definition may understate the patient's actual waiting time between seeing a specialist and receiving treatment because it will not include any delays between the decision to treat the patient and the formal booking and recording for that patient. In addition, because some hospitals may only book a few months ahead, this method of measuring waiting lists likely omits a substantial fraction of patients with waits beyond the booking period (Ramsay, 1998).
- 3** In years past, wait-times data from certain provinces have been found to be remarkably low when compared to the number of procedures they report to have been



actually completed and the number of patients reported to be waiting for treatment. Previous reports by the Fraser Institute (for example, see Barua and Fathers, 2014) have consistently demonstrated how, in those provinces, either there had to have been fewer people waiting or significantly more surgeries being completed, or the government's reported wait time must have been incorrect.

**4** Because of differences in the number of specialties and procedures included, as well as different definitions of how wait times are measured, estimates from provincial governments are usually not comparable among provinces or across time (usually only going back a few years). The Fraser Institute measures wait times for the same set of specialties across all provinces, employs a consistent methodology, and has published annual estimates for over two decades.

Comprehensive comparisons of wait time estimates from provincial governments with data from the Fraser Institute can be found in previous versions of *Waiting Your Turn*.

### **Verification and comparison of earlier data with independent sources**

The waiting list data can be verified by comparison with independently computed estimates, primarily those found in academic journals. There exist 95 independent waiting-time estimates that can be compared with recent Fraser Institute's figures. In 59 of the 95 cases, the Fraser Institute's figures lie below the comparison values. In only 31 instances does the Institute value exceed the comparison value, and in five cases they are identical. This evidence strongly suggests that the Fraser Institute's measurements are not biased upward but, if anything, may be biased downward, understating actual waiting times. (For further explanation, see *Waiting Your Turn*, 2009).

### **Pan-Canadian benchmarks**

Canada's provincial, territorial, and federal governments agreed to a set of common benchmarks for medically necessary treatment on December 12, 2005 (Ontario Ministry of Health and Long Term Care, 2005). **Chart 8** compares those benchmarks for which a similar comparator exists in *Waiting Your Turn*. Two observations arise from this comparison. First, Canada's physicians tend to have a lower threshold for reasonable wait times than do Canada's provincial, territorial, and federal governments. Second, median wait times for Radiation Therapy, Cataract Surgery, and Cardiac Bypass Surgery in many provinces are already within the benchmarks set by governments in

**Chart 8: Pan-Canadian benchmark wait times and *Waiting Your Turn 2016***

Procedure (Pan-Canadian Benchmark/ <i>Waiting Your Turn</i> )	Pan-Canadian Benchmark Wait Time	National Median Wait Time (1) (Range of Provincial Median Wait Times) in weeks	National Median Reasonable Wait Time (1) (Range of Provincial Reasonable Median Wait Times) in weeks
Radiation Therapy/ Radiation Oncology	within 4 weeks of patients being ready to treat	2.7 (2.0–10.3)	2.5 (1.0–4.7)
Hip Replacements	within 26 weeks	26.3 (18.0–44.0)	12.2 (10.0–24.0)
Knee Replacements	within 26 weeks	26.3 (18.0–44.0)	12.2 (10.0–24.0)
Cataract Surgery	within 16 weeks for patients who are at high risk	18.5 (9.0–31.5)	11.3 (9.0–16.0)
Cardiac Bypass Surgery	Level I within 2 weeks/ Level II within 6 weeks/ Level III within 26 weeks	Emergent: 0.1 (0.0–0.5)/ Urgent: 1.6 (1.0–14.5)/ Elective: 7.6 (1.0–29.0)	Emergent: 0.2 (0.0–0.5)/ Urgent: 0.7 (0.0–3.5)/ Elective: 5.3 (3.5–8.0)

(1) These wait times were produced for individual procedures using the same methodology used to produce national median wait times for medical specialties, described above under “Methodology”.

Sources: Ontario Ministry of Health and Long Term Care, 2005 and The Fraser Institute’s National Waiting List Survey.

Canada, which means that according to these benchmarks, more than 50% of patients in these provinces are already being treated in a time frame that provincial governments consider “reasonable”. [5] This year, however, the median wait time for hip and knee replacements as measured by this report (arthroplasty—hip, knee, ankle, shoulder) exceed the pan-Canadian Benchmark wait time.

5. Note that, although the median wait time is less than the benchmark wait time, this does not mean that provinces have already met their targets. The pan-Canadian benchmark wait times apply to all patient cases, while the median wait time is the time by which 50% of patients have been treated and 50% of patients are still waiting for treatment.

## Conclusion

The 2016 *Waiting Your Turn* survey indicates that, at 20.0 weeks, the total waiting time for elective medical treatment across the provinces is the longest ever recorded in the history of this survey. Even if one debates the reliability of waiting-list data, this survey also reveals that wait times in Canada are longer than what physicians consider to be clinically reasonable.

From the standpoint of the Canadian economy, a study by Stokes and Somerville (2008) found that the cumulative total lost economic output that represents the cost of waiting longer than medically recommended for treatment for total joint replacement surgery, cataract surgery, coronary artery bypass graft surgery, and MRI scans in 2007 was an estimated \$14.8 billion. More recently, Barua and Ren (2016) estimated the cost of waiting per patient in Canada to be approximately \$1,304 in 2015 if only hours during the normal working week were considered “lost”, and as much as \$3,951 if all hours of the week (excluding eight hours of sleep per night) were considered “lost”.

Further, there is a significant body of medical literature identifying adverse medical consequences from prolonged waiting (*Waiting Your Turn*, 2009; Day, 2013).

This year’s survey of specialists also found that an estimated 1.4% of patients received elective treatment in another country during 2015/16. Physicians also report that only about 10.8% of their patients are on a waiting list because they requested a delay or postponement, and that 46.9% would agree to have their procedure performed within a week [6] if an opening arose.

Thus, despite provincial strategies to reduce wait times and high levels of health expenditure, it is clear that patients in Canada are waiting too long to receive treatment.

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6. The survey asks physicians what percentage of their patients currently waiting for treatment would agree to begin treatment tomorrow if an opening were to arise. However, comments by respondents of previous surveys indicate that at least some respondents answer the question as if it were “a few days”.

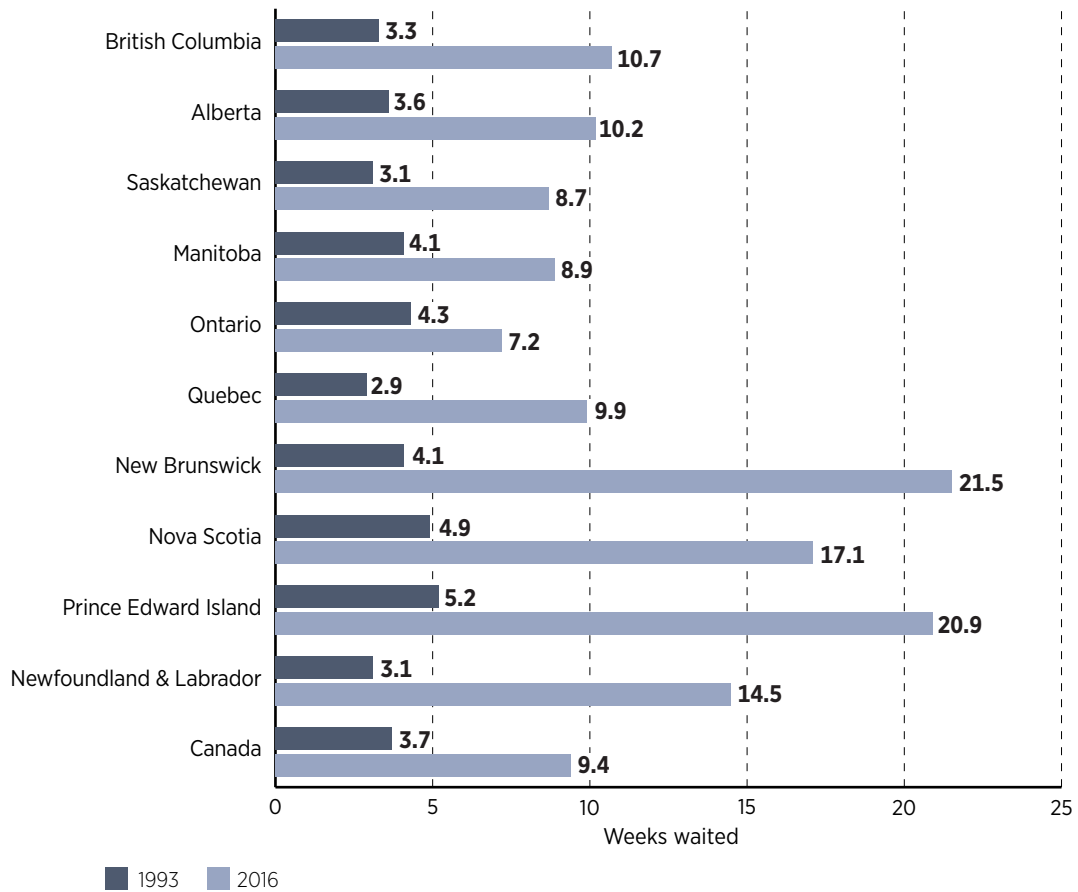
## Selected graphs

Graphs 1–6: Median Actual Waiting Times, 1993 and 2016

Graphs 7–8: Median Reasonable Waiting Times, 1994 and 2016

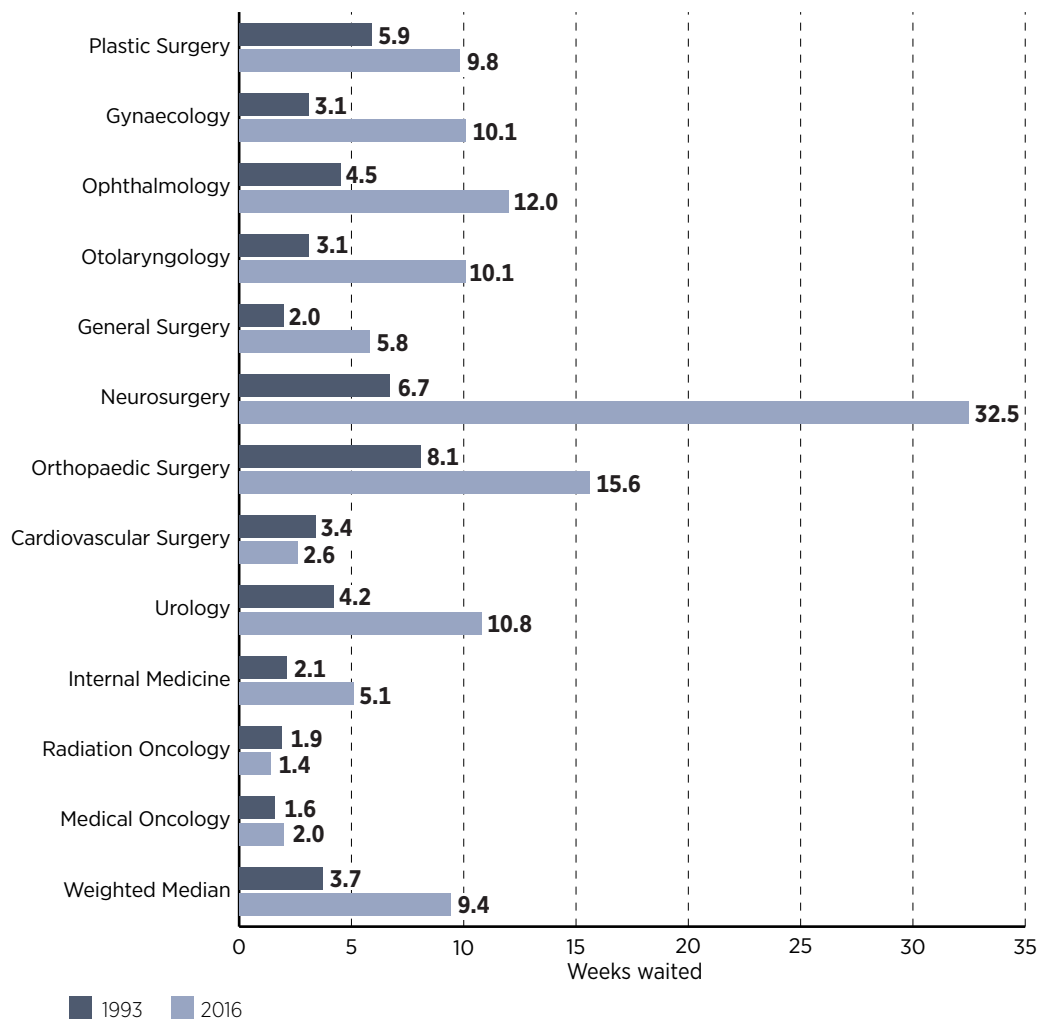
Graphs 9–19: Actual versus Reasonable Waiting Times, 1994–2016, by Province

**Graph 1: Median wait between referral by GP and appointment with specialist, by province, 1993 and 2016**



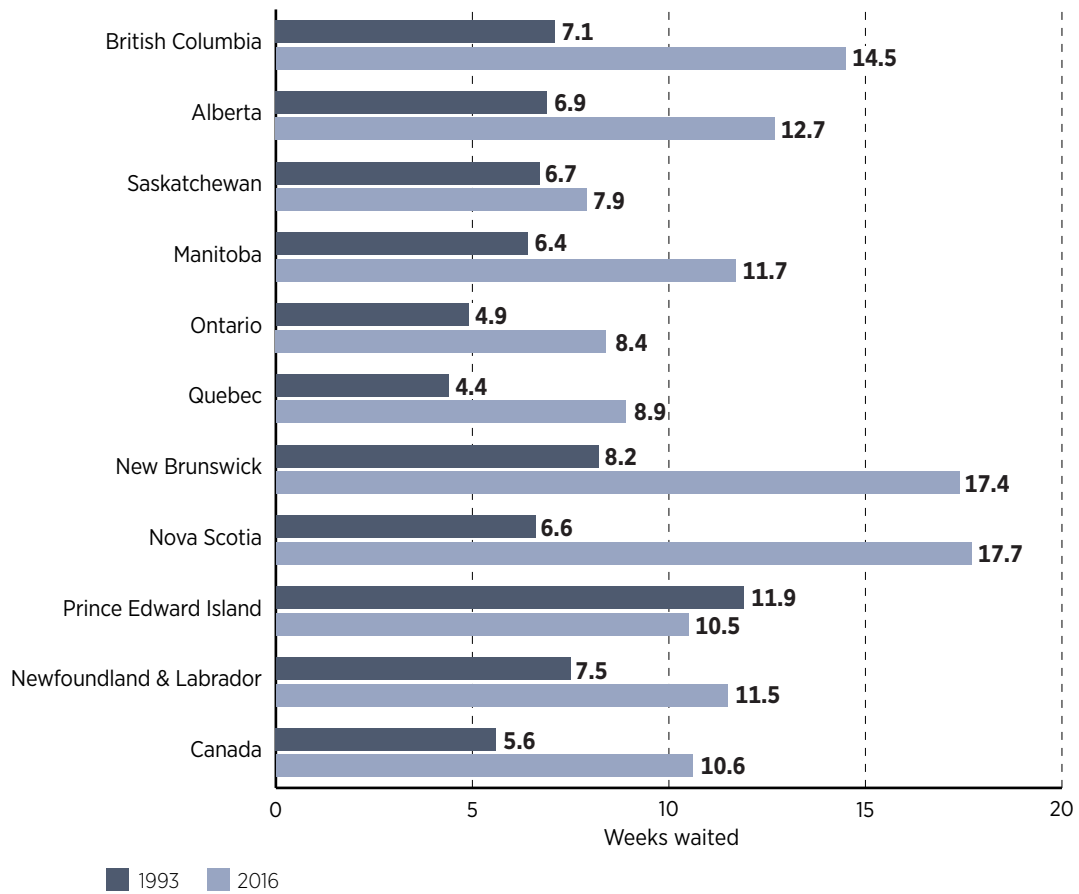
Source: The Fraser Institute's national waiting list survey, 2016; *Waiting Your Turn, 1997*.

**Graph 2: Median wait between referral by GP and appointment with specialist, by specialty, 1993 and 2016**



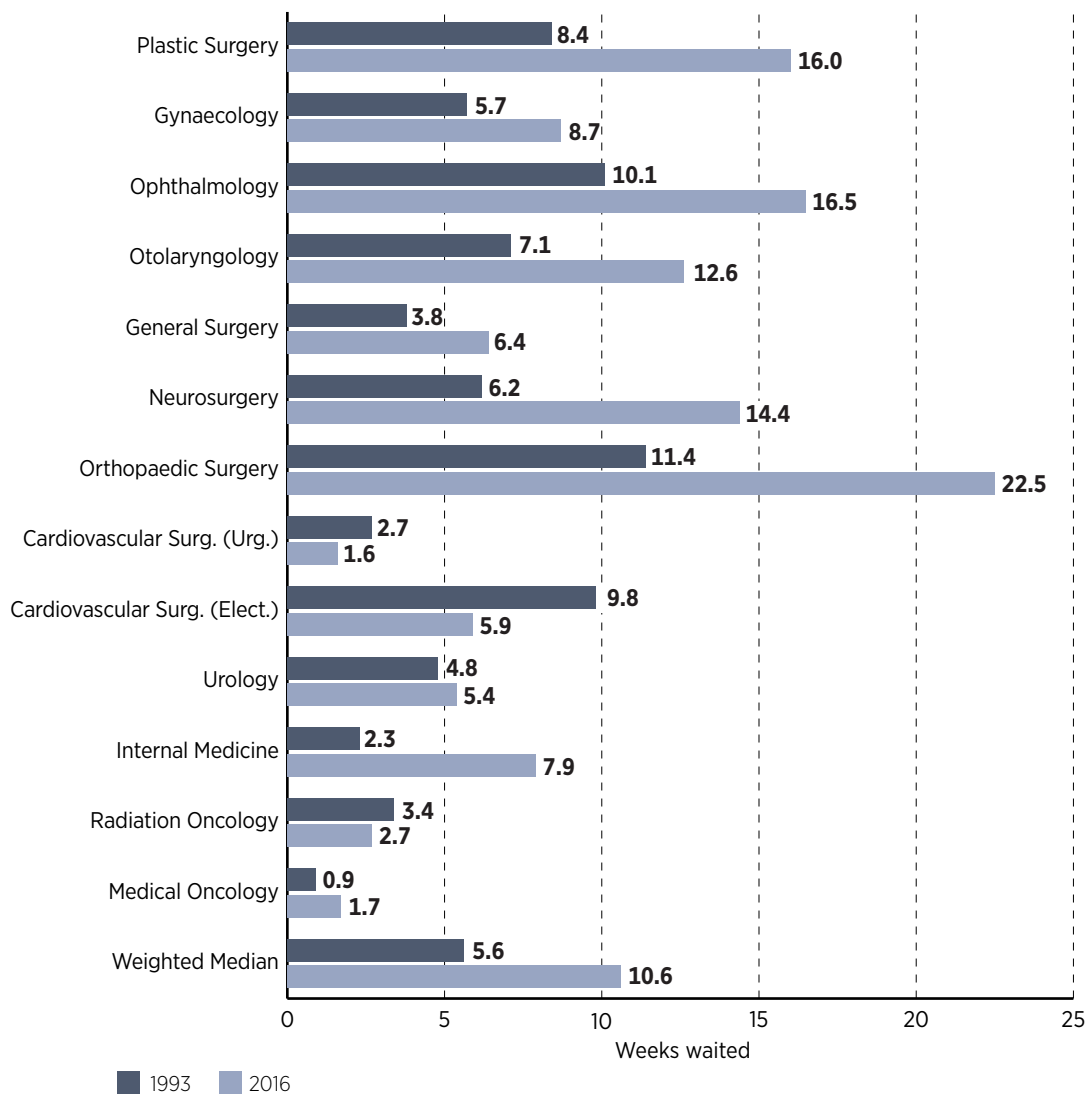
Source: The Fraser Institute's national waiting list survey, 2016; *Waiting Your Turn*, 1997.

**Graph 3: Median wait between appointment with specialist and treatment, by province, 1993 and 2016**



Source: The Fraser Institute's national waiting list survey, 2016; *Waiting Your Turn*, 1997.

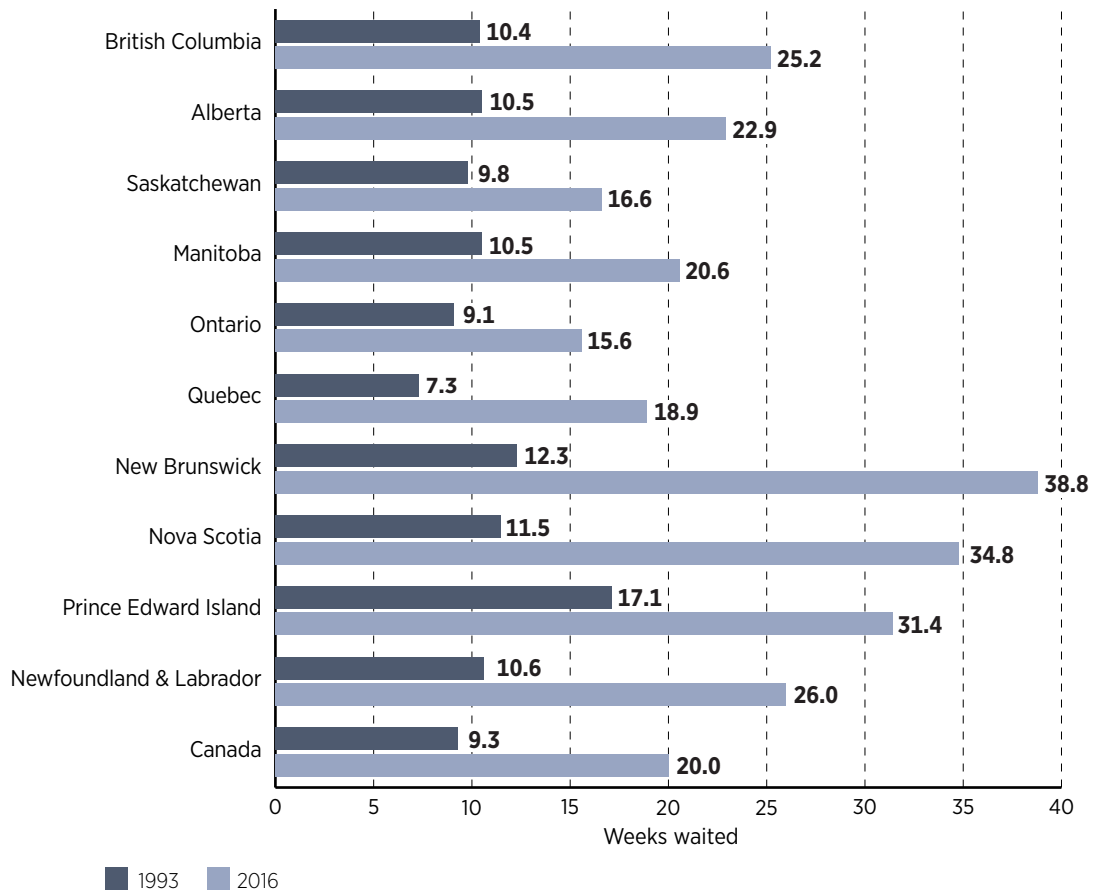
**Graph 4: Median wait between appointment with specialist and treatment, by specialty, 1993 and 2016**



Source: The Fraser Institute's national waiting list survey, 2016; *Waiting Your Turn*, 1997.

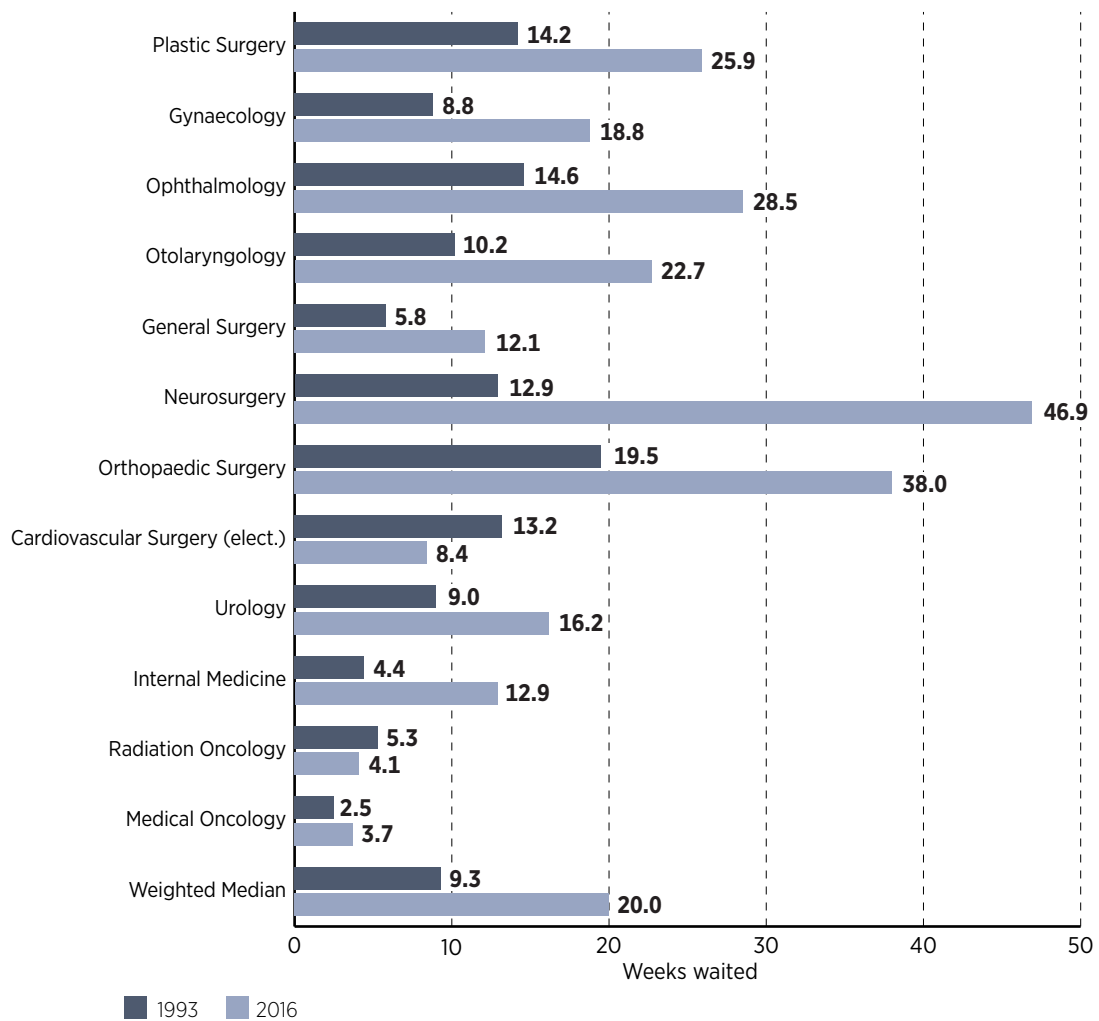


**Graph 5: Median wait between referral by GP and treatment, by province, 1993 and 2016**



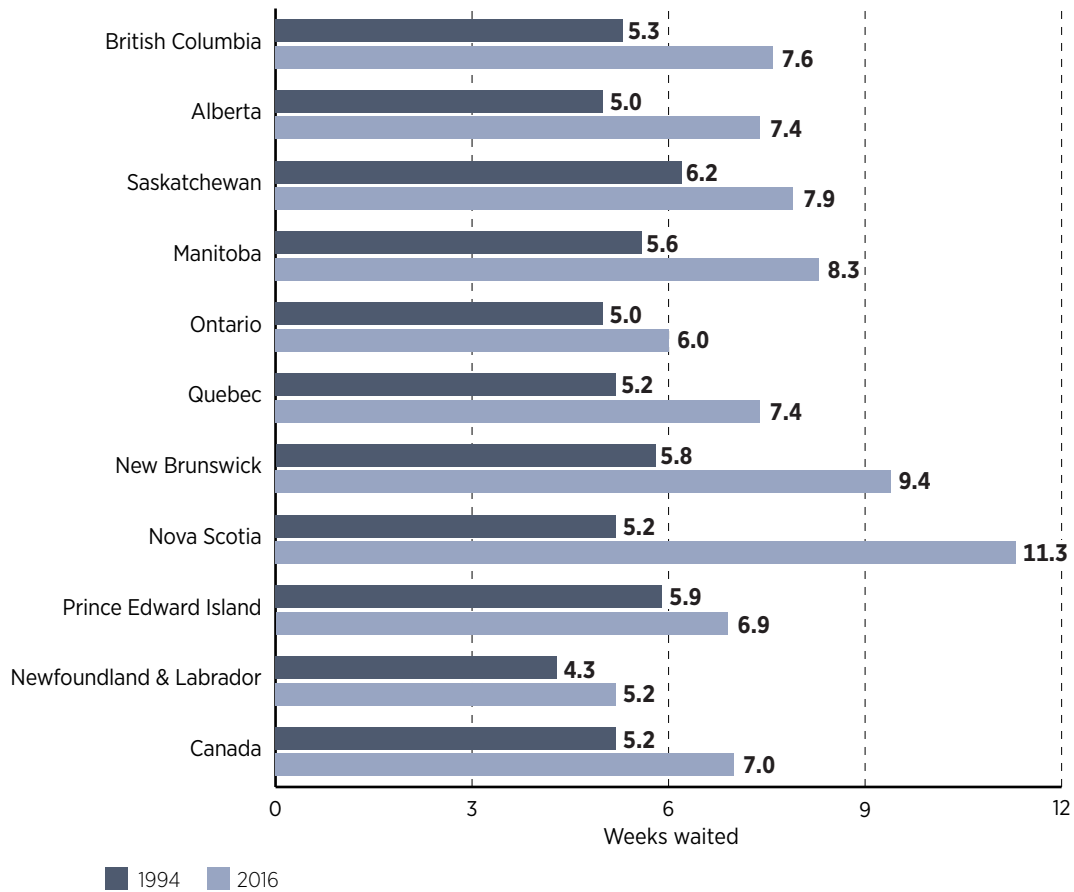
Source: The Fraser Institute's national waiting list survey, 2016; *Waiting Your Turn*, 1997.

**Graph 6: Median wait between referral by GP and treatment, by specialty, 1993 and 2016**



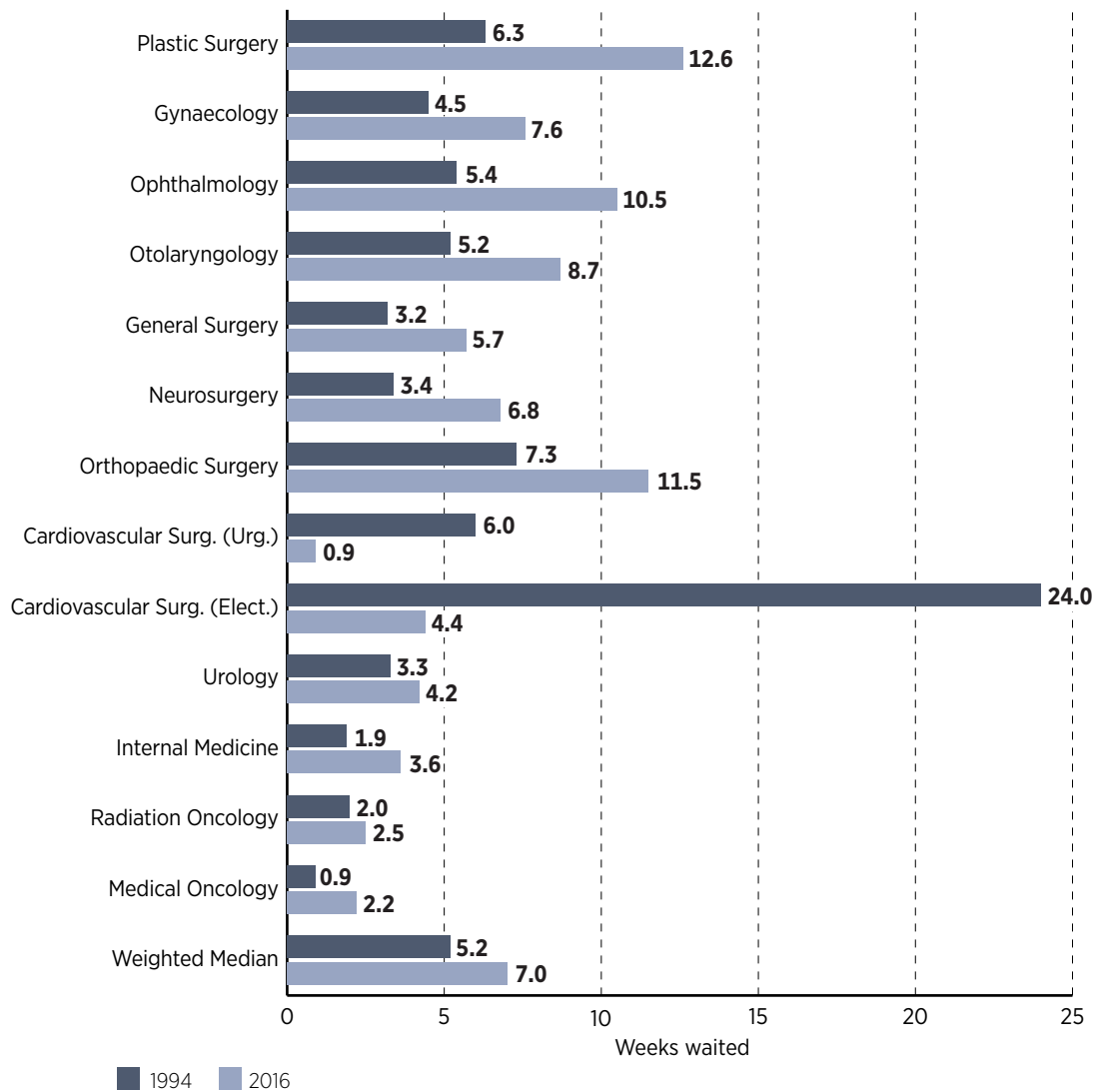
Source: The Fraser Institute's national waiting list survey, 2016; *Waiting Your Turn*, 1997.

**Graph 7: Median reasonable wait between appointment with specialist and treatment, by province, 1994 and 2016**



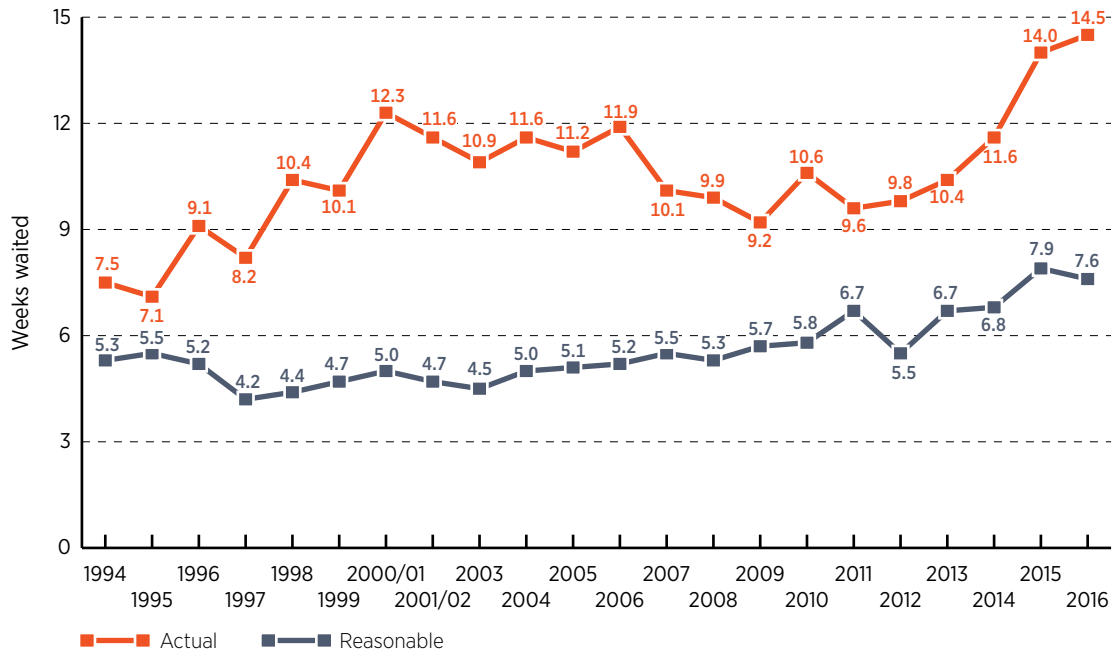
Source: The Fraser Institute's national waiting list survey, 2016; *Waiting Your Turn*, 1997.

**Graph 8: Median reasonable wait between appointment with specialist and treatment, by specialty, 1994 and 2016**



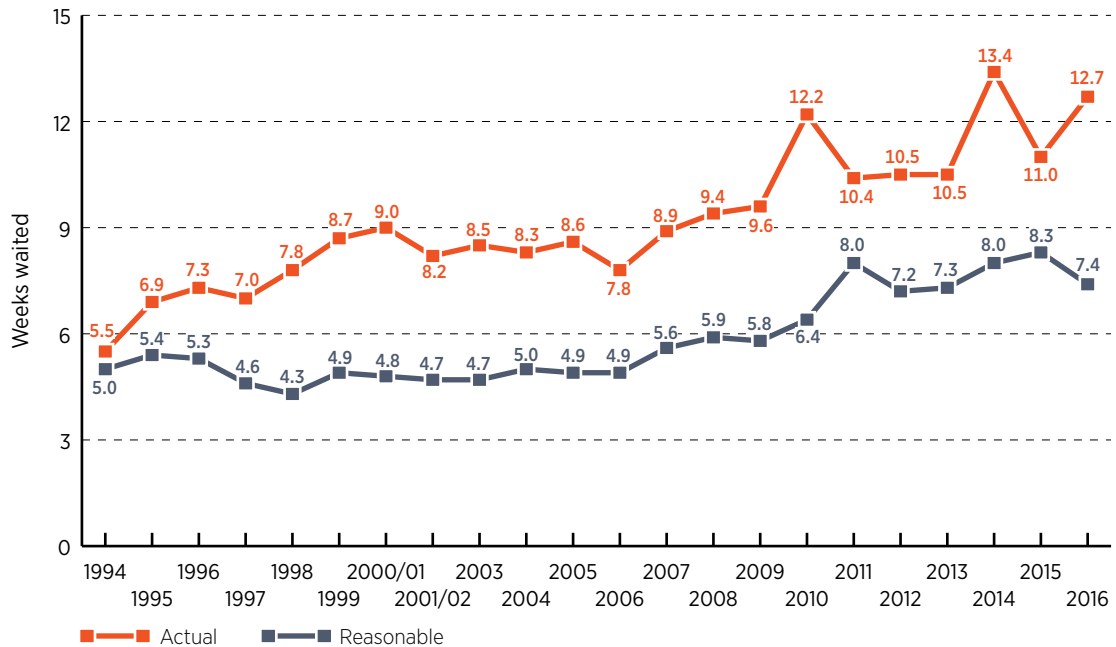
Source: The Fraser Institute's national waiting list survey, 2016; *Waiting Your Turn*, 1997.

**Graph 9: British Columbia—actual versus reasonable waits between appointment with specialist and treatment, 1994 to 2016**



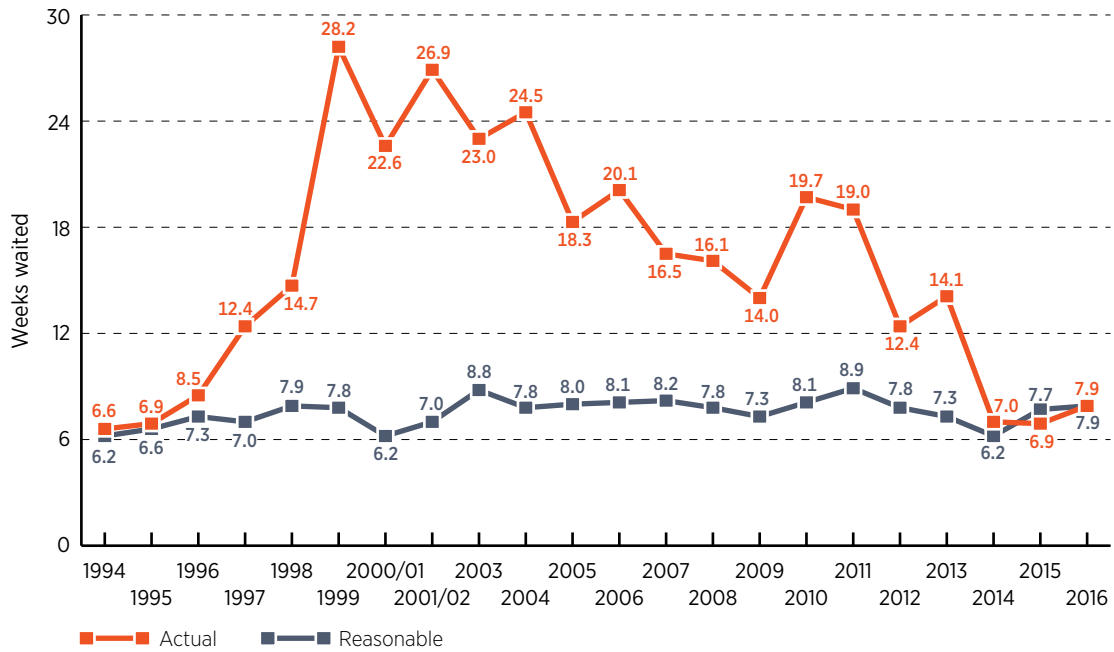
Source: The Fraser Institute's national waiting list surveys, 1995–2016.

**Graph 10: Alberta—actual versus reasonable waits between appointment with specialist and treatment, 1994 to 2016**

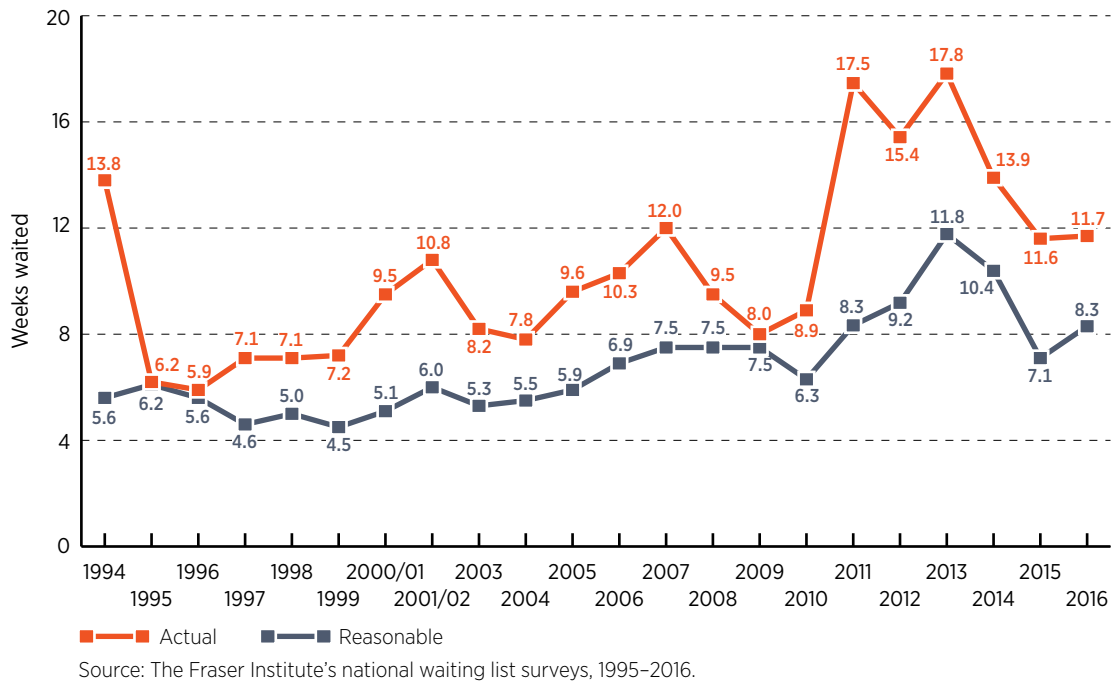


Source: The Fraser Institute's national waiting list surveys, 1995–2016.

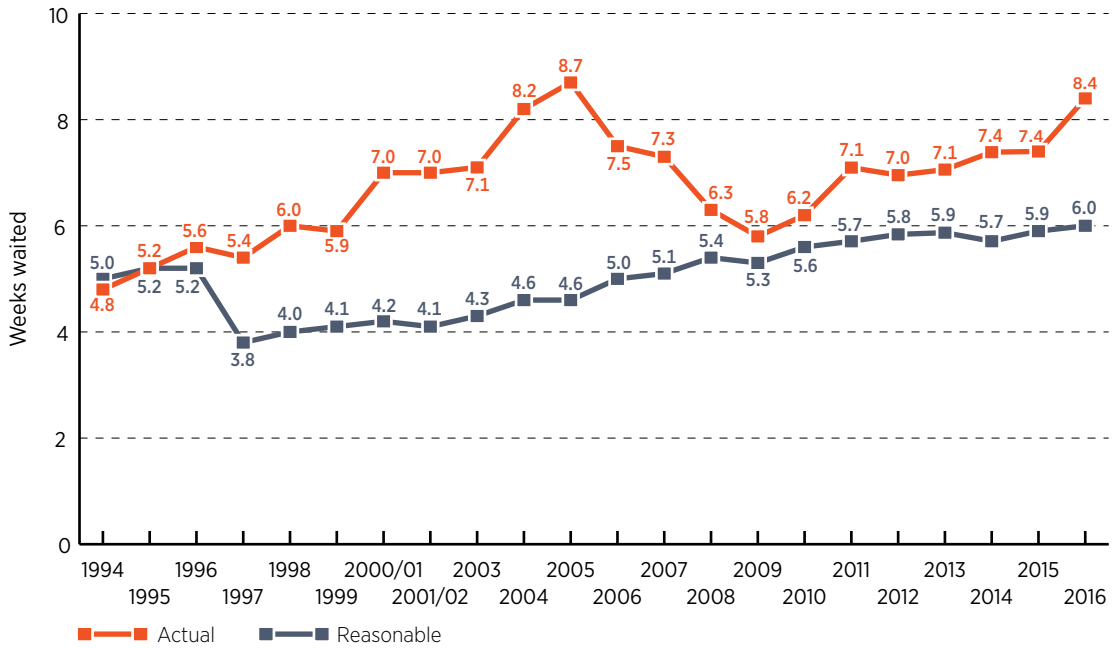
**Graph 11: Saskatchewan—actual versus reasonable waits between appointment with specialist and treatment, 1994 to 2016**



**Graph 12: Manitoba—actual versus reasonable waits between appointment with specialist and treatment, 1994 to 2016**

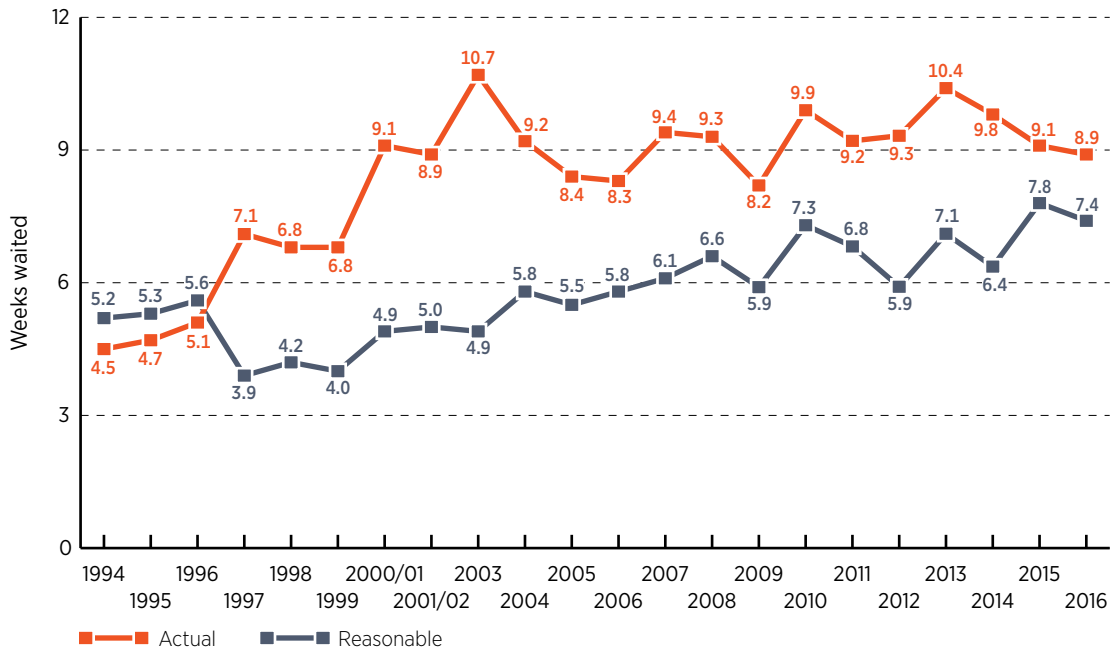


**Graph 13: Ontario—actual versus reasonable waits between appointment with specialist and treatment, 1994 to 2016**



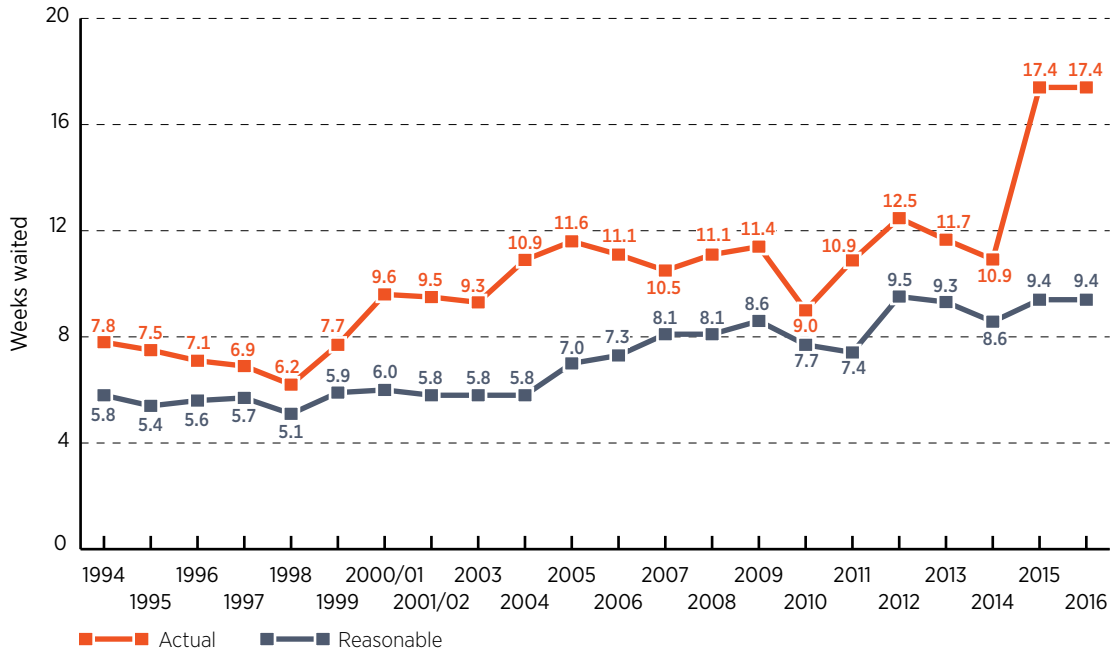
Source: The Fraser Institute's national waiting list surveys, 1995–2016.

**Graph 14: Quebec—actual versus reasonable waits between appointment with specialist and treatment, 1994 to 2016**

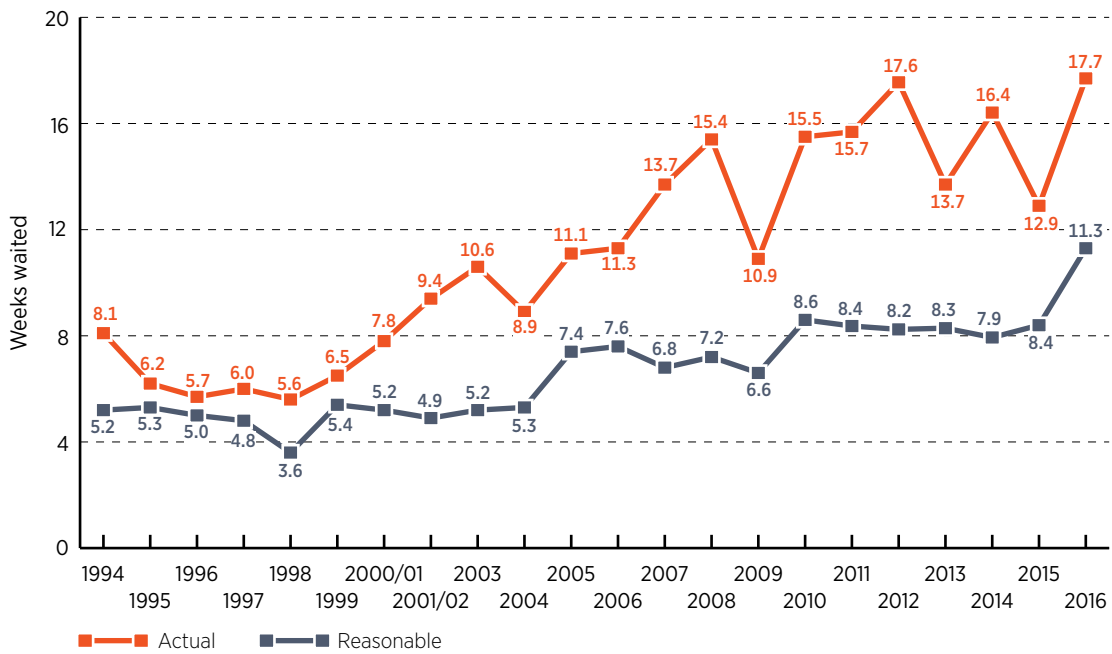


Source: The Fraser Institute's national waiting list surveys, 1995–2016.

**Graph 15: New Brunswick—actual versus reasonable waits between appointment with specialist and treatment, 1994 to 2016**

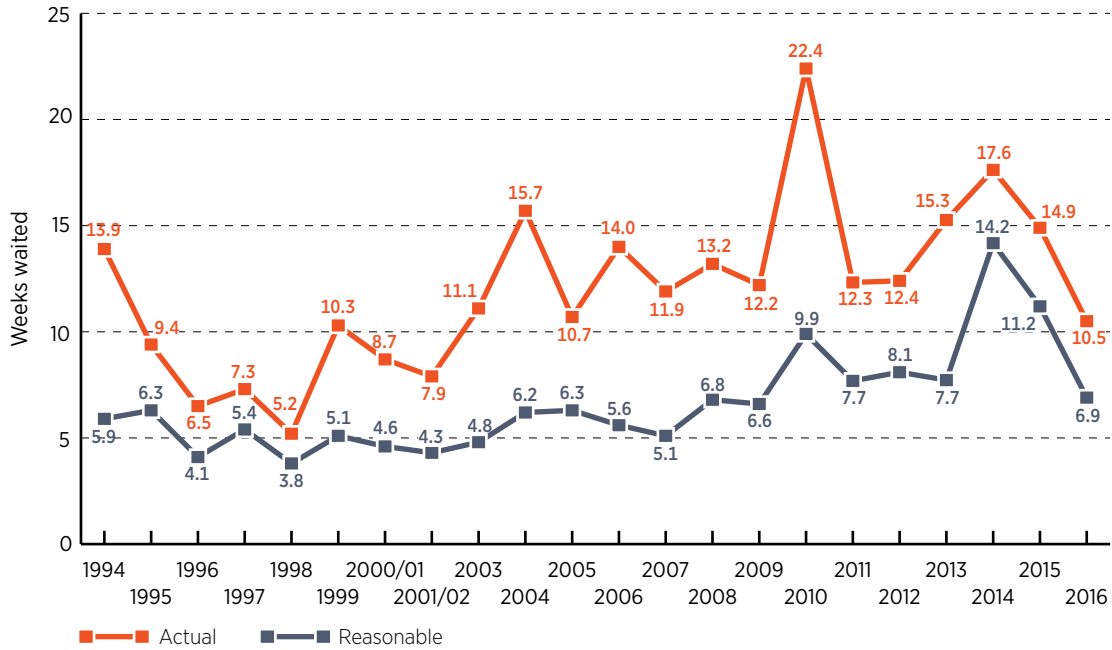


**Graph 16: Nova Scotia—actual versus reasonable waits between appointment with specialist and treatment, 1994 to 2016**



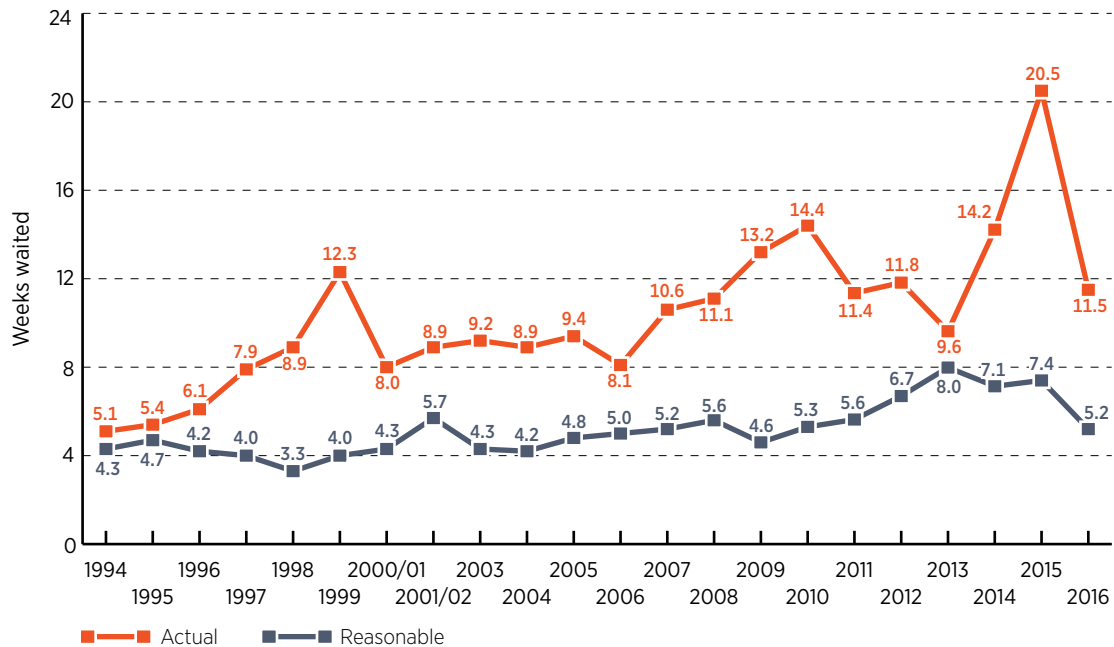


**Graph 17: Prince Edward Island—actual versus reasonable waits between appointment with specialist and treatment, 1994 to 2016**



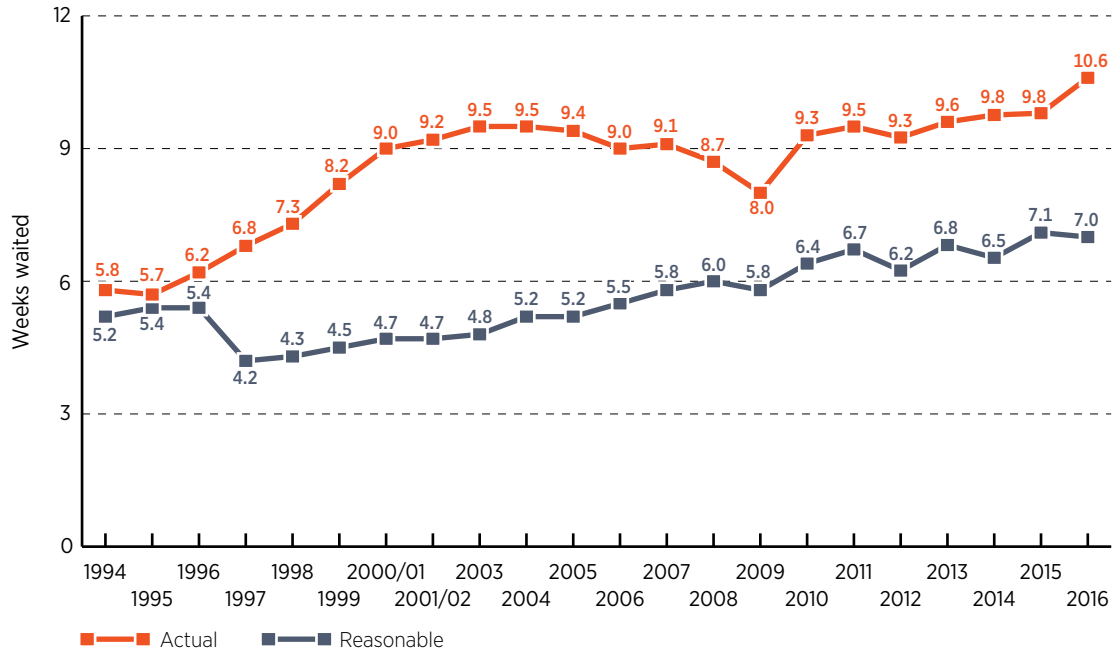
Source: The Fraser Institute's national waiting list surveys, 1995–2016.

**Graph 18: Newfoundland & Labrador—actual versus reasonable waits between appointment with specialist and treatment, 1994 to 2016**



Source: The Fraser Institute's national waiting list surveys, 1995–2016.

**Graph 19: Canada—actual versus reasonable waits between appointment with specialist and treatment, 1994 to 2016**



Source: The Fraser Institute's national waiting list surveys, 1995–2016.

## Selected tables

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**Table 1A: Summary of responses, 2016—response rates (percentages)**

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Plastic Surgery	22%	33%	36%	36%	16%	10%	54%	25%	0%	0%	20%
Gynaecology	33%	32%	35%	29%	18%	20%	47%	33%	20%	21%	24%
Ophthalmology	31%	26%	43%	41%	17%	21%	52%	54%	60%	42%	25%
Otolaryngology	49%	41%	55%	32%	21%	22%	57%	46%	100%	27%	29%
General Surgery	29%	29%	29%	24%	16%	6%	38%	34%	40%	9%	17%
Neurosurgery	35%	29%	42%	20%	20%	18%	57%	33%	—	33%	25%
Orthopaedic Surgery	45%	29%	36%	43%	17%	15%	39%	39%	50%	22%	24%
Cardiovascular Surgery	19%	17%	13%	0%	13%	15%	22%	6%	—	17%	14%
Urology	28%	33%	77%	53%	21%	12%	56%	63%	0%	33%	25%
Internal Medicine	25%	26%	30%	25%	13%	13%	48%	45%	56%	38%	18%
Radiation Oncology	6%	9%	10%	21%	6%	7%	0%	15%	33%	88%	9%
Medical Oncology	10%	6%	0%	0%	9%	20%	0%	14%	100%	88%	13%
<b>Total</b>	<b>29%</b>	<b>27%</b>	<b>34%</b>	<b>29%</b>	<b>15%</b>	<b>15%</b>	<b>44%</b>	<b>38%</b>	<b>45%</b>	<b>31%</b>	<b>21%</b>

**Table 1B: Summary of responses, 2016—number of responses**

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Plastic Surgery	15	16	4	4	31	10	7	3	0	0	90
Gynaecology	69	60	18	20	122	88	15	15	1	6	414
Ophthalmology	48	27	10	11	67	63	11	20	3	5	265
Otolaryngology	36	21	6	6	48	45	8	11	2	3	186
General Surgery	55	36	15	11	92	24	12	14	2	2	263
Neurosurgery	13	10	5	2	19	12	4	3	—	1	69
Orthopaedic Surgery	84	40	14	18	88	46	11	18	2	4	325
Cardiovascular Surgery	12	6	2	0	18	14	2	1	—	1	56
Urology	24	17	10	9	51	18	9	12	0	2	152
Internal Medicine	74	67	19	17	131	64	14	23	5	9	423
Radiation Oncology	4	5	1	3	12	8	0	2	1	7	43
Medical Oncology	8	3	0	0	17	33	0	2	1	7	71
<b>Total</b>	<b>442</b>	<b>308</b>	<b>104</b>	<b>101</b>	<b>696</b>	<b>425</b>	<b>93</b>	<b>124</b>	<b>17</b>	<b>47</b>	<b>2,357</b>

**Table 1C: Summary of responses, 2016—number of questionnaires mailed out**

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Plastic Surgery	67	48	11	11	193	99	13	12	2	5	461
Gynaecology	212	188	51	69	675	440	32	45	5	29	1,746
Ophthalmology	153	104	23	27	390	296	21	37	5	12	1,068
Otolaryngology	74	51	11	19	227	207	14	24	2	11	640
General Surgery	187	125	52	46	584	414	32	41	5	22	1,508
Neurosurgery	37	34	12	10	93	66	7	9	—	3	271
Orthopaedic Surgery	186	139	39	42	525	308	28	46	4	18	1,335
Cardiovascular Surgery	62	36	15	10	138	96	9	17	—	6	389
Urology	87	51	13	17	240	156	16	19	2	6	607
Internal Medicine	292	255	64	68	1,047	497	29	51	9	24	2,336
Radiation Oncology	70	53	10	14	202	120	7	13	3	8	500
Medical Oncology	81	47	1	13	195	161	5	14	1	8	526
<b>Total</b>	<b>1,508</b>	<b>1,131</b>	<b>302</b>	<b>346</b>	<b>4,509</b>	<b>2,860</b>	<b>213</b>	<b>328</b>	<b>38</b>	<b>152</b>	<b>11,387</b>

**Table 2: Median total expected waiting time from referral by GP to treatment, by specialty, 2016 (in weeks)**

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Plastic Surgery	60.2	37.6	35.9	27.7	11.9	15.4	16.8	105.3	—	—	25.9
Gynaecology	22.2	22.2	12.4	11.3	14.7	16.8	—	20.5	56.0	26.4	18.8
Ophthalmology	36.3	21.8	15.4	47.0	29.4	24.6	51.9	28.5	53.8	21.2	28.5
Otolaryngology	28.6	29.5	12.8	33.2	23.6	13.3	25.0	54.2	39.3	22.0	22.7
General Surgery	15.8	14.5	8.6	10.0	7.6	11.1	25.5	34.0	19.6	27.0	12.1
Neurosurgery	54.4	45.1	19.3	31.1	44.8	66.0	71.1	35.0	—	—	46.9
Orthopaedic Surgery	59.3	49.9	25.4	34.1	29.7	28.2	61.2	75.3	—	44.8	38.0
Cardiovascular Surg. (Elec.)	10.3	8.0	—	—	5.5	8.8	37.0	14.0	—	10.5	8.4
Urology	13.4	17.2	39.9	14.9	11.9	28.7	24.3	37.4	—	16.4	16.2
Internal Medicine	18.1	17.6	11.2	11.0	8.2	9.2	8.4	20.1	21.7	31.4	12.9
Radiation Oncology	18.3	4.0	—	4.6	3.0	4.3	—	4.7	2.5	3.0	4.1
Medical Oncology	6.2	6.9	—	—	2.9	3.0	—	4.4	5.0	2.7	3.7
<b>Weighted Median</b>	<b>25.2</b>	<b>22.9</b>	<b>16.6</b>	<b>20.6</b>	<b>15.6</b>	<b>18.9</b>	<b>38.8</b>	<b>34.8</b>	<b>31.4</b>	<b>26.0</b>	<b>20.0</b>

\* Totals may not equal the sum of subtotals as a result of rounding.

**Table 3: Median patient wait to see a specialist after referral from a GP, by specialty, 2016 (in weeks)**

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Plastic Surgery	25.0	5.3	18.0	11.0	6.5	5.5	10.0	36.0	—	—	9.8
Gynaecology	10.5	12.0	6.3	5.0	7.0	8.0	48.0	10.0	52.0	20.0	10.1
Ophthalmology	15.0	4.0	6.0	17.0	10.0	14.0	32.0	20.0	42.0	12.5	12.0
Otolaryngology	9.0	12.0	4.0	10.0	11.3	6.0	10.0	40.5	21.5	6.0	10.1
General Surgery	8.5	7.3	4.0	6.0	3.5	5.5	12.0	9.0	7.0	13.0	5.8
Neurosurgery	42.0	20.0	10.0	28.0	32.0	48.0	42.0	28.0	—	48.0	32.5
Orthopaedic Surgery	20.0	28.0	8.0	14.0	12.0	11.0	31.0	26.0	23.0	16.0	15.6
Cardiovascular Surgery	3.0	5.5	5.0	—	2.3	1.0	8.0	2.0	—	4.0	2.6
Urology	6.0	12.0	36.0	9.0	8.0	20.0	12.0	28.0	—	10.0	10.8
Internal Medicine	5.0	7.0	4.0	4.0	3.0	5.5	3.5	8.5	14.0	22.0	5.1
Radiation Oncology	8.0	2.0	—	2.0	1.0	1.0	—	2.5	0.5	1.0	1.4
Medical Oncology	2.5	3.0	—	—	1.8	2.0	—	2.3	3.0	1.0	2.0
<b>Weighted Median</b>	<b>10.7</b>	<b>10.2</b>	<b>8.7</b>	<b>8.9</b>	<b>7.2</b>	<b>9.9</b>	<b>21.5</b>	<b>17.1</b>	<b>20.9</b>	<b>14.5</b>	<b>9.4</b>

**Table 4: Median patient wait for treatment after appointment with specialist, by specialty, 2016 (in weeks)**

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Plastic Surgery	35.2	32.4	17.9	16.7	5.4	9.9	6.8	69.3	—	—	16.0
Gynaecology	11.7	10.2	6.2	6.3	7.7	8.8	—	10.5	4.0	6.4	8.7
Ophthalmology	21.3	17.8	9.4	30.0	19.4	10.6	19.9	8.5	11.8	8.7	16.5
Otolaryngology	19.6	17.5	8.8	23.2	12.3	7.3	15.0	13.7	17.8	16.0	12.6
General Surgery	7.3	7.2	4.6	4.0	4.1	5.6	13.5	25.0	12.6	14.0	6.4
Neurosurgery	12.4	25.1	9.3	3.1	12.8	18.0	29.1	7.0	—	0.0	14.4
Orthopaedic Surgery	39.3	21.9	17.4	20.1	17.7	17.2	30.2	49.3	—	28.8	22.5
Cardiovascular Surg. (Urg.)	2.3	1.3	6.0	—	1.0	0.7	14.5	8.0	—	1.0	1.6
Cardiovascular Surg. (Elec.)	7.3	2.5	—	—	3.2	7.8	29.0	12.0	—	6.5	5.9
Urology	7.4	5.2	3.9	5.9	3.9	8.7	12.3	9.4	—	6.4	5.4
Internal Medicine	13.1	10.6	7.2	7.0	5.2	3.7	4.9	11.6	7.7	9.4	7.9
Radiation Oncology	10.3	2.0	2.1	2.6	2.0	3.3	—	2.2	2.0	2.0	2.7
Medical Oncology	3.7	3.9	—	—	1.1	1.0	—	2.1	2.0	1.7	1.7
<b>Weighted Median</b>	<b>14.5</b>	<b>12.7</b>	<b>7.9</b>	<b>11.7</b>	<b>8.4</b>	<b>8.9</b>	<b>17.4</b>	<b>17.7</b>	<b>10.5</b>	<b>11.5</b>	<b>10.6</b>

**Table 5A: Plastic surgery (2016)—median patient wait for treatment after appointment with specialist (in weeks)**

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Mammoplasty	52.0	42.0	29.0	9.0	6.0	12.0	9.0	75.0	—	—
Neurolysis	24.0	10.0	9.0	21.5	6.0	10.0	3.8	68.0	—	—
Blepharoplasty	26.0	24.0	18.0	4.5	4.8	5.0	5.0	—	—	—
Rhinoplasty	18.0	33.0	18.0	4.5	2.5	4.5	6.0	48.0	—	—
Scar Revision	25.0	27.0	9.0	34.5	5.0	9.0	6.0	—	—	—
Hand Surgery	24.0	30.0	7.0	12.8	6.0	10.0	4.5	72.0	—	—
Craniofacial Procedures	11.0	4.0	3.0	—	2.5	30.0	8.0	—	—	—
Skin Cancers and other Tumors	9.0	2.0	3.0	27.0	2.5	4.0	5.5	22.0	—	—
<b>Weighted Median</b>	<b>35.2</b>	<b>32.4</b>	<b>17.9</b>	<b>16.7</b>	<b>5.4</b>	<b>9.9</b>	<b>6.8</b>	<b>69.3</b>	<b>—</b>	<b>—</b>

Note: Weighted median does not include craniofacial procedures or skin cancers and other tumors.

**Table 5B: Gynaecology (2016)—median patient wait for treatment after appointment with specialist (in weeks)**

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Dilation & Curettage	7.0	7.0	4.0	5.0	6.0	4.0	—	6.0	4.0	6.0
Tubal Ligation	12.0	12.0	8.0	6.8	8.0	10.0	—	9.0	4.0	6.0
Hysterectomy (Vaginal/Abdominal)	16.0	12.0	6.0	6.8	10.0	10.0	—	12.0	4.0	8.0
Vaginal Repair	16.0	12.0	7.0	6.0	8.0	12.0	—	16.5	4.0	—
Tuboplasty	11.0	12.0	4.5	12.0	7.0	12.0	—	9.5	—	—
Laparoscopic Procedures	14.0	12.0	7.0	7.0	7.0	10.0	—	12.0	4.0	—
Hysteroscopic Procedures	12.0	10.0	6.0	7.0	7.0	9.0	—	12.0	4.0	—
<b>Weighted Median</b>	<b>11.7</b>	<b>10.2</b>	<b>6.2</b>	<b>6.3</b>	<b>7.7</b>	<b>8.8</b>	<b>—</b>	<b>10.5</b>	<b>4.0</b>	<b>6.4</b>

**Table 5C: Ophthalmology (2016)—median patient wait for treatment after appointment with specialist (in weeks)**

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Cataract Removal	25.0	24.0	11.0	31.5	22.0	10.0	20.0	10.0	12.0	9.0
Cornea Transplant	34.0	21.0	—	24.0	36.0	26.0	53.0	12.0	—	—
Cornea—Pterygium	16.5	9.0	4.0	10.0	12.0	12.0	19.0	10.5	12.0	3.3
Iris, Ciliary Body, Sclera, Anterior Chamber	11.0	4.0	4.0	12.0	12.0	12.0	34.0	9.0	—	—
Retina, Choroid, Vitreous	8.0	5.5	4.0	—	9.0	6.3	24.0	1.0	—	—
Lacrimal Duct	10.0	6.0	—	26.0	14.0	32.0	18.0	9.0	—	9.0
Strabismus	22.5	11.0	—	26.0	26.0	20.0	28.0	12.5	8.0	2.0
Operations on Eyelids	7.0	10.0	4.0	8.0	8.0	24.0	12.0	4.5	4.0	6.0
Glaucoma	8.0	4.0	4.5	14.0	12.0	8.0	8.0	3.0	—	—
<b>Weighted Median</b>	<b>21.3</b>	<b>17.8</b>	<b>9.4</b>	<b>30.0</b>	<b>19.4</b>	<b>10.6</b>	<b>19.9</b>	<b>8.5</b>	<b>11.8</b>	<b>8.7</b>

Note: Weighted median does not include treatment for glaucoma.

**Table 5D: Otolaryngology (2016)—median patient wait for treatment after appointment with specialist (in weeks)**

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Myringotomy	12.0	12.0	4.0	8.0	8.0	4.0	6.5	6.0	4.0	8.0
Tympanoplasty	19.0	24.0	12.0	25.0	15.0	11.5	10.0	26.0	25.0	19.0
Thyroid, Parathyroid, and Other Endocrine Glands	5.0	14.0	4.5	32.5	12.0	8.0	7.5	16.0	—	—
Tonsillectomy and/or Adenoidectomy	14.0	22.0	12.0	25.0	12.0	8.0	11.0	16.0	25.0	28.0
Rhinoplasty and/or Septal Surgery	28.0	16.0	12.0	25.0	18.0	12.0	46.0	21.0	25.0	12.0
Operations on Nasal Sinuses	36.0	16.0	12.0	25.0	16.0	12.0	46.0	12.0	25.0	12.0
<b>Weighted Median</b>	<b>19.6</b>	<b>17.5</b>	<b>8.8</b>	<b>23.2</b>	<b>12.3</b>	<b>7.3</b>	<b>15.0</b>	<b>13.7</b>	<b>17.8</b>	<b>16.0</b>



**Table 5E: General surgery (2016)—median patient wait for treatment after appointment with specialist (in weeks)**

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Hernia/Hydrocele	12.0	14.0	7.0	5.0	4.5	8.0	12.0	87.0	6.8	29.0
Cholecystectomy	8.0	11.0	6.0	5.0	4.0	6.0	16.0	—	10.0	58.0
Colonoscopy	12.0	7.0	4.0	3.5	4.0	5.0	21.8	10.5	20.0	12.0
Intestinal Operations	4.0	4.0	4.0	4.0	4.0	4.0	10.0	24.0	10.0	6.0
Haemorrhoidectomy	12.0	6.0	7.0	5.0	6.0	8.0	18.0	36.0	10.0	56.0
Breast Biopsy	3.0	2.9	2.0	1.0	2.0	2.3	6.0	2.0	6.0	1.0
Mastectomy	3.0	2.5	3.0	1.0	2.5	2.8	6.0	—	6.5	4.0
Bronchus and Lung	11.0	12.0	1.0	—	4.0	—	17.0	—	10.0	—
Aneurysm Surgery	14.0	12.0	2.5	—	4.0	—	17.0	—	10.0	6.0
Varicose Veins	16.0	10.0	6.0	4.0	8.0	10.0	24.0	—	10.0	48.0
<b>Weighted Median</b>	<b>7.3</b>	<b>7.2</b>	<b>4.6</b>	<b>4.0</b>	<b>4.1</b>	<b>5.6</b>	<b>13.5</b>	<b>25.0</b>	<b>12.6</b>	<b>14.0</b>

**Table 5F: Neurosurgery (2016)—median patient wait for treatment after appointment with specialist (in weeks)**

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Neurolysis	24.0	21.0	—	4.0	15.0	—	12.0	6.0	—	—
Disc Surgery/ Laminectomy	19.0	32.0	14.0	4.0	26.0	18.0	52.0	12.0	—	—
Elective Cranial Bone Flap	6.0	24.0	8.0	3.0	7.0	—	20.0	5.5	—	—
Aneurysm Surgery	6.0	14.0	6.0	3.0	5.0	—	26.0	8.0	—	—
Carotid endarterectomy	5.0	10.0	2.0	1.0	4.0	—	4.0	8.0	—	—
<b>Weighted Median</b>	<b>12.4</b>	<b>25.1</b>	<b>9.3</b>	<b>3.1</b>	<b>12.8</b>	<b>18.0</b>	<b>29.1</b>	<b>7.0</b>	<b>—</b>	<b>—</b>

**Table 5G: Orthopaedic surgery (2016)—median patient wait for treatment after appointment with specialist (in weeks)**

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Meniscectomy/Arthroscopy	26.0	14.0	12.0	10.0	12.0	8.0	12.0	36.0	—	14.0
Removal of Pins	28.0	10.0	16.0	12.0	10.0	8.0	12.0	30.0	—	14.0
Arthroplasty (Hip, Knee, Ankle, Shoulder)	42.0	26.0	18.0	25.0	21.0	26.0	29.0	44.0	—	36.0
Arthroplasty (Interphalangeal, Metatarsophalangeal)	42.0	12.0	16.0	10.0	12.0	8.0	35.0	30.0	—	—
Hallux Valgus/Hammer Toe	42.0	12.0	10.0	16.0	14.0	8.0	32.0	46.0	—	18.3
Digit Neuroma	42.0	12.0	5.5	13.0	12.8	8.0	25.5	—	—	18.3
Rotator Cuff Repair	38.0	12.0	10.0	14.0	12.0	17.0	33.0	104.0	—	24.0
Ostectomy (All Types)	42.0	8.0	22.0	12.0	13.0	12.0	52.0	78.0	—	27.5
Routine Spinal Instability	42.0	64.0	33.0	9.0	12.0	8.0	60.0	—	—	—
<b>Weighted Median</b>	<b>39.3</b>	<b>21.9</b>	<b>17.4</b>	<b>20.1</b>	<b>17.7</b>	<b>17.2</b>	<b>30.2</b>	<b>49.3</b>	<b>—</b>	<b>28.8</b>

**Table 5H: Cardiovascular surgery (2016)—median patient wait for treatment after appointment with specialist (in weeks)**

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	
Emergent	Coronary Artery Bypass	0.2	0.5	—	—	0.1	0.0	0.5	0.0	—	0.5
	Valves & Septa of the Heart	0.5	0.5	—	—	0.1	0.1	0.5	0.0	—	0.5
	Aneurysm Surgery	0.0	0.5	—	—	0.0	0.0	0.5	0.0	—	0.5
	Carotid Endarterectomy	1.0	0.5	1.0	—	0.1	0.0	—	—	—	0.5
	Pacemaker Operations	0.0	0.5	—	—	0.1	0.0	1.0	0.0	—	—
	<b>Weighted Median</b>	<b>0.2</b>	<b>0.5</b>	<b>1.0</b>	<b>—</b>	<b>0.1</b>	<b>0.0</b>	<b>0.8</b>	<b>0.0</b>	<b>—</b>	<b>0.5</b>
Urgent	Coronary Artery Bypass	1.0	1.0	—	—	1.0	1.0	14.5	8.0	—	1.0
	Valves & Septa of the Heart	3.0	1.0	—	—	1.0	0.8	14.5	8.0	—	1.0
	Aneurysm Surgery	3.0	7.0	6.0	—	0.8	1.0	14.5	8.0	—	0.5
	Carotid Endarterectomy	3.0	3.0	6.0	—	1.0	1.0	—	—	—	0.5
	Pacemaker Operations	2.5	1.5	—	—	1.0	0.5	—	8.0	—	—
	<b>Weighted Median</b>	<b>2.3</b>	<b>1.3</b>	<b>6.0</b>	<b>—</b>	<b>1.0</b>	<b>0.7</b>	<b>14.5</b>	<b>8.0</b>	<b>—</b>	<b>1.0</b>
Elective	Coronary Artery Bypass	10.0	1.0	—	—	3.0	12.0	29.0	12.0	—	6.0
	Valves & Septa of the Heart	10.0	1.0	—	—	3.0	12.0	29.0	12.0	—	8.0
	Aneurysm Surgery	9.0	10.0	—	—	3.0	10.0	29.0	12.0	—	6.0
	Carotid Endarterectomy	6.0	12.0	—	—	4.0	4.0	—	—	—	4.0
	Pacemaker Operations	5.0	4.0	—	—	3.5	3.0	—	12.0	—	—
	<b>Weighted Median</b>	<b>7.3</b>	<b>2.5</b>	<b>—</b>	<b>—</b>	<b>3.2</b>	<b>7.8</b>	<b>29.0</b>	<b>12.0</b>	<b>—</b>	<b>6.5</b>

**Table 5I: Urology (2016)—median patient wait for treatment after appointment with specialist (in weeks)**

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Non-radical Prostatectomy	13.5	8.0	6.0	4.0	6.0	12.0	12.0	8.0	—	—
Radical Prostatectomy	6.0	8.7	6.0	6.0	6.5	4.0	8.5	6.0	—	6.0
Transurethral Resection - Bladder	4.0	4.0	6.0	5.5	4.5	4.0	8.5	6.0	—	4.0
Radical Cystectomy	6.0	6.0	4.5	4.0	6.0	4.0	6.5	4.0	—	8.0
Cystoscopy	6.0	4.3	2.5	6.0	3.0	8.0	8.5	10.0	—	6.0
Hernia/Hydrocele	16.0	8.0	14.0	8.0	8.5	16.0	21.0	14.0	—	26.0
Bladder Fulguration	6.0	5.0	—	5.0	4.8	4.0	21.0	6.0	—	4.0
Ureteral Reimplantation for Reflux	9.0	6.0	14.0	3.0	8.0	8.0	21.0	—	—	12.0
<b>Weighted Median</b>	<b>7.4</b>	<b>5.2</b>	<b>3.9</b>	<b>5.9</b>	<b>3.9</b>	<b>8.7</b>	<b>12.3</b>	<b>9.4</b>	<b>—</b>	<b>6.4</b>

**Table 5J: Internal medicine (2016)—median patient wait for treatment after appointment with specialist (in weeks)**

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Colonoscopy	16.0	12.1	7.0	7.0	6.0	5.8	8.0	13.5	8.0	8.3
Angiography/ Angioplasty	4.0	5.0	8.0	8.0	3.0	3.3	2.5	4.0	2.0	12.0
Bronchoscopy	4.0	5.0	8.0	1.0	4.0	2.0	10.0	12.0	3.0	12.0
Gastroscopy	11.5	12.0	6.0	3.5	4.0	4.0	8.0	8.0	4.0	16.0
<b>Weighted Median</b>	<b>13.1</b>	<b>10.6</b>	<b>7.2</b>	<b>7.0</b>	<b>5.2</b>	<b>3.7</b>	<b>4.9</b>	<b>11.6</b>	<b>7.7</b>	<b>9.4</b>

**Table 5K: Radiation oncology (2016)—median patient wait for treatment after appointment with specialist (in weeks)**

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Cancer of The Larynx	6.0	2.0	1.0	2.5	2.0	2.0	—	1.5	2.0	2.0
Cancer of The Cervix	6.0	2.0	1.0	2.5	2.0	2.5	—	1.5	2.0	0.6
Lung Cancer	7.0	2.0	2.0	2.5	2.0	3.0	—	2.0	2.0	2.0
Prostate Cancer	14.0	2.0	2.5	3.0	2.0	3.5	—	3.0	2.0	2.0
Breast Cancer	10.0	2.0	2.0	2.5	2.0	3.8	—	2.0	2.0	—
Early Side Effects from Treatment	2.0	0.5	—	0.0	1.0	0.5	—	1.0	—	0.5
Late Side Effects from Treatment	6.0	2.0	—	0.5	1.0	1.8	—	1.5	—	1.0
<b>Weighted Median</b>	<b>10.3</b>	<b>2.0</b>	<b>2.1</b>	<b>2.6</b>	<b>2.0</b>	<b>3.3</b>	<b>—</b>	<b>2.2</b>	<b>2.0</b>	<b>2.0</b>

Note: Weighted median does not include early or late side effects from treatment.

**Table 5L: Medical oncology (2016)—median patient wait for treatment after appointment with specialist (in weeks)**

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Cancer of the Larynx	3.5	3.8	—	—	1.3	1.0	—	1.8	2.0	1.5
Cancer of the Cervix	3.0	3.5	—	—	1.0	1.0	—	2.0	2.0	1.0
Lung Cancer	3.5	3.8	—	—	1.0	1.0	—	2.3	2.0	1.5
Breast Cancer	4.0	4.0	—	—	1.3	1.0	—	2.0	2.0	2.0
Side Effects from Treatment	1.3	0.3	—	—	0.5	1.0	—	0.6	0.1	1.0
<b>Weighted Median</b>	<b>3.7</b>	<b>3.9</b>	<b>—</b>	<b>—</b>	<b>1.1</b>	<b>1.0</b>	<b>—</b>	<b>2.1</b>	<b>2.0</b>	<b>1.7</b>

Note: Weighted median does not include side effects from treatment.

**Table 6: Comparison of median weeks waited to receive treatment after appointment with specialist, by selected specialties, 2016 and 2015**

Procedure	British Columbia			Alberta			Saskatchewan			Manitoba			Ontario		
	2016	2015	% chg	2016	2015	% chg	2016	2015	% chg	2016	2015	% chg	2016	2015	% chg
Plastic Surgery	35.2	24.5	44%	32.4	17.5	85%	17.9	12.2	47%	16.7	18.7	-10%	5.4	7.3	-26%
Gynaecology	11.7	9.2	28%	10.2	8.1	26%	6.2	7.7	-19%	6.3	6.6	-4%	7.7	8.0	-4%
Ophthalmology	21.3	18.5	15%	17.8	9.7	84%	9.4	7.6	25%	30.0	16.1	87%	19.4	12.2	59%
Otolaryngology	19.6	14.6	34%	17.5	20.4	-14%	8.8	6.7	32%	23.2	12.1	92%	12.3	10.1	22%
General Surgery	7.3	8.5	-14%	7.2	9.0	-20%	4.6	5.3	-14%	4.0	7.8	-49%	4.1	4.7	-13%
Neurosurgery	12.4	17.7	-30%	25.1	13.1	91%	9.3	12.1	-23%	3.1	3.2	-4%	12.8	10.9	17%
Orthopaedic Surgery	39.3	33.2	18%	21.9	18.2	20%	17.4	9.9	76%	20.1	24.4	-18%	17.7	17.8	0%
Cardiovascular Surgery (Urgent)	2.3	1.1	103%	1.3	0.5	149%	6.0	0.7	795%	—	1.9	—	1.0	0.7	35%
Cardiovascular Surgery (Elective)	7.3	7.4	-1%	2.5	1.6	61%	—	3.4	—	—	6.5	—	3.2	5.0	-36%
Urology	7.4	5.6	33%	5.2	4.3	21%	3.9	2.0	94%	5.9	6.1	-3%	3.9	3.6	9%
Internal Medicine	13.1	17.4	-25%	10.6	15.7	-32%	7.2	6.0	19%	7.0	9.5	-27%	5.2	4.5	17%
Radiation Oncology	10.3	4.0	156%	2.0	2.3	-15%	2.1	2.2	-2%	2.6	1.3	102%	2.0	2.0	0%
Medical Oncology	3.7	2.6	42%	3.9	—	—	—	—	—	—	19.9	—	1.1	1.8	-39%
<b>Weighted Median</b>	<b>14.5</b>	<b>14.0</b>	<b>4%</b>	<b>12.7</b>	<b>11.0</b>	<b>15%</b>	<b>7.9</b>	<b>6.9</b>	<b>15%</b>	<b>11.7</b>	<b>11.6</b>	<b>1%</b>	<b>8.4</b>	<b>7.4</b>	<b>14%</b>

Note: Percentage changes are calculated from exact weighted medians. The exact weighted medians have been rounded to one decimal place for inclusion in the table.

**Table 6, continued: Comparison of median weeks waited to receive treatment after appointment with specialist, by selected specialties, 2016 and 2015**

Procedure	Quebec			New Brunswick			Nova Scotia			Prince Edward Island			Newfoundland & Labrador		
	2016	2015	% chg	2016	2015	% chg	2016	2015	% chg	2016	2015	% chg	2016	2015	% chg
Plastic Surgery	9.9	10.4	-4%	6.8	14.8	-54%	69.3	12.6	451%	—	8.9	—	—	12.8	—
Gynaecology	8.8	10.9	-20%	—	8.5	—	10.5	8.9	18%	4.0	—	—	6.4	9.7	-34%
Ophthalmology	10.6	9.3	14%	19.9	21.8	-9%	8.5	9.9	-15%	11.8	12.0	-2%	8.7	11.2	-22%
Otolaryngology	7.3	7.4	-1%	15.0	10.8	39%	13.7	10.0	37%	17.8	5.6	217%	16.0	—	—
General Surgery	5.6	6.8	-18%	13.5	10.0	35%	25.0	10.3	144%	12.6	—	—	14.0	34.2	-59%
Neurosurgery	18.0	9.7	85%	29.1	18.7	56%	7.0	9.8	-28%	—	—	—	0.0	—	—
Orthopaedic Surgery	17.2	13.8	25%	30.2	45.1	-33%	49.3	35.3	40%	—	24.8	—	28.8	32.9	-12%
Cardiovascular Surgery (Urgent)	0.7	1.4	-46%	14.5	8.0	81%	8.0	1.0	700%	—	—	—	1.0	1.9	-49%
Cardiovascular Surgery (Elective)	7.8	7.6	3%	29.0	10.8	167%	12.0	6.7	80%	—	—	—	6.5	24.5	-74%
Urology	8.7	9.1	-4%	12.3	9.2	35%	9.4	20.1	-53%	—	—	—	6.4	5.9	9%
Internal Medicine	3.7	13.6	-73%	4.9	8.1	-39%	11.6	5.6	107%	7.7	11.8	-34%	9.4	14.6	-36%
Radiation Oncology	3.3	2.9	13%	—	1.0	—	2.2	3.2	-30%	2.0	—	—	2.0	3.8	-49%
Medical Oncology	1.0	1.2	-19%	—	—	—	2.1	4.2	-50%	2.0	—	—	1.7	—	—
<b>Weighted Median</b>	<b>8.9</b>	<b>9.1</b>	<b>-2%</b>	<b>17.4</b>	<b>17.4</b>	<b>0%</b>	<b>17.7</b>	<b>12.9</b>	<b>37%</b>	<b>10.5</b>	<b>14.9</b>	<b>-29%</b>	<b>11.5</b>	<b>20.5</b>	<b>-44%</b>

Note: Percentage changes are calculated from exact weighted medians. The exact weighted medians have been rounded to one decimal place for inclusion in the table.

**Table 7: Frequency distribution of waiting times (specialist to treatment) by province, 2016—proportion of survey waiting times that fall within given ranges**

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
0–3.99 Weeks	12.6%	14.5%	22.1%	13.1%	28.7%	26.9%	11.8%	21.0%	34.9%	33.7%
4–7.99 Weeks	20.8%	22.8%	35.9%	34.9%	30.6%	22.9%	13.8%	18.8%	20.9%	20.4%
8–12.99 Weeks	20.1%	28.3%	23.3%	21.8%	19.9%	28.5%	26.4%	23.8%	32.6%	19.4%
13–25.99 Weeks	20.5%	18.2%	15.8%	16.3%	11.9%	14.8%	19.3%	15.5%	9.3%	9.2%
26–51.99 Weeks	19.3%	9.9%	2.9%	9.9%	6.1%	3.6%	16.5%	10.5%	2.3%	12.2%
1 year plus	6.6%	6.3%	0.0%	4.0%	2.8%	3.4%	12.2%	10.5%	0.0%	5.1%

Note: Columns do not necessarily sum to 100 as a result of rounding.

**Table 8: Median reasonable patient wait for treatment after appointment with specialist, 2016 (in weeks)**

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Plastic Surgery	22.2	18.1	12.0	—	10.9	7.1	5.6	—	—	—	12.6
Gynaecology	8.1	8.5	8.2	6.6	6.4	8.0	—	9.8	4.0	12.0	7.6
Ophthalmology	13.7	10.6	10.5	15.1	9.9	8.4	12.2	15.8	12.0	10.0	10.5
Otolaryngology	12.5	2.0	14.2	12.0	9.0	7.2	10.5	12.0	16.0	10.6	8.7
General Surgery	5.4	6.8	5.7	6.7	4.7	8.1	9.1	10.0	—	3.7	5.7
Neurosurgery	7.0	11.8	17.4	6.2	4.5	4.0	8.8	14.7	—	—	6.8
Orthopaedic Surgery	11.8	9.1	9.7	11.9	10.8	11.3	12.8	31.0	—	11.8	11.5
Cardiovascular Surg. (Urg.)	1.4	1.1	—	—	0.7	0.5	3.5	2.5	—	1.0	0.9
Cardiovascular Surg. (Elec.)	6.4	2.2	—	—	3.8	4.2	6.0	5.5	—	6.5	4.4
Urology	4.1	5.2	—	3.9	3.6	6.7	7.0	6.3	—	2.3	4.2
Internal Medicine	4.0	3.5	4.0	4.0	3.4	3.7	3.5	3.8	2.0	1.9	3.6
Radiation Oncology	4.7	2.0	—	2.6	2.1	3.7	—	2.5	—	1.0	2.5
Medical Oncology	4.4	2.3	—	—	1.7	2.0	—	3.0	4.0	2.0	2.2
<b>Weighted Median</b>	<b>7.6</b>	<b>7.4</b>	<b>7.9</b>	<b>8.3</b>	<b>6.0</b>	<b>7.4</b>	<b>9.4</b>	<b>11.3</b>	<b>6.9</b>	<b>5.2</b>	<b>7.0</b>

**Table 9A: Plastic surgery (2016)—median reasonable wait for treatment after appointment with specialist (in weeks)**

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Mammoplasty	26.0	24.0	—	—	12.0	8.0	6.0	—	—	—
Neurolysis	10.0	6.0	—	—	12.0	6.0	6.0	—	—	—
Blepharoplasty	26.0	14.0	12.0	—	9.0	4.0	4.0	—	—	—
Rhinoplasty	26.0	12.0	12.0	—	9.0	6.0	4.0	—	—	—
Scar Revision	25.0	16.0	12.0	—	10.5	10.0	4.0	—	—	—
Hand Surgery	12.0	18.0	12.0	—	9.0	4.5	6.0	—	—	—
Craniofacial Procedures	24.0	12.5	12.0	—	7.0	12.0	—	—	—	—
Skin Cancers and other Tumors	4.0	2.0	6.0	—	3.0	4.0	3.0	—	—	—
<b>Weighted Median</b>	<b>22.2</b>	<b>18.1</b>	<b>12.0</b>	<b>—</b>	<b>10.9</b>	<b>7.1</b>	<b>5.6</b>	<b>—</b>	<b>—</b>	<b>—</b>

Note: Weighted median does not include craniofacial procedures or skin cancers and other tumors.

**Table 9B: Gynaecology (2016)—median reasonable wait for treatment after appointment with specialist (in weeks)**

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Dilation & Curettage	4.0	6.0	4.0	4.0	4.0	3.5	—	4.0	4.0	—
Tubal Ligation	12.0	10.0	12.0	4.5	8.0	12.0	—	10.0	4.0	12.0
Hysterectomy (Vaginal/Abdominal)	11.0	10.0	8.0	10.0	8.0	8.0	—	12.0	4.0	12.0
Vaginal Repair	12.0	12.0	12.0	5.0	8.0	11.0	—	11.0	4.0	12.0
Tuboplasty	10.0	13.0	12.0	16.0	8.0	12.0	—	10.0	—	24.0
Laparoscopic Procedures	10.3	8.0	12.0	9.0	8.0	8.0	—	12.0	4.0	12.0
Hysteroscopic Procedures	8.0	8.0	6.0	8.0	6.0	8.0	—	12.0	4.0	12.0
<b>Weighted Median</b>	<b>8.1</b>	<b>8.5</b>	<b>8.2</b>	<b>6.6</b>	<b>6.4</b>	<b>8.0</b>	<b>—</b>	<b>9.8</b>	<b>4.0</b>	<b>12.0</b>



**Table 9C: Ophthalmology (2016)—median reasonable wait for treatment after appointment with specialist (in weeks)**

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Cataract Removal	14.0	12.0	12.0	15.0	11.0	9.0	12.0	16.0	12.0	10.0
Cornea Transplant	8.0	16.0	—	20.0	12.0	12.0	12.0	12.0	—	—
Cornea - Pterygium	16.0	12.0	8.0	10.0	8.0	12.0	16.0	9.0	12.0	—
Iris, Ciliary Body, Sclera, Anterior Chamber	6.0	6.0	8.0	9.0	10.0	7.0	14.0	9.0	—	—
Retina, Choroid, Vitreous	14.0	6.0	4.0	—	4.0	4.0	6.0	—	—	—
Lacrimal Duct	16.0	10.0	—	24.0	9.0	10.0	14.0	—	—	—
Strabismus	12.0	12.0	—	24.0	12.0	12.0	12.0	36.0	8.0	—
Operations on Eyelids	12.0	12.0	8.0	8.0	8.0	8.0	17.0	8.0	12.0	10.0
Glaucoma	6.0	4.0	6.0	14.0	4.0	4.5	8.0	4.5	—	—
<b>Weighted Median</b>	<b>13.7</b>	<b>10.6</b>	<b>10.5</b>	<b>15.1</b>	<b>9.9</b>	<b>8.4</b>	<b>12.2</b>	<b>15.8</b>	<b>12.0</b>	<b>10.0</b>

Note: Weighted median does not include treatment for glaucoma.

**Table 9D: Otolaryngology (2016)—median reasonable wait for treatment after appointment with specialist (in weeks)**

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Myringotomy	8.0	2.0	8.0	12.0	7.0	4.0	7.0	6.0	16.0	7.0
Tympanoplasty	12.0	6.0	25.0	12.0	12.0	9.5	9.0	26.0	16.0	10.0
Thyroid, Parathyroid, and Other Endocrine Glands	4.0	6.0	3.3	12.0	8.0	8.0	10.0	12.0	—	—
Tonsillectomy and/or Adenoidectomy	12.0	9.0	18.0	12.0	9.0	8.0	9.0	13.0	16.0	10.0
Rhinoplasty and/or Septal Surgery	24.0	9.0	25.0	12.0	12.0	11.5	31.0	16.0	16.0	30.0
Operations on Nasal Sinuses	17.0	9.0	18.0	12.0	11.0	12.0	18.0	12.0	16.0	14.0
<b>Weighted Median</b>	<b>12.5</b>	<b>2.0</b>	<b>14.2</b>	<b>12.0</b>	<b>9.0</b>	<b>7.2</b>	<b>10.5</b>	<b>12.0</b>	<b>16.0</b>	<b>10.6</b>

**Table 9E: General surgery (2016)—median reasonable wait for treatment after appointment with specialist (in weeks)**

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Hernia/Hydrocele	8.0	11.0	12.0	9.5	7.5	12.0	13.5	—	—	4.0
Cholecystectomy	6.5	7.0	8.0	9.5	6.0	8.0	10.0	—	—	4.0
Colonoscopy	7.0	6.0	5.0	5.5	4.0	4.5	10.5	7.0	—	3.0
Intestinal Operations	4.0	6.0	4.0	6.5	4.0	4.5	4.0	12.0	—	4.0
Haemorrhoidectomy	8.5	10.0	8.0	8.5	8.0	12.0	13.5	12.0	—	8.0
Breast Biopsy	2.0	3.0	2.0	2.0	2.0	4.0	2.3	—	—	2.0
Mastectomy	2.0	3.0	3.0	1.0	3.0	4.0	3.8	—	—	4.0
Bronchus and Lung	3.5	3.0	—	—	2.8	6.0	8.0	—	—	—
Aneurysm Surgery	3.0	6.0	8.0	—	2.0	12.0	8.0	—	—	—
Varicose Veins	14.0	11.0	12.0	7.0	9.5	22.0	26.0	—	—	—
<b>Weighted Median</b>	<b>5.4</b>	<b>6.8</b>	<b>5.7</b>	<b>6.7</b>	<b>4.7</b>	<b>8.1</b>	<b>9.1</b>	<b>10.0</b>	<b>—</b>	<b>3.7</b>

**Table 9F: Neurosurgery (2016)—median reasonable wait for treatment after appointment with specialist (in weeks)**

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Peripheral Nerve	12.0	12.0	—	8.0	4.0	—	12.0	26.0	—	—
Disc Surgery/ Laminectomy	8.0	12.0	—	8.0	6.0	4.0	12.0	15.0	—	—
Elective Cranial Bone Flap	5.5	12.0	18.0	6.0	4.0	—	6.0	12.0	—	—
Aneurysm Surgery	6.0	12.0	12.0	6.0	3.0	—	8.0	18.0	—	—
Carotid endarterectomy	—	2.0	1.0	2.0	2.5	—	2.0	26.0	—	—
<b>Weighted Median</b>	<b>7.0</b>	<b>11.8</b>	<b>17.4</b>	<b>6.2</b>	<b>4.5</b>	<b>4.0</b>	<b>8.8</b>	<b>14.7</b>	<b>—</b>	<b>—</b>

**Table 9G: Orthopaedic surgery (2016)—median reasonable wait for treatment after appointment with specialist (in weeks)**

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Meniscectomy/Arthroscopy	7.0	8.0	5.0	10.0	6.0	9.0	11.0	12.0	—	9.0
Removal of Pins	12.0	12.0	6.0	12.0	8.0	12.0	18.0	12.0	—	10.5
Arthroplasty (Hip, Knee, Ankle, Shoulder)	12.0	10.0	12.0	12.0	12.0	12.0	12.0	24.0	—	12.0
Arthroplasty (Interphalangeal, Metatarsophalangeal)	12.0	6.0	6.0	12.0	12.0	16.0	16.0	24.0	—	—
Hallux Valgus/Hammer Toe	10.0	9.0	6.0	14.0	12.0	11.0	16.0	24.0	—	32.0
Digit Neuroma	14.0	6.0	6.0	12.0	8.0	10.0	14.0	—	—	12.0
Rotator Cuff Repair	10.0	6.0	5.0	12.0	8.5	12.0	8.0	24.0	—	12.0
Ostectomy (All Types)	12.0	6.0	6.0	12.0	8.0	12.0	16.0	130.0	—	12.0
Routine Spinal Instability	16.0	8.0	8.0	12.0	12.0	8.0	12.0	—	—	—
<b>Weighted Median</b>	<b>11.8</b>	<b>9.1</b>	<b>9.7</b>	<b>11.9</b>	<b>10.8</b>	<b>11.3</b>	<b>12.8</b>	<b>31.0</b>	<b>—</b>	<b>11.8</b>

**Table 9H: Cardiovascular surgery (2016)—median reasonable wait for treatment after appointment with specialist (in weeks)**

	Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Emergent	Coronary Artery Bypass	0.5	—	—	—	0.1	0.0	0.5	0.0	—	0.5
	Valves & Septa of the Heart	0.5	—	—	—	0.3	0.1	0.5	0.0	—	0.5
	Aneurysm Surgery	0.0	0.5	—	—	0.0	0.0	0.5	0.0	—	0.5
	Carotid Endarterectomy	0.0	0.5	—	—	0.0	0.0	—	—	—	0.5
	Pacemaker Operations	0.0	0.5	—	—	0.1	0.0	—	0.0	—	—
	<b>Weighted Median</b>	<b>0.2</b>	<b>0.5</b>	<b>—</b>	<b>—</b>	<b>0.2</b>	<b>0.0</b>	<b>0.5</b>	<b>0.0</b>	<b>—</b>	<b>0.5</b>
Urgent	Coronary Artery Bypass	0.0	—	—	—	0.8	0.5	3.5	3.0	—	1.0
	Valves & Septa of the Heart	1.5	—	—	—	1.0	0.6	3.5	3.0	—	1.0
	Aneurysm Surgery	1.8	2.0	—	—	1.0	1.0	3.5	3.0	—	0.5
	Carotid Endarterectomy	1.0	2.0	—	—	1.0	1.0	—	—	—	0.5
	Pacemaker Operations	2.0	1.0	—	—	0.5	0.5	—	2.0	—	—
	<b>Weighted Median</b>	<b>1.4</b>	<b>1.1</b>	<b>—</b>	<b>—</b>	<b>0.7</b>	<b>0.5</b>	<b>3.5</b>	<b>2.5</b>	<b>—</b>	<b>1.0</b>
Elective	Coronary Artery Bypass	8.0	—	—	—	3.5	6.0	6.0	8.0	—	6.0
	Valves & Septa of the Heart	8.0	—	—	—	4.0	6.0	6.0	8.0	—	8.0
	Aneurysm Surgery	5.5	4.0	—	—	4.0	7.0	6.0	8.0	—	6.0
	Carotid Endarterectomy	6.0	6.0	—	—	4.0	3.5	—	—	—	4.0
	Pacemaker Operations	5.0	2.0	—	—	4.0	2.0	—	3.0	—	—
	<b>Weighted Median</b>	<b>6.4</b>	<b>2.2</b>	<b>—</b>	<b>—</b>	<b>3.8</b>	<b>4.2</b>	<b>6.0</b>	<b>5.5</b>	<b>—</b>	<b>6.5</b>

**Table 9I: Urology (2016)—median reasonable wait for treatment after appointment with specialist (in weeks)**

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Non-radical Prostatectomy	6.0	8.0	—	2.0	5.0	10.0	7.5	4.0	—	—
Radical Prostatectomy	4.0	10.0	—	8.0	5.0	4.0	6.0	6.0	—	6.0
Transurethral Resection—Bladder	3.5	1.0	—	3.5	4.0	3.0	6.5	4.0	—	2.0
Radical Cystectomy	4.0	2.0	—	6.0	4.0	2.0	5.5	4.0	—	4.0
Cystoscopy	3.0	4.8	—	3.0	3.0	5.0	5.0	6.0	—	2.0
Hernia/Hydrocele	11.0	8.0	—	8.0	7.0	12.0	12.0	12.0	—	8.0
Bladder Fulguration	4.0	4.5	—	3.0	4.0	4.0	9.0	6.0	—	2.0
Ureteral Reimplantation for Reflux	5.0	4.0	—	—	11.0	4.0	14.0	—	—	6.0
<b>Weighted Median</b>	<b>4.1</b>	<b>5.2</b>	<b>—</b>	<b>3.9</b>	<b>3.6</b>	<b>6.7</b>	<b>7.0</b>	<b>6.3</b>	<b>—</b>	<b>2.3</b>

**Table 9J: Internal medicine (2016)—median reasonable wait for treatment after appointment with specialist (in weeks)**

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Colonoscopy	4.0	4.0	4.0	4.0	4.0	4.0	6.0	3.5	2.0	1.3
Angiography/ Angioplasty	4.0	2.0	4.0	—	2.0	3.8	2.0	3.5	1.0	4.5
Bronchoscopy	3.5	1.5	4.0	—	2.0	3.0	4.0	8.0	1.0	1.0
Gastroscopy	4.0	3.0	4.0	5.0	2.5	4.0	6.0	4.0	2.0	2.0
<b>Weighted Median</b>	<b>4.0</b>	<b>3.5</b>	<b>4.0</b>	<b>4.0</b>	<b>3.4</b>	<b>3.7</b>	<b>3.5</b>	<b>3.8</b>	<b>2.0</b>	<b>1.9</b>

**Table 9K: Radiation oncology (2016)—median reasonable wait for treatment after appointment with specialist (in weeks)**

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Cancer of the Larynx	3.0	2.0	—	2.0	2.0	2.3	—	2.0	—	—
Cancer of the Cervix	3.0	2.0	—	3.0	2.0	2.0	—	2.0	—	1.0
Lung Cancer	3.0	2.0	—	2.0	2.0	3.3	—	2.0	—	—
Prostate Cancer	5.0	2.0	—	3.0	2.3	4.5	—	4.0	—	—
Breast Cancer	6.0	2.0	—	3.0	2.0	4.0	—	2.0	—	—
Early Side Effects from Treatment	1.0	0.5	—	0.0	1.0	0.5	—	0.0	—	0.5
Late Side Effects from Treatment	2.0	3.0	—	0.5	2.0	3.0	—	2.0	—	2.0
<b>Weighted Median</b>	<b>4.7</b>	<b>2.0</b>	<b>—</b>	<b>2.6</b>	<b>2.1</b>	<b>3.7</b>	<b>—</b>	<b>2.5</b>	<b>—</b>	<b>1.0</b>

Note: Weighted median does not include early or late side effects from treatment.

**Table 9L: Medical oncology (2016)—median reasonable wait for treatment after appointment with specialist (in weeks)**

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Cancer of the Larynx	—	2.8	—	—	1.0	1.5	—	2.0	4.0	2.0
Cancer of the Cervix	2.5	2.0	—	—	1.5	1.8	—	2.0	4.0	—
Lung Cancer	—	2.8	—	—	1.8	2.0	—	4.0	4.0	2.0
Breast Cancer	4.5	2.0	—	—	1.8	2.0	—	2.0	4.0	2.0
Side Effects from Treatment	1.5	0.5	—	—	0.5	0.5	—	0.6	0.1	0.8
<b>Weighted Median</b>	<b>4.4</b>	<b>2.3</b>	<b>—</b>	<b>—</b>	<b>1.7</b>	<b>2.0</b>	<b>—</b>	<b>3.0</b>	<b>4.0</b>	<b>2.0</b>

Note: Weighted median does not include side effects from treatment.

**Table 10: Comparison between median actual weeks waited and median reasonable number of weeks to wait for treatment after appointment with specialist, by selected specialties, 2016**

Procedure	British Columbia			Alberta			Saskatchewan			Manitoba			Ontario		
	Actual	Reasonable	Diff.	Actual	Reasonable	Diff.	Actual	Reasonable	Diff.	Actual	Reasonable	Diff.	Actual	Reasonable	Diff.
Plastic Surgery	35.2	22.2	59%	32.4	18.1	79%	17.9	12.0	49%	16.7	—	—	5.4	10.9	-51%
Gynaecology	11.7	8.1	44%	10.2	8.5	19%	6.2	8.2	-24%	6.3	6.6	-5%	7.7	6.4	19%
Ophthalmology	21.3	13.7	56%	17.8	10.6	68%	9.4	10.5	-10%	30.0	15.1	99%	19.4	9.9	96%
Otolaryngology	19.6	12.5	57%	17.5	2.0	773%	8.8	14.2	-38%	23.2	12.0	94%	12.3	9.0	36%
General Surgery	7.3	5.4	37%	7.2	6.8	7%	4.6	5.7	-20%	4.0	6.7	-41%	4.1	4.7	-13%
Neurosurgery	12.4	7.0	77%	25.1	11.8	113%	9.3	17.4	-46%	3.1	6.2	-50%	12.8	4.5	184%
Orthopaedic Surgery	39.3	11.8	234%	21.9	9.1	141%	17.4	9.7	79%	20.1	11.9	69%	17.7	10.8	65%
Cardiovascular Surgery (Urgent)	2.3	1.4	63%	1.3	1.1	20%	6.0	—	—	—	—	—	1.0	0.7	39%
Cardiovascular Surgery (Elective)	7.3	6.4	14%	2.5	2.2	12%	—	—	—	—	—	—	3.2	3.8	-16%
Urology	7.4	4.1	79%	5.2	5.2	1%	3.9	—	—	5.9	3.9	50%	3.9	3.6	8%
Internal Medicine	13.1	4.0	228%	10.6	3.5	203%	7.2	4.0	80%	7.0	4.0	73%	5.2	3.4	53%
Radiation Oncology	10.3	4.7	120%	2.0	2.0	0%	2.1	—	—	2.6	2.6	0%	2.0	2.1	-3%
Medical Oncology	3.7	4.4	-15%	3.9	2.3	65%	—	—	—	—	—	—	1.1	1.7	-35%
<b>Weighted Median</b>	<b>14.5</b>	<b>7.6</b>	<b>92%</b>	<b>12.7</b>	<b>7.4</b>	<b>72%</b>	<b>7.9</b>	<b>7.9</b>	<b>0%</b>	<b>11.7</b>	<b>8.3</b>	<b>41%</b>	<b>8.4</b>	<b>6.0</b>	<b>41%</b>

Note: Percentage changes are calculated from exact weighted medians. The exact weighted medians have been rounded to one decimal place for inclusion in the table.

**Table 10, continued: Comparison between median actual weeks waited and median reasonable number of weeks to wait for treatment after appointment with specialist, by selected specialties, 2016**

Procedure	Quebec			New Brunswick			Nova Scotia			Prince Edward Island			Newfoundland & Labrador		
	Actual	Reasonable	Diff.	Actual	Reasonable	Diff.	Actual	Reasonable	Diff.	Actual	Reasonable	Diff.	Actual	Reasonable	Diff.
Plastic Surgery	9.9	7.1	40%	6.8	5.6	22%	69.3	—	—	—	—	—	—	—	—
Gynaecology	8.8	8.0	9%	—	—	—	10.5	9.8	7%	4.0	4.0	0%	6.4	12.0	-47%
Ophthalmology	10.6	8.4	26%	19.9	12.2	63%	8.5	15.8	-47%	11.8	12.0	-2%	8.7	10.0	-13%
Otolaryngology	7.3	7.2	2%	15.0	10.5	42%	13.7	12.0	14%	17.8	16.0	11%	16.0	10.6	51%
General Surgery	5.6	8.1	-30%	13.5	9.1	48%	25.0	10.0	150%	12.6	—	—	14.0	3.7	279%
Neurosurgery	18.0	4.0	350%	29.1	8.8	230%	7.0	14.7	-52%	—	—	—	0.0	—	—
Orthopaedic Surgery	17.2	11.3	52%	30.2	12.8	135%	49.3	31.0	59%	—	—	—	28.8	11.8	144%
Cardiovascular Surgery (Urgent)	0.7	0.5	38%	14.5	3.5	314%	8.0	2.5	221%	—	—	—	1.0	1.0	0%
Cardiovascular Surgery (Elective)	7.8	4.2	87%	29.0	6.0	383%	12.0	5.5	120%	—	—	—	6.5	6.5	0%
Urology	8.7	6.7	31%	12.3	7.0	76%	9.4	6.3	50%	—	—	—	6.4	2.3	181%
Internal Medicine	3.7	3.7	0%	4.9	3.5	41%	11.6	3.8	209%	7.7	2.0	291%	9.4	1.9	401%
Radiation Oncology	3.3	3.7	-11%	—	—	—	2.2	2.5	-11%	2.0	—	—	2.0	1.0	96%
Medical Oncology	1.0	2.0	-50%	—	—	—	2.1	3.0	-30%	2.0	4.0	-50%	1.7	2.0	-15%
<b>Weighted Median</b>	<b>8.9</b>	<b>7.4</b>	<b>20%</b>	<b>17.4</b>	<b>9.4</b>	<b>86%</b>	<b>17.7</b>	<b>11.3</b>	<b>57%</b>	<b>10.5</b>	<b>6.9</b>	<b>52%</b>	<b>11.5</b>	<b>5.2</b>	<b>122%</b>

Note: Percentage changes are calculated from exact weighted medians. The exact weighted medians have been rounded to one decimal place for inclusion in the table.

**Table 11: Average percentage of patients receiving treatment outside Canada, 2016**

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Plastic Surgery	1.6%	1.1%	0.0%	0.0%	2.2%	0.2%	0.0%	0.0%	—	—	1.2%
Gynaecology	3.6%	2.9%	1.2%	0.3%	1.0%	0.7%	0.0%	0.3%	0.0%	0.0%	1.5%
Ophthalmology	0.7%	0.9%	0.5%	0.3%	0.9%	0.9%	1.0%	0.9%	0.0%	0.0%	0.8%
Otolaryngology	7.7%	0.6%	0.0%	2.0%	1.3%	0.2%	0.0%	0.7%	0.0%	3.3%	2.1%
General Surgery	2.9%	1.7%	0.3%	0.5%	1.1%	0.3%	0.4%	5.0%	0.0%	0.0%	1.4%
Neurosurgery	0.4%	3.1%	0.0%	0.0%	3.0%	5.0%	5.0%	0.0%	—	—	1.9%
Orthopaedic Surgery	1.3%	0.9%	2.0%	4.0%	0.8%	0.1%	1.0%	1.8%	—	0.0%	1.0%
Cardiovascular Surgery	0.0%	7.5%	—	—	0.0%	1.7%	1.0%	—	—	1.0%	1.3%
Urology	1.8%	1.6%	—	3.5%	2.1%	0.3%	2.3%	2.0%	—	0.0%	1.7%
Internal Medicine	1.8%	2.4%	2.5%	0.5%	1.4%	1.4%	0.8%	0.8%	0.0%	0.0%	1.5%
Radiation Oncology	2.0%	2.0%	2.0%	2.5%	1.6%	0.3%	—	0.0%	—	0.0%	1.4%
Medical Oncology	0.5%	3.0%	—	—	1.8%	0.1%	—	0.5%	0.5%	2.0%	1.5%
<b>All Specialties</b>	<b>2.4%</b>	<b>1.8%</b>	<b>1.2%</b>	<b>1.2%</b>	<b>1.3%</b>	<b>0.6%</b>	<b>1.0%</b>	<b>0.9%</b>	<b>0.1%</b>	<b>0.9%</b>	<b>1.4%</b>

**Table 12: Estimated number of procedures for which patients are waiting after appointment with specialist, by specialty, 2016**

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Plastic Surgery	5,778	4,788	544	540	2,409	2,494	239	1,342	—	—
Gynaecology	4,603	4,666	867	775	8,905	4,405	—	997	67	459
Ophthalmology	28,398	19,704	3,351	7,312	62,902	26,214	3,246	2,939	430	1,154
Otolaryngology	5,108	4,649	921	2,066	12,772	5,166	953	977	150	772
General Surgery	17,658	8,679	2,668	2,278	22,316	8,051	2,431	10,753	911	5,616
Neurosurgery	1,826	2,766	293	75	5,298	764	570	168	—	—
Orthopaedic Surgery	30,753	14,145	4,250	4,726	41,139	19,676	4,568	7,853	—	2,087
Cardiovascular Surgery	532	165	7	—	526	302	267	377	—	11
Urology	7,406	2,872	844	819	14,872	5,347	1,699	2,335	—	1,245
Internal Medicine	17,098	7,570	2,075	2,331	13,931	1,977	322	2,881	323	1,904
Radiation Oncology	150	27	2	5	402	229	—	20	4	12
Medical Oncology	255	319	—	—	404	152	—	34	3	19
Residual	78,995	56,851	12,533	17,084	151,155	57,309	13,082	24,430	1,311	13,307
<b>Total</b>	<b>198,558</b>	<b>127,200</b>	<b>28,354</b>	<b>38,012</b>	<b>337,030</b>	<b>132,084</b>	<b>27,377</b>	<b>55,106</b>	<b>3,198</b>	<b>26,586</b>
Proportion of Population	4.18%	2.99%	2.46%	2.88%	2.41%	1.59%	3.62%	5.80%	2.15%	5.01%

Canada: Total number of procedures for which patients are waiting in 2016 — **973,505**

Percentage of Population — **2.68%**

Notes: Totals may not match sums of numbers for individual procedures as a result of rounding. • All data regarding oncology refer only to procedures done in hospitals. Most cancer patients are treated in cancer agencies. Therefore, the oncology data must be regarded as incomplete.



**Table 13A: Plastic surgery (2016)—estimated number of procedures for which patients are waiting after appointment with specialist**

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Mammoplasty	3,570	2,588	320	111	1,038	1,146	150	610	—	—
Neurolysis	443	126	25	60	513	455	22	236	—	—
Blepharoplasty	213	248	39	1	90	63	5	—	—	—
Rhinoplasty	367	453	82	15	142	91	16	124	—	—
Scar Revision	676	1,016	44	288	323	372	22	—	—	—
Hand Surgery	510	357	35	64	302	366	25	372	—	—
<b>Total</b>	<b>5,778</b>	<b>4,788</b>	<b>544</b>	<b>540</b>	<b>2,409</b>	<b>2,494</b>	<b>239</b>	<b>1,342</b>	<b>—</b>	<b>—</b>

Note: Totals may not match sums of individual procedures as a result of rounding.

**Table 13B: Gynaecology (2016)—estimated number of procedures for which patients are waiting after appointment with specialist**

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Dilation & Curettage	858	872	106	165	2,091	390	—	127	20	259
Tubal Ligation	353	947	268	154	1,505	906	—	134	11	78
Hysterectomy (Vaginal/Abdominal)	1,618	1,231	221	212	2,999	1,648	—	338	16	121
Vaginal Repair	302	346	44	46	432	322	—	111	2	—
Tuboplasty	31	9	1	3	16	17	—	4	—	—
Laparoscopic Procedures	233	138	50	38	451	324	—	42	1	—
Hysteroscopic Procedures	1,206	1,124	176	157	1,408	796	—	241	17	—
<b>Total</b>	<b>4,603</b>	<b>4,666</b>	<b>867</b>	<b>775</b>	<b>8,905</b>	<b>4,405</b>	<b>—</b>	<b>997</b>	<b>67</b>	<b>459</b>

Note: Totals may not match sums of individual procedures as a result of rounding.

**Table 13C: Ophthalmology (2016)—estimated number of procedures for which patients are waiting after appointment with specialist**

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Cataract Removal	24,905	16,882	3,036	6,839	52,853	19,361	3,042	2,494	422	1,095
Cornea Transplant	350	192	—	58	750	360	0	36	—	—
Cornea - Pterygium	188	104	8	5	373	210	21	14	1	2
Iris, Ciliary Body, Sclera, Anterior Chamber	341	142	36	119	1,580	835	27	183	—	—
Retina, Choroid, Vitreous	1,543	1,222	215	—	4,056	1,863	18	57	—	—
Lacrimal Duct	151	163	—	71	652	740	33	28	—	15
Strabismus	560	284	—	193	1,947	845	37	102	3	4
Operations on Eyelids	359	715	56	28	691	2,000	67	24	3	38
<b>Total</b>	<b>28,398</b>	<b>19,704</b>	<b>3,351</b>	<b>7,312</b>	<b>62,902</b>	<b>26,214</b>	<b>3,246</b>	<b>2,939</b>	<b>430</b>	<b>1,154</b>

Note: Totals may not match sums of individual procedures as a result of rounding. • The procedure data reported generally includes only those procedures performed in public facilities. A large number of ophthalmological surgeries are performed in private facilities. The distribution of surgeries between public and private facilities varies significantly among provinces. There are also differences among provinces regarding payment or reimbursement for ophthalmological surgery at a private facility.

**Table 13D: Otolaryngology (2016)—estimated number of procedures for which patients are waiting after appointment with specialist**

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Myringotomy	509	644	125	123	1,926	1,044	138	125	12	146
Tympanoplasty	248	298	75	96	626	357	30	161	11	102
Thyroid, Parathyroid, and Other Endocrine Glands	203	585	47	456	2,111	752	53	167	—	—
Tonsillectomy and/or Adenoidectomy	1,012	2,151	424	694	3,867	1,582	238	290	84	397
Rhinoplasty and/or Septal Surgery	630	233	54	147	1,206	507	131	109	6	31
Operations on Nasal Sinuses	2,505	738	195	550	3,037	923	364	126	38	96
<b>Total</b>	<b>5,108</b>	<b>4,649</b>	<b>921</b>	<b>2,066</b>	<b>12,772</b>	<b>5,166</b>	<b>953</b>	<b>977</b>	<b>150</b>	<b>772</b>

Note: Totals may not match sums of individual procedures as a result of rounding.

**Table 13E: General surgery (2016)—estimated number of procedures for which patients are waiting after appointment with specialist**

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Hernia/Hydrocele	2,345	2,449	432	312	2,942	3,105	480	3,903	42	765
Cholecystectomy	1,274	1,740	304	313	2,113	1,801	683	—	67	1,567
Colonoscopy	7,468	1,854	704	569	4,164	514	403	1,538	438	1,624
Intestinal Operations	4,810	1,872	957	937	10,639	1,437	427	5,016	337	1,047
Haemorrhoidectomy	671	153	155	97	974	345	69	250	4	481
Breast Biopsy	9	4	1	1	20	12	3	46	1	13
Mastectomy	344	183	70	25	813	590	116	—	22	63
Bronchus and Lung	272	267	4	—	330	—	127	—	0	—
Aneurysm Surgery	51	33	2	—	52	—	12	—	0	2
Varicose Veins	415	124	39	25	268	247	112	—	0	53
<b>Total</b>	<b>17,658</b>	<b>8,679</b>	<b>2,668</b>	<b>2,278</b>	<b>22,316</b>	<b>8,051</b>	<b>2,431</b>	<b>10,753</b>	<b>911</b>	<b>5,616</b>

Note: Totals may not match sums of individual procedures as a result of rounding.

**Table 13F: Neurosurgery (2016)—estimated number of procedures for which patients are waiting after appointment with specialist**

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Peripheral Nerve	245	188	—	10	618	—	37	16	—	—
Disc Surgery/ Laminectomy	1,116	756	109	10	2,870	764	362	61	—	—
Elective Cranial Bone Flap	436	1,784	182	53	1,764	—	162	84	—	—
Aneurysm Surgery	4	10	1	1	10	—	4	2	—	—
Carotid endarterectomy	25	27	1	1	37	—	5	6	—	—
<b>Total</b>	<b>1,826</b>	<b>2,766</b>	<b>293</b>	<b>75</b>	<b>5,298</b>	<b>764</b>	<b>570</b>	<b>168</b>	<b>—</b>	<b>—</b>

Note: Totals may not match sums of individual procedures as a result of rounding.

**Table 13G: Orthopaedic surgery (2016)—estimated number of procedures for which patients are waiting after appointment with specialist**

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Meniscectomy/Arthroscopy	1,481	703	144	125	1,583	1,232	150	241	—	74
Removal of Pins	2,069	671	304	168	1,610	962	139	432	—	69
Arthroplasty (Hip, Knee, Ankle, Shoulder)	18,751	9,199	2,672	3,682	31,158	14,088	2,385	4,634	—	1,509
Arthroplasty (Interphalangeal, Metatarsophalangeal)	1,467	262	146	59	905	204	190	147	—	—
Hallux Valgus/Hammer Toe	336	93	20	63	344	130	62	127	—	8
Digit Neuroma	2,476	414	97	249	1,748	912	300	—	—	190
Rotator Cuff Repair	1,483	433	100	142	1,330	974	178	1,262	—	143
Ostectomy (All Types)	1,756	345	213	158	1,583	800	493	1,011	—	95
Routine Spinal Instability	934	2,026	555	79	879	373	672	—	—	—
<b>Total</b>	<b>30,753</b>	<b>14,145</b>	<b>4,250</b>	<b>4,726</b>	<b>41,139</b>	<b>19,676</b>	<b>4,568</b>	<b>7,853</b>	<b>—</b>	<b>2,087</b>

Note: Totals may not match sums of individual procedures as a result of rounding.

**Table 13H: Cardiovascular surgery (2016)—estimated number of procedures for which patients are waiting after appointment with specialist**

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Coronary Artery Bypass	52	30	—	—	159	119	159	97	—	7
Valves & Septa of the Heart	151	43	—	—	135	80	105	85	—	4
Aneurysm Surgery	4	6	1	—	2	2	3	3	—	0
Carotid Endarterectomy	25	9	5	—	14	12	—	—	—	0
Pacemaker Operations	300	77	—	—	216	90	—	192	—	—
<b>Total</b>	<b>532</b>	<b>165</b>	<b>7</b>	<b>—</b>	<b>526</b>	<b>302</b>	<b>267</b>	<b>377</b>	<b>—</b>	<b>11</b>

Note: Totals may not match sums of individual procedures as a result of rounding.

**Table 13I: Urology (2016)—estimated number of procedures for which patients are waiting after appointment with specialist**

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Non-radical Prostatectomy	1,157	362	83	48	1,121	1,004	147	92	—	—
Radical Prostatectomy	111	109	20	22	302	121	23	16	—	15
Transurethral Resection - Bladder	346	196	91	75	1,135	542	145	108	—	51
Radical Cystectomy	29	21	4	2	66	29	4	4	—	4
Cystoscopy	3,824	1,347	420	380	7,870	919	565	1,631	—	910
Hernia/Hydrocele	1,455	571	216	184	2,283	2,340	420	291	—	187
Bladder Fulguration	470	247	—	106	2,058	363	392	194	—	74
Ureteral Reimplantation for Reflux	15	19	10	2	36	30	2	—	—	5
<b>Total</b>	<b>7,406</b>	<b>2,872</b>	<b>844</b>	<b>819</b>	<b>14,872</b>	<b>5,347</b>	<b>1,699</b>	<b>2,335</b>	<b>—</b>	<b>1,245</b>

Note: Totals may not match sums of individual procedures as a result of rounding.

**Table 13J: Internal medicine (2016)—estimated number of procedures for which patients are waiting after appointment with specialist**

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Colonoscopy	15,548	6,551	1,516	1,684	11,199	710	134	2,460	315	1,218
Angiography /Angioplasty	1,103	429	454	611	1,448	1,042	95	155	1	462
Bronchoscopy	120	339	50	9	817	127	53	156	2	141
Gastroscopy	326	251	55	28	468	98	40	110	6	82
<b>Total</b>	<b>17,098</b>	<b>7,570</b>	<b>2,075</b>	<b>2,331</b>	<b>13,931</b>	<b>1,977</b>	<b>322</b>	<b>2,881</b>	<b>323</b>	<b>1,904</b>

Note: Totals may not match sums of individual procedures as a result of rounding.

**Table 13K: Radiation oncology (2016)—estimated number of procedures for which patients are waiting after appointment with specialist**

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Radiotherapy	150	27	2	5	402	229	—	20	4	12

Note: All data regarding oncology refer only to procedures done in hospitals. Most cancer patients are treated in cancer agencies. Therefore, the oncology data must be regarded as incomplete.

**Table 13L: Medical oncology (2016)—estimated number of procedures for which patients are waiting after appointment with specialist**

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Chemotherapy	255	319	—	—	404	152	—	34	3	19

Note: All data regarding oncology refer only to procedures done in hospitals. Most cancer patients are treated in cancer agencies. Therefore, the oncology data must be regarded as incomplete.

**Table 14: Estimated number of procedures for which patients are waiting after appointment with specialist (2016)—procedures per 100,000 population**

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Plastic Surgery	122	113	47	41	17	30	32	141	—	—
Gynaecology	97	110	75	59	64	53	—	105	45	86
Ophthalmology	598	463	291	555	450	315	429	310	289	218
Otolaryngology	107	109	80	157	91	62	126	103	101	146
General Surgery	372	204	232	173	160	97	321	1,133	613	1,059
Neurosurgery	38	65	25	6	38	9	75	18	—	—
Orthopaedic Surgery	647	333	369	359	294	236	604	827	—	394
Cardiovascular Surgery	11	4	1	—	4	4	35	40	—	2
Urology	156	68	73	62	106	64	225	246	—	235
Internal Medicine	360	178	180	177	100	24	43	303	218	359
Radiation Oncology	3	1	0	0	3	3	—	2	2	2
Medical Oncology	5	8	—	—	3	2	—	4	2	4

Note: All data regarding oncology refer only to procedures done in hospitals. Most cancer patients are treated in cancer agencies. Therefore, the oncology data must be regarded as incomplete.

**Table 15: Comparison of estimated number of procedures for which patients are waiting after appointment with specialist, by selected specialties, 2016 and 2015**

Procedure	British Columbia			Alberta			Saskatchewan			Manitoba			Ontario		
	2016	2015	% chg	2016	2015	% chg	2016	2015	% chg	2016	2015	% chg	2016	2015	% chg
Plastic Surgery	5,778	3,996	45%	4,788	2,426	97%	544	387	41%	540	636	-15%	2,409	3,080	-22%
Gynaecology	4,603	3,498	32%	4,666	3,489	34%	867	1,034	-16%	775	854	-9%	8,905	9,307	-4%
Ophthalmology	28,398	23,714	20%	19,704	10,616	86%	3,351	2,529	32%	7,312	4,654	57%	62,902	39,652	59%
Otolaryngology	5,108	4,015	27%	4,649	5,253	-11%	921	760	21%	2,066	1,075	92%	12,772	10,168	26%
General Surgery	17,658	18,692	-6%	8,679	10,263	-15%	2,668	3,118	-14%	2,278	4,449	-49%	22,316	25,652	-13%
Neurosurgery	1,826	2,576	-29%	2,766	1,403	97%	293	409	-28%	75	74	2%	5,298	4,232	25%
Orthopaedic Surgery	30,753	26,092	18%	14,145	11,484	23%	4,250	2,431	75%	4,726	5,725	-17%	41,139	40,915	1%
Cardiovascular Surgery	532	255	109%	165	62	164%	7	14	-53%	—	44	—	526	369	43%
Urology	7,406	5,612	32%	2,872	2,197	31%	844	31	2657%	819	831	-1%	14,872	13,484	10%
Internal Medicine	17,098	20,016	-15%	7,570	10,338	-27%	2,075	1,643	26%	2,331	3,022	-23%	13,931	12,286	13%
Radiation Oncology	150	60	148%	27	32	-16%	2	10	-85%	5	7	-22%	402	317	27%
Medical Oncology	255	164	55%	319	—	—	—	—	—	—	270	—	404	624	-35%
Residual	78,995	74,872	6%	56,851	44,967	26%	12,533	10,370	21%	17,084	16,862	1%	151,155	126,937	19%
<b>Total</b>	<b>198,558</b>	<b>183,561</b>	<b>8%</b>	<b>127,200</b>	<b>102,531</b>	<b>24%</b>	<b>28,354</b>	<b>22,737</b>	<b>25%</b>	<b>38,012</b>	<b>38,501</b>	<b>-1%</b>	<b>337,030</b>	<b>287,023</b>	<b>17%</b>

Notes: Percentage changes are calculated from exact weighted medians, which have been rounded for inclusion in the table. • All data regarding oncology refer only to procedures done in hospitals. Most cancer patients are treated in cancer agencies. Therefore, the oncology data must be regarded as incomplete.

**Table 15, continued: Comparison of estimated number of procedures for which patients are waiting after appointment with specialist, by selected specialties, 2016 and 2015**

Procedure	Quebec			New Brunswick			Nova Scotia			Prince Edward Island			Newfoundland & Labrador		
	2016	2015	% chg	2016	2015	% chg	2016	2015	% chg	2016	2015	% chg	2016	2015	% chg
Plastic Surgery	2,494	2,714	-8%	239	525	-55%	1,342	367	265%	—	28	—	—	251	—
Gynaecology	4,405	5,614	-22%	—	818	—	997	845	18%	67	—	—	459	1,012	-55%
Ophthalmology	26,214	24,456	7%	3,246	3,615	-10%	2,939	3,525	-17%	430	374	15%	1,154	1,496	-23%
Otolaryngology	5,166	5,511	-6%	953	850	12%	977	792	23%	150	57	162%	772	—	—
General Surgery	8,051	10,649	-24%	2,431	1,842	32%	10,753	5,135	109%	911	—	—	5,616	13,114	-57%
Neurosurgery	764	1,984	-61%	570	443	29%	168	184	-9%	—	—	—	—	—	—
Orthopaedic Surgery	19,676	16,174	22%	4,568	6,886	-34%	7,853	6,289	25%	—	756	—	2,087	2,677	-22%
Cardiovascular Surgery	302	546	-45%	267	137	94%	377	38	901%	—	—	—	11	22	-49%
Urology	5,347	5,645	-5%	1,699	1,184	44%	2,335	4,814	-51%	—	—	—	1,245	935	33%
Internal Medicine	1,977	7,195	-73%	322	532	-39%	2,881	1,322	118%	323	385	—	1,904	2,906	-34%
Radiation Oncology	229	194	18%	—	14	—	20	26	-21%	4	—	—	12	22	-44%
Medical Oncology	152	179	-15%	—	—	—	34	71	-52%	3	—	—	19	—	—
Residual	57,309	60,147	-5%	13,082	13,425	-3%	24,430	17,456	40%	1,311	1,942	-33%	13,307	21,975	-39%
<b>Total</b>	<b>132,084</b>	<b>141,008</b>	<b>-6%</b>	<b>27,377</b>	<b>30,272</b>	<b>-10%</b>	<b>55,106</b>	<b>40,863</b>	<b>35%</b>	<b>3,198</b>	<b>3,542</b>	<b>-10%</b>	<b>26,586</b>	<b>44,411</b>	<b>-40%</b>

Notes: Percentage changes are calculated from exact weighted medians, which have been rounded for inclusion in the table. • All data regarding oncology refer only to procedures done in hospitals. Most cancer patients are treated in cancer agencies. Therefore, the oncology data must be regarded as incomplete.



**Table 16A: Acute inpatient procedures, 2014–2015**

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Arthroplasty (Hip, Knee, Ankle, Shoulder)	15,860	12,974	5,262	4,546	5,0279	22,550	3,009	3,994	672	1,811
Arthroplasty (Interphalangeal/Metatarsophalangeal)	516	466	161	102	845	323	106	37	15	29
Hallux Valgus/Hammer Toe	76	95	13	26	108	73	4	7	1	1
Meniscectomy/Arthroscopy	170	211	60	90	520	440	26	36	8	14
Ostectomy	1,095	1,360	243	306	3,003	1,960	183	339	36	105
Removal of Pins	935	1,170	266	260	2,598	1,571	203	236	27	72
Rotator Cuff Repair	764	873	171	200	2,045	1,116	68	191	7	87
Routine Spinal Instability	1,122	1,644	873	455	3,758	2,394	582	368	0	232
Bladder Fulguration	1,385	1,138	365	241	5,889	2,968	345	495	39	227
Cystoscopy	2,909	3,313	614	229	9,177	4,368	540	1,070	28	596
Non-radical Prostatectomy	3,416	2,088	482	280	7,275	3,620	394	563	84	359
Radical Cystectomy	248	178	45	27	574	373	34	55	0	29
Radical Prostatectomy	961	649	173	190	2,417	1,547	142	136	9	127
Transurethral Resection—Bladder	1,057	1,484	283	244	4,757	2,475	286	234	62	430
Ureteral Reimplantation for Reflux	59	65	24	22	203	117	6	28	1	8
Cataract Removal	76	401	40	93	90	294	17	38	3	15
Cornea Transplant	18	170	109	18	34	265	0	14	0	0
Cornea—Pterygium	0	5	4	0	10	14	0	0	0	1
Iris, Ciliary Body, Sclera, Anterior Chamber	66	386	101	65	159	271	3	52	3	6
Lacrimal Duct Surgery	28	63	8	7	68	74	9	6	0	7
Operations on Eyelids	123	208	41	46	338	302	20	55	1	16
Retina, Choroid, Vitreous	301	3384	496	934	936	679	3	184	0	14

**Table 16A, continued: Acute inpatient procedures, 2014–2015**

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Strabismus Surgery	20	30	4	5	64	38	1	4	1	0
Myringotomy	238	299	78	99	869	1,152	67	67	9	73
Operations on Nasal Sinuses	592	560	36	368	1,123	679	65	142	0	96
Thyroid, Parathyroid, and Other Endocrine Glands	1,650	2,042	496	577	7,626	4,425	358	533	19	417
Tonsillectomy and/or Adenoidectomy	1,042	1,194	312	459	3,421	1,985	261	257	133	407
Tympanoplasty	63	70	8	8	265	213	11	117	4	10
Radiotherapy	435	683	35	97	10,247	2,878	382	471	94	317
Chemotherapy	3,317	2,332	945	641	13,258	7,281	1,040	806	61	585
Breast Biopsy	82	45	8	20	218	195	14	11	2	7
Bronchus and Lung	1,238	1,112	228	446	4,197	3,438	388	362	1	155
Cholecystectomy	3,409	4,099	1,231	1,583	7,933	6,916	925	1,351	168	514
Haemorrhoidectomy	83	101	54	53	208	151	10	22	1	14
Intestinal Operations	9,532	7,079	2,294	2,321	25,383	16,530	1,821	2,543	303	1,450
Mastectomy	1,957	1,888	496	361	3,341	2,342	144	415	62	328
Varicose Veins	54	26	17	65	37	28	7	3	0	8
Disk Surgery/Laminectomy	1,416	1,060	325	116	4,541	1,748	254	240	0	198
Elective Cranial Bone Flap	3,720	3,838	1,171	904	12,960	6,224	414	781	0	428
Blepharoplasty	5	11	1	1	29	13	0	6	0	0
Mammoplasty	442	1,049	64	284	1,263	705	188	102	27	192
Scar Revision	861	1,538	153	268	1,571	1,336	117	262	10	70
Coronary Artery Bypass	2,708	1,574	574	597	8,289	6,182	569	630	0	389
Pacemaker Operations	2,770	1,733	769	794	7,125	8,392	933	615	111	256

**Table 16A, continued: Acute inpatient procedures, 2014–2015**

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Valves & Septa of the Heart	2,567	2,243	388	484	7,017	5,058	377	554	0	188
Angiography/Angioplasty	5,705	3,741	1,932	920	24,418	16,391	1,355	1,852	0	727
Bronchoscopy	852	1,554	182	236	6,689	3,042	178	424	9	261
Gastroscopy	559	648	175	93	2,313	1,156	192	266	12	116
Dilation and Curettage	320	291	69	96	518	282	16	28	10	38
Hysterectomy	5,153	5,301	1,541	1,576	14,908	8,333	1,135	1,458	210	786
Hysteroscopic Procedures	196	228	60	35	242	186	25	28	8	43
Laparoscopic Procedures	320	227	105	60	1,452	953	56	70	1	26
Tubal Ligation	811	2,077	662	624	4,403	1,873	340	282	64	240
Tuboplasty	43	23	6	6	63	55	5	10	4	3
Vaginal Repair	686	1311	239	346	1,932	1011	180	305	14	151
Rhinoplasty and/or Septal Surgery	357	311	14	121	663	447	51	113	1	58
Hernia/Hydrocele	4,165	3,989	1,357	1,588	19,605	6,955	962	1,344	141	550
Carotid Endarterectomy	696	291	85	141	1,191	1,012	150	116	0	51
Hand Surgery/Digit Neuroma	327	430	85	121	659	573	46	42	10	21
Neurolysis/Peripheral Nerve	314	414	72	86	1,976	2,338	179	123	4	36
Colonoscopy	3,401	2,816	1,519	888	9,265	8,299	633	789	61	522
Aneurysm Surgery	286	222	59	65	950	611	56	76	1	26
Residual	114,870	117,242	30,132	30,766	339,867	196,383	21,996	28,776	2128	15302
<b>Total</b>	<b>208,447</b>	<b>208,047</b>	<b>57,815</b>	<b>56,700</b>	<b>647,182</b>	<b>375,603</b>	<b>41,881</b>	<b>54,514</b>	<b>4,680</b>	<b>29,245</b>

Sources: Canadian Institute for Health Information, All Procedures Performed, by Province and CCI code, 2014–15 and Fiscal 2009/10 CCI to CCP Conversion Tables; and the 2012 ICD-10-CA and CCI Evolution Tables.

**Table 16B: Same day procedures, 2014–2015**

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Arthroplasty (Hip, Knee, Ankle, Shoulder)	7,356	5,424	2,456	3,113	26,875	5,626	1,268	1,482	350	369
Arthroplasty (Interphalangeal/Metatarsophalangeal)	1,300	669	312	205	3,078	1,003	176	218	28	71
Hallux Valgus/Hammer Toe	340	306	89	178	1,169	773	96	136	32	22
Meniscectomy/Arthroscopy	2,792	2,399	565	562	6,338	7,570	622	312	64	261
Osteotomy	1,079	883	261	379	3,328	1,506	310	335	44	74
Removal of Pins	2,907	2,320	723	470	5,774	4,685	400	512	99	184
Rotator Cuff Repair	1,266	1,003	351	327	3,717	1,862	213	440	56	222
Routine Spinal Instability	34	2	1	3	49	33	0	1	0	0
Bladder Fulguration	2,688	1,427	949	865	16,636	1,746	625	1,182	55	732
Cystoscopy	30,228	13,173	8,124	3,061	127,240	1,604	2,917	7,413	659	7,288
Non-radical Prostatectomy	1,041	268	235	341	2,439	730	245	32	1	47
Radical Prostatectomy	0	0	0	0	1	24	0	0	0	0
Transurethral Resection—Bladder	3,440	1,070	508	468	8,360	4,567	603	702	18	236
Ureteral Reimplantation for Reflux	26	96	14	7	30	81	0	8	0	12
Cataract Removal	51,727	36,177	14,310	11,197	124,836	100,384	7,891	12,933	1,827	6,310
Cornea Transplant	517	306	1	108	1,050	454	0	143	0	0
Cornea—Pterygium	593	594	103	28	1,605	894	58	70	6	31
Iris, Ciliary Body, Sclera, Anterior Chamber	1,546	1,461	366	449	6,686	3,349	39	1,004	10	50
Lacrimal Duct Surgery	757	1,347	220	134	2,355	1,129	86	153	3	80
Operations on Eyelids	2,542	3,510	685	136	4,151	4,031	270	228	44	313
Retina, Choroid, Vitreous	9,730	8,169	2,299	2,221	22,496	14,822	37	2,777	4	973

**Table 16B, continued: Same day procedures, 2014–2015**

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Strabismus Surgery	1,275	1,313	269	380	3,830	2,159	68	422	18	105
Myringotomy	1,969	2,491	1,544	703	11,648	12,420	1,036	1,018	141	876
Operations on Nasal Sinuses	3,027	1,838	811	776	8,747	3,322	346	402	79	319
Thyroid, Parathyroid, and Other Endocrine Glands	461	132	47	153	1,520	461	10	9	2	4
Tonsillectomy and/or Adenoidectomy	2,717	3,891	1,527	984	13,336	8,298	862	687	41	331
Tympanoplasty	616	575	316	191	1,904	1,402	146	204	19	268
Radiotherapy	322	16	3	5	203	701	422	4	0	7
Chemotherapy	223	1,959	140	11	5,487	601	27	35	11	13
Breast Biopsy	82	29	12	28	312	84	13	1,186	5	665
Bronchus and Lung	49	46	5	2	92	45	1	9	1	3
Cholecystectomy	4,869	4,128	1,406	1,673	19,535	8,689	1,295	1,438	178	891
Haemorrhoidectomy	2,824	1,223	1,098	951	8,232	2,091	188	339	21	433
Intestinal Operations	52,994	17,263	10,152	9,859	112,927	2,150	400	8,325	1,448	7,623
Mastectomy	3,999	1,908	711	919	13,565	8,806	858	883	117	494
Varicose Veins	1,294	619	320	259	1,707	1,257	235	107	2	49
Disk Surgery/Laminectomy	1,638	168	80	12	1,198	459	108	24	0	3
Elective Cranial Bone Flap	56	28	10	19	141	117	6	10	1	4
Blepharoplasty	420	527	112	16	960	646	48	9	0	16
Mammoplasty	3,128	2,155	510	358	7,734	4,261	679	321	19	273
Scar Revision	546	418	102	166	1,790	811	77	149	23	24
Pacemaker Operations	3,478	933	520	506	4,108	929	194	630	47	452

**Table 16B, continued: Same day procedures, 2014–2015**

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Valves & Septa of the Heart	51	1	3	0	0	1	0	0	0	0
Angiography/Angioplasty	8,632	720	1,019	3,050	673	281	624	189	17	1,274
Bronchoscopy	714	1,967	142	209	3,932	264	97	251	18	350
Gastroscopy	915	441	304	330	3,774	118	66	446	65	152
Dilation and Curettage	6,057	6,184	1,306	1,621	17,607	4,787	951	1,070	251	2,207
Hysterectomy	105	32	376	40	689	239	2	7	1	2
Hysteroscopic Procedures	5,032	5,615	1,466	1,134	10,220	4,415	1,157	1,018	212	2,342
Laparoscopic Procedures	545	372	270	223	1,901	732	58	113	12	64
Tubal Ligation	720	2,027	1,080	566	5,382	2,840	529	491	74	438
Tuboplasty	105	16	11	5	59	20	1	11	3	3
Vaginal Repair	297	188	90	49	879	385	52	44	9	58
Rhinoplasty and/or Septal Surgery	1,872	1,161	457	362	5,782	2,803	235	291	23	136
Hernia/Hydrocele	10,727	8,816	2,650	2,852	28,356	20,835	2,156	2,070	309	1,196
Carotid Endarterectomy	0	1	0	0	2	4	0	0	0	0
Hand Surgery/Digit Neuroma	3,843	1,982	1,086	1,137	9,093	7,261	850	1,255	104	670
Neurolysis/Peripheral Nerve	1,176	708	227	191	4,610	1,608	281	193	11	347
Colonoscopy	79,493	39,053	18,889	20,079	141,926	3,467	1,202	16,304	3,127	14,196
Aneurysm Surgery	1	1	0	0	0	1	0	0	0	0
Residual	163,783	110,934	52,177	45,347	578,556	135,892	17,751	42,287	4,336	44,750
<b>Total</b>	<b>491,964</b>	<b>302,483</b>	<b>133,820</b>	<b>119,418</b>	<b>1,400,630</b>	<b>402,535</b>	<b>48,887</b>	<b>112,332</b>	<b>14,045</b>	<b>98,313</b>

Sources: Canadian Institute for Health Information, All Procedures Performed, by Province and CCI code, 2014–15; Fiscal 2009/10 CCI to CCP Conversion Tables; and the 2012 ICD-10-CA and CCI Evolution Tables.

## Appendix A: Links to Wait Times Data Published by Provincial Government Agencies

### Alberta

Alberta Wait Times Reporting web site

<<http://waittimes.alberta.ca/>>

### British Columbia

British Columbia Ministry of Health

<<https://swt.hlth.gov.bc.ca/>>

### Saskatchewan

Saskatchewan Surgical Care Network

<<http://www.sasksurgery.ca/>>

Saskatchewan Specialist Directory

<<http://specialists.health.gov.sk.ca/>>

Saskatchewan Cancer Agency

<[www.saskcancer.ca](http://www.saskcancer.ca)>

### Manitoba

Manitoba Ministry of Health

<<http://www.gov.mb.ca/health/waittime/>>

### Ontario

Ontario Ministry of Health and Long-Term Care

<<http://www.health.gov.on.ca/en/public/programs/waittimes/>>

Cardiac Care Network of Ontario

<<http://www.ccn.on.ca/>>

Cancer Care Ontario

<<http://www.cancercare.on.ca/ocs/wait-times/>>

## **Quebec**

Quebec Ministry of Health and Social Services

<<http://wpp01.msss.gouv.qc.ca/appl/g74web/default.asp>>

## **New Brunswick**

New Brunswick Department of Health

<<http://www1.gnb.ca/0217/surgicalwaittimes/index-e.aspx>>

## **Nova Scotia**

Nova Scotia Department of Health

<<https://waittimes.novascotia.ca/>>

## **Prince Edward Island**

Prince Edward Island Department of Health

<<http://www.healthpei.ca/waittimes>>

## **Newfoundland & Labrador**

Newfoundland & Labrador Department of Health and Community Services

<[http://www.health.gov.nl.ca/health/wait\\_times/data.html](http://www.health.gov.nl.ca/health/wait_times/data.html)>



## Appendix B: Psychiatry Waiting List Survey, 2016 Report

The psychiatry waiting list survey was conducted between January 11 and April 29, 2016. Surveys were sent to all specialists in the psychiatry category of the Canadian Medical Association’s membership rolls who have allowed their names to be provided by Cornerstone List Fulfillment. This year, the overall response rate to the psychiatry survey was 7.2% (table B1). As a result of the low response rate, results should be interpreted with caution.

**Table B1: Psychiatry (2016)—summary of responses, 2016**

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Mailed	625	380	66	148	1839	1081	41	112	7	42	4,341
Number of Responses	71	39	8	13	119	37	5	16	1	2	311
Response Rates	11.4%	10.3%	12.1%	8.8%	6.5%	3.4%	12.2%	14.3%	14.3%	4.8%	7.2%

The treatments identified in the following tables represent a cross-section of common treatments carried out by psychiatrists. The list of treatments was developed in consultation with the Canadian Psychiatric Association, who also assisted in making adjustments to the standard survey form to reflect differences between psychiatric practices and practices in the other specialties presented in this document.

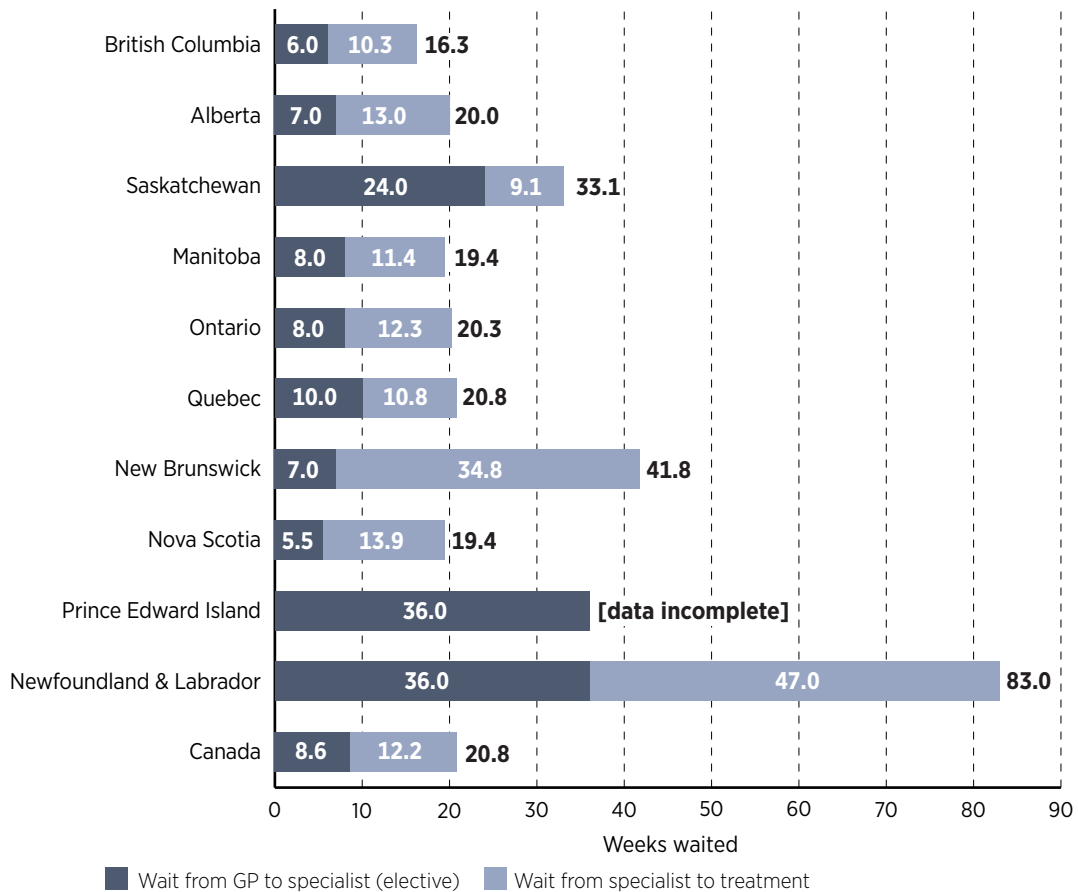
Unlike other specialties discussed in *Waiting Your Turn*, in which the waiting times are weighted by the total number of such procedures that have been done by all physicians, the overall median for psychiatry is presented as an unweighted measure (see the section, “Method” (pp. 11–13), for a clear description of the Fraser Institute’s weighting procedures). All of the median measures that make up the final specialty median are given equal weight. This alteration to the standard methodology results from a lack of data counting the number of patients treated by psychiatrists, separated by treatment. We hope, in the coming years, to develop a weighting system for psychiatric treatments to allow a weighted average for this specialty to be calculated. In the current estimates, national medians are developed through a weighting system that bases the weight of each provincial median on the number of specialists contacted in that province.

## Findings

### Total wait times

Across the provinces, the total wait time (between referral by a general practitioner and the time that the required elective treatment begins) for psychiatry has risen from 19.3 weeks in 2015 to 20.8 weeks in 2016 (graph B1). The shortest waiting times are in British Columbia (16.3 weeks), and Manitoba and Nova Scotia (19.4 weeks). The longest total waits are in Newfoundland & Labrador (83.0 weeks), New Brunswick (41.8 weeks), and Saskatchewan (33.1 weeks).

**Graph B1: Psychiatry—weeks waited from referral by GP to treatment, by province, 2016**



Note: Totals may not equal the sum of subtotals as a result of rounding.

Source: The Fraser Institute's national waiting list survey, 2016.

### Wait time by segment and specialty

Total wait time for psychiatric treatment can be examined in two consecutive segments:

- 1 from referral by a general practitioner to consultation with a psychiatrist;
- 2 from the consultation with a psychiatrist to the point at which treatment begins.

Table B2 indicates the number of weeks that patients wait for initial appointments with psychiatrists after referral from their general practitioners or from other specialists. The waiting time to see a psychiatrist on an urgent basis across the provinces is 2.6 weeks, ranging from 2.0 weeks in Quebec to 11.0 weeks in Newfoundland & Labrador. The waiting time for referrals on an elective basis across the provinces is 8.6 weeks. The provinces with the longest wait times for elective referrals are Prince Edward Island and Newfoundland & Labrador (36.0 weeks). On the other hand, Nova Scotia (5.5 weeks), British Columbia (6.0 weeks), and Alberta (7.0 weeks) have the shortest wait times for elective referrals.

**Table B2: Psychiatry (2016)—median patient wait to see a specialist after referral from a GP**

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Urgent	3.0	3.0	4.0	3.0	2.5	2.0	3.0	2.5	7.0	11.0	2.6
Elective	6.0	7.0	24.0	8.0	8.0	10.0	7.0	5.5	36.0	36.0	8.6

Table B3 summarizes the waiting time for certain elective psychiatric treatments after an appointment with a specialist. The longest waiting times for this second segment of the total waiting time are in Newfoundland & Labrador (47.0 weeks), New Brunswick (34.8 weeks), and Nova Scotia (13.9 weeks). The shortest waits are in Saskatchewan (9.1 weeks), British Columbia (10.3 weeks), and Quebec (10.8 weeks). Among the treatments, patients wait longest for access to a housing program (22.9 weeks) and to initiate a course of long-term psychotherapy (16.0 weeks), while wait times are shortest for pharmacotherapy (4.3 weeks) and to initiate a course of brief psychotherapy (8.3 weeks).

Table B4 presents a frequency distribution of the survey responses by province. The wait (after an appointment with a specialist) for the majority of treatments is less than 13 weeks in all provinces except New Brunswick and Newfoundland & Labrador. Waits of 26 weeks or more are least frequent in Manitoba (8.1 %), and most frequent in New Brunswick and Newfoundland & Labrador (50.0%).

**Table B3: Psychiatry (2016)—median patient wait for treatment after appointment with specialist**

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Initiate a course of brief psychotherapy	4.0	5.0	6.0	8.0	8.0	10.3	24.0	7.5	—	57.0	8.3
Initiate a course of long-term psychotherapy	6.0	10.0	16.0	24.0	16.0	20.0	24.0	14.0	—	84.3	16.0
Initiate a course of pharmacotherapy	4.0	4.0	0.0	4.0	4.0	3.0	24.0	4.0	—	52.0	4.3
Initiate a course of couple/marital therapy	7.5	12.0	33.0	10.0	12.0	12.0	44.0	10.0	—	62.3	12.3
Initiate cognitive behaviour therapy	6.0	11.0	18.0	8.0	12.0	14.0	44.0	10.0	—	96.3	12.6
Access a day program	7.5	12.0	2.5	8.0	11.0	8.0	8.0	15.0	—	10.3	9.7
Access an eating disorders program	13.0	13.0	—	10.0	12.0	14.0	—	9.0	—	10.0	12.6
Access a housing program	42.0	24.0	6.0	14.0	24.0	9.0	104.0	20.0	—	—	22.9
Access an evening program	8.0	11.5	8.0	11.0	8.0	12.0	—	3.0	—	—	9.3
Access a sleep disorders program	11.0	28.0	1.5	16.0	4.5	12.0	6.0	52.0	—	—	11.0
Access assertive community treatment or similar program	4.0	12.0	0.0	12.0	24.0	4.5	—	8.0	—	4.0	13.7
<b>Unweighted Median</b>	<b>10.3</b>	<b>13.0</b>	<b>9.1</b>	<b>11.4</b>	<b>12.3</b>	<b>10.8</b>	<b>34.8</b>	<b>13.9</b>	<b>—</b>	<b>47.0</b>	<b>12.2</b>

**Table B4: Psychiatry (2016)—frequency distribution of survey waiting times (specialist to treatment), by province, 2016**

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
0–3.99 Weeks	26%	18%	33%	7%	19%	20%	0%	14%	—	7%
4–7.99 Weeks	25%	19%	17%	20%	21%	18%	33%	25%	—	14%
8–12.99 Weeks	21%	24%	13%	50%	23%	26%	17%	32%	—	14%
13–25.99 Weeks	12%	16%	17%	15%	16%	20%	0%	21%	—	14%
26–51.99 Weeks	9%	15%	0%	7%	9%	8%	42%	3%	—	0%
1 year plus	6%	9%	21%	1%	12%	9%	8%	7%	—	50%

Note: Columns do not necessarily sum to 100 due to rounding.

**Table B5** compares the 2015 and 2016 waiting times for treatment (after an appointment with a specialist). This year’s study indicates an overall decrease in the waiting time between consultation with a specialist and elective treatment in five provinces. However, four provinces experienced an increase: Saskatchewan (29%), Ontario (26%), New Brunswick (93%), and Newfoundland & Labrador (1,467%). [1]

**Table B5: Psychiatry (2016)—comparison of median weeks waited to receive treatment after appointment with specialist, by province, 2016 and 2015**

	2016	2015	% change
British Columbia	10.3	10.5	-2%
Alberta	13.0	15.9	-19%
Saskatchewan	9.1	7.0	29%
Manitoba	11.4	11.5	-2%
Ontario	12.3	9.8	26%
Quebec	10.8	11.8	-8%
New Brunswick	34.8	18.0	93%
Nova Scotia	13.9	15.5	-10%
Prince Edward Island	—	—	—
Newfoundland & Labrador	47.0	3.0	1467%

Note: Percentage changes are calculated from exact weighted medians. The exact weighted medians have been rounded to one decimal place for inclusion in the table.

### Comparison between clinically reasonable and actual wait times

Physicians responding to the survey are also asked to provide a clinically reasonable waiting time for the various treatments. Specialists generally indicate a period of time substantially shorter than the median number of weeks patients actually wait for treatment (see tables B6 and B7). **Table B6** summarizes the reasonable waiting times for psychiatric treatments and is based on the same methodology used to create table B3. **Table B7** summarizes the differences between the median reasonable and actual waiting times across the provinces for treatment after an appointment with a specialist and shows that, in 90% of cases, the actual waiting time for treatment (table B3) is greater than the

1. The estimated median wait for treatment after appointment with a specialist in Newfoundland & Labrador was notably longer in 2016 (47.0) than the waiting time in 2015 (3.0 weeks) and in previous years (for example, it was 15.8 weeks in 2014). However, the difference in total wait times for treatment after referral by a GP between 2016 (83.0 weeks) and 2015 (59.0 weeks) was relatively smaller, suggesting a possible shift in segment where waiting occurs. More generally, the low number of responses in the province (in this and previous years) suggest that results for the province should be interpreted with caution.

**Table B6: Psychiatry (2016)—Median reasonable patient wait for treatment after appointment with specialist**

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Initiate a course of brief psychotherapy	4.0	4.0	2.8	4.0	4.0	4.0	0.0	4.0	—	4.5	3.9
Initiate a course of long-term psychotherapy	6.0	4.0	4.0	10.0	8.0	8.0	8.0	15.8	—	6.0	7.5
Initiate a course of pharmacotherapy	2.0	2.0	2.0	3.0	2.0	2.0	8.0	3.5	—	4.0	2.1
Initiate a course of couple/marital therapy	4.0	4.0	4.0	4.0	4.0	6.0	12.0	12.0	—	5.5	4.8
Initiate cognitive behaviour therapy	4.0	4.0	3.5	4.0	4.0	4.0	8.0	6.0	—	6.5	4.1
Access a day program	4.0	4.0	2.0	6.0	2.0	2.0	4.0	12.0	—	5.0	2.9
Access an eating disorders program	4.0	4.0	2.0	4.0	4.0	4.0	8.0	10.0	—	3.0	4.2
Access a housing program	4.0	4.0	1.8	5.0	4.0	4.0	8.0	10.0	—	—	4.2
Access an evening program	4.0	4.0	5.5	6.0	4.0	8.0	4.0	4.0	—	—	5.1
Access a sleep disorders program	4.0	4.0	2.8	4.0	4.0	8.0	4.0	6.0	—	—	5.0
Access assertive community treatment or similar program	2.0	2.0	1.0	4.0	4.0	4.0	4.0	3.5	—	4.0	3.5
<b>Unweighted Median</b>	<b>3.8</b>	<b>3.6</b>	<b>2.8</b>	<b>4.9</b>	<b>4.0</b>	<b>4.9</b>	<b>6.2</b>	<b>7.9</b>	<b>—</b>	<b>4.8</b>	<b>4.3</b>

clinically reasonable median waiting time (table B6). In Newfoundland & Labrador the wait time for treatment (after an appointment with a specialist) is 877% longer than the median considered reasonable; however, as mentioned previously this result should be treated with caution because of the low number of responses in the province in this and previous years. The actual overall median specialist-to-treatment waits in Nova Scotia exceeds the corresponding “reasonable” value by 76%, a smaller gap than in the other provinces. However, the “reasonable” wait time in Nova Scotia is the longest in Canada.

Finally, patients also prefer earlier treatment. On average, only 5.5% of patients are on waiting lists because they have requested a delay or postponement of their treatment. Conversely, the proportion of patients who would have begun their treatment within the week, [2] if it were available, is 75.1%.

2. The survey asks psychiatrists what percentage of their patients currently waiting for treatment would agree to begin treatment tomorrow if an opening were to arise. However, comments by respondents of previous surveys indicate that at least some respondents answer the question as if it were “a few days”.

**Table B7: Psychiatry (2016)—difference between actual and reasonable patient waits for treatment after appointment with specialist**

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Initiate a course of brief psychotherapy	0%	25%	118%	100%	100%	156%	*	88%	—	1167%	110%
Initiate a course of long-term psychotherapy	0%	150%	300%	140%	100%	150%	200%	-11%	—	—	112%
Initiate a course of pharmacotherapy	100%	100%	-100%	33%	100%	50%	200%	14%	—	1200%	102%
Initiate a course of couple/marital therapy	88%	200%	725%	150%	200%	100%	267%	-17%	—	—	157%
Initiate cognitive behaviour therapy	50%	175%	414%	100%	200%	250%	450%	67%	—	1381%	206%
Access a day program	88%	200%	25%	33%	450%	300%	100%	25%	—	—	233%
Access an eating disorders program	225%	225%	—	150%	200%	250%	—	-10%	—	—	203%
Access a housing program	950%	500%	243%	180%	500%	125%	1200%	100%	—	—	445%
Access an evening program	100%	188%	45%	83%	100%	50%	—	-25%	—	—	82%
Access a sleep disorders program	175%	600%	-45%	300%	13%	50%	50%	767%	—	—	119%
Access assertive community treatment or similar program	100%	500%	-100%	200%	500%	13%	—	129%	—	—	295%
<b>Weighted Median</b>	<b>169%</b>	<b>256%</b>	<b>220%</b>	<b>131%</b>	<b>208%</b>	<b>120%</b>	<b>462%</b>	<b>76%</b>	<b>—</b>	<b>877%</b>	<b>183%</b>

Note \*: The actual waiting time in New Brunswick is 24.0 weeks, and the reasonable waiting time is 0.0 week.

### Waiting for diagnostic and therapeutic technology

Table B8 displays the median number of weeks patients must wait for access to a computed tomography (CT) or magnetic resonance imaging (MRI) scanner, or an electroencephalogram (EEG). Compared to 2015, the national waiting times for CT scans have decreased in 2016. The median wait for a CT scan across the provinces is 4.2 weeks, ranging from a high of 8.0 weeks (Manitoba) to a low of 2.0 weeks (New Brunswick). In 2016, the median wait for an MRI across the provinces is 11.5 weeks, the same as it was in 2015. Patients in British Columbia wait the longest (24.0 weeks), while patients in New Brunswick wait the least amount of time (4.0 weeks). Finally, the median wait for an EEG across the provinces has increased from 3.7 weeks in 2015, to 4.0 weeks this year. Residents of Nova Scotia face the shortest waits for an EEG (2.5 weeks), while residents of Saskatchewan and Manitoba wait longest (5.0 weeks). [3]

3. For comparison, the overall Canadian median waiting time for CT scans was 3.7 weeks in the traditional twelve specialties and 4.2 weeks in the psychiatry survey, with a mean absolute difference (the average of absolute differences between the two measures in each province) of 0.8 weeks across nine provinces.

**Table B8: Psychiatry (2016)—waiting for technology: weeks waited to receive selected diagnostic tests in 2016, 2015, and 2014**

	CT-Scan			MRI			EEG		
	2016	2015	2014	2016	2015	2014	2016	2015	2014
British Columbia	5.0	5.0	6.0	24.0	18.0	21.0	4.0	4.0	4.0
Alberta	4.0	4.0	4.5	6.0	12.0	8.0	4.0	5.3	3.3
Saskatchewan	3.0	4.0	3.5	9.0	11.5	5.0	5.0	4.5	8.0
Manitoba	8.0	3.0	2.0	10.0	8.0	12.0	5.0	2.0	4.0
Ontario	4.0	4.0	4.0	8.0	6.0	6.0	4.0	3.0	4.0
Quebec	4.0	6.0	4.0	13.0	18.0	9.5	4.0	4.0	4.0
New Brunswick	2.0	7.0	20.0	4.0	11.0	25.0	3.0	7.5	25.0
Nova Scotia	3.5	3.0	2.0	8.0	5.0	6.0	2.5	6.0	3.0
Prince Edward Island	—	—	—	—	—	—	—	—	—
Newfoundland & Labrador	4.0	1.0	1.5	—	12.0	4.5	4.0	1.0	3.0
Canada	4.2	4.6	4.3	11.5	11.5	9.5	4.0	3.7	4.2

## Conclusion

The information documented here suggests that patients seeking mental health treatment are likely to be disappointed with their access. With a waiting time of 20.8 weeks from general practitioner referral to elective treatment, and with wait times from meeting with a specialist to elective treatment that are 183% longer than specialists feel is appropriate, it is clear that many patients in need of psychiatric attention are facing the effects of rationing in our health-care system.

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The overall Canadian median waiting time for MRIs in the psychiatry survey was 11.5 weeks, compared to 11.1 weeks for the other twelve specialties. The mean absolute difference in this case for eight provinces was 2.8 weeks.



## Appendix C: The Fraser Institute National Waiting List Survey questionnaire (2014)

### General Surgery

Please circle the province in which your office is located:

AB BC MB NB NL NS NT NU ON PE QC SK YT

1. From today, how long (in weeks) would a new patient have to wait for a routine office consultation with you? \_\_\_\_\_ week(s)

2. Do you restrict the number of patients waiting to see you in any manner? (i.e. Do you accept referrals only at certain times of the year?)

Yes  No

3. Over the past 12 months, what percentage of the surgical procedures you performed were done on a day surgery basis? \_\_\_\_\_ %

4. From today, how long (in weeks) would a new patient have to wait for the following types of elective surgery or diagnostic procedures? What would you consider to be a clinically reasonable waiting time for these types of surgery and procedures?

Surgery or procedure	Number of weeks to wait	Reasonable number of weeks to wait
Hernia repair (all types) / hydrocele		
Cholecystectomy		
Colonoscopy (diagnosis)		
Incision, excision, anastomosis of intestine and other operations on intestine		
Hemorrhoidectomy / other anal surgery		
Breast biopsy		
Mastectomy / segmental resection		
Operations on bronchus and lung		
Incidentally discovered and unruptured aneurysms		
Varicose vein surgery		

5. Has the length of your waiting lists changed since last year at this time?

Increased  Decreased  Remained the Same

6. If the length of your waiting lists has changed, what are the major reasons for the change? (Check all which may be applicable.)

- Availability of O/R nurses
- Availability of other technical staff
- Availability of beds
- Availability of O/R time
- Change in patient load
- Availability of ancillary investigations or consultations (i.e. MRI, CT scans)
- Other

7. What percentage of your patients currently waiting for surgery are on a waiting list primarily because they requested a delay or postponement? \_\_\_\_\_ %

8. What percentage of your patients currently waiting for surgery do you think would agree to having their procedure performed tomorrow if an opening arose?  
\_\_\_\_\_ %

9. To the best of your knowledge, what percentage of your patients that are listed on hospital waiting lists might also be listed by other physicians for the same procedure?  
\_\_\_\_\_ %

10. Do you use the following types of diagnostic tests? If so, how long (in weeks) would a new patient have to wait for these tests?

Do you use the diagnostic test?	Yes	No	Infrequently	Number of weeks patients wait
CT Scan				
MRI				
Ultrasound				

11. Approximately what percentage of your patients inquired in the past 12 months about the availability of medical services:

In another province? \_\_\_\_\_ % Outside of Canada? \_\_\_\_\_ %

12. Approximately what percentage of your patients received non-emergency medical treatment in the past 12 months:

In another province? \_\_\_\_\_ % Outside of Canada? \_\_\_\_\_ %

Thank you very much for your assistance.

## Appendix D: The Fraser Institute Annual Study of Wait Times for Health Care in Canada (2016)

**General Surgery** In which province is your office is located? \_\_\_\_\_

1. From today, how long (in weeks) would a new patient have to wait for a routine office consultation with you? \_\_\_\_\_ week(s)

2. From today, how long (in weeks) would a new patient have to wait for the following types of elective surgery or diagnostic procedures? What would you consider to be a clinically reasonable waiting time for these types of surgery and procedures?

Surgery or procedure	Number of weeks to wait	Reasonable number of weeks to wait
Hernia repair (all types) / hydrocele		
Cholecystectomy		
Colonoscopy (diagnosis)		
Incision, excision, anastomosis of intestine and other operations on intestine		
Hemorrhoidectomy / other anal surgery		
Breast biopsy		
Mastectomy / segmental resection		
Operations on bronchus and lung		
Incidentally discovered and unruptured aneurysms		
Varicose vein surgery		

3. What percentage of your patients currently waiting for surgery are on a waiting list primarily because *they* requested a delay or postponement? \_\_\_\_\_ %

4. What percentage of your patients currently waiting for surgery do you think would agree to having their procedure performed tomorrow if an opening arose? \_\_\_\_\_ %

5. How long (in weeks) would a new patient have to wait for these tests?  
CT scan \_\_\_\_\_ weeks MRI \_\_\_\_\_ weeks Ultrasound \_\_\_\_\_ weeks

6. Approximately what percentage of your patients received non-emergency medical treatment in the past 12 months: In another province? \_\_\_ % Outside Canada? \_\_\_ %

Thank you very much for your assistance.

## References

Barua, Bacchus, and Feixue Ren (2016). *The Private Cost of Public Queues for Medically Necessary Care, 2016 edition*. Fraser Research Bulletin. Fraser Institute. <<https://www.fraserinstitute.org/sites/default/files/private-cost-of-public-queues-for-medically-necessary-care-2016.pdf>>, as of October 27, 2016.

Canadian Cancer Society's Steering Committee on Cancer Statistics (2016). *Canadian Cancer Statistics 2016*. <<http://www.cancer.ca/~media/cancer.ca/CW/cancer%20information/cancer%20101/Canadian%20cancer%20statistics/Canadian-Cancer-Statistics-2016-EN.pdf>>, as of October 27, 2016.

Canadian Institute for Health Information [CIHI] (2010). *2009/2010 Conversion Tables: ICD-10-CA/CCI to ICD-9/CCP*. Canadian Institute for Health Information.

Canadian Institute for Health Information [CIHI] (2016a). *Discharge Abstract Database, 2014–2015*. Canadian Institute for Health Information.

Canadian Institute for Health Information [CIHI] (2016b). *National Ambulatory Care Reporting System, 2014–2015*. Canadian Institute for Health Information.

Canadian Institute for Health Information [CIHI] (2016c). *Hospital Morbidity Database 2014-2015*. Canadian Institute for Health Information.

Day, Brian (2013). The Consequences of Waiting. In Steven Globberman, ed., *Reducing Wait Times for Health Care: What Canada Can Learn from Theory and International Experience* (Fraser Institute): 43–75.

Ontario Ministry of Health and Long Term Care (2005). *First Ever Common Benchmarks Will Allow Canadians to Measure Progress in Reducing Wait Times*. News release (December 12). <<http://news.ontario.ca/archive/en/2005/12/12/First-ever-common-benchmarks-will-allow-Canadians-to-measure-progress-in-reducin.html>>, as of October 27, 2016.

Ramsay, Cynthia (1998). How to Ruin a Good Idea—Lessons from the British Columbia Ministry of Health. *Fraser Forum* (February): 7–11.

Statistics Canada (2016). *Estimates of Population, by Age Group and Sex for July 1, Canada, Provinces and Territories Annual (Persons unless Otherwise Noted)*. CANSIM table 051-0001. <<http://www5.statcan.gc.ca/cansim/a05?lang=eng&id=0510001>>, as of October 27, 2016.

Stokes, Ernie, and Robin Somerville (2008). *The Economic Costs of Wait Times in Canada*. A study commissioned by the British Columbia Medical Association (BCMA) and the Canadian Median Association. Centre for Spatial Economics.

*Waiting Your Turn: Hospital Waiting Lists in Canada* (1993–2015, various authors; various editions). Fraser Institute.

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