

EDMONTON ZONE MEDICAL STAFF ASSOCIATION

Patient Access Survey 2018

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Introduction:

The Edmonton Zone Medical Staff Association (EZMSA) carries out an annual survey of physicians in the region with office practices. There are three separate surveys, one for Family Physicians, one for Surgeons (including Obstetrics and Gynecology) and one for non-surgical Specialists (Medicine, Pediatrics and Psychiatry). The survey was sent to all physicians in active practice with whom we had a valid email address/fax number for. This year, 296 responses were received from Family Physicians in the region, 85 from surgical specialists, and 180 from non-surgical specialists. This makes for a total of 561 respondents across all specialties surveyed.

The survey was carried out from September to December 2018. Surveys were emailed in September, October and December and faxed to physician's offices in October. Physicians are asked to provide their names when completing the survey for purposes of avoiding duplicate responses from the same individual. Responses are recorded electronically and names are withheld at this stage. The original questionnaires are destroyed.

Survey Continuity:

The Survey has been carried out annually since 1997. Physicians have been asked the same questions about wait times since the survey began in 1997. Over the years, a number of new questions have been added. From 1999, Family Physicians have been asked whether they deliver babies, work in continuing care institutions and provide home visits.

Beginning in 2002, Family Physicians have been asked whether they hold hospital privileges. In 2003, the question regarding age of Family Physicians was changed from asking their exact age to identifying a range (i.e. 40-44, 45-50). New questions were added asking if respondents work full or part time, whether they manage palliative care patients and the number of walk-in patients in their practice. In 2003, a question was added to the specialist surveys asking respondents to identify the top three problems they experienced in their practice – this year this has been changed to identify a category instead of an exact response. All surveys had additional questions added in 2003 regarding plans for retirement or a significant reduction of clinical practice, job satisfaction and whether they had personally experienced a situation in the preceding year where limited resources compromised patient care.

In 2006, we added a question to the questionnaire for Family Physicians concerning which patient populations they consider 'at risk' and have difficulty finding appropriate services for. The format was changed to identify a category instead of an exact population. The question "Are you accepting new patients" was extended to all physicians, where in the past only family practitioners were asked. In 2007, Obstetricians and Gynecologists were asked about wait times from consultation to surgery for urgent and non-urgent cases.

In 2013, we extended the question "are you experiencing delays in booking diagnostic tests" to Family Physicians.

In 2015, the survey format was changed to an online survey - changing the way we ask some questions. For example, the question to Family Physicians to identify average wait times for specialist referral has been changed to identifying an average wait time range. The question "How frequently do you encounter system details or deficiencies such that patients remain in hospital longer than necessary?" was added to the Medical Specialist questionnaire for those who said "yes" to having hospital privileges. We also added the question "How frequently are ORs cancelled due to system issues such as lack of beds or changes in OR policy?" to the Surgical Specialist questionnaire. The question "Do you sometimes feel the number/complexity of patients you manage is unsafe?" was added to Medical and Surgical Specialist questionnaires. Surgical Specialists were asked about their referral process.

In 2017, we added the question "What survey questions would you like asked if not included in this Patient Access Survey?" to each group. We added 3 questions to the Family Physician questionnaire. We added the question "Do you feel the quality of communication between the medical staff and leadership is sufficient?" and "Are you satisfied with the transitions of care and services?" as well as a 3-part question asking whether

or not Family Physicians manage palliative care patients and if so, a statement selection questions to best describe their practice as well as the question of “If asked, would you be willing to provide palliative care to one of your patients, right until the time of death?” – if yes, what are some frustrations and if no, why not? The question “do you belong to a Primary Care Network” was removed.

This year, the questions “how often are you informed by the treating physician when your patient is treated in an Emergency Department or Urgent Care Facility”, “How often are you informed by the treating physician/team when your patient is discharged from hospital”, “Do you feel the quality of communication with Home Care is adequate?” and “Do you feel the quality of communication with Long Term Care facilities is adequate?” to the Family Physician survey.

Orthopedic Surgeons were asked to identify their surgical specialty/sub-specialty.

Survey results for 1997-2017 are available from EZMSA on request.

General Questions:

Job Satisfaction: This year 85.2% of physicians in all specialties indicated that they are either satisfied or highly satisfied with their work.

2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004
85%	86%	86%	85%	87%	86%	87%	87%	83%	85%	83%	82%	83%	82%	81%

Retirement / Reduction of Clinical Practice: Physicians were asked, in two separate questions, when they planned to retire, as well as whether they planned to substantially reduce the amount of time spent on clinical practice within the next five years. Considering all specialties as a whole, this year 17.6% of physicians plan to retire within the next 5 years.

2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004
18%	15%	17%	13%	15%	16%	16%	16%	11%	14%	13%	14%	12%	12%	9%

A further 28.9% plan to substantially reduce time spent on clinical practice within the next five years. Thus 23.3% of physicians will either retire or substantially reduce the time they spend on clinical practice within the next five years.

2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004
29%	28%	29%	19%	22%	30%	23%	27%	23%	16%	21%	22%	19%	19%	16%

An additional 20.4% of physicians plan to retire in five to ten years.

2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004
20%	24%	22%	24%	25%	27%	23%	24%	24%	20%	23%	21%	21%	21%	19%

And 17.4% of physicians plan to retire in ten to fifteen years.

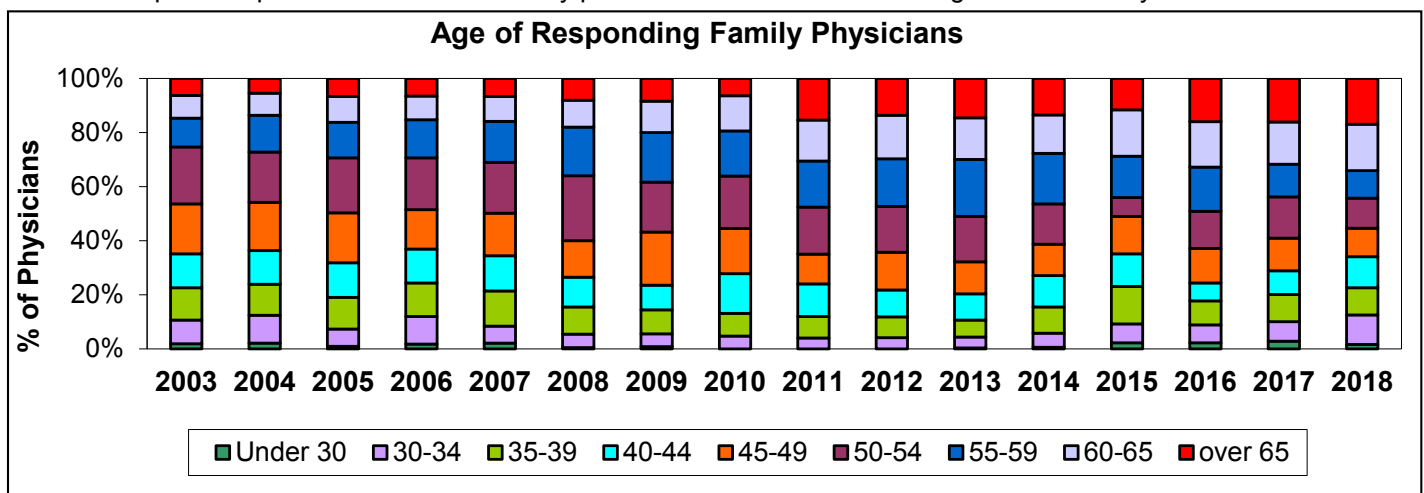
2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004
17%	15%	15%	15%	18%	23%	25%	20%	24%	25%	23%	24%	21%	22%	23%

Safety of Patient Care: All physicians were asked if they had been personally been involved during the past year in one or more situations where they considered that patient care was unsafe due to lack of resources. This year 39.8% of respondents indicated that they had experienced unsafe patient care due to lack of resources.

2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004
40%	48%	53%	48%	52%	47%	47%	43%	52%	57%	57%	48%	51%	44%	50%

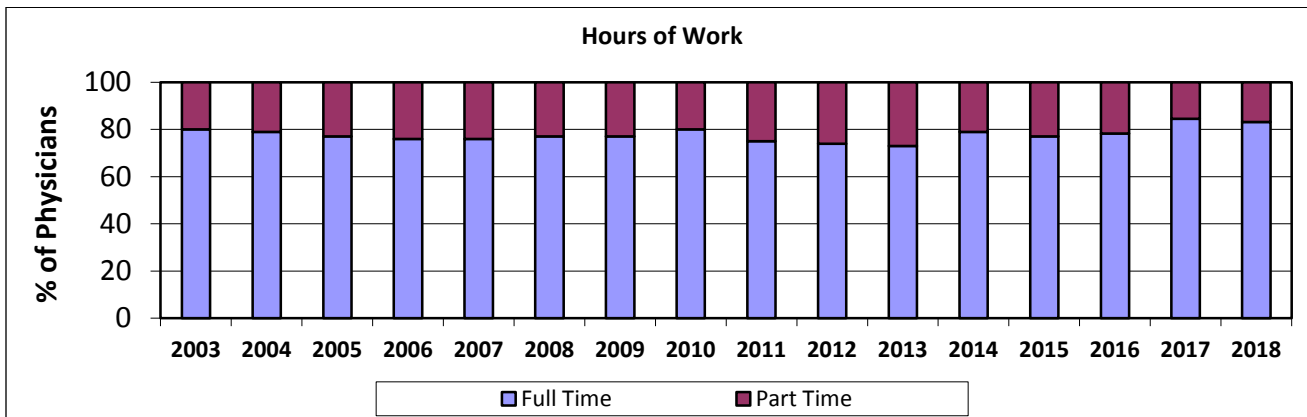
Primary Care:

The most frequent response in 2018 when family practitioners were asked their age was 60 – 65 years.



In 2018, 83.1% of respondents described their practice as full-time.

2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004
83%	85%	78%	77%	79%	73%	74%	75%	80%	77%	75%	76%	75%	76%	79%



In 2018, 3.5% of respondents worked in walk-in clinics (defined as taking at least 90% of patients on a walk-in basis).

2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004
4%	4%	5%	5%	3%	4%	5%	4%	5%	7%	8%	8%	8%	8%	9%

This year, 78.3% of respondents reported that 10% or less of their daily caseload consisted of walk-in patients.

2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004
78%	86%	82%	85%	82%	74%	80%	79%	75%	66%	80%	80%	76%	77%	77%

Are you accepting new patients?

This year the number of family practitioners accepting new patients without any restrictions was 18.6%.

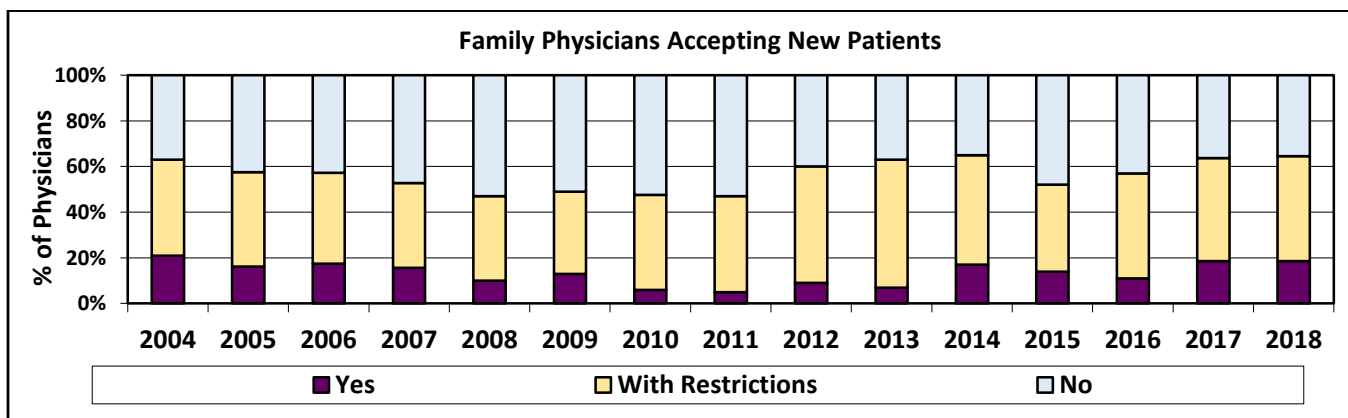
2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004
19%	19%	11%	14%	17%	7%	9%	5%	6%	13%	10%	16%	17%	17%	21%

In 2018, 46.0% of family practitioners surveyed were not accepting any new patients.

2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004
46%	36%	43%	38%	35%	56%	51%	53%	53%	51%	53%	47%	42%	42%	37%

This year, 35.5% of family practitioners were accepting new patients with restrictions. The majority of those restricting patients accept new patients by association.

2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004
36%	45%	46%	48%	48%	37%	40%	42%	42%	36%	37%	37%	40%	41%	42%

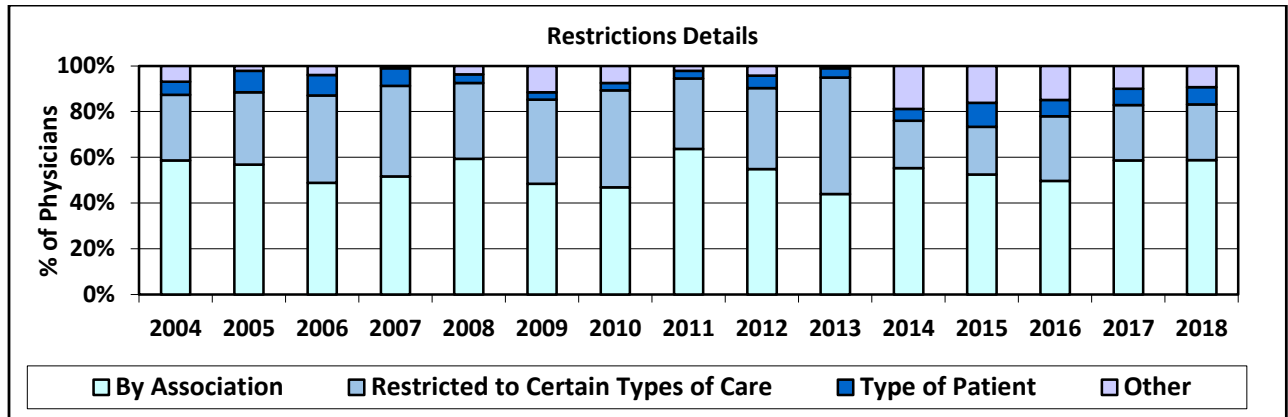


Details on restrictions:

By association: 66.7% of respondents with restrictions on accepting new patients accepted patients by association. This included family and friends of existing patients and referrals (e.g. referrals from other physicians or the emergency department).

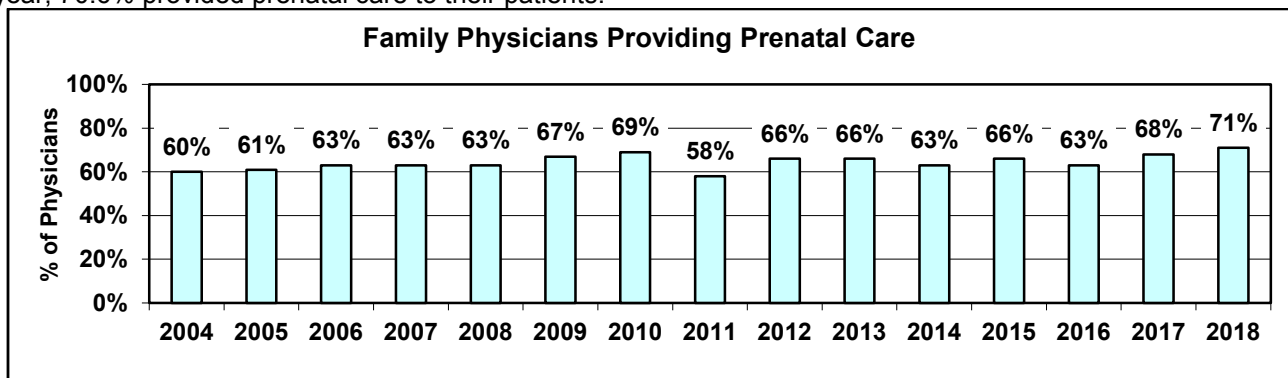
Restricted to certain types of care: 27.6% of physicians restricting their practice indicated they accepted new patients for certain types of care, including: prenatal care, sports medicine, cancer, HIV positive patients, geriatric consults, and psychotherapy). These physicians may also have other conditions in which they accept a new patient, such as the family members of existing patients.

Type of patient: 8.6% of physicians restricted their practice to certain segments of society. They may work with an alternate funding plan or on salary to look after the health needs of a specific population, (e.g. university staff and medical students).

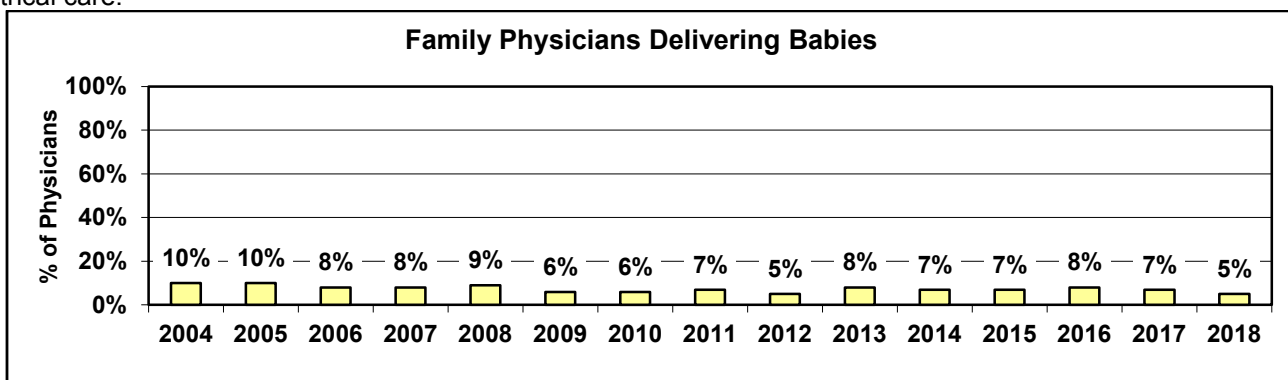


Scope of Practice:

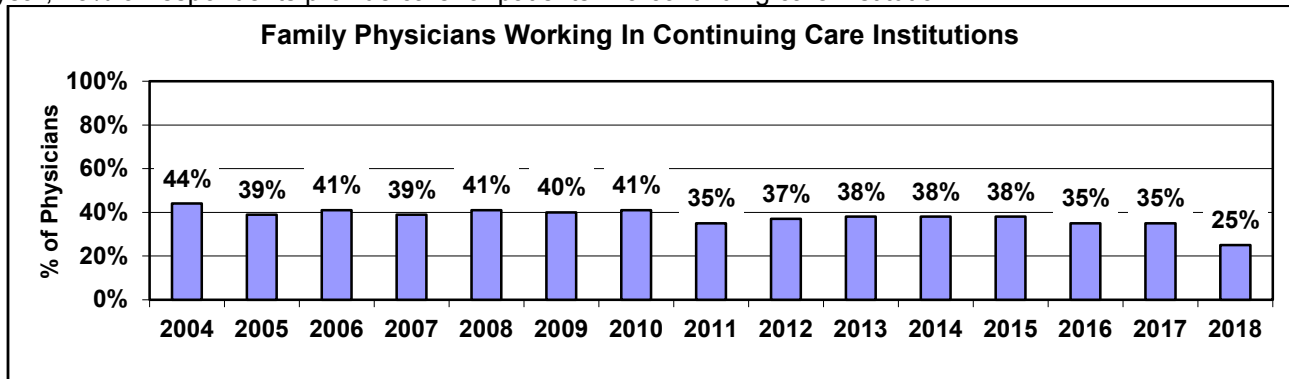
This year, 70.6% provided prenatal care to their patients.



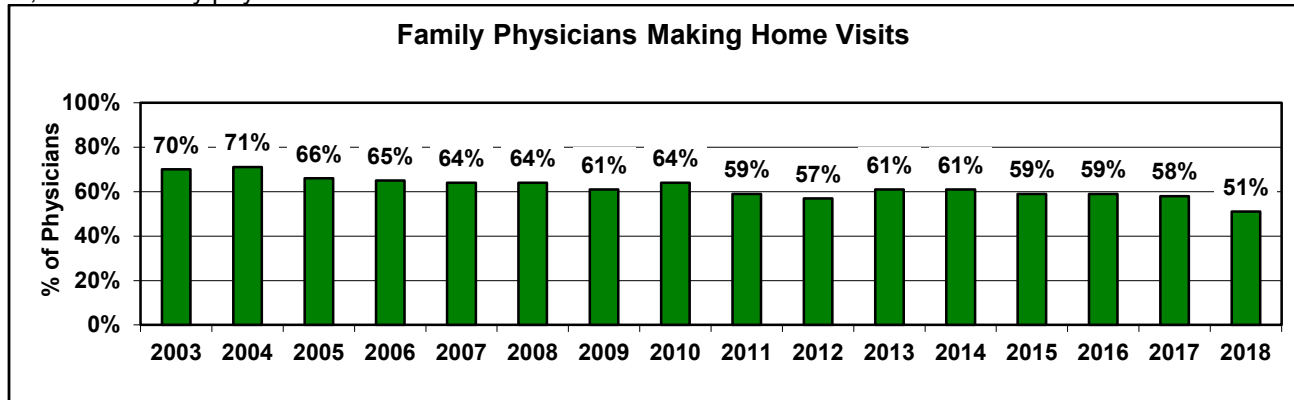
In 2018, 5% of family physicians delivered babies with some family physicians devoting their practice exclusively to obstetrical care.



This year, 25% of respondents provide care for patients in a continuing care institution.

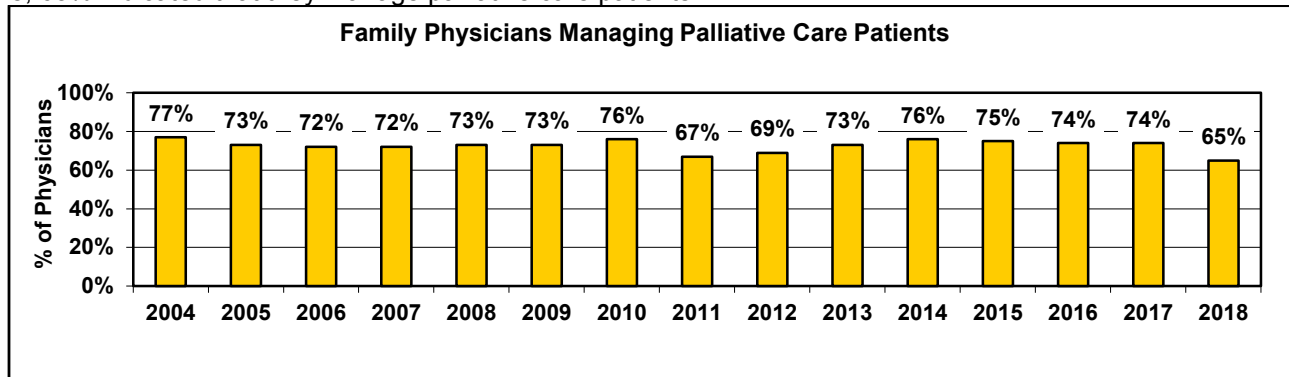


In 2018, 51% of family physicians made home visits.



Palliate Care: Starting in 2017, we asked an additional 3 questions to Family Physicians who provide palliative care.

In 2018, 65% indicated that they manage palliative care patients.



We added the question “**Which statement best describes your primary practice**” for those who indicated that they manage palliative care patients. This year, 186 Family Physicians responded with the following:

Description	2017	2018	Respondents
Family Practice NOT including palliative care as part of primary practice	12.6%	21.6%	40
Family practice including palliative care as part of primary practice	83.1%	75.1%	139
Focused practice	6.6%	3.8%	7

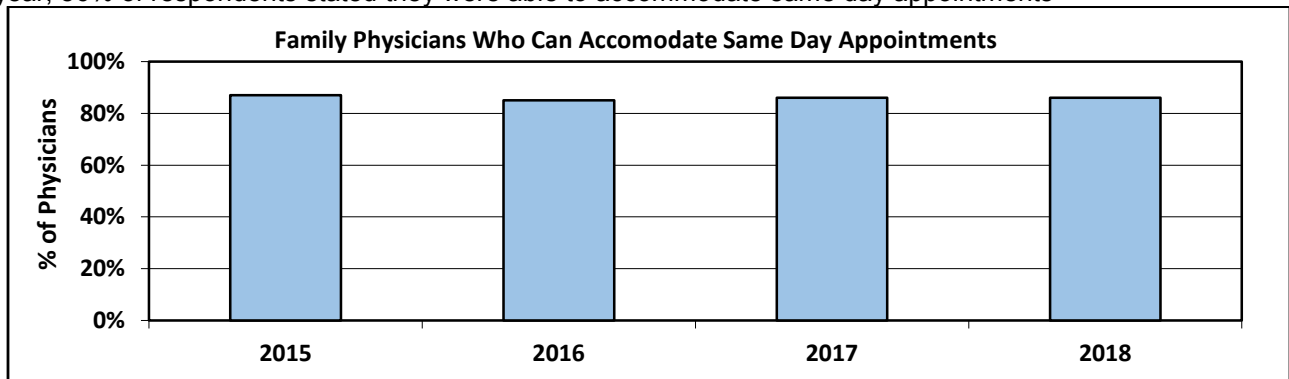
We asked those who indicated they manage palliative care patients if they **would be willing to provide palliative care right until the time of death**. This year, 88.2% of Family Physicians responded with yes and 11.8% responded with no. We then asked those who responded yes to share some frustrations with this if they had any, as well as, we asked those who responded no, as to why not.

The most frequently mentioned frustrations with providing palliative care right until the time of death were: Lack of time, lack of remuneration, providing home visits, lack of resources for palliative and home care, away coverage, medication availability and coverage, communication with Home Care and palliative/hospice beds.

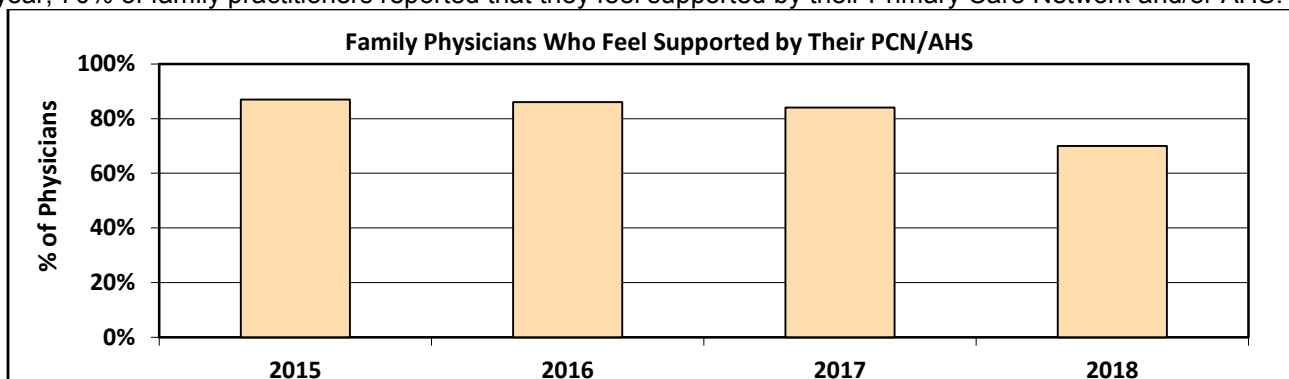
The most frequently mentioned reasons for not providing palliative care right until the time of death were: we have good support from Palliative Care Team, Home Care Team and hospice for this already. Providing home visits, time, and unrealistic demands were listed.

Starting in 2015, we asked family practitioners if they could **accommodate same day appointments**, as well as whether or not they feel **supported by their Primary Care Network** and if they have **after hours access arrangements for their patients**. In 2017, we changed the question “Do you feel supported by your Primary Care Network” to “Do you feel supported by a PCN and/or AHS”.

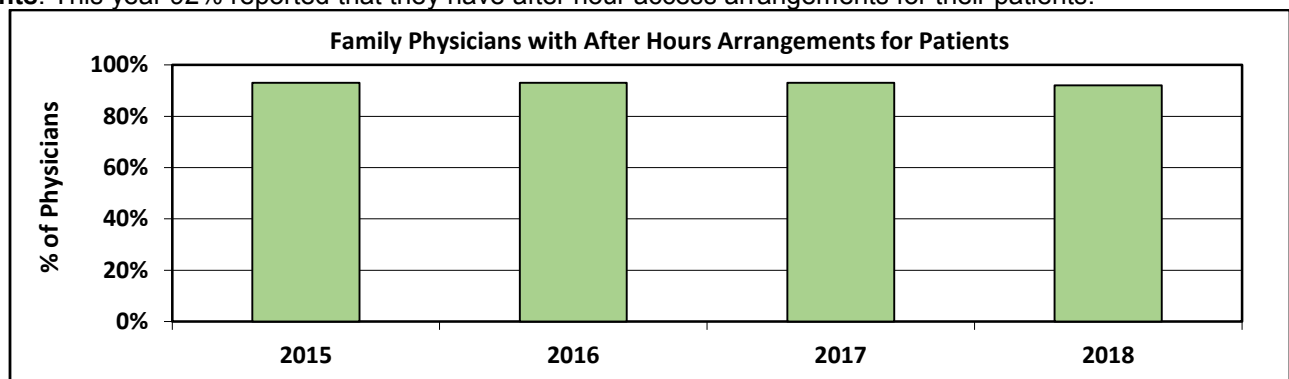
This year, 86% of respondents stated they were able to accommodate same day appointments



This year, 70% of family practitioners reported that they feel supported by their Primary Care Network and/or AHS.



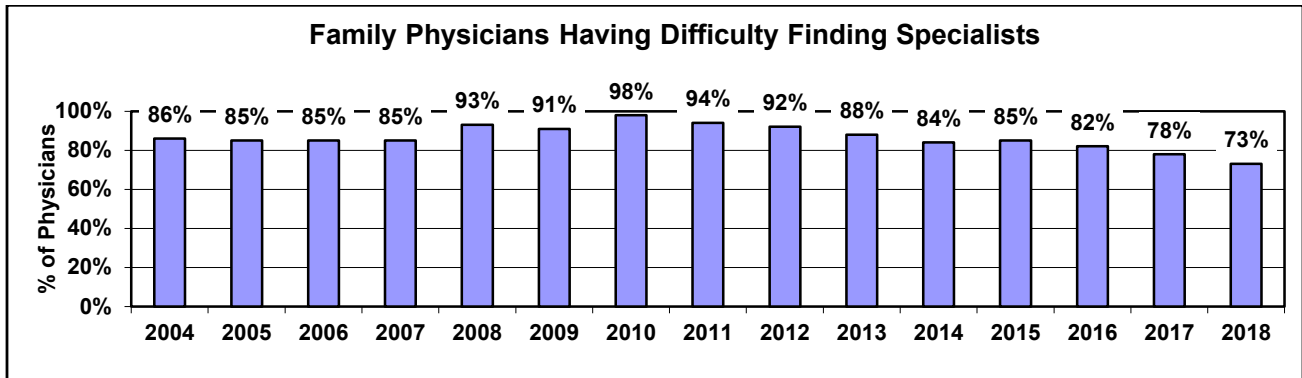
Since we began asking in 2015, **whether or not Family Physicians have after hour access arrangements for their patients**. This year 92% reported that they have after hour access arrangements for their patients.



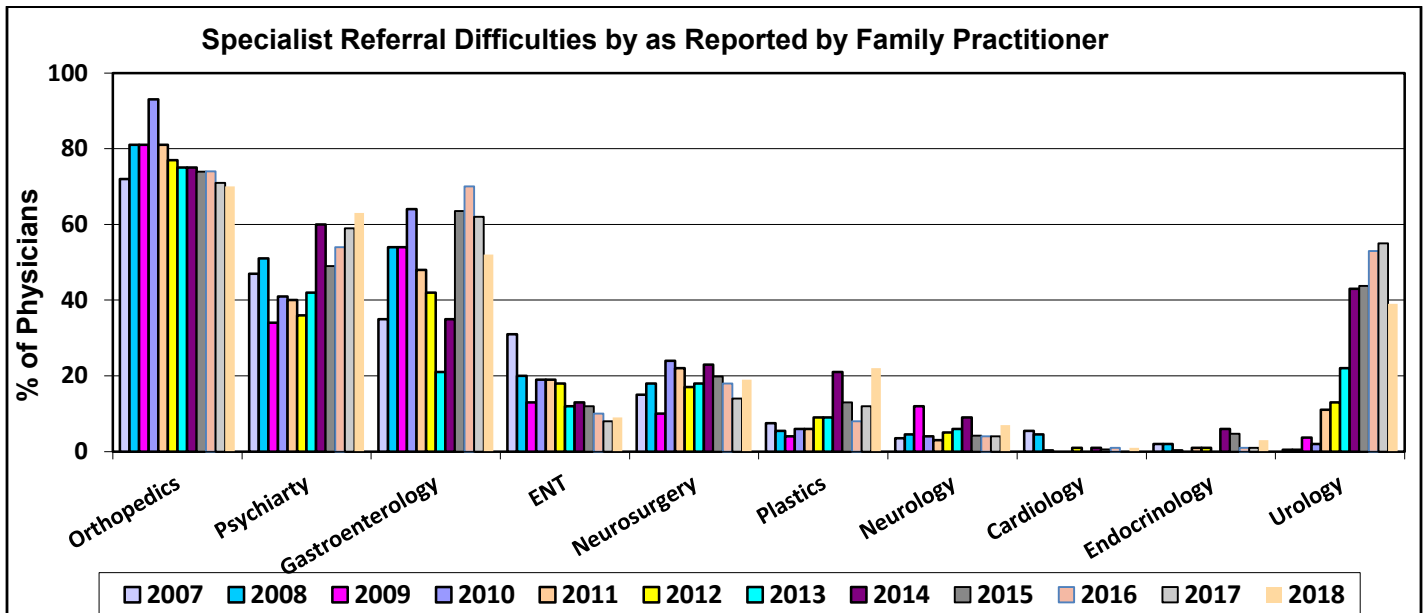
In 2017, we began asking Family Physicians if they **feel the quality of communication between the medical staff and leadership is sufficient** and whether or not they are **satisfied with the transitions of care and services**. In 2018 63%, 2017: 63% of Family Physicians felt that the quality of communication between the medical staff and leadership is sufficient, while 37% felt that it was not. In 2018: 52%, 2017: 44% of Family Physicians felt satisfied with the transitions of care and services.

Accessing specialists:

Family physicians continued to report difficulty in arranging referrals with specialists; however, the overall percentage of Family Physicians having difficulty has been decreasing since 2010. 73% of respondents this year indicated they had experienced difficulty finding physicians accepting referrals, while 98% had reported difficulties in 2010.

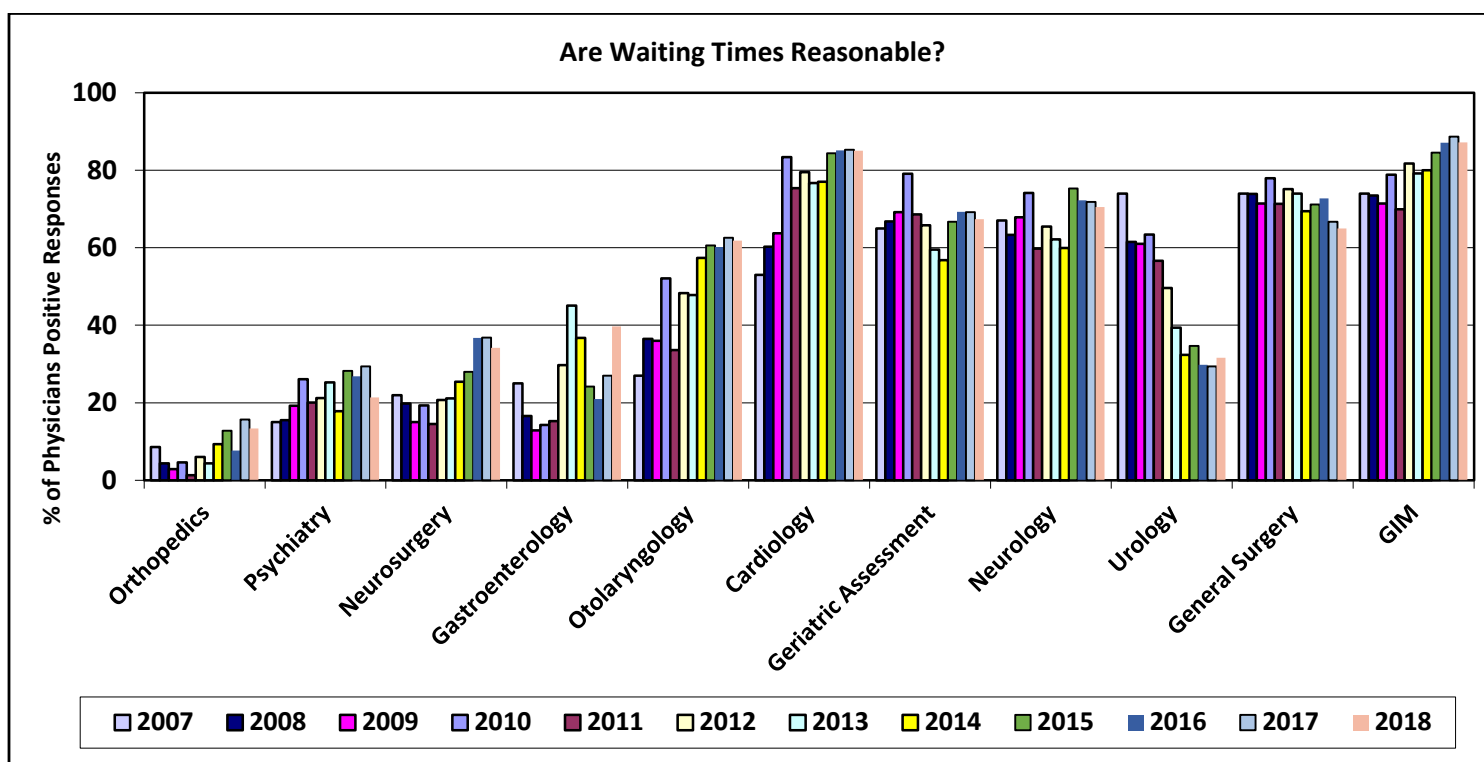


Family Physicians were asked to identify the three specialities where they experienced the most difficulties finding specialists accepting referrals. This year, Orthopedics was most frequently mentioned (126 responses), followed by Psychiatry (113 responses), Gastroenterology (94 responses) then followed by Urology (71 responses). Some Family Physicians identified that they are unable to refer to Psychiatry, Neurosurgery, and Orthopedics.



The table below indicates that a majority of respondents consider waiting times for referral to Orthopedics, Gastroenterology, Psychiatry, Urology and Neurosurgery to be unacceptable. Wait times for Cardiology, Geriatric Assessment, Neurology, General Surgery and Otolaryngology General Internal Medicine were considered acceptable by a majority of respondents.

Percentage of Family Physicians who consider wait times for referral acceptable. (Numbers in percentage %)													
	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006
Orthopedics	13.4	15.7	7.7	12.8	9.3	4.4	6.0	1.3	4.6	2.9	4.4	8.6	6.3
Psychiatry	21.4	29.4	26.8	28.2	17.8	25.3	21.2	20.1	26.1	19.2	15.5	15	12.3
Neurosurgery	34.2	36.8	36.7	28.0	25.4	21.1	20.7	14.5	19.3	15.0	19.8	22	23.9
Gastroenterology	39.4	27.0	21.0	24.2	36.7	45.1	29.7	15.3	14.3	12.9	16.6	25	31.5
Otolaryngology	60.8	62.6	60.2	60.6	57.4	47.8	48.3	33.6	52.1	36.0	36.5	27	36.4
Cardiology	85.0	85.3	85.1	84.4	77.0	76.7	79.5	75.4	83.4	63.7	60.3	53	57.3
Geriatric Assess.	67.4	69.2	69.3	66.7	56.8	59.5	65.8	68.6	79.1	69.2	66.8	65	66.8
Neurology	70.5	71.8	72.2	75.3	59.9	62.2	65.5	59.8	74.1	67.9	63.3	67	65.6
Urology	31.6	29.4	29.8	34.7	32.4	39.4	49.6	56.6	63.4	61.0	61.5	74	75.3
General Surgery	65.0	66.7	72.7	71.2	69.4	74.0	75.1	71.3	77.9	71.4	73.9	74	76.6
General Internal Medicine (GIM)	87.2	88.7	87.1	84.5	80.0	79.2	81.7	69.9	78.8	71.4	73.5	74	76.6



Family physicians working in acute care hospitals:

Family physicians care for patients in acute care hospitals in several capacities. They may care for their own patients when admitted to the hospital at which they have privileges, and/or they may care for patients who are admitted who do not have a community family physician or whose family physician does not admit to that hospital. Some family physicians work as hospitalists or in designated family medicine units; some assist at surgery, and some of the respondents do obstetrical deliveries. Some office-based family physicians also work part-time in emergency departments.

This year 34.1% of respondents had hospital privileges.

2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004
34%	45%	50%	56%	56%	46%	44%	47%	48%	51%	49%	49%	45%	47%	49%

This year 10.5% of respondents had resigned their privileges.

2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004
11%	8%	10%	4%	6%	7%	6%	5%	7%	6%	9%	9%	11%	9%	12%

This year 55.4% of respondents stated they did not have privileges.

2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004
55%	46%	40%	39%	38%	47%	50%	47%	45%	43%	42%	42%	44%	43%	39%

Family physician job satisfaction:

This year 86.0% of family physicians who responded to the question about job satisfaction indicated that they were satisfied or highly satisfied.

2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004
86%	87%	88%	88%	91%	88%	87%	87%	82%	83%	76%	75%	75%	75%	70%

This year, 10.1% of respondents felt they were neutral.

2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004
10%	8%	8%	9%	7%	8%	10%	11%	15%	13%	18%	16%	19%	18%	24%

This year, 3.7% found their work unsatisfying or highly unsatisfying.

2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004
4%	6%	4%	3%	3%	4%	3%	2%	4%	4%	6%	9%	6%	7%	6%

At-risk patient populations:

Family Physicians were “What two patient populations do you consider to be at greatest risk and for whom you have difficulty providing care or finding appropriate services?” This year, 283 physicians responded to this question. Of these, 259 identified two populations, and 24 identified only one population for a total of 542 responses.

Responses have been placed into broad categories and the most frequent responses are listed below as a percentage of physicians who chose that answer. These categories include more limited patient populations within them.

Patients with mental illness or needing psychiatric care: In 2018, there were 195 responses or 69%.

2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006
69%	65%	54%	31%	32%	28%	24%	25%	23%	22%	43%	50%	30%

Elderly: In 2018, there were 69 responses or 24%.

2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006
24%	30%	26%	12%	19%	21%	24%	22%	18%	24%	56%	48%	24%

Patients needing specialist referral: In 2018, there were 44 responses or 16%.

2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006
16%	25%	54%	23%	18%	15%	16%	16%	21%	19%	13%	17%	12%

Patients with chronic pain, back pain or requiring surgery: In 2018, there were 102 responses or 36% (Number of responses until 2016).

2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006
36%	38%	40%	60	43	15	19	21	12	10	14	24	26

Other frequently mentioned populations	% of Responses (Number of Responses until 2016)											
	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007
Low Income, Inner City, Working Poor or Poor and Homeless patients	16%	11%	26	27	16	20	24	26	21	16	12	11
Patients of Aboriginal ethnicity	3%	3%	4	6	4	9	11	9	10	5	7	6
Immigrants	3%	1%	4	6	6	2	7	8	8			
Patients with addictions	25%	22%	32	9	21	14	25	12	14			

This year, the following four questions were added to the family physician survey.

“How often are you informed by the treating physician when your patient is treated in an Emergency Department or Urgent Care Facility?” Every time, 26 responses or 9%; Most of the time, 158 responses or 55%; Rarely, 87 responses or 30%; Never, 15 responses or 5%.

“How often are you informed by the treating physician/team when your patient is discharged from hospital?” Every time, 30 or 11%; Most of the time, 153 responses or 54%; Rarely, 93 responses or 33%; Never, 10 responses or 4%.

“Do you feel the quality of communication with Home Care is adequate?” 180 Responses or 65% responded that communication was adequate meanwhile, 98 responses or 35% said communication was not adequate.

“Do you feel the quality of communication with Long Term Care facilities is adequate?” 152 responses or 60% said communication was adequate and 101 responses or 40% said communication was not adequate.

Specialist Services:

Number of responses to medical specialists survey, by specialty

Specialty	Number of Responses	Specialty	Number of Responses
Cardiology	11	Nephrology	4
Critical Care	7	Neurology	4
Dermatology	3	Oncology	2
Endocrinology and Metabolism	10	Pediatrics	18
Gastroenterology	3	Physical Medicine and Rehabilitation	1
General Internal Medicine	18	Psychiatry	20
Geriatric Medicine	6	Respiratory Medicine	10
Infectious Diseases	5	Rheumatology	5
		Other	51

Number of responses to surgical specialists survey, by specialty:

Surgical Specialty	Number of Responses	Surgical Specialty	Number of Responses
Cardiovascular	0	Otolaryngology	1
General Surgery	12	Plastic Surgery	5
Neurosurgery	4	Thoracic	1
Obstetrics and Gynecology	20	Urology	5
Ophthalmology	6	Vascular Surgery	2
Orthopedics	17	Other	13

This year, Orthopedic Surgeons were asked what their specialty/subspecialty is:

	Number of Responses		Number of Responses
Spinal disorders including deformity correction	3	Pediatric disorder	2
Primary and revision total joint arthroplasty	6	Foot and ankle disorders	2
Complex fracture care	4	Wrist and elbow disorders	0
Arthroscopy/knee and should reconstruction	5	Musculoskeletal oncology	2
Athletic injuries	1		

Surgical Specialists

Starting in 2006, specialists have been asked if they are accepting new patients. This year, 70 surgeons responded to the question.

	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006
Accepting New Patients Without Restrictions	70%	69%	62%	65%	67%	71%	76%	75%	65%	70%	71%	76%	64%
Restrictions on Practice	29%	26%	31%	30%	28%	25%	33%	25%	34%	27%	25%	23%	34%
Not Accepting New Patients	1%	5%	7%	5%	5%	3%	1.5%	0%	1.6%	2.3%	4%	1.4%	2.6%

Specialists Accepting New Patients:

Specialty	% of Specialists accepting new patients without any restrictions											
	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	
Cardiology	90	53	73	69	57	100	92	100	100	100	95	
Cardiovascular and Thoracic	-	100	100	75	100	100	100	100	100	100	100	
Dermatology	66	71	100	60	60	100	100	100	88	100	100	
Endocrinology and Metabolism	90	71	100	80	67	50	100	100	100	100	57	
Gastroenterology	66	36	69	22	60	67	71	31	46	40	56	
General Internal Medicine	44	61	50	67	61	100	100	100	100	75	33	
General Surgery	90	82	89	67	33	92	90	100	86	100	94	
Infectious Diseases	40	25	43	50	50	60	100	83	75	83	82	
Nephrology	100	83	38	80	100	100	100	100	80	75	91	
Neurology	100	50	56	65	53	75	79	92	81	67	79	
Neurosurgery	100	71	75	100	100	100	56	75	86	67	67	
Obstetrics & Gynecology	75	88	60	90	68	75	84	90	66	64	85	
Ophthalmology	83	88	56	60	62	75	62	62	86	74	57	
Orthopedics	50	60	30	47	61	39	53	44	24	48	39	
Otolaryngology	100	100	67	75	100	100	100	100	100	75	78	
Pediatrics	66	44	55	43	50	71	51	60	58	66	58	
Physical Medicine & Rehab.	100	50	50	100	100	100	100	0	67	100	63	
Plastic Surgery	40	50	100	75	86	67	75	100	50	86	70	
Psychiatry	25	11	14	38	24	41	49	38	28	31	35	
Respiratory Medicine	75	64	77	57	55	100	86	63	50	56	53	
Rheumatology	100	67	100	83	83	100	80	100	83	100	63	
Urology	60	88	80	100	63	63	60	67	50	80	83	
Vascular Surgery	50	100	75	67	67	0	100	100	50	100	100	

Specialty	% of Specialists accepting new patients with restrictions										
	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008
Cardiology	10	47	27	31	14	0	8	0	0	0	0
Cardiovascular and Thoracic	-	0	0	25	0	0	0	0	0	0	0
Dermatology	33	29	0	20	40	0	0	0	12	0	0
Endocrinology and Metabolism	10	14	0	20	33	50	0	0	0	0	43
Gastroenterology	66	55	23	67	20	22	14	44	36	20	25
General Internal Medicine	31	17	29	22	28	0	0	0	0	25	67
General Surgery	0	18	0	17	22	8	10	0	14	0	6
Infectious Diseases	40	50	57	50	25	40	0	17	25	17	18
Nephrology	0	0	38	20	0	0	0	0	20	25	9
Neurology	0	38	38	35	37	19	21	8	19	33	21
Neurosurgery	0	14	25	35	0	0	44	25	14	33	33
Obstetrics & Gynecology	25	13	30	0	32	25	16	10	34	32	15
Ophthalmology	17	13	33	40	38	25	31	38	14	26	33
Orthopedics	50	35	65	47	33	50	47	56	71	52	52
Otolaryngology	0	0	33	25	0	0	0	0	0	25	22
Pediatrics	33	52	45	50	40	29	41	38	31	27	35
Physical Medicine & Rehab.	0	50	50	0	0	0	0	0	33	0	38
Plastic Surgery	60	50	0	25	14	33	25	0	33	14	30
Psychiatry	25	59	57	43	58	44	39	41	52	44	52
Respiratory Medicine	25	36	23	43	36	0	14	25	50	44	41
Rheumatology	0	33	0	17	0	0	0	0	17	0	38
Urology	40	13	20	0	38	25	30	33	42	20	17
Vascular Surgery	50	0	25	33	33	100	0	0	50	0	0

Specialty	% of Specialists who are not currently accepting new patients										
	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008
Cardiology	0	0	0	0	29	0	0	0	0	0	5
Cardiovascular and Thoracic	-	0	0	0	0	0	0	0	0	0	0
Dermatology	0	0	0	20	0	0	0	0	0	0	0
Endocrinology and Metabolism	0	14	0	0	0	0	0	0	0	0	0
Gastroenterology	0	9	8	11	20	11	14	25	18	40	19
General Internal Medicine	25	22	21	11	11	0	0	0	0	0	0
General Surgery	10	0	11	0	44	0	0	0	0	0	0
Infectious Diseases	20	25	0	0	25	0	0	0	0	0	0
Nephrology	0	17	25	0	0	0	0	0	0	0	0
Neurology	0	13	6	0	11	6	0	0	0	0	0
Neurosurgery	0	14	0	0	0	0	0	0	0	0	0
Obstetrics & Gynecology	0	0	10	10	0	0	0	0	0	4	0
Ophthalmology	0	0	11	0	0	0	8	0	0	0	10

Specialty	% of Specialists who are not currently accepting new patients										
	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008
Orthopedics	0	5	5	6	6	11	0	0	6	0	9
Otolaryngology	0	0	0	0	0	0	0	0	0	0	0
Pediatrics	0	7	0	7	10	0	8	2	11	6	8
Physical Medicine & Rehab.	0	0	0	0	0	0	0	100	0	0	0
Plastic Surgery	0	0	0	0	0	0	0	0	17	0	0
Psychiatry	50	30	29	19	18	16	12	22	21	25	13
Respiratory Medicine	0	0	0	0	9	0	14	13	0	0	6
Rheumatology	0	0	0	0	17	0	20	0	0	0	0
Urology	0	0	0	0	0	13	10	0	17	0	0
Vascular Surgery	0	0	0	0	0	0	0	0	0	0	0

Surgeons were asked to identify the top three problems that they experienced in delivering patient care. Some respondents provided only one or two problems. According to the responses this year, the "top three" problems were:

1. Insufficient Time in OR/Endo/Cardiac Cath
2. Workload/Patient Acuity
3. Wait Times (including outpatient procedures)

"Top 3" problems Identified by Surgeons

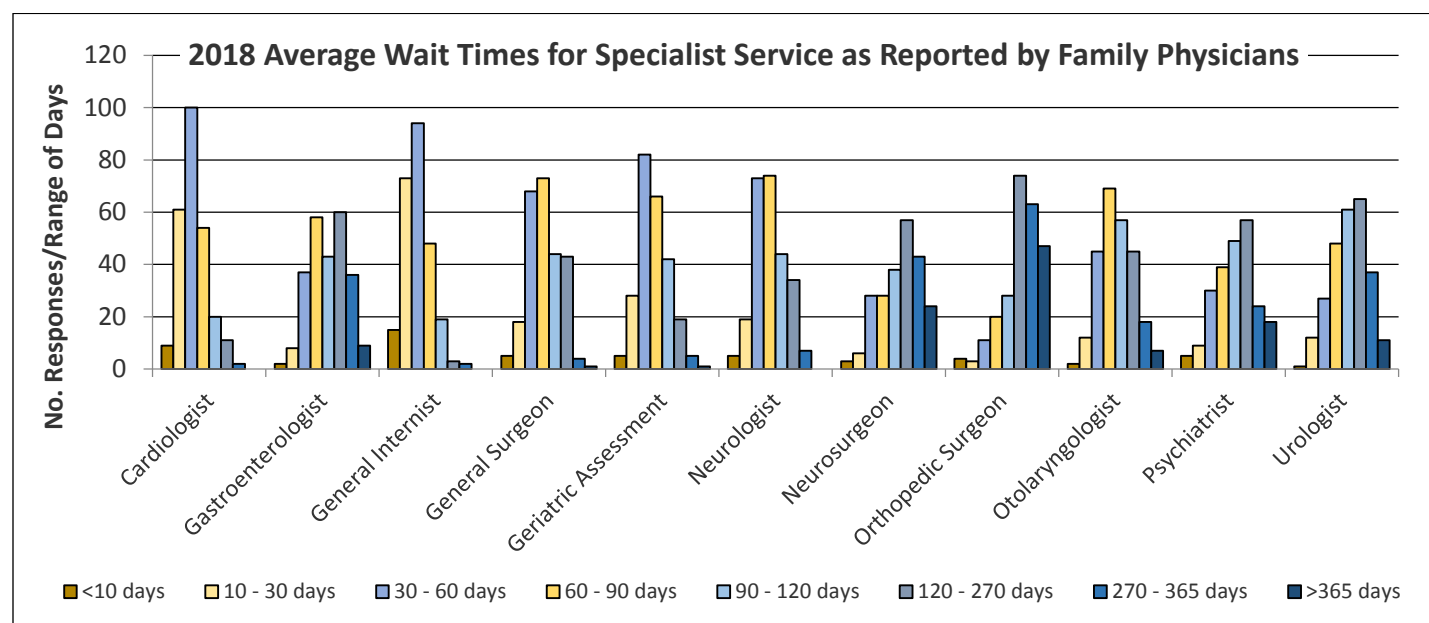
Problem	Responses												
	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006
OR/Endo/Cardiac Cath Lab Time	32	48	54	46	46	57	55	84	57	41	68	58	93
Bed Shortages: Acute, Sub-Acute, ALC	19	21	32	27	31	13	13	39	19	25	44	24	54
Diagnostics: Delays/Unavailable	11	22	10	14	12	23	31	24	38	39	23	32	52
Physician Workload, Patient Acuity	15	30	25	22	27	26	41	47	39	40	37	39	42
System Problems and Inefficiencies	14	20	27	16	15	14	16	14	6	10	8	14	22
Nursing, Allied Professions and Support Staff Shortages	14	14	20	16	22	7	20	19	15	12	20	20	20
Consultation with other Specialists/Referrals	13	7	11	5	9	8	16	14	12	20	18	10	13
Clinics/Outpatient Resources	10	4	11	14	17	13	9	11	8	9	12	7	13
Lack of program Resources	14	15	16	2	2	7	12	12	16	14	1	0	5
Inadequate OR Facilities/Equipment	14	8	7	14	17	3	8	11	13	5	2	5	5
Lack of Primary Health Care Providers	5	5	4	11	12	1	1	6	4	4	1	4	5
Wait Times Including Outpatient Procedures	21	26	25	21	25	-	-	-	-	-	-	-	-
Other: Lack of Health Care Coverage, Patients Not Keeping Appointments, Patient Expectations	8	9	2	9	13	14	16	16	13	17	18	14	12

Specialist referral wait times:

Average wait time (in days) for specialist services following Family Practitioner Referral as reported by Family Physicians.

The table below indicates the individual responses for 2018

2018	<10 days	10 - 30 days	30 - 60 days	60 - 90 days	90 - 120 days	120 - 270 days	270 - 365 days	>365 days
Cardiologist	9	61	100	54	20	11	2	0
Gastroenterologist	2	8	37	58	43	60	36	9
General Internist	15	73	94	48	19	3	2	0
General Surgeon	5	18	68	73	44	43	4	1
Geriatric Assessment	5	28	82	66	42	19	5	1
Neurologist	5	19	73	74	44	34	7	0
Neurosurgeon	3	6	28	28	38	57	43	24
Orthopedic Surgeon	4	3	11	20	28	74	63	47
Otolaryngologist	2	12	45	69	57	45	18	7
Psychiatrist	5	9	30	39	49	57	24	18
Urologist	1	12	27	48	61	65	37	11



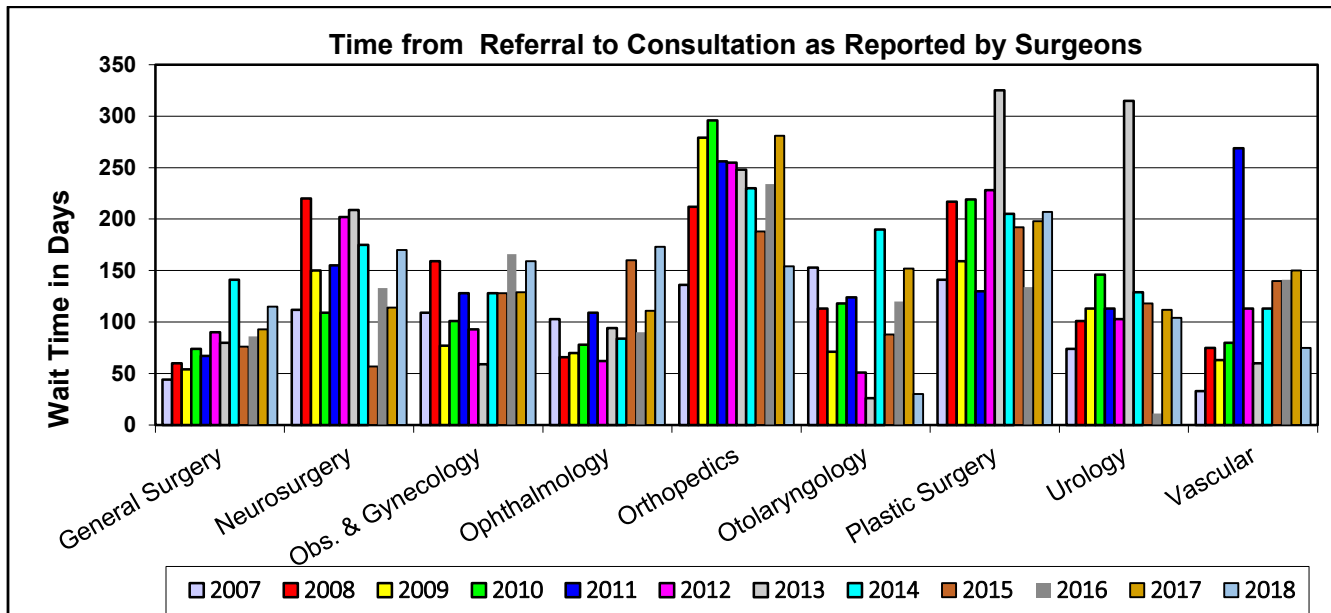
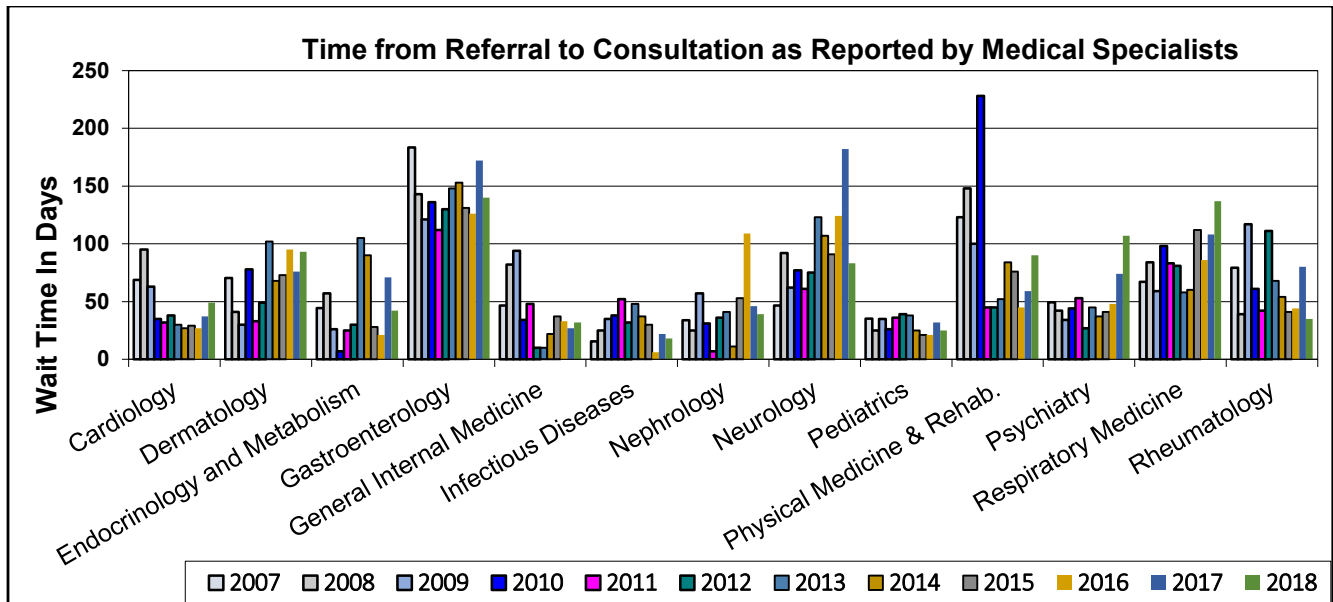
The table below indicates the average number of days from 2005 – 2018 with the addition of new data shown in the highest number of responses for the range of days for each specialist as reported by Family Physicians.

	Range of days as reported by Family Physicians													
	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005
Cardiology	30-60	30-60	30-60	30-60	30-60	59	59	65	52	61	73	74	73	74
Gastroenterology	120-270	90-120	120-270	120-270	90-120	112	153	169	181	176	115	133	115	113
General Internal Medicine	30-60	30-60	10-30	30-60	30-60	54	53	70	56	55	54	54	54	47
General Surgery	60-90	30-60	60-90	30-60	60-90	72	68	80	64	63	51	59	51	48
Geriatric Assessment	30-60	30-60	30-60	60-90	30-60	77	72	63	57	54	64	63	64	58
Neurology	60-90	60-90	30-60	30-60	30-60	92	88	89	74	66	72	70	72	68

	Range of days as reported by Family Physicians													
Neurosurgery	120-270	120-270	120-270	90-120	270-365	194	185	223	229	198	180	175	180	180
Orthopedics	270-365	120-270	270-365	120-270	>365	285	282	320	296	274	218	239	218	211
Otolaryngology	60-90	60-90	60-90	90-120	90-120	114	126	149	118	133	122	145	122	109
Psychiatry	120-270	120-270	120-270	120-270	120-270	151	146	150	138	125	136	150	154	141
Urology	120-270	120-270	90-120	90-120	90-120	112	101	100	77	72	66	67	62	66

Average Wait Time (in days) from Family Physician Referral to Consultation, as reported by Specialists

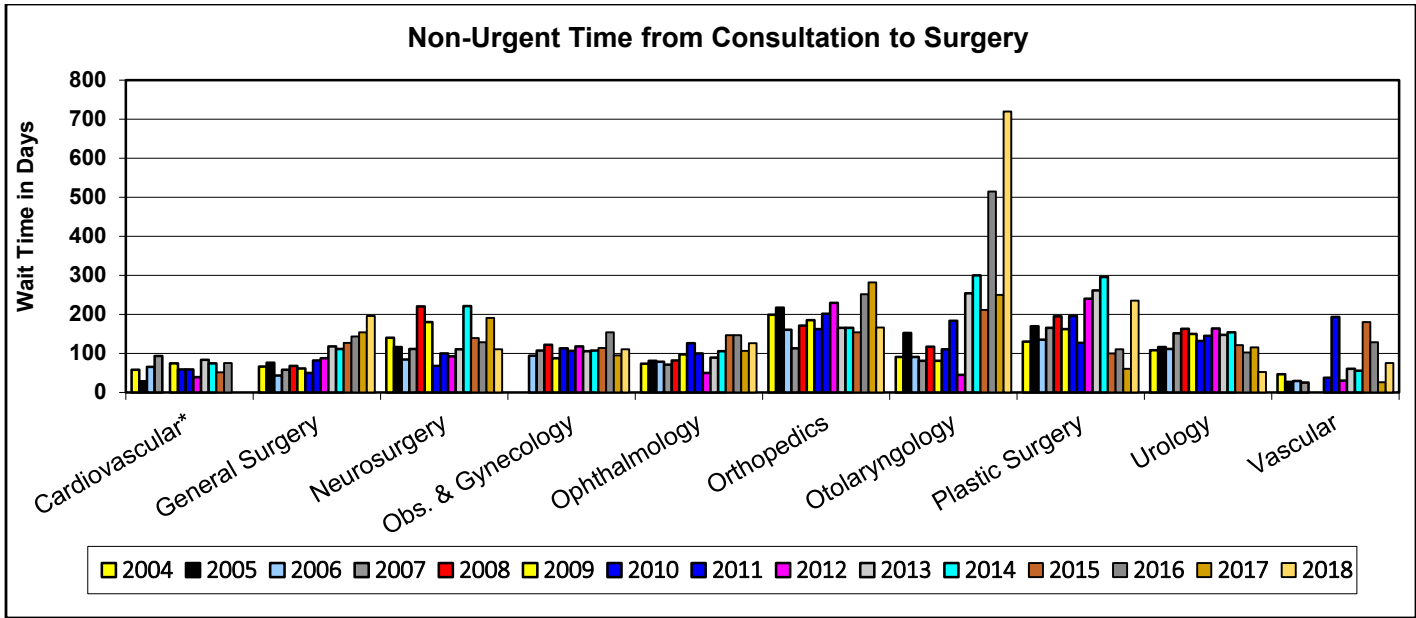
	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005
Cardiology	49	37	27	29	27	30	38	32	35	63	95	69	74	74
Dermatology	93	76	95	73	68	102	49	33	78	30	41	70	35	49
Endocrinology & Metabolism	42	71	21	28	90	105	30	25	7	26	57	44	66	113
Gastroenterology	140	172	128	131	153	148	130	112	136	121	143	183	138	98
General Internal Medicine	32	27	33	37	22	10	10	48	34	94	82	46	43	28
General Surgery	115	93	86	76	141	80	90	67	74	54	60	44	43	58
Infectious Diseases	18	22	6	30	37	48	32	52	38	35	25	16	54	49
Nephrology	39	46	109	53	11	41	36	7	31	57	25	39	49	41
Neurology	83	182	124	91	107	123	75	61	77	62	92	47	59	55
Neurosurgery	170	114	133	57	175	209	202	155	109	150	220	112	145	186
Obstetrics & Gynecology	159	129	166	128	128	59	93	128	101	77	159	109	116	47
Ophthalmology	173	111	90	160	84	94	62	109	78	70	66	103	85	99
Orthopedics	154	281	234	188	230	248	255	256	281	279	212	136	180	174
Otolaryngology	30	152	120	88	190	26	51	124	50	71	113	153	93	88
Pediatrics	25	32	21	21	25	38	39	36	26	35	25	35	34	50
Physical Medicine & Rehab.	90	59	45	76	84	52	45	45	228	100	148	123	83	75
Plastic Surgery	207	198	134	192	205	325	228	130	219	159	217	141	121	118
Psychiatry	107	74	48	41	37	45	27	53	44	34	42	49	44	49
Respiratory Medicine	137	108	86	112	60	58	81	83	98	59	84	67	85	78
Rheumatology	35	80	44	41	54	68	111	42	61	117	39	79	91	71
Urology	104	112	111	118	129	315	103	113	146	113	101	74	63	70
Vascular Surgery	75	150	141	140	113	60	113	269	80	63	75	33	45	23



Consultation to surgery, Non-Urgent, as reported by Surgeons

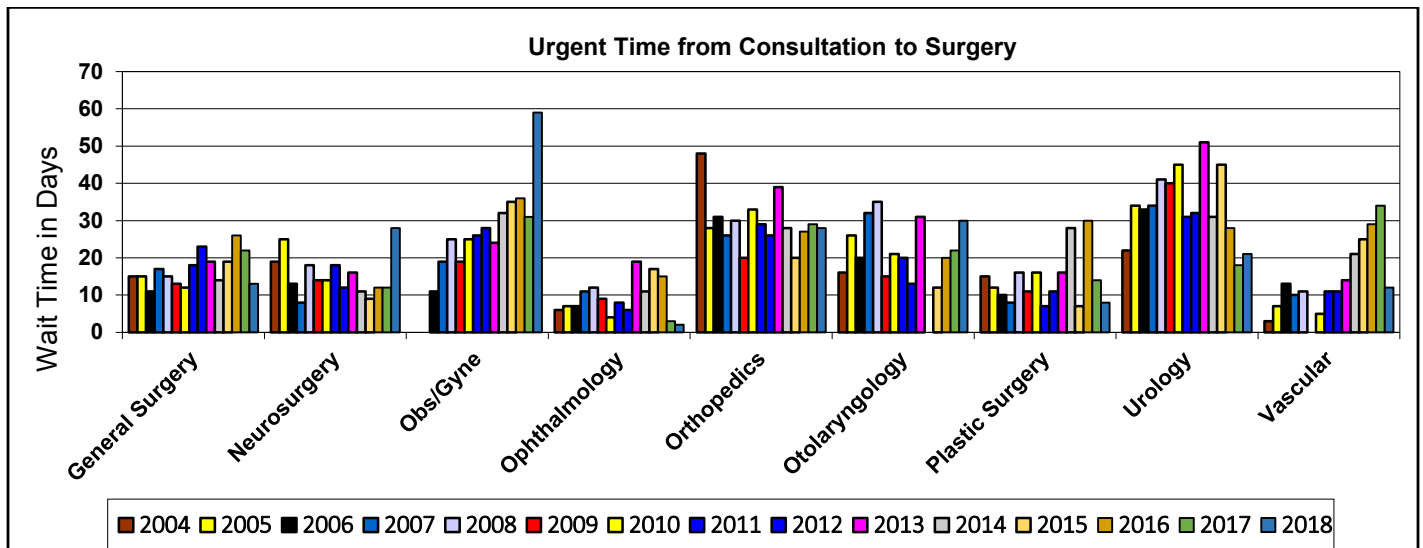
Subspecialty	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005
Cardiovascular	-	-	75	51	74	83	30	59	59	74	-	93	65	28
General Surgery	196	154	143	127	111	118	87	82	50	61	68	58	43	76
Neurosurgery	110	191	128	139	221	110	92	100	68	180	220	111	84	116
Obstetrics	110	95	154	114	107	105	118	106	113	87	122	107	94	-
Ophthalmology	126	106	146	146	105	89	50	100	126	97	82	71	78	81
Orthopedics	166	282	251	154	165	165	229	201	162	185	171	113	160	217
Otolaryngology	720	250	515	211	300	254	45	183	110	81	117	81	91	152
Plastic Surgery	235	60	110	100	296	261	240	127	196	162	195	165	135	169
Thoracic*	45	26	56	39	180	-	50	-	-	-	-	-	-	-
Urology	52	115	102	121	31	147	164	145	132	150	163	151	111	116
Vascular	75	26	128	180	21	60	30	193	37	-	-	25	29	27

* Previously included with Cardiovascular



Waiting times from Consultation to Surgery, Urgent, as reported by Surgeons

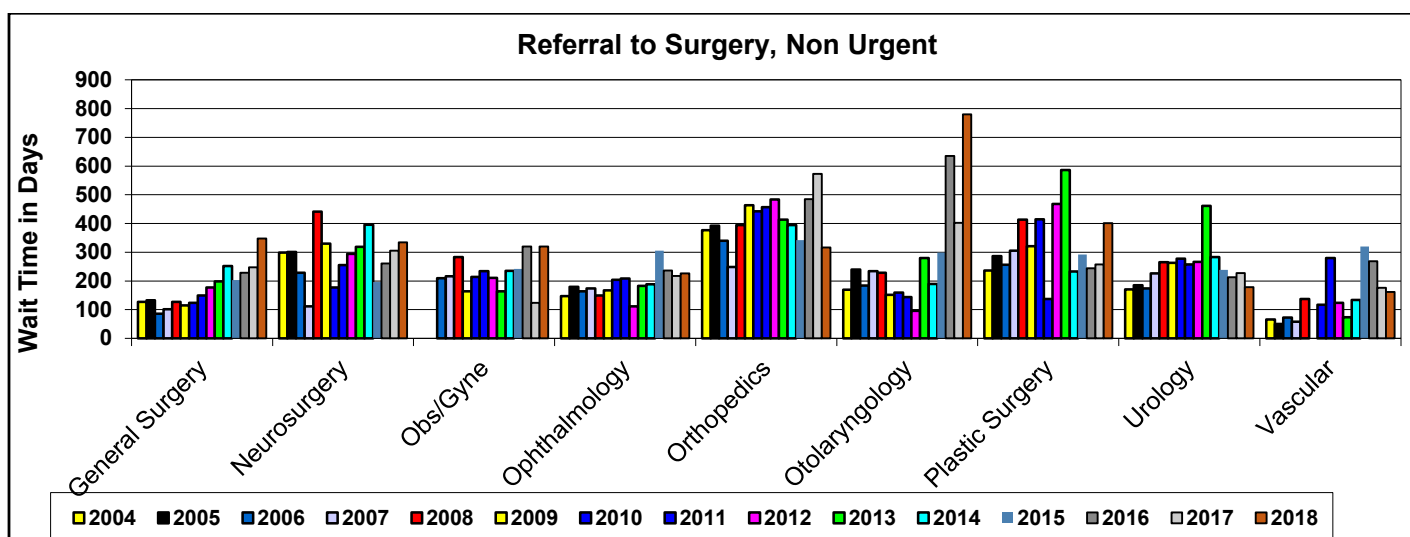
	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005
Cardiovascular	-	-	6	3	8	3	4	-	-	-	-	-	-	-
General Surgery	13	22	26	19	14	19	23	18	12	13	15	17	11	15
Neurosurgery	28	12	12	9	11	16	12	18	14	14	18	8	13	25
Obstetrics & Gynecology	59	31	36	35	32	24	28	26	25	19	25	19	11	-
Ophthalmology	2	3	15	17	11	19	6	8	4	9	12	11	7	7
Orthopedics	28	29	27	20	28	39	26	29	33	20	30	26	31	28
Otolaryngology	30	22	20	12	-	31	13	20	21	15	35	32	20	26
Plastic Surgery	8	14	30	7	28	16	11	7	16	11	16	8	10	12
Thoracic	15	9	42	18	42	-	8	-	-	-	-	-	-	-
Urology	21	18	28	45	31	51	32	31	45	40	41	34	33	34
Vascular	12	34	29	25	21	14	11	11	5	-	11	10	13	7



Total Wait from Referral to Surgery (Non-Urgent) in days, as reported by Surgeons

Total wait from referral to surgery provides the best picture of the impact on the patient who may be in pain or facing significant restrictions on their ability to work or carry on a normal life.

	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005
Cardiovascular	-	-	95	61	90	113	68	-	-	-	-	-	-	-
General Surgery	348	248	229	203	252	198	177	149	124	115	127	102	86	133
Neurosurgery	334	305	261	196	396	319	294	255	177	330	441	223	229	301
Obstetrics & Gynecology	320	124	320	242	235	164	211	234	214	164	283	216	210	-
Ophthalmology	226	217	236	306	189	183	112	209	204	167	149	174	164	180
Orthopedics	317	573	485	342	395	413	484	457	443	464	395	249	340	392
Otolaryngology	780	402	635	299	190	280	96	144	160	152	229	234	184	240
Plastics	401	258	244	292	233	586	468	137	415	321	413	306	256	287
Urology	179	227	213	239	283	462	267	258	278	263	265	226	174	185
Vascular	162	176	269	320	134	74	124	280	117	-	137	58	73	50



Diagnostic Wait Times

In response to the question "are you experiencing delays" in booking the following tests, the percentage of respondents experiencing delays were indicated as follows:

	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005
CT	40%	39%	40%	39%	31%	24%	24%	20%	18%	32%	28%	28%	39%	47%
EMG	34%	33%	32%	60%	41%	62%	27%	53%	22%	48%	52%	52%	56%	62%
MRI	64%	64%	65%	79%	61%	71%	53%	44%	49%	59%	58%	64%	66%	61%
Ultrasound	15%	17%	21%	24%	25%	12%	16%	22%	30%	55%	33%	29%	33%	21%
Pathology	15%	18%	20%	40%	-	-	-	-	-	-	-	-	-	-

Some physicians indicated they were experiencing delays booking EEGs, Sleep Studies, Renal Scans, Holter Monitoring, Nuclear Medicine, Fluoroscopy and PET scans as well.

"Top Three" Problems Identified by Medical Specialists: Medical Specialists were asked to identify the "Top Three" problems that they experienced in delivering patient care. Some respondents provided only one or two problems. According to the responses this year, the "top three" problems were:

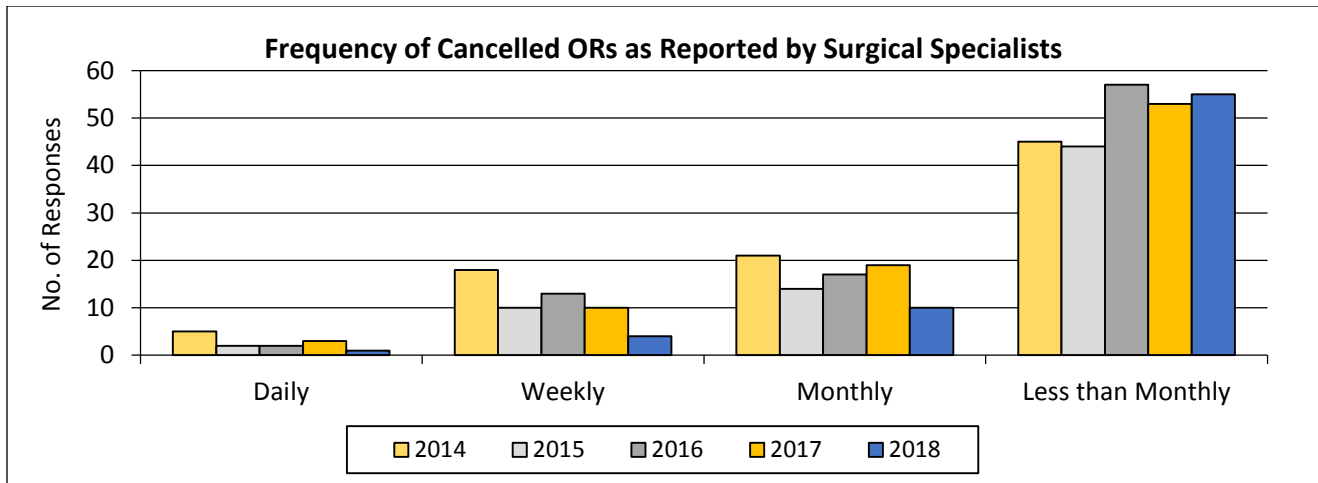
1. Community Resources,
2. Lack of Beds,
3. Lack of Nursing, Allied Health, and Support Staff.

Total number of respondents: 116 with 112 of those identifying 3 issues for a total of 341 responses.

Problems Identified	Number of Responses													
	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005
Lack of Nursing, Allied Health, and Support Staff	39	60	63	60	63	21	21	38	40	40	52	60	49	45
Diagnostic Delays (Access and Results)	12	34	40	33	28	27	52	22	41	43	56	56	84	89
Beds (Acute and LTC)	40	94	74	93	77	28	44	35	33	54	85	51	62	77
Referrals / Consultations	17	31	32	29	26	26	38	24	22	45	55	52	85	78
Community Resources & Social Services	47	75	65	64	69	17	15	12	21	16	13	22	31	33
Clinic Time / Resources	15	32	29	19	17	4	11	19	14	13	19	11	11	19
Lack of Time – OR / Endo / Cardiac Cath / Lab	7	13	20	18	15	11	6	9	8	6	13	11	14	15
Patient Compliance and Expectations	22	30	28	22	14	6	13	8	6	8	11	9	22	10
Wait Times (usually referencing times for OP procedures)	22	47	41	45	25	4	8	24	28	-	26	-	-	-
Administration and System Issues	24	54	46	46	46	14	14	31	14	11	19	30	45	38
Workload / Patient Acuity	20	52	48	44	28	25	24	44	21	19	-	48	87	73
Resources – Funding, Programs, Basic Equipment	8	27	38	35	28	21	20	26	28	15	11	17	45	37
Lack of Health Care Coverage (For Medications, Therapy)	24	31	31	25	15	10	9	13	5	8	-	15	17	20
Patient who need Family Physicians	24	46	43	46	42	5	3	10	14	9	-	9	24	13
Consistency of Care Issues - Need for Coordination between specialists	20	30	27	13	17	5	5	12	6	3	-	2	2	5

OR Cancellations: In 2014, the question "how frequently are ORs cancelled due to system issues such as lack of beds or changes in OR policy" was added to the Surgical Specialist survey. The following table indicates the number of positive responses by frequency.

Year	Number of Responses				
	2018	2017	2016	2015	2014
Daily	1	3	2	2	5
Weekly	4	10	13	10	18
Monthly	10	19	17	14	21
Less than Monthly	55	53	57	44	45

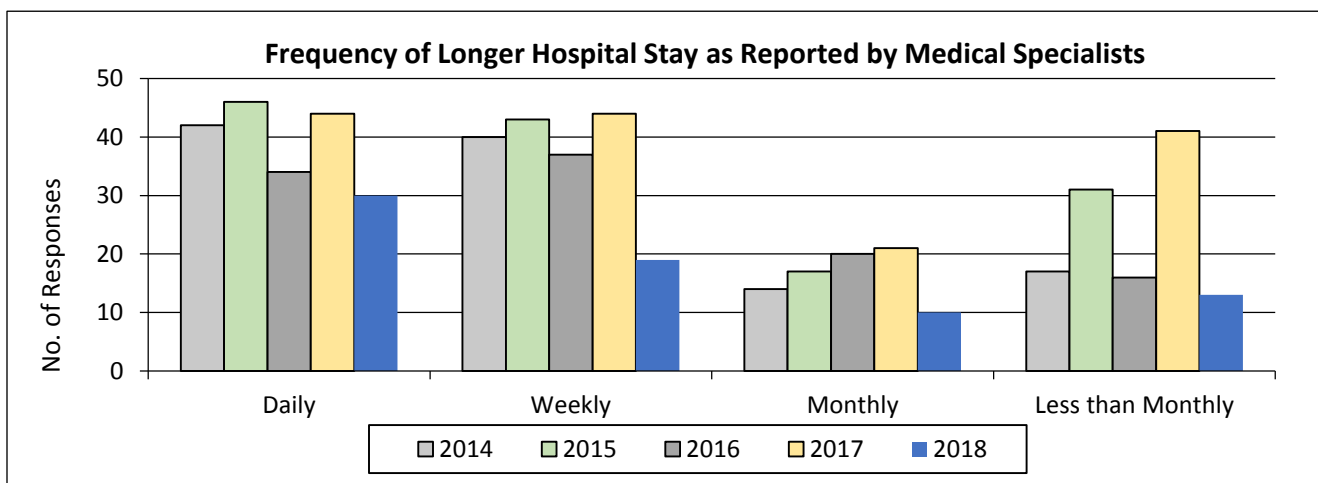


Unsafe Patient Management: In 2014, the question “Do you sometimes feel the number of patients/complexity of patients you manage is unsafe?” was added to Medical Specialist survey. This year, 15.5% of respondents felt that the number of patients/complexity of their patients was unsafe.

Unsafe levels of patient/complexity	2018	2017	2016	2015	2014
Yes	15.5%	17.3%	34.2%	34.8%	32.4%
No	84.5%	82.7%	65.8%	65.2%	67.6%

Longer Hospital Stay: In 2014, the question “How frequently do you encounter system issues or deficiencies that cause patients to remain in hospital longer than necessary?” was added to the Medical Specialist survey. The following table indicates the number of positive responses by frequency.

Year	Number of Responses				
	2018	2017	2016	2015	2014
Daily	30	44	34	46	42
Weekly	19	44	37	43	40
Monthly	10	21	20	17	14
Less than Monthly	13	41	16	31	17



Referral Process:

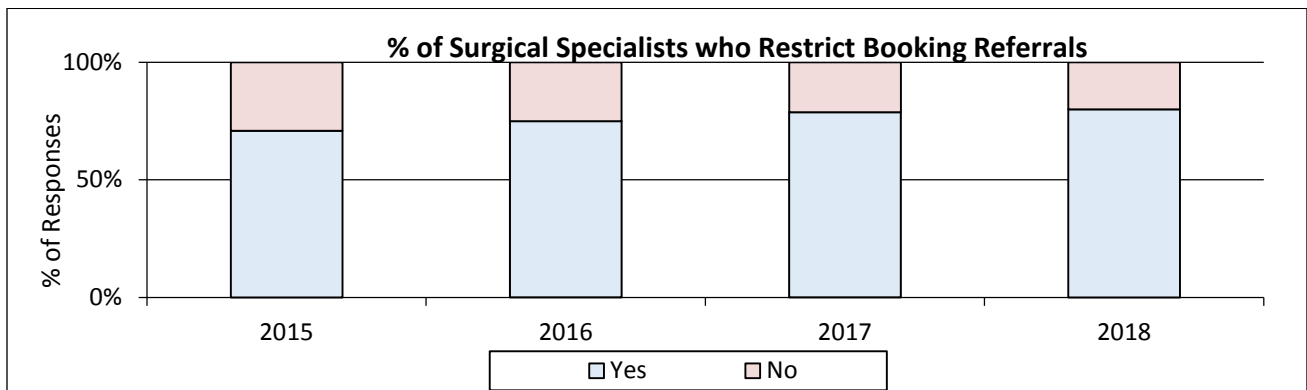
In 2015, the question “Do you feel you are receiving inappropriate referrals” was added to the Medical Specialist Survey. This year, 37% or 116 respondents felt they were receiving inappropriate responses. The following table shows the number of responses by percent of inappropriate referrals:

	Percentage of Inappropriate Referrals			
% of Inappropriate Referrals	2018	2017	2016	2015
5-10%	67%	43%	44%	60%
11-20%	14%	33%	39%	41%
21-30%	14%	19%	15%	13%
50% or More	5%	6%	3%	3%

Beginning in 2015, we asked Surgical Specialists about their referral process in the 3 following questions:

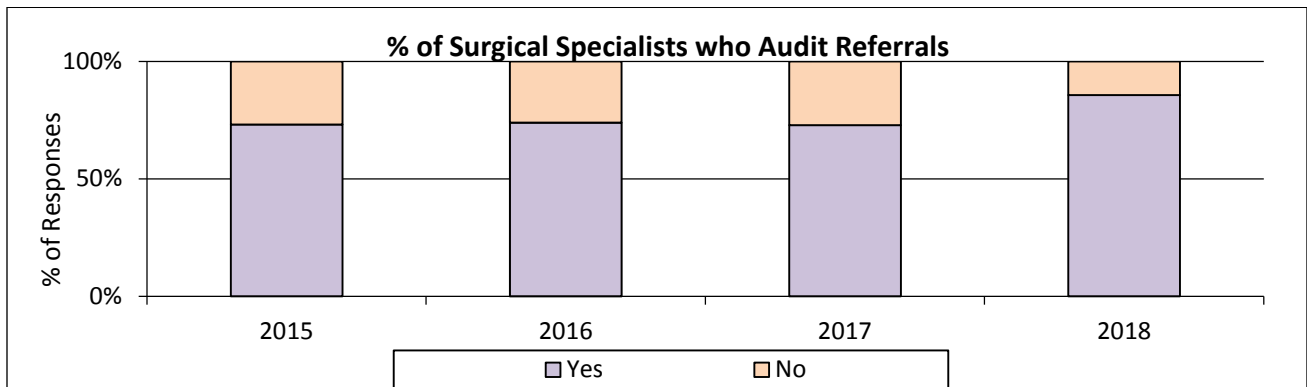
Do you restrict booking referrals: This year, 80.0% or 56 respondents stated they do restrict their booking referrals.

2018	2017	2016	2015
80%	78%	75%	71%



Do you audit your referrals: 85.7% or 65 respondents stated they do complete an audit of their referrals.

2018	2017	2016	2015
86%	73%	74%	73%



Would you consider changing your referral process: 60.0% of 51 respondents stated they would consider changing their referral process.

2018	2017	2016	2015
60%	60.0%	54.6%	52.6%

