

# **EDMONTON ZONE MEDICAL STAFF ASSOCIATION**

## **Patient Access Survey 2019**

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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, the survey was sent to 1634 recipients with 224 responses received from Family Physicians in the region, 76 from surgical specialists, and 218 from non-surgical specialists. This makes for a total of 518 respondents or a 32% response rate across all specialties surveyed.

The survey was carried out from September to November 2019. Surveys were emailed in September, October, November and faxed to physician's offices in November. 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. Partial responses are not included.

## **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.

In 2018, 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.

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

This year, the following questions about referrals were added to the surveys: Family Physicians were asked – “What is the most difficult aspect of referring to specialists?”, “Where would you like to see change?”, “Do you have any experience using centralized referral systems?” and a sub-question of whether or not using a centralized referral system was effective if they answered “yes” they have experience using a centralized referral system. Medical Specialists and Surgeons were asked – “Does your discipline use a centralized referral system?” and if answered “yes” they were asked if the system is effective for them and if answered “no”, do they see a need for a centralized referral system.

Survey results for 1997-2018 are available from EZMSA on request.

**General Questions:**

**Job Satisfaction:** This year 83.4% of physicians in all specialties indicated that they are either satisfied or highly satisfied with their work.

2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005
83%	85%	86%	86%	85%	87%	86%	87%	87%	83%	85%	83%	82%	83%	82%

**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 18.2% of physicians plan to retire within the next 5 years.

2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005
18%	18%	15%	17%	13%	15%	16%	16%	16%	11%	14%	13%	14%	12%	12%

A further 8.9% plan to substantially reduce time spent on clinical practice within the next five years. Thus 27.1% of physicians will either retire or substantially reduce the time they spend on clinical practice within the next five years.

2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005
27%	29%	28%	29%	19%	22%	30%	23%	27%	23%	16%	21%	22%	19%	19%

An additional 19.7% of physicians plan to retire in five to ten years.

2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005
20%	20%	24%	22%	24%	25%	27%	23%	24%	24%	20%	23%	21%	21%	21%

And 18.8% of physicians plan to retire in ten to fifteen years.

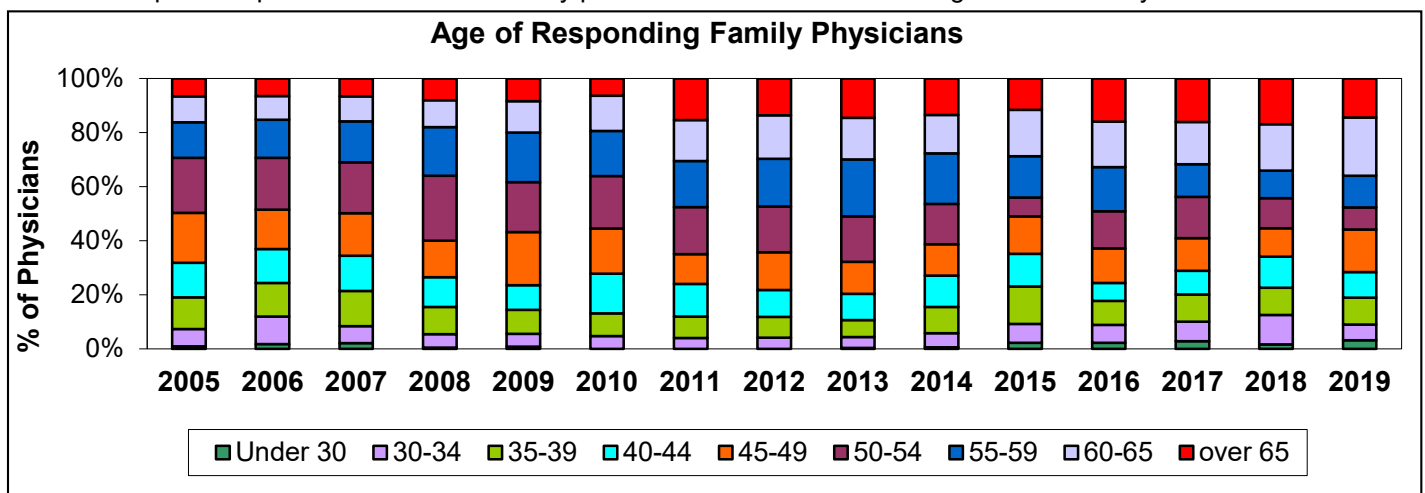
2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005
19%	17%	15%	15%	15%	18%	23%	25%	20%	24%	25%	23%	24%	21%	22%

**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 44.7% of respondents indicated that they had experienced unsafe patient care due to lack of resources.

2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005
45%	40%	48%	53%	48%	52%	47%	47%	43%	52%	57%	57%	48%	51%	44%

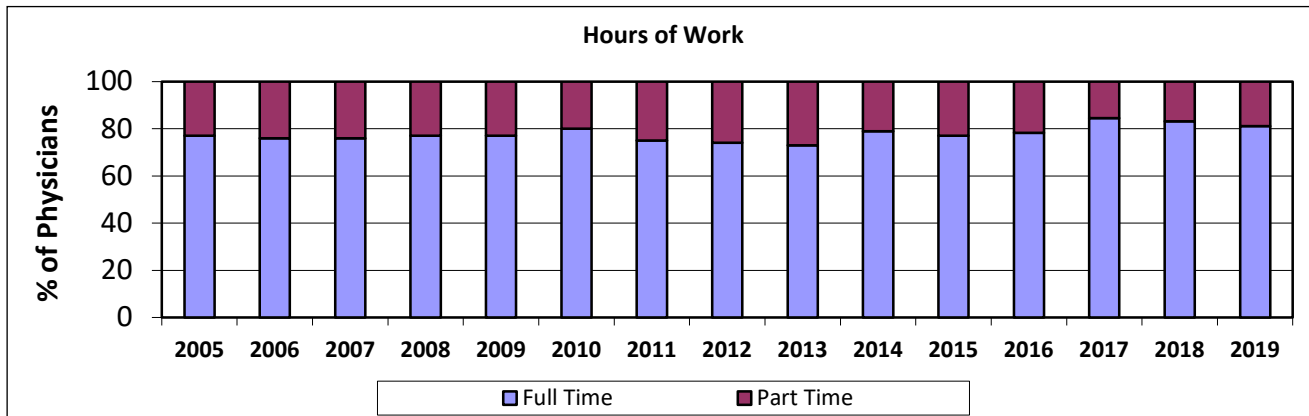
**Primary Care:**

The most frequent response in 2019 when family practitioners were asked their age was 60 – 65 years.



In 2019, 81.1% of respondents described their practice as full-time.

2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005
81%	83%	85%	78%	77%	79%	73%	74%	75%	80%	77%	75%	76%	75%	76%



In 2019, 5.1% of respondents worked in walk-in clinics (defined as taking at least 90% of patients on a walk-in basis).

2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005
5%	4%	4%	5%	5%	3%	4%	5%	4%	5%	7%	8%	8%	8%	8%

This year, 74.4% of respondents reported that 10% or less of their daily caseload consisted of walk-in patients.

2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005
74%	78%	86%	82%	85%	82%	74%	80%	79%	75%	66%	80%	80%	76%	77%

### Are you accepting new patients?

This year the number of family practitioners accepting new patients without any restrictions was 19.8%.

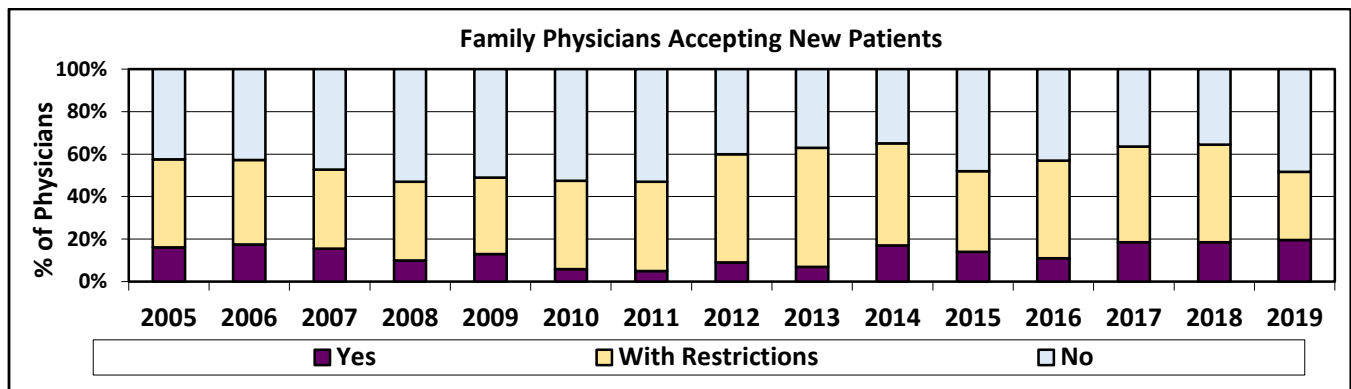
2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005
20%	19%	19%	11%	14%	17%	7%	9%	5%	6%	13%	10%	16%	17%	17%

In 2019, 48.8% of family practitioners surveyed were not accepting any new patients.

2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005
49%	46%	36%	43%	38%	35%	56%	51%	53%	53%	51%	53%	47%	42%	42%

This year, 32.4% of family practitioners were accepting new patients with restrictions. The majority of those restricting patients accept new patients by association.

2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005
32%	36%	45%	46%	48%	48%	37%	40%	42%	42%	36%	37%	37%	40%	41%

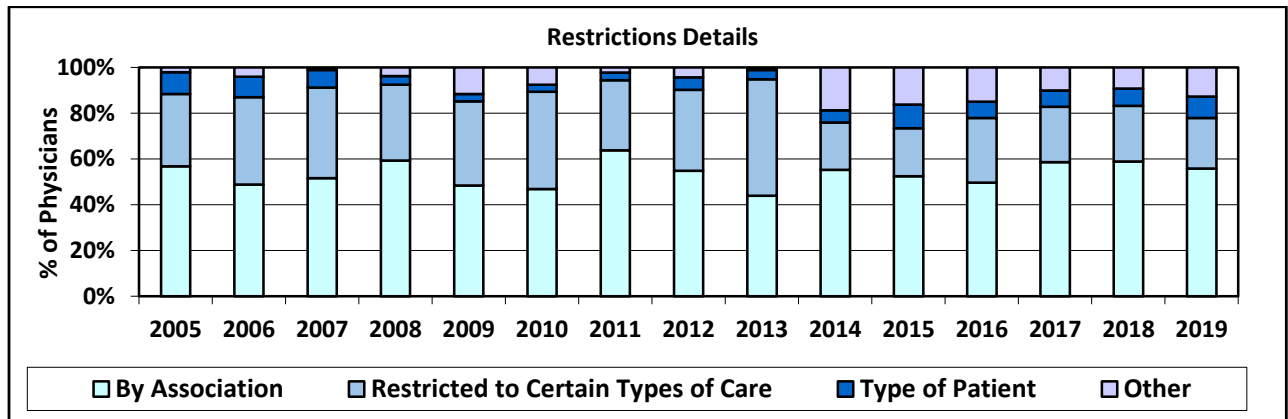


**Details on restrictions:**

**By association:** 73.6% 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).

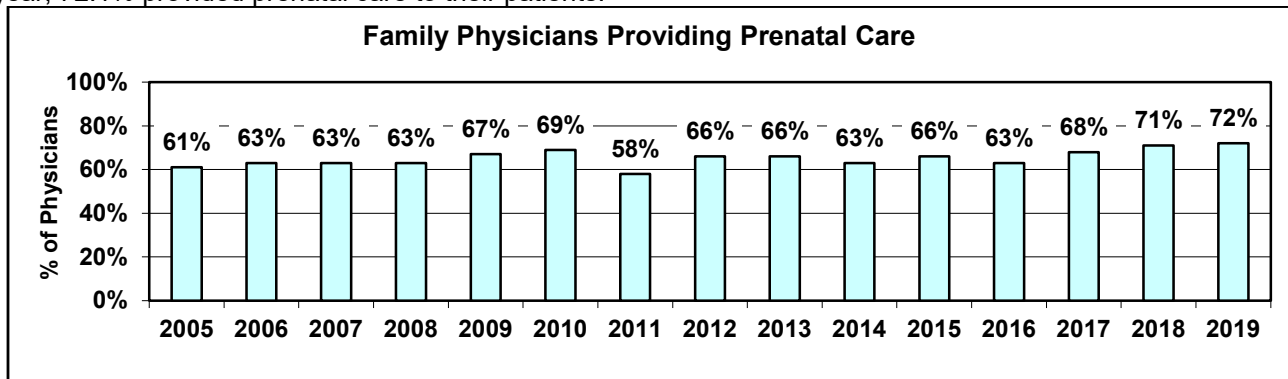
**Restricted to certain types of care:** 29.2% of physicians restricting their practice indicated they accepted new patients for certain types of care, including: prenatal care, sports medicine, cancer, HIV positive patients, geriatric consults, and psychotherapy). These physicians may also have other conditions in which they accept a new patient, such as the family members of existing patients.

**Type of patient:** 12.5% 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).

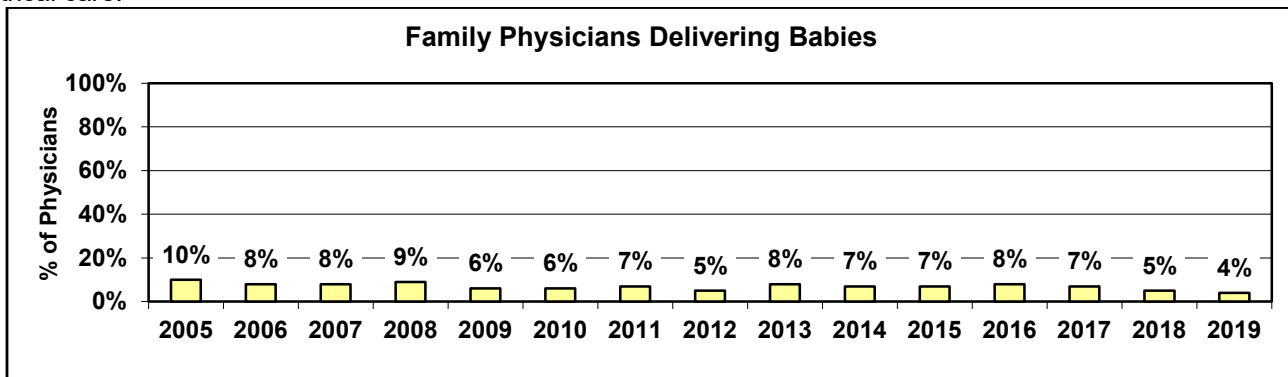


**Scope of Practice:**

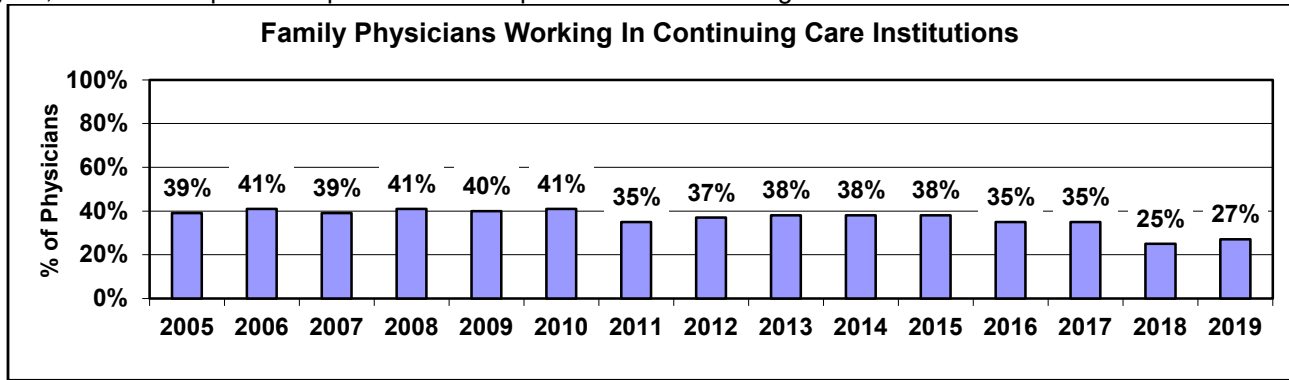
This year, 72.1% provided prenatal care to their patients.



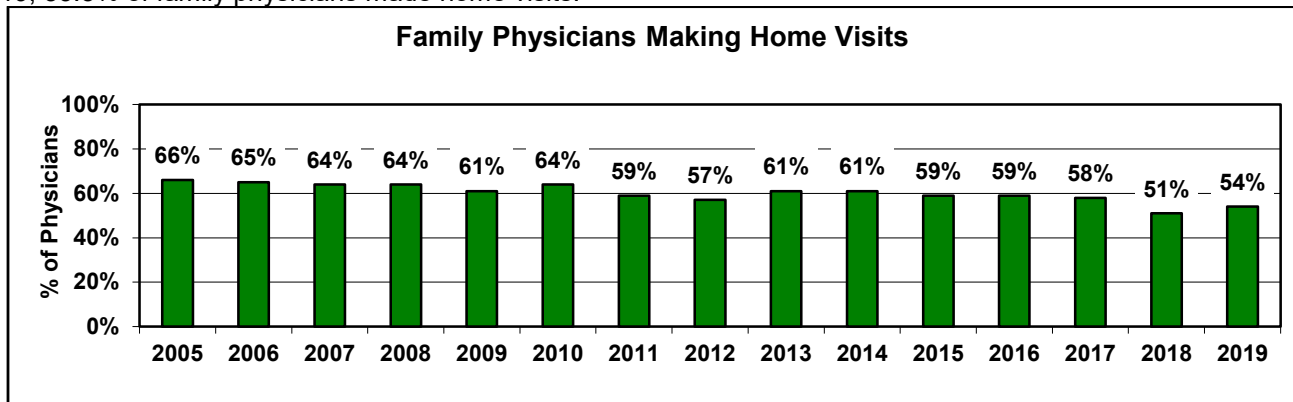
In 2019, 4.2% of family physicians delivered babies with some family physicians devoting their practice exclusively to obstetrical care.



This year, 27.4% of respondents provide care for patients in a continuing care institution.

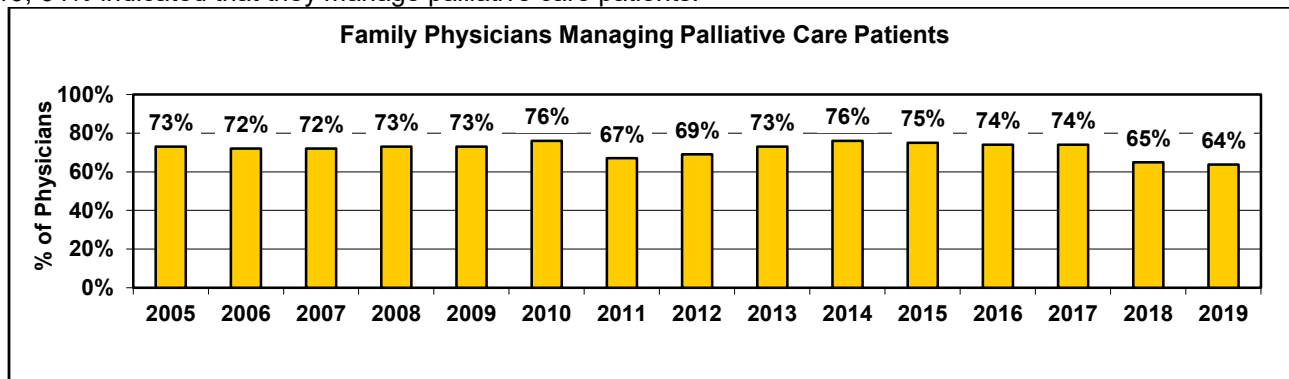


In 2019, 53.5% of family physicians made home visits.



**Palliate Care:**

In 2019, 64% indicated that they manage palliative care patients.



Beginning in 2017, we added the question “Which statement best describes your primary practice” for those who indicated that they manage palliative care patients. This year, 137 Family Physicians responded with the following:

Description	2017	2018	2019	Respondents
Family Practice NOT including palliative care as part of primary practice	12.6%	21.6%	12.4%	17
Family practice including palliative care as part of primary practice	83.1%	75.1%	83.2%	114
Focused practice	6.6%	3.8%	5.8%	8

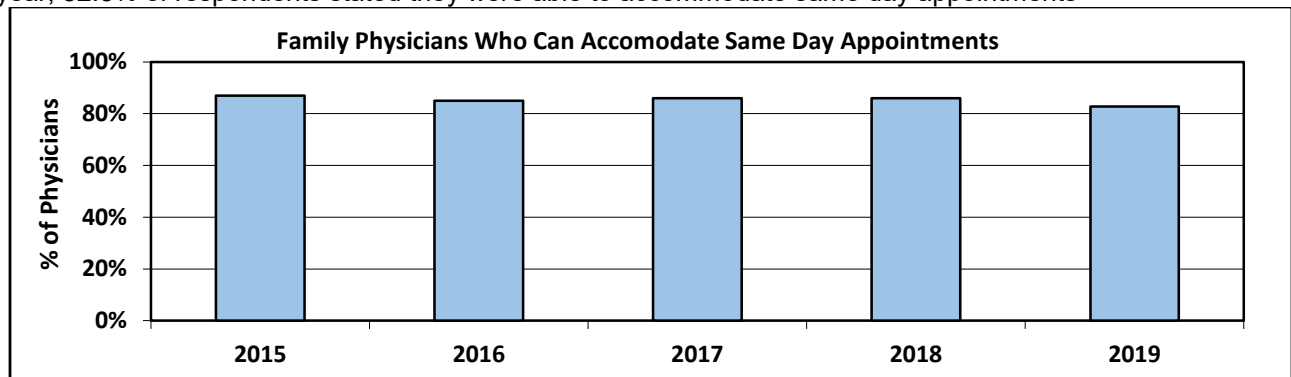
We asked those who indicated they manage palliative care patients if they **would be willing to provide palliative care right until the time of death**. This year, 91.2% of Family Physicians responded with yes and 8.8% responded with no. We then asked those who responded yes to share some frustrations 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, the amount of paper work and palliative/hospice beds.

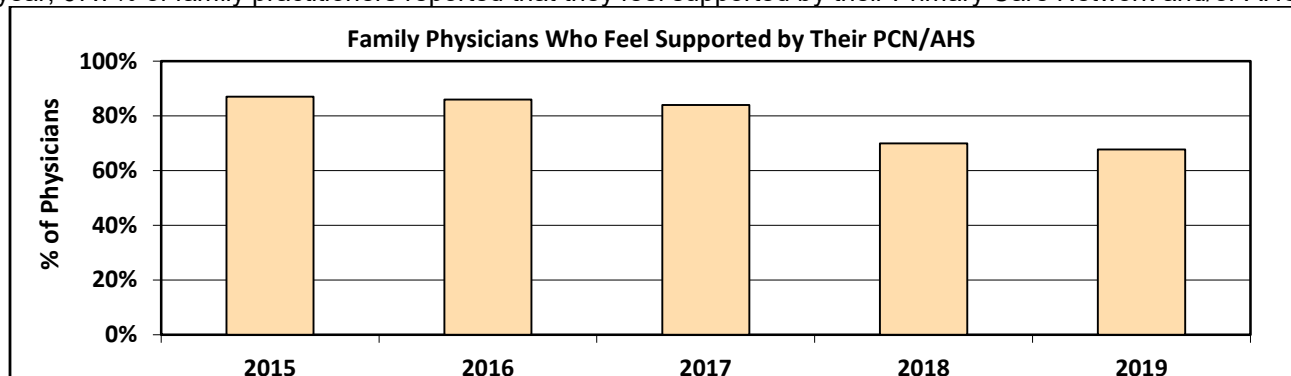
The most frequently mentioned reasons for not providing palliative care right until the time of death were: Not providing home visits, lack of time, and lack of expertise were listed.

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”.

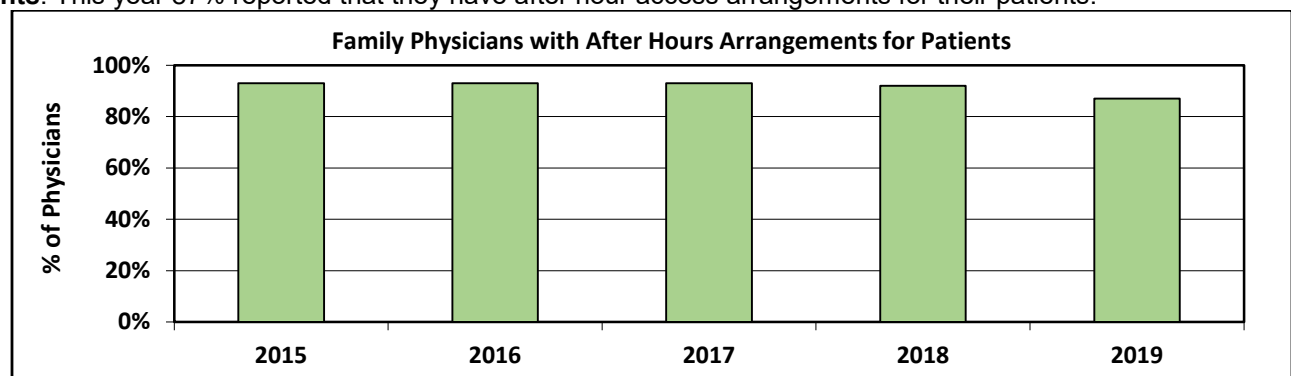
This year, 82.8% of respondents stated they were able to accommodate same day appointments



This year, 67.7% of family practitioners reported that they feel supported by their Primary Care Network and/or AHS.

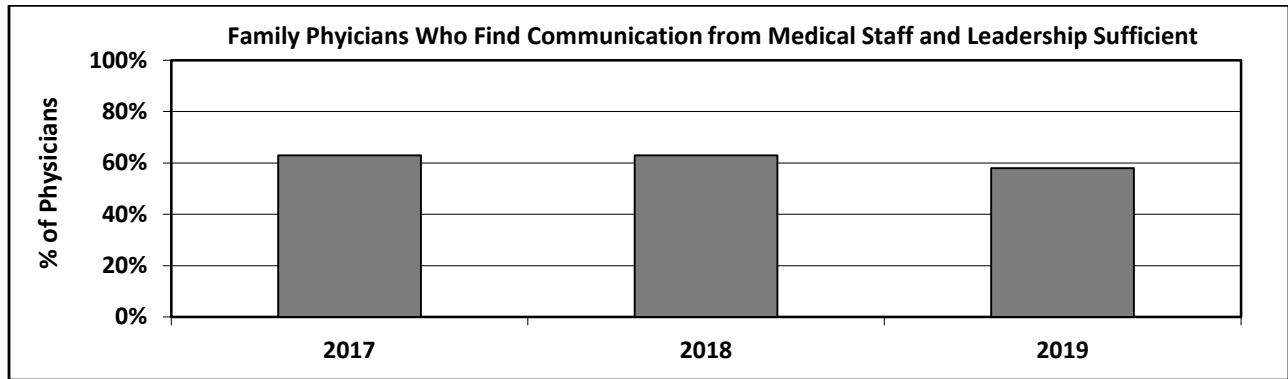


Since we began asking in 2015, **whether or not Family Physicians have after hour access arrangements for their patients**. This year 87% reported that they have after hour access arrangements for their patients.

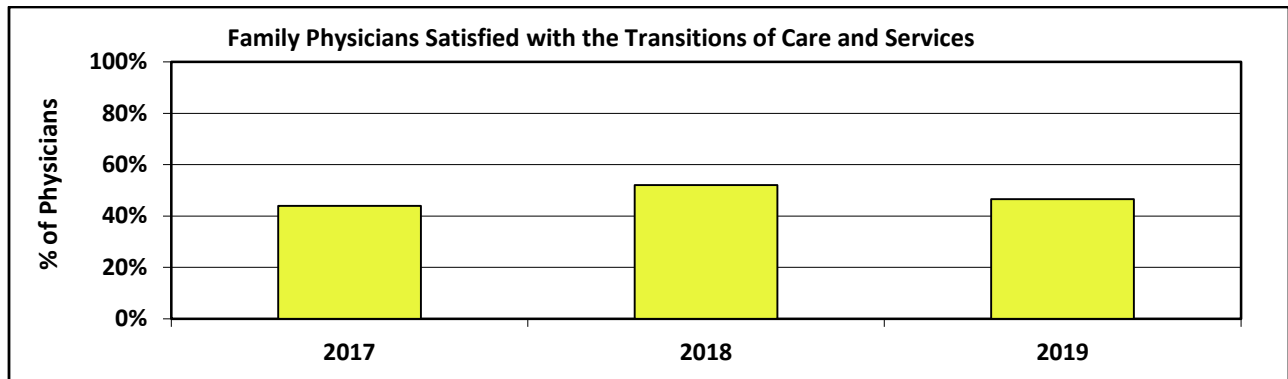




In 2017, we began asking Family Physicians if they **feel the quality of communication between the medical staff and leadership is sufficient** and whether or not they are **satisfied with the transitions of care and services**. In 2019, 58% of Family Physicians felt that the quality of communication between the medical staff and leadership is sufficient, while 42% felt that it was not.

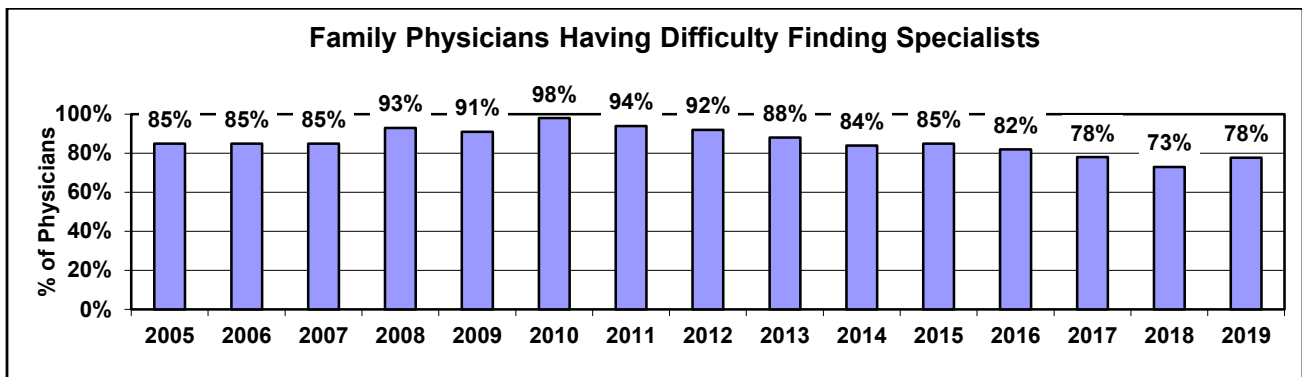


In 2019: 47% of Family Physicians felt satisfied with the transitions of care and services, while the majority (53%) were not satisfied with the transitions of care and services.

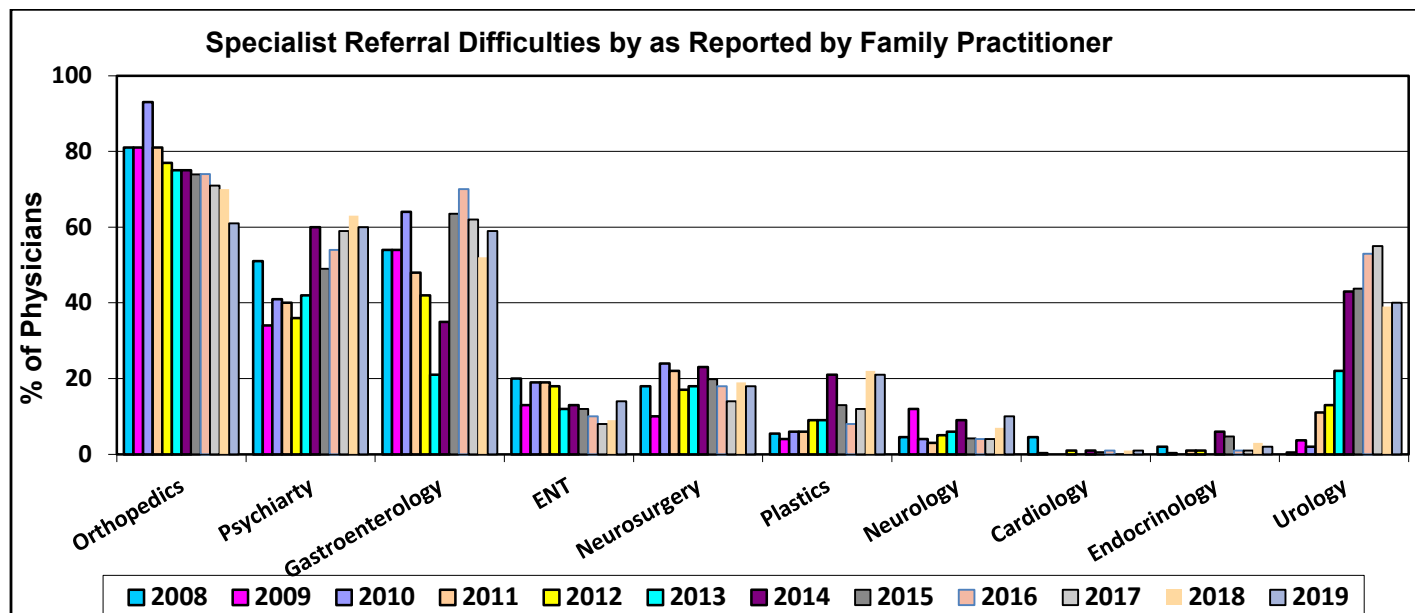


**Accessing specialists:**

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. 78% of respondents this year indicated they had experienced difficulty finding physicians accepting referrals, while 98% had reported difficulties in 2010.

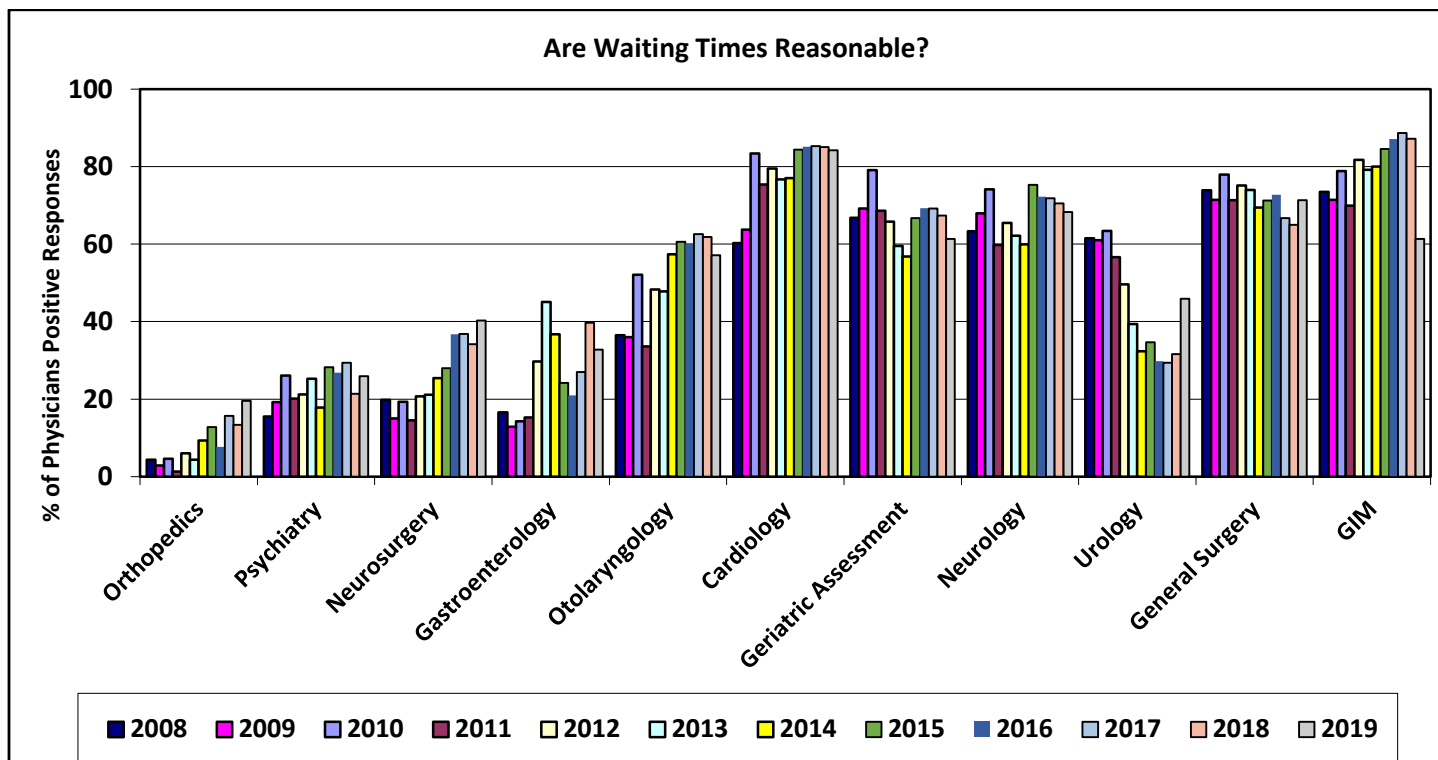


Family Physicians were asked to identify the three specialities where they experienced the most difficulties finding specialists accepting referrals. This year, Orthopedics was most frequently mentioned (95 responses), followed by Psychiatry (93 responses), Gastroenterology (92 responses) then followed by Urology (62 responses). Some Family Physicians identified that they are unable to refer to every speciality listed.



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 %)													
	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007
Orthopedics	19.7	13.4	15.7	7.7	12.8	9.3	4.4	6.0	1.3	4.6	2.9	4.4	8.6
Psychiatry	25.9	21.4	29.4	26.8	28.2	17.8	25.3	21.2	20.1	26.1	19.2	15.5	15
Neurosurgery	40.3	34.2	36.8	36.7	28.0	25.4	21.1	20.7	14.5	19.3	15.0	19.8	22
Gastroenterology	32.8	39.4	27.0	21.0	24.2	36.7	45.1	29.7	15.3	14.3	12.9	16.6	25
Otolaryngology	57.1	60.8	62.6	60.2	60.6	57.4	47.8	48.3	33.6	52.1	36.0	36.5	27
Cardiology	84.2	85.0	85.3	85.1	84.4	77.0	76.7	79.5	75.4	83.4	63.7	60.3	53
Geriatric Assess.	61.3	67.4	69.2	69.3	66.7	56.8	59.5	65.8	68.6	79.1	69.2	66.8	65
Neurology	68.3	70.5	71.8	72.2	75.3	59.9	62.2	65.5	59.8	74.1	67.9	63.3	67
Urology	45.9	31.6	29.4	29.8	34.7	32.4	39.4	49.6	56.6	63.4	61.0	61.5	74
General Surgery	71.3	65.0	66.7	72.7	71.2	69.4	74.0	75.1	71.3	77.9	71.4	73.9	74
General Internal Medicine (GIM)	61.3	87.2	88.7	87.1	84.5	80.0	79.2	81.7	69.9	78.8	71.4	73.5	74



This year we asked Family Physicians what they felt is the most difficult aspect of referring to specialists and where they would like to see change. We also asked them if they have experience using centralized referral systems – 175 or 81.4% said yes, they do. And of those 175 physicians, 140 or 80% felt that using a centralized referral system was effective. The tables below show the difficult aspects of referring and where Family Physicians would like to see change.

Difficult aspects of referring to Specialists as reported by Family Physicians		
	Responses	Percentage of responses
The referral process (unclear, variable)	24	13.9%
Lack of communication from specialist office to primary care physicians	5	2.9%
Long wait times (from time to referral to patient seen by specialist)	97	56.1%
Patient dissatisfaction	2	1.1%
Lack of or poor communication from specialist to referring practitioner	4	2.3%
Patient is denied by specialist for consultation or surgery	30	17.3%
Other	11	6.0%

Where Family Physicians would like to see change		
	Responses	Percentage of responses
Central intake (more or less)	69	39.4%
More or improved online resources	8	4.6%
More or improved telephone resources	10	5.7%
Specialist practice	20	11.4%
Patient expectation	7	4%
Communication from specialist to referring practitioner (sooner or more frequent)	36	20.6%
None	2	1.1%
Other	23	13.1%

## 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 42% of respondents had hospital privileges.

2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005
42%	34%	45%	50%	56%	56%	46%	44%	47%	48%	51%	49%	49%	45%	47%

This year 8.5% of respondents had resigned their privileges.

2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005
9%	11%	8%	10%	4%	6%	7%	6%	5%	7%	6%	9%	9%	11%	9%

This year 49.6% of respondents stated they did not have privileges.

2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005
50%	55%	46%	40%	39%	38%	47%	50%	47%	45%	43%	42%	42%	44%	43%

## Family physician job satisfaction:

This year 84.8% of family physicians who responded to the question about job satisfaction indicated that they were satisfied or highly satisfied.

2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005
85%	86%	87%	88%	88%	91%	88%	87%	87%	82%	83%	76%	75%	75%	75%

This year, 9.8% of respondents felt they were neutral.

2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005
10%	10%	8%	8%	9%	7%	8%	10%	11%	15%	13%	18%	16%	19%	18%

This year, 6.3% found their work unsatisfying or highly unsatisfying.

2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005
6%	4%	6%	4%	3%	3%	4%	3%	2%	4%	4%	6%	9%	6%	7%

## 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, 208 physicians responded to this question. Of these, 205 identified two populations, and 16 identified only one population for a total of 394 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 2019, there were 135 responses or 34%.

2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006
34%	69%	65%	54%	31%	32%	28%	24%	25%	23%	22%	43%	50%	30%

Elderly: In 2019, there were 58 responses or 15%.

2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006
15%	24%	30%	26%	12%	19%	21%	24%	22%	18%	24%	56%	48%	24%

Patients needing specialist referral: In 2019, there were 40 responses or 10%.

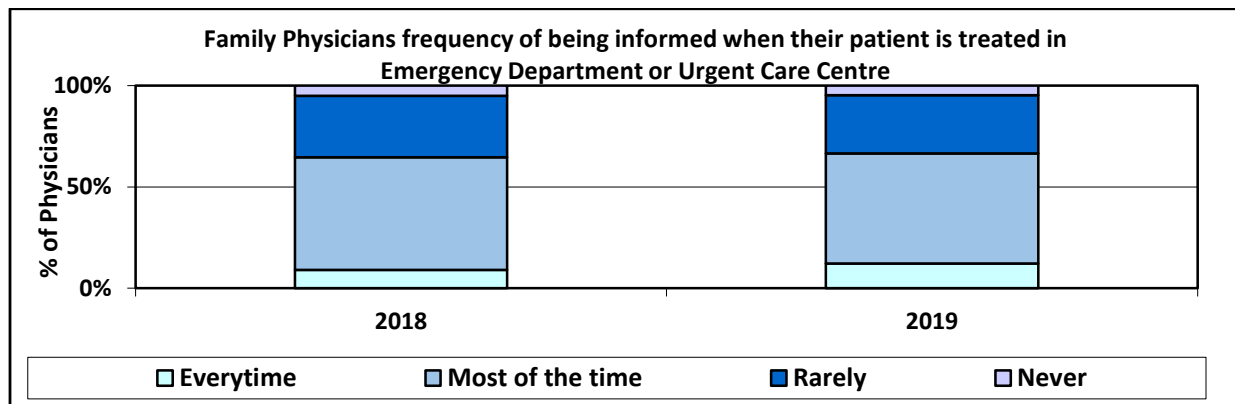
2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006
10%	16%	25%	54%	23%	18%	15%	16%	16%	21%	19%	13%	17%	12%

Patients with chronic pain, back pain or requiring surgery: In 2019, there were 75 responses or 19% (Number of responses until 2016).

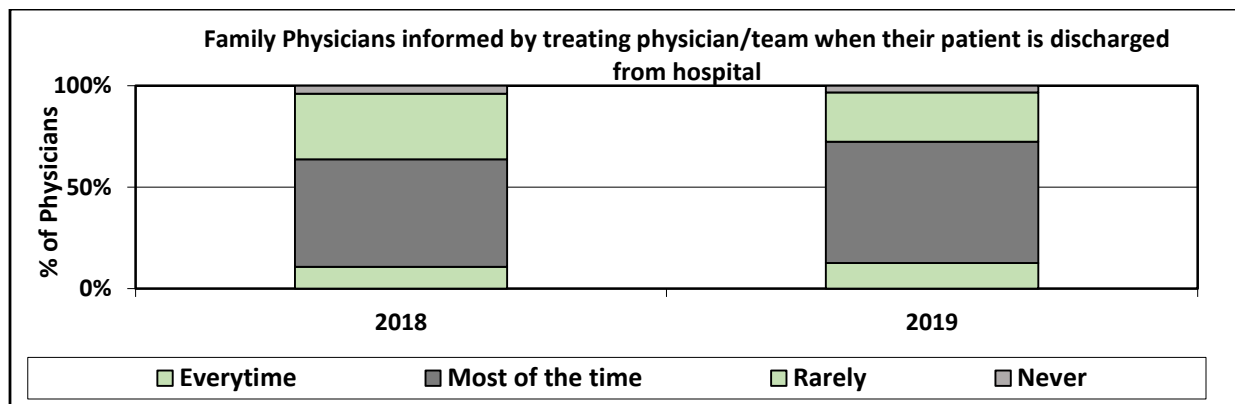
2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006
19%	36%	38%	40%	60	43	15	19	21	12	10	14	24	26

Other frequently mentioned populations	% of Responses (Number of Responses until 2016)											
	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008
Low Income, Inner City, Working Poor or Poor and Homeless patients	19%	16%	11%	26	27	16	20	24	26	21	16	12
Patients of Aboriginal ethnicity	2%	3%	3%	4	6	4	9	11	9	10	5	7
Immigrants	0.5%	3%	1%	4	6	6	2	7	8	8		
Patients with addictions	11%	25%	22%	32	9	21	14	25	12	14		

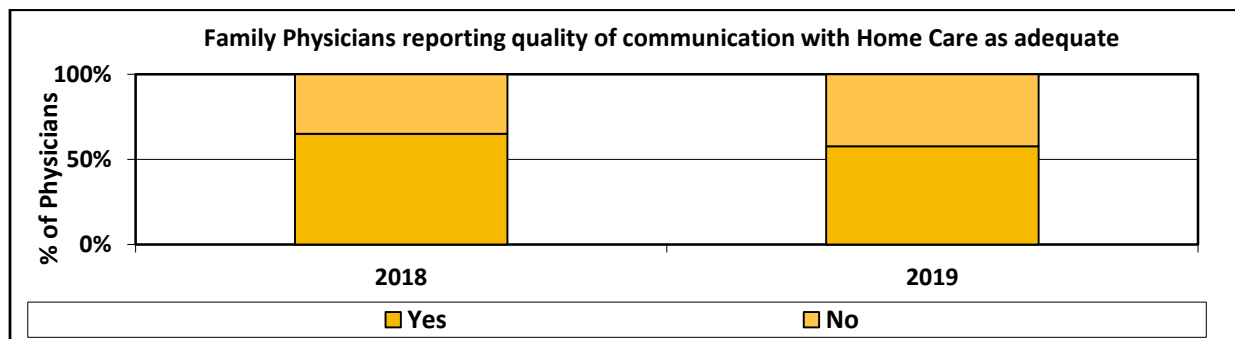
“How often are you informed by the treating physician when your patient is treated in an Emergency Department or Urgent Care Facility?” This year, Family Physicians responded: Every time, 26 responses or 12%; Most of the time, 117 responses or 54%; Rarely, 62 responses or 29%; Never, 10 responses or 5%.



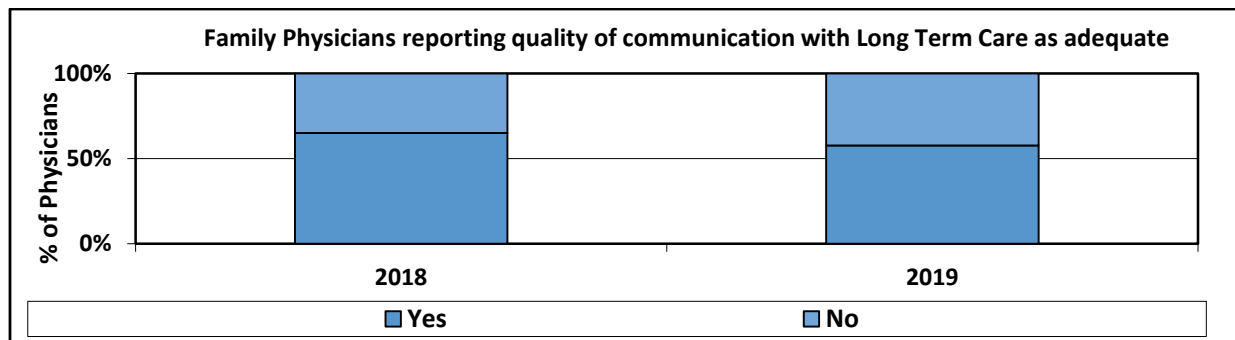
“How often are you informed by the treating physician/team when your patient is discharged from hospital?” This year, Family Physicians responded: Every time, 27 or 13%1%; Most of the time, 128 responses or 60%; Rarely, 52 responses or 24%; Never, 8 responses or 4%.



“Do you feel the quality of communication with Home Care is adequate?” 117 Responses or 58% responded that communication was adequate meanwhile, 86 responses or 42% said communication was not adequate.



“Do you feel the quality of communication with Long Term Care facilities is adequate?” 120 responses or 65% said communication was adequate and 66 responses or 35% 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	2
Critical Care	14	Neurology	13
Dermatology	4	Oncology	
Endocrinology and Metabolism	5	Pediatrics	30
Gastroenterology	4	Physical Medicine and Rehabilitation	3
General Internal Medicine	12	Psychiatry	28
Geriatric Medicine	5	Respiratory Medicine	9
Infectious Diseases	5	Rheumatology	6
		Other	62

**Number of responses to surgical specialists survey, by specialty:**

Surgical Specialty	Number of Responses	Specialty	Number of Responses
Cardiovascular	1	Otolaryngology	1
General Surgery	5	Plastic Surgery	5
Neurosurgery	5	Thoracic	3
Obstetrics and Gynecology	18	Urology	3
Ophthalmology	9	Vascular Surgery	2
Orthopedics	15	Other	10

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

	Number of Responses		Number of Responses
Spinal disorders including deformity correction	5	Pediatric disorder	1
Primary and revision total joint arthroplasty	11	Foot and ankle disorders	4
Complex fracture care	6	Wrist and elbow disorders	2
Arthroscopy/knee and should reconstruction	7	Musculoskeletal oncology	3
Athletic injuries	4		

**Surgical Specialists Accepting New Patients:**

	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007
Accepting New Patients Without Restrictions	66%	70%	69%	62%	65%	67%	71%	76%	75%	65%	70%	71%	76%
Restrictions on Practice	32%	29%	26%	31%	30%	28%	25%	33%	25%	34%	27%	25%	23%
Not Accepting New Patients	2%	1%	5%	7%	5%	5%	3%	1.5%	0%	1.6%	2.3%	4%	1.4%

**Specialists Accepting New Patients:**

Specialty	% of Specialists Accepting New Patients										
	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009
Cardiology	91	90	53	73	69	57	100	92	100	100	100
Cardiovascular and Thoracic	100	-	100	100	75	100	100	100	100	100	100
Dermatology	100	66	71	100	60	60	100	100	100	88	100
Endocrinology and Metabolism	100	90	71	100	80	67	50	100	100	100	100
Gastroenterology	0	66	36	69	22	60	67	71	31	46	40
General Internal Medicine	50	44	61	50	67	61	100	100	100	100	75
General Surgery	100	90	82	89	67	33	92	90	100	86	100
Infectious Diseases	80	40	25	43	50	50	60	100	83	75	83
Nephrology	100	100	83	38	80	100	100	100	100	80	75
Neurology	77	100	50	56	65	53	75	79	92	81	67
Neurosurgery	100	100	71	75	100	100	100	56	75	86	67
Obstetrics & Gynecology	47	75	88	60	90	68	75	84	90	66	64
Ophthalmology	56	83	88	56	60	62	75	62	62	86	74
Orthopedics	47	50	60	30	47	61	39	53	44	24	48
Otolaryngology	100	100	100	67	75	100	100	100	100	100	75
Pediatrics	62	66	44	55	43	50	71	51	60	58	66
Physical Medicine & Rehab.	100	100	50	50	100	100	100	100	0	67	100
Plastic Surgery	80	40	50	100	75	86	67	75	100	50	86
Psychiatry	24	25	11	14	38	24	41	49	38	28	31
Respiratory Medicine	89	75	64	77	57	55	100	86	63	50	56
Rheumatology	83	100	67	100	83	83	100	80	100	83	100
Urology	100	60	88	80	100	63	63	60	67	50	80
Vascular Surgery	100	50	100	75	67	67	0	100	100	50	100

Specialty	% of Specialists accepting new patients with restrictions											
	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008
Cardiology	9	10	47	27	31	14	0	8	0	0	0	0
Cardiovascular and Thoracic	100	-	0	0	25	0	0	0	0	0	0	0
Dermatology	0	33	29	0	20	40	0	0	0	12	0	0
Endocrinology and Metabolism	0	10	14	0	20	33	50	0	0	0	0	43
Gastroenterology	100	66	55	23	67	20	22	14	44	36	20	25
General Internal Medicine	25	31	17	29	22	28	0	0	0	0	25	67
General Surgery	0	0	18	0	17	22	8	10	0	14	0	6
Infectious Diseases	0	40	50	57	50	25	40	0	17	25	17	18
Nephrology	0	0	0	38	20	0	0	0	0	20	25	9
Neurology	23	0	38	38	35	37	19	21	8	19	33	21
Neurosurgery	100	0	14	25	35	0	0	44	25	14	33	33
Obstetrics & Gynecology	53	25	13	30	0	32	25	16	10	34	32	15
Ophthalmology	33	17	13	33	40	38	25	31	38	14	26	33
Orthopedics	53	50	35	65	47	33	50	47	56	71	52	52
Otolaryngology	0	0	0	33	25	0	0	0	0	0	25	22
Pediatrics	35	33	52	45	50	40	29	41	38	31	27	35
Physical Medicine & Rehab.	0	0	50	50	0	0	0	0	0	33	0	38
Plastic Surgery	20	60	50	0	25	14	33	25	0	33	14	30
Psychiatry	44	25	59	57	43	58	44	39	41	52	44	52
Respiratory Medicine	11	25	36	23	43	36	0	14	25	50	44	41
Rheumatology	17	0	33	0	17	0	0	0	0	17	0	38
Urology	0	40	13	20	0	38	25	30	33	42	20	17
Vascular Surgery	0	50	0	25	33	33	100	0	0	50	0	0

Specialty	% of Specialists who are not currently accepting new patients											
	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008
Cardiology	0	0	0	0	0	29	0	0	0	0	0	5
Cardiovascular and Thoracic	100	-	0	0	0	0	0	0	0	0	0	0
Dermatology	0	0	0	0	20	0	0	0	0	0	0	0
Endocrinology and Metabolism	0	0	14	0	0	0	0	0	0	0	0	0
Gastroenterology	0	0	9	8	11	20	11	14	25	18	40	19
General Internal Medicine	25	25	22	21	11	11	0	0	0	0	0	0
General Surgery	0	10	0	11	0	44	0	0	0	0	0	0
Infectious Diseases	20	20	25	0	0	25	0	0	0	0	0	0
Nephrology	0	0	17	25	0	0	0	0	0	0	0	0
Neurology	0	0	13	6	0	11	6	0	0	0	0	0
Neurosurgery	100	0	14	0	0	0	0	0	0	0	0	0
Obstetrics & Gynecology	0	0	0	10	10	0	0	0	0	0	4	0
Ophthalmology	11	0	0	11	0	0	0	8	0	0	0	10



Specialty	% of Specialists who are not currently accepting new patients											
	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008
Orthopedics	0	0	5	5	6	6	11	0	0	6	0	9
Otolaryngology	0	0	0	0	0	0	0	0	0	0	0	0
Pediatrics	3	0	7	0	7	10	0	8	2	11	6	8
Physical Medicine & Rehab.	0	0	0	0	0	0	0	0	100	0	0	0
Plastic Surgery	0	0	0	0	0	0	0	0	0	17	0	0
Psychiatry	32	50	30	29	19	18	16	12	22	21	25	13
Respiratory Medicine	0	0	0	0	0	9	0	14	13	0	0	6
Rheumatology	0	0	0	0	0	17	0	20	0	0	0	0
Urology	0	0	0	0	0	0	13	10	0	17	0	0
Vascular Surgery	0	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

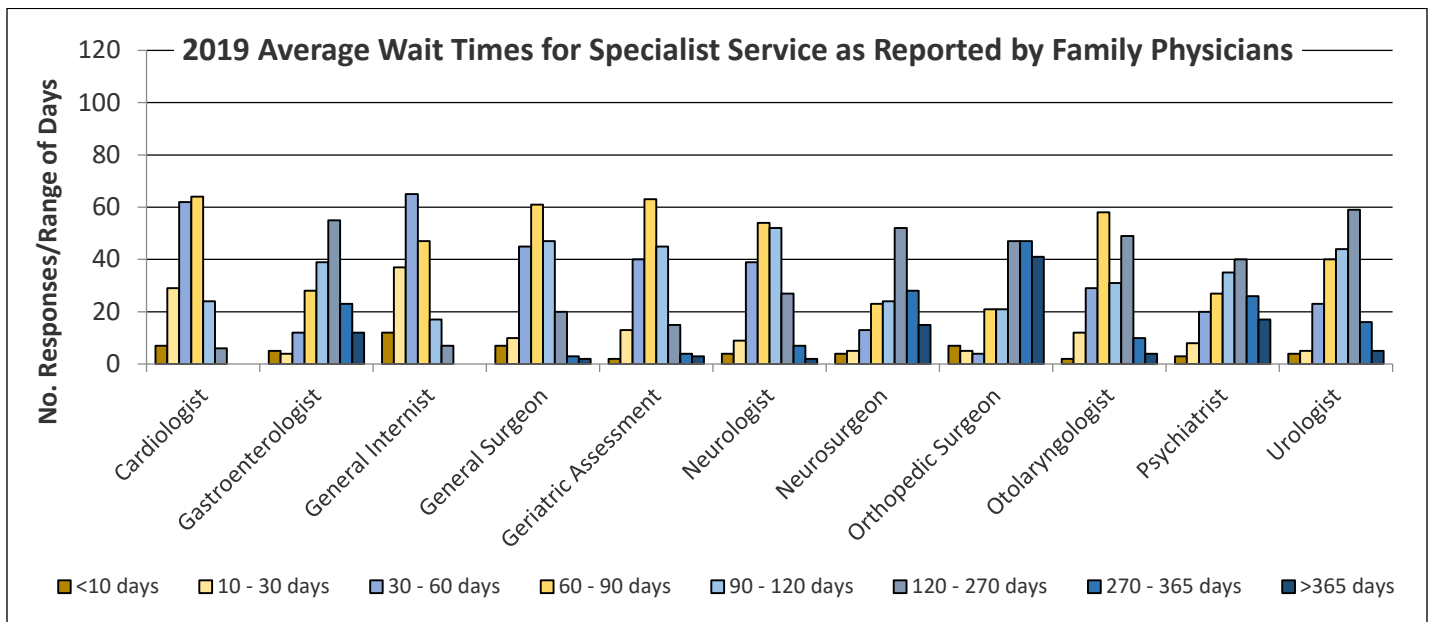
Problem	Responses												
	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007
OR/Endo/Cardiac Cath Lab Time	34	32	48	54	46	46	57	55	84	57	41	68	58
Bed Shortages: Acute, Sub-Acute, ALC	15	19	21	32	27	31	13	13	39	19	25	44	24
Diagnostics: Delays/Unavailable	21	11	22	10	14	12	23	31	24	38	39	23	32
Physician Workload, Patient Acuity	15	15	30	25	22	27	26	41	47	39	40	37	39
System Problems and Inefficiencies	15	14	20	27	16	15	14	16	14	6	10	8	14
Nursing, Allied Professions and Support Staff Shortages	18	14	14	20	16	22	7	20	19	15	12	20	20
Consultation with other Specialists/Referrals	3	13	7	11	5	9	8	16	14	12	20	18	10
Clinics/Outpatient Resources	3	10	4	11	14	17	13	9	11	8	9	12	7
Lack of program Resources	13	14	15	16	2	2	7	12	12	16	14	1	0
Inadequate OR Facilities/Equipment	8	14	8	7	14	17	3	8	11	13	5	2	5
Lack of Primary Health Care Providers	3	5	5	4	11	12	1	1	6	4	4	1	4
Wait Times Including Outpatient Procedures	18	21	26	25	21	25	-	-	-	-	-	-	-
Other: Lack of Health Care Coverage, Patients Not Keeping Appointments, Patient Expectations	6	8	9	2	9	13	14	16	16	13	17	18	14

**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 2019

2018	<10 days	10 - 30 days	30 - 60 days	60 - 90 days	90 - 120 days	120 - 270 days	270 - 365 days	>365 days	Unable To Refer
Cardiologist	7	29	62	64	24	6	0	0	2
Gastroenterologist	5	4	12	28	39	55	23	12	22
General Internist	12	37	65	47	17	7	0	0	3
General Surgeon	7	10	45	61	47	20	3	2	2
Geriatric Assessment	2	13	40	63	45	15	4	3	4
Neurologist	4	9	39	54	52	27	7	2	2
Neurosurgeon	4	5	13	23	24	52	28	15	15
Orthopedic Surgeon	7	5	4	21	21	47	47	41	9
Otolaryngologist	2	12	29	58	31	49	10	4	4
Psychiatrist	3	8	20	27	35	40	26	17	23
Urologist	4	5	23	40	44	59	16	5	8

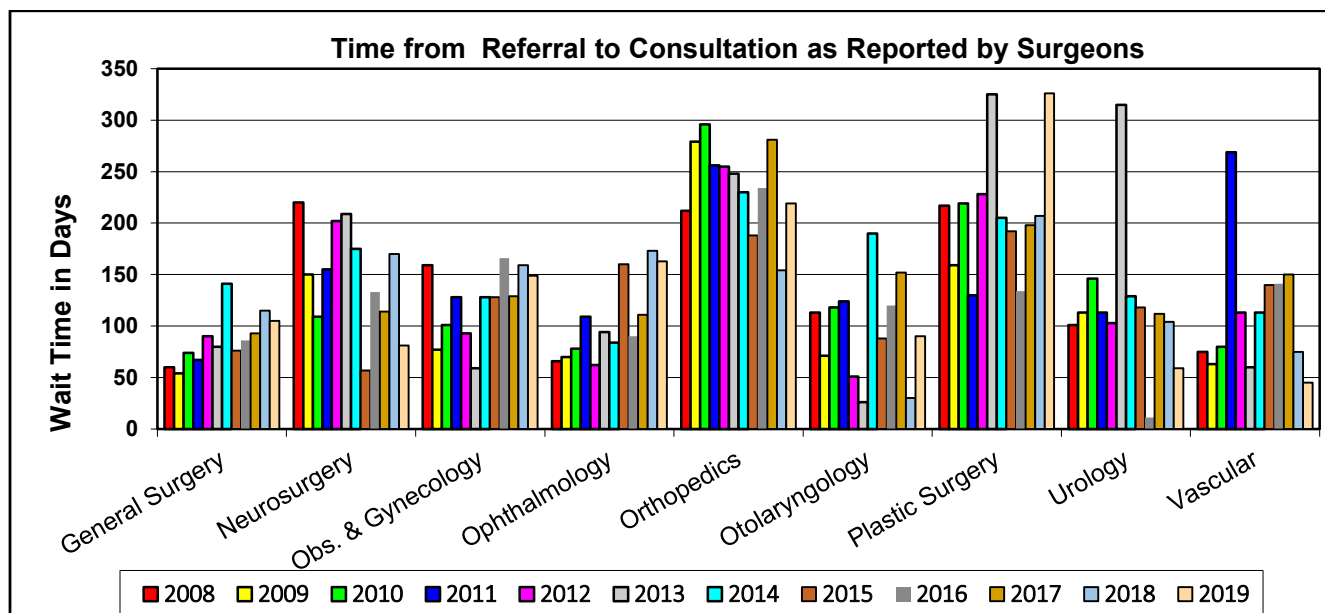
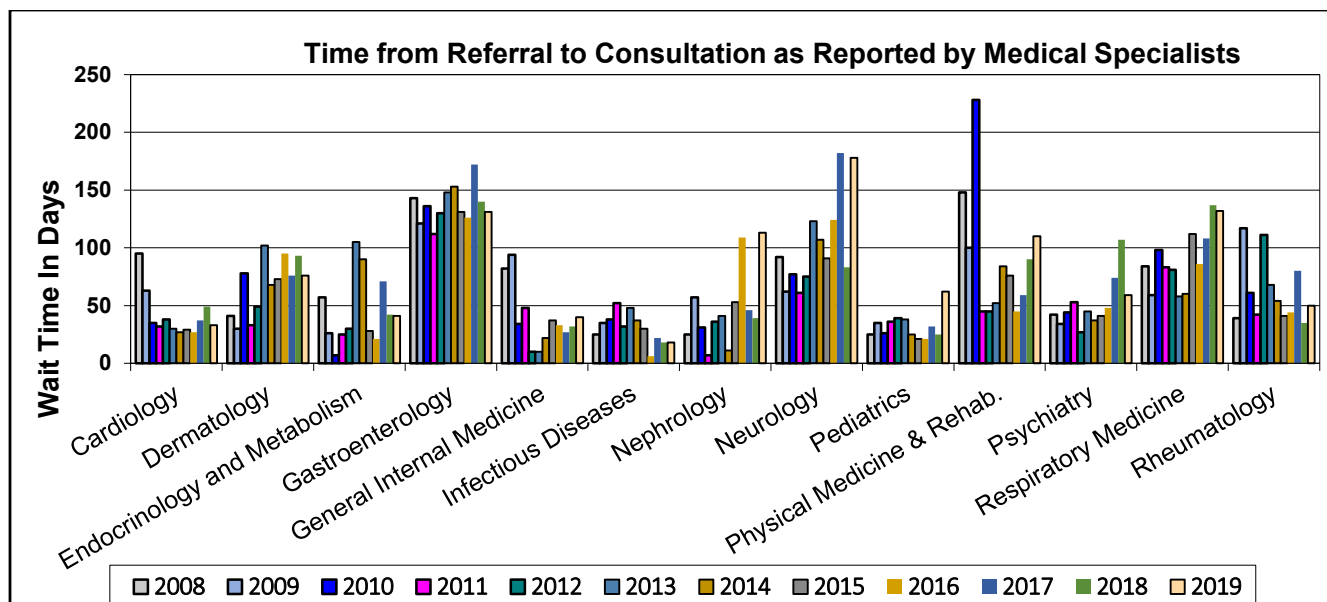


The table below indicates the average number of days from 2006 – 2019 with the addition of new data shown in the highest number of responses (beginning in 2014) for the range of days for each specialist as reported by Family Physicians.

	Range of days as reported by Family Physicians													
	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006
Cardiology	60-90	30-60	30-60	30-60	30-60	30-60	59	59	65	52	61	73	74	73
Gastroenterology	120-270	120-270	90-120	120-270	120-270	90-120	112	153	169	181	176	115	133	115
General Internal Medicine	30-60	30-60	30-60	10-30	30-60	30-60	54	53	70	56	55	54	54	54
General Surgery	60-90	60-90	30-60	60-90	30-60	60-90	72	68	80	64	63	51	59	51
Geriatric Assessment	60-90	30-60	30-60	30-60	60-90	30-60	77	72	63	57	54	64	63	64
Neurology	60-90	60-90	60-90	30-60	30-60	30-60	92	88	89	74	66	72	70	72
Neurosurgery	120-270	120-270	120-270	120-270	90-120	270-365	194	185	223	229	198	180	175	180
Orthopedics	270-365	270-365	120-270	270-365	120-270	>365	285	282	320	296	274	218	239	218
Otolaryngology	60-90	60-90	60-90	60-90	90-120	90-120	114	126	149	118	133	122	145	122
Psychiatry	120-270	120-270	120-270	120-270	120-270	120-270	151	146	150	138	125	136	150	154
Urology	120-270	120-270	120-270	90-120	90-120	90-120	112	101	100	77	72	66	67	62

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

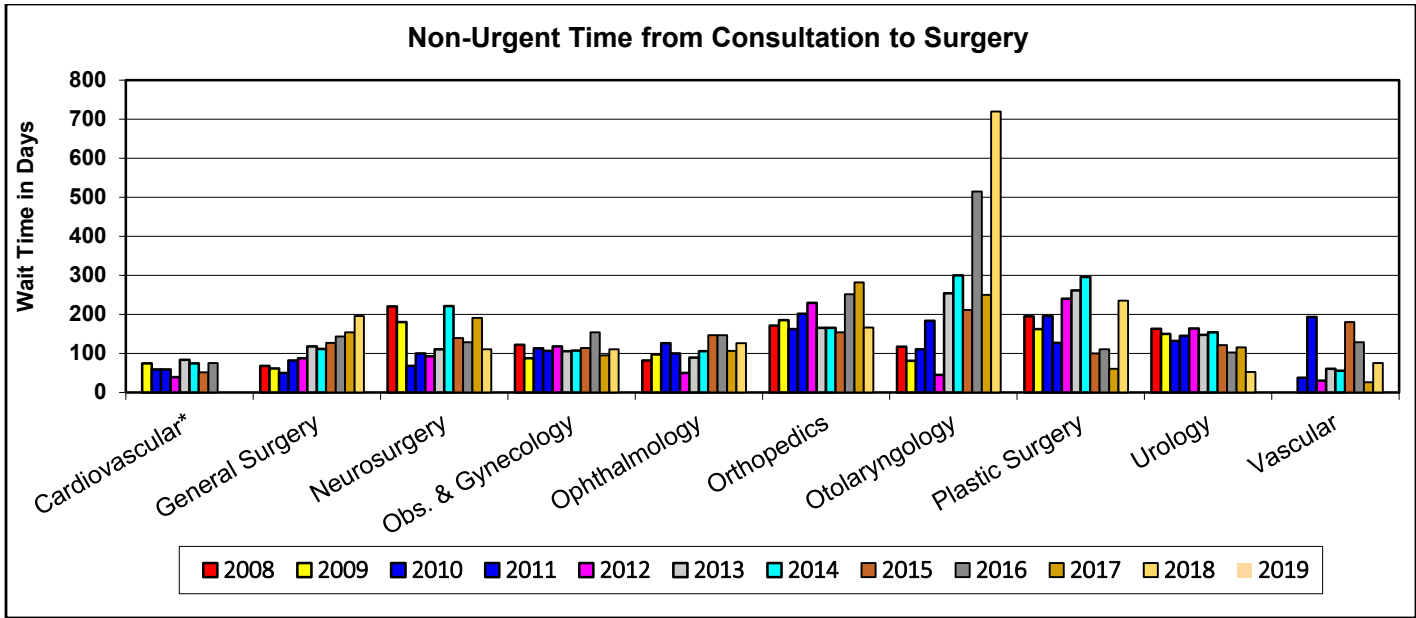
	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006
Cardiology	33	49	37	27	29	27	30	38	32	35	63	95	69	74
Dermatology	76	93	76	95	73	68	102	49	33	78	30	41	70	35
Endocrinology & Metabolism	41	42	71	21	28	90	105	30	25	7	26	57	44	66
Gastroenterology	131	140	172	128	131	153	148	130	112	136	121	143	183	138
General Internal Medicine	40	32	27	33	37	22	10	10	48	34	94	82	46	43
General Surgery	105	115	93	86	76	141	80	90	67	74	54	60	44	43
Infectious Diseases	18	18	22	6	30	37	48	32	52	38	35	25	16	54
Nephrology	113	39	46	109	53	11	41	36	7	31	57	25	39	49
Neurology	178	83	182	124	91	107	123	75	61	77	62	92	47	59
Neurosurgery	81	170	114	133	57	175	209	202	155	109	150	220	112	145
Obstetrics & Gynecology	149	159	129	166	128	128	59	93	128	101	77	159	109	116
Ophthalmology	163	173	111	90	160	84	94	62	109	78	70	66	103	85
Orthopedics	219	154	281	234	188	230	248	255	256	281	279	212	136	180
Otolaryngology	90	30	152	120	88	190	26	51	124	50	71	113	153	93
Pediatrics	62	25	32	21	21	25	38	39	36	26	35	25	35	34
Physical Medicine & Rehab.	110	90	59	45	76	84	52	45	45	228	100	148	123	83
Plastic Surgery	326	207	198	134	192	205	325	228	130	219	159	217	141	121
Psychiatry	59	107	74	48	41	37	45	27	53	44	34	42	49	44
Respiratory Medicine	132	137	108	86	112	60	58	81	83	98	59	84	67	85
Rheumatology	50	35	80	44	41	54	68	111	42	61	117	39	79	91
Urology	120	104	112	111	118	129	315	103	113	146	113	101	74	63
Vascular Surgery	45	75	150	141	140	113	60	113	269	80	63	75	33	45



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

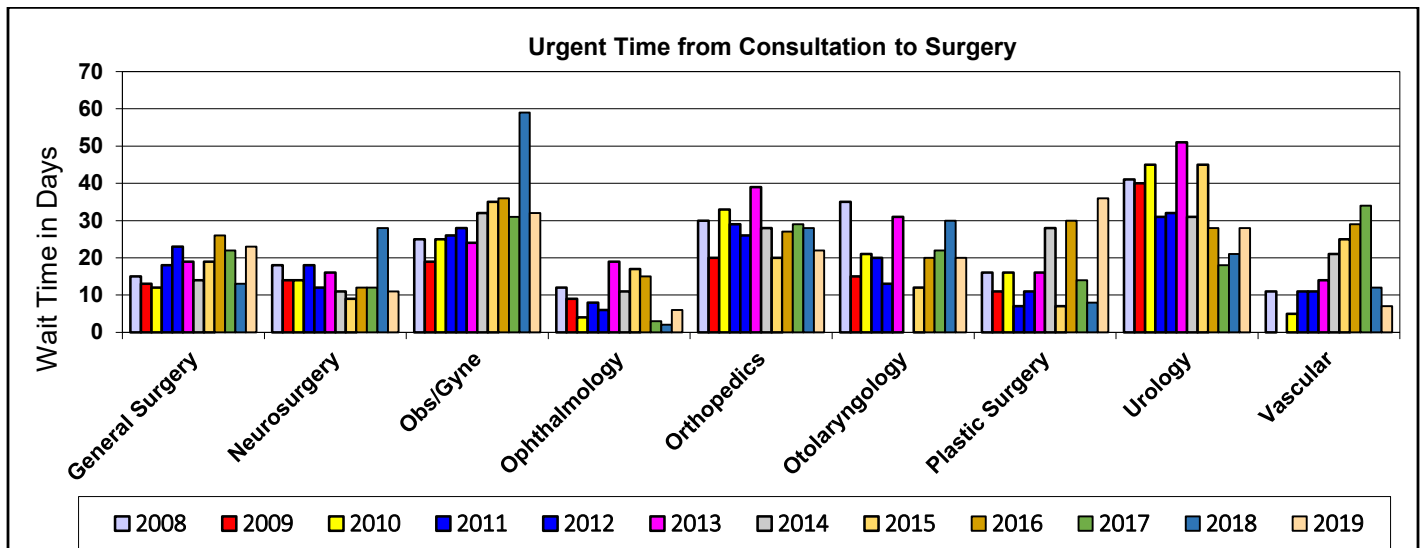
Subspecialty	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006
Cardiovascular	21	-	-	75	51	74	83	30	59	59	74	-	93	65
General Surgery	123	196	154	143	127	111	118	87	82	50	61	68	58	43
Neurosurgery	119	110	191	128	139	221	110	92	100	68	180	220	111	84
Obstetrics & Gynecology	122	110	95	154	114	107	105	118	106	113	87	122	107	94
Ophthalmology	155	126	106	146	146	105	89	50	100	126	97	82	71	78
Orthopedics	258	166	282	251	154	165	165	229	201	162	185	171	113	160
Otolaryngology	90	720	250	515	211	300	254	45	183	110	81	117	81	91
Plastic Surgery	238	235	60	110	100	296	261	240	127	196	162	195	165	135
Thoracic*	40	45	26	56	39	180	-	50	-	-	-	-	-	-
Urology	213	52	115	102	121	31	147	164	145	132	150	163	151	111
Vascular	42	75	26	128	180	21	60	30	193	37	-	-	25	29

\* Previously included with Cardiovascular



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

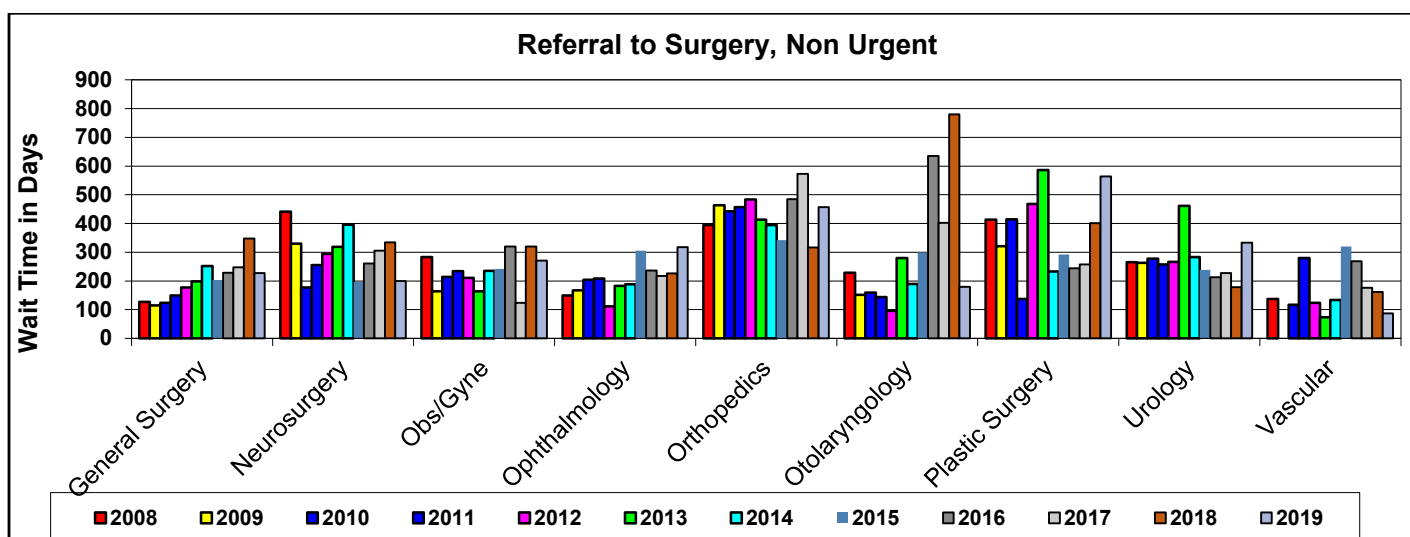
	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006
Cardiovascular	7	-	-	6	3	8	3	4	-	-	-	-	-	-
General Surgery	23	13	22	26	19	14	19	23	18	12	13	15	17	11
Neurosurgery	11	28	12	12	9	11	16	12	18	14	14	18	8	13
Obstetrics & Gynecology	32	59	31	36	35	32	24	28	26	25	19	25	19	11
Ophthalmology	6	2	3	15	17	11	19	6	8	4	9	12	11	7
Orthopedics	22	28	29	27	20	28	39	26	29	33	20	30	26	31
Otolaryngology	20	30	22	20	12	-	31	13	20	21	15	35	32	20
Plastic Surgery	36	8	14	30	7	28	16	11	7	16	11	16	8	10
Thoracic	10	15	9	42	18	42	-	8	-	-	-	-	-	-
Urology	28	21	18	28	45	31	51	32	31	45	40	41	34	33
Vascular	7	12	34	29	25	21	14	11	11	5	-	11	10	13



## 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.

	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006
Cardiovascular	42	-	-	95	61	90	113	68	-	-	-	-	-	-
General Surgery	228	348	248	229	203	252	198	177	149	124	115	127	102	86
Neurosurgery	200	334	305	261	196	396	319	294	255	177	330	441	223	229
Obstetrics & Gynecology	271	320	124	320	242	235	164	211	234	214	164	283	216	210
Ophthalmology	318	226	217	236	306	189	183	112	209	204	167	149	174	164
Orthopedics	457	317	573	485	342	395	413	484	457	443	464	395	249	340
Otolaryngology	180	780	402	635	299	190	280	96	144	160	152	229	234	184
Plastics	564	401	258	244	292	233	586	468	137	415	321	413	306	256
Urology	333	179	227	213	239	283	462	267	258	278	263	265	226	174
Vascular	87	162	176	269	320	134	74	124	280	117	-	137	58	73



## 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:

	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006
CT	65%	40%	39%	40%	39%	31%	24%	24%	20%	18%	32%	28%	28%	39%
EMG	27%	34%	33%	32%	60%	41%	62%	27%	53%	22%	48%	52%	52%	56%
MRI	70%	64%	64%	65%	79%	61%	71%	53%	44%	49%	59%	58%	64%	66%
Ultrasound	23%	15%	17%	21%	24%	25%	12%	16%	22%	30%	55%	33%	29%	33%
Pathology	16%	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:

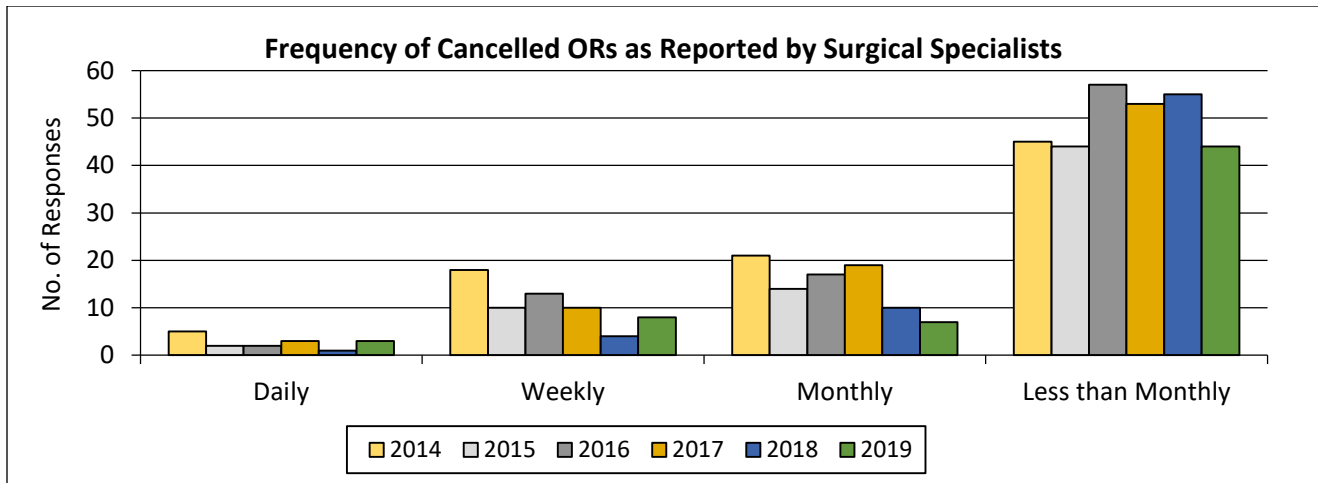
1. Community Resources,
2. Lack of Beds,
3. Lack of Nursing, Allied Health, and Support Staff.

Total number of respondents: 143 with 134 of those identifying 3 issues for a total of 426 responses.

Problems Identified	Number of Responses													
	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006
Lack of Nursing, Allied Health, and Support Staff	48	39	60	63	60	63	21	21	38	40	40	52	60	49
Diagnostic Delays (Access and Results)	35	12	34	40	33	28	27	52	22	41	43	56	56	84
Beds (Acute and LTC)	52	40	94	74	93	77	28	44	35	33	54	85	51	62
Referrals / Consultations	28	17	31	32	29	26	26	38	24	22	45	55	52	85
Community Resources & Social Services	55	47	75	65	64	69	17	15	12	21	16	13	22	31
Clinic Time / Resources	19	15	32	29	19	17	4	11	19	14	13	19	11	11
Lack of Time – OR / Endo / Cardiac Cath / Lab	8	7	13	20	18	15	11	6	9	8	6	13	11	14
Patient Compliance and Expectations	20	22	30	28	22	14	6	13	8	6	8	11	9	22
Wait Times (usually referencing times for OP procedures)	26	22	47	41	45	25	4	8	24	28	-	26	-	-
Administration and System Issues	25	24	54	46	46	46	14	14	31	14	11	19	30	45
Workload / Patient Acuity	29	20	52	48	44	28	25	24	44	21	19	-	48	87
Resources – Funding, Programs, Basic Equipment	14	8	27	38	35	28	21	20	26	28	15	11	17	45
Lack of Health Care Coverage (For Medications, Therapy)	27	24	31	31	25	15	10	9	13	5	8	-	15	17
Patient who need Family Physicians	22	24	46	43	46	42	5	3	10	14	9	-	9	24
Consistency of Care Issues - Need for Coordination between specialists	7	20	30	27	13	17	5	5	12	6	3	-	2	2

**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					
	2019	2018	2017	2016	2015	2014
<b>Daily</b>	3	1	3	2	2	5
<b>Weekly</b>	8	4	10	13	10	18
<b>Monthly</b>	7	10	19	17	14	21
<b>Less than Monthly</b>	44	55	53	57	44	45

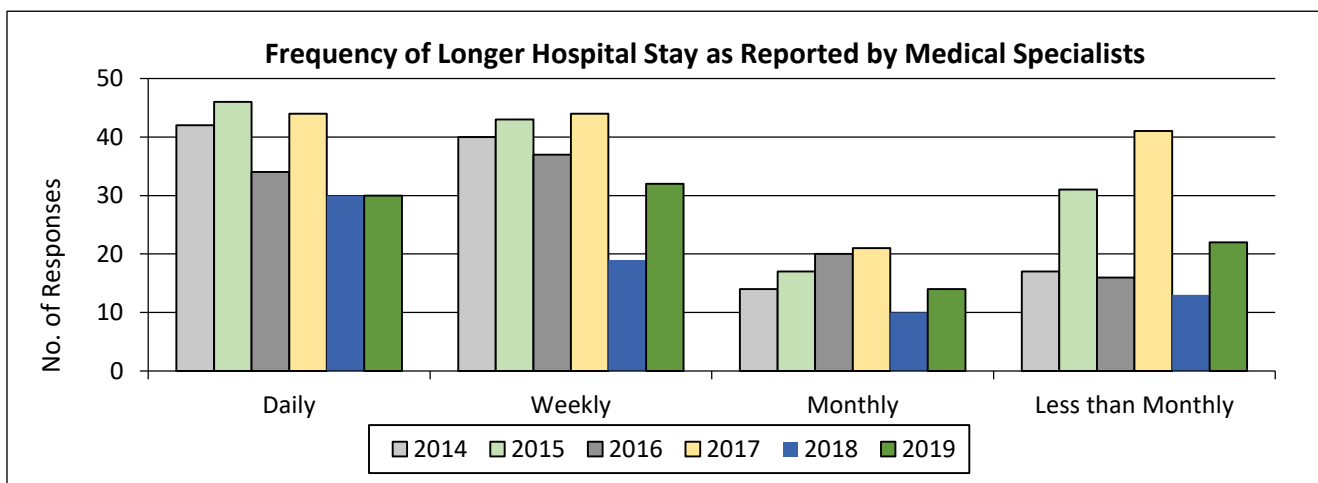


**Unsafe Patient Management:** In 2014, the question “Do you sometimes feel the number of patients/complexity of patients you manage is unsafe?” was added to Medical Specialist survey. This year, 15.5% of respondents felt that the number of patients/complexity of their patients was unsafe.

Unsafe levels of patient/complexity	2019	2018	2017	2016	2015	2014
Yes	18.1%	15.5%	17.3%	34.2%	34.8%	32.4%
No	81.9%	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					
	2019	2018	2017	2016	2015	2014
<b>Daily</b>	30	30	44	34	46	42
<b>Weekly</b>	32	19	44	37	43	40
<b>Monthly</b>	14	10	21	20	17	14
<b>Less than Monthly</b>	22	13	41	16	31	17





**Referral Process for Medical Specialists:**

In 2015, the question “Do you feel you are receiving inappropriate referrals” was added to the Medical Specialist Survey. This year, 47% or 70 respondents felt they were receiving inappropriate responses. The following table shows the number of responses by percent of inappropriate referrals:

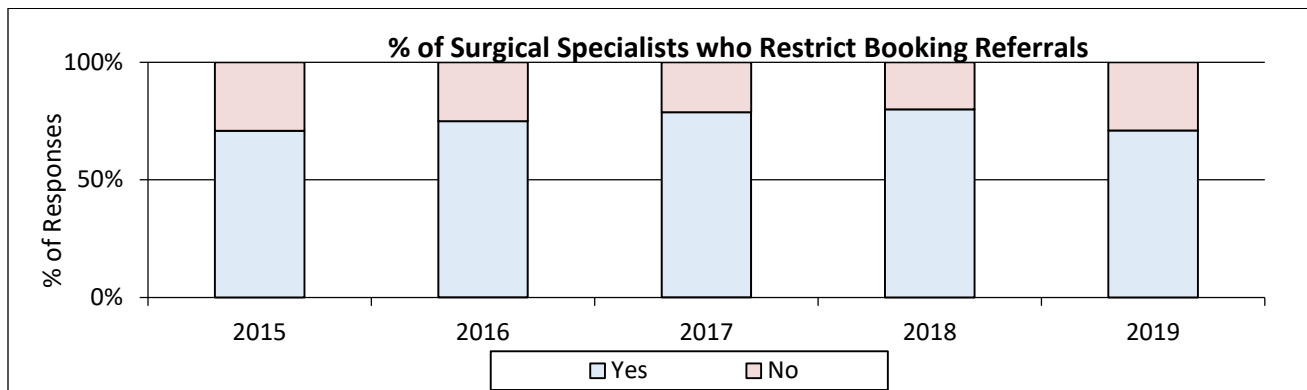
	Percentage of Inappropriate Referrals				
% of Inappropriate Referrals	2019	2018	2017	2016	2015
5-10%	51%	67%	43%	44%	60%
11-20%	25%	14%	33%	39%	41%
21-30%	20%	14%	19%	15%	13%
50% or More	4%	5%	6%	3%	3%

This year we asked Medical Specialists if their discipline uses a centralized referral system and if so, did they find the system effective. 30 Medical Specialists reported their discipline as using a centralized referral system and 83% or 25 respondents find the system to be useful. For those whose discipline does not use a centralized referral system, we asked if they see a need for one. 24% or 14 respondents see a need for a centralized referral system for their discipline while 76% or 45 respondents do not.

**Referral Process for Surgical Specialists:**

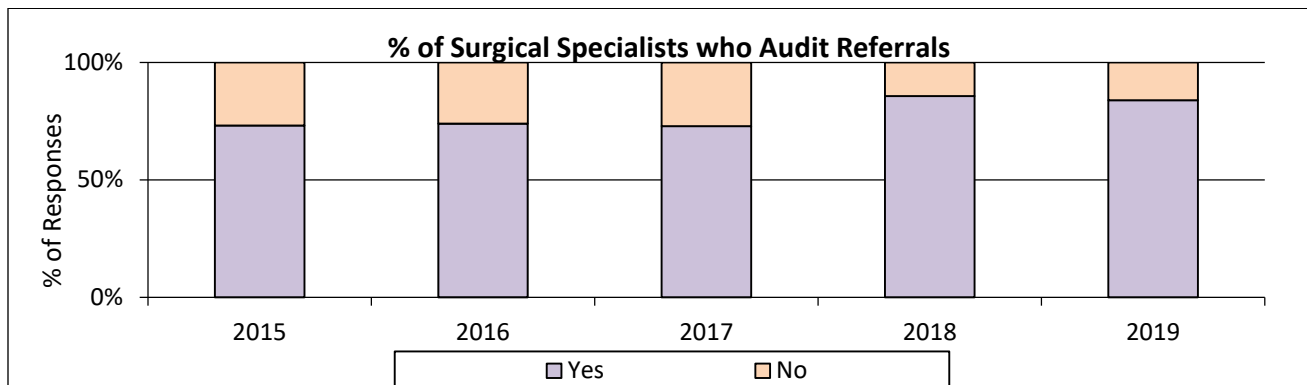
**Do you restrict booking referrals:** This year, 71% or 44 respondents stated they do restrict their booking referrals.

2019	2018	2017	2016	2015
71%	80%	78%	75%	71%



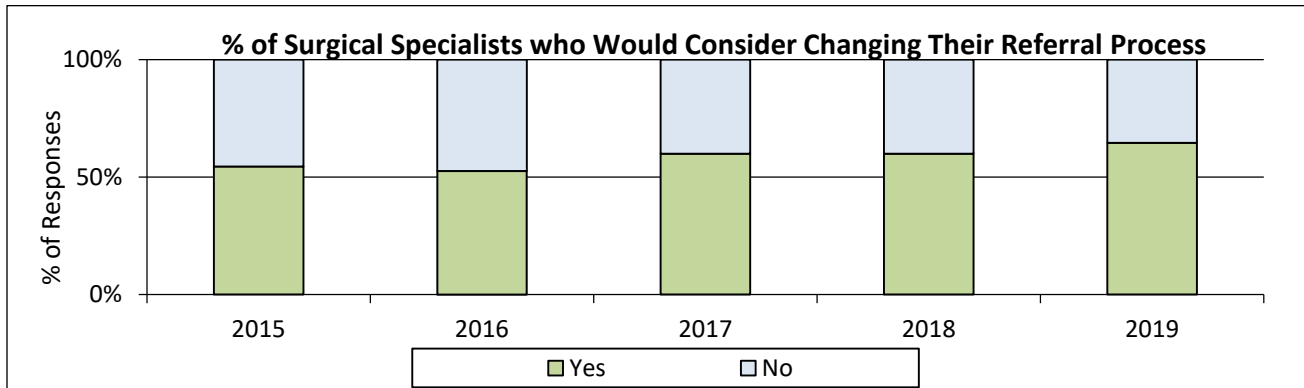
**Do you audit your referrals:** 84% or 52 respondents stated they do complete an audit of their referrals.

2019	2018	2017	2016	2015
84%	86%	73%	74%	73%



**Would you consider changing your referral process:** 65% or 40 respondents stated they would consider changing their referral process.

2019	2018	2017	2016	2015
65%	60%	60.0%	54.6%	52.6%



Beginning this year, we asked Surgeons if their specialty uses a centralized referral system.

- 30 respondents or 49% said their specialty does use a centralized referral system.

We asked those whose specialty uses a centralized referral system if they found it effective

- 27 or 90% said that they did find the use of a centralized referral system to be effective.

We asked those who said they did not use a centralized referral system if they saw a need for one.

- Of the 30 respondents, only 33% or 10 said they saw a need,
- 20 or 27% said they did not see a need for a centralized referral system.