

# ANNUAL WAIT TIME REPORT



APRIL 2018 – MARCH 2019

*“Improve access to key services by utilizing wait time indicators”*

(2016-2021 Strategic Plan)

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### INTRODUCTION

Reducing wait times continues to be both a priority and a challenge for health care systems. Various factors influence the ability to deliver timely care, such as an increased need due to an ageing population, the number of available surgeons and anesthetists, and available resources such as operating room time and post-operative rooms.



Just prior to the 2018-19 Fiscal Year, the Government of Manitoba established a provincial health organization named Shared Health. Shared Health brings a provincial approach to resources, expertise and functions, and is expected to attain and sustain significant improvements, including but not limited to, reduced wait times. For more information, refer to the [sharedhealthmb.ca](http://sharedhealthmb.ca) website.

This report highlights some of the changes that have occurred, wait time challenges encountered, actions taken, and improvements made over the past fiscal year.

### DEFINITIONS

There are two terms frequently used throughout this report:

- Average: the sum of a list of numbers, divided by how many numbers are in the list
- Median: the middle value of a list of numbers, when listed in numerical order from smallest to largest. If there are two middle numbers, you average them.

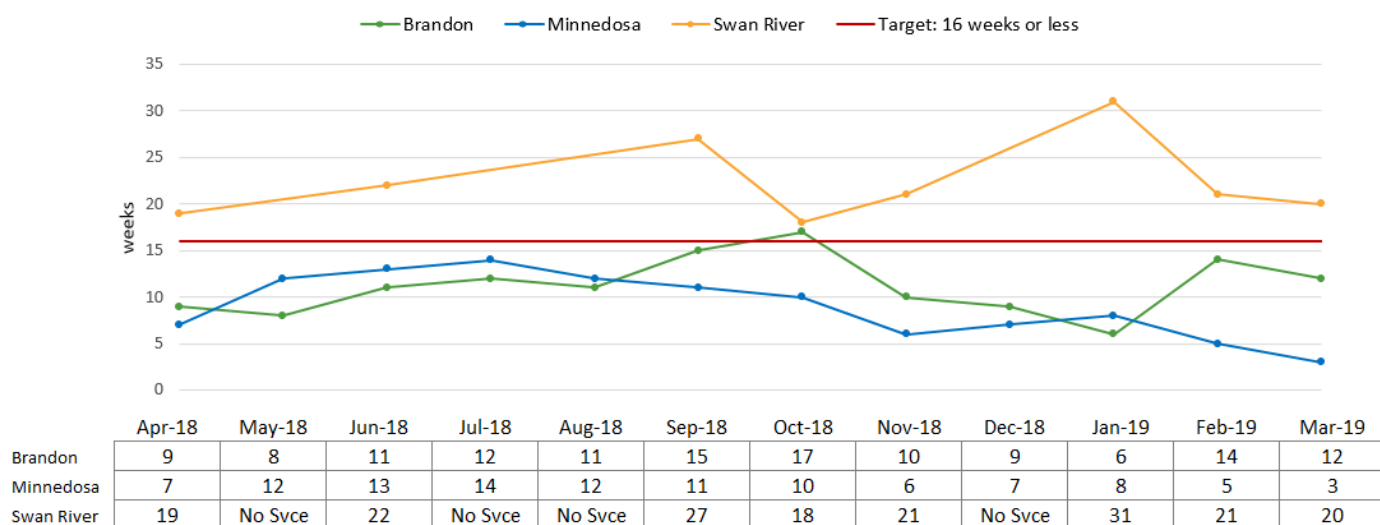
## SURGICAL

Surgical wait times are calculated as the surgery date minus the date the surgical booking form is received in the PreOp Assessment Clinic/Booking Office. Results are inclusive of elective and urgent surgical bookings received from the surgeon’s office. Results exclude wait times of patients admitted through the emergency department or who delay surgery due to medical reasons or personal choice, as this would skew the results.

## CATARACT

The cataract wait time target is 16 weeks or less (as per Manitoba Health, Seniors and Active Living), with a benchmark target to complete 90% of cases within sixteen weeks (as per Canadian Institute for Health Information and 2016-2021 Strategic Plan Indicator).

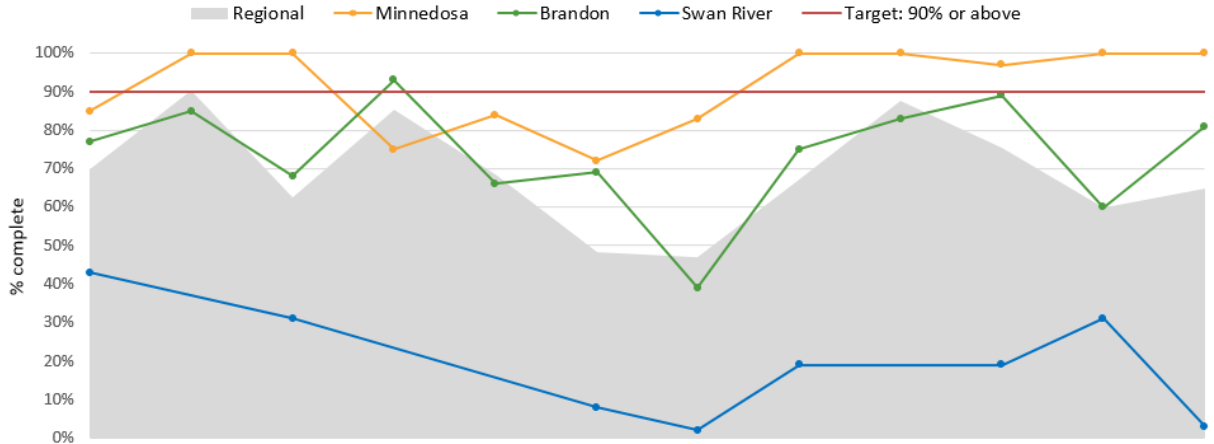
**CATARACT MEDIAN WAIT**



	<b>What happened in the last 12 months?</b>	<b>What happened in previous years?</b>
<b>BRANDON</b>	Below (met) median wait target for 11 months of the year. Shortest to longest median monthly wait: Jan (6 weeks) – Oct (17 weeks)	Shortest to longest median monthly wait: 2014/15 = 6 – 15 weeks 2015/16 = 3 – 11 weeks 2016/17 = 3 – 9 weeks 2017/18 = 5 – 13 weeks
<b>MINNEDOSA</b>	Below (met) median wait target every month for the 3 <sup>rd</sup> year in a row. Shortest to longest median monthly wait: Mar (3 weeks) – Jul (14 weeks)	Shortest to longest median monthly wait: 2014/15 = 5 – 21 weeks 2015/16 = 10 – 18 weeks 2016/17 = 1 – 16 weeks 2017/18 = 2 – 13 weeks
<b>SWAN RIVER</b>	Failed to meet target during the eight months when service was offered. Shortest to longest median monthly wait: Oct (18 weeks) – Jan (31 weeks)	Shortest to longest median monthly wait: 2014/15 = 11 – 15 weeks 2015/16 = 7 – 17 weeks 2016/17 = 14 – 29 weeks 2017/18 = 14 – 36 weeks

**ANNUAL WAIT TIME REPORT**

**CATARACT % COMPLETE WITHIN 16 WEEK BENCHMARK**



	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Minnedosa	85%	100%	100%	75%	84%	72%	83%	100%	100%	97%	100%	100%
Brandon	77%	85%	68%	93%	66%	69%	39%	75%	83%	89%	60%	81%
Swan River	43%	No Svce	31%	No Svce	No Svce	8%	2%	19%	No Svce	19%	31%	3%
Regional	70%	90%	62%	85%	69%	48%	47%	67%	88%	75%	60%	65%

	What happened in the last 12 months?	What happened in previous years?
<b>BRANDON</b>	Above (met) percentage within benchmark for one out of twelve months. Highest to lowest percentages: Jul (93%) – Oct (39%)	Highest to lowest percentages: 2015/16 = 100 – 52% 2016/17 = 100 – 78% 2017/18 = 98 – 54%
<b>MINNEDOSA</b>	Above (met) percentage within benchmark for seven out of twelve months. Highest to lowest percentages: May, Jun, Nov, Dec, Feb & Mar (100%) – Sep (72%)	Highest to lowest percentages: 2015/16 = 86 – 42% 2016/17 = 100 – 53% 2017/18 = 100 – 90%
<b>SWAN RIVER</b>	Below (failed to meet) percentage within benchmark during all eight months service was offered. Highest to lowest percentages: Apr (43%) - Oct (2%)	Highest to lowest percentages: 2015/16 = 88 – 50% 2016/17 = 75 – 0% 2017/18 = 76% - 0%
<b>REGIONAL</b>	Above (met) percentage within benchmark for one out of twelve months. Highest to lowest percentages: May (90%) - Oct (47%)	Highest to lowest percentages: 2015/16 = 94 – 61% 2016/17 = 98 – 66% 2017/18 = 98 - 43%

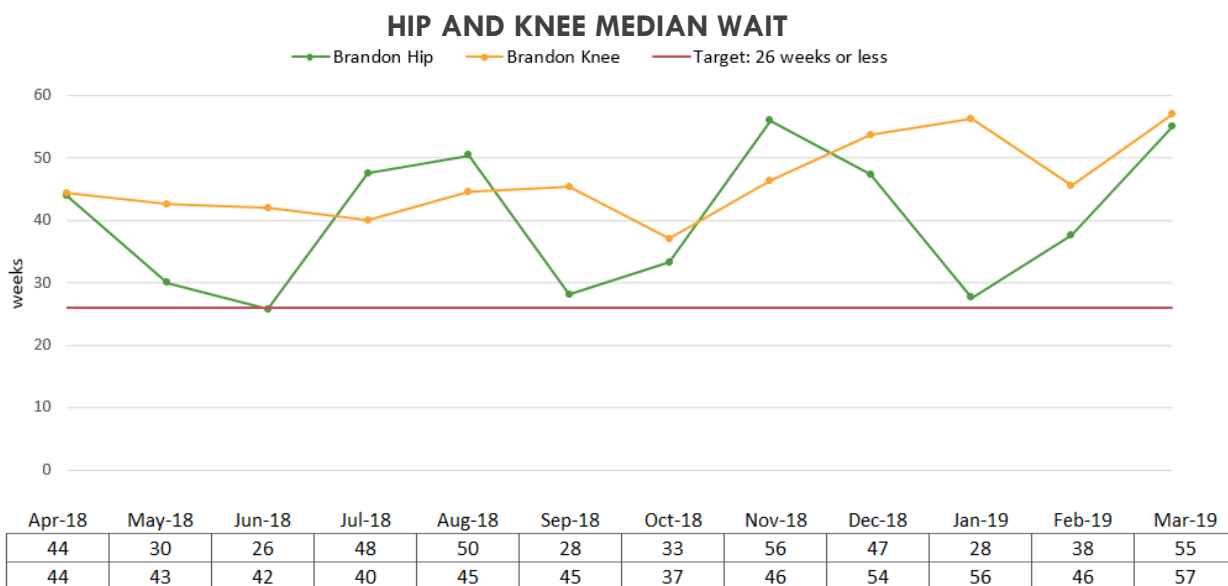
The surgeon performing cataracts at Swan River offers itinerant service. Patients are given the option to have their surgery performed at other locations, but some choose to wait longer due to location and/or surgeon preference. For this reason, wait times are longer than at other locations. Cataract surgery was offered in Swan River for eight months in 2018/19. This compares to seven months in 2017/18, nine months in 2016/17 and six months in 2015/16.

## HIP AND KNEE REPLACEMENT

The hip and knee replacement wait time target is 26 weeks or less (as per Manitoba Health, Seniors and Active Living), with a benchmark target to complete 90% of cases within 26 weeks (as per Canadian Institute for Health Information and 2016-2021 Strategic Plan Indicator).

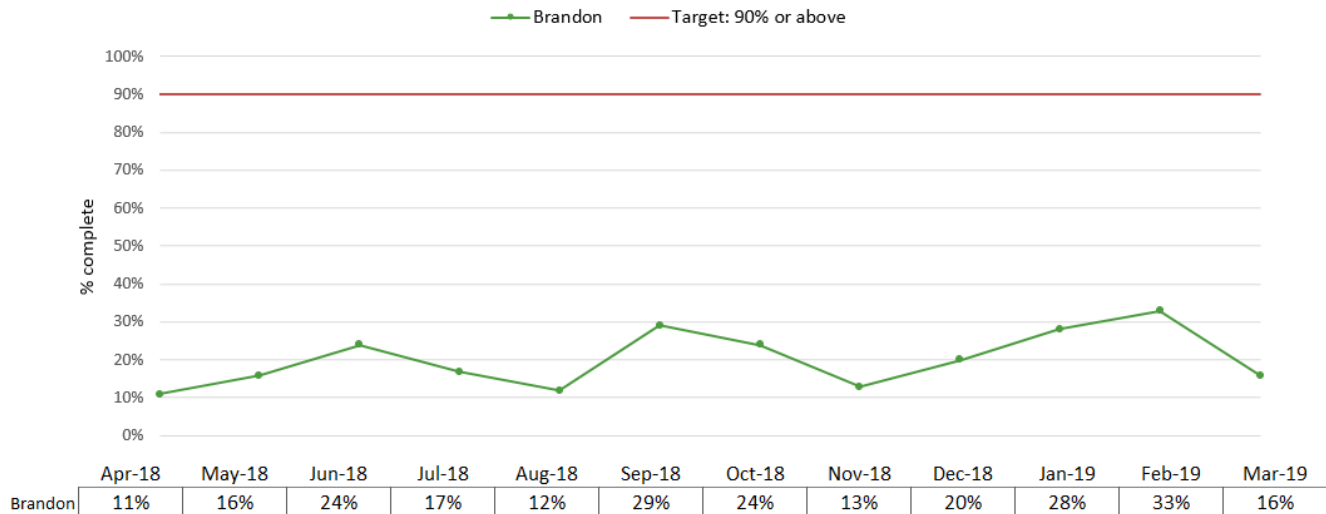
Knee replacement results are inclusive of primary and revision surgeries.

Hip replacement results are inclusive of primary and revision surgeries. Results exclude partial hip replacements, including Moores and modular hip, as they are considered an emergency and are therefore not slated.



What happened in the last 12 months?		What happened in previous years?
<b>BRANDON HIP</b>	Below (met) median wait target for one month out of twelve. Shortest to longest median monthly wait: Jun (26 weeks) – Nov (56 weeks)	Shortest to longest median monthly wait: 2014/15 = 4 – 11 weeks 2015/16 = 5 – 22 weeks 2016/17 = 5 – 17 weeks 2017/18 = 15 – 42 weeks
<b>BRANDON KNEE</b>	Failed to meet target for all twelve months. Shortest to longest median monthly wait: Oct (37 weeks) – Mar (57 weeks)	Shortest to longest median monthly wait: 2014/15 = 11 – 20 weeks 2015/16 = 9 – 23 weeks 2016/17 = 10 – 31 weeks 2017/18 = 10 – 40 weeks

**HIP & KNEE % COMPLETE WITHIN 26 WEEK BENCHMARK**



	What happened in the last 12 months?	What happened in previous years?
<b>BRANDON HIP &amp; KNEE COMBINED</b>	Below (failed to meet) percentage within benchmark for all twelve months. Highest to lowest percentages: Feb (33%) - Apr (11%)	Highest to lowest percentages: 2014/15 = 100 – 88% 2015/16 = 100 – 70% 2016/17 = 100 – 51% 2017/18 = 78 – 18%

Surgeons have the ability to join Central Intake for Joint Replacement surgery in the province. This means that patient referrals are sent to the surgeon with the lowest wait time. Patients may also elect to wait for their surgeon of choice. With one surgeon joining Central Intake, the volumes of referrals then increased, which also increased the overall wait time. A review of how joint replacement surgeries are scheduled was conducted. As a result of this review, efficiencies were realized, resulting in the ability to book an additional 12 procedures per month. It is anticipated this will have a positive affect on the wait times. National and provincial anaesthetic human resources remain a concern.



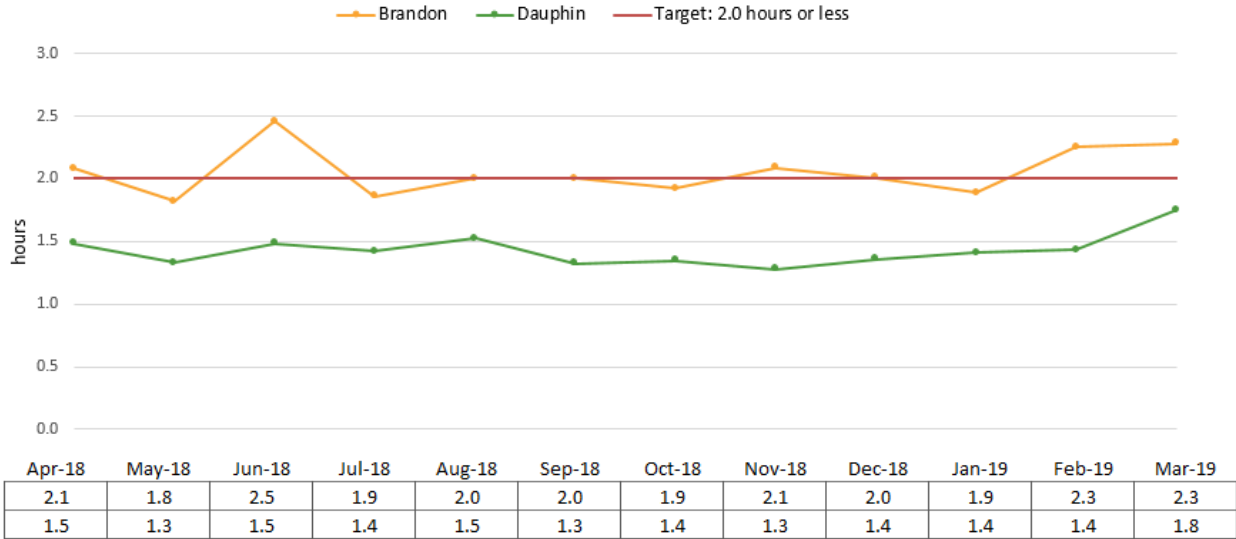
## EMERGENCY DEPARTMENT

Brandon and Dauphin Regional Health Centres collect data through the use of an electronic program called EDIS (Emergency Department Information System).

### WAIT TO BE SEEN

Wait to be seen is the average duration (in hours) from the time of arrival at the Emergency Department to first seen by a physician. An internal target was set at 2.0 hours or less.

**AVERAGE WAIT TO BE SEEN**



	What happened in the last 12 months?	What happened in previous years?
<b>BRANDON</b>	Below (met) target for seven out of twelve months. Shortest to longest average monthly wait: May (1.8 hours) – Jun (2.5 hours)	Shortest to longest average monthly wait: 2014/15 = 1.6 – 2.1 hours 2015/16 = 1.6 – 2.6 hours 2016/17 = 1.8 – 2.7 hours 2017/18 = 1.9 – 2.6 hours
<b>DAUPHIN</b>	Below (met) target during all twelve months. Shortest to longest average monthly wait: May & Sep thru Nov (1.3 hours) – Mar (1.8 hours)	Shortest to longest average monthly wait: Not available

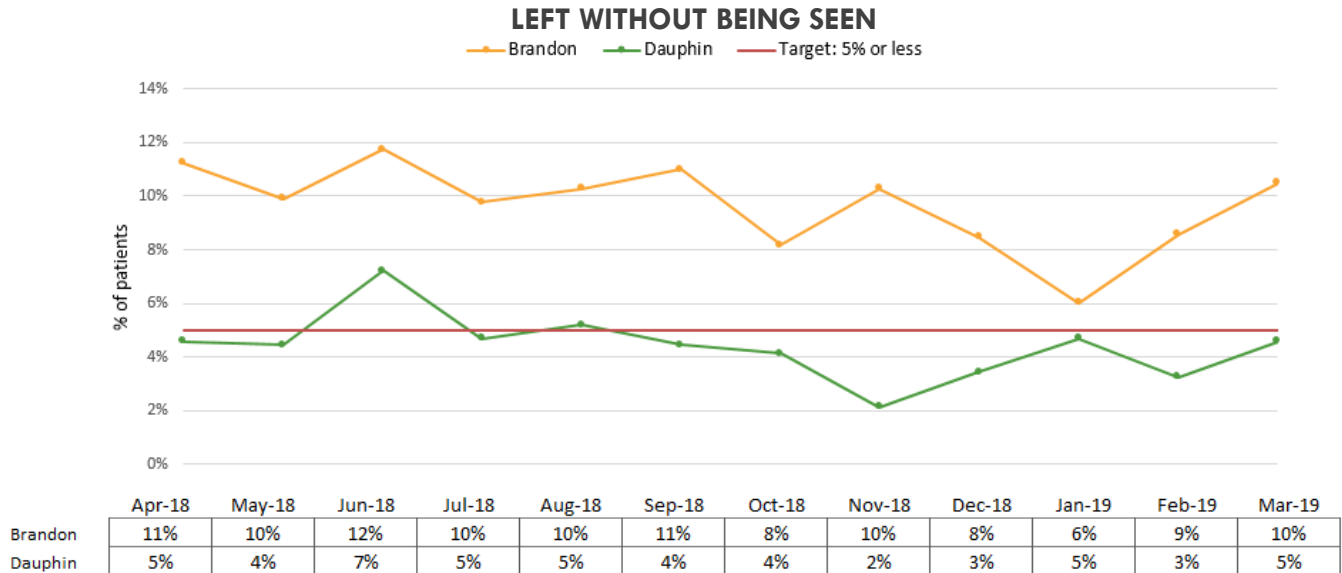
Overall, wait times improved from last year. ClinDoc has not been reintroduced at this time. We are still waiting for needed IT improvements and accessibilities. As the physicians are not on ClinDoc, the clerical staff must assign the physicians in the computer, and this is not always done in a timely manner, which can falsely lengthen the waiting to be seen data. In June, we had several changes in Emergency Physicians. With the vacancies, we had several physician locums, which increased our wait times as they were unfamiliar with some of our processes. We were grateful for their assistance.

Increases in wait times may occur during seasonal influenza (Jan/Feb/March). The region continually monitors its Emergency Wait Times.



## LEFT WITHOUT BEING SEEN

The proportion of emergency department visits that left without being seen by a physician. This indicator is calculated as the total number of visits divided by number of visits that left without being seen.



	What happened in the last 12 months?	What happened in previous years?
<b>BRANDON</b>	Above (failed to meet) target every month for the fifth year in a row. Lowest to highest percentages: Jan (6%) – Jun (12%)	Lowest to highest percentages: 2014/15 = 6 – 10% 2015/16 = 7 – 13% 2016/17 = 8 – 13% 2017/18 = 8 – 14%
<b>DAUPHIN</b>	Below (met) target for eleven out of twelve months. Lowest to highest percentages: Nov (2%) – Jun (7%)	Lowest to highest percentages: Not available

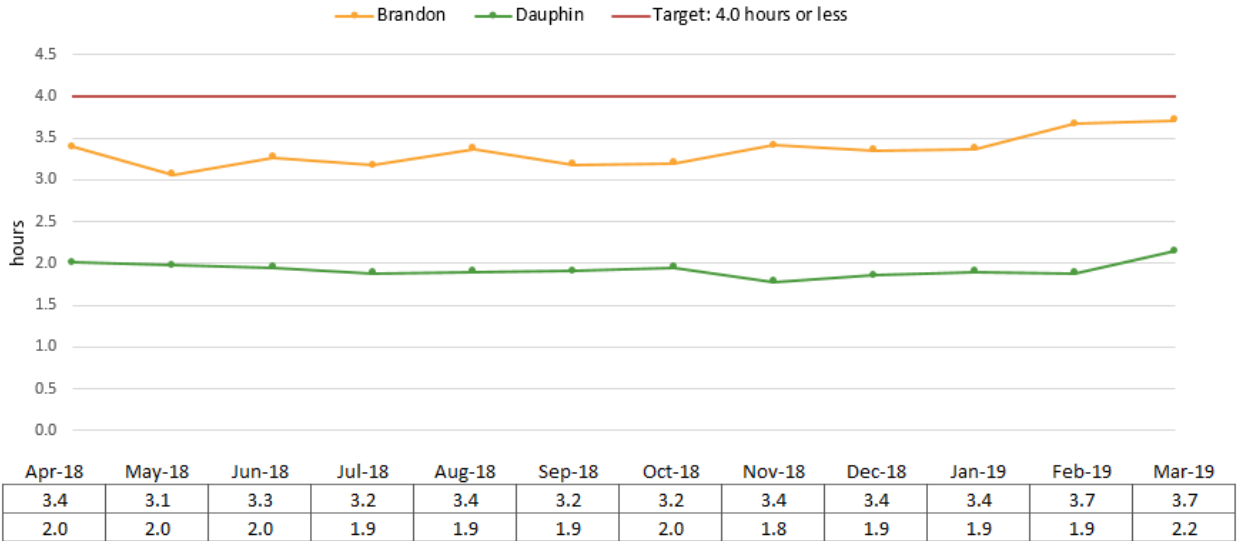
Our overall average for this year is down 1.5% from last year as we continue to work on finding ways to improve flow through the department. ‘Nurse Care Only’ disposition is only used for those patients that nurses have provided physical care. For example, dressing wounds, foreign body removal, etc. There are many patients that the triage nurse will assess, council and offer alternatives such as walk in clinics rather than waiting in the Emergency Department to be seen. These patients also fall under the left without being seen category even though needs have been addressed.

## LENGTH OF STAY (LOS)

The median length of time (in hours and minutes) spent in the Emergency Department, from patient registration and triage:

- to the time the main service provider (physician) decides to discharge the patient (LOS Non-Admit)
- or to the time the main service provider (physician) decides to admit the patient and the patient is admitted to an inpatient bed (LOS Admit)

### MEDIAN NON-ADMIT LENGTH OF STAY (LOS)

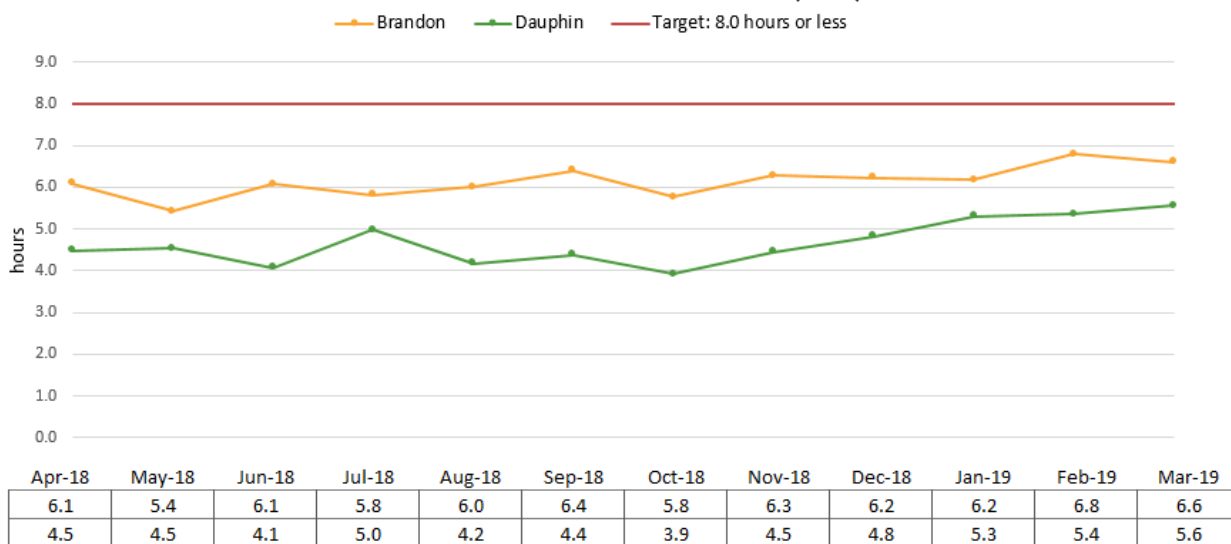


	What happened in the last 12 months?	What happened in previous years?
<b>BRANDON</b>	Below (met) target every month for the fifth year in a row. Shortest to longest median monthly LOS: May (3.1 hours) – Feb & Mar (3.7 hours)	Shortest to longest median monthly LOS: 2014/15 = 2.6 – 3.4 hours 2015/16 = 2.7 – 3.3 hours 2016/17 = 2.9 – 3.6 hours 2017/18 = 3.1 – 4.0 hours
<b>DAUPHIN</b>	Below (met) target every month. Shortest to longest median monthly LOS: Nov (1.8 hours) – Mar (2.2 hours)	Shortest to longest median monthly LOS: Not available

There has been an increase in the length of stay. This is related to the substance misuse patients brought into the department and needing to stay to be stabilized and then leaving once they have been medically cleared.



**MEDIAN ADMIT LENGTH OF STAY (LOS)**

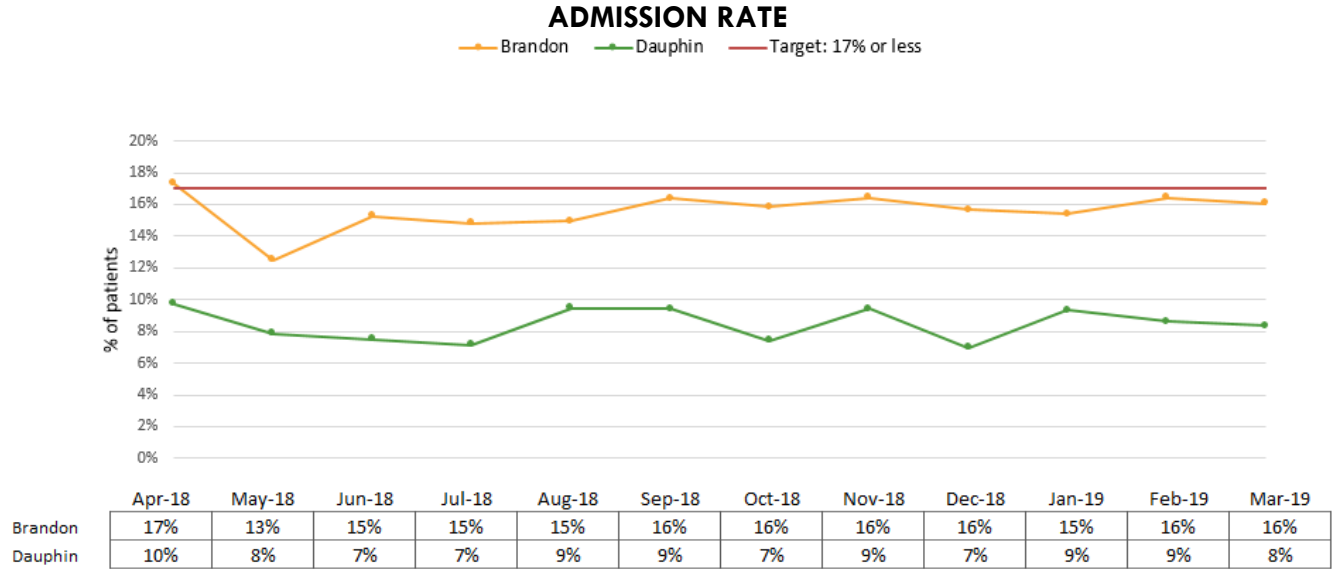


	<b>What happened in the last 12 months?</b>	<b>What happened in previous years?</b>
<b>BRANDON</b>	Below (met) target every month for the fifth year in a row. Shortest to longest median monthly LOS: May (5.4 hours) – Feb (6.8 hours)	Shortest to longest median monthly LOS: 2014/15 = 5.3 – 6.6 hours 2015/16 = 5.1 – 6.3 hours 2016/17 = 5.2 – 6.6 hours 2017/18 = 5.8 – 6.9 hours
<b>DAUPHIN</b>	Below (met) target every month. Shortest to longest median monthly LOS: Oct (3.9 hours) – Mar (5.6 hours)	Shortest to longest median monthly LOS: Not available

Even though we met the length of stay target, the longer the patients are waiting in the Emergency Department, the fewer beds we have to bring in new patients to be seen, thus extending the Waiting to be Seen times. With the increased substance misuse in the community, we have seen an increase in the number of patients that are staying up to 30 hours or more to be medically stabilized before being admitted up to the floors. A committee has been working with the medical units to decrease time to admission rates for the stable admissions.

## ADMISSION RATE

The proportion of emergency department visits that resulted in an admission (calculated as the total number of visits to the emergency department divided by the number of emergency department visits admitted to hospital).



	What happened in the last 12 months?	What happened in previous years?
<b>BRANDON</b>	Below (met) target all twelve months. Lowest to highest percentages: May (13%) – Apr (17%)	Lowest to highest percentages: 2014/15 = 15 – 19% 2015/16 = 15 – 18% 2016/17 = 16 – 19% 2017/18 = 16 – 19%
<b>DAUPHIN</b>	Below (met) target for all twelve months. Lowest to highest percentages: Jun, Jul, Oct & Dec (7%) – Apr (10%)	Lowest to highest percentages: Not available

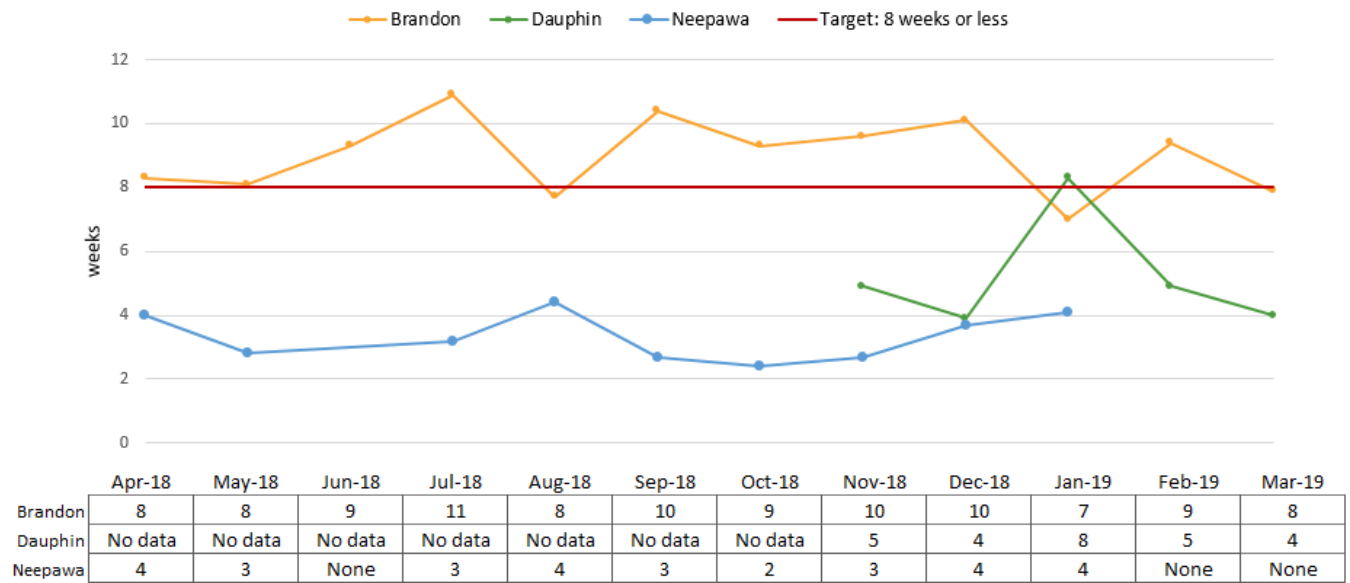
We continue to work hard in this area and have been able to meet the target each month. Note that the number of influenza patients decreased this year.

ENDOSCOPY

Endoscopy wait time results are inclusive of single scopes and are calculated from the date the procedure referral form is received to the procedure date. Double scopes are excluded from the calculation. Wait times are broken down into urgent and elective cases and only include patients that are fit and ready for procedures. Internal targets were set at eight weeks for urgent cases and 24 weeks for elective cases.

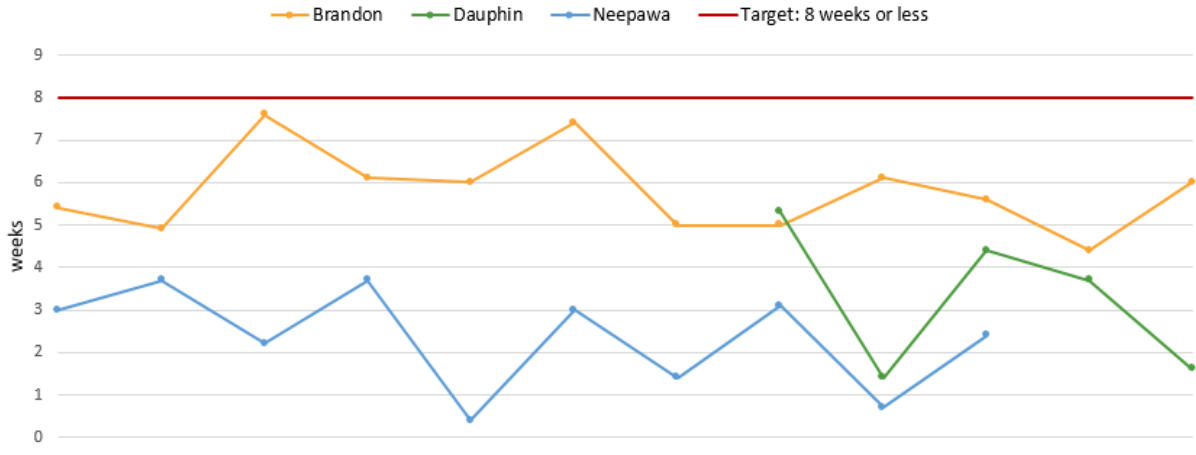
URGENT ENDOSCOPY

URGENT COLONOSCOPY AVERAGE WAIT



	What happened in the last 12 months?	What happened in previous years?
<b>BRANDON</b>	Below (met) target for five out of twelve months. Shortest to longest average monthly wait: Jan (7 weeks) – Jul (11 weeks)	Shortest to longest average monthly wait: 2014/15 = 7 – 13 weeks 2015/16 = 10 – 17 weeks 2016/17 = 9 – 16 weeks 2017/18 = 7 – 21 weeks
<b>DAUPHIN</b>	Below (met) target for five months of data was available. Shortest to longest average monthly wait: Dec & Mar (4 weeks) – Jan (8 weeks)	Shortest to longest average monthly wait: Not available
<b>NEEPAWA</b>	Below (met) target every month for nine months. There were no urgent colonoscopies in Jun and services were not offered in Feb & Mar. Shortest to longest average monthly wait: Oct (2 weeks) – Apr, Aug, Dec & Jan (4 weeks)	Shortest to longest average monthly wait: 2017/18 = 1 – 6 weeks

**URGENT GASTROSCOPY AVERAGE WAIT**



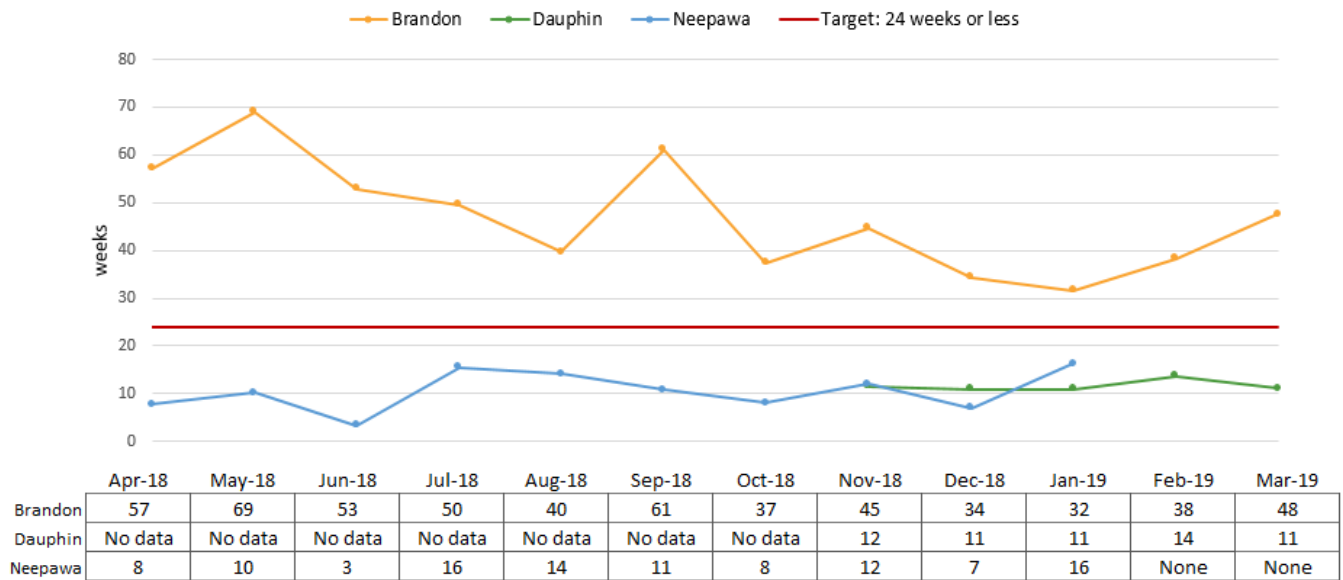
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Brandon	5	5	8	6	6	7	5	5	6	6	4	6
Dauphin	No data	No data	No data	No data	No data	No data	No data	5	1	4	4	2
Neepawa	3	4	2	4	0	3	1	3	1	2	None	None

	What happened in the last 12 months?	What happened in previous years?
<b>BRANDON</b>	Below (met) target every month for twelve months. Shortest to longest average monthly wait: Feb (4 weeks) – Jun (8 weeks)	Shortest to longest average monthly wait: 2014/15 = 4 – 8 weeks 2015/16 = 5 – 9 weeks 2016/17 = 2 – 13 weeks 2017/18 = 4 – 12 weeks
<b>DAUPHIN</b>	Below (met) target for five months of data was available. Shortest to longest average monthly wait: Dec (1 week) – Nov (5 weeks)	Shortest to longest average monthly wait: Not available
<b>NEEPAWA</b>	Below (met) target for ten months. Services were not offered in Feb & Mar. Shortest to longest average monthly wait: Aug, Oct & Dec (1 week) – May & Jul (4 weeks)	Shortest to longest average monthly wait: 2017/18 = 2 – 5 weeks



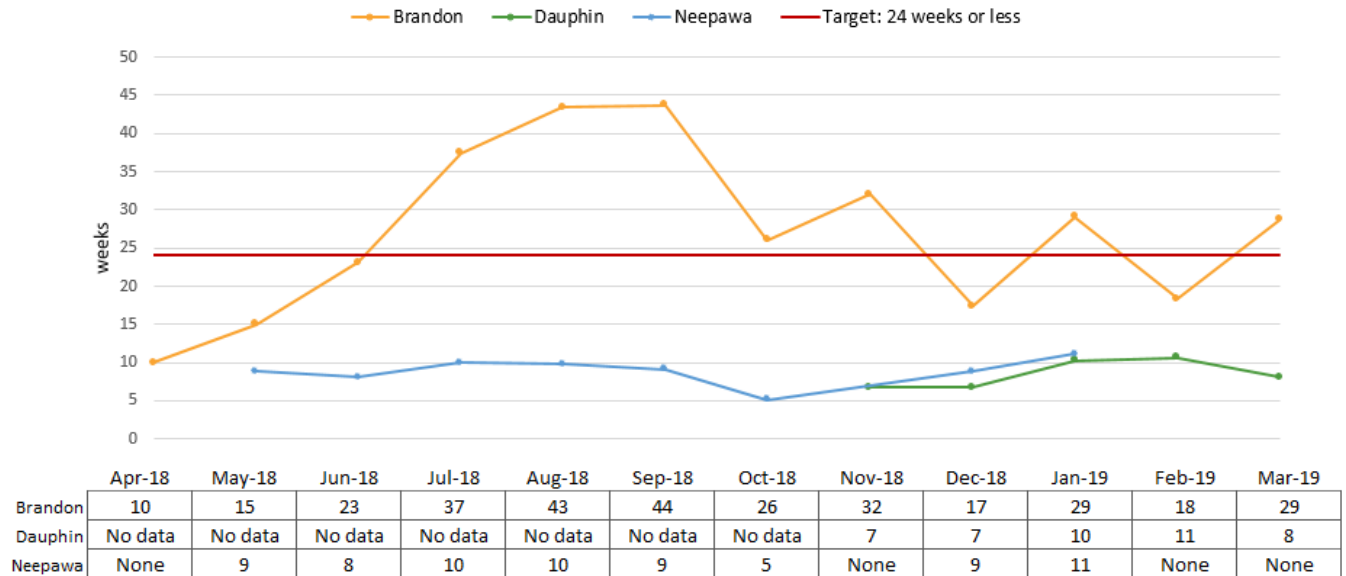
ELECTIVE ENDOSCOPY

ELECTIVE COLONOSCOPY AVERAGE WAIT



	What happened in the last 12 months?	What happened in previous years?
<b>BRANDON</b>	Above (failed to meet) target every month for the fourth year in a row. Shortest to longest average monthly wait: Jan (32 weeks) – May (69 weeks)	Shortest to longest average monthly wait: 2014/15 = 24 – 39 weeks 2015/16 = 27 – 42 weeks 2016/17 = 37 – 61 weeks 2017/18 = 39 – 79 weeks
<b>DAUPHIN</b>	Below (met) target for five months data was available. Shortest to longest average monthly wait: Dec, Jan & Mar (11 weeks) – Feb (14 weeks)	Shortest to longest average monthly wait: Not available
<b>NEEPAWA</b>	Below (met) target for ten months. Services were not offered in Feb & Mar. Shortest to longest average monthly wait: Jun (3 weeks) – Jul & Jan (16 weeks)	Shortest to longest average monthly wait: 2017/18 = 2 - 23 weeks

**ELECTIVE GASTROSCOPY AVERAGE WAIT**



	<b>What happened in the last 12 months?</b>	<b>What happened in previous years?</b>
<b>BRANDON</b>	Below (met) target for five out of twelve months. Shortest to longest average monthly wait: Apr (10 weeks) – Sep (44 weeks)	Shortest to longest average monthly wait: 2014/15 = 14 – 24 weeks 2015/16 = 12 – 23 weeks 2016/17 = 13 – 44 weeks 2017/18 = 14 – 48 weeks
<b>DAUPHIN</b>	Below (met) target for five months of data was available. Shortest to longest average monthly wait: Nov & Dec (7 weeks) – Feb (11 weeks)	Shortest to longest average monthly wait: Not available
<b>NEEPAWA</b>	Below (met) target for eight months. There were no elective gastroscopies in Apr or Nov. Services were not offered in Feb or Mar. Shortest to longest average monthly wait: Oct (5 weeks) – Jan (11 weeks)	Shortest to longest average monthly wait: 2017/18 = 3 - 7 weeks

We continue to move the emergent through according to provincial standard. Emergent referrals impact the slating of our urgent and elective cases and given the volume of emergent/urgent cases; we are only able to complete approximately 22% electives in the year. This results in a prolonged wait.

We are currently undergoing a review to determine referral patterns and the appropriateness of referrals. We are also continuing to encourage the use of the next available physician on the Endoscopy Referral Form in hopes of evening out the physician waitlists.

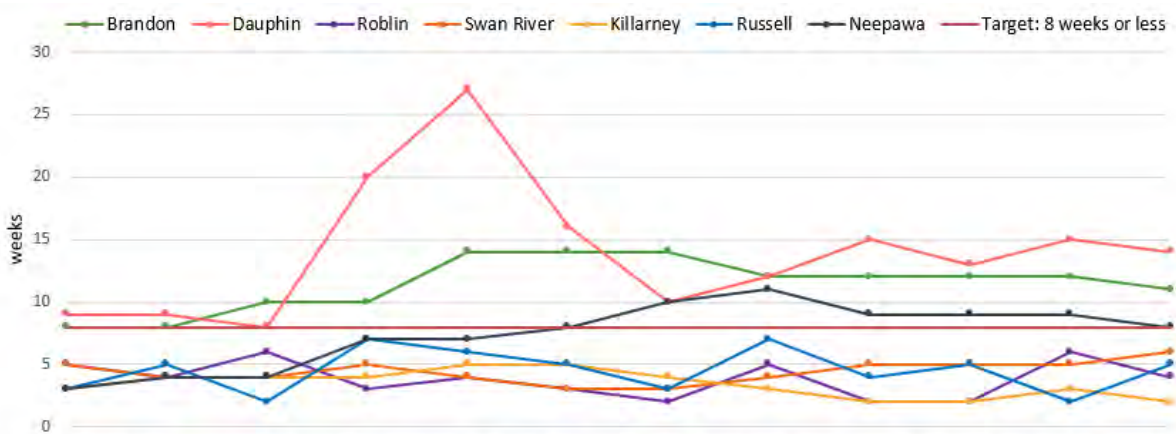


## DIAGNOSTIC IMAGING

Diagnostic imaging includes wait time results of all primary care referrals. Results exclude the following: follow-ups, physician requested exams, patients who have rebooked by their choice, in-patients (diagnostic services have designated spots for them every day), in-patients from other facilities (looked at before any other routine appointment) and emergent requests (they go directly to the radiologist from the physician, and together they determine when the exam will be done).

## ULTRASOUND

ULTRASOUND AVERAGE WAIT



	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Brandon	8	8	10	10	14	14	14	12	12	12	12	11
Dauphin	9	9	8	20	27	16	10	12	15	13	15	14
Roblin	5	4	6	3	4	3	2	5	2	2	6	4
Swan River	5	4	4	5	4	3	3	4	5	5	5	6
Killarney	3	4	4	4	5	5	4	3	2	2	3	2
Russell	3	5	2	7	6	5	3	7	4	5	2	5
Neepawa	3	4	4	7	7	8	10	11	9	9	9	8

	What happened in the last 12 months?	What happened in previous years?
<b>BRANDON</b>	Below (met target) for two out of twelve months. Shortest to longest average monthly wait: Apr & May (8 weeks) – Aug, Sep & Oct (14 weeks)	Shortest to longest average monthly wait: 2014/15 = 2 – 6 weeks 2015/16 = 6 – 14 weeks 2016/17 = 9 – 18 weeks 2017/18 = 9 – 13 weeks
<b>DAUPHIN</b>	Below (met) target for one out of twelve months this year. Shortest to longest average monthly wait: Jun (8 weeks) – Aug (27 weeks)	Shortest to longest average monthly wait: 2014/15 = 1 – 12 weeks 2015/16 = 3 – 5 weeks 2016/17 = 3 – 16 weeks 2017/18 = 7 – 13 weeks
<b>KILLARNEY</b>	Below (met) target every month for the third year in a row. Shortest to longest average monthly wait: Dec, Jan & Mar (2 weeks) – Aug & Sep (5 weeks)	Shortest to longest average monthly wait: 2014/15 = 2 – 5 weeks 2015/16 = 4 – 9 weeks 2016/17 = 1 – 8 weeks 2017/18 = 2 – 7 weeks

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<b>NEEPAWA</b>	Below (met) target for seven out of twelve months. Shortest to longest average monthly wait: Apr (3 weeks) – Nov (11 weeks)	Shortest to longest average monthly wait: 2013/14 = 4 – 12 weeks 2014/15 = 3 – 6 weeks 2015/16 = 3 – 4 weeks 2016/17 = 3 – 9 weeks
<b>ROBLIN</b>	Below (met) target every month for the third year in a row. Shortest to longest average monthly wait: Oct, Dec & Jan (2 weeks) – Jun & Feb (6 weeks)	Shortest to longest average monthly wait: 2014/15 = 1 – 7 weeks 2015/16 = 1 – 12 weeks 2016/17 = 1 – 6 weeks 2017/18 = 5 – 8 weeks
<b>RUSSELL</b>	Below (met) target for every month this year. Shortest to longest average monthly wait: Jun & Feb (2 weeks) – Jul & Nov (7 weeks)	Shortest to longest average monthly wait: 2014/15 = 3 – 7 weeks 2015/16 = 1 – 6 weeks 2016/17 = 5 – 10 weeks 2017/18 = 4 – 13 weeks
<b>SWAN RIVER</b>	Below (met) target every month for the fifth year in a row. Shortest to longest average monthly wait: Sep & Oct (3 weeks) – Mar (6 weeks)	Shortest to longest average monthly wait: 2014/15 = 1 – 8 weeks 2015/16 = 1 – 2 weeks 2016/17 = 1 – 4 weeks 2017/18 = 3 – 7 weeks

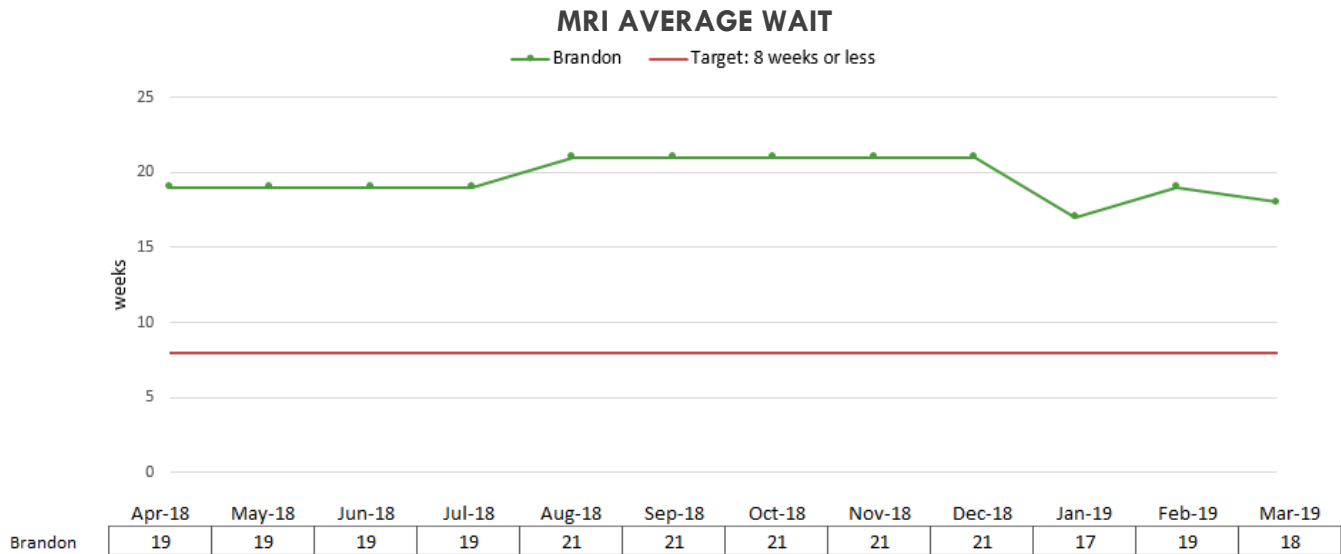
Neepawa: In December 2018, sonographer staffing was reduced from 2.0 full time equivalent to 1.0 due to a maternity leave. In addition, there was one week of downtime due to equipment failure.

Dauphin: Vacant positions created longer wait times. Other sites assisted where possible.



MAGNETIC RESONANCE IMAGING (MRI)

Our goal is to have MRIs completed within eight weeks of the time the referral is received to the appointment time.



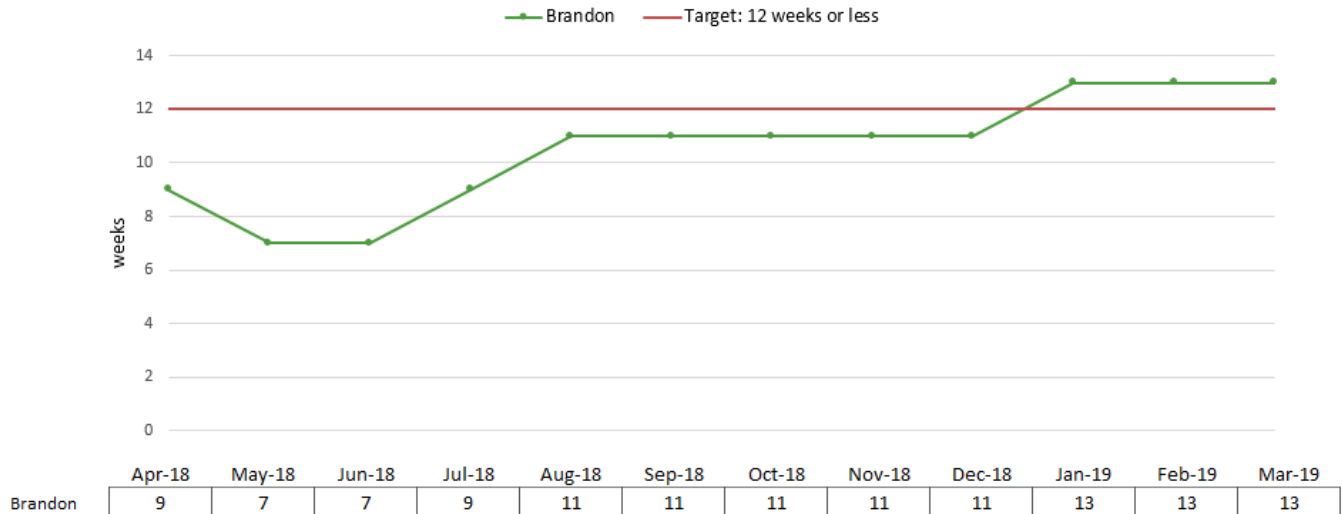
	What happened in the last 12 months?	What happened in previous years?
<b>BRANDON</b>	Above (failed to meet) target every month for the fifth year in a row. Shortest to longest average monthly wait: Jan (17 weeks) – Aug thru Dec (21 weeks)	Shortest to longest average monthly wait: 2014/15 = 9 – 16 weeks 2015/16 = 11 – 19 weeks 2016/17 = 11 – 13 weeks 2017/18 = 16 – 21 weeks

Dauphin’s first MRI scanner is now operational; increasing access and reducing travel times for residents in Manitoba's Parkland region who require this diagnostic service. The new MRI machine is projected to perform approximately 3,500 scans per year and is expected to reduce the number of inter-facility transfers required for patients who would previously have been transferred to another site. As patients who would have had scans at other sites are scheduled for MRI appointments in Dauphin, spaces will open up at other sites, reducing waits province-wide.

## ECHOCARDIOGRAPHY

Our goal is to have echocardiography exams completed within 12 weeks of the time, the referral is received to the appointment date.

**ECHOCARDIOGRAPHY MEDIAN WAIT**



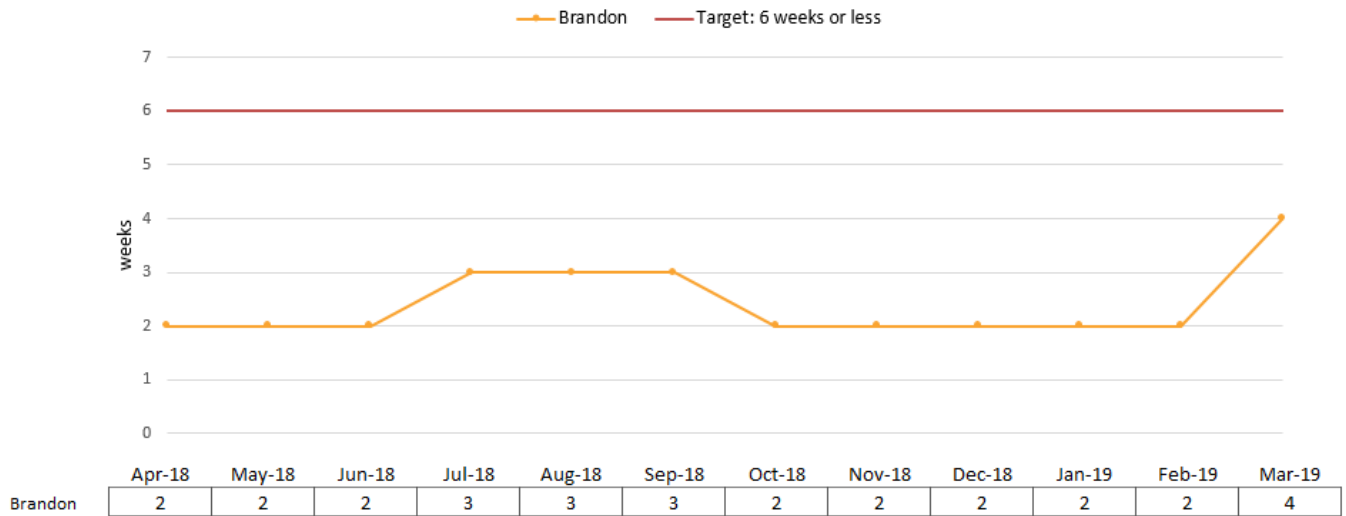
	What happened in the last 12 months?	What happened in previous years?
<b>BRANDON</b>	Below (met) target for nine out of twelve months. Shortest to longest median monthly wait: May & Jun (7 weeks) – Jan, Feb & Mar (13 weeks)	Shortest to longest median monthly wait: 2014/15 = 1 – 6 weeks 2015/16 = 2 – 7 weeks 2016/17 = 7 – 12 weeks 2017/18 = 9 - 13 weeks

Echocardiography uses sound waves to create moving pictures of your heart. It provides information such as the size and shape of your heart, pumping capacity and location and extent of any tissue damage.

**BONE DENSITY**

Our goal is to have Bone Density tests completed within six weeks of the time referral is received to the appointment date. Brandon Regional Health Centre has one bone density machine that operates Monday through Friday from 0700 to 1615.

**BONE DENSITY AVERAGE WAIT**

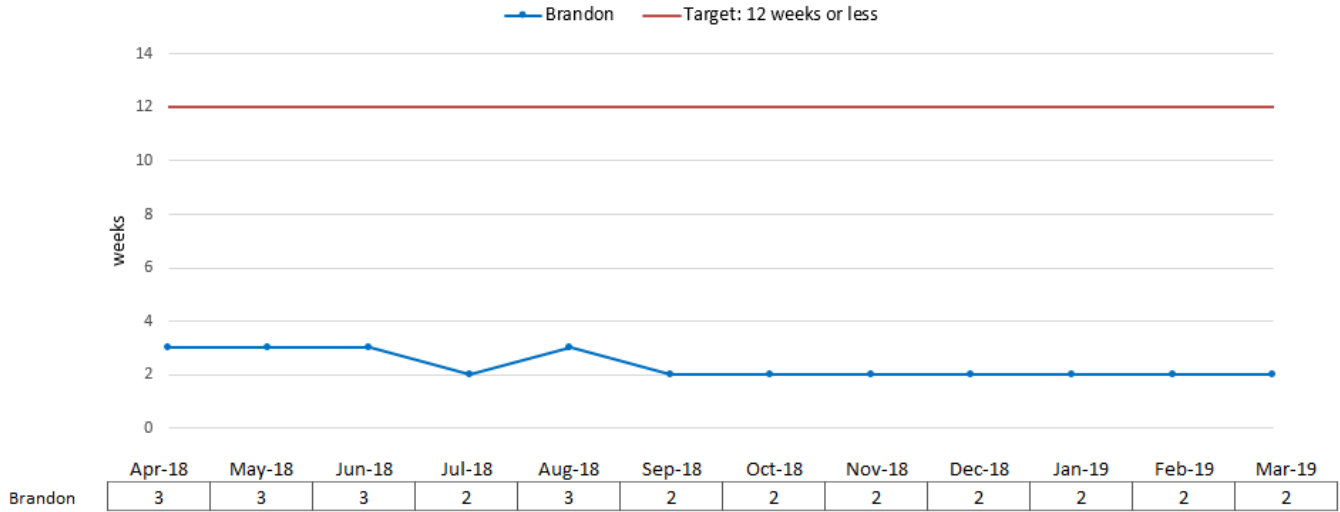


	<b>What happened in the last 12 months?</b>	<b>What happened in previous years?</b>
<b>BRANDON</b>	Below (met) target every month for the fifth year in a row. Shortest to longest average monthly wait: Apr, May, Jun & Oct thru Feb (2 weeks) – Mar (4 weeks)	Shortest to longest average monthly wait: 2014/15 = 2 – 5 weeks 2015/16 = 2 – 5 weeks 2016/17 = 3 – 6 weeks 2017/18 = 2 – 5 weeks

## MYOCARDIAL PERFUSION (MIBI)

Our goal is to have a MIBI exam completed within 12 weeks of the time that the referral is received to the appointment date.

### MYOCARDIAL PERFUSION AVERAGE WAIT



	What happened in the last 12 months?	What happened in previous years?
<b>BRANDON</b>	Below (met) target every month for the fifth year in a row. Shortest to longest average monthly wait: Jul & Sep thru Mar (2 weeks) – Apr, May, Jun & Aug (3 weeks)	Shortest to longest average monthly wait: 2014/15 = 2 – 8 weeks 2015/16 = 2 – 5 weeks 2016/17 = 3 – 5 weeks 2017/18 = 2 – 6 weeks

Myocardial Perfusion (MIBI) shows how well blood flows through your heart muscle (myocardium).

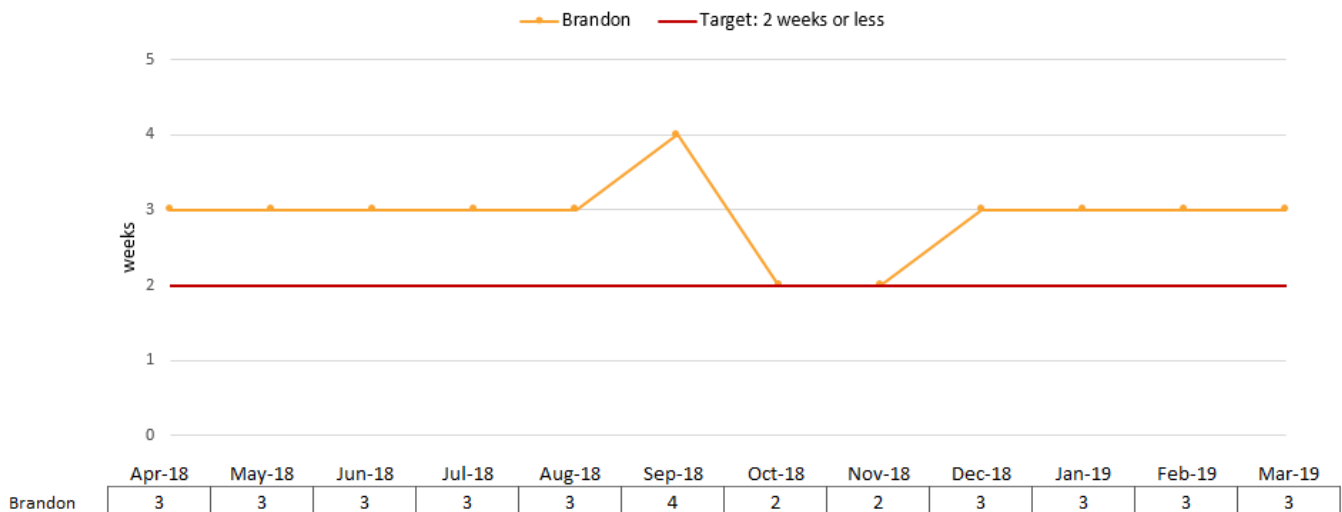
**ANNUAL WAIT TIME REPORT**

**MAMMOGRAPHY**

Our goal is to have a mammography exam completed within two weeks of the time that the referral is received to the appointment date.



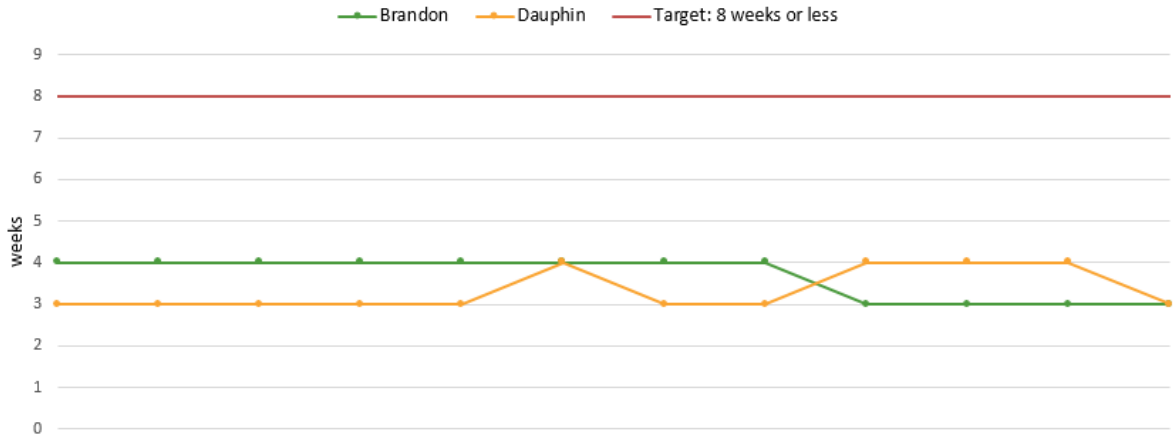
**MAMMOGRAPHY AVERAGE WAIT**



	<b>What happened in the last 12 months?</b>	<b>What happened in previous years?</b>
<b>BRANDON</b>	Below (met) target for two out of twelve months this year. Shortest to longest average monthly wait: Oct & Nov (2 weeks) – Sep (4 weeks)	Shortest to longest average monthly wait: 2014/15 = 2 – 5 weeks 2015/16 = 2 – 4 weeks 2016/17 = 1 – 4 weeks 2017/18 = 3 – 3 weeks

CT SCAN

CT SCAN AVERAGE WAIT



	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Brandon	4	4	4	4	4	4	4	4	3	3	3	3
Dauphin	3	3	3	3	3	4	3	3	4	4	4	3

	What happened in the last 12 months?	What happened in previous years?
<b>BRANDON</b>	Below (met) target every month for the fifth year in a row. Shortest to longest average monthly wait: Dec thru Mar (3 weeks) – Apr thru Nov (4 weeks)	Shortest to longest average monthly wait: 2014/15 = 1 – 8 weeks 2015/16 = 3 – 7 weeks 2016/17 = 2 – 5 weeks 2017/18 = 3 – 4 weeks
<b>DAUPHIN</b>	Below (met) target every month for the fifth year in a row. Shortest to longest average monthly wait: Apr thru Aug, Oct, Nov & Mar (3 weeks) – Sep, Dec, Jan & Feb (4 weeks)	Shortest to longest average monthly wait: 2014/15 = 1 – 2 weeks 2015/16 = 1 – 3 weeks 2016/17 = 2 – 5 weeks 2017/18 = 1 – 3 weeks

