

Date last modification of documentation sheet: 22-06-2012

Compared to previous version documentation sheet (07-01-2012) the following issues were adapted:

- New section on relevant policy areas added to the documentation sheet

<i>ECHIM Indicator name</i>	<b>D) Health interventions: health services</b> 81. Waiting times for elective surgeries
<i>Relevant policy areas</i>	- Health inequalities (including accessibility of care) - Health system performance, quality of care, efficiency of care, patient safety - (Planning of) health care resources
<i>Definition</i>	Average inpatient waiting time for elective (i.e. non-urgent) surgeries of Percutaneous Transluminal Coronary Angioplasty (PTCA), hip replacement and cataract operation, measured in number of days. Elective surgery is defined as when surgery is necessary, but the timing of the procedure can be scheduled and the patient can be sent home.
<i>Key issues and problems</i>	Topic needs much development. The keys issues are: 1) Are the 3 procedures currently selected OK and enough? The three procedures were originally selected as examples from those that have best data availability at OECD, and as being similar to the ones measured under the ECHI indicator 73. Surgeries: PTCA, hip, cataract. 2) There is a choice between concepts of “waiting times of the patients admitted” and “waiting times of the patients on the list at a census date”. Member States measure waiting times in very different ways. The most important distinction is between the ‘waiting times of the patients admitted’ (i.e. recording waiting of all patients at the time of admission for treatment) and the ‘waiting times of the patients on the list at a census date’ (i.e. taking a periodic census of patients on a list and recording waiting up to that date). We propose to take the first one. 3) The measure of the length of waiting time, mean or median or both? Mean waiting times tend to be systematically higher than median waiting times. We propose to take the median. 4) There is no regular/sustainable data collection for this indicator topic. Also OECD has not followed up on its earlier pilot data collections.
<i>Preferred data type and data source</i>	Preferred data type: National hospital data. Preferred data source: OECD Waiting-time-project, based on national hospital data.
<i>Data availability</i>	Eurostat, WHO-HfA and OECD: No data available. OECD Waiting-time -project: Data available at most for six EU27 countries in year 2000 (DK, FI, NO, NL, SE, UK; plus Insalud of Spain). Data have not been collected for other years.
<i>Rationale</i>	Indicator for the accessibility of health care, with focus on elective interventions. Long waiting times can lead to deterioration in health, loss of effectiveness and extra costs. They generate dissatisfaction for the patients and among the general public
<i>Remarks</i>	- OECD Waiting-time -project recommends an indicator called “waiting times of the patients admitted” which is defined as “The time elapsed for a patient on the elective surgery waiting list from the date they were added to the waiting list to the date they were admitted to an inpatient or day-case surgical unit for the procedure (PTCA, hip replacement, cataract operation). Both mean and median times in days. - The procedures investigated in this project were: Hip replacement, Knee replacement, Cataract surgery, Varicose veins, Hysterectomy, Prostatectomy, Cholecystectomy, Inguinal and femoral hernia, CABG and PTCA. - However, data have not been updated since their initial publication in OECD Health Working Papers No 6 and 7 in 2003. And OECD have no immediate plan to introduce data collection on waiting times for selected elected surgeries as part of their regular (annual) data collection activities.
<i>References</i>	- OECD Waiting-time-project, especially reports: - Jeremy Hurst and Luigi Siciliani. Tackling Excessive Waiting Times for Elective Surgery: A Comparison of Policies in Twelve OECD Countries. OECD Health Working Papers (2003)6. <a href="http://www.oecd.org/dataoecd/24/32/5162353.pdf">http://www.oecd.org/dataoecd/24/32/5162353.pdf</a>

	- Luigi Siciliani and Jeremy Hurst. Explaining Waiting Times Variations for Elective Surgery across OECD Countries. OECD Health Working Papers (2003)7. <a href="http://www.oecd.org/dataoecd/31/10/17256025.pdf">http://www.oecd.org/dataoecd/31/10/17256025.pdf</a>
<i>Work to do</i>	- Monitor OECD with regards to the data availability and indicator definition and calculation.