

## The British Columbia Nephrologists' Access Study: Reducing Wait Times for Outpatient Nephrology Consultations

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**BACKGROUND:** Waiting time (WT) guidelines for outpatient nephrology consultations (ONC) are lacking. Automatic eGFR reporting increased referrals in Canada, and elsewhere. National recommendations suggest development of WT targets (WTT). We sought to describe WT for ONC in British Columbia (BC). Using a modified Delphi process, WTT were developed. WT was then re-measured to determine the impact of target setting.

**METHODS:** Data collection occurred in 2 phases: 1) Baseline description (Jan 18-28, 2010) and b) Post Target-Introduction (Jan 16-27, 2012). WT was defined as the interval from receipt of referral letters to assessment. Nephrologists and Family Physicians developed WTT for commonly referred conditions through meetings and surveys. Targets consider comorbidities, eGFR, BP and albuminuria. Referred conditions were assigned priority scores of 1-4.

**RESULTS:** In 2010 and 2012, 43/52 (83%) and 46/57 (81%) of BC nephrologists participated. Table 1 describes nephrologists and pts. WT decreased from 98(IQR44,157) to 64(IQR21,120) d from 2010 to 2012 ( $p=x$ ), despite no change in referral eGFR, demographics, nor number of office hrs/wk. WT improved most in high priority patients (Fig 1).

Nephrologist and Patient Characteristics

Group, characteristic	2010	2012	p value
<b>Nephrologists</b>	n=43	n=46	
Age, yr, number (%)			
<40		17 (37)	
41-50		15(33)	
51-60		6(13)	
>60		8(17)	
Practice Size, number (%)			
<300	4 (10)	16 (37)	

	301-500	7 (16)	15 (35)	<0.001
	>500	33 (75)	12 (28)	
Office hrs/wk		8.5 (6)	8(6)	
<b>Patients</b>				
Age, yr, number (%)				
	<50	78 (15)	63 (16)	
	50-64	146 (28)	115 (29)	0.889
	65-79	185 (35)	148 (37)	
	>80	106 (21)	74 (19)	
sex, female (%)		51	49	0.555
Referral eGFR, ml/min per 1.73m2 (%)				
	<30	85 (18)	57 (16)	
	30-60	292 (65)	217 (61)	0.044
	>60	75 (17)	84 (23)	

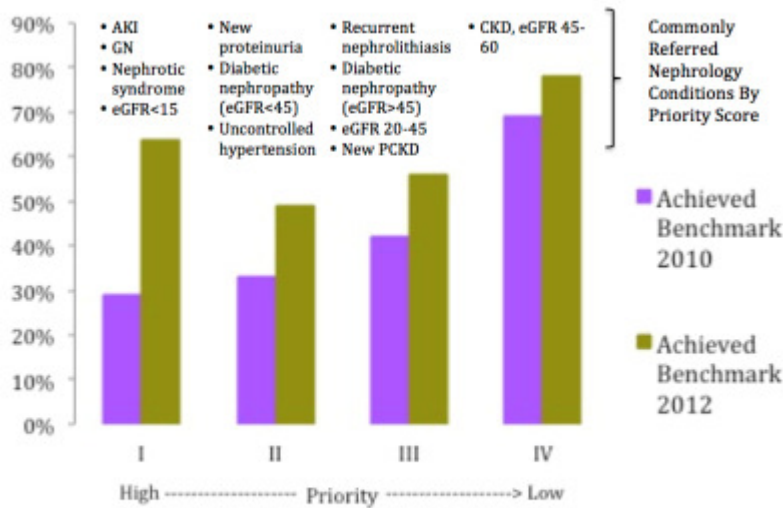


Figure 1| The proportion of patients seen within recommended wait time targets increased the most for high priority patients. Representative commonly referred conditions are shown above bars by priority score.

**CONCLUSIONS:** Development of *WTT* for *ONG* resulted in marked reductions in *WT*. Sustainability of the improvement will be monitored.