



# Evaluating Wait Time Management Strategies for Canadian Physiotherapy Services: A Scoping Review

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## BACKGROUND

### WHY BE CONCERNED ABOUT WAIT TIMES?

Wait times for publically funded physiotherapy (PT) are lengthy in multiple Canadian jurisdictions [1-3], and they have serious possible consequences such as:

- Decreasing patient satisfaction [4,5], which is associated with increased pain levels and decreased perceptions of PT intervention effectiveness [6].
- Driving patients to private PT providers, which have lower wait times [7]. As such, longer wait times disproportionately impact those with lower socioeconomic status.
- Increasing the time spent waiting for effective pain management for those with chronic pain, access to which is a human right [8]. This is particularly important as several Canadian studies have found that wait times are much higher for people with chronic conditions [7, 9].

### WHY STUDY WAIT TIME MANAGEMENT STRATEGIES?

Some strategies are already applied in the context of PT, but there is a dearth of evidence-based strategies [10]. Current strategies may not be optimal as they have not been studied in this context.

### PURPOSES OF THIS REVIEW

To examine what wait time management strategies (WTMS) have been evaluated for effectiveness within the context of Canadian physiotherapy and to identify gaps in the current research.

## METHODS

This review was guided by the recommendations of Arksey and O'Malley [11].

### SEARCH STRATEGY

- Six databases were searched for our three search concepts - **wait times**, **physiotherapy**, and **Canada**: MEDLINE, Embase, CINAHL, SportDiscus, Canada Commons, and Canada Research Index.
- The websites of all national and provincial PT colleges and associations were handsearched for any documents containing the word "wait."
- Reference lists of studies included in the review were hand searched.

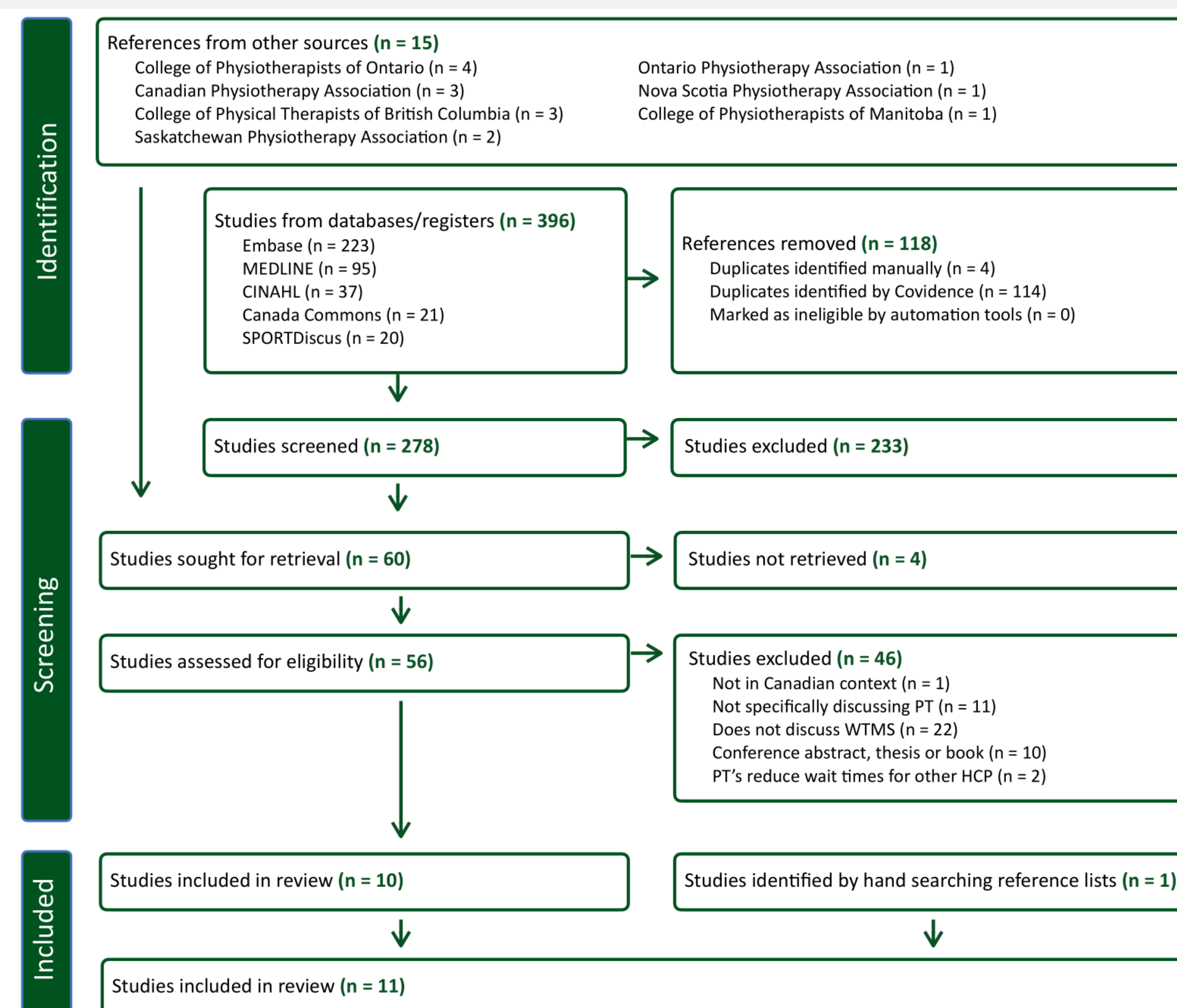
### SCREENING

Two independent reviewers screened abstracts and full texts, using Covidence to track the review. All disagreements were settled by consensus between the two reviewers.

Inclusion criteria	Exclusion criteria
Evaluation or discussion of the effectiveness of a WTMS	PT in multidisciplinary teams
Within the Canadian context	In any language other than English
PT-focused interventions only	Conference abstract, book or thesis
	Full text behind paywall

**Table 1.** Inclusion and exclusion criteria. Note that multidisciplinary studies were excluded.

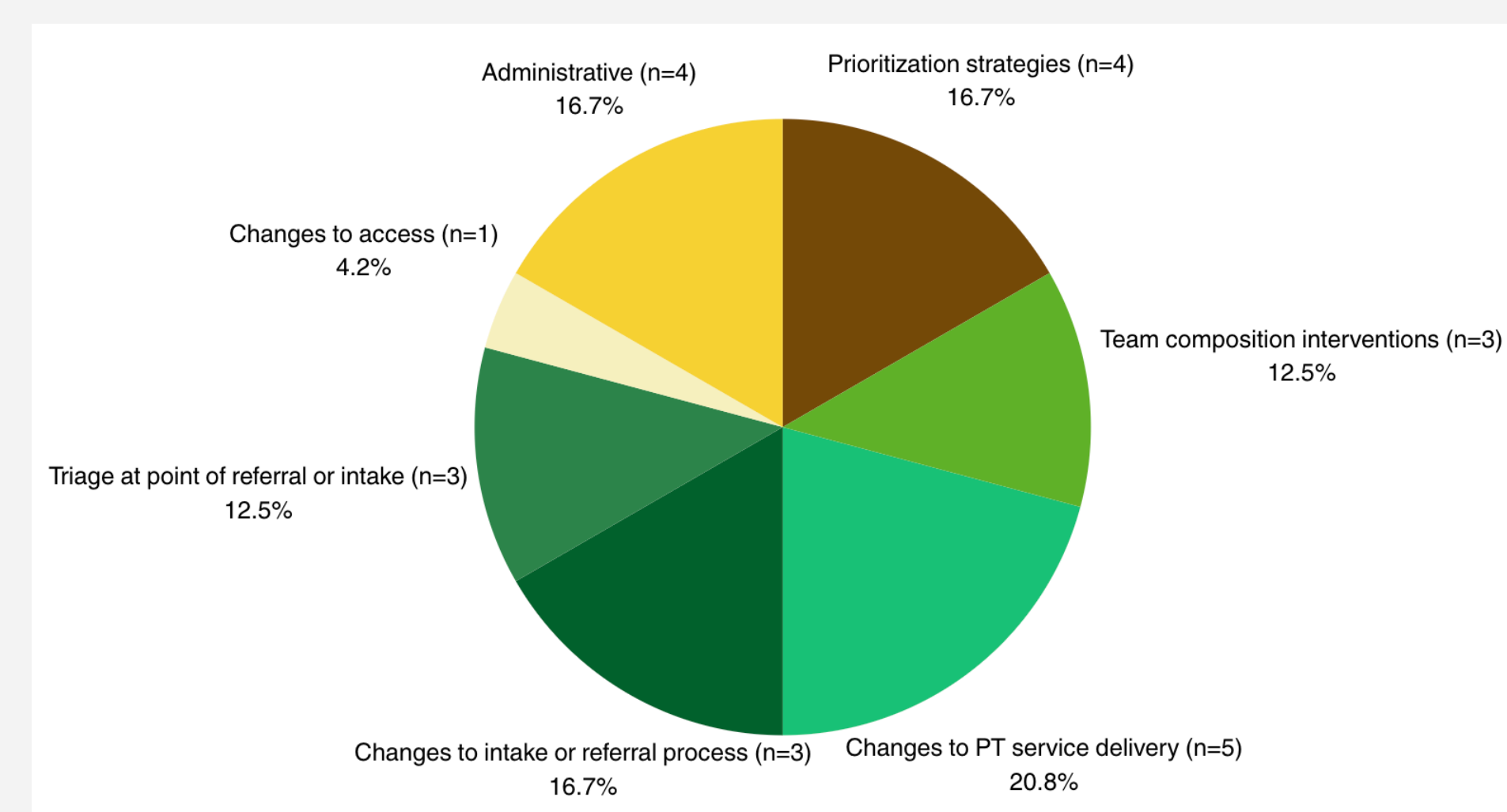
## RESULTS



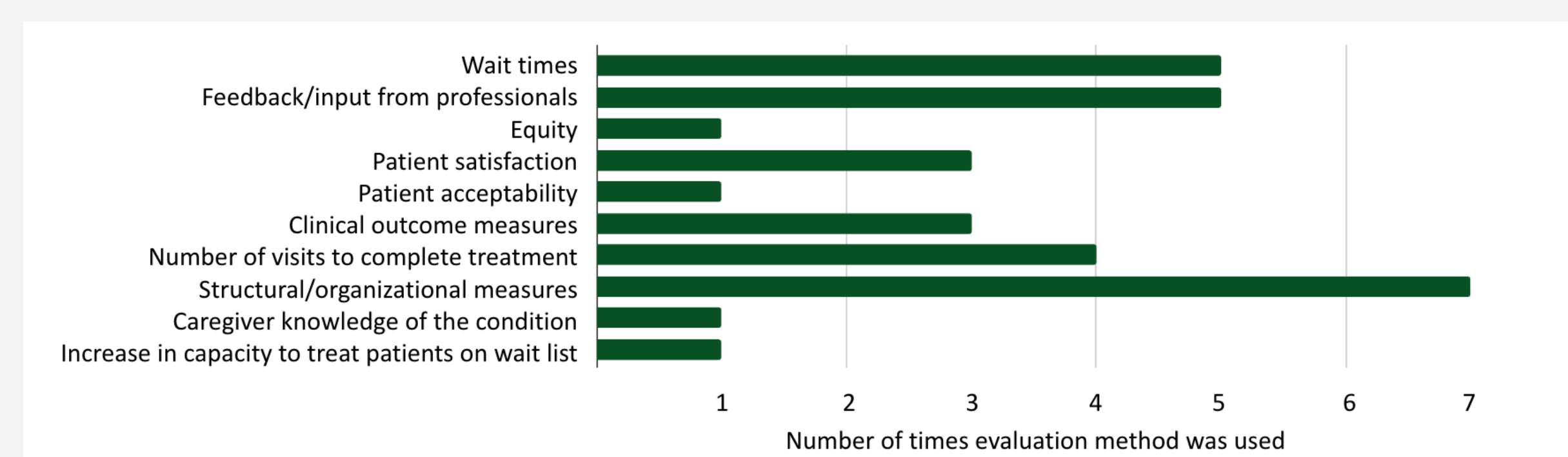
**Figure 1.** Review flow chart exported from Covidence, and edited to include the grey literature search and studies identified by searching reference lists of included studies.

Eleven studies met inclusion criteria, all from peer-reviewed journals. The types of strategies they used are shown in Figure 2. These categories were adapted from those found in the WTMS literature for mental health services [12] and emergency rooms [13]. Many studies included multifaceted interventions that fit into more than one category.

No items from the grey literature search of PT associations/colleges or from Canada Commons or Canada Research Index met inclusion criteria.



**Figure 2.** Number of studies which implemented/evaluated wait time management strategies by category.



**Figure 3.** Outcome measures used by studies included in this review.

## DISCUSSION and CONCLUSIONS

### FEW STUDIES

- Very few articles met inclusion criteria, though articles were spread out across Canada and covered a range of strategies. This indicates an **overall paucity of research** out of line with the well-documented long wait times [1] and the scientific consensus that something must be done [14].
- Very little research seems to be specifically focused on people with chronic conditions, despite longer wait times for those groups [6], with most either not reporting clinical diagnosis or focusing on a whole region.

### SOURCE OF STUDIES

- No included articles were from government at any level or PT associations or colleges, indicating that PT wait times may not be a priority in Canadian healthcare. Given that inefficient management strategies and high wait times cause ethical quagmires for staff in public PT facilities [10], and that in other developed countries PT organizations document and advocate for the reduction of wait times [15-17], **we suggest Canadian PT organizations advocate for discussion of and research on PT wait times and develop guidelines for members.**

### REPORTING

- The context and population of an intervention need to be adequately described in order to judge clinical applicability in other contexts [18]. The setting influences clinical decision making [19] and thus could impact interventions in the changes to service delivery or triage categories. **We suggest that further research carefully describe the patient population and context of the intervention.**
- Inconsistencies with wait time measurements were common. **We suggest that future researchers report both the start and end points for their wait time measures.**

### OUTCOME MEASURES

- Outcome measures varied significantly between studies and only 5 of the eleven studies actually measures wait times. Auxiliary measures such as quality of care, patient satisfaction, and feedback from professionals were also employed. Within categories, outcome measures differed enough that comparison between studies is not currently possible. **We suggest that some standardization of outcome measures would be useful.**

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