

### ***Audit Report on Management of Magnetic Resonance Imaging (MRI) Services***

**WINNIPEG** – Auditor General of Manitoba, Norm Ricard, today published his audit report on the *Management of MRI Services*. The Auditor General concluded that improvements were needed to make MRI services more efficient and timely and that there were gaps in patient safety and quality assurance processes. The report notes that as of June 2016, there were 21,323 people waiting for an MRI and that the average wait time was 23 weeks. Between 2011 and 2015, Manitoba’s average MRI wait time steadily grew from 12 to 23 weeks—an increase of 92%.

MRI scans help clinicians diagnose, monitor and treat patients’ medical conditions. As noted in the report, delays in receiving an MRI scan can lead to delays in definitive diagnosis and appropriate treatment, and excessive wait times can increase patient anxiety and negatively impact quality of life.

The audit examined the management of MRI services by the Department of Health, Seniors and Active Living; Diagnostic Services Manitoba (1 MRI scanner); Prairie Mountain Health (1 MRI scanner); and Winnipeg Regional Health Authority (WRHA) (9 MRI scanners).

The report notes that few processes were in place to prevent and detect inappropriate MRI requests, even though the Canadian Agency for Drugs and Technologies in Health reports that evidence indicates 10-20% of medical imaging exams are unnecessary or inappropriate. “It is important that such requests be identified and denied because they increase MRI volumes and corresponding wait times,” said Ricard.

In addition, the report notes that facilities did not track MRI wait times by assigned priority level. For the out-patient files examined, the audit found that only 42% of urgent scans, 24% of semi-urgent scans and 12% of routine scans were scheduled within the target wait time. Most of the emergency scans within the auditor’s sample were conducted within the targeted wait time. “Tracking wait times by priority level would help ensure scheduling processes are adjusted when necessary to reserve more spaces for urgent and semi-urgent scans, which may be riskier to delay than routine scans,” said Ricard.

The report notes that some patients were given higher priority for non-medical reasons. This included Workers’ Compensation Board (WCB) clients at one WRHA facility (due to a service agreement between this facility and the WCB); patients covered by private insurers, such as professional athletes; and some patients with influence. “To better ensure equity in access, we recommended that the scheduling of all MRI requests be based on medical need,” said Ricard.

The report notes a wait time imbalance across the Province. The average wait time in Winnipeg facilities, as at June 2016, ranged from 24 and 27 weeks, whereas the average wait time was 17 weeks at Boundary Trails Health Centre near Winkler and 12 weeks at Brandon Regional Health Centre. The audit found that more could be done to balance these wait times, such as expanding the use of central intake and informing patients of their ability to have their scans performed at a facility outside of their region. The report notes that about half of the MRI patients at the Boundary Trails facility come from outside its region, mostly from Winnipeg.

“Because MRI scanners are in such high demand, it is imperative that they be used as efficiently and effectively as possible and that they be properly located,” said Ricard. “We found that management could do more to ensure MRI scanners are more fully used, such as maximizing each scanner’s hours of operation and more comprehensively measuring and monitoring scanner productivity.”

The audit found that scanners’ operating hours in June 2016 ranged from 48 to 117 hours weekly. The Auditor General estimated that nearly 11,300 more scans could be done annually if all 11 scanners ran 16 hours a day, 7 days a week—a 14% increase.

The audit also found that decisions for the 4 most recently approved new scanners were not supported with analyses of options, costs, benefits, and risks. “Given that an MRI scanner costs about \$2 to \$3.5 million (not including costs to construct or renovate a space for the scanner), proper planning when deciding when and where to add a scanner is critical. Without comprehensive analyses, new scanners may not be properly located to provide Manitobans with the best possible value for their investment,” said Ricard.

In addition, the audit highlights some gaps in the quality assurance processes used at each facility. “Ensuring the quality of MRI scans and reports is critical because poor quality scans or mistakes in reading and interpreting scans, as well as incomplete patient screening, can adversely affect patient outcomes and safety,” notes Ricard.

The report includes 24 recommendations.

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For more information contact: **Norm Ricard, Auditor General**  
**204-945-3790**