No Longer A Number

Patient Focused Journey through Arthroplasty Services at Repatriation General Hospital

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Government of South Australia

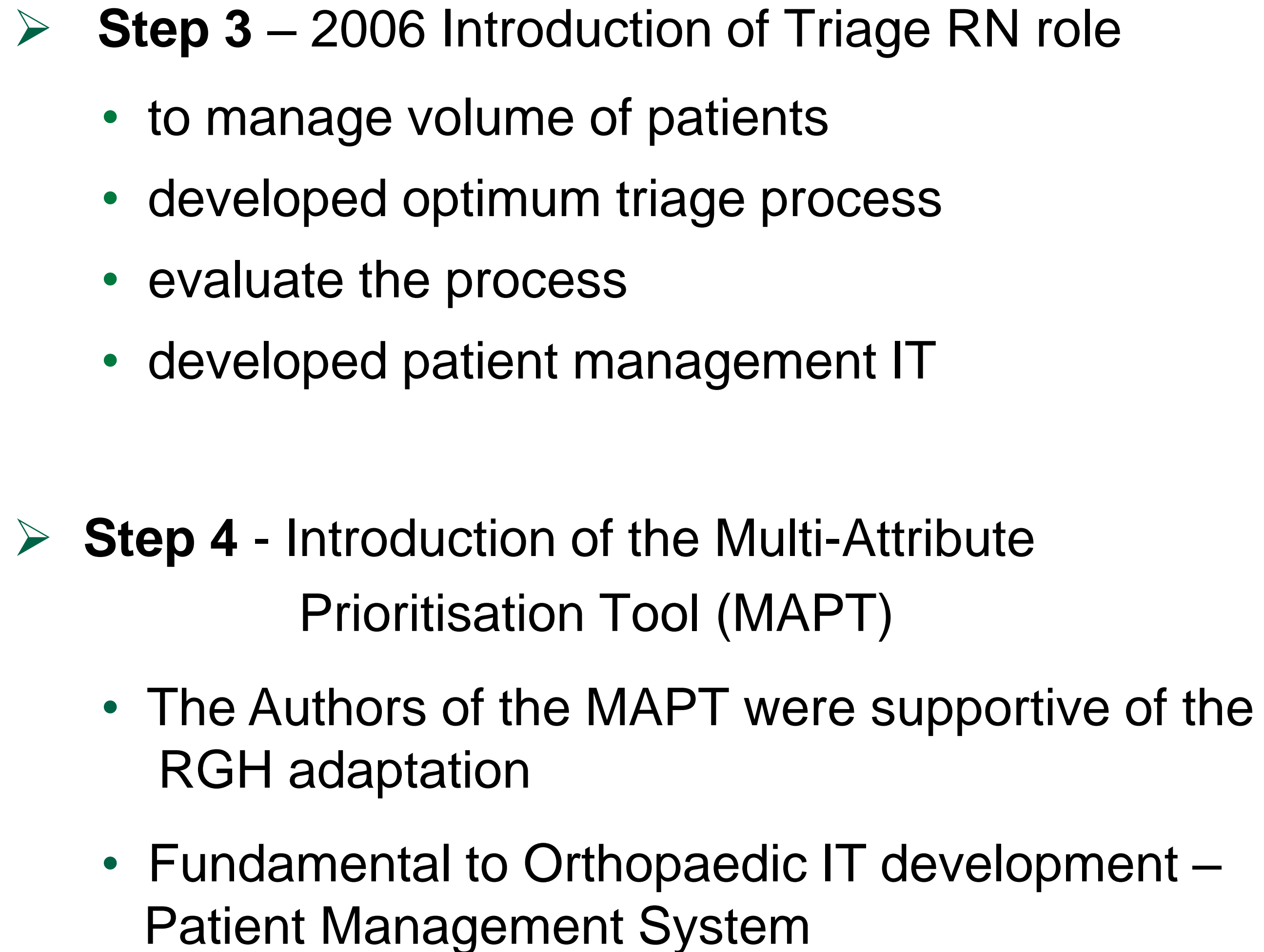
SA Health

Increasing Demand

- Currently approx 75,000 joint replacements performed nationally compared to 50,000 in 2002
- AOA NJRR indicates doubling of joint replacement surgery in the next decade
- Recognising the increasing demands, the RGH has initiated and remains proactive in service redesign

- **Step 1** - Separation of elective and trauma outpatients and surgery from FMC
  - elective Arthroplasty to RGH

- **Step 2** – Opened new Arthroplasty Clinics late 2006
  - clarified unknown demand for OPD
  - referrals increased up to 100 per month
  - constant until July 2010
  - result - increase pts on to surgical WL


Step 3 – 2006 Introduction of Triage RN role
to manage volume of patients
developed optimum triage process
evaluate the process
developed patient management IT
Step 4 - Introduction of the Multi-Attribute Prioritisation Tool (MAPT)
The Authors of the MAPT were supportive of the RGH adaptation
Fundamental to Orthopaedic IT development – Patient Management System

Edit View Insert Format Tools Table Window Help

Type a question for help

50% Read

Arial 8

Name	[illegible]	MRN	[illegible]	
Address	[illegible]	DOB	[illegible]	[illegible] [illegible]
Suburb	[illegible]	DVA Number		[illegible] [illegible]

Management | BMI: 38

Patient Id	[illegible]	Joint	Total Knee Replacement	Status	Active
Initial Ref Date	[illegible]	Side	Right	Date Inactive	
Initial Appt Date	[illegible]	Study	[illegible]	Inactive Reason	-- Select --
Consultant	[illegible]	Review Date	[illegible]	Category	[illegible]
Source	Outpatients Department	Predict Op Date	[illegible]	Operation Date:	
Wait List Date	[illegible]	Booked Op Date	[illegible]	Created	[illegible]
				Last Updated	[illegible]

[illegible] has the following comorbidities.

Add / Remove Comorbidity Rights

[illegible] is taking the following medications.

Add / Remove Medication

[illegible] has the following recommended conservative managements.

Add / Remove Comorbidity Rights

Save | Delete | Send Letter | Close

2 records

	Due	Completed	Self Management	Category Change	Survey Title	Category	Survey No	Score
	[illegible]	[illegible]	No	No	[illegible]		[illegible]	[illegible]
		[illegible]	No	No	[illegible]		[illegible]	[illegible]

Modified	Type	Details	User Last Modified
[illegible]	Medical	[illegible]	[illegible]
	Medical	[illegible]	
	ROM	[illegible]	

[illegible]	Type	Comment	User
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	OPD Review	For conservative management - review in 1 year	[illegible]
[illegible]	OPD Review	Booked for further rev [illegible]	[illegible]

[illegible]

	False		True	[illegible]	[illegible]	[illegible]	[illegible]	2	False

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AutoShapes

Sec 1 At Ln Col REC TRK EXT OVR

- MAPT existing surgical waiting list patients to reassess disease burden & surgical need against SA Health category (upgrade)
- Established MAPT score dimensions
- Remove patients from WL not available if date offered, high risk, or conservatively manage longer (8 to 10 a week)
- Reduce WL to workable numbers
- New referrals MAPT score, guided outpatient wait time of 3 months non urgent 4 to 6 weeks urgent
- Engage and educate patients on our service, their individual requirements, conservative options & risks
- Collaboration of all practitioners – hospital and community (South Australian Arthritis Foundation)
- Communal waiting list (non surgeon specific)
- Pt OPD review required surgeon moving away from this approach

Q: What is the definition of a holistic Orthopaedic surgeon?

A: Someone who looks at the whole bone…

How It Works – Changing Culture

Staff

Staff specialist employed as Head of Unit – open to a team approach

- Recognised nurse led
  - Management and maintenance of WL to surgeon & theatre capacity
  - Triage referrals to OPD timely & appropriate
  - Prehabilitation manage patient requirements while waiting for surgery and plan discharge
- Surgeon's agreement with orthopaedic service changes
- Engagement and support of Allied Health
- Established ARAC Multi D Clinics through ADAM project
- Evaluation & reporting led to our current OPD service

How It Works - Changing Culture

Patients Engaged

An expectation from the Orthopaedic Unit for patients to participate in their own health care:

- Self-management of conservative options
- Seek community supports earlier
- Management known health issues / Risks
- Attend education sessions to understand (while waiting, hospital stay, post op and discharge)
- Goal setting
- Direct contact to nursing staff (triage and prehab)

“It won’t happen overnight - but it will happen”

Triage / Prehabilitation

- Timely assessment of individual to appropriate clinics
- Consistency of processes (equity)
- Set timelines / including regular feedback through the MAPT
- Change of category on WL with increase disease burden
- Interview with Triage RN – Begins point of referral or OPD with formatted questions to direct earlier intervention by
- Prehabilitation RN to plan readiness for surgery and post op /DC management/options
- Care intervention occurs at any stage (captures known & unknown variances for admission and discharge
- Ownership to ensure effective communication is followed through

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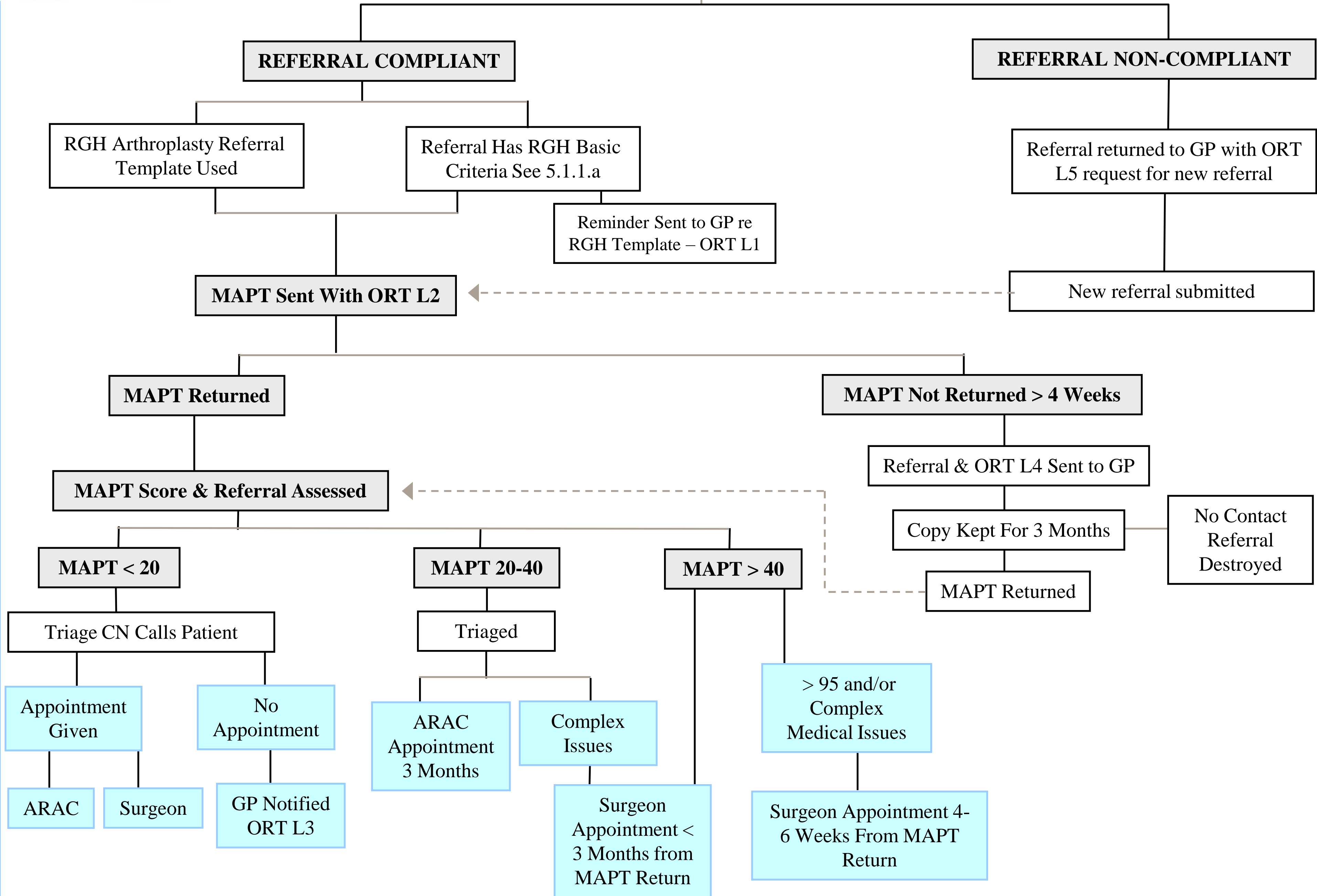
Referral to RGH Orthopaedic Unit



Physio Led ARAC clinics

Triage Nurse successful directing new referrals

Jan to June 2010

- 48 New pts attended ARAC clinics
- 2 or (4%) were deemed inappropriate to ARAC clinic but still appropriate to orthopaedics
- 5 or (10.5%) had further consultant review and surgery

  3 scopes

  2 TKR

  1 THR

- Transparency of hospital process
- Timeframes along pathway are known
- Understanding of pathway leads to realistic expectations
- Pt take ownership of their health issues /risks
- Increase in patient satisfaction
- Readiness for surgery with shorter notice
- Reduce late cancellations

Outcome of Change for Service

Strong networks with:

- Medical, nursing and allied health
- Arthritis SA
- GP and community agencies
- Less complaints
- Increased accuracy in predicting discharge destination and supports
- Reduction in acute length of stay
- Reduction RGH Rehabilitation service 44% to 6%
- Less readmissions for existing comorbidities or acopia
- Evaluating & reporting has improved accountability of service
- Team responsibility / no-blame culture inspires and motivates staff development

- Evaluation of service & controlled changes
- Timely & effective throughput to reduce deconditioning (future project)
- True waiting list of pts requiring surgery
- Keep WL manageable reduced numbers & wait time
- 95% Engagement of patients to education sessions
- Support for patients & families in self management and monitoring health /social issues ready for surgery with short notice
- Less manipulation of WL by surgeons
- Equitable delivery of Arthroplasty Services

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