

Implementation and establishment of Arthroplasty Referral and Assessment Clinic (ARAC)

6 months on and beyond

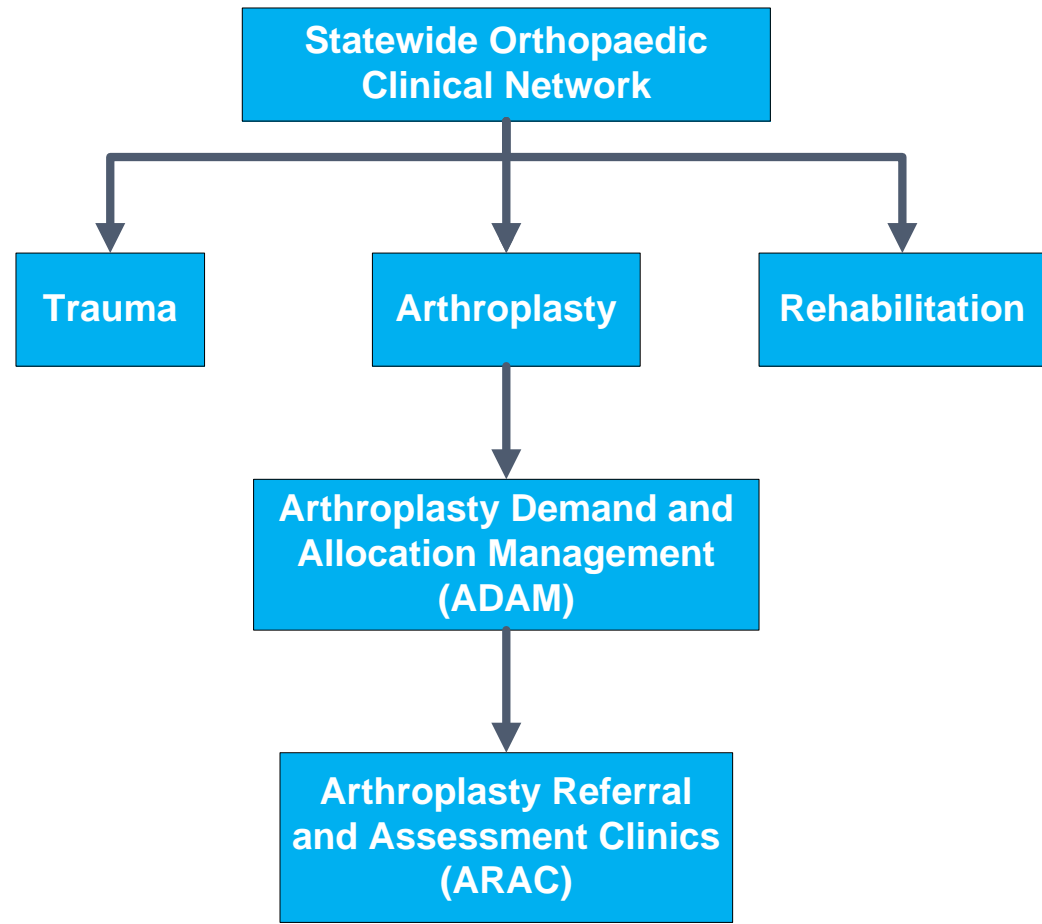
Change Champion Conference
November 2010

Samantha Miller

Project Manager ADAM

SA Health

Some background.....





Arthroplasty Demand & Allocation Management (ADAM)

- > A three year project to :
- > Develop, implement and evaluate a consistent, standardised statewide system for the management of patients with osteoarthritis of the hip and knee

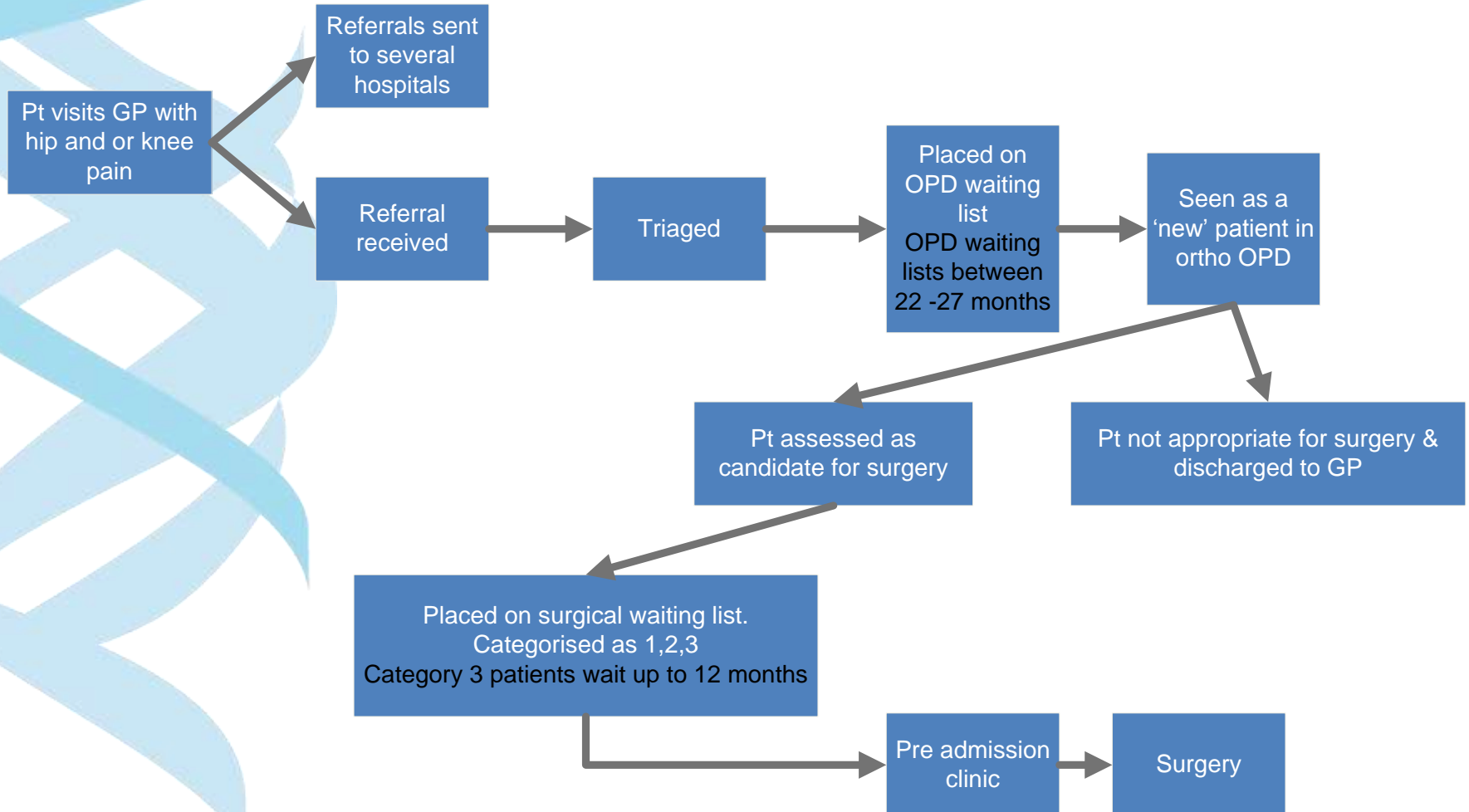
Examining the situation.....



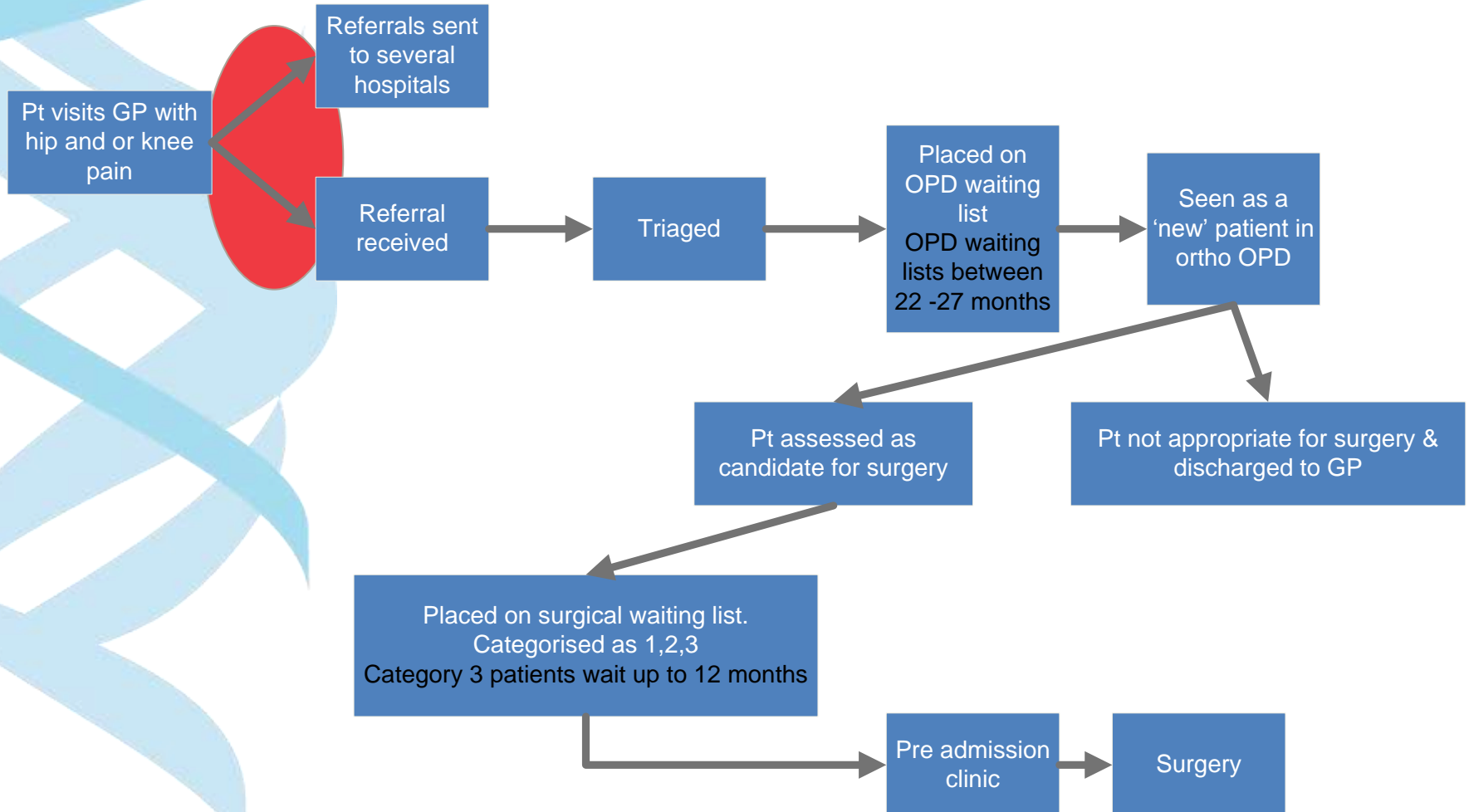
> Capacity Survey Major Metropolitan Hospitals

- High level of inappropriate referrals
- Poor quality referrals
- Poor monitoring for determination of pt on waiting lists
- Long wait for orthopaedic assessment
- Little evidence that conservative management was being optimised

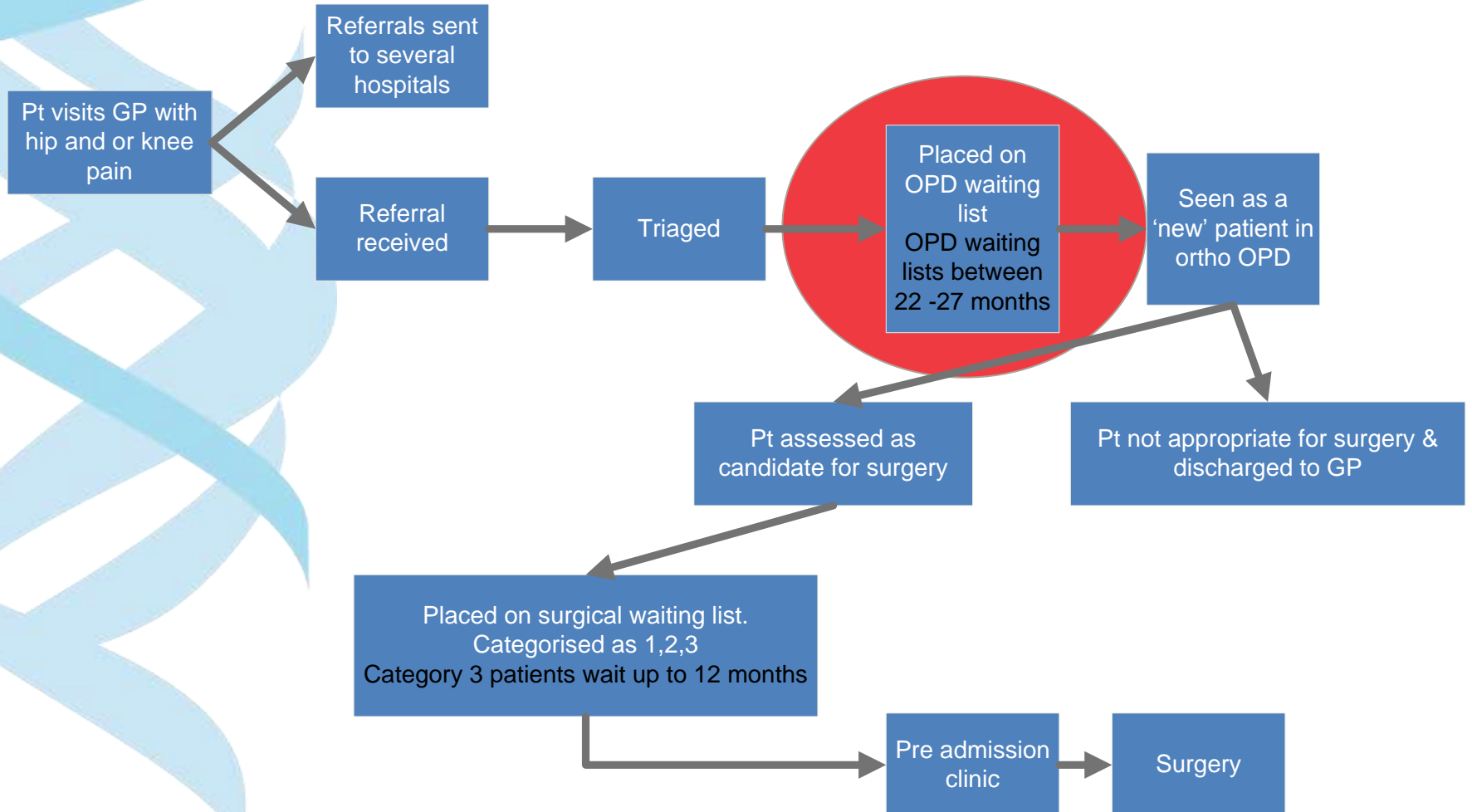
The process: As it was



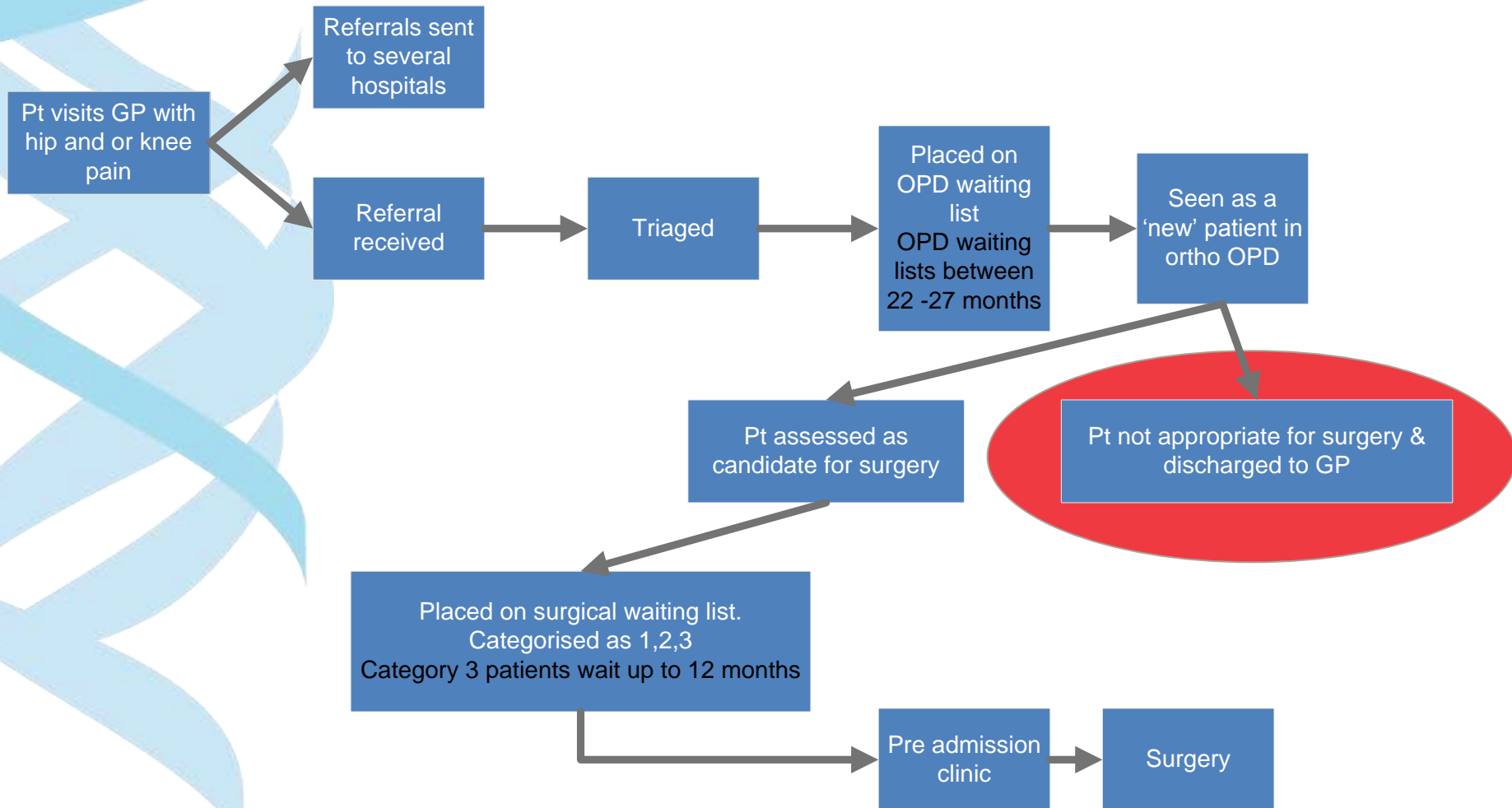
Referral to more than one hospital



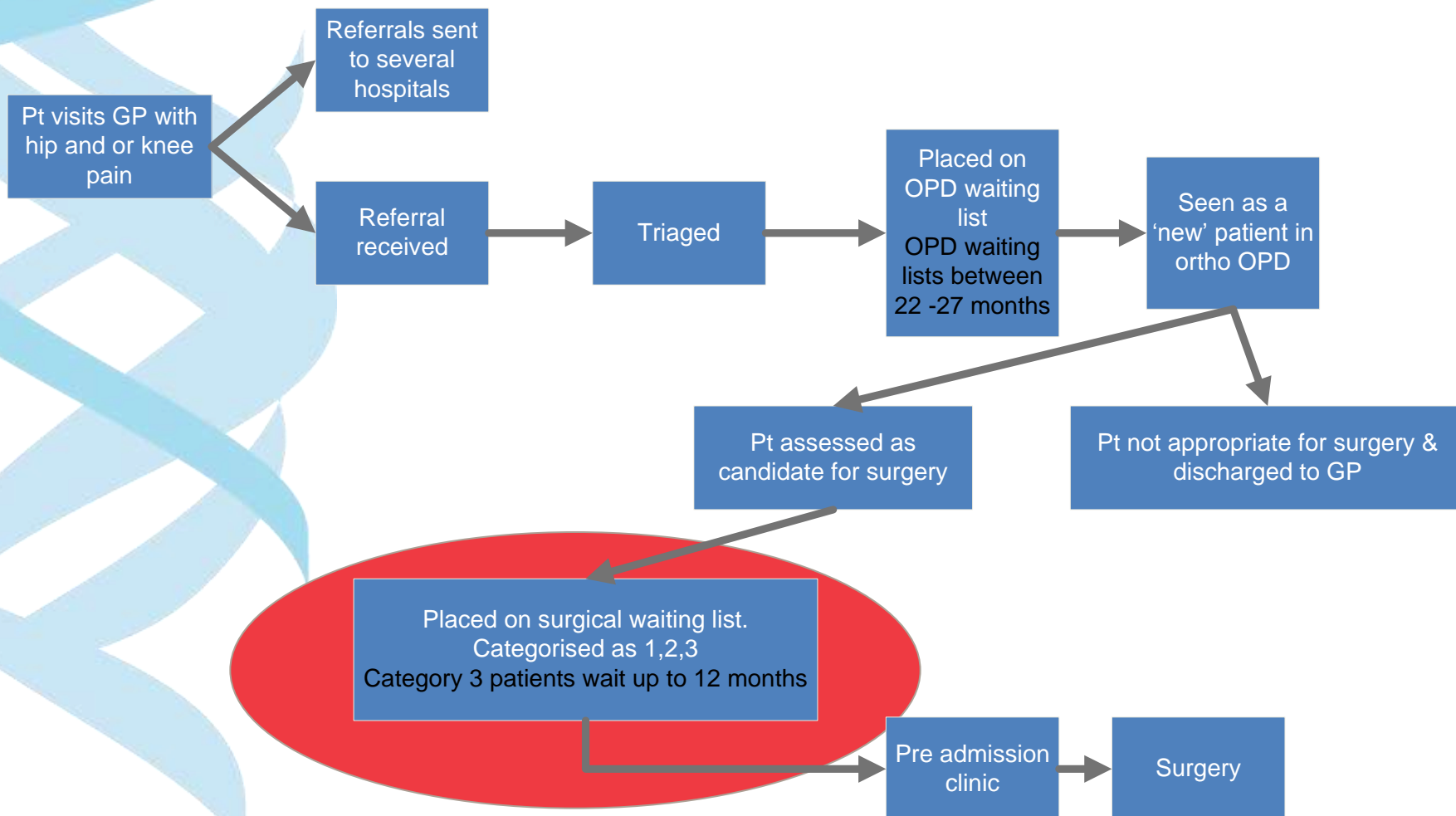
Extended OPD Waiting Time



Protracted wait only to be discharged back to the GP



More Time Waiting

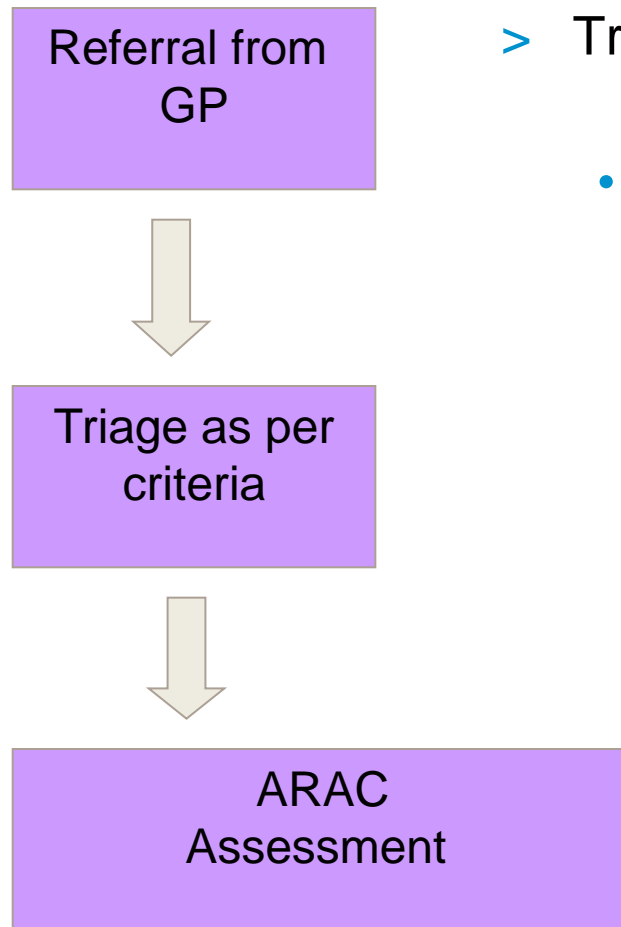




Arthroplasty Referral and Assessment Clinic (ARAC)

- > A multi disciplinary assessor team who assess and facilitate the management of this patient group.
- > The assessors – physio, ortho nurse, GP
- > Each clinic also had an orthopaedic consultant who provides advise and confirms decisions regarding patient management

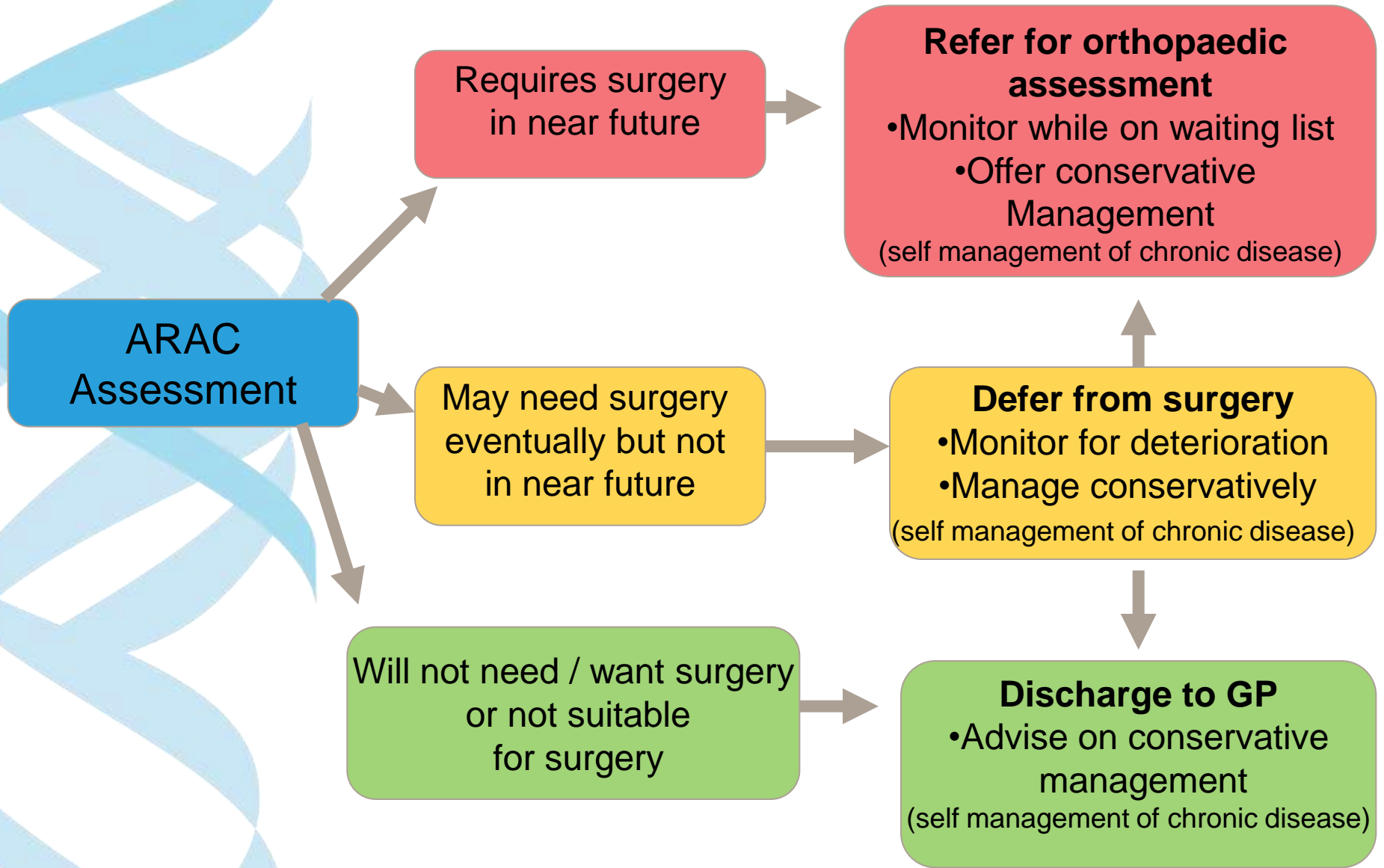
ARAC Patient Pathway



> Triage criteria

- All patients are:
 - Aged over 50 years
 - Suspected or confirmed OA of the hip or knee
 - Are new JR referrals
 - Referrals indicate they may be a candidate for joint replacement

Patient Possible Outcomes





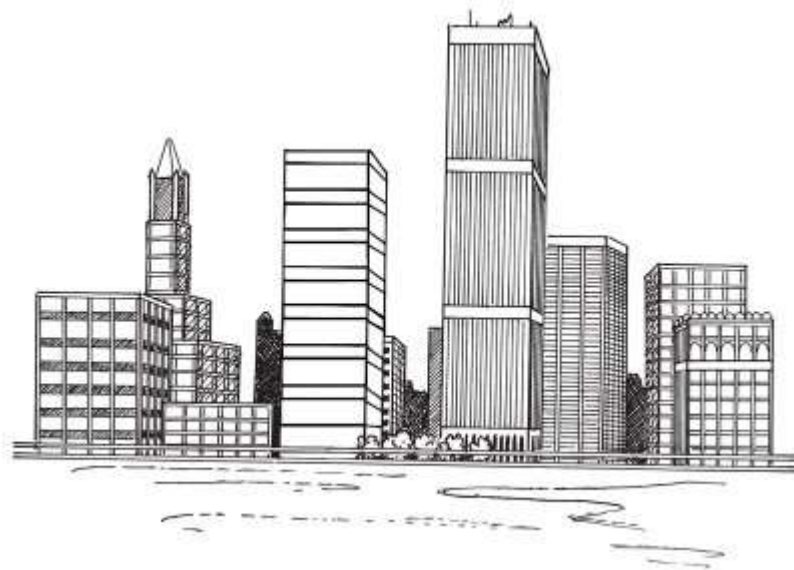
The MAPT – Multi-attribute Prioritisation Tool

> Hip and Knee Questionnaire

- Assesses the domains of:
 - Pain
 - Limitations to activities
 - Psychological health
 - Economic impact
 - Recent deterioration
- Provides a score out of 100
 - Enables monitoring

A Tale of Two Cities (Sites)

- > Two major metropolitan hospitals
 - Implementation and establishment of an ARAC



Sites: Pre Implementation

	Site 1	Site 2
Orthopaedic OPD waiting list (pre audit Oct 2009)	670*	1162
Pre implementation OPD waiting time (months)	24 (H) 30 (K)	22
Post audit OPD waiting list (audit Oct 2009)	392 (58.5%)	421 (36%)
Potential eligible ARAC patients referred per week	11	25**

*Suspect this number was higher

**includes sports knee injuries

ARAC: Feb to October 2010

	Site 1	Site 2
Commenced	Feb 2010 (34 Clinics)	Feb 2010 (32 Clinics)
Total pt seen	376	393
•No. (%) new	353 (93.8)	359 (91.3)
•No. (%) review	31 (8.2)	33 (8.3)
Failure to attend	11(2.9)	28 (7.1)
Cancelled	8 (2.1)	4 (1.0)
Average patient per clinic	11.0	12.2




Findings to be discussed

- > Impact on outpatient waiting list and waiting times
- > Impact on surgical waiting list
 - Patient Outcomes
 - Conversion to surgical waiting list
 - Deferral from orthopaedic consultant
- > Application of MAPT & Hip and Knee Questionnaire
- > Impact on conservative management
- > Patient satisfaction

Impact on OPD Waiting List and Waiting Time

Site 1	Pre ARAC (Oct 2009)	Post ARAC (Oct 2010)
Pt on OPD waiting list	392	112
OPD waiting time (months)	24 (H) 30 (K)	Approx 4
Site 2	Pre ARAC (Oct 2009)	Post ARAC (Oct 2010)
Pt on OPD waiting list	421	86
OPD waiting time (months)	22	Approx 9



Impact on OPD Waiting List and Waiting Time (cont)

> Outpatient waiting list

- Significant impact:
 - All patients from the original 'backlog' have been assessed
 - Site 1 OPD waiting list has decreased by 71.4%
 - Site 2 OPD waiting list has decrease by 79.4%

> Outpatients waiting times

- Significant impact:
 - Site 1 OPD waiting time decrease by 20 months
 - Site 2 OPD waiting time decreased by 13 months

ARAC Patient Outcomes (Feb to 31 Oct 2010)

	Site 1 (n=376)	Site 2 (n=393)
No. (%) referred to Ortho OPD	148 (39.3)	190 (48.3)
No. (%) review in ARAC	78 (20.7)	89 (22.6)
No. (%) DC to GP	133 (35.3)	107 (27.2)
No. (%) referred other specialist	8 (2.1)	3 (0.7)

ARAC
Assessment

Conversion to Surgical waiting list

	Site 1 (n=376)	Site 2 (n=393)
No. (%) referred to Ortho OPD	148 (39.3)	190 (48.3)
No. who have attended appoint. (DNA rate)	99 (0)	126 (10)
No. pt placed on surgical waiting list	88	109
% pt who attended OPD placed on SWL	88.8%	86.5%

Orthopaedic Consultant Deferral Rates

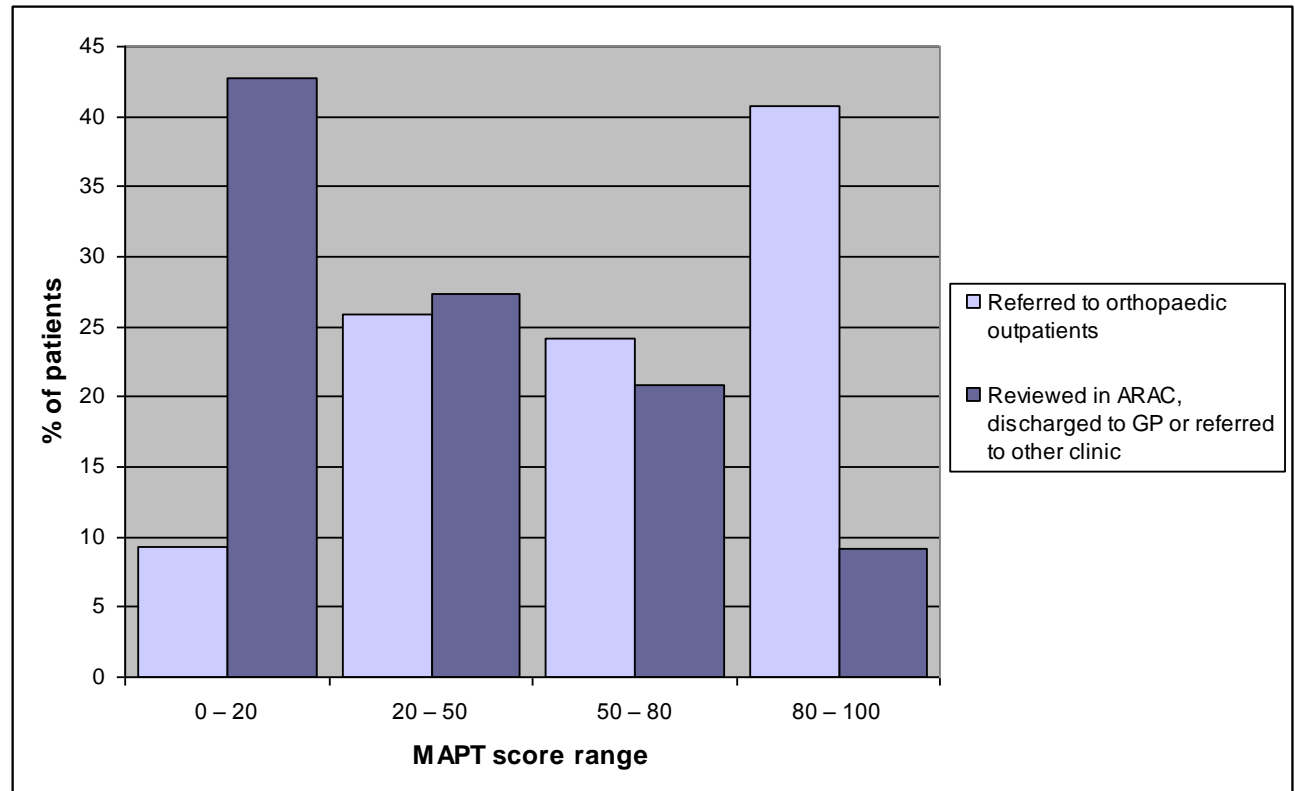
	Site 1 (n=376)	Site 2 (n= 393)
No. (%) referred to Ortho OPD	148 (39.3)	190 (48.3)
No. (%) review in ARAC	78 (20.7)	89 (22.6)
No. (%) DC to GP	133 (35.3)	107 (27.2)
No. (%) referred other specialist	8 (2.1)	3 (0.7)
Deferral Rates	219 (58.2)	19 (50.6)



Impact on surgical waiting lists

- > Not all patients referred to an orthopaedic consultant from ARAC have yet seen the appointment
- > Site 1: so far the impact appears to be absorbed
- > Site 2: increased pressure on the surgical waiting list
 - Pilot has been undertaken to transfer some of these patients to another site
- > Impact on orthopaedic consultant clinics
 - Referral from orthopaedic consultant OPD
 - 58.2% patients from Site 1
 - 50.6% patients from Site 2

MAPT Scores:





Application of the MAPT

> MAPT Score

- Useful as a monitoring tool
- Useful to aid triage

> Hip & Knee Questionnaire

- Domains useful as part of the assessment



Impact on Conservative Management

- > Conservative Management Pre ARAC
 - Site 1: 35.8% of patients were not utilising any conservative management strategies.
 - Most commonly utilised strategies – analgesia, fish oils, mobility aid
- > Management suggested at ARAC
 - Physio exercises - 52% of patients
 - Mobility aids – 30.5% of patients



Uptake of Conservative Management

- > Reported update at 3 months:
 - 80.9% pt agreed or strongly agreed that conservative management strategies were suggested
 - 55.8% pt have also gone to their GP to discuss and implement conservative strategies
 - 73.1% pt reported uptake of conservative measures

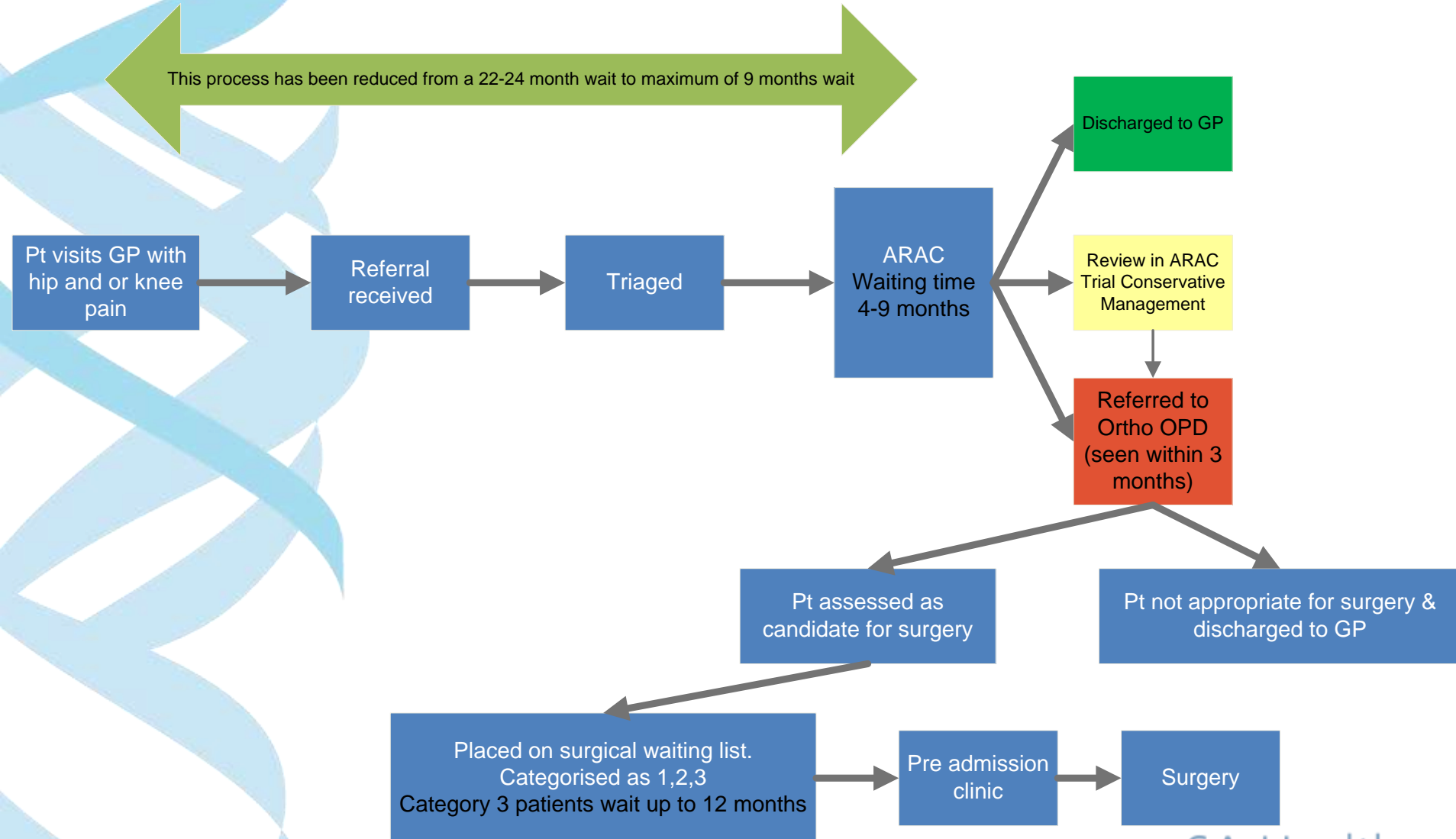


Patient Satisfaction

- > Survey immediately following ARAC
 - 57% response rate
 - Satisfaction with the outcome of the appointment
 - 95% rated satisfaction between good to excellent
 - With 78% rating it very good to excellent
 - Patient understanding of what they could do to manage their hip or knee condition
 - 93% stated good to excellent
 - 74% in the very good to excellent range

Post ARAC Process

This process has been reduced from a 22-24 month wait to maximum of 9 months wait





Where to from here?

- > Reduction in frequency of clinics
- > Consider roll out into the community
- > Refining the triage process
 - As identified by Frankie in the next presentation
- > Work on the wait on the surgical waiting list