

Hip & Knee Arthroplasty Outpatient Service Redesign

Repatriation General Hospital SA

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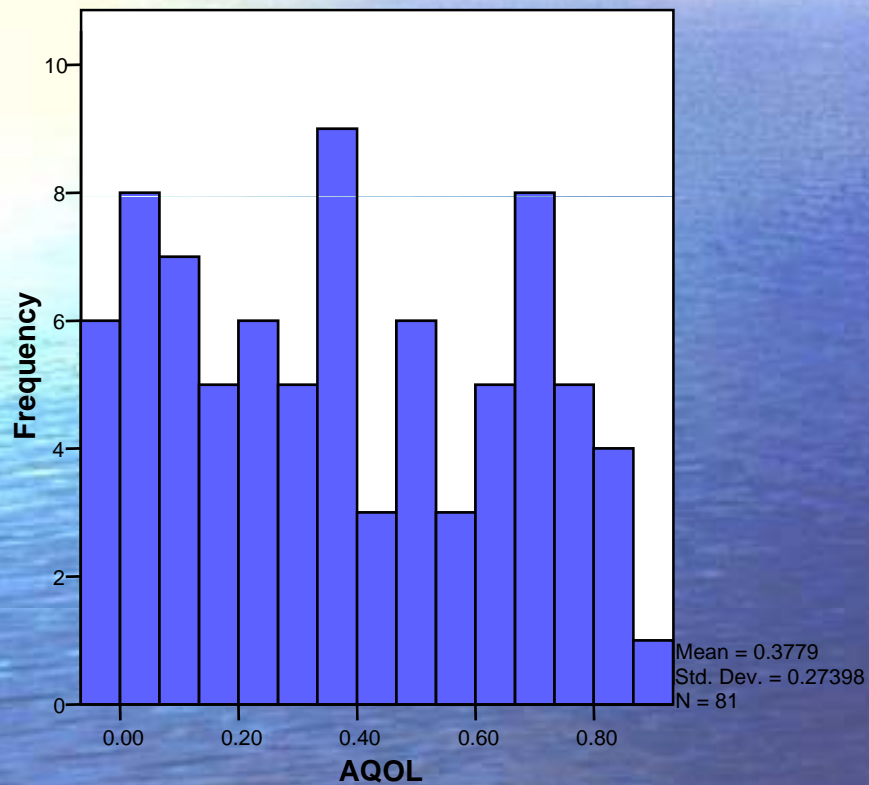
Background Information

Evolution Of Arthroplasty Services at RGH, Sth. Aust.

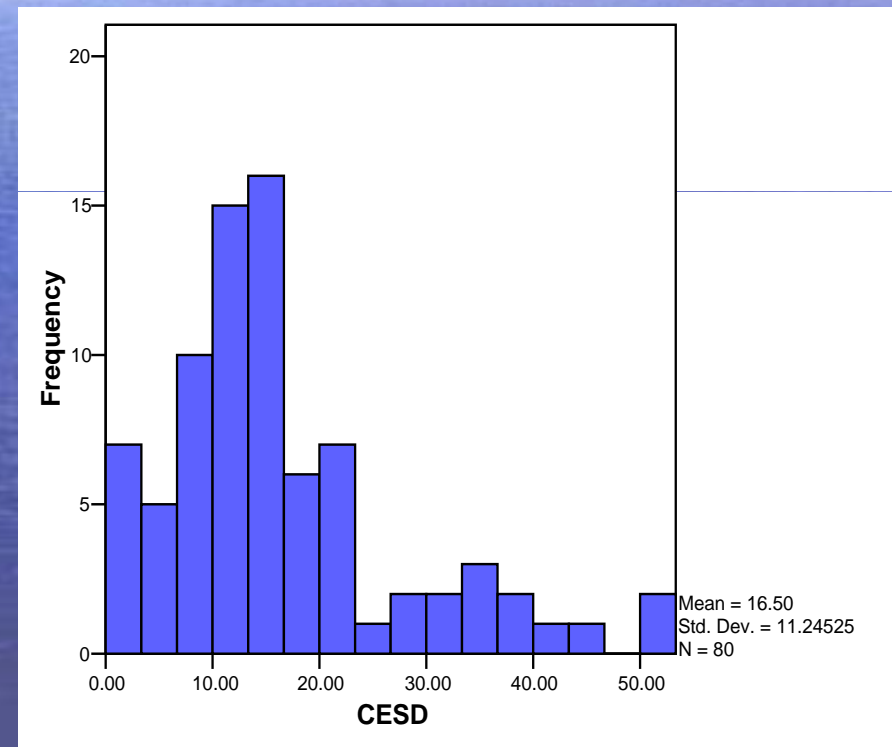
- Rationalisation of Orthopaedic Services in Southern Region, SA, 2005
- Fragmented IT
- Outdated prioritisation system-active management minimal
- Increasing prevalence of OA in ageing population
- Extended waiting times result in worsening disability, social and psychological health

Patients 'Waiting to Wait' !!

Quality of Life Scale



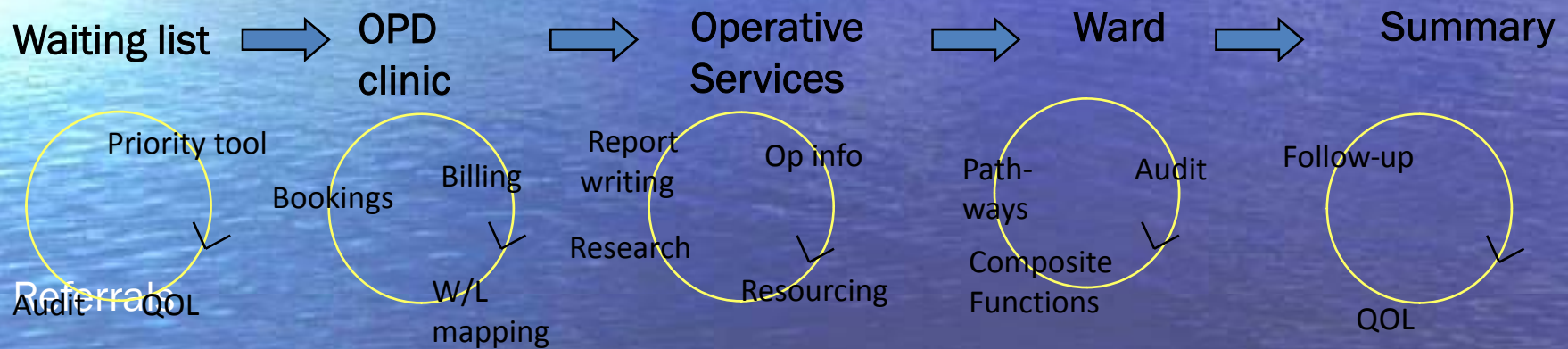
Depression Scale



Background Information

Hip & Knee Arthroplasty Outpatient Service Redesign

- Part of a Continuum of Care
- From GP referral



Why is the Waiting List So Long???



 Expected pathway to surgery

 Potential barriers to pathway

Why Shorten Ortho OPD Review Time?

- Missed Diagnosis- not Orthopaedic- ?? Malignancy
- May not need review by an Orthopaedic Surgeon
- Undetected & Unmanaged Depression
- Irreversible Deterioration in Quality of Life
- Contrived 'bottleneck' for Waiting List Management

The Problem

- 18 month wait for Outpatient Appointment
 - 850 Clients
- 24 month wait for surgery once on the waiting List
 - 500 Clients- annual throughput 275 TJR -1st on/ 1st off

Currently

- 6-12 week 'prioritised' wait for Outpatient Appointment
 - 120 new referrals per month
- Up to 8 month wait for surgery once on the waiting list
 - annual throughput 540 'prioritised' TJR

More importantly, however, is improved patient journey


The Process:-

1. Draw a 'line in the sand'
2. Contact all clients waiting for OPD appointments
 - labor intensive BUT 30% will no longer want appointment
3. No appointment until return prioritisation questionnaire
we use MAPT (multi-attribute prioritisation tool)
4. Develop dedicated ARACs
(multi D Arthritis Review and Assessment Clinics)
5. Communicate with ALL Stakeholders
6. Ensure CEO's , Bureaucrats, Surgeons, on side

MAPT

(Multi-Attribute Prioritization Tool)

- Developed by the Victorian Department of Human Services in conjunction with Melbourne Health and the University of Melbourne
- Introduced to MAPT through 2005/6 AMQuIP Study



MAPT – Draft 1.1.4

ID


a) Name: _____ b) Today's date: ___/___/___

c) Date of birth: ___/___/___ d) Gender: Male Female

Instructions:
For the following questions, think about how your hip or knee has been affecting you over the last 3 months when taking your usual medication or using your usual aids (e.g., walking stick, frame or handrails). Please tick one box only for each question.

1. Do you have hip or knee pain that does not get better even when you rest (for example, while sitting)?
 - None or mild pain
 - Moderate pain
 - Severe pain
 - Extremely severe pain
 - The pain is so severe that I cannot bear it
2. Do you have hip or knee pain when you first go to bed at night that stops you going to sleep?
 - No or rarely
 - I have pain that sometimes stops me going to sleep
 - I have pain that often stops me going to sleep
 - I have pain that stops me going to sleep most of the time
 - I have pain that stops me going to sleep all the time
3. Do you have hip or knee pain that limits your walking?
 - My walking is not limited by hip or knee pain
 - I can walk for at least 30 minutes before pain stops me
 - I can walk for about 10 to 15 minutes before pain stops me
 - I can only walk for a short time (such as walking from one room to another room)
 - I am not able to walk at all because of my hip or knee pain
4. Does your hip or knee make it difficult for you to look after yourself (such as washing yourself, getting dressed, going to the toilet)?
 - No, I can look after myself → [Go to Question 6 \(over the page\)](#)
 - There are some things I cannot do for myself
 - There are many things I cannot do for myself
 - I cannot do most things for myself
 - I cannot look after myself because of my hip or knee
5. Do you get enough help with looking after yourself (such as washing yourself, getting dressed, going to the toilet)?
 - I get as much help as I need
 - Most of the time I get enough help
 - Some of the time I get enough help
 - I rarely get enough help
 - I do not get enough help with looking after myself

Please answer the questions over the page



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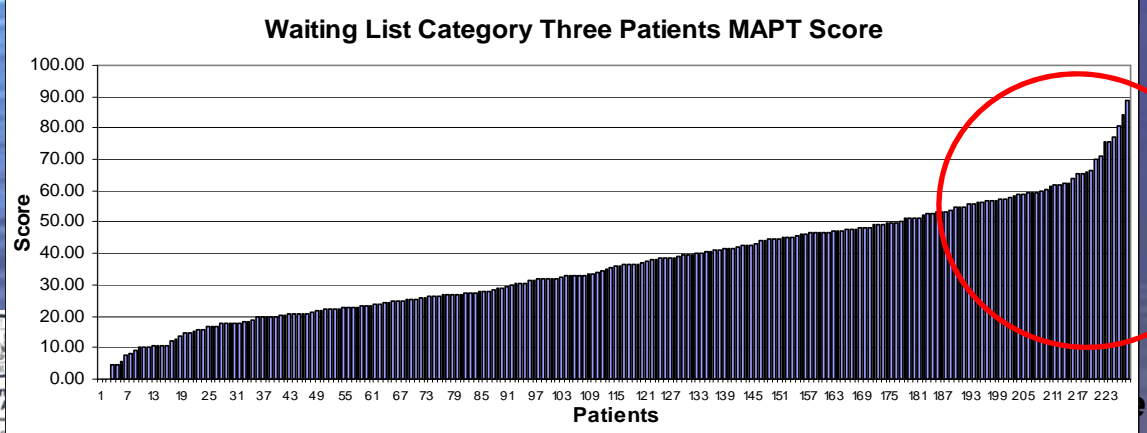
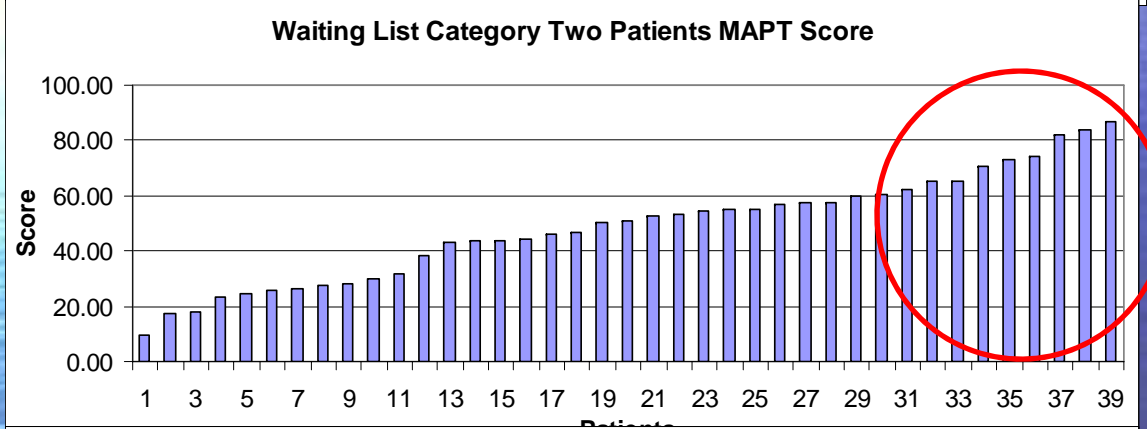
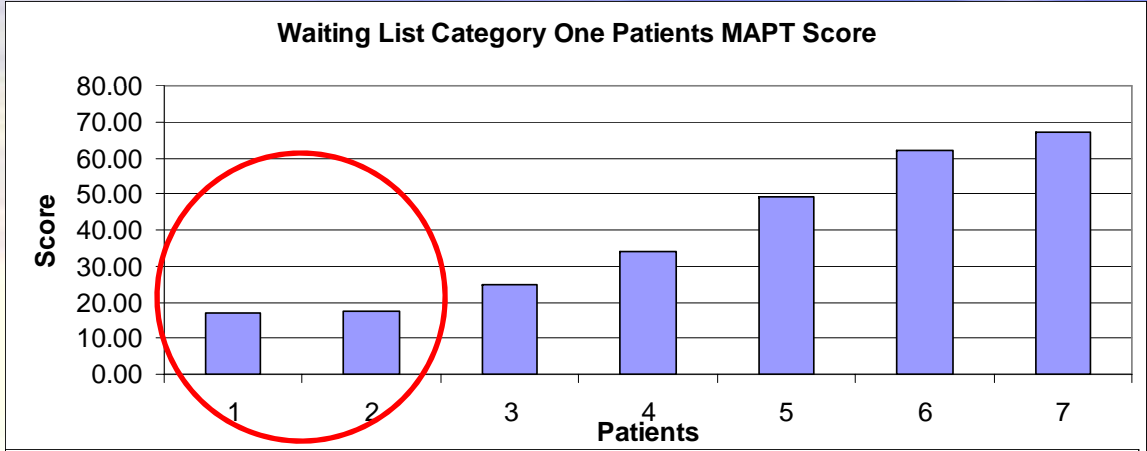
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MAPT

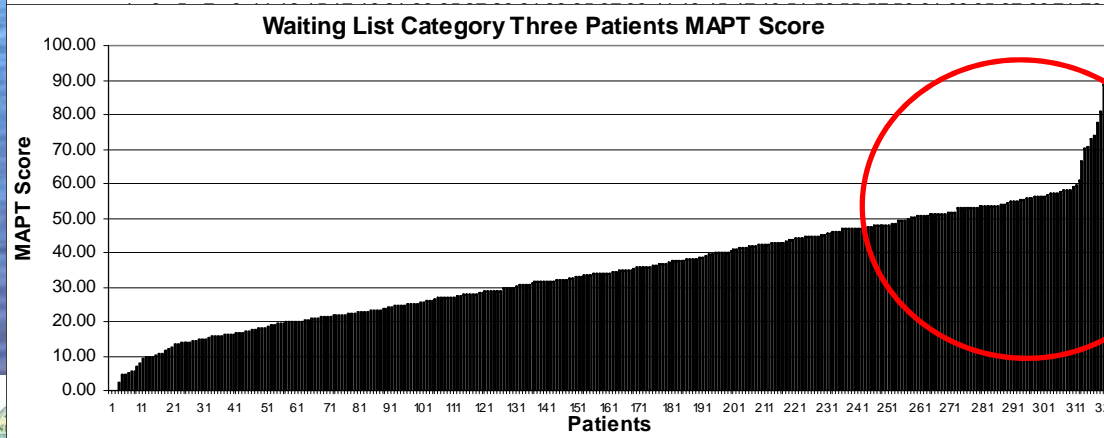
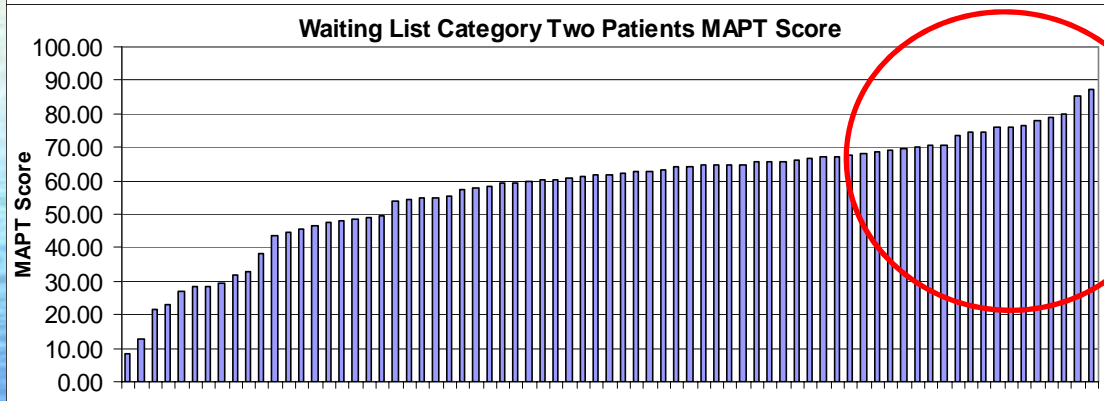
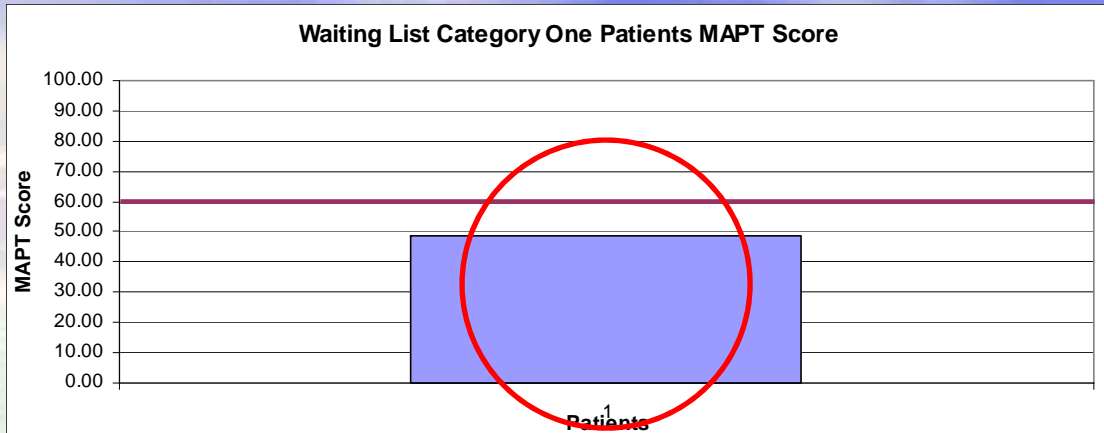
(Multi-Attribute Prioritization Tool)

- Is not an exclusion tool - acts as a guide only
- Is not used in isolation - clinical judgment will always override
- If referral from a GP - part of a referral guide
 - Algorithm*
 - Referral Template*
 - Management Guidelines*
 - Pt & GP Resource Locator*
- No OPD appointment until MAPT returned from patient

Interaction of MAPT and BLIS



*First MAPT Scores
June 2006*



*Total MAPT Scores
2 Quarters Later*

Structure of OPD Clinics

- **MAPT 0-20**
 - referred back to GP with suggestions for further management- *unless triager is concerned*
- **MAPT 20-40**
 - Multi-D ARAC
- **MAPT 60+**
 - Referral to Arthroplasty OPD

Initial Consequences of Service Realignment

- Early acquisition of a FLAK jacket!!!
- W/L for surgery 'temporarily' 'blows out'!!!!
- OPD Service for the State!!
- 'Interesting' variations of Hip and Knee pain

Is the System easy to Set Up?

Barriers To Service

Development:-

- Hospital Bureaucracy - *Reluctance to change*
- Lack of Funds for Infrastructure - *Esp. Staff & IT*
- Support for Development of Business & Strategic Plans

Maintenance:-

- Access to GPs
- Exposure of True W/L
- Evolution of IT
- Ability to expand Infrastructure as required
- Revenue Neutral

Enablers To The Service

- **Recognition of the Need for the Service:-**
 - *finite Resource*
 - *burgeoning TJR Numbers*
 - *cost of 'Burden of Disease'*

- **Enthusiasm of Community Services to Support Service**

- **Committee of Stakeholders**

- **Dedicated 'front-line' drivers**

- **Pilot feasibility Study- - *AMQuIP***

- **Cooperation of Consultant Orthopaedic Specialists- *Communal W/L***

- **+ve Feedback from pts.**

Summary of Benefits

Patients:-

- Transparency of Waiting List- OPD and Surgery
 - *equitable delivery of Health Services*
- Support in self management
- Monitoring of Disease Burden

Surgeons:-

- Less manipulation of Waiting and Operating Lists
- More deserving pts are prioritized

Managers/ Musculo-skeletal Coordinator:-

- Coordinated treatment options for management OA
- More logical Rapport with GPs, Politicians
- Less pt. complaints
- Involvement in Education Modules
- More logical triaging

Yes, it works!

- 6-12 week 'prioritised' wait for Outpatient Appointment
 - 120 new referrals per month
- Up to 8 month wait for surgery once on the waiting list
 - annual throughput 540 'prioritised' TJR

System now being run out Statewide in South Australia
under Arthroplasty Clinical Networks

**You can't run a functional and timely
Arthroplasty Waiting List Management Program
without the supportive management of
patients with arthritis in the general Community**



中国·新疆·天山天池

绕得三五步 留得芳草绿

Walking around for more steps
will keep more fragrant grass

Wider Outreach

2 Key Projects



Joint Replacement Waiting List Referral Guide Pilot

July 2007-September 2008

History

End Point of Victorian OWL Stakeholder Consultation Final Report commissioned by DoHA and conducted by the Centre for Rheumatic Diseases at Melbourne University in collaboration with the RACGPs.

RGH Orthopaedic Unit chosen for Pilot as it has demonstrated a longstanding commitment to service redesign in the area of Arthroplasty of the Hip and Knee

Objectives

To determine extent to which GPs could be engaged to develop strategies to optimise conservative management for patients with osteoarthritis of the hip and knee

whilst at the same time evaluating a Referral Guide
which had been developed to support timely and
appropriate referral for joint replacement

Imperatives

It was deemed crucial to engagement to support GP's with appropriate tools and resources to enable them to make decisions about management and referral within the time constraints of a consultation.

Conclusions

- Demonstrated high level of engagement is encouraging for wider implementation
- Evaluation process identified significant benefits for both cohort GP's and the RGH service particularly with regard to guiding GP's on when to refer patients and also in improved triaging through information received via the standardised referral template leading to more timely and informed assessment.

ADAM

Arthroplasty Demand and Allocation Management Project

Project developed under the auspices of the
Arthroplasty Sub Committee of the (SA)
Statewide Orthopaedic Clinical network to
formulate processes that will address service
inequities statewide and ensure that those
patients with the highest degree of disability
are treated first wherever possible

Many of the components of the RGH Service redesign are being incorporated into ADAM's implementation plan

QUESTIONS

How did we measure and monitor improved outcomes?

Do our stakeholders believe that all of this work has been translated into better patient outcomes?

Measuring and Monitoring

- Collection and analysis of statistics around all stages of the patient journey redesign shows positive outcomes
- Surveys of patient satisfaction with OPD assessment
- Feedback from stakeholders

OPD Survey Results Immediately Post Visit

Agree and strongly agree categories

- 98.8% understood why they were being assessed
- 86.3% believed that they received clear explanations
- 85.2% felt that they were listened to
- 97% felt that the assessment time (including wait for appt) was acceptable

Survey 2 Months Post Review

- 88.2 % had begun conservative management measures suggested by OPD/GP's
- 73% believed that their hip and/or knee needs were being met

Patient "Voices"

- "I was not just a number"
- " I was treated with respect and was listened to and felt that I was important to you"
- "The personal interest and care with compassion was very reassuring, friendly and professional"

GP "Voices"

- "Excellent example of Best Practice."
- "Greatly improved communication between GP and Hospital"
- "Great value in standardised referral tool "
- "MAPT tool provides excellent indication of where patient is on disease journey"

QUESTIONS