

Elective Orthopaedic Pathways in Southern Healththe SACS Journey

A reflection on current activity



integrity • compassion • accountability • respect • excellence



Better Health for Our Community

Elective Orthopaedic Pathways

- Southern Health
- Background
- Model of Care
 - Key Elements
 - Data
- Challenges
- Opportunities



Elective Orthopaedic Pathways

- Acute Sites in Southern Health as referrers of people post elective surgical intervention
 - Moorabbin
 - Dandenong
- Nb Sandringham Hospital

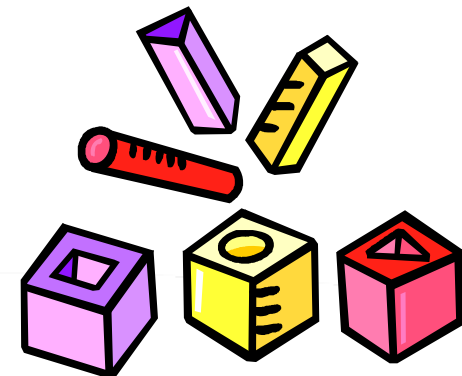
Elective Orthopaedic Pathways

- Community Rehabilitation
 - Geography
- Home Based
 - Cheltenham
 - Cranbourne
- Centre Based
 - Parkdale
 - Clayton
 - Springvale
 - Dandenong
 - Cranbourne
 - Pakenham

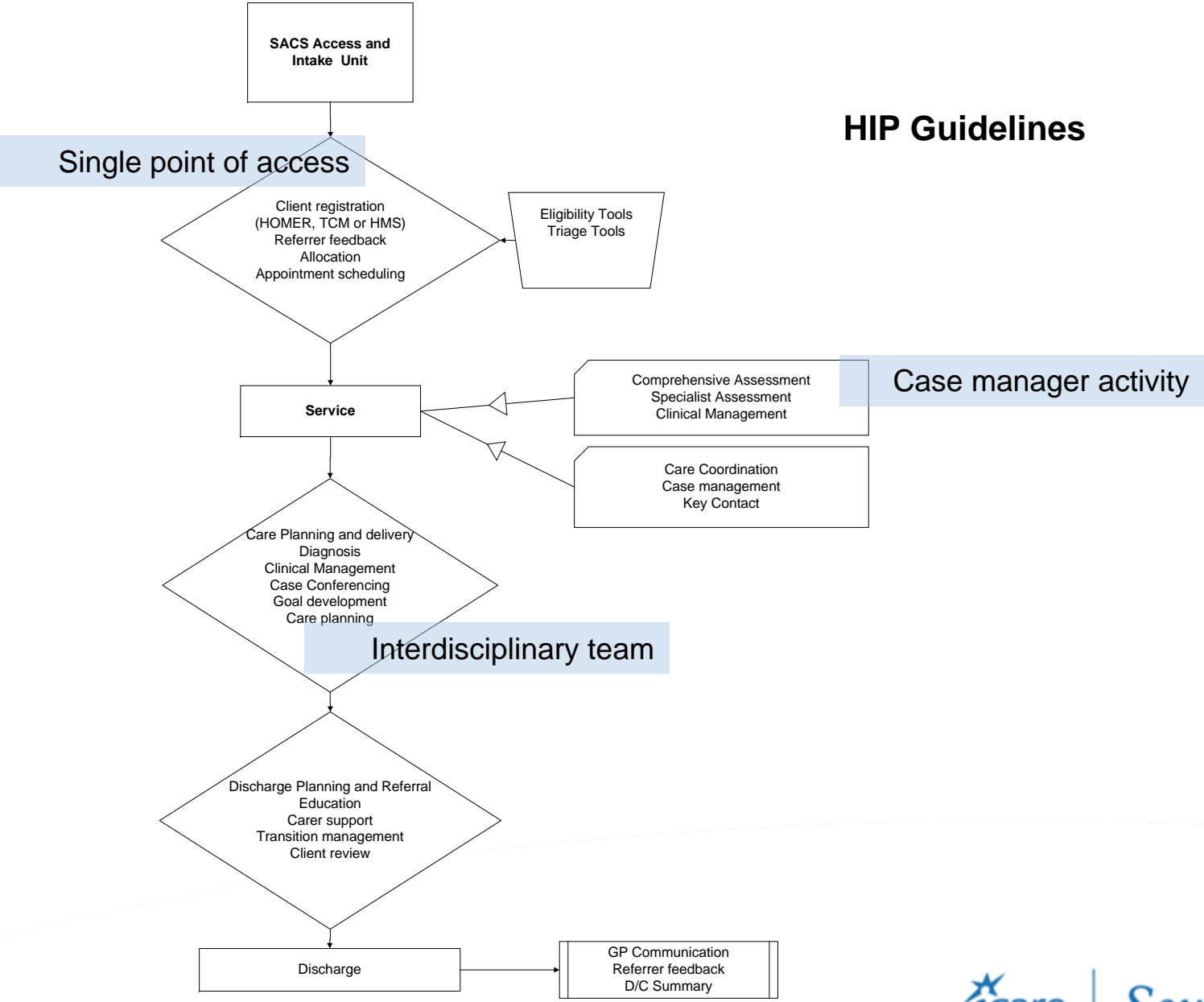


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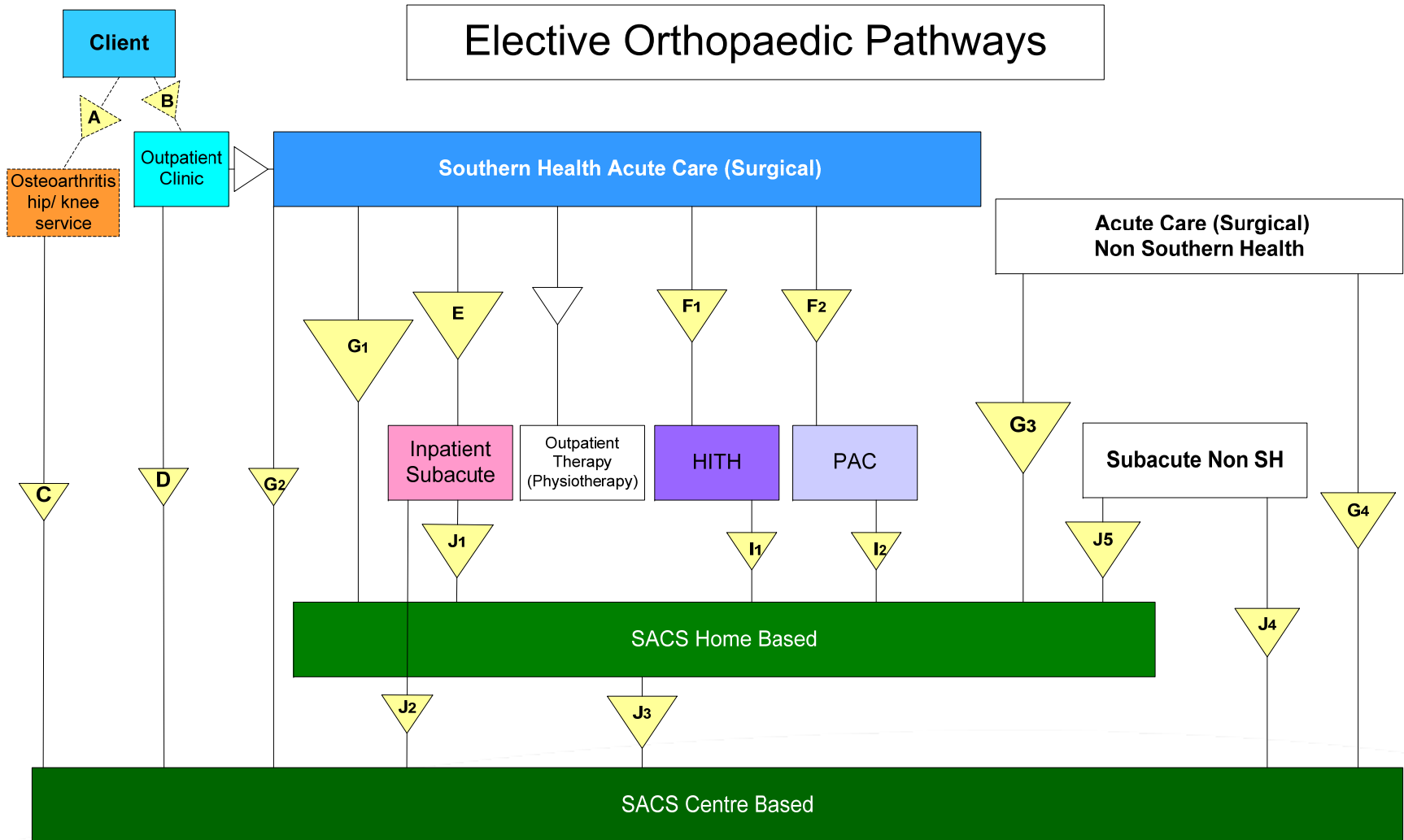
- Home based service (RITH)
 - developed 1996 with a case management model
 - incorporated access to brokerage funds as well as directly employed clinicians
 - nursing care, home care, personal
- Centre based services
 - traditional staffing profiles
 - recruitment challenges
 - care
- Strong links between services however the teams have traditionally operated as discrete clinical teams



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SH Elective Surgical Activity 1 July 2007 to 30 June 2008	Inpatient Rehab	Community (Home or Centre)
(N) = 350 <u>Journeys G1 & G2</u>	36%	27.1% (N)= 95
<p>* Unable to fully describe VACS funded activity but at least 5% clients seen in this mode with referrals on into SACS</p> <p># Referrals on into community health not known</p>		

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Non SH Elective Surgical Activity 1 July 2007 to 30/June 2008		Community (Home or Centre)
<u>Journeys G3 & G4</u>		(N) = 291
* Unable to fully describe VACS funded activity but at least 5% clients seen in this mode with referrals on into SACS # Referrals on into community health not known		

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Uptake rates into RITH from Pre Admission 1/1/2008 to 20/3/2009

Pre - Admission DDH	Number of cases Flagged	109	65.1%
	Number of Clients admitted to RITH	71	
Pre Admission - Sandringham	Number of cases Flagged	58	46.6%
	Number of Clients admitted to RITH	27	
Pre Admission Clinic MMC	Number of cases Flagged	9	44.4%
	Number of Clients admitted to RITH	4	
Pre-admission clinic - Moorabbin	Number of cases Flagged	80	41.3%
	Number of Clients admitted to RITH	33	
Total Number of cases Flagged		256	
Total Number of Pre Admission Clients admitted to RITH		135	52.7%

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RITH Admissions 1/1/2008 to 20/3/2009

Total Number of RITH Admissions	704
Total Number of Pre Admission Clients admitted to RITH	135

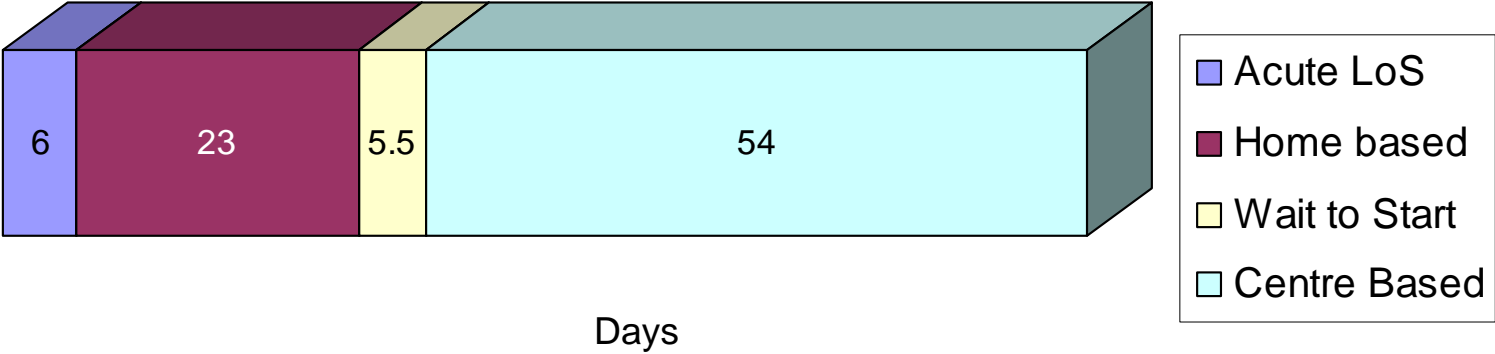
19.1%

Elective Orthopaedic Activity

Total Hip Replacement 1/7/2007 to 30/6/2008

THR: Acute to Home based SACS

Typical average journey*

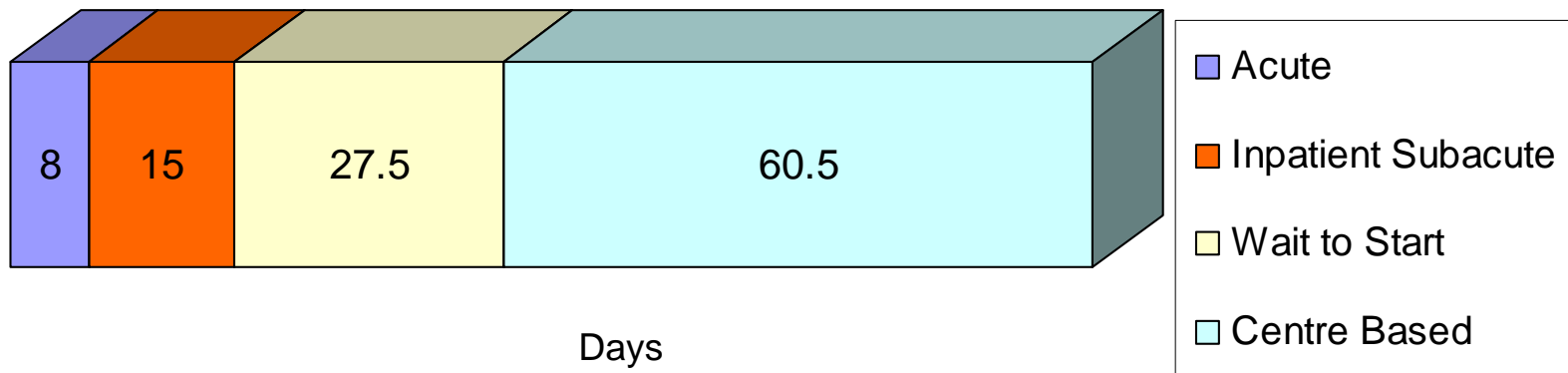


Elective Orthopaedic Pathways

Total Hip Replacement 1/7/2007 to 30/6/2008

THR: Acute to Inpatient to Centre based SACS

Typical average journey*

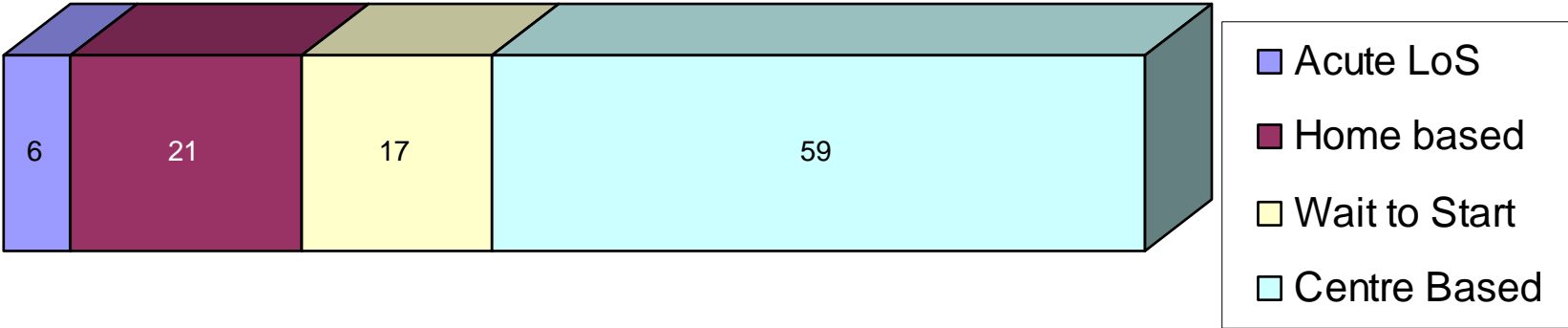


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Total Knee Replacement 1/7/2007 to 30/6/2008

The typical average journey

TKR: Acute to Home based SACS



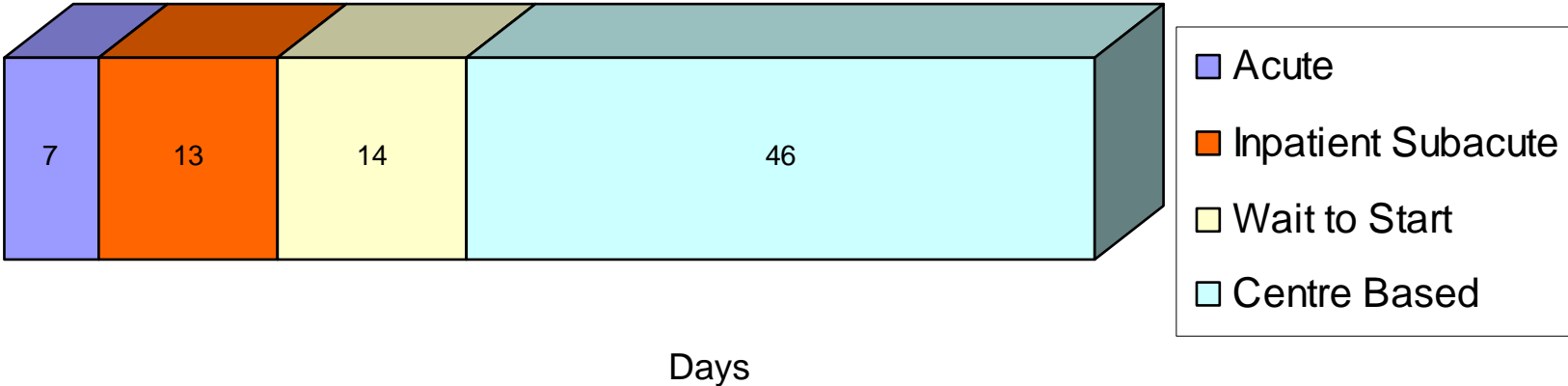
Days

Elective Orthopaedic Pathways

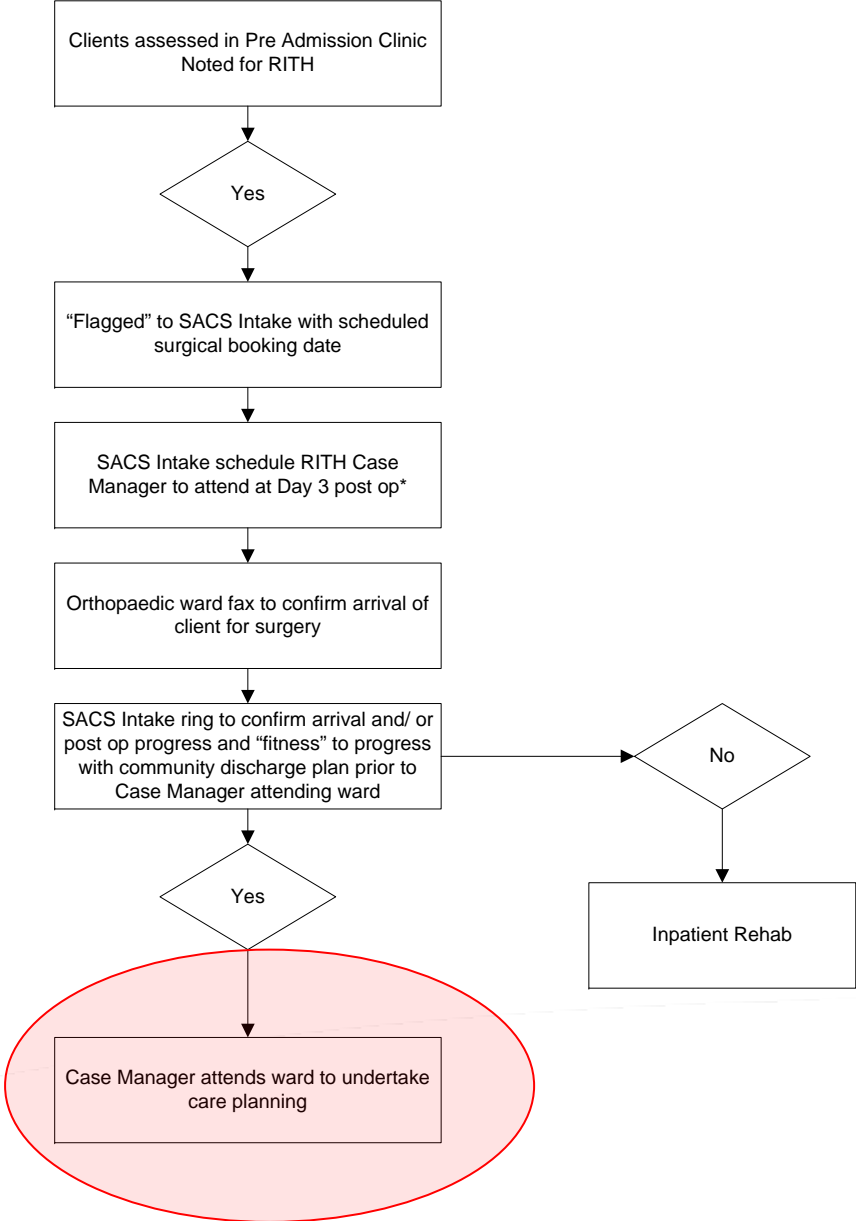
Total Knee Replacement 1/7/2007 to 30/6/2008

TKR: Acute to Inpatient to Centre based SACS

The typical average journey



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- **So what's new?**
- In mid 2008 undertook a project aimed at
 1. Improving flow from home to centre based options
 2. Increasing capacity in centre based services to respond to referrals from elective surgical activity
 3. Provide a project focus to streamline access to community rehab (home and centre based)
- **Key features included**
 - Small increments in EFT Physiotherapy, Exercise Science, case management and Occupational therapy – distributed across centre and home based SACS.
 - Appointment of Clinical leads in physiotherapy
 - Re branding and marketing of service with acute colleagues
 - Feedback loops to pre admission clinics

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- Case Managers had opportunity to provide centre or home based response (supported through SACS Intake)
- Comprehensive assessment conducted prior to discharge from the acute ward informed clinical reasoning
- Use of [Post-Operative Rehab. Assessment and Prediction Tool](#) supported decision making with respect to home Vs centre based options
- Use of PSFS to measure client outcomes [PSFS](#)

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- Outcomes:
- Closer relationship built between centre and home based services
- Improved flow into the centre based services within the limits of the resources
- Trend towards a shorter length of stay (LOS) within RITH services.

	Before	After
Discharged less than 3 weeks	28%	47.4%
Discharged greater than 3 weeks	21.6%	13.2%

Post-Operative Rehab. Assessment and Prediction Tool

	Value	Score
Age Group	50 – 65 yrs	= 2
	66 – 75 yrs	= 1
	> 75 yrs	= 0
Weight Bearing Status	NWBing or PWBing	
	50 – 65 yrs	= 2
	65 – 75 yrs	= 1
	> 75 yrs	= 0
	If Double Story House	= 0
Transfers: Out of Bed	Independently	= 2
	One Assist.	= 1
	Two Assist.	= 0
Supervision / Assistance Required with Walking	Without Supervision	= 2
	One Assist.	= 1
	Two Assist.	= 0
Walking with Crutches (Day 3)		= 3
Distance Walked	More than 20 metres	= 2
	10 – 20 metres	= 1
	Less than 10 metres	= 0
Pain Management	Pain Controlled	= 2
	Pain with Transfers and Movement	= 1
	Pain at Rest	= 0
Total Hip Replacement	Younger Client, Car Travel Permitted	= 2
	Older Client, Travel Permitted	= 1
	No Car Travel	= 0
Total Knee Replacement	Younger Client, Good ARoM (0-80°)	= 2
	Older Client, Good ARoM (0-80°)	= 1
	Poor ARoM	= 0
Live in Carer	Yes	= 2
	No	= 0
Have post-op complications been identified?	Yes	= 0
	No	= 1
	<ul style="list-style-type: none"> • Wound Infections/Discharges • Confusion • Heart/Hypertension • Chest Infections • IDC • Decreased Hb 	
Score (Out of 20)		

15 – 20
5 – 15
0 – 5

Home with CRC (if Carer and Transport)
Home with RITH. CRC Referral to be activated after 2 – 3 weeks of RITH
IPR or requires additional review after day 6



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Date:

Referrer:

The Patient-Specific Functional Scale (PSFS)

This useful questionnaire can be used to quantify activity limitation and measure functional outcome for patients with any orthopaedic condition.

Clinician to read and fill in below: Complete at the end of the history and prior to physical examination.

Initial Assessment:

I am going to ask you to identify up to three important activities that you are unable to do or are having difficulty with as a result of your _____ problem. Today are there any activities that you are unable to do or are having difficulty with because of your _____ problem? (Clinician: show scale to patient and have the patient rate each activity)

Follow-up Assessments:

When I assessed you on (state previous assessment date), you told me that you had difficulty with (read all activities from list at a time). Today, do you still have difficulty with: (read and have patient score each item in the list)?

Patient-specific activity scoring scheme (Point to one number):

0	1	2	3	4	5	6	7	8	9	10
Unable to										Able to perform
activity										
perform										at the same level as
activity										before injury or
										problem

(Date and Score)

Activity	Initial					
1.						
2.						
3.						
4.						
5.						
Additional						
Additional						

Total score = sum of the activity score/number of activities

Minimum detectable change (90% CI) for average score = 2 points

Minimum detectable change (90%CI) for single activity score = 3 points

The outcome measure utilised was the **Patient Specific Functional Scale** considered to:

1. good clinical utility (easy to learn how to use, time efficient, validated for knee and hip pathology)
2. offered outcome measures in the domain of activity participation (and not the commonly used impairment domain).

PSFS developed by: Stratford P, Gill C, Westaway M & Binkley J (1995) Assessing disability and change on individual patients: a report of a patient specific measure. **Physiotherapy Canada** 47:258-263

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- Things to work on for the future
 - Pre Admission process
 - Standardising
 - SACS with a presence
 - Marketing
 - Responsiveness and capacity
 - Physical space in centre based services
 - Recruitment

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- Acknowledgements
- Sally Heyde
- Geoff Pryde
- Community Rehab Teams
 - RITH and Centre Based (former and current)
 - SACS Access and Intake

