

Improving flow in Orthopaedic Surgery



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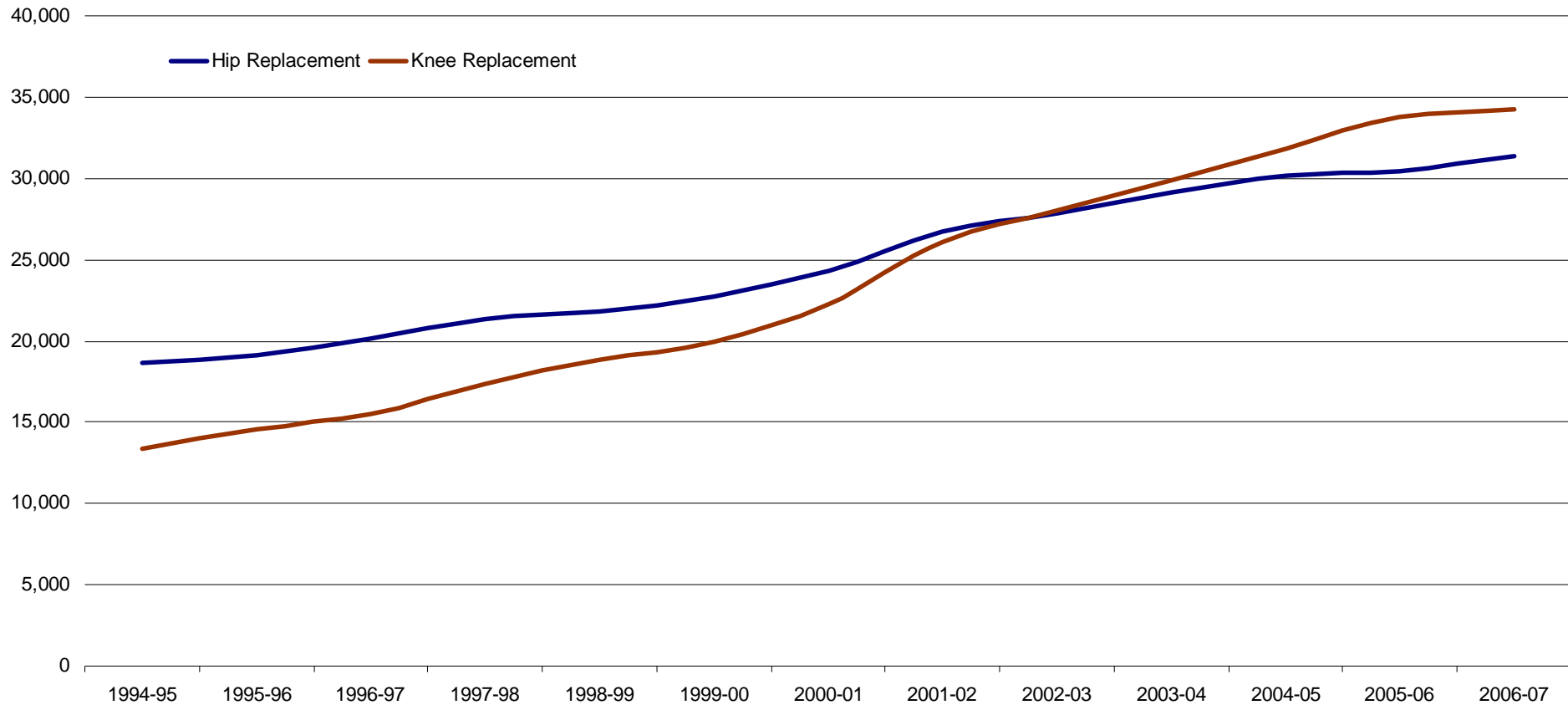
3 April 2009

Demand and supply

- Long-term growth in demand and supply – most private.
- Commonwealth ESWLRP
- Long-waiting patients – policy objective

Increasing supply

Number of Hip and Knee Replacements undertaken in Australia, 1994/95-2006/07



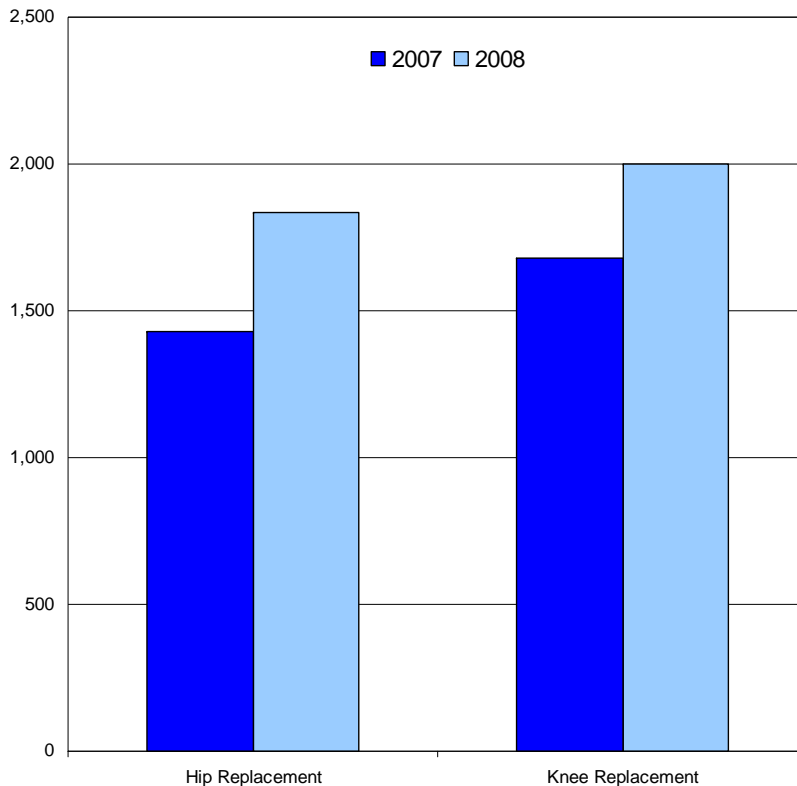
Source: Australian Orthopaedic Association, National Joint Replacement Registry Supplementary Report 2008

Commonwealth Elective Surgery Blitz

	Commonwealth	Victoria's Share
Jan – Dec 2008	\$150 million - Blitz on Elective Surgery Waiting List	\$34.2m to treat 5,908 additional long-waiting patients
Jul 2008 – Jun 2010	\$150 million - systemic improvements to Australia's hospital system	\$36.8m for facility redevelopment, equipment purchases and innovation projects
Jul 2009 – Jun 2010	\$300 million - dividend payments to States and Territories that meet elective surgery waiting list reduction targets	?

Additional activity in 2008

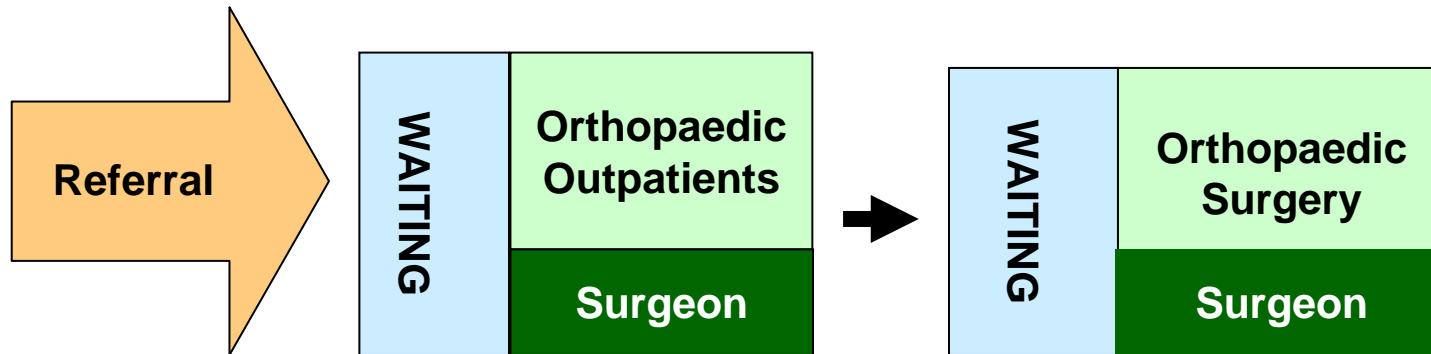
Total hip and knee replacements
in Victoria's public hospitals, 2007 v 2008



Source: Elective Surgery Information System

- \$60M of additional funding in 2008
 - \$34.2M Commonwealth activity
 - \$15M State-funded activity
 - \$10.8M Additional equipment
- Additional activity focused on long-waiting patients
- 28% increase in number of THRs performed
- 19% increase in number of TKRs performed

Historical pathway



Waiting:

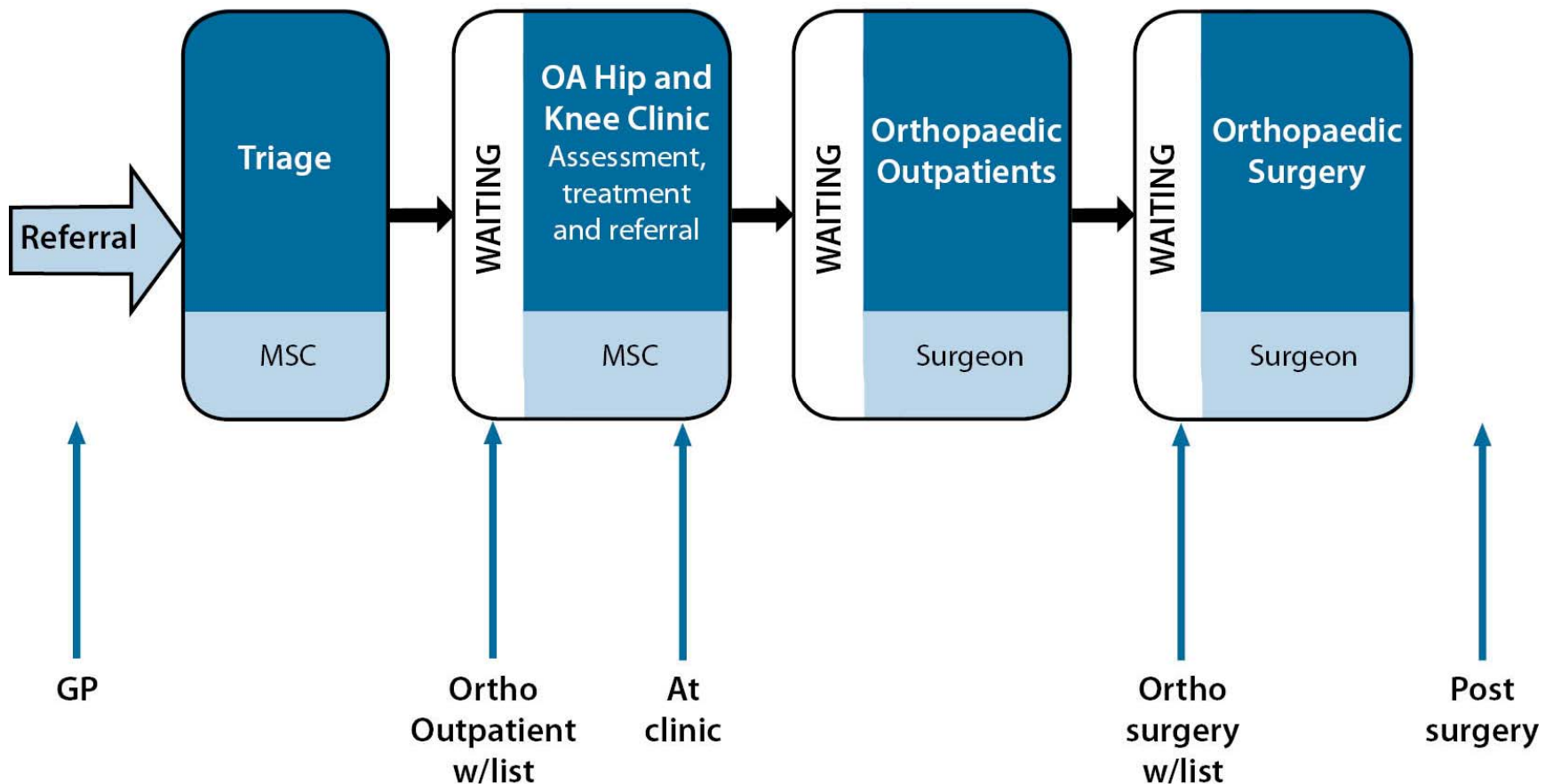
Adversely affects quality of life

Results in de-conditioning

Contributes to compromised patient outcomes

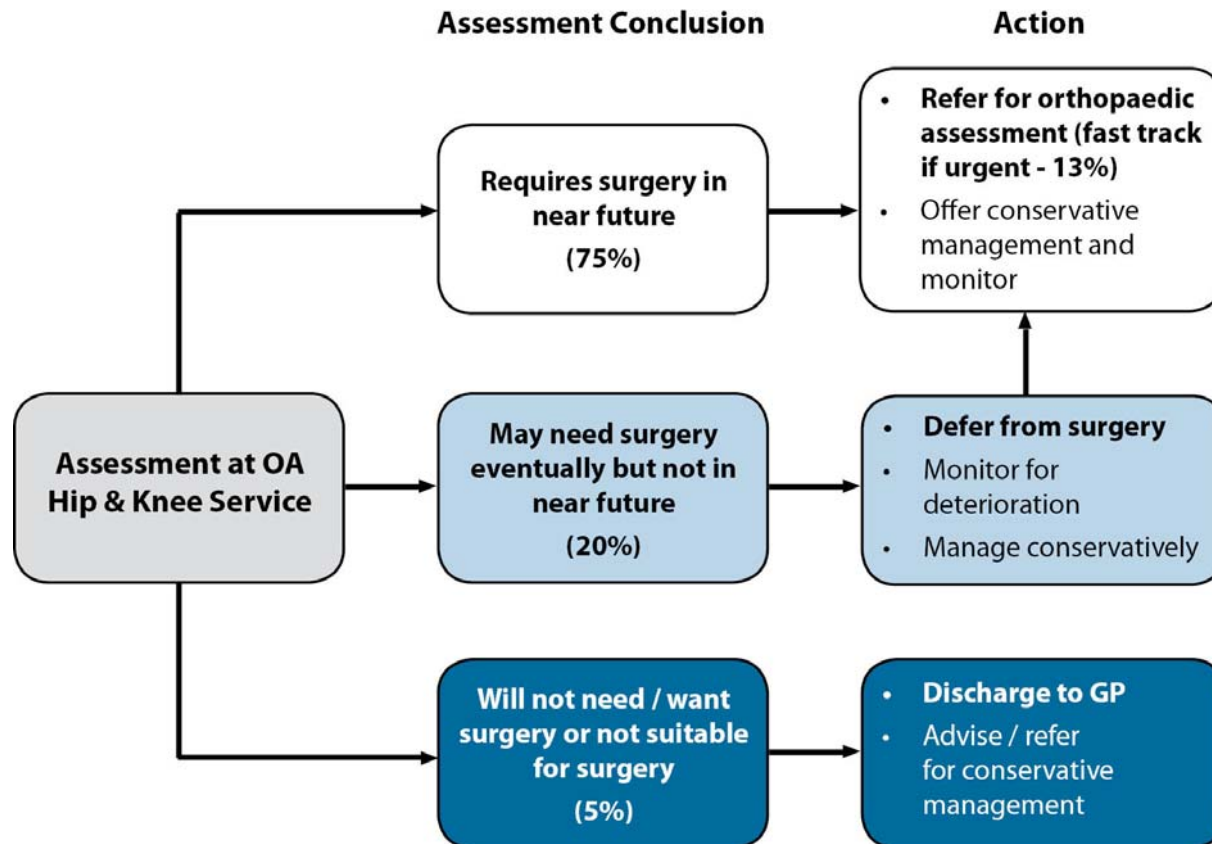
Lost productivity etc

The OA Hip and Knee Service

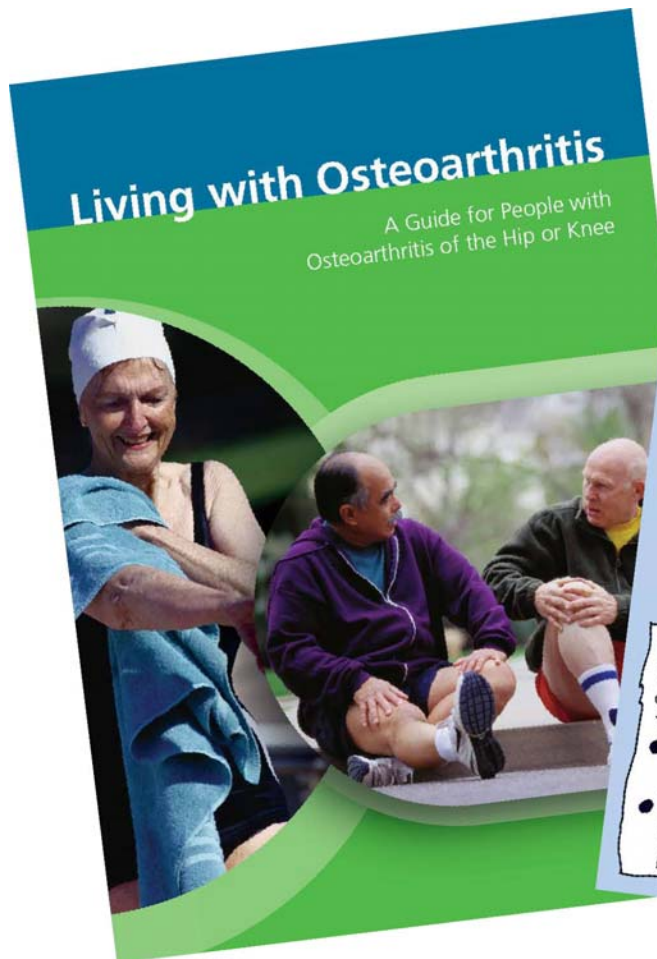


Patient outcomes

Patient Outcomes following OA Hip and Knee Service and Implications of Orthopaedic Outpatient Clinic and Other Services



Patients as partners (NSIF)



Preadmission and Admission

- Significant variation in length of stay between health services
- Discharge planning commences in preadmission (RAPT)
- Accelerated discharge programs

Comorbidity

Impact of different co-morbidities on the length of stay following joint replacement surgery

	0 - 4 days	5 - 7 days	8 - 14 days	15 - 21 days	> 21 days
Percentage of each stay-length cohort					
Respiratory comorbidities	1%	2%	9%	18%	32%
Hypertension	13%	16%	21%	28%	31%
Diabetes	14%	15%	19%	23%	18%

- Further research – Alfred / Monash
- Service models include
 - Extended recovery
 - Physician co-management
 - Workforce development

Perioperative Medicine

Short course in Perioperative Medicine

- Convenor:** Dr Joel Symons
Date: 21 July–6 October, 2009 (Tuesday)
Time: 6pm–9pm
Venue: ICU Seminar Room – 1st Floor, Alfred Hospital, Commercial Road, Melbourne, VIC 3004
Fee: \$2400.00 (excl GST)
Suitable for: Medical Practitioners (Anaesthetists, Intensivists, Physicians, Surgeons, Pain Specialists, Emergency Physicians, General Practitioners)

Overview:

This short course will cover many aspects of perioperative management. Some of the topics will include: Coronary artery disease and hypertension, The Cardiac patient for noncardiac surgery, Perioperative cardiac risk assessment & testing, Heart failure, Arrhythmias, Pacemakers and AICDs, Anticoagulants, Antiplatelets & Thromboprophylaxis, Blood Transfusion Medicine, Airway management, Sleep apnoea, Pulmonary disease, Endocrine disorders, Obesity, Allergies & anaphylaxis

Why you should participate:

Surgical patients are getting older and sicker. Many Clinicians caring for surgical patients are challenged by the growing complexity of these patients, particularly their perioperative management. Pre-admission clinics are responding, and perioperative medicine is becoming an emerging field. This course will address deficiencies in this area.

This course will be conducted by Monash University (School of Public Health and Preventative Medicine), in conjunction with the Alfred Hospital's Department of Anaesthesia and Perioperative Medicine (Director Prof Paul Myles).

For further information please refer to <http://www.med.monash.edu.au/epidemiology/shortcrs/2009>.



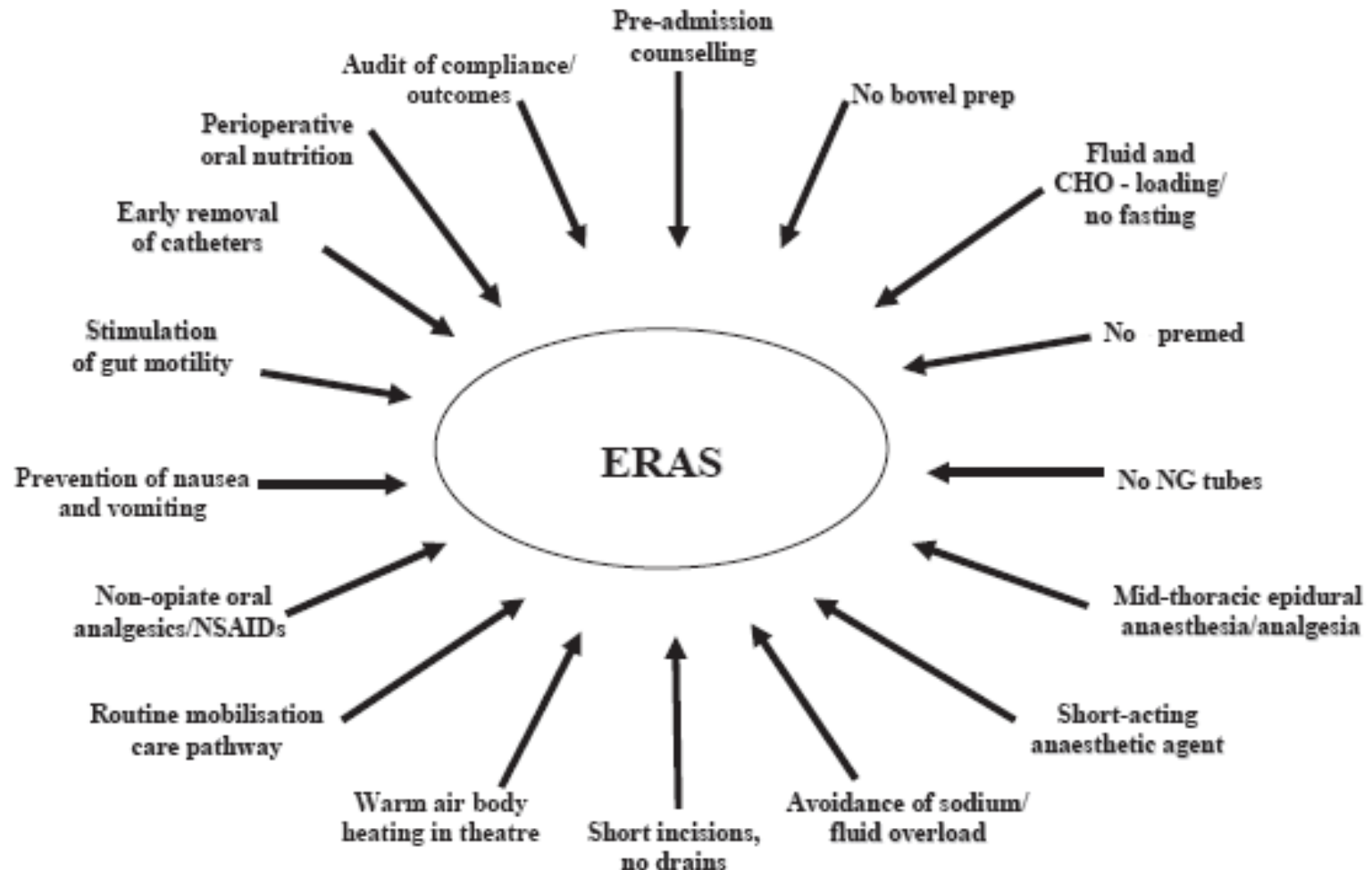
MONASH University
Medicine, Nursing and Health Sciences

School of Public Health and Preventive Medicine



TheAlfred

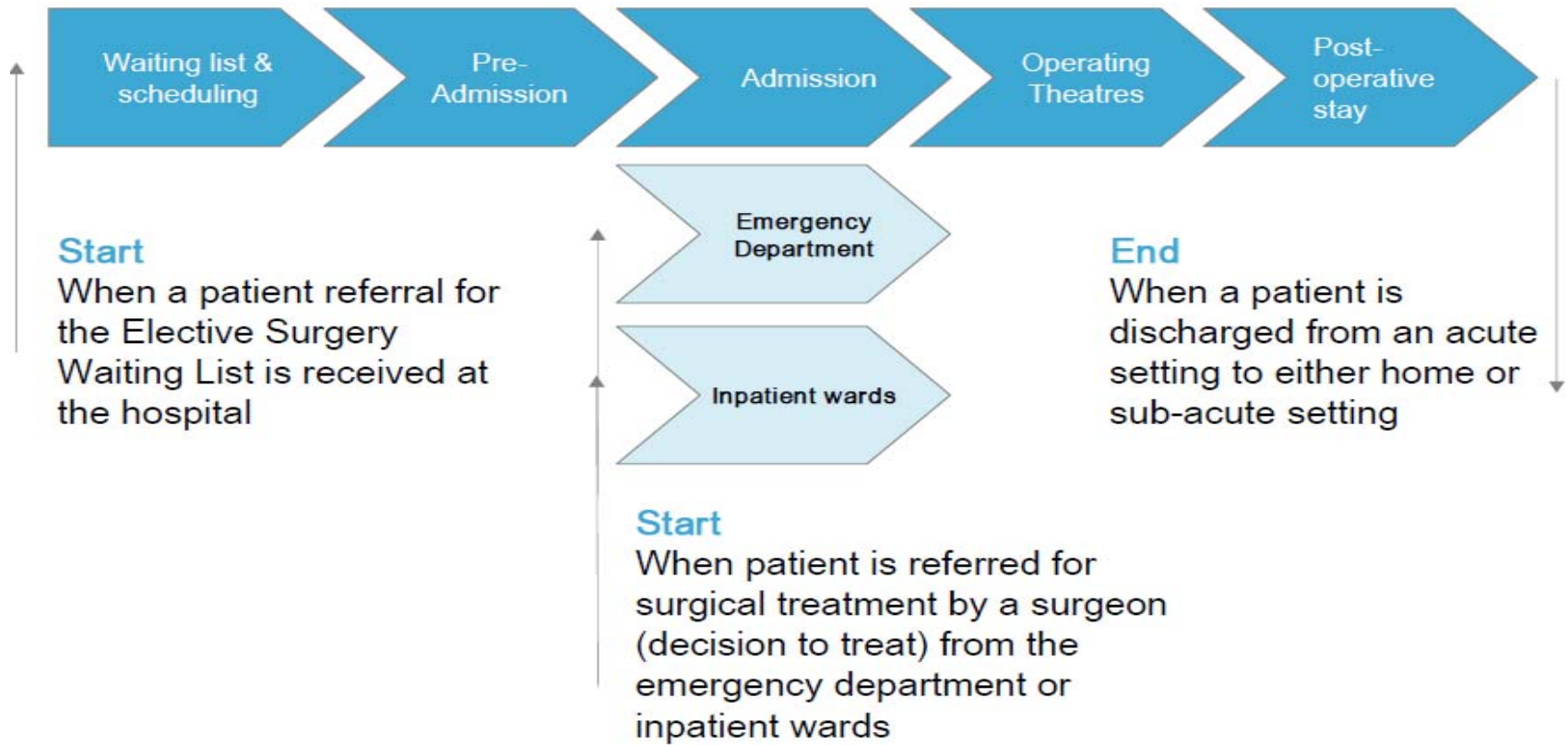
Enhanced recovery after surgery (ERAS)





smooth operations

enhancing the surgical patient journey



Early findings...

- Poor rehab planning in preadmission
- Duplication in patient handover from acute to sub-acute
- Poor patient education for post surgical care