



Safe Transitions in Care

Bone & Joint Health - Keeping Albertans Moving.....

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Core Committee BJHSCN**



Disclosure

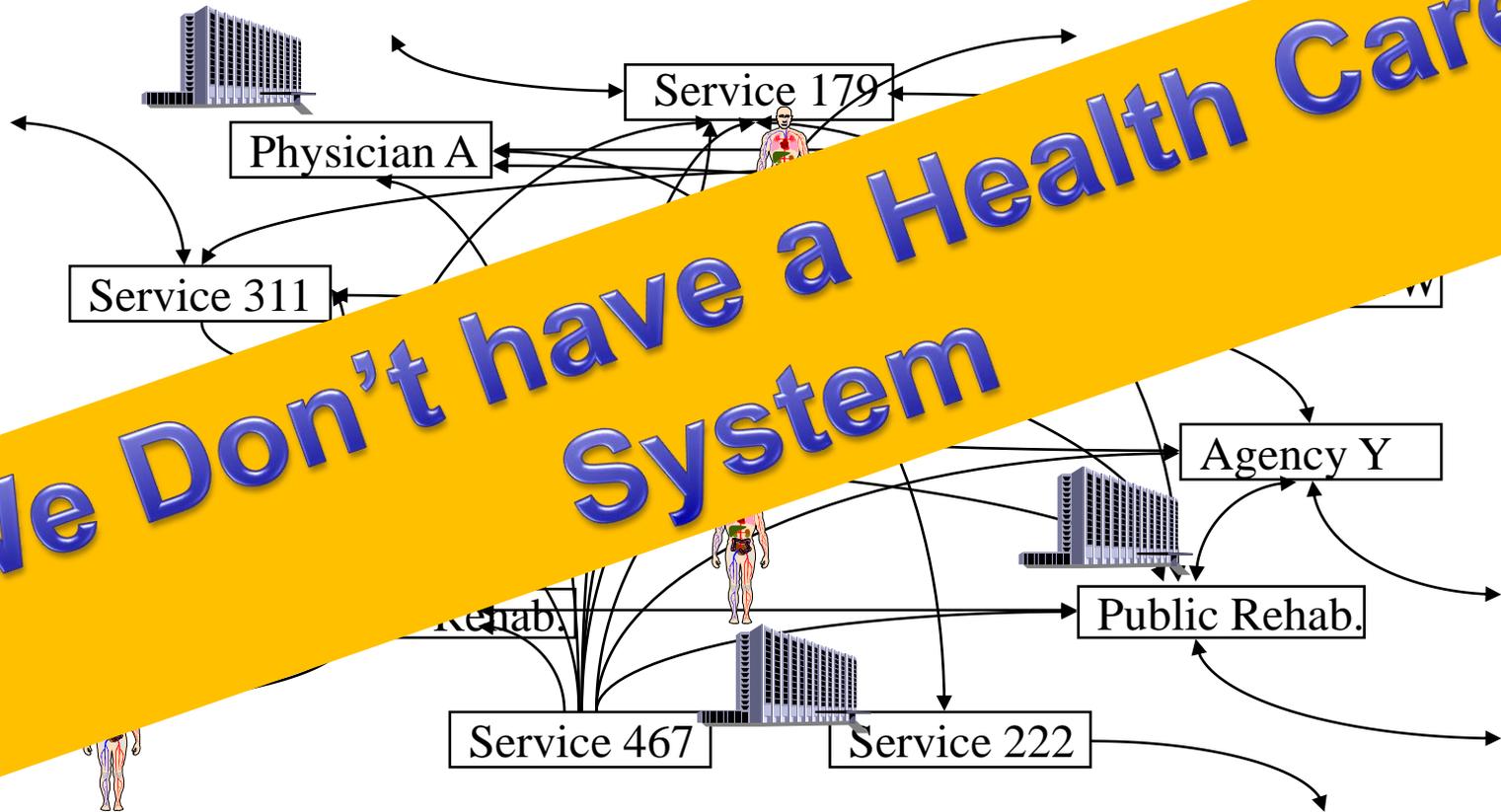


Consultant & Advisory Board Member to
Eli Lilly & Lilly (Global)

- Monoclonal anti-myostatin antibody

Challenge #1:

We Don't have a Health Care System



Delays = Poor Outcomes, Waste, Frustration

Challenge # 2



Challenge # 3

Data in Health Care



We Don't Use Data to Make Decisions

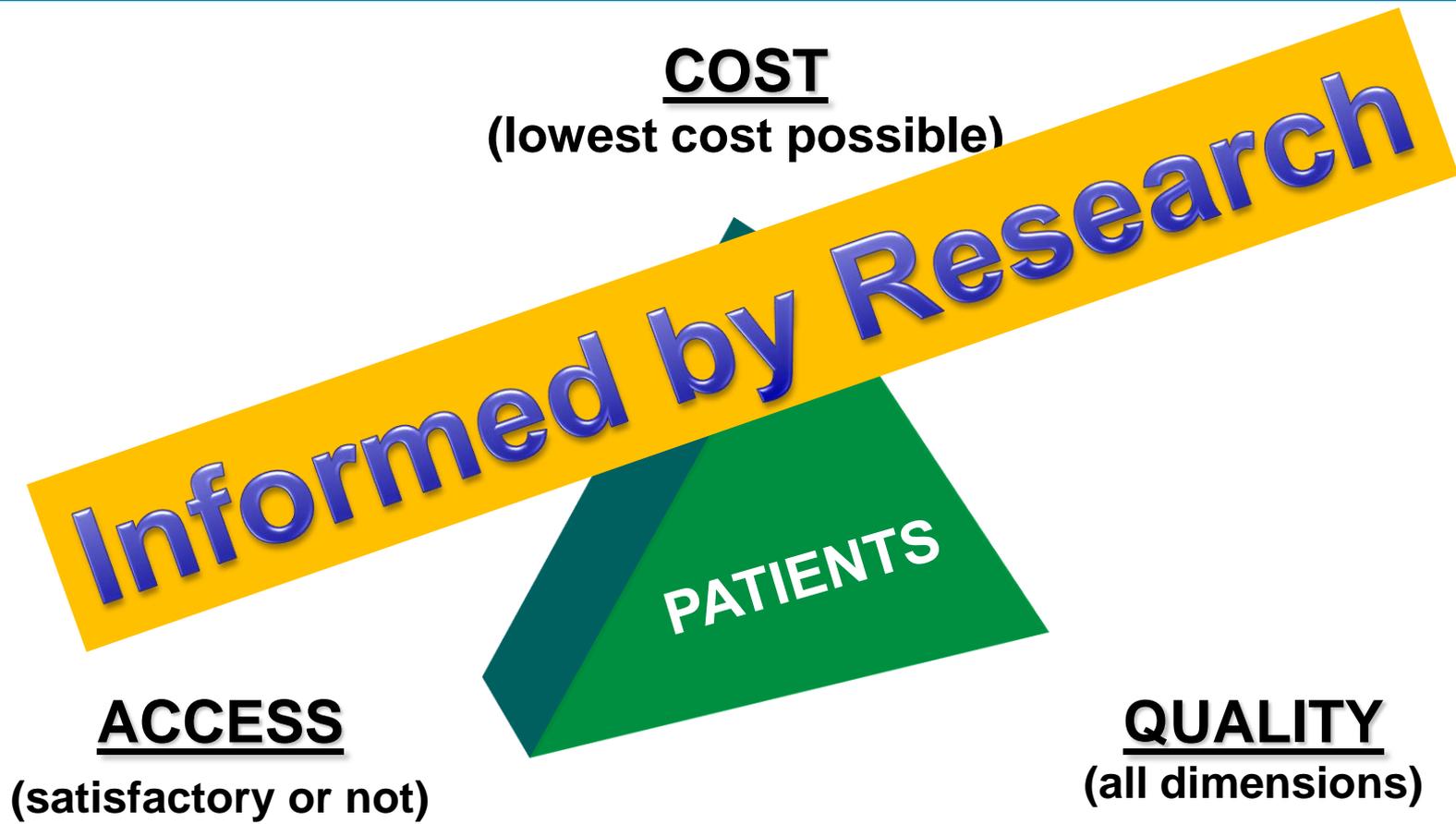


Strategic Clinical Networks

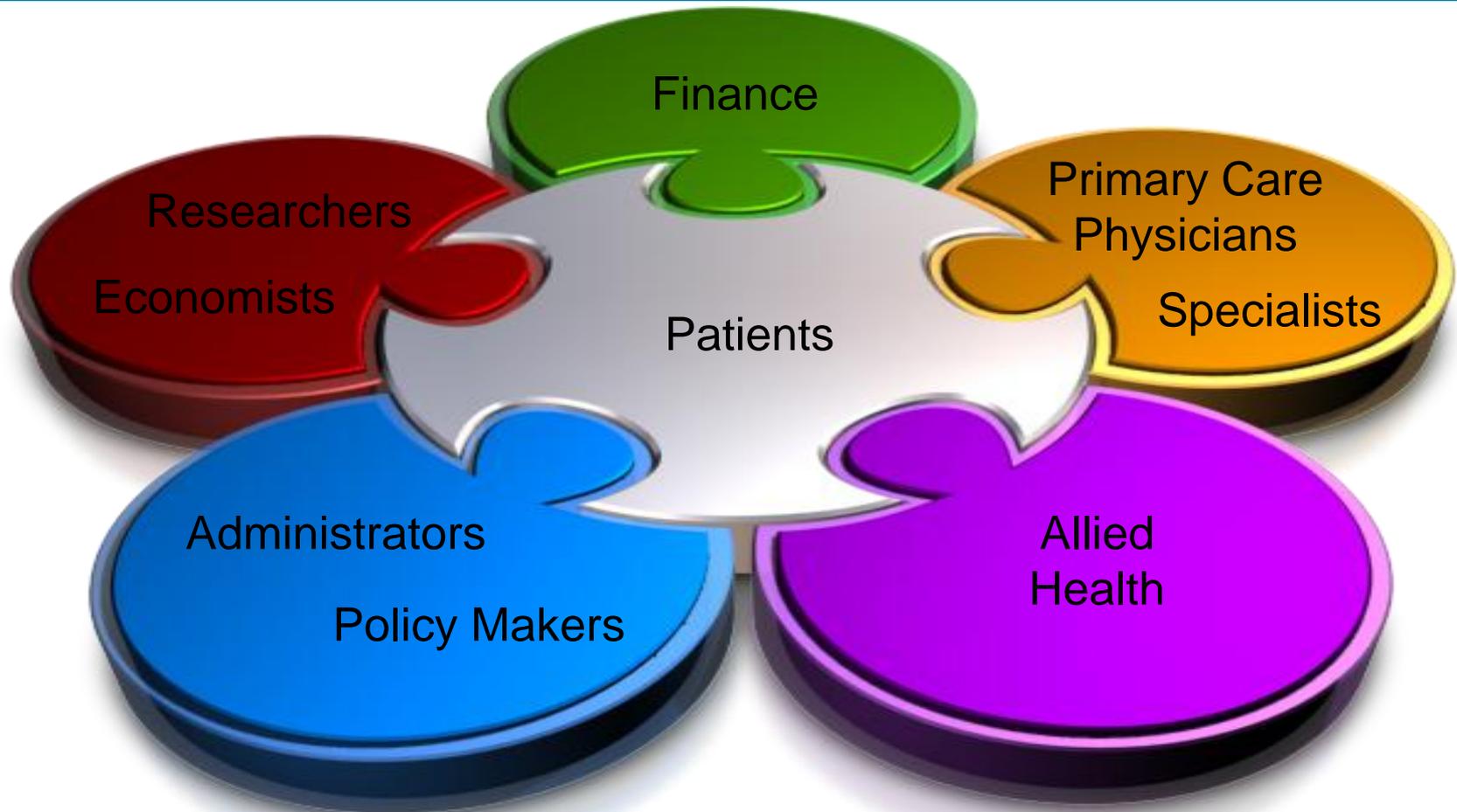


Goal: to create a sustainable health system (with evidence) that creates the healthiest population and best health outcomes in Canada

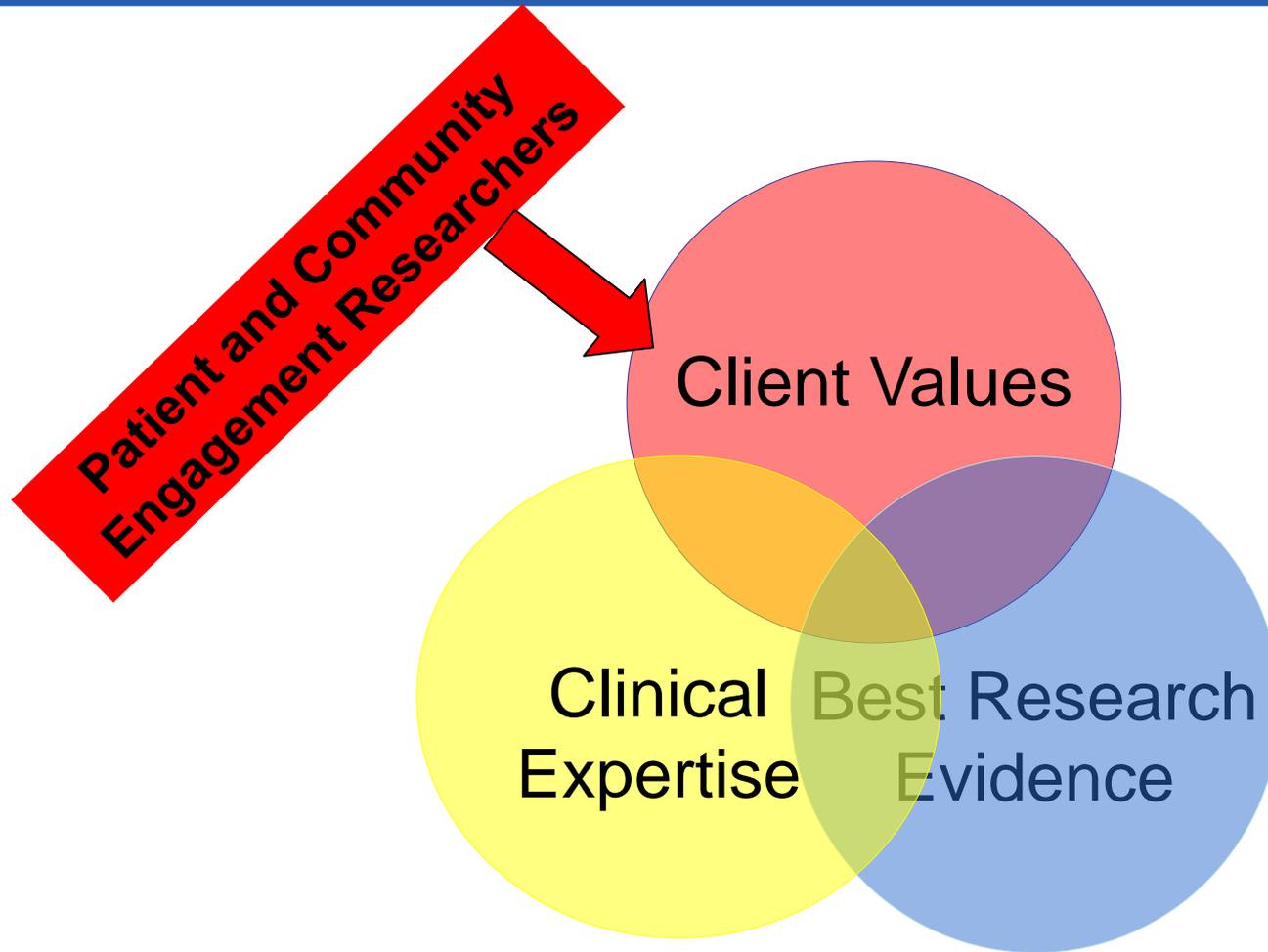
Balancing the Needs of Health + Health Care



All Around One Table



Evidence Based Practice



Patient Engagement Research



News & Events

Health experts and patients partner to tackle osteoarthritis

UAlberta scientists team up with the best minds from across the province to advance research, improve care and educate Albertans about osteoarthritis.

By Bryan Alary on October 4, 2013



UAlberta researcher Linda Woodhouse (left) and osteoarthritis patient-turned-researcher Jean Miller are among the presenters who will discuss advances in hip and knee osteoarthritis research, care and patient education Oct. 24 at the Wood Forum at Corbett Hall.

Patients Matter: Engaging Patients as Collaborators to Improve OA Care in Alberta

Funded by: Canadian Foundation for Healthcare Improvement in partnership with AHS, University of Calgary, Arthritis Society, Institute for Public Health; and Consumer Advisory Council of the Canadian Arthritis Network

Outputs:

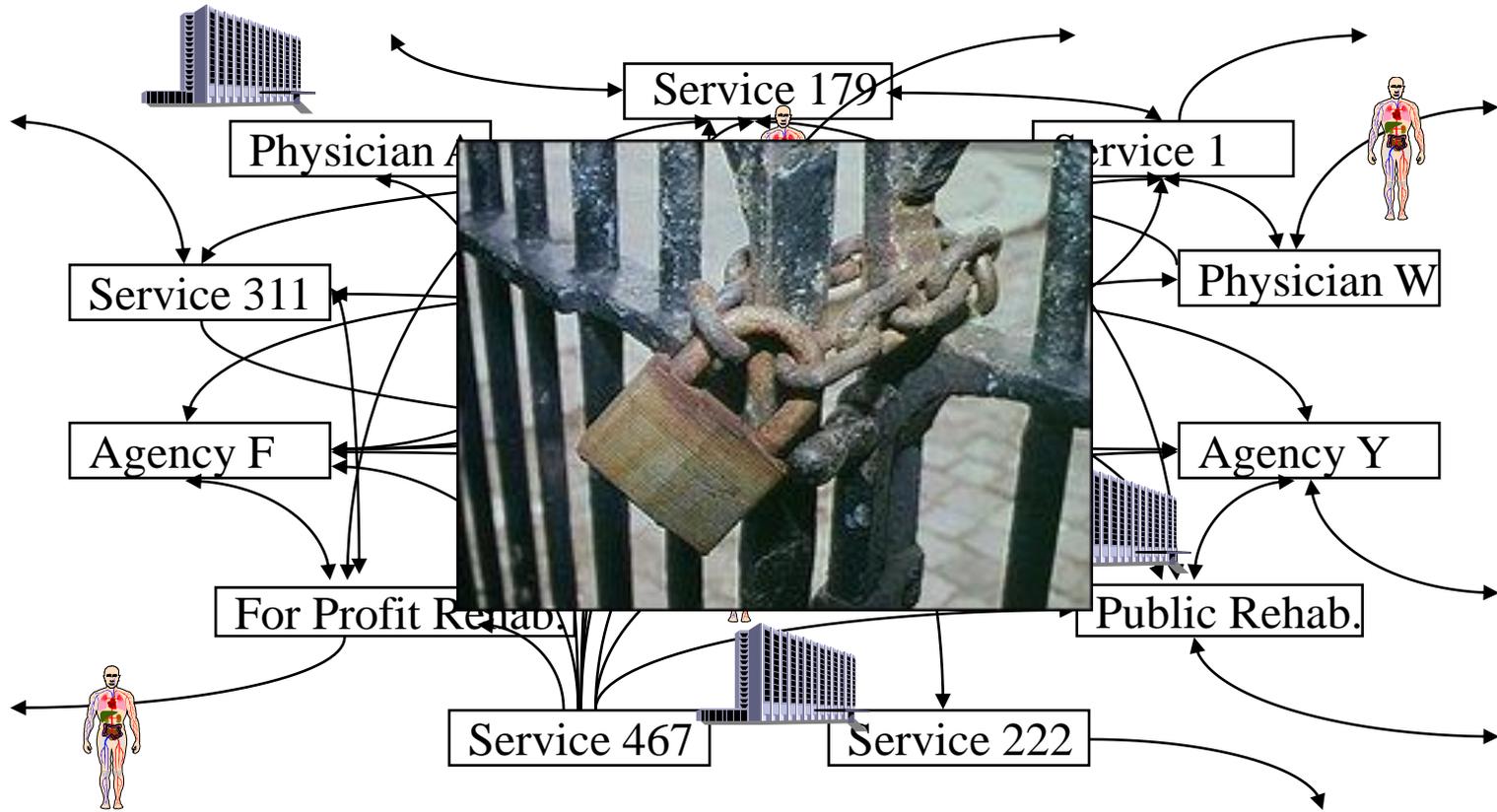
21 PERS completed training and internship program

5 research studies carried out involving 125 patients

3 Research Reports pertaining to Arthritis Patients' Experiences

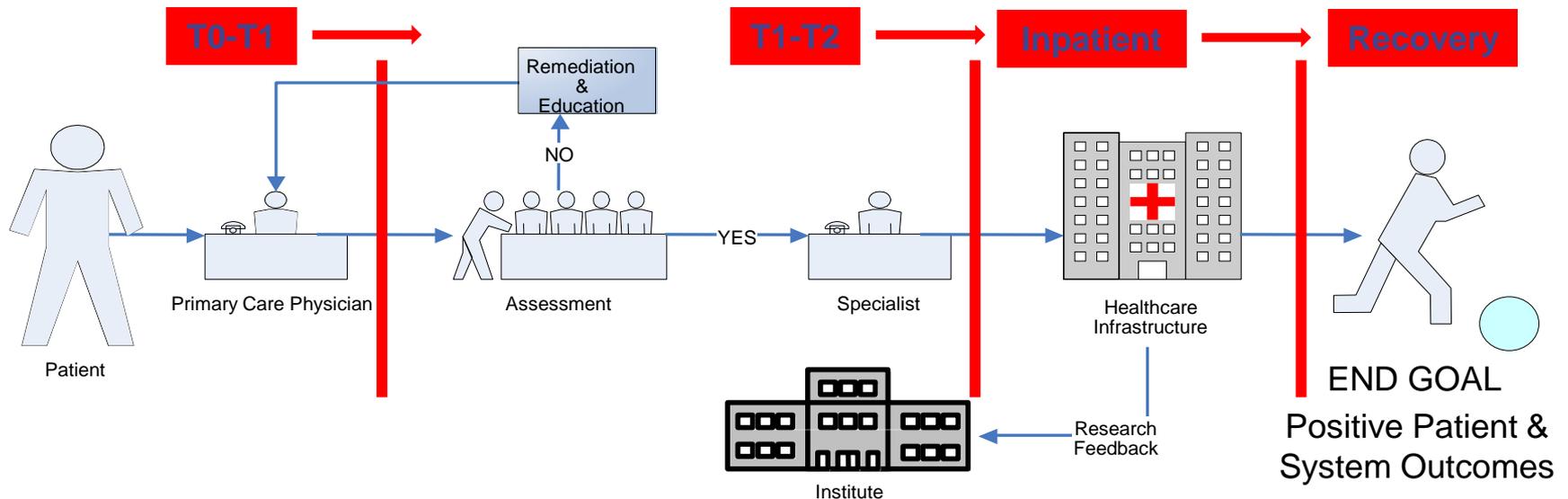
- 1) *Experience of Living with Chronic Joint Pain*
- 2) *Experience of Waiting for Help with Osteoarthritis*
- 3) *Oh! Canada: Southeast Asian Immigrants' Experience of OA Surgery*

Evidence Based Care



Delays = Poor Outcomes, Waste, Frustration

New Model of Care – TKA & THA

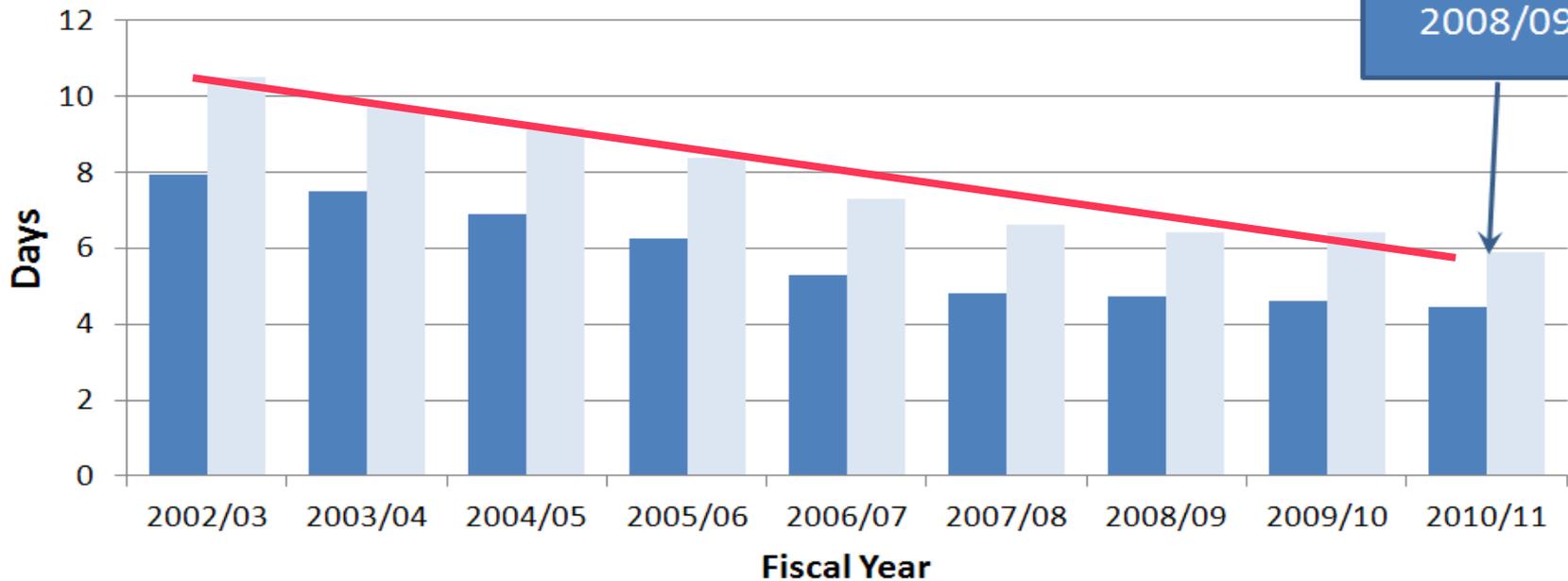


Seven Key Model Elements

1. **Provincial care path** – based on evidence
2. **Central intake clinics** – multidisciplinary teams
3. **Case managers** – manage each patient uniquely
4. **Accountable patients** – patient 'contracts'
5. **Data informed** – quality measured by Institute
6. **Resources aligned** – beds, ORs, staff
7. **Case rate funding** – clinic and surgical care

Measure to Improve

**Average Acute Length of Stay for
Primary Elective Hip and Knee Arthroplasty**



8,045 Bed
Days Saved
From
2008/09

■ Avg Acute LOS ■ Avg LOS w Transfer

New Model of Care

T0-T1



How?:

Reduced LOS to 4 days – associated with mobility on day 0

Improved efficiency:

73% increased volume in TJA with only 5% increase in acute bed days

- Key Elements
1. *Evidence based* – based on evidence
 2. *Specialized clinics* – multidisciplinary teams
 3. *Accountable managers* – manage each patient uniquely
 4. *Accountable patients* – patient ‘contracts’
 5. *Data informed* – quality measured by Institute
 6. *Resources aligned* – beds, ORs, staff
 7. *Case rate funding* – clinic and surgical care

Positive Patient &
System Outcomes

Quality Framework





Quality Improvement TKA & THA

Acceptability

- 9 out of 10 patients highly satisfied
- 98% of patients like the team approach

Appropriateness

- 85% now mobilized day of surgery (up from 40% in 2009/10)

Effectiveness

- 85% have improved function
- Why 15% fail to improve is the subject of current prevention research

~20,000 patients/yr, 9600 Sx; 2005-2013



Quality Improvement TKA & THA

Accessibility

- Average wait for consult **59% faster** than 2005
- Average wait for surgery **67% faster** than 2005
- Faster access **avoids \$22.7M/yr out-of-pocket** for patients (wages etc) + **~\$2.5M system costs**

Efficiency

- **Surgical volume up 73%** since 2004/05
- Inpatient **bed use up only 5%** since 2004/05
- **32,000 bed days gained** since 2010 (**a resource productivity gain of ~\$32.8M**)

Safety

- 30 day readmission rates **down to 4% from 5%** - so **now avoiding ~\$1M/year** of inpatient costs
- Now a focus by provincial clinical committee on **other safety improvements pending**

~20,000 patients/yr, 9600 Sx; 2005-2013

Becoming the Best: Efficiency

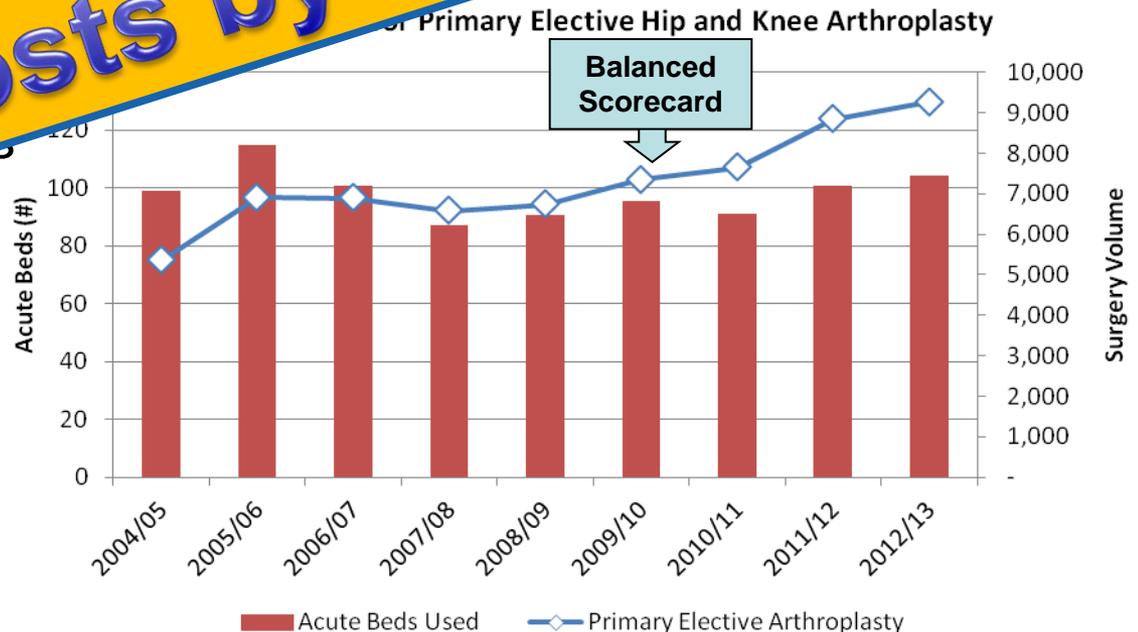
Doing More With the Same

- Productivity gains:
 - 73% more surgeries
 - 5% bed use increase

- Increased volume helped...

Reduced costs by \$333 million

fewer beds needed





Balanced Scorecard

Site:		RAH : Royal Alexandra Hospital									LEGEND
Time Period:		2013-04-01	to	2013-06-30							Up ▲
											Same ●
											Down ▼
Quality Dimensions:		EFFICIENT ¹	EFFICIENT ²	SAFE ³	SAFE ⁴	SAFE ⁵	APPROPRIATE ⁶	ACCESSIBLE ⁷	ACCEPTABLE ⁸	EFFECTIVE ⁹	
Selected Measure:		Avg. length of stay*	% meeting LOS benchmark*	% compliance with SSCL briefing	% compliance with SSCL timeout	% compliance with SSCL debrief	% mobilized day of surgery	Avg. time to surgery	Patient satisfaction	Theatre change over time (minutes)	
Definition:		Mean time in days spent in hospital for elective primary H&K replacement, including transfers to sub-acute, rehab or another hospital.	Percent of primary elective H&K replacement patients, excluding PHR, who meet the LOS benchmark for their discharge location.	Percent of primary elective H&K replacements where surgeons, anaesthetists and nursing complete the briefing component of the Safe Surgical Checklist (SSCL).	Percent of primary elective H&K replacements where surgeons, anaesthetists and nursing complete the timeout component of the Safe Surgical Checklist (SSCL).	Percent of primary elective H&K replacements where surgeons, anaesthetists and nursing complete the debrief component of the Safe Surgical Checklist (SSCL).	Percent of primary elective H&K patients who change position from supine to WB at bedside w/ help and walking aid on day of surgery.	Days from referral to consult + days from decision to surgery, divided by # of elective H&K replacements, including revisions.	Means care on OVERALL SATISFACTION on patient feedback form.	Average number of minutes between cases to turn over theatre for primary elective H&K replacement patients.	
Change from Last Period:		▲	▲	●	▲	▲	▲	▼	▼	●	
Current Results:		5.34	82.7%	99.9%	100.0%	100.0%	79.1%	245.7	8.73	21.0	
Ideal:		10	4.0	97%	100%	100%	100%	154	9.80	20.0	10
		9	4.2	95%	93%	93%	97%	185	9.75	20.5	9
		8	4.4	93%	86%	86%	94%	220	9.70	21.0	8
		7	4.6	91%	79%	79%	91%	255	9.65	22.0	7
		6	4.8	89%	72%	72%	88%	290	9.60	23.0	6
		5	5.0	86%	65%	65%	85%	325	9.55	24.0	5
		4	5.3	83%	58%	58%	82%	360	9.50	25.0	4
Baseline:		3	5.6	80%	46%	46%	79%	394	9.45	26.0	3
		2	6.0	75%	40%	40%	76%	430	8.50	28.0	2
		1	6.4	70%	30%	30%	73%	440	8.00	30.0	1
Weighting (%):		10	10	5	5	5	20	10	20	15	100
Optimization Score (Level x Weight):		30	30	45	50	50	60	70	40	120	495

* Reporting period for this measure is lagged by 1 quarter



Scorecards and Individual Physician Reports being Used

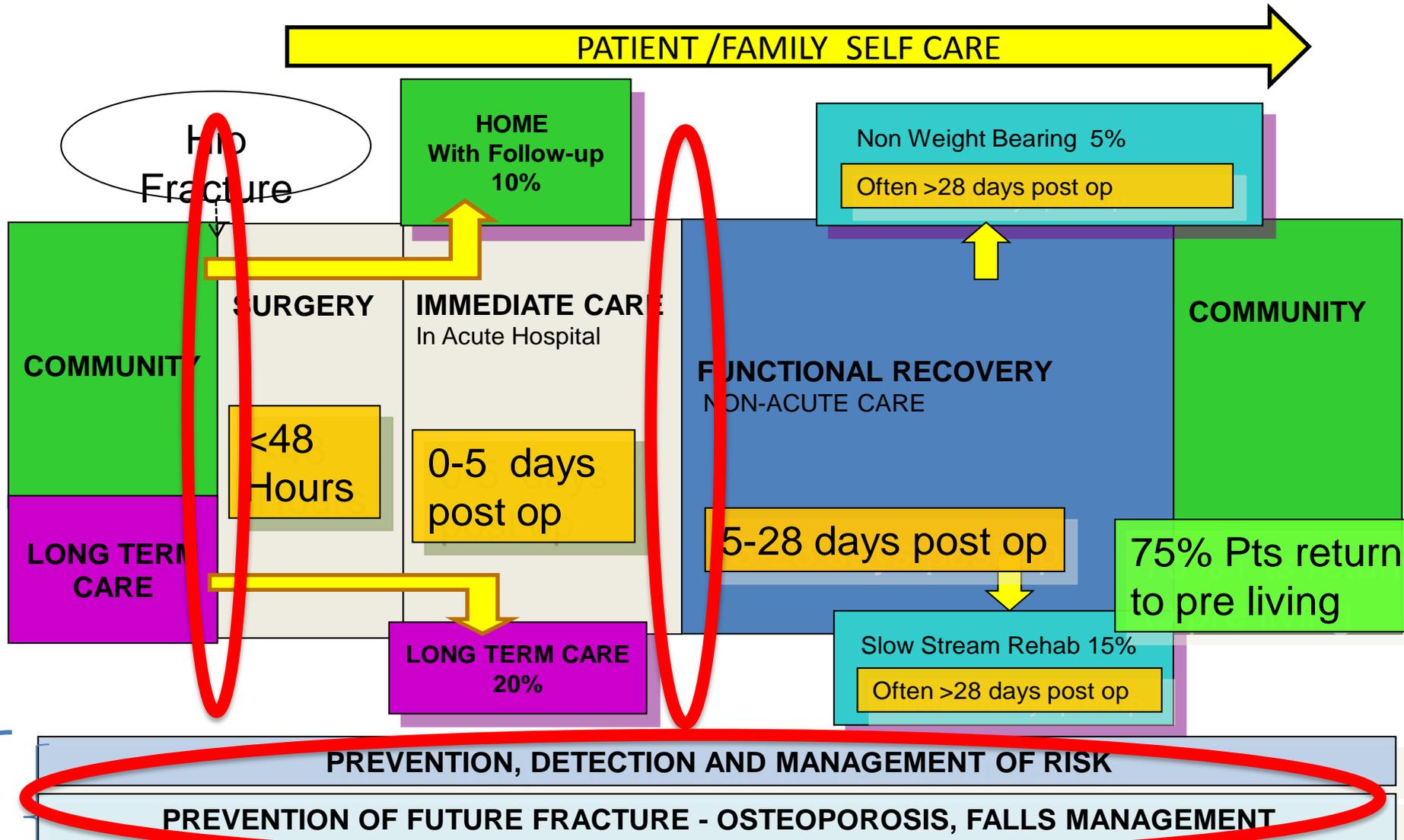
QUALITY DIMENSIONS:	EFFICIENT	SAFE	APPROPRIATE	ACCESSIBLE	ACCEPTABLE	EFFECTIVE	
SELECTED MEASURE:	(Length of Stay - LOS) (Note 1)	OR "Time Out" (Note 2)	% of Patients Mobilized Day 0 (Note 3)	Time to Surgery (T0 - T2) (Note 4)	Patient Satisfaction (H-CAHPS' Pain Control Responses) (Note 5)	Date of Discharge/ Predicted date (Note 6)	
TARGETED IDEAL (Level 10):	Full compliance to established standards; non-negotiable			Ideal target based on what can realistically be achieved in two years; negotiable			
PERFORMANCE LEVEL: ▼							
10 (Targeted Ideal)	4.2 days or less	100% compliance	100%	400 days or less	90% or higher for "Always" Score	0%	10
9	4.3	95%	90%	450 Days	88%	0.5%	9
8	4.5	90%	82%	500 Days	86%	1%	8
7	4.7	85%	75%	550 Days	85%	2%	7
6	4.9	80%	68%	600 Days	82%	4%	6
5	5.1	70%	61%	675 Days	79%	6%	5
4	5.3	65%	54%	775 Days	76%	8%	4
3 ("AS IS" at Start)	5.5	Current Compliance 60%	47%	896 Days	63.5% for "Always" Score (See Note 5)	10%	3
2	5.7	55%	40%	1000 Days	60%	12%	2
1	5.9	50%	30%	1200 Days	55%	15%	1
WEIGHTING (%)	20	15	20	10	15	20	= 100 (%)
OPTIMIZATION SCORE: (Level x Weight)	140	150	140	70	45	20	TOTAL SCORE = 565

Fragility and Stability Program

Continuum of Care Program –
supporting Albertan's from prevention
of Hip Fractures to post-surgery support

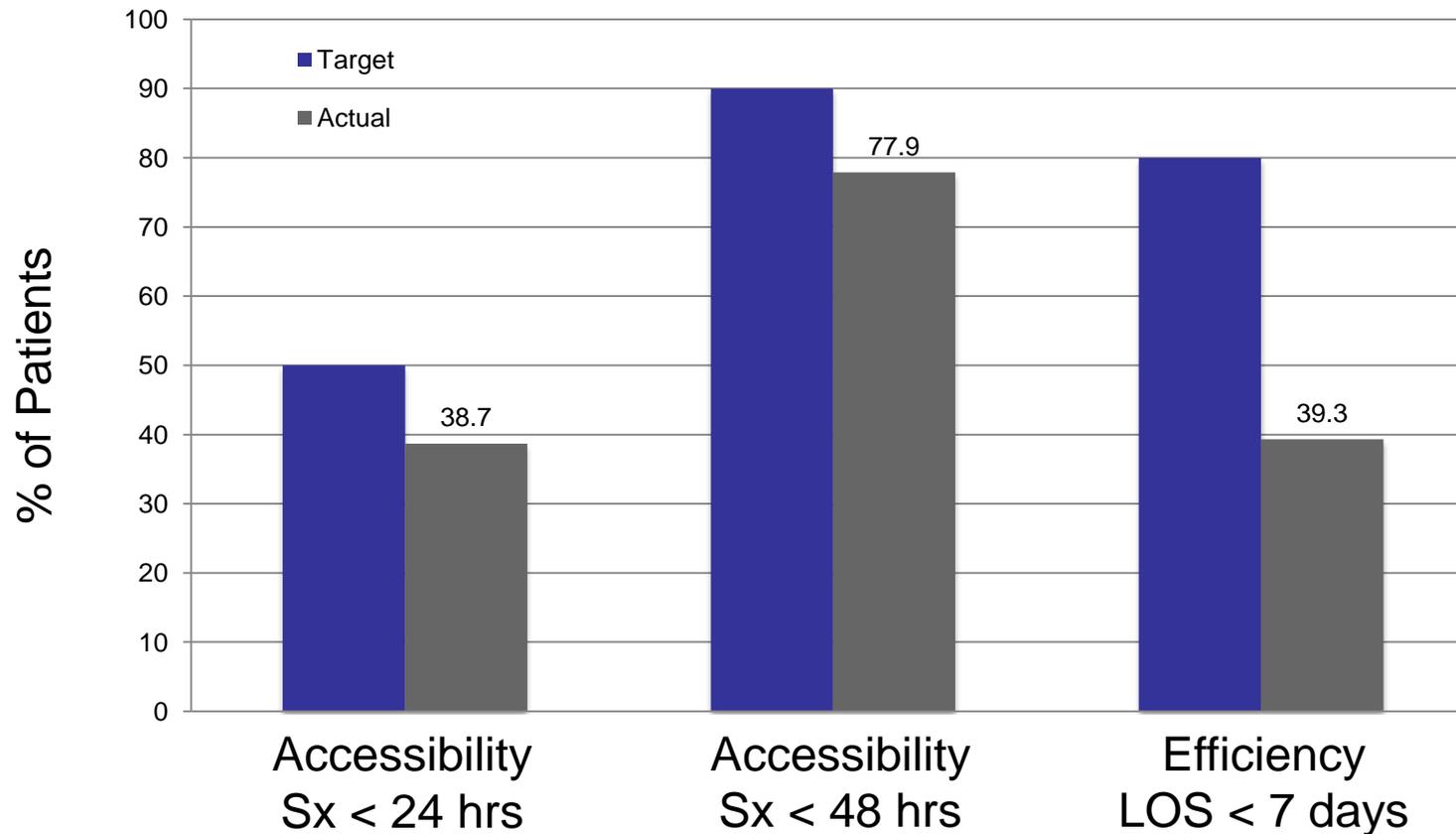


National Model of Care for Hip Fracture





Hip Fracture Program



Contact Information

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Thank You

Any Questions...?

