

Improving Albertans' quality of life

June 18, 2007

Alberta at forefront of hip and knee care - more surgeries completed and Albertans waiting less time

Results of successful pilot project to roll out province wide

Calgary... Alberta is leading the way nationally on hip and knee care thanks to a successful pilot project that resulted in an 85 per cent reduction in wait times. The current non-pilot wait time of 145 days was reduced to 21 days, from accepted referral to first orthopaedic consultation.

The Calgary-based Alberta Bone and Joint Health Institute will receive \$6.3 million to help roll out the program province wide. The institute will develop evidence-based guidelines and new care models for bone and joint conditions; evaluate bone and joint protocols and programs; and develop a sustainability model for hip and knee joint replacements.

The Alberta Hip and Knee Replacement pilot project tested a new care path to provide 1,200 hip and knee surgeries through central assessment clinics in the Capital, Calgary and David Thompson Health Regions. Patients in the \$20-million pilot were provided care by a multidisciplinary team of health professionals from pre-surgery assessment to recovery after surgery. The pilot began in April 2005.

"We know that a collaborative approach to assessing and managing health procedures can result in reduced wait times and increased patient satisfaction," said Dave Hancock, Minister of Health and Wellness. "We are applying what we learned from the Alberta Hip and Knee Replacement pilot project to manage hip and knee surgeries on a province-wide scale. Albertans will benefit from improved access."

A total of \$12 million has been allocated to the Capital, Calgary and David Thompson Regions to support a province-wide system to manage hip and knee surgeries, and to provide leadership to the other six health regions. Alberta Health and Wellness is working with those six non-pilot regions to facilitate that process.

The Capital, Calgary and David Thompson Health Regions are now implementing a new care path for hip and knee surgeries that will be expanded to the six other health regions. The new care path will follow common best practices, including:

- a standard provincial primary care referral process
- a central registry that assigns patients to the first available and appropriate surgeon
- a multidisciplinary team approach to assessing, educating and managing patients
- standard clinical protocols for hospital, continuing care and follow-up care

"Working together, Albertans have proven that the changes everyone desires in public health care - faster access, better service quality, greater efficiency - are achievable," said Dr. Ron Zernicke, Executive Director of the Alberta Bone and Joint Health Institute.

"These results position Alberta as a world leader in access to hip and knee replacement services," said Dr. Zernicke. "Overall, patient outcomes are significantly better - the ultimate objective of any change in health care services. There are other benefits. Greater satisfaction among health professionals is a major advantage in today's competitive medical environment. The ability to achieve these gains while generating greater efficiency in key areas is a significant bonus in a system struggling under spiraling costs."

Improving access to health services supports Premier Ed Stelmach's plan to improve Albertans' quality of

life. Other priorities for the government are to: govern with integrity and transparency, manage growth pressures, build a stronger Alberta and provide safe and secure communities.

The *Alberta Hip and Knee Joint Replacement Project (Evaluation Report)* and the *Alberta Hip and Knee Replacement Pilot Project: Scientific Evaluation Report* are available on-line at www.health.gov.ab.ca.

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Attachment:

Backgrounder - Findings of hip and knee replacement program

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Backgrounder

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Findings of hip and knee replacement pilot program

The independent evaluation report showed the following results:

- New care path patients were in the operating room for a reduced time.
- New care path patients were discharged from the inpatient setting in 4.2 days compared to 6.2 days for patients in the current care path.
- The new care path was about four per cent less expensive than the current care path, from first orthopaedic consultation to discharge.
- 94 per cent of new care path patients complied with pre-surgical commitments related to their treatment and 94 per cent were satisfied with their overall experience.

Funding Breakdown

- Grants for a total of \$20 million were provided in April 2005 to the three participating health regions to fund an additional 1,200 surgeries, and to set up the management and support structures needed to create the new care path.
- Start up costs for the project included setup of the arthroplasty clinics in each region, equipment and renovations, staff training and orientation, and project administration.

It is important to note that these dramatic reductions were achieved in a research environment with dedicated funding and resources and may not be indicative of overall expected wait times in the future. Along with integration of the new care path into the broad context of the entire health system, additional capacity will also be required.

The Capital, Calgary and David Thompson Regions will work with the remaining six health authorities that were not part of the pilot project. Regions outside the pilot include: Chinook Health, Palliser Health Region, East Central Health, Aspen Regional Health, Peace County Health, Northern Lights Health Region.

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