

Update from Nova Scotia: Orthopaedic Blitz



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Capital Health



Dalhousie University

DEPARTMENT OF SURGERY
WAIT LIST MANAGEMENT PROJECT
ORTHOPAEDIC PILOT PROJECT
QUEEN ELIZABETH II HEALTH SCIENCES CENTRE

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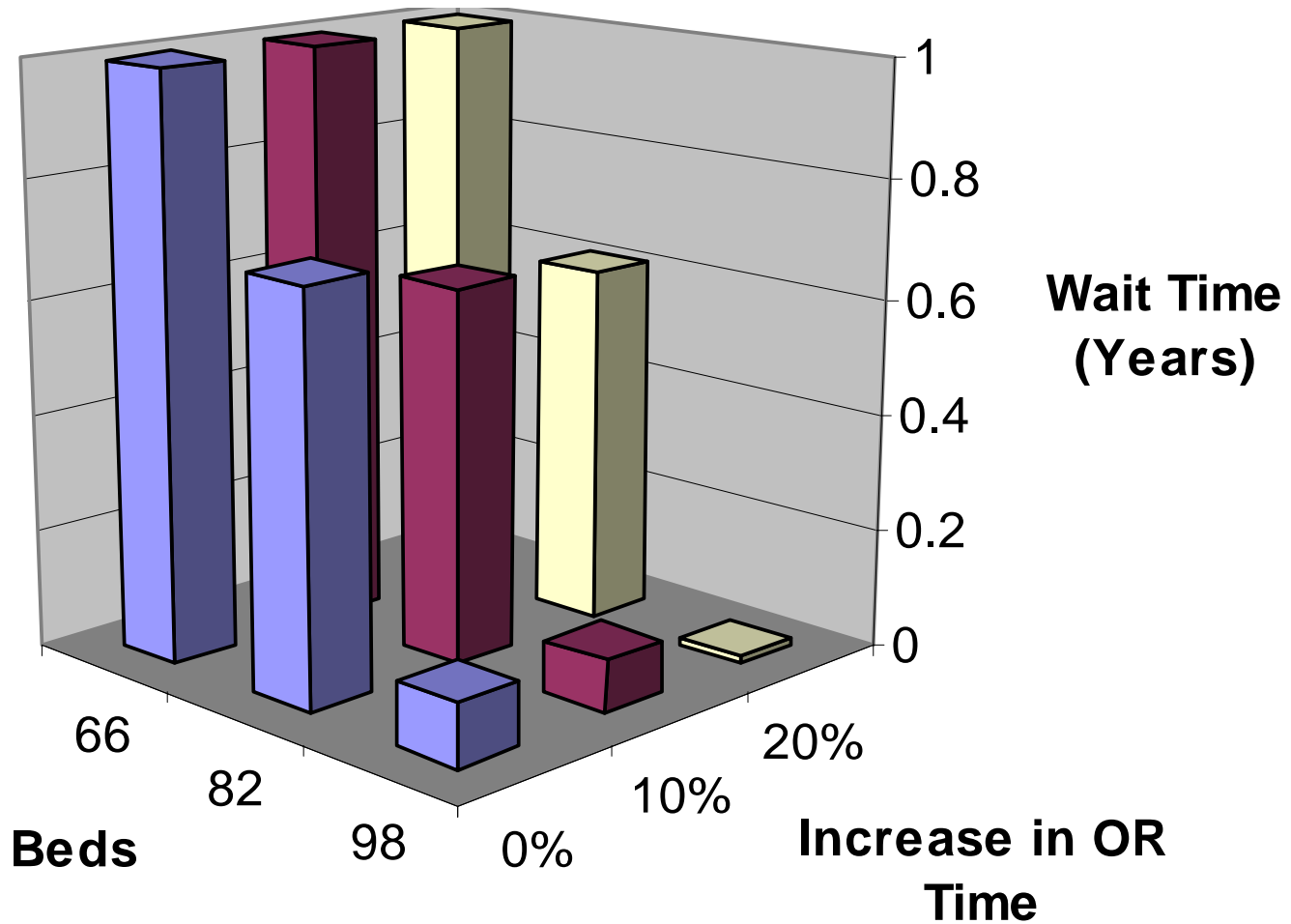
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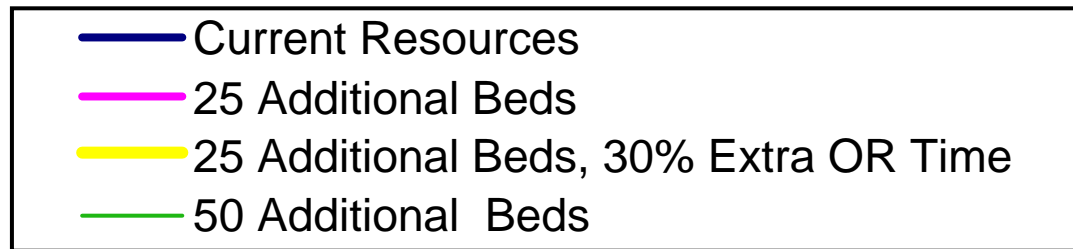
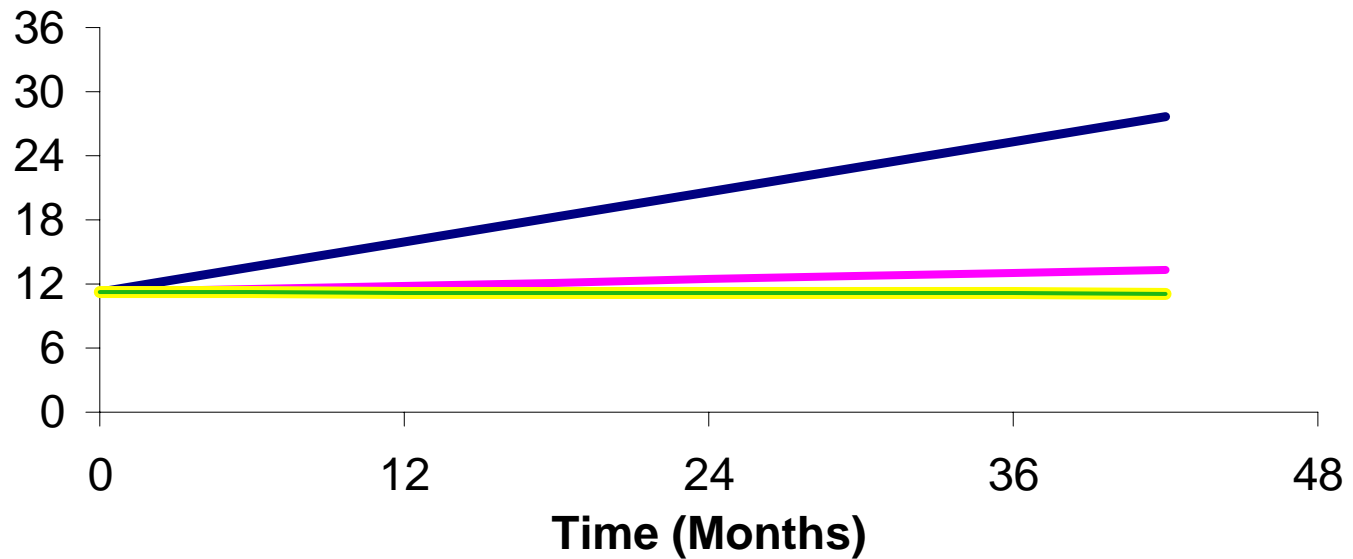
Jane Storey, BSc Health Ed.
Research Assistant

January 2004

Ortho Wait Times as a Function of Beds and OR Time



Wait Time Growth as a Function of Time



Nova Scotia Department of Health Announcement

- **25 new Orthopaedic beds**
- **1 new OR**
- 33 long term care beds opening

Keys to Success

- Keep it simple
- Work as a unified group of surgeons
- Work in collaboration with DOH and EMT
- Avoid the negative press route
 - Played your hand
 - Frighten the public

Unfortunately...

- Full implementation not yet realized
 - Lack of human resources
 - Lack of physical space
 - System problem with other services demanding the same resources
- Despite best intentions of DOH and EMT
- Could we do more with what we have?

Orthopaedic Blitz

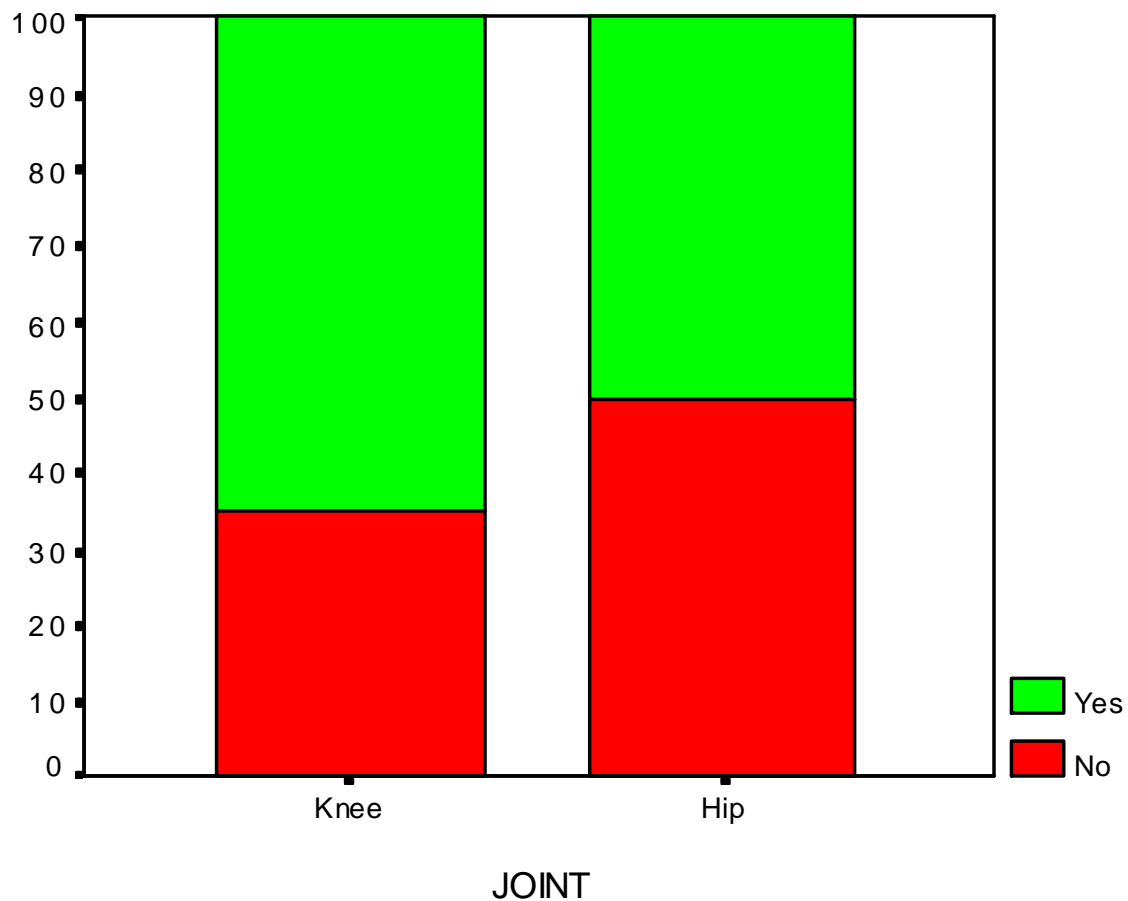
- Nothing but arthroplasty (and trauma) for a 2 week period in the OR
 - Non-arthroplasty patients involved in clinic blitz
 - Alternative Funding Plan already in place
- Use case mix efficiencies to increase number of cases done per day

Purpose of Blitz

- Make a dent in wait lists
- Demonstrate by example that more cases could be done per day
- Collect data on process to plan for a sustained blitz
- Generate momentum
- Generate a “good news” story on arthroplasty

Patients Need Hope!

Will wait affect your outcome?



Implementation

- Secured support from administration
- Assembled multidisciplinary team
 - Nursing, physio, OT, admin, surgery, discharge planning, bed managers, equipment managers, spd
- Date set: Nov 28 - Dec 9, 2005
 - Significant disruption (clinic, office, etc)

Computer Forecast Modeling

- Verification and Validation



- Determine Patient Through Put
- Determine Patient Discharge Rate
- Determine Patient Time in System
- Determine Bed Utilization
- Determine OR Utilization



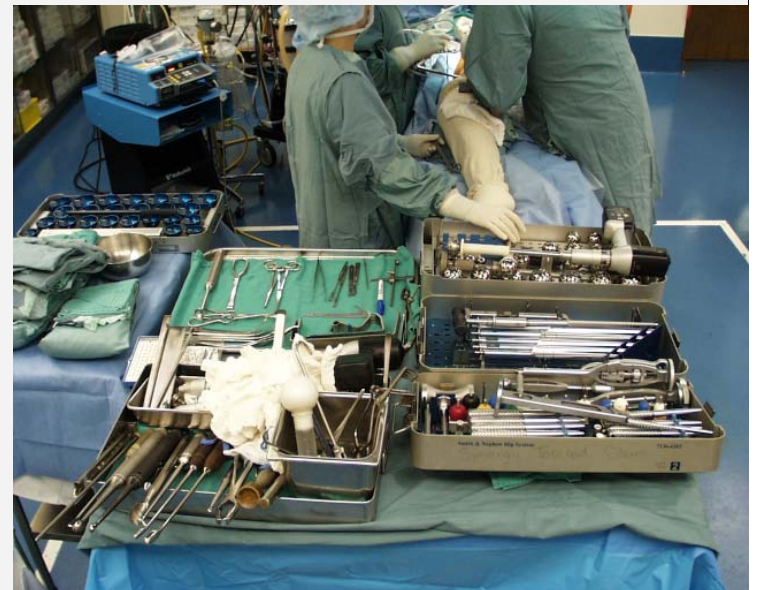
Compare and Contrast
to Actual System

Requirements - OR Staff

- Brought idle OR suite online for a total of 4 elective rooms and 1 trauma room
- Additional OR nurses to run additional 8 hour room
- Extra attendant staff for each room to improve turnover
- Dedicated Anaesthesia Assistants

Requirements - Equipment

- Dedicated Sterile Processing Staff
- Rented additional power equipment
- Additional instrumnets/implants brought in - not a problem



Requirements - Post-op

- Additional Physio for weekend coverage
 - Additional equipment

Decrease Inflow

- Trauma arrivals can not be directly influenced, but:
 - 2 trauma rooms run the Friday prior to blitz
 - Satellite hospitals were to be requested to keep local trauma, e.g. cover call

Results

Cancellations

- 11 patients cancelled for medical reasons
- Not much “low hanging fruit”
 - Patients waiting a long time
 - Patients with significant comorbidity (age)
 - Demographics basically the same between blitz and control period

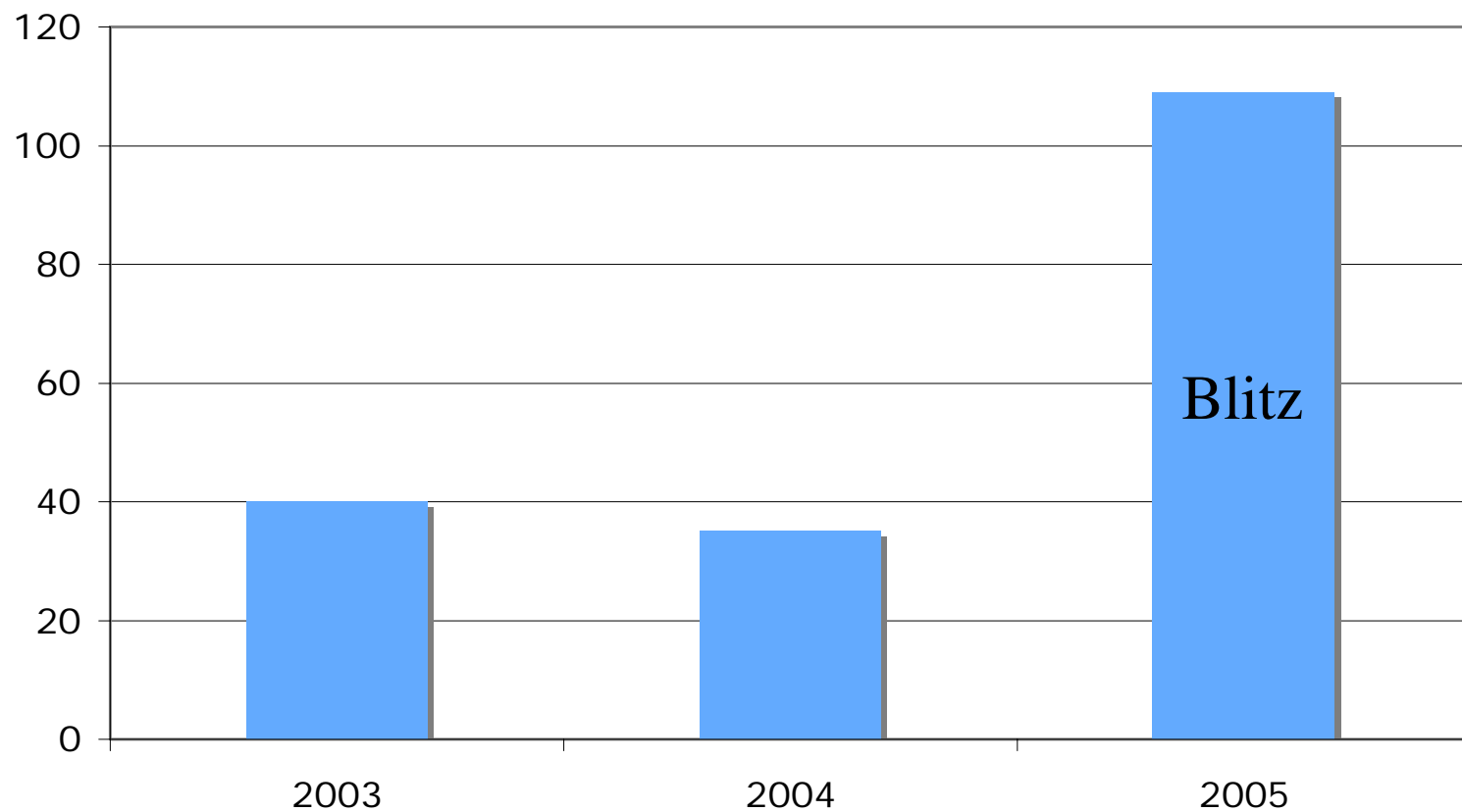
Cancellations

- No cancellations for run-over
- No increase in OR overtime
- Some rooms completed lists early
- **4 cases/room/day was realized**

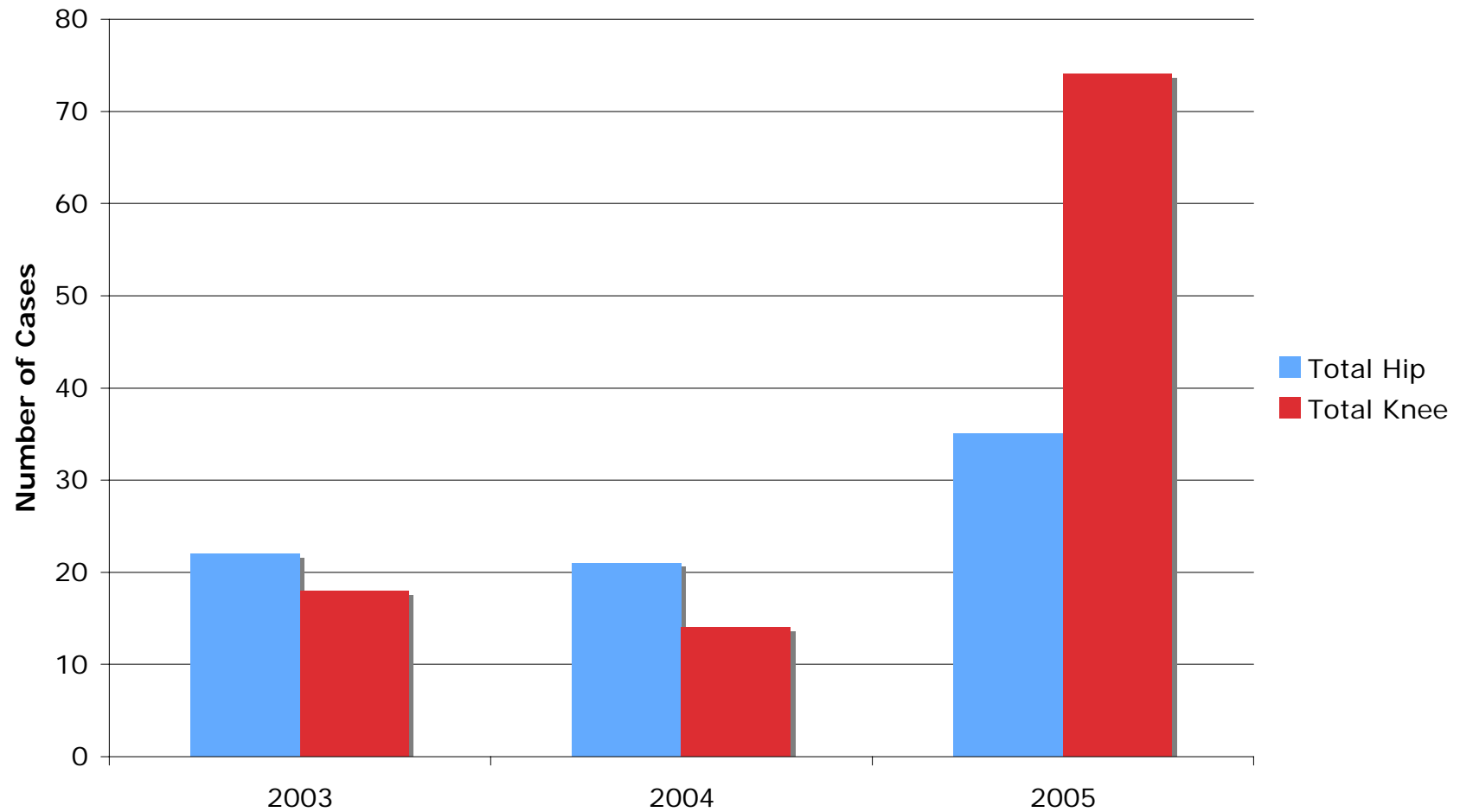
Length of Stay

- Length of stay appears the same??
(data pending)
- But, doing more knee replacements helped significantly (shorter LOS)

Number of Primary Arthroplasties Performed Over Same 2 Weeks

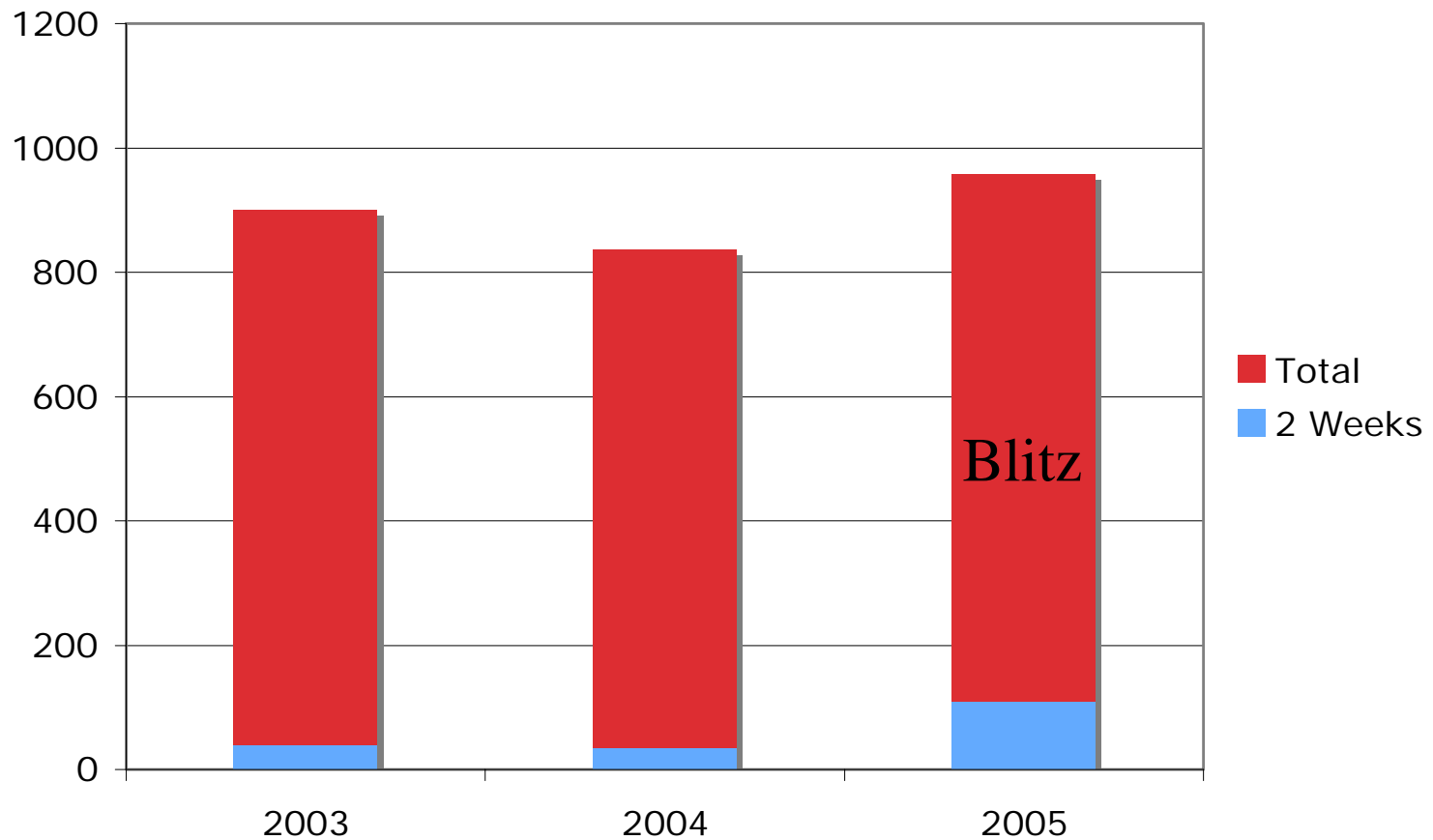


Number of Hip and Knee Arthroplasties Performed Over Same 2 Week Period



Blitz

Number of Primary Arthroplasties per Year



Successful Project

- Positive story generated
 - Good for patients waiting for surgery
 - The word “blitz” chosen purposely



The Medical Post
February 03, 2006 Volume 42 Issue 04

N.S. operating blitz ratchets up joint replacement

Looking for ways to reduce waits, surgical team does 122 knee and hip replacements in 14 days

By Donalee Moulton

[Back to Cover](#)

The image shows a newspaper cover for 'The Medical Post' from February 03, 2006, Volume 42 Issue 04. The cover features a woman's face and several headlines, including 'Parkinsonism problems', 'Chilly cold performance on international stage', and 'PQ device election bid of Quebec MD'. A blue box highlights the main article on the page.

Successful Project

- Made a dent in wait list
- Laid the groundwork to implement a paradigm shift in the way we run operating rooms
 - Why can't we do 4 (or more) cases/day?
 - Why can't we run a room based on the list instead of the clock?
 - **The stakes are very high!**

Unanswered Questions

- What was the effect on the total number of cases (hip and knee arthroplasty) performed over a longer time period?
- What was the effect on other procedures?
- How long can a blitz be sustained?



Appropriateness

- Where to squeeze the balloon?

Conclusions

- It is possible and relatively straight forward to ramp up hip and knee arthroplasty cases for a 2 week period
- Efficiencies of scale can be realised
- Teamwork is essential - AFP
- A successful project can boost morale and send a positive message



Halifax Waterfront