Orthopedic Access Improvement Initiatives in the Winnipeg Regional Health Authority

L. Oppenheimer Toronto, February 9th, 2007

Acknowledgements

Minister and Deputy Minister of Health CEO Winnipeg Regional Health Authority

WRHA Surgery Progamme

Laurie Walus

Eric Bohm

Paul Penner

Tara Sawchuk

Linda MacDonald

Bev Friesen

Surgery Site Teams

Offices

MB Health WTTF

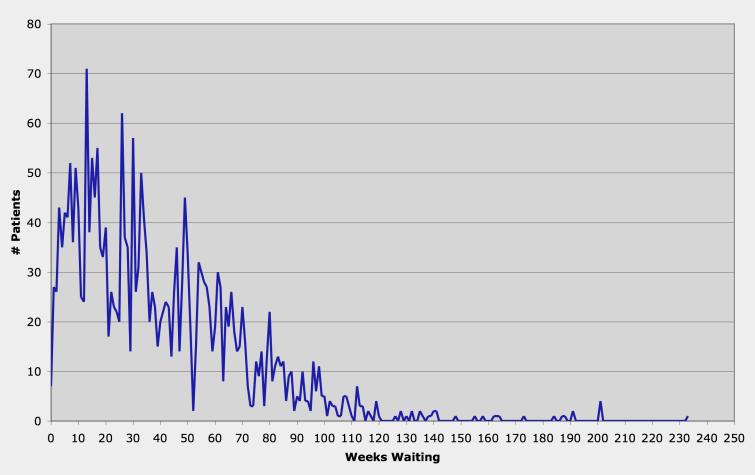
Jean Cox

Brie Morey

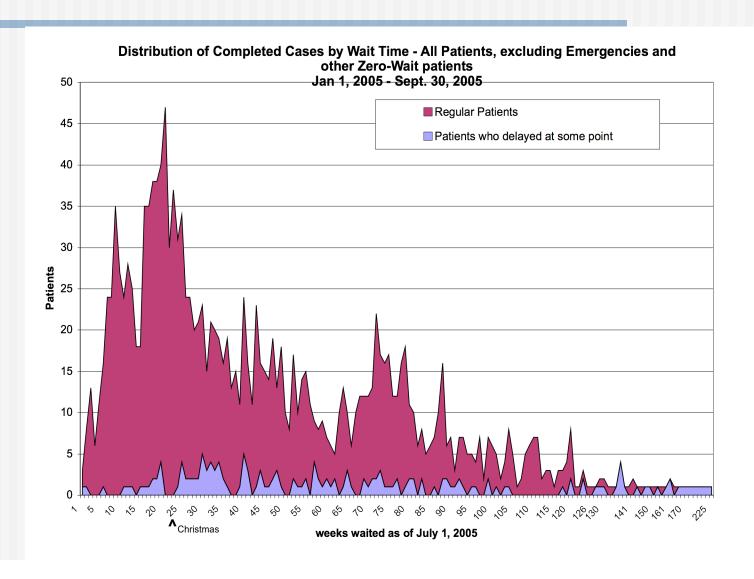
Rosemary McDowell

Framing the Challenge

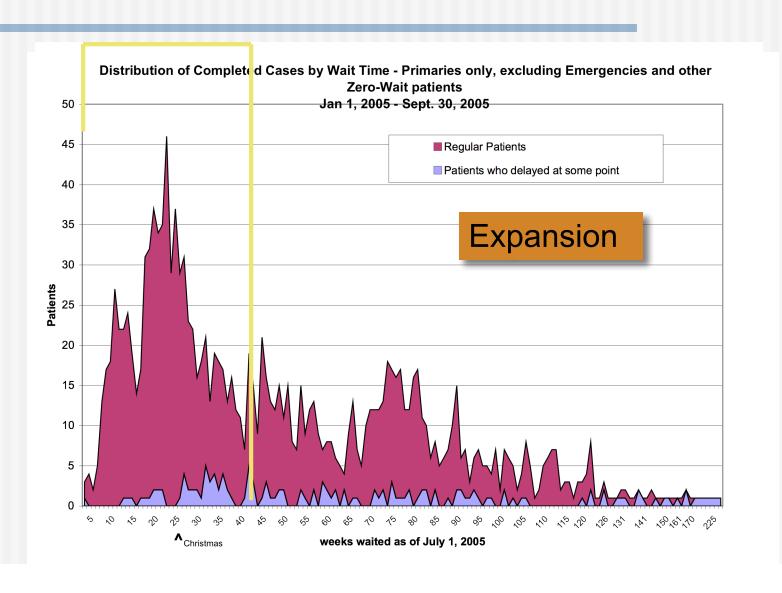




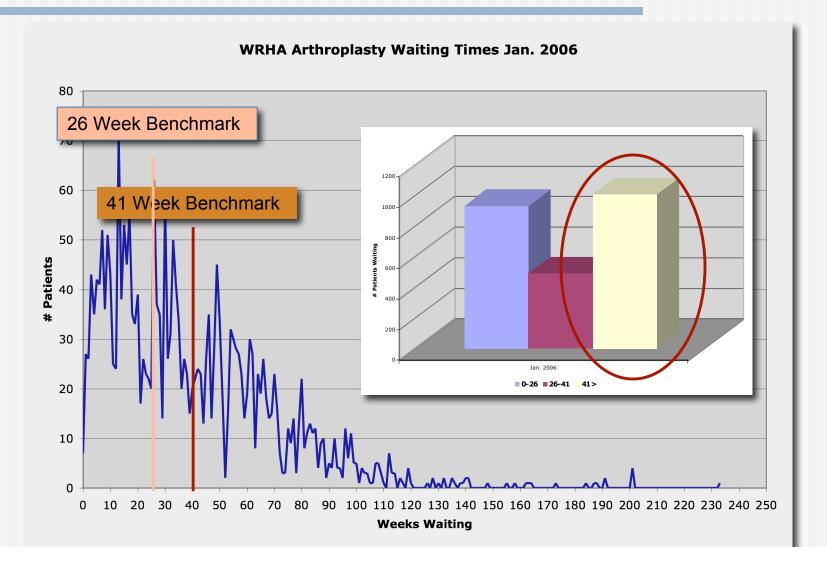
Is it just a matter of more volume?



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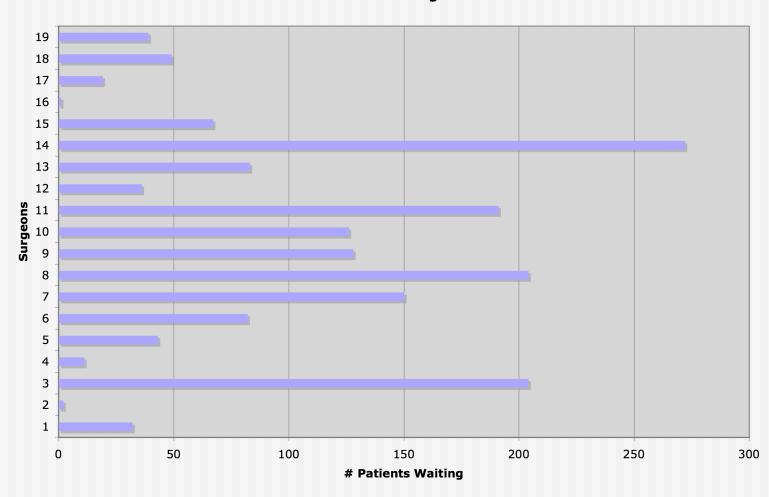


Managing the Shape



Great variability in # patients on individual surgeon's WL

Individual Waiting Lists



Rationalization Strategy in > 41 week wait group

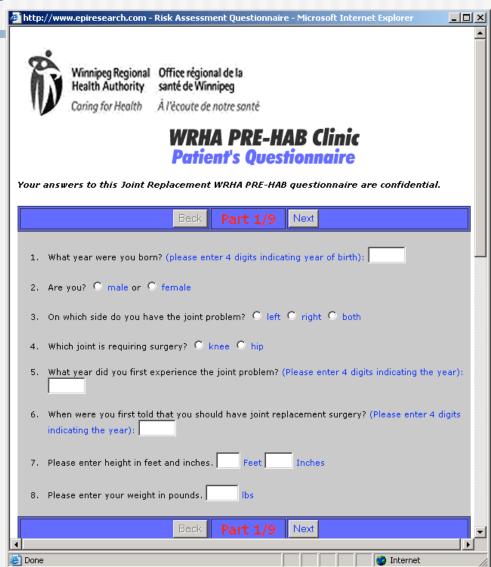
- 1. Validation of paper list, removal of records.
- 2. Segmentation into categories by phone
 - A. Willing and Fit
 - в. Willing but not Fit.
 - c. Wish to Delay (some asked to be removed)
- Negotiated reassignment with patient consent (If declined, informed C or C2)

Rationalization Strategy in > 41 week wait group

- 4. Informed Optimization in one hospital group (Pre-Habilitation). Further segmentation into A,B & C.
- 5. Chronological booking with offices
- 6. Booking ahead.
- 7. Calculation of resources per surgeon to achieve intermediate benchmark of 41 weeks.

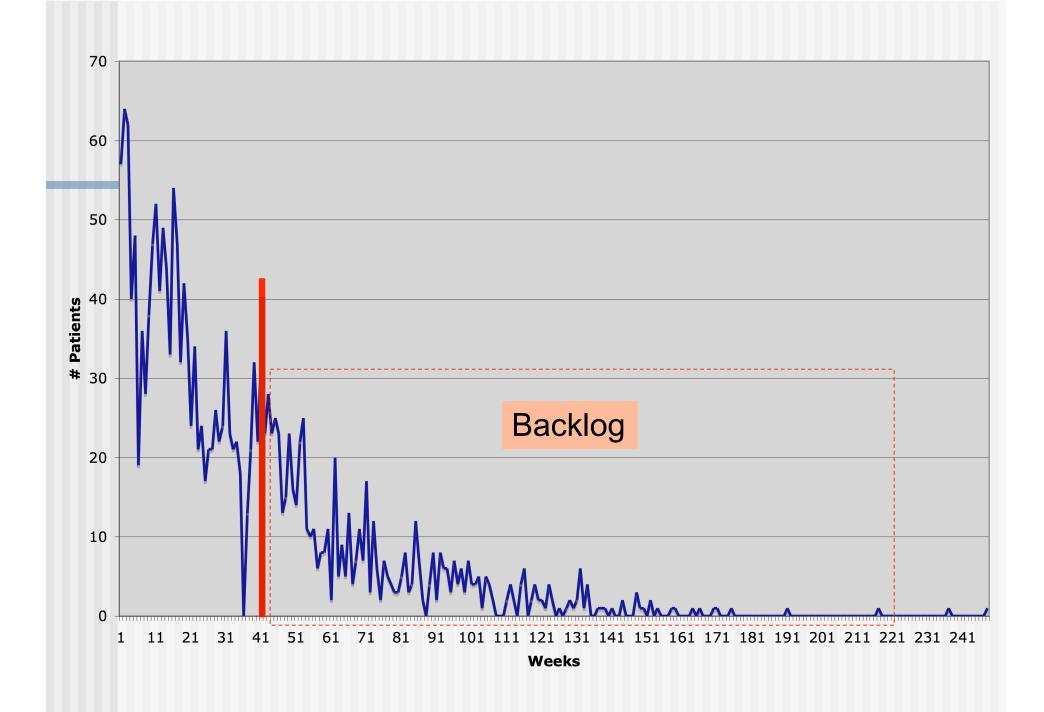
Pre-Habilitation

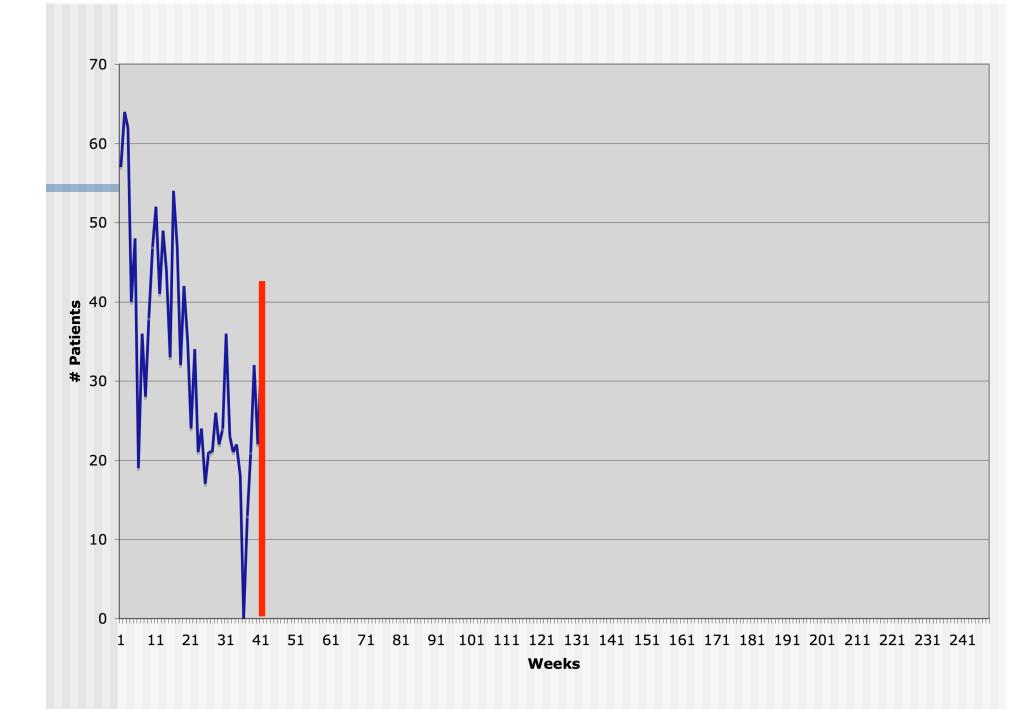
- Offered to patients in one hospital (Phase I)
- Collaborative Practice
 - Medical
 - Nursing
 - Physiotherapy
 - Dietitian
 - Occupational Therapy
 - Social Work
 - Pharmacist
- Questionnaire
- Informed Consent

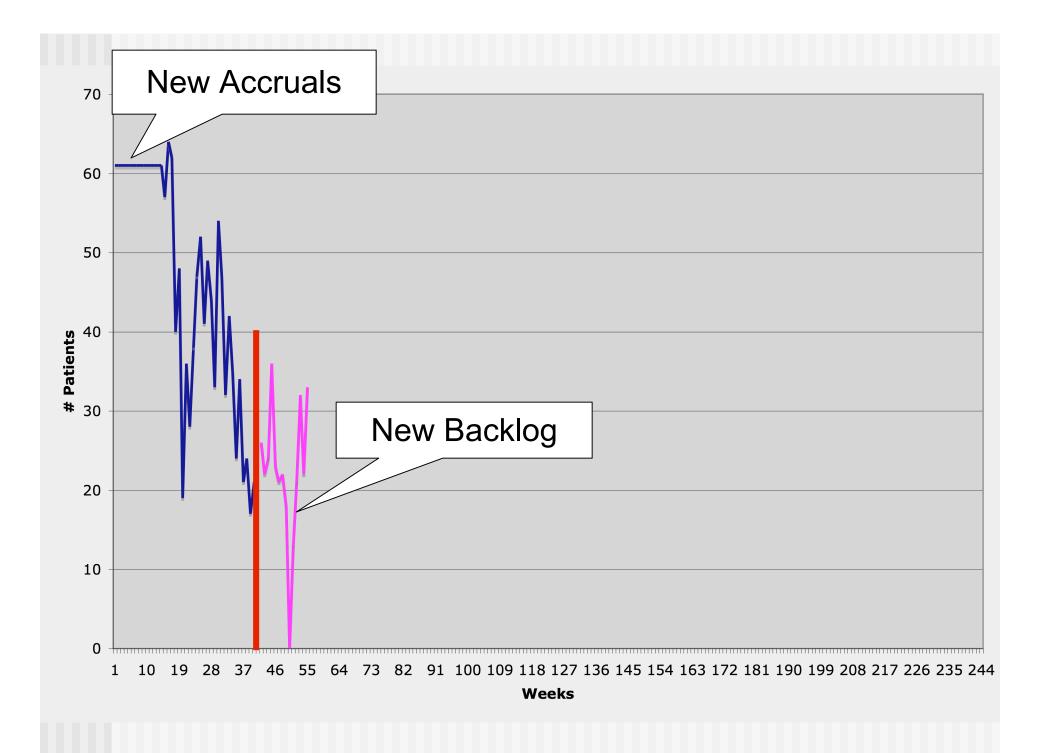


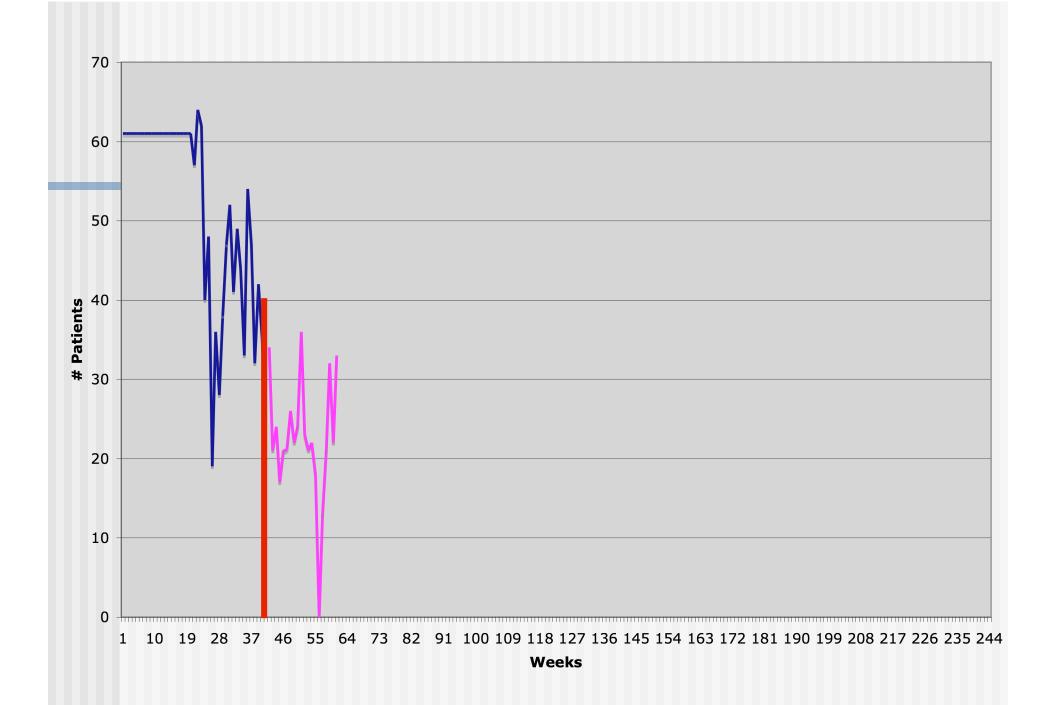
Projecting Additional Volume Requirement

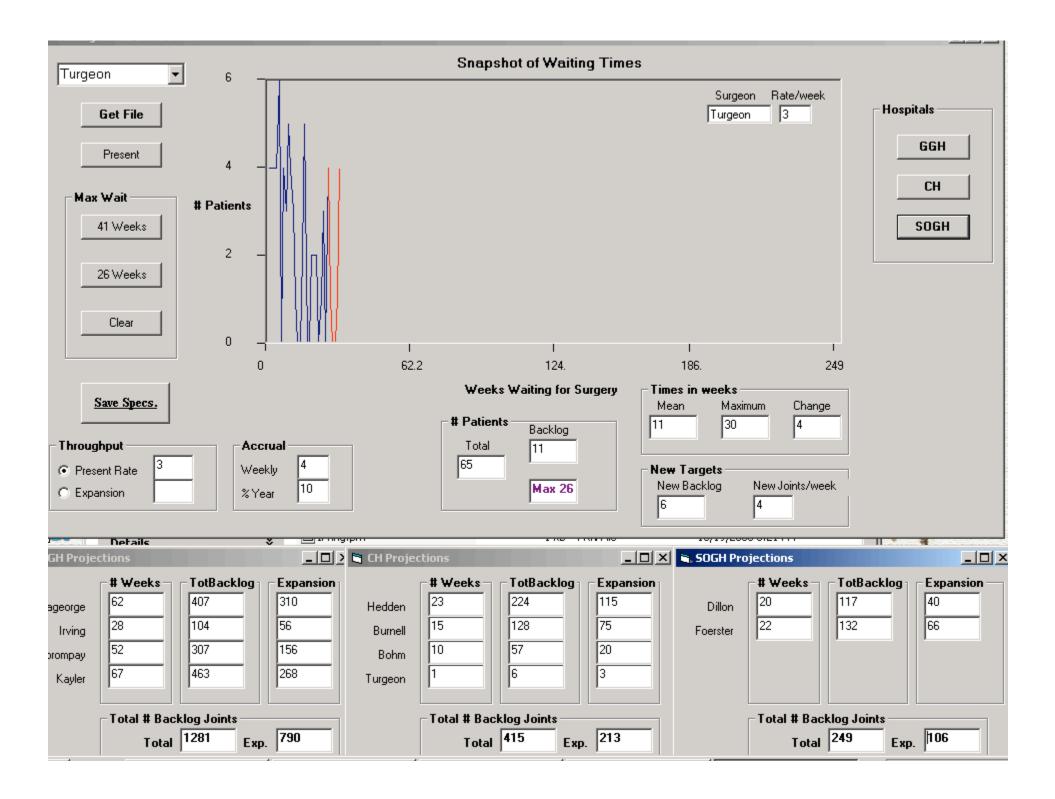
By Surgeon & by Hospital



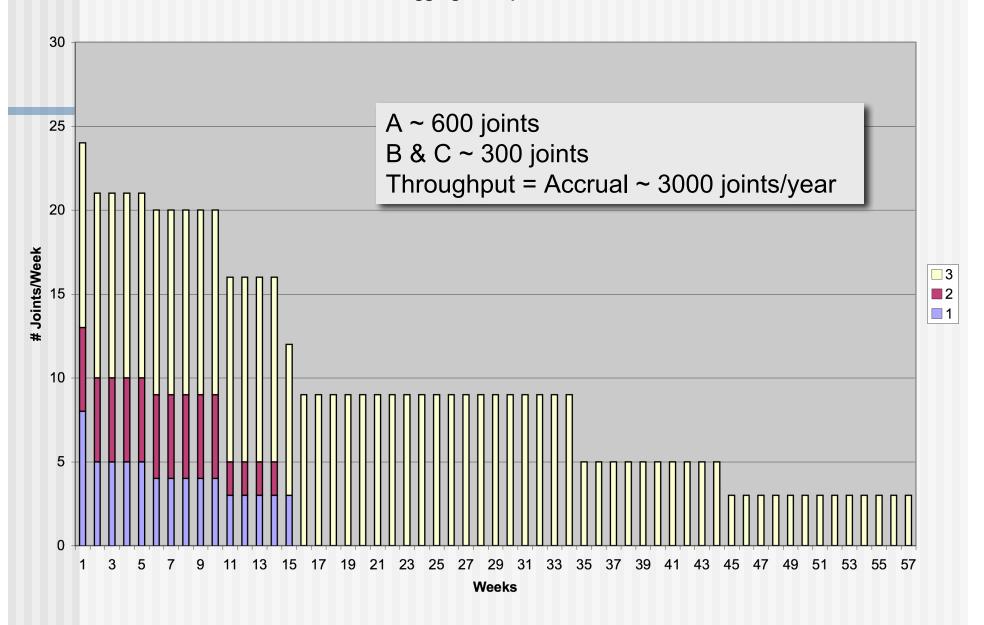








Aggregate Expansion



Increase Volumes without displacing others

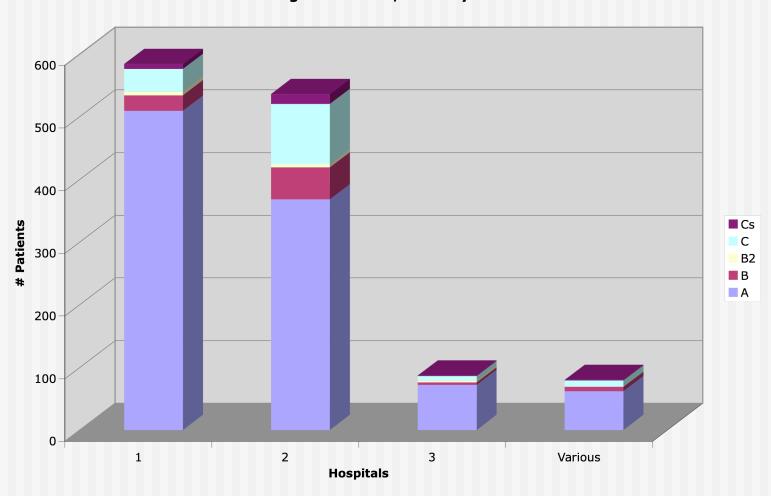
- Maximize throughput in present arthroplasty resources (E. Bohm)
 - Intake Process (Clinic Optimization)
 - Double Rooms
 - Physician Assistants
 - Prioritize Unused Slates to Arthroplasty
- Allocate additional dedicated Arthroplasty
 Slates with minimum throughput requirements
- Preoperative Optimization (Pre- Habilitation)

Effects of Interventions

Comparing Jan. 06 & Dec. 06

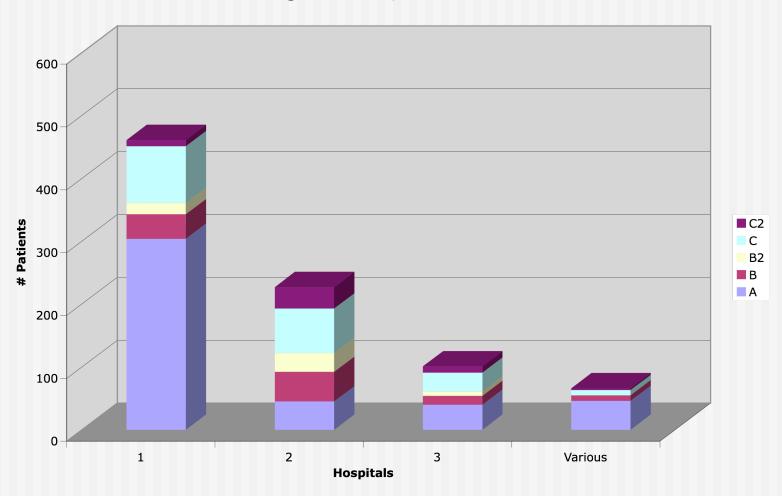
Effect of Segmenting & Increased Volumes

Waiting > 41 weeks, January 2006

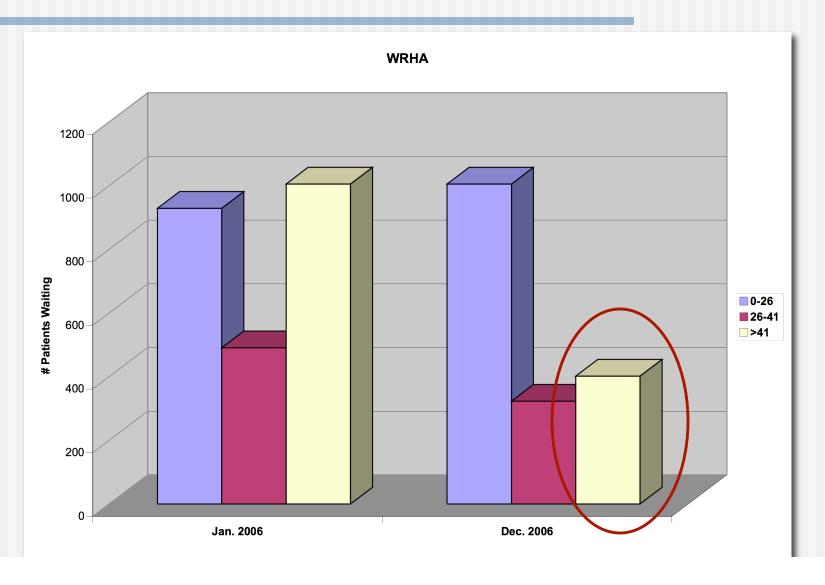


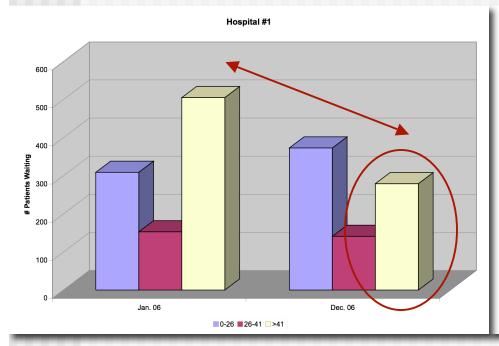
Effects of Segmenting & Increased Volumes

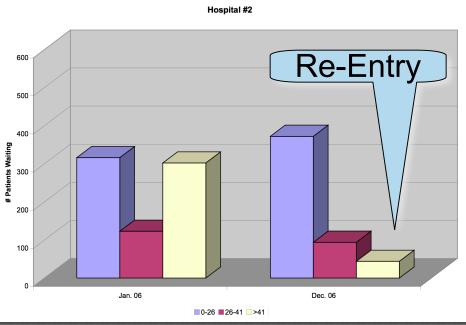
Waiting > 41 weeks, December 2006

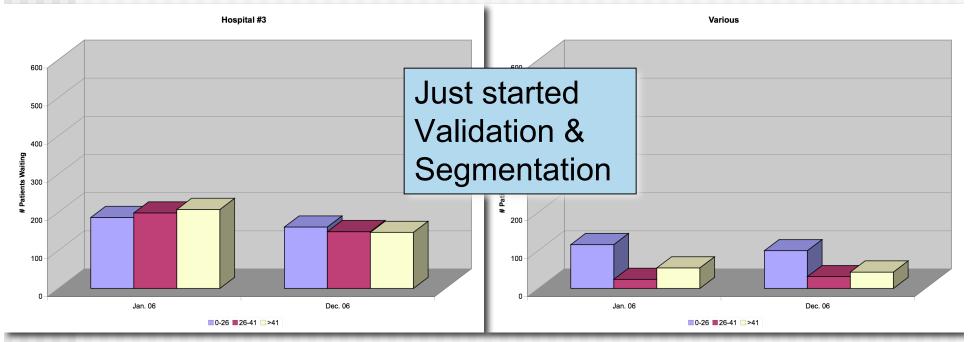


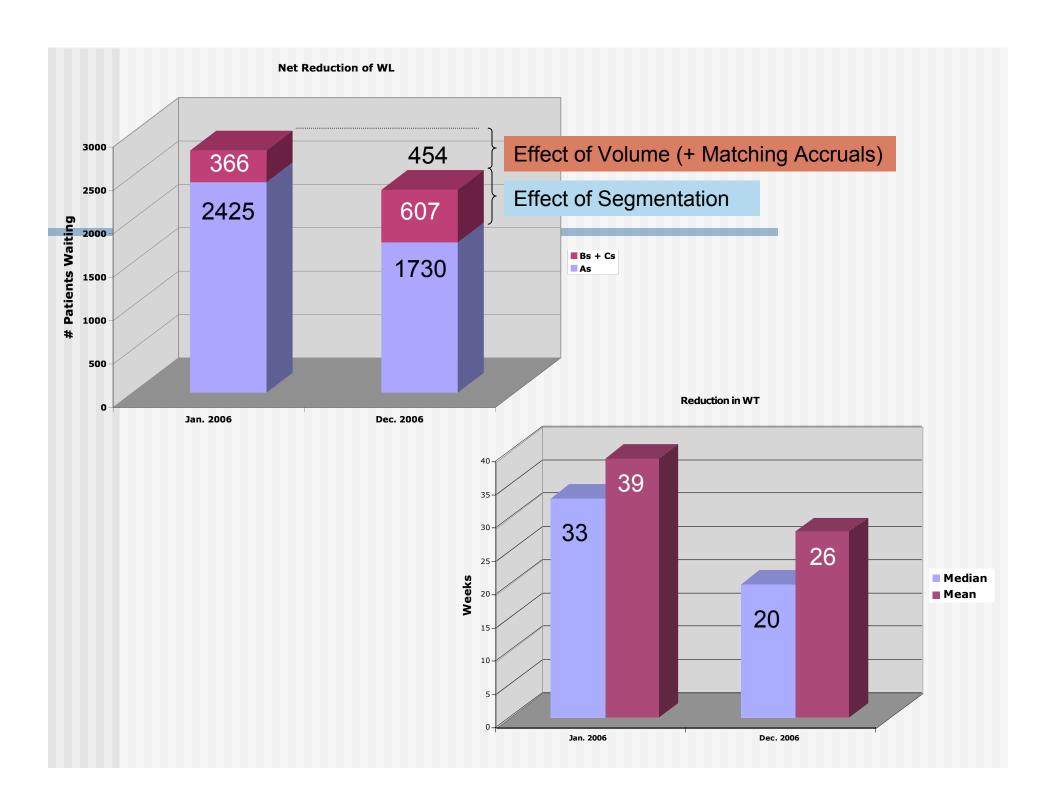
Effects on # Waiting











Summary of Strategies

- Validating Waiting Lists
- Segmenting into A, B & C. Re-Entry
- Introducing Pre-Habilitation (Optimization)
- Streamlining Flow-Through Process
- Calculating & Implementing Required Additional Volumes (not displacing)
- Managing OR Scheduling and Patient Flow with Offices

Conclusions

- Backlog has been reduced
- Waiting Times have been reduced
- System has been changed to prevent recurrence
- These methodologies are now being extended to other priority areas

Thank You

Questions?