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# Hybrid Elective Orthopaedic Model of Care

Initiative Type

Model of Care

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Deliver

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## Summary

Some hospitals in rural and remote regions have no access to either Specialist Orthopaedic or Advanced Practice Allied Health Professionals. Queen Elizabeth II Jubilee (QEII) Hospital and Mount Isa Hospital have worked collaboratively to develop a model of care to address this challenge for residents in North West Queensland. QEII orthopaedic surgeons review the Mount Isa orthopaedic

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waitlist and categorise referrals into relevant streams. Patients are either allocated to the Physiotherapy Musculoskeletal Management Clinic (PMMC), Primary Contact Occupational Therapy Hands (PCOTH) or remain on the orthopaedic waitlist for medical review. Once allocated to either of the Allied Health (AH) streams, Advanced clinicians lead the consultation via telehealth from QEII. A local North West Hospital and Health Service (NWHHS) Physiotherapist or Occupational Therapist at Mount Isa Hospital is present with the patient, facilitating the physical assessment under the direct instruction of the Advanced clinician. Patients are provided early access to comprehensive assessment whilst remaining closer to home and reducing the burden of travel. Furthermore, this interaction enables a key learning environment for rural generalist allied health professionals to acquire additional skills that they can utilise within their regular practice, leaving a positive legacy on the NWHHS community. For orthopaedic patients not suitable for these AH streams, QEII orthopaedic surgeons provide a telehealth model, seamlessly integrated into their department's usual outpatient clinics, inclusive of a broad range of subspecialists. For the minority of patients requiring surgery, patients receive treatment at QEII, one of Queensland's highest volume elective orthopaedic centres. When resources allow, QEII surgeons will travel to Mt Isa for minor procedure lists, ensuring North West patients are only required to leave their HHS when absolutely necessary. This model of care ensures patients receive best-practice care, largely delivered in their remote location, with sustainable and reliability support from a major metropolitan orthopaedic centre. This model provides a sustainable model of care for orthopaedic services which traditionally were highly vulnerable to service disruptions and fragmentation due to inherent workforce issues experienced in rural and remote settings. This innovative partnership addresses the inequity of access to these services for people of the North West in the short term, while building the local skills of allied health professionals to develop longer term solutions. Furthermore, this innovative model has the additional long-term potential to upskill and mentor regional physiotherapists, providing another avenue to enable the sustainable recruitment of advanced-practice clinicians to regional facilities.

## Key dates

Jun 2023

## Implementation sites

North West Hospital and Health Service

## Partnerships

Queen Elizabeth II Hospital

## Key Contacts

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## **Aim**

The overall objective was to develop a hybrid model of care that enables access to timely, consistent, best practice care that is delivered close to home. The aim is that this model will result in improved patient access to care, reduced healthcare utilisation, cost savings, and high levels of patient satisfaction.

## **Benefits**

Development of a hybrid service that is responsive to changing demand, cost effective, timely and most importantly enables patients access to effective, best practise treatment, delivered in community settings that are more convenient and closer to home. Additionally, the strong partnership between QEII Jubilee Hospital and NWHHS, ensures the significant risk of service disruptions due to staff turnover in a rural and remote areas is mitigated, enabling sustainable remote orthopaedic access for the people of the North West.

## **Background**

Public hospitals face an ongoing and escalating challenge of providing both specialist outpatient services and elective surgery within clinically recommended waiting times. Over the next two decades, the number of Australians with musculoskeletal conditions is projected to increase by 43% (Cottrell et al., 2021). A proven model of care for helping address this issue are Primary Contact

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Allied Health led clinics. In these clinics, patients with musculoskeletal conditions referred for an orthopaedic opinion, are managed by advanced allied health professionals to assess, diagnose and case manage the patient's episode of care. These clinics result in improved patient access to care, reduced healthcare utilisation, cost savings, and high levels of patient satisfaction (Cox et al., 2020). When advanced health professionals effectively screen and manage patients suitable for non-operative management, it enables surgeons to take on a greater surgical load, review more urgent patients, or review more complex cases increasing system efficiency. Specifically, in a study completed by Cottrell et al in 2021, it was identified that approximately 70% of patients do not require any specialist medical consultation upon discharge from the Orthopaedic Physiotherapy Screening Clinics and Multi-disciplinary Service. Despite the evidence-based benefits of this model of care with Musculoskeletal Physiotherapy screening clinics operating at 19 facilities in Queensland in 2021/22, practical implementation in some areas remains challenging. Due to these specialist services being located within metropolitan and large regional hospitals, it remains difficult for many patients from regional, rural and remote areas to access these services. Additionally, workforce issues create challenges for local recruitment in rural areas, due to the highly specialised skill set and training required to fulfil the advanced role in combination with transient staffing.

## **Evaluation and Results**

A total of 324 referrals on the Mount Isa Orthopaedic waitlist were reviewed by the Orthopaedic specialists at QEII. Of these, 156 (48.15%) referrals were assigned to the PMMC, 34 (10.5%) for PCOTH and 134 (41.35%) remained on the Orthopaedic waitlist. In the four months since establishment, 51 patients have already been seen in the PMMC clinic with only 27% of patients being returned to the Orthopaedic waitlist. Of note, we have also had an exceptional Fail to Attend (FTA) rate of only 6.4% thanks to our administration support. Additionally, almost half of the PCOTH waitlist have already been seen with 17 patients reviewed and almost 60% responding well to conservative treatment.

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