

Shared orthopaedic referral and triage in the East Kootenay

The ongoing impact of orthopaedic wait times

Orthopaedic surgical wait times consistently fail to meet Canadian benchmarks. In 2021, the Canadian Institute for Health Information reported that only 65% of hip replacements and 59% of knee replacements met wait-time standards.¹ Lengthy wait times are associated with decreased health-related quality of life, increased pain severity, and decreased patient satisfaction with primary and specialist care.² Increased wait times are also associated with longer hospital stays and greater service cost.³

Despite federal and provincial government funding and growing patient advocacy focused on the lived experience of waiting for surgery (e.g., the Wait Time Alliance), the percentage of British Columbians receiving knee replacement surgery within recommended time frames has improved by less than 5% since 2016.⁴ Referral models exist to reduce wait times and include components such as standardized referral forms with single-entry, multidisciplinary triage and inclusion of conservative treatments.²⁻⁴ These models report high professional satisfaction and orthopaedic surgical conversion rates. New initiatives to tackle orthopaedic wait times must be evidence informed and codesigned with local health professionals.

The Shared Orthopaedic Referral and Triage project

The Shared Orthopaedic Referral and Triage (SORT) project is a 2-year Shared Care Committee initiative facilitated by the East Kootenay Division of Family Practice.

This article is the opinion of the Joint Collaborative Committees (JCCs) and has not been peer reviewed by the BCMJ Editorial Board.

Guided by orthopaedic surgeons, family physicians, sport medicine physicians, and physiotherapists, SORT aims to:

- Describe local referral pathways.
- Design and implement a standardized referral form.
- Increase awareness and uptake of conservative treatments, including educational resources.

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Describing the East Kootenay referral pathway

SORT conducted 25 semi-structured interviews with physicians, clinic managers, and physiotherapists, with a cross-sectional survey of orthopaedic surgeons and family physicians ($n = 89$, 70% response). Six weeks of referral data were retrospectively extracted from five clinics. Locally, approximately 330 nonemergency orthopaedic referrals are made monthly. Most family physicians (63%) reported not using a referral form, and orthopaedic surgeons reported a substantial proportion of referrals (55%) were missing clinical details or had incomplete or out-of-date imaging. Additionally, orthopaedic surgeons reported most patients (67%) would have benefited from sport medicine physician referrals; comparatively, family physicians reported a smaller proportion (26%) would have benefited. Approximately 54% of family physicians disagreed that patient flow was

coordinated.

Codesigning a standardized, practice-ready referral form

SORT reviewed 15 orthopaedic referral forms; completed a literature review to identify potential triage tools; held group and individual meetings to iteratively review drafts; compared the drafts to a random sample of referral letters; and synthesized feedback from clinic managers, orthopaedic surgeons, and family physicians.

Most family physicians preferred standardized referral forms (71%) with the ability to indicate urgency (73%). Eight drafts were reviewed by 22 collaborators on at least two different occasions. The final SORT form includes:

- All orthopaedic surgeons and sport medicine physicians, with online links to service scope and wait times.
- Three items to explore urgency (e.g., impact and changes to daily living activities).
- Listings of conservative treatments with links to health authority-provided services (e.g., Primary Care Network physiotherapy).
- A link to consensus-driven imaging requirements for acute and chronic orthopaedic concerns.

Increasing awareness and uptake of conservative treatments, including patient education

Our physiotherapy advisory group independently scored Pathway resources across three dimensions: evidence-based, comprehensiveness, and patient acceptability. The validated Patient Education Materials Assessment Tool assessed actionability and understandability.⁵ Materials including exercises were prioritized.

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Before SORT, less than one-quarter of family physicians (23%) provided patient educational materials before making orthopaedic referrals. Of the 114 available resources, 27 met project thresholds for being evidence-based, patient acceptable, comprehensive, actionable, and understandable.

SORT preliminary outcomes

In April 2024, the SORT referral form, patient education, and imaging guidelines were distributed to family practices. In the first 2 months, there was a 26% increase in referrals to sport medicine physicians. The SORT care pathway is now the most viewed clinician tool locally. Pathways also highlighted 11 SORT-selected patient resources as provincial picks and added seven new resources. SORT collaborated with a specialty working group with the Provincial Health Services Authority to design standardized provincial content for orthopaedic e-referral via OceanMD, which features interoperability between medical records software, wait time reporting, and patient engagement.

SORT is ongoing, with final evaluation in January 2025. Current activities include best-practice casting procedures, educational videos with osteoarthritis decision aids, and refining emergency orthopedic referral pathways. ■

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WORKSAFEBC

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Additional reminders:

- Clearly document the worker's claim number on all pages of your report.
- Send the consult report as soon as possible. It must be received by WorkSafeBC before your billing.
- Ensure your documentation is legible. We recommend typing reports.
- Fax your consult report separately from your operative report. This ensures they each get matched to your billing.

Consult reports must be comprehensive and documented in keeping with professional standards (according to the College of Physicians and Surgeons of British Columbia's Medical Records Documentation Practice Standard).

Finally, ensure any consult report transcribed by a hospital has been faxed to WorkSafeBC.

Seeing workers before WorkSafeBC has accepted their claim

If a worker makes a WorkSafeBC claim and we have not yet accepted or denied it (WorkSafeBC calls this "pending" status), you do not need to wait for approval from WorkSafeBC to expedite the initial consult. You can check if a claim is accepted, denied, or pending by using the tool at <https://pvc.online.worksafebc.com>.

If a patient has a pending claim, please see them as soon as possible to ensure the consultation is completed and the report is received by WorkSafeBC within 15 business days to meet timelines for payment. For these pending claims, subsequent visits (including Repeat Expedited Comprehensive Consultations) may not be covered by WorkSafeBC.

More information

Details on billing Expedited Comprehensive Consultations can be found in the *Physicians and Surgeons' WorkSafeBC Services Reference Guide* at www.worksafebc.com/en/health-care-providers/provider-types/physicians. ■

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