

## Background

Orthopedic surgical wait-times frequently exceed recommended benchmarks across British Columbia. Programs with centralised referral intake and involvement of physiotherapists and Sports Medicine can reduce wait-times. However, the acceptability of these options have not been assessed in the East Kootenay.

**Problem statement:** Need assessment interviews with orthopedic surgeons (n=6), Family Physicians (n=11), physiotherapists (n=3), and office staff (n=5) identified:

- ✓ Long wait-times to initial surgical consult
- ✓ Poor or inconsistent referral quality (lacking imaging/medical history)
- ✓ Absence of triage and redirection to conservative treatment options

## Survey methodology

A pilot-tested survey was distributed to 128 Family Physicians (FPs) and 6 orthopedic surgeons. Survey modules included :

1. Self-reported referral volumes and preferences of FPs
2. Quality improvement preferences relating to referral pathway
3. Perceived patient benefit and access to conservative treatments
4. SCC measures adapted for administration at baseline

Personalized invites, follow-up reminders, and remunerated online survey completion resulted in 82 FPs (64%) and 5 surgeons (83%) participating.

**Project goal:** The Shared Orthopedic Referral and Triage (SORT) Project will tackle inconsistent and long wait-times, poor referral quality, and seeks to implement a triage process. First, the acceptability of different referral and triage options must be evaluated by *both* local surgeons and family physicians.

## What is the existing orthopedic referral pathway?

*The current Way of Care is not coordinated or multidisciplinary*

**Table 1: Family Physicians' experiences (n=82)**

	n	(%)
<b>Refers to all 6 of local orthopedic specialists</b>	58	(71)
No, refers to the same 1 or 2 specialists only	24	(29)
<b>Uses the existing referral form</b>	30	(37)
No, provides a referral letter only	52	(63)
<b>Refers with imaging pending</b>		
Almost always or often	15	(18)
Seldom or rarely	52	(63)
Never	15	(18)
<b>Average response speed to referral</b>		
High variation across the orthopedic team	37	(45)
Less than 2 weeks	17	(21)
2-4 weeks	12	(15)
1-3 months	4	(5)
>4 months	12	(15)
<b>Estimated surgical conversion rate</b>		
0-40%	15	(18)
41-60%	23	(28)
61-80%	32	(39)
81-100%	12	(15)
<b>Provides conservative treatment options before referral</b>	75	(91)
<b>Patients who use physiotherapy prior to referral</b>		
0-20%	16	(20)
21-40%	32	(40)
41-60%	26	(32)
61-100%	8	(9)
<b>Patients who would benefit from physiotherapy prior to referral</b>		
0-40%	8	(9)
41-60%	18	(22)
61-80%	25	(30)
81-100%	31	(38)
<b>Patients who would benefit from GP Sports Medicine prior to referral</b>		
0-20%	20	(24)
21-40%	29	(35)
41-60%	20	(24)
61-80%	6	(7)
81-100%	7	(9)

3 of 5 Orthopedic Surgeons report  
>50% of referrals lack information

3 of 5 Orthopedic Surgeons report  
>50% of referrals lack imaging

4 of 5 Orthopedic Surgeons report  
they respond in 4 weeks

3 of 5 Orthopedic Surgeons report  
<50% of referrals are appropriate

5 of 5 Orthopedic Surgeons report  
>50% would benefit from physio

## What is an ideal referral pathway?

*A New Way of Care acceptable to Family Physicians and Surgeons*

- A consistent referral form (71% Family Physicians)
- Ability to select 'Next Available' surgeon (95% FPs, 60% of Surgeons)
- Ability to indicate Urgent Referral (72% FPs, 60% of Surgeons)

"Minimize paperwork for FP's. I use the current form but I do not want to. It is extra work I do not have time for."

"Centralized referral would help assign the patient to the correct surgeon that has the shortest wait time."

"Team based referral or pooled referral makes it easier to write a good referral and allow the pooled resources to triage and direct the patient to the most appropriate surgeon and offer timely appointments based on clinical need."

- Multidisciplinary triage by GP Sports Medicine
- 5 of 5 Surgeons 'Strongly agree' or 'Agree' that GP Sports Medicine can triage
- 5 of 5 Surgeons believe referrals could be redirected to GP Sports Medicine

"Single referral process with centralized triage would help reduce wasted time redirecting and changing referrals."

- Coordinated support for imaging requirements
- 48% of FPs would like standardised imaging request forms
- 73% of FPs would prefer orthopedic offices to coordinate additional or outstanding imaging requests

"If I wait for patient to do imaging then referral is delayed. It can be forgotten, goes to bottom of paperwork pile."

## What are the barriers to the ideal referral pathway and how will SORT tackle these?

1. FPs and Surgeons report poor access but high need for physiotherapy in East Kootenay - Interior Health proposal to increase physiotherapy role and funding
2. The 'Next Available' and 'Urgent Referral' will require changes to administrative process – Office administrators are included as change champions in project
3. FPs and Surgeons have different perceptions of current referral gaps – Relationship building events will facilitate a new referral pathway