

Co-Designed Practice Ready Referral Form: The Process

Enhancing the MSK Care Pathway in the East Kootenay

Need Assessment Interviews



25 open-ended interviews with Orthopedic Surgeons, Physiotherapists, Medical Office Administration, and Family Physicians.

Group Review of Referral Forms



15 multidisciplinary referral forms were collated and reviewed by SORT Steering Committee.

Family Physician & Orthopedic Surgeon Baseline Surveys



89 surveys completed by East Kootenay physicians (64% response rate):
a. 71% of FPs prefer a standardized referral form, 65% do not use an existing form.
b. Orthopedic Surgeons selected necessary components of a referral form.

Rapid Literature Review



41 existing MSK referral programs reviewed to identify items used to define MSK urgency.
a. No brief screening tool identified.
b. Modified items for pain, threat to ADL, and clinician-provided detail on deterioration selected.

Orthopedic Surgeon Review



Individual meetings with Orthopedic Surgeons to review a 1-page draft.

Family Physician Review



Individual and group Family Physician meetings to review draft.

Gap Analysis



Review of random sample of current referral letters to ensure the referral form had consistent terminology and was comprehensive.

FP Sports Medicine Review



Individual meetings with local and external FP Sports Medicine to review and approve draft.

Final Circulation of Referral Form



Final circulation of the co-designed, practice-ready referral form to Orthopedic Surgeons, Family Physician Advisory Group, Medical Office Administration team members. 9 different drafts were reviewed over this process.

Patient Education Materials: The Process

Enhancing the MSK Care Pathway in the East Kootenay



1. **Need Assessment Interviews** → 25 open-ended interviews with local Orthopedic Surgeons, Physiotherapists, Medical Office Administration, and Family Physicians.
2. **Family Physician & Orthopedic Surgeon surveys** → 89 surveys completed.
23% of FPs provide MSK patient education via Pathways.
3. **Resource Extraction** → 114 Patient education resources listed under Orthopedics or Sports Medicine were downloaded from Pathways in June 2023.
4. **Physiotherapy Review (Round 1)** → 5 members of the SORT Physiotherapy Advisory Group independently reviewed 68 eligible resources and scored each based on evidence-informed, comprehensive, and patient-acceptability scales.
5. **Collaborative Group Review** → 14 out of the 68 resources were ineligible.
16 out of the remaining 54 resources would not be recommended or used in personal practice.
6. **Physiotherapy Review (Round 2)** → 38 resources were reviewed again to identify the 'best resource' to help educate the patient and encourage action. The validated Patient Education Material Assessment Tool was used.
7. **Gap Analysis (Round 3)** → 8 Physiotherapists, Orthopedics, and Sports Medicine FPs identified missing topics. A grey literature search was conducted and 41 new resources scored using Round 1 and 2 methodology.
8. **Resources Finalized** → 26 resources endorsed by Physiotherapy, Orthopedic Surgeons, and Family Physician Advisory Groups.


























The 26 top-rated resources will be provided to Family Physicians in the East Kootenay as part of the SORT Project. They will enable Family Physicians to quickly provide the best quality information relevant to common MSK concerns. [\(LINK\)](#)

This Care Pathway includes 1) patient education; 2) community resource listing and referral information; 3) process tree for escalating care; 4) FP Sports Medicine and Orthopedic referral information; and 5) optimizing patients while awaiting specialist review or surgery.

Contact on-call Orthopedic Surgeon for urgent referrals (acute fracture, infection, tumour): 250-426-5281

1) Empowering patient-led education and movement for non-urgent MSK concerns

Please provide the following physiotherapist-reviewed resources directly to patient

	Pathway resources	Info	Exercise	Patient email
Neck	Neck Pain	✓		
Back	Lumbar Spinal Stenosis	✓		
	Sciatica	✓		
	Frozen Shoulder	✓	✓	
Shoulder	Rotator Cuff Tendon - Shoulder Impingement	✓		
	Rotator Cuff and Shoulder Conditioning Exercises		✓	
	Elbow Injuries	✓		
Elbow	Ulnar Nerve Entrapment at the Elbow	✓		
	Tennis Elbow - Lateral Epicondylitis	✓		
	Trigger Finger	✓		
Hand	*Arthritis - Hand OA	✓	✓	
	Muscle & Leg Cramps	✓		
Lower limb	*Hip Conditioning Program		✓	
Hip	Hip Bursitis	✓		
	*Arthritis - Hip OA	✓	✓	
	Medial Collateral Ligament Sprain	✓	✓	
Knee	Patellofemoral Pain Syndrome	✓	✓	
	*Arthritis - Knee OA	✓	✓	
	Bunions	✓		
Foot or ankle	Hammer Toes	✓		
	Ankle Sprain Care		✓	
	Achilles Tendinitis	✓	✓	
	Foot and Ankle Conditioning Program		✓	
	*Arthritis - Walking aids	✓		

*Resources relevant to arthritis


Resources for other conditions are easily accessible [here](#)

2) Connecting patients with community physiotherapy and allied health


Please explore the following options with your patient

- Private physiotherapy

Please use the brief and pdf-fillable [referral form](#) and provide to the patient. *The form will help patients to find local services and maximise intake appointments with physiotherapists*


- Primary Care Network

All allied resources for your community can be found [here](#)
Physiotherapy-specific resources can be found [here](#)


- Other community or online resources

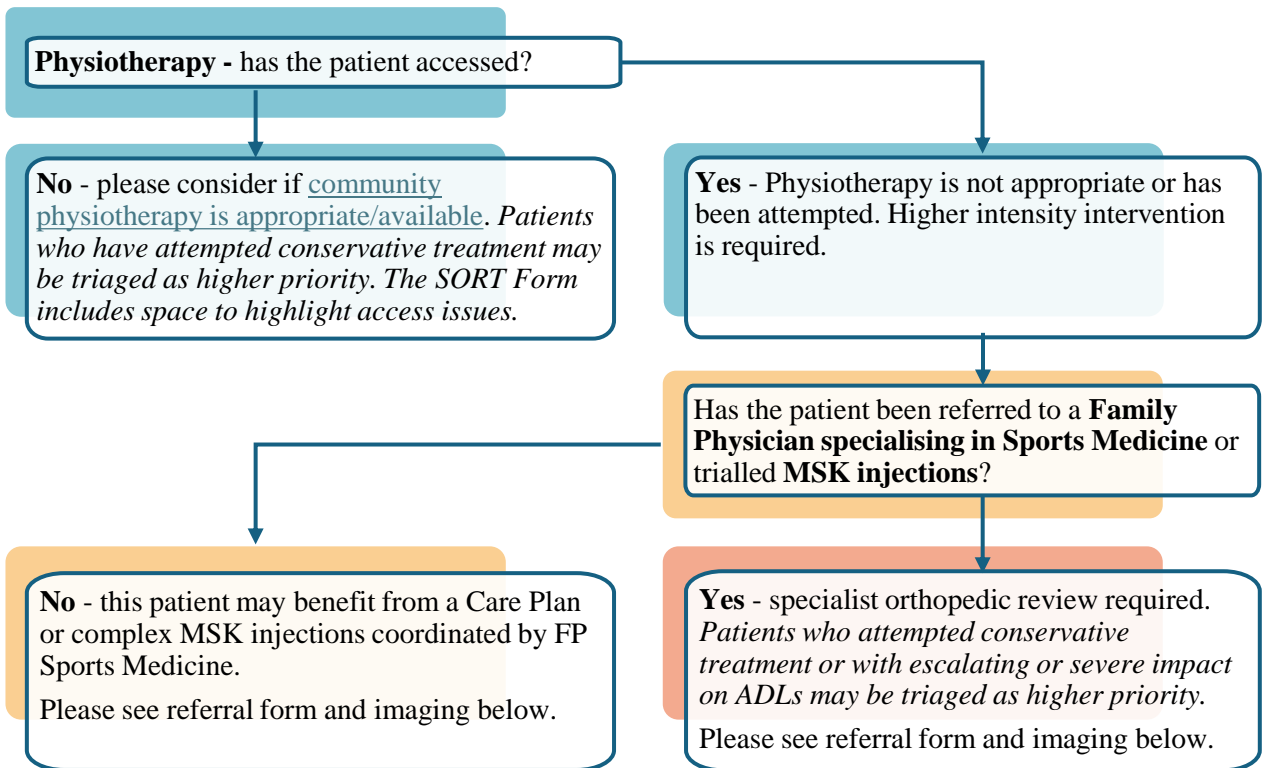
[The Cranbrook Mary Pack Arthritis Program](#)

[The OASIS \(Osteoarthritis\) online services](#)

[Psychosocial Community Resources for People Living With Pain](#)

[Elk Valley Living Well with Persistent Pain Program](#)

3) Considering specialist care: making the most of local resources



4) Using the SORT Referral Tools: streamlining health professional communication


Required imaging for all referrals –Please request the [standardized MSK views for IHA](#). **Imaging must be attached and completed in the last 6 months.**

FP Sports Medicine	Orthopedic Team
SORT referral form	SORT referral form
FP Sports Medicine details including wait-times are available here	Orthopedic Team details including wait-times are available here
	Provincial surgery wait times are available here.

5) Optimizing patient wellbeing while waiting for orthopedic review or surgery

For patients who are likely to be surgical candidates, please access the Surgical Pre-Op Optimization (SPOC) [Enhanced Care Pathway](#). Resources to optimize surgical outcomes include:


1) Smoking cessation:

- [Quit Now - Smoking Cessation Information](#)
- Email resources to patient 

2) Physical activity:

- [Preparing for Surgery: Activity Guidelines](#)

3) Pain management:

- [Provincial pain management options](#)
- Email resources to patient 

4) Weight loss:

- [Provincial or local lifestyle support options](#)
- [Preparing for Surgery: Nutrition](#)

This resource was created as part of the Shared Orthopedic Referral and Triage Project, facilitated by the SCC and East Kootenay Division of Family Practice. Team members:

Family Physician Advisory: Dr Megan Ure, Dr Yvonne Keyzer, Dr Atma Persad, Dr Ron Nash, Dr Joel Stimson, Dr William Brown, Dr Kurt Morrish

Orthopedic Advisory: Dr Alex Chan, Dr Jon Chaney, Dr Greg Hansen, Dr Mike Kempston, Dr Jacqueline Ngai, Dr Kate Vaile

Physiotherapy Advisory: Ryan Sleik, Kari Loftsgard, Liz Billam, Ron Miles, Shannon Ryley

Other collaborators: Jacqui van Zyl, Sarah Loehr, Caitlyn Flint, Stacey Byram, AJ Brekke, Megan Purcell, Liz Fradgley

More details on SORT project are available at: <https://divisionsbc.ca/east-kootenay/networks-initiatives/shared-care>

To provide comments or suggestions: sort@ekdivision.ca

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