

*Update on our multi-year plan to improve care, promote wellness and provide Nova Scotians more timely access to hip and knee replacement surgeries*

This update is published by Nova Scotia Health Authority's Perioperative (Surgical) Services Program. More information on our progress and targets is available on our website.

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Wait time information is also available on the Department of Health and Wellness Wait Times web site at <https://waittimes.novascotia.ca/>

### Improving care and access to joint replacement surgery

"I thought I read someplace that there was a guarantee of six strokes."

A month after having his knee replaced, John Oliver jokes about his expectation that the surgery will improve his golf game. The Wallace resident is focused on his recovery, following the exercise plan offered by his health care team.



*John Oliver of Wallace, Nova Scotia*

"If you follow them (exercise plans), you can see progress; you can see the progression of the knee coming back. How far you get with it, I fully understand is totally up to me."

He has set his sights on returning to golfing on the North Shore this summer.

Oliver is among many patients benefiting from new resources and a new approach to joint care being introduced as part of Nova Scotia's hip and knee action plan.

Born from the need to address high wait times for joint replacements, the plan is helping improve and standardize access and care, with the goal of achieving the national six-month wait time benchmark. It offers patients enhanced education and support to help them get the most from their surgery, including a new streamlined intake process, several weeks of group pre-habilitation and supports to mobilize early and often after surgery to aide their recovery and prevent complications.

For some, it could mean delaying or even avoiding surgery altogether.

New resources have been put in place including four additional surgeons, three anesthesiologists, new technology and equipment, and more than 80 additional full-time equivalent (FTE) roles in nursing, physiotherapy, occupational therapy and more.

For teams implementing the new model, it represents a shift in how Nova Scotia thinks about and cares for joint replacement patients.

"Patients with hip or knee issues are not necessarily sick, so why treat them like they are?" said Dr. Marcy Saxe-Braithwaite, NSHA's senior director of Perioperative (Surgical) Services. "Our model is helping us make wellness a bigger focus in the care we offer before, during and after surgery. We believe it will give patients the best chance at a successful surgery; a faster, more complete recovery, and a more positive overall care experience."

Learn more about our plan and John's experience at [www.nshealth.ca/hip-and-knee](http://www.nshealth.ca/hip-and-knee) or in NSHA's 2018-19 Annual Report: <http://www.nshealth.ca/AnnualReport2018-19/focus-wellness.html>

FAST FACTS

More Surgeries Completed

13.3%

increase in joint replacement surgeries between April 2016 & April 2019.



Reducing Long Waiters

200

fewer long waiters\* in the queue for surgery April 1, 2019 than in April 2016.



\* waiting 12 months or more

How many patients are on the wait list for hip or knee replacement surgery?

3670 patients are on the wait list for hip or knee joint replacement surgery. (As of April 2, 2019).

How many joint replacements were completed in 2018-19?

A total of 4145\*\* hip or knee joint replacements were completed in 2018-19 (As of April 2, 2019).

What do total hip and knee replacements cost?

The average cost\*\*\* to the health system is \$7500 for each total hip replacement and \$6000 for each total knee replacement.

\*\* Includes total knee, revision knee, unicompartmental (partial) knee replacements and total hip, and revision hip replacements.

\*\*\*Based on 2015/16 -2016/17 data for typical patients at QEII/Dartmouth General. Includes direct costs only. Data sources: MIS, Case Costing, Perioperative Services

Going home: helping patients return home sooner

*“Can I go home the day of my surgery?”*

That was the question Sandra Tufts posed to her surgeon, Dr. David O’Brien, when she made the decision to go ahead with joint replacement surgery last summer.

A month later, the Timberlea resident became Dartmouth General Hospital’s first patient to have a same-day total knee replacement.

“I didn’t want to be in hospital. I wanted to be in the comfort of my own home with my husband and my dog,” Tufts said. “My surgery was at 7:30 in the morning, and after I showed that I could walk with my new joint, I was able to go home that afternoon.”



*Sandra Tufts at her one-year follow-up appointment with Dr. O’Brien*

Tufts had support arranging pain medications and equipment to aide her recovery, and from a nurse who was a phone call away. She also followed the exercise plan Dr. O’Brien provided.

A year later she experiences occasional stiffness, but is mostly pain free, walks without a limp and is back to the activities she enjoys.

It is a welcome change to the pain and frustration her knee caused her over the past several years. She had dreaded joint replacement surgery and wanted to put it off as long as possible.

An earlier scope of her knee gave her some relief, but as her osteoarthritis got worse, so did her pain and at times her knee gave out. Pain medications were a necessary part of her life and she didn’t want to go out walking around anymore.

Tufts credits Dr. O’Brien and the perioperative and physiotherapy team at Dartmouth General Hospital for a positive experience.

“Dr. O’Brien is an amazing surgeon and the staff are wonderful,” she said. “I appreciated having the choice to go home. It made me feel so much better going into my surgery.”

When Tufts asked Dr. O’Brien about going home the same day as her total knee replacement, he knew it was a logical next step for some patients, based on the hospital’s success with same-day partial knee replacement surgeries.

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*“Going home”, continued...*

Dartmouth General Hospital has had a formal program in place since 2015 that supports some partial knee replacement patients to return home the same day as their surgery. Also known as unicompartmental surgery, it replaces only one section of the knee joint.

Since launching that program, the team has helped more than 230 partial knee replacement patients avoid often unwanted, unnecessary and costly hospital stays, freeing up beds for others.

Joint replacement care continues to evolve under Nova Scotia Health Authority's (NSHA's) provincial hip and knee action plan.

While hip and knee joint replacement patients have typically stayed in hospital two to three days after surgery, a new wellness model is underway to help patients recover more quickly, avoid complications and return home within a day of surgery, as much as possible.

The hope is that the new supports being offered will give more and more otherwise healthy patients, like Mrs. Tufts, the choice to return home the day of their surgery.

### Same-day joint replacement milestones

- July 2018 - NSHA's first same-day total knee replacement completed at Dartmouth General Hospital (DGH).
- March 2019 - NSHA's first same-day total hip replacement takes place at DGH.
- July 2019 - Approximately 20 total joint replacement patients have been supported to return home the day of their surgery.

### Registered nurse first assistant roles launched in Cape Breton

Two registered nurses (RNs) from Cape Breton are taking the final step towards becoming registered nurse first assistants (RNFAs) as part of Nova Scotia's hip and knee action plan.



RNFA's Jeff Hardy (left) and Matthew Rizzato (right) with clinical preceptors, Dr. Don Brien, orthopedic surgeon (second from left) and Dr. Rod McGory, site lead, surgery, Cape Breton Regional Health Care Complex.

A small number of RNFAs support other surgical sub-specialties in parts of Nova Scotia, but these are the first recruited to support orthopedic surgery. The need for these roles was identified as a priority by the team at Cape Breton Regional Hospital and could expand to other sites over time.

Within operating rooms, RNFAs practice beyond the scope of traditional operating room nurses, assisting with surgeries under the direct supervision of the surgeon. This can include:

- handling tissue,
- helping expose tissues and structures,
- using instruments,
- suturing, and
- helping control bleeding.

Their assistance can help reduce the length of surgery and the amount of time that patients are sedated.

RNFAs also help build capacity by freeing-up surgeons from some of their typical responsibilities to focus on other needs. These responsibilities can include:

- Obtaining a patient's history and performing a health/ physical assessment.
- Initiating the nursing plan of care in collaboration with the patient and family and communicating this to the operating room staff.
- Providing patient/family/community teaching.
- Performing assessments after surgery including monitoring pain and monitoring wound management for tissue healing and surgical site infections.

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*“Cape Breton RNFAs”; continued...*

Investing in innovative and enabling roles like these is helping NSHA change the way it cares for joint replacement patients.

The new roles will enhance the care offered to patients before, during and after surgery and allow more Nova Scotians to receive the surgery they need.

Recruitment for the roles took place last summer and two operating room (OR) nurses from Sydney were selected to enroll in the RNFA program offered by Mohawk College in Ontario last fall.

The program consists of several months of combined classroom and distance education, followed by a clinical mentorship with a surgeon.

Registered nurses Jeff Hardy and Matthew Rizzato completed their training at Mohawk College in May and began their clinical mentorship this month.

Both Hardy and Rizzato look forward to practicing in their new roles beginning this fall.

They feel introducing RNFAs will complement and support the work of the handful of family physicians who have historically assisted surgeons, as family physician surgical assistants at Cape Breton Regional Hospital.

*“The registered nurse first assistant role is something that we have always imagined implementing in our facility. It has allowed us to advance our skill set as operating room nurses and will also allow us to play an expanded role outside of the OR.”*

- Jeff Hardy

*“Through our RNFA education and training we’ve gained the specific knowledge, judgement and skills needed for this role. We will be able to collaborate with surgeons and other disciplines to further assist surgical patients, and their families, throughout each phase of their care.”*

- Matthew Rizzato

**Monitors support patients with obstructive sleep apnea**

In Western Nova Scotia, nearly one out of every three patients on the long waiter list (waiting a year or more) for joint replacement surgery has obstructive sleep apnea (OSA).

Previously, patients with OSA had to be admitted to one of two step-down wards after surgery, to be carefully monitored.

However, because other patients require these step-down beds as well, patients with OSA have faced longer waits for surgery than many others.

To counter this barrier, NSHA purchased six Massimo SPO2 monitors using funds from the hip and knee action plan. The portable units support greater flexibility, allowing nursing staff to safely monitor patients’ oxygen levels, heart rate, respiratory rate, and blood pressure.

Staff received training on the new monitors earlier this summer and the monitors went live on June 19. Up to six patients with OSA can now be scheduled to receive their joint replacement surgery on any given day.

Because the monitors are portable, patients no longer have to recover within a step-down ward. Instead they can go to a semi-private or private room on the surgical unit, just like other joint replacement patients.

This is allowing most patients to take full advantage of the wellness model introduced for joint replacement patients last fall. Under the model, patients mobilize quickly after surgery, and make use of special recliner chairs purchased to help them mobilize more easily and take part in group activity classes.

“Our staff have been very engaged in the education process, and were eager to have these resources in place for our patients,” said Danielle Latty, manager of the Surgical Inpatient unit at Valley Regional Hospital.

She notes that patients have had good things to say and are pleased not to be restricted within a ward after their surgery.

“Our new monitors are allowing us to offer much more patient centered care within our wellness model. Our team feels very knowledgeable and confident with this new approach. And our patients can continue to be safely monitored, while we support their recovery.”



Surgical Inpatient Unit team members with one of their new monitors and the ambulation board joint patients are encouraged to use to track their progress.

Left to right: Sarah Pilgrim, registered nurse; Robert Crouse, care team assistant and Shanna McKeogh, licensed practical nurse.