

## WHAT'S NEW AT BONE AND JOINT CANADA

The Bone and Joint Canada project is moving full steam ahead after the March 20<sup>th</sup> Forum. There has been significant interest in the project, with funding proposals received from 7 provinces to coordinate activities for Knowledge Translation and system planning. BJC is currently reviewing the proposals and will work with provinces to support their activities over the next year.

Moving forward, this newsletter will not only be a source of information on the various aspects of Bone and Joint Canada, but also a way to keep you informed on the activities of our partners within the project and contacts to assist organizations promote best practice care for hip and knee replacement patients.

## ORTHO CONNECT: SUPPORT FROM SOMEONE WHO'S BEEN THERE

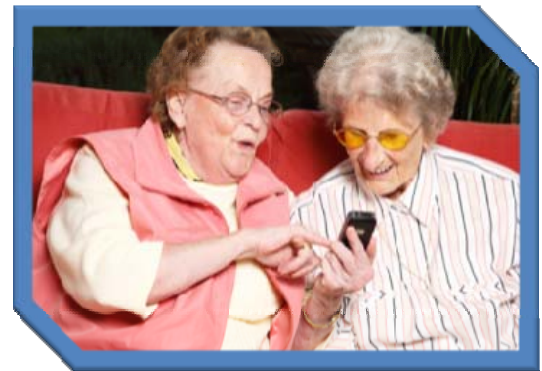
The Canadian Orthopaedic Foundation offers support for your new orthopaedic patients – right in the comfort of your patients' own home.

Ortho Connect is a telephone-based peer support program through which new patients can talk by phone to other patients – trained volunteers who have successfully been through the same surgery. Volunteers help new patients to digest sometimes overwhelming information and help them to understand what to expect and how to prepare for their surgery.

The objective of the Ortho Connect program is to help new patients gain confidence and comfort with their upcoming surgery, and with the important role the patient has in their best possible return to mobility.

"While everyone will have different results, common to everyone is the hard work ahead to capitalize on the surgeon's skills," says Ortho Connect volunteer Joan Cunnington. "I share my persistence with physiotherapy following my knee replacement, which helped me return to playing tennis."

Currently offered in English and French and six non-official languages, clients are matched with volunteers based on the patients' needs and preferences: type of surgery, age, gender, location and more for as many commonalities as possible.



Complementing peer support, the Foundation offers on-line patient education resources and a booklet "*Planning for Maximal Results*". This 42-page booklet guides hip and knee replacement patients from family physician referral through surgery and rehabilitation. All resources are fully reviewed by the Foundation's Medical & Scientific Review Committee.

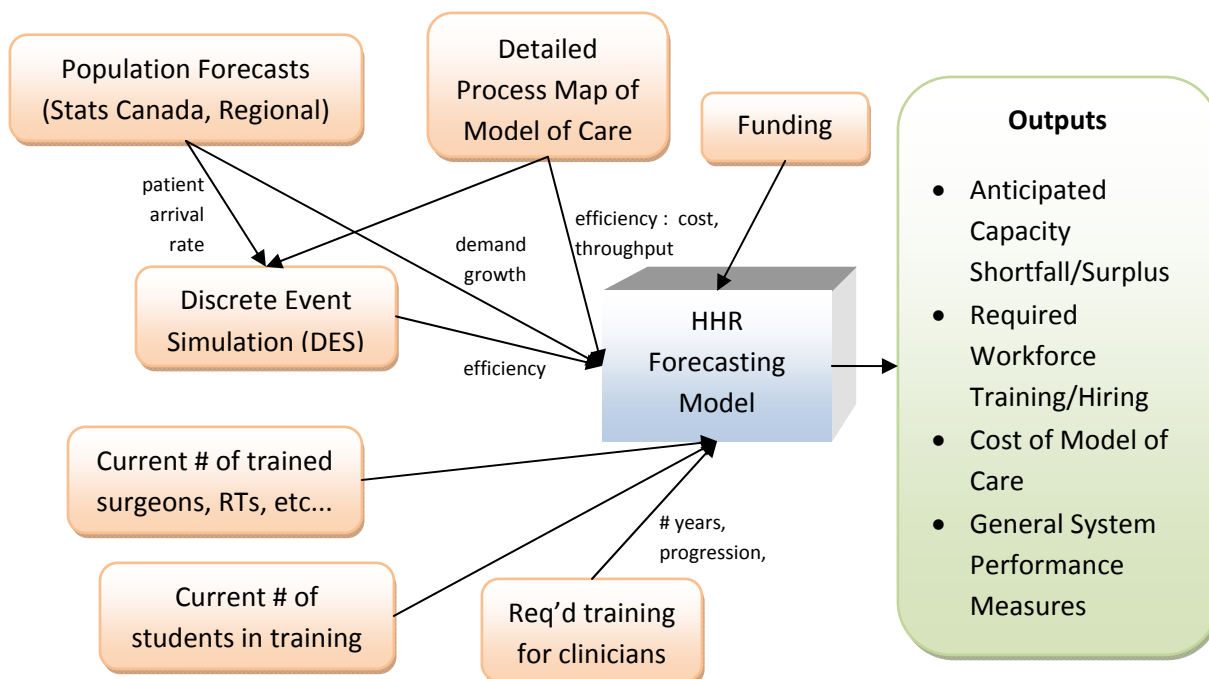
The program and resources are free to anyone, as are Ortho Connect display posters, take-home postcards, and booklets for your clinics and offices.

New patients wishing to access services, and professionals ordering promotional materials, can contact the Canadian Orthopaedic Foundation at **1-800-461-3639 x 6** or on-line at [www.orthoconnect.org](http://www.orthoconnect.org).

## HHR FORECAST MODELING – WHAT IT MEANS FOR YOU

Whether it is winning lottery numbers or the chance of snow, we all love to make predictions. Many decisions regarding the future are based upon the predictions of management, which may involve a variety of methods including 'gut feel' and 'historical patterns' but often when we look back at our decisions, it is difficult to say exactly how they were made because of the intermingling of intuitive, qualitative and quantitative factors. Nobody can make the correct predictions all the time, but a forecasting model allows us to make more informed decisions.

A forecasting model allows us to create various potential scenarios based upon what we have gleaned from historical data as well as causal relationships between different variables that may be relatively certain over time. The CRHE will be creating an HHR forecasting model that will allow decision makers to see a range of probable HHR outcomes over the next 10-20 years based upon decisions made now and in the future as well as forecasted demand for hip and knee arthroplasty over the same horizon. Some of the key decisions that will be looked at are: choice of model of care, training, funding levels and desired access/wait times. With our work with the WCWL, we have created a discrete event simulation (DES) for the Concordia Hip & Knee Institute in Winnipeg, a site that is using various components of the National Core Model of Care as well as using physician assistants in the OR to increase surgical capacity. This model will be expanded to incorporate HR components and then its output (costs, patient throughput etc.) used to guide the forecasting model for this site.



Three other locations have been chosen as well, based upon their unique features and adoption of the National Core Model of Care: Holland Centre, Thunder Bay, and Edmonton Bone and Joint. Process maps have been initiated at these sites and the next steps will be to determine if a DES is required to calculate process throughput and efficiency. Forecasting of population demand and analysis of the training requirements for orthopaedic clinicians will commence over the summer as well as a detailed census of our current orthopaedic human resources in Canada.

If you are not one of the sites chosen for the HHR forecasting, you may ask yourself how these models will benefit your planning abilities. Each of these sites has implemented slightly different variations of the core model of care (e.g. use of physician assistants, centres of excellence, travelling teams, case managers and advanced practice therapists). These models will help describe how adoption of these components will impact HR requirements and their related costs, allowing regions/LHINS/provinces choose the approach that best meets their needs. For further information, contact Sherry Weaver at [sweaver@mie.utoronto.ca](mailto:sweaver@mie.utoronto.ca).