

Improving inter-disciplinary communication to facilitate surgical decision making for high risk elective orthopaedic patients

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Introduction

Healthcare silos are associated with poorer patient outcomes. We established a multidisciplinary case conference to improve communication for high risk elective orthopaedic patients. This audit reviews outcomes from the first 6 months of this initiative.

Methods

Single centre audit. Data including patient demographics, planned surgery, medical comorbidities including American Society of Anaesthesiologists physical status classification system (ASA), social situation and group recommendations was recorded. For the audit, each patient's chart was reviewed to assess compliance with recommendations.

Results

29 cases were discussed at 4 meetings since July 2017. 3 patients were discussed twice.

The average age of the 26 cases was 64 years (age range 37 – 88 years old). The most common surgery was elective lower limb arthroplasty. Obesity (38%) and cardiovascular disease (38%) were the most common medical comorbidities. The median ASA was 3 (range 2-4).

The most common recommendation was re-evaluation of the proposed surgery (62%). In 5 cases the recommendation was to pursue non-operative management. At 6 months only 2 patients had had surgery. 2 patients died pre-operatively from medical comorbidities. All of the highest risk patients were managed nonoperatively. 6 patients had no further information available in their medical records at 6 months. The remaining patients are on the elective surgery waiting list.

Conclusion

This audit demonstrates the successful introduction of a multi-disciplinary case conference to a busy orthopaedic department. Further studies will be required to review outcomes in patients identified as highest risk who elect to undergo surgery and to develop non-operative pathways for patients who elect not to have an operation.