

Mixed methods evaluation of a comprehensive osteoarthritis hip and knee service; patient, clinician and administrative perspectives

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Purpose: To evaluate the impacts and outcomes of the Osteoarthritis Hip and Knee Service (OAHKS) at The Royal Melbourne Hospital.

Methods: All patients who had undergone a primary elective total hip or total knee replacement between 2003-2012 were identified (n=1704). Twenty five patients per year who had been referred from general practice (GP) were randomly selected from this cohort for analysis. Data were extracted from medical records and analysed using non-parametric tests. Fifteen current OAHKS patients were interviewed to ascertain their experience of, and satisfaction with, the service. Focus groups were undertaken with current OAHKS clinicians targeting patient management and service processes, and members of the original project team were interviewed regarding service implementation. Thematic analysis of the qualitative data was undertaken until no new themes emerged.

Results: The pre-post implementation analysis (n=250) showed no significant difference in patient characteristics between the pre (2003-2005) and post (2007-2012) OAHKS implementation periods. For the post OAHKS implementation period (2007-2012), the median wait time from GP referral to initial appointment was 81 days (IQR 51-141), compared to 105 days (IQR 79-136) pre OAHKS implementation (p=0.02). Additionally, wait times for patients triaged to OAHKS versus the orthopaedic clinic during the post OAHKS implementation period indicated that OAHKS patients waited a shorter time for their initial appointment (median 63 versus 93 days, p<0.01). Patients reported high levels of satisfaction with the service. There was consensus amongst clinicians that the OAHKS is valuable in facilitating access to specialist care and optimising non-operative management. Project team members were highly satisfied that the OAHKS has been implemented as planned.

Conclusion: Implementation of the OAHKS has improved access to care at a major tertiary hospital for patients with hip and knee osteoarthritis through reduction of key wait times, while demonstrating high patient satisfaction and clinician acceptability.