

A Perspective on Improved Patient Care:

DI from the System, Clinical and Patient Perspectives.

Presented by:

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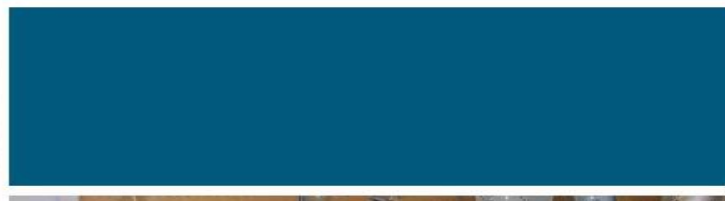
Saskatchewan Patient First Review:

- Began with an engagement of Saskatchewan residents – Asking questions on: “How can we improve your care? What do you want from the system?”
- The answer was Clear:
 - We want care SOONER
 - We want to know that our care is SAFER
 - We want the system to work SMARTER

Sooner, Safer, Smarter:

A Plan to Transform the Surgical Patient Experience

March 2010





Saskatchewan Ministry Initiatives:

Transformation:

- 9** Transformation #1: Shorter Waits for Surgical Care
- 13** Transformation #2: A Better Experience for Patients and Families
- 16** Transformation #3: Safe, High Quality Surgical Care

Foundation:

- 18** Foundation #1: Supporting Good Health
- 19** Foundation #2: Patient- and Family-centred Providers



What do we want?

- Appropriate test first time
 - Ensuring patients do not receive unnecessary testing.
- Continued education and support to family physicians
- Patient Access/Flow
 - Impact on other care such as surgery





What is a Clinical Pathway?

A Clinical Pathway streamlines the patient journey through the System and:

- Is designed to reduce wait times, improve resource utilization, and maximize quality of care across the entire patient continuum.
- Illustrates the optimal process and timing of interventions performed by various health care professionals for a particular diagnosis or treatment.
- Is developed by a working group of health care professionals, and regional and ministry administration



A Successful Pathway:

- **Increases patient satisfaction with quality of care:**
 - Reduces complications and re-admission through standardized patient and coach education and preparation
- **Helps providers by:**
 - Providing rapid assessment, consult and multi-disciplinary interventions
 - Triageing patients (reducing inappropriate referrals)
 - Increases patient flow
- **Maximizes available resources and facilitates everyone working to their full scope of practice**
- **Reduces variation of practice**



Spine Pathway

<http://www.health.gov.sk.ca/back-pain>

- Review of our surgeons files demonstrated that 80% of patients referred to the spine surgeon could be appropriately managed by medical interventions without any necessary diagnostic workups.
- Family Physicians send patients to see a specialist because the patient is not improving, and they are not confident that the situation is benign AND BECAUSE PATIENTS ARE ASKING FOR TESTING.
- Family Physicians believe that if they could be provided access to ordering MRI's they would be able to diagnose and treat spine cases.
 - How might this affect ordering? Currently 4% (851) of CT's in RQHR are ordered for spine conditions and 36% (2,569) of all MRI's ordered in RQHR are for Spine Conditions.
 - Volume of requests is increasing.

The Spine pathway began with physician engagement and education:

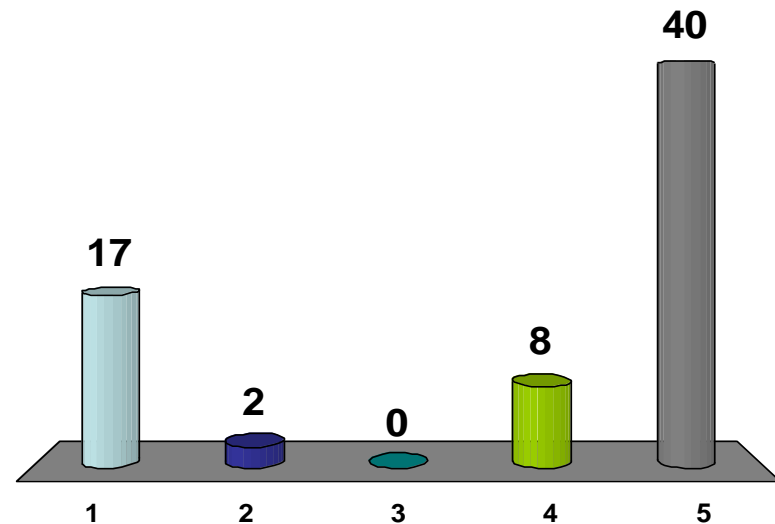
Low Back Pain
Assessment & Management



Multiple Choice Questions
(Introduction)

Q4. The most appropriate *initial* care for acute low back pain is:

1. NSAIDS.
2. Strict bed rest.
3. Muscle relaxants.
4. Physiotherapy.
5. Education.

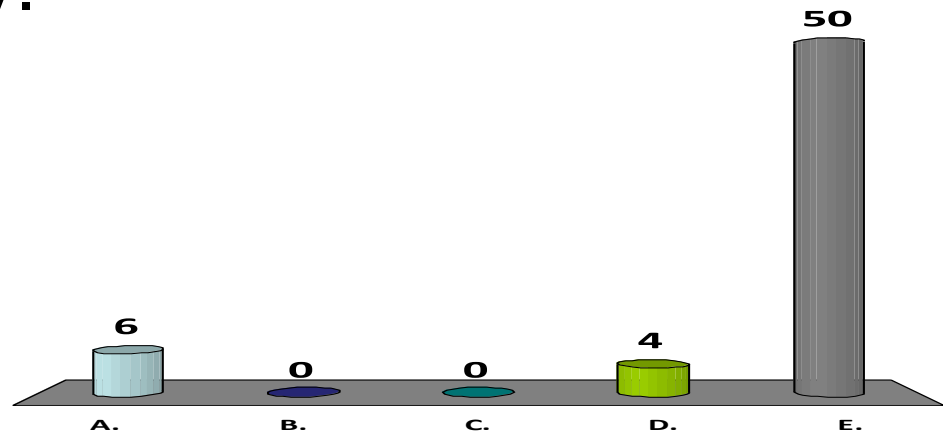


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Countdown
Timer
On Slide

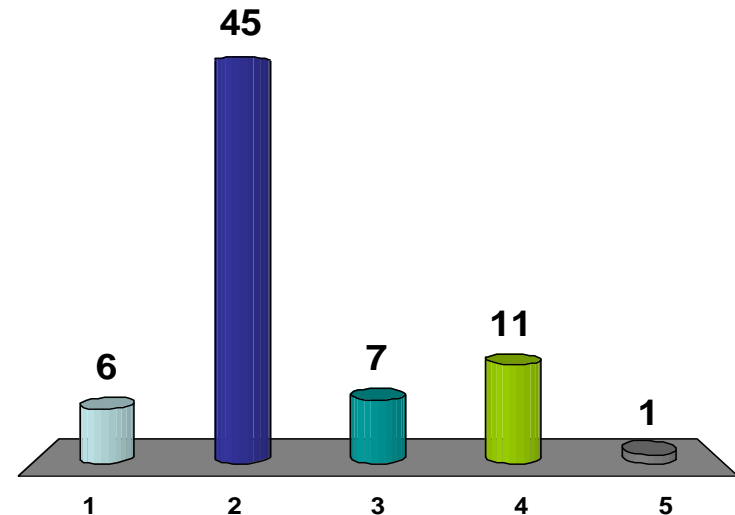
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- A. NSAIDS.
- B. Strict bed rest.
- C. Muscle relaxants.
- D. Physiotherapy.
- E. Education.



Q5. Which of the following regarding MRI and low back pain is true?

1. MRI improves outcomes and cost effectiveness.
2. The false-positive rate is higher than 60%.
3. MRI is the most effective screening tool for low back pain.
4. Disc degeneration on an MRI is highly suggestive of a pain source.
5. MRI can diagnose sciatica.



60

Countdown
Timer
On Slide

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✓ B. The false-positive rate is higher than 60%.

C. MRI is the most effective screening tool for low back pain.

D. Disc degeneration on an MRI is highly suggestive of a pain source.

E. MRI can diagnose sciatica.

