



Scottish Arthroplasty Project

I J Brenkel

Consultant Orthopaedic surgeon

Fife

Audit Purpose

- To encourage continual improvement in the quality of care provided to joint replacement surgery.
- Expanded to other areas
 - Arthroscopy
 - Discectomy

Engagement with clinical community to change practice

- Consultants sent 3 monthly arthroplasty practice.
- Consultants and health boards notified if they are outliers for mortality, DVT, Dislocation, Infection and revision

Engagement with clinical community to change practice

- If 1st response unsatisfactory 2nd letter sent.
- Responses marked by a committee.
- If still satisfactory medical director notified.

Anonymous data

Scottish Arthroplasty Annual Report produced.



Health Boards are identified as outliers through production of annual data.



Health Boards outlying for the 1st year/3rd year in a row/ 5th year in a row will take part in the clinical governance process



Letter sent to CE of Health Boards from Scottish Arthroplasty Steering Committee (SASC) requesting information on reasons for the apparent anomaly and any action taken



Anomalies investigated locally



Local review of investigation by CE & Surgical Clinical Director



Response proforma returned to Scottish Arthroplasty Steering Committee, signed by CE & Surgical Clinical Director

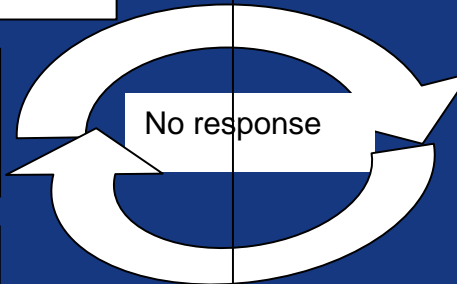


Action Plans are anonymised by ISD. Action undertaken assessed by clinicians on the steering group and graded as exemplary, excellent, satisfactory and less than satisfactory.



CE informed that response is exemplary / excellent / satisfactory

Anonymous code broken



2nd letter sent to CE



Scottish Arthroplasty Steering Committee informs NHS Scotland CE of identified Health Board outlier. NHSQIS also kept informed of situation.



Letter requesting further investigation is undertaken by Health Board

Engagement with clinical community to change practice

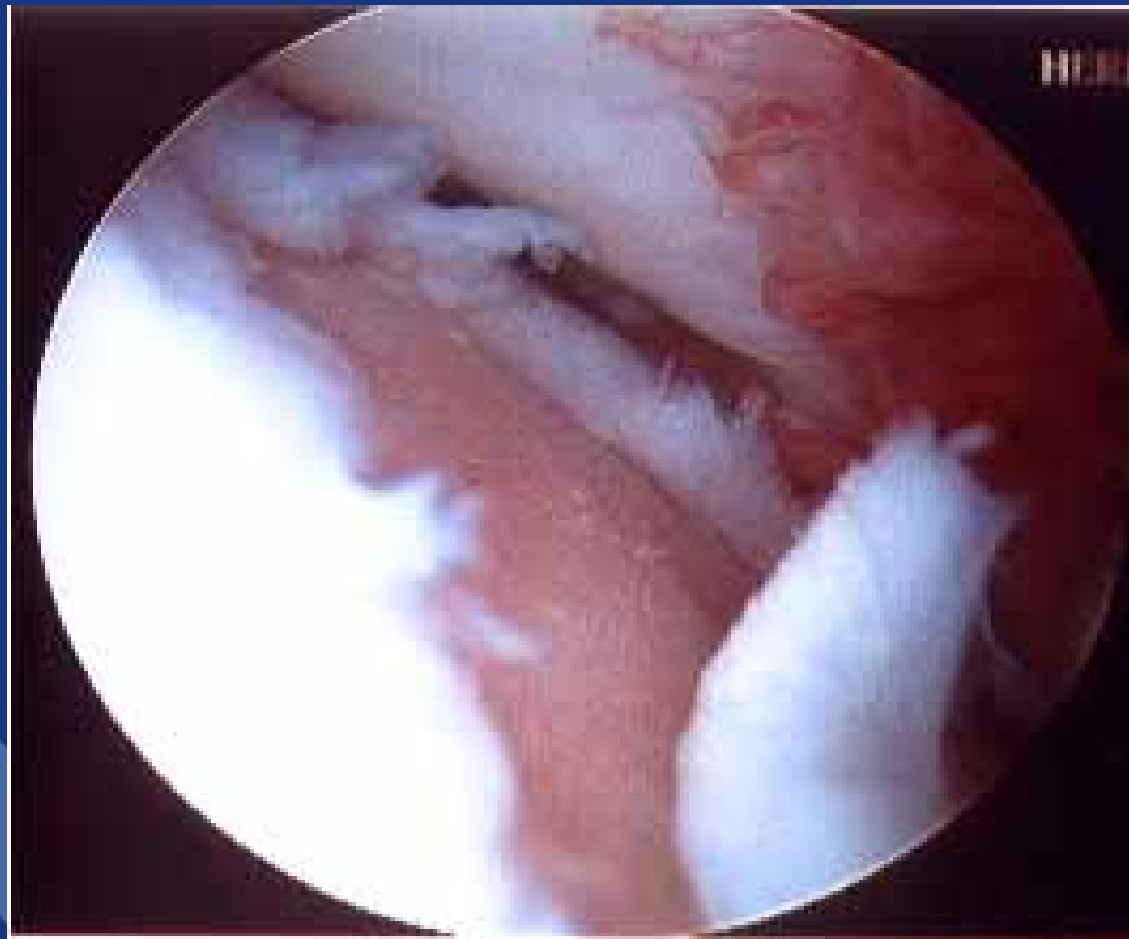
- Cessation of LMWH if an NSAID and or Aspirin within 1 week of admission.
- MRSA screening and isolation policy.
- Introduction of rigorous wound assessment protocols.

2005/6

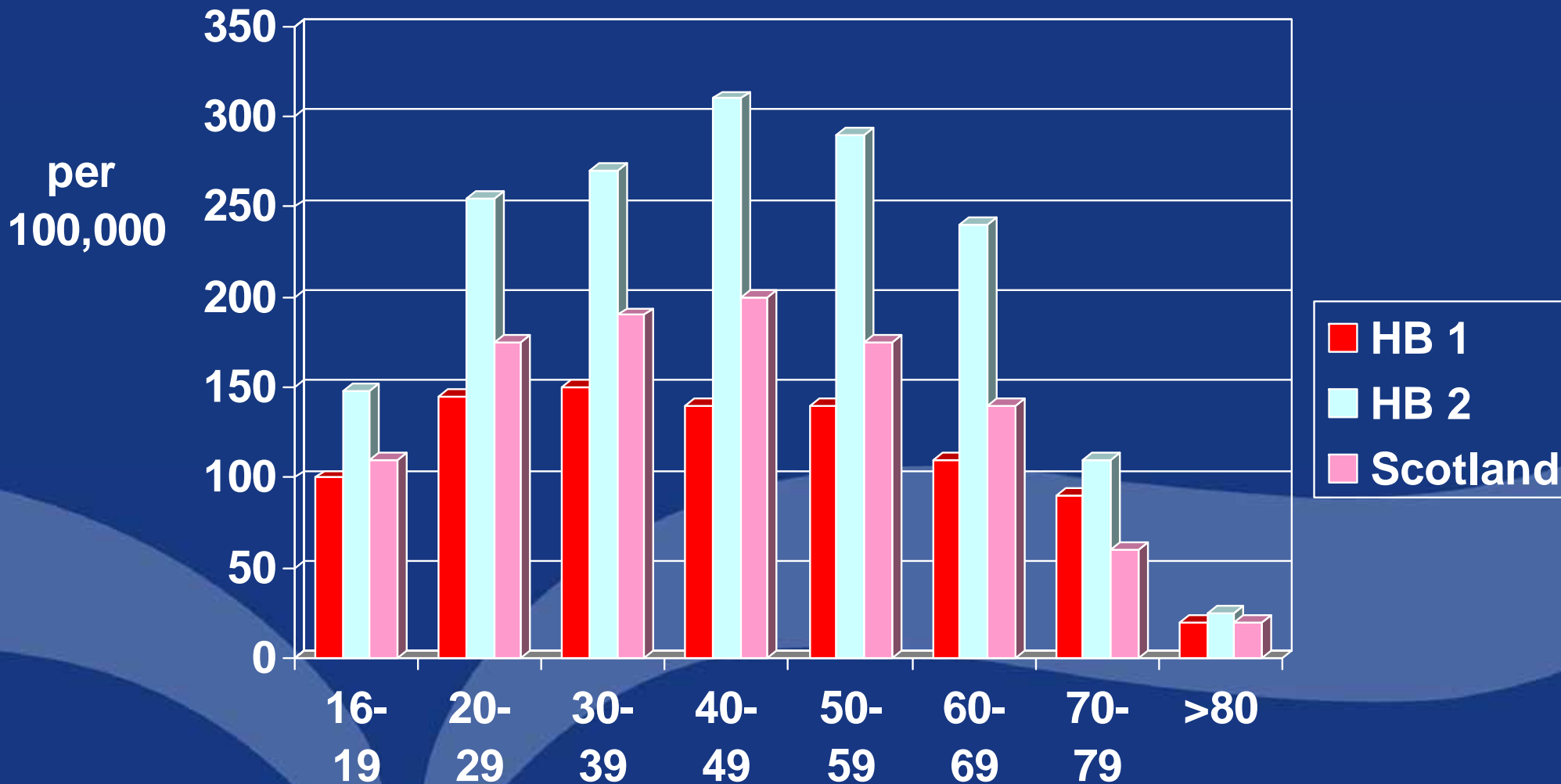
	Total Hip	Total Knee
Ayrshire	336	356
Borders	135	95
Argyll + Clyde	291	327
Golden Jubilee	514	602
Fife	331	331
Highlands	345	294
Lanarkshire	333	337
Grampian	724	569
North Glasgow	610	644
Lothian	888	828
South Glasgow	294	367
Tayside	592	497
Forth valley	176	167
Western Isles	43	9
Dumfries	103	80



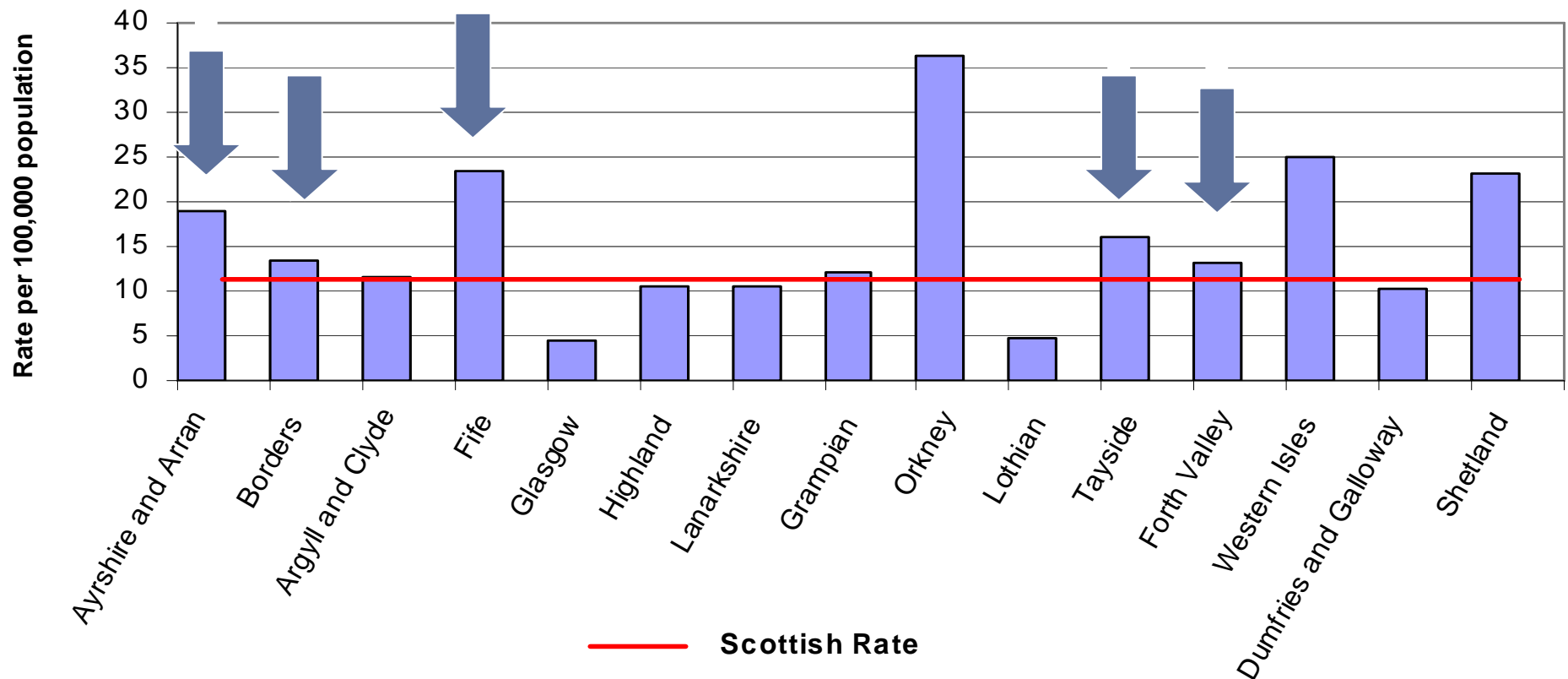
Arthroscopy



Engagement with clinical community to change practice. Arthroscopy



Knee replacement within 2 years of arthroscopy 1996– 2006

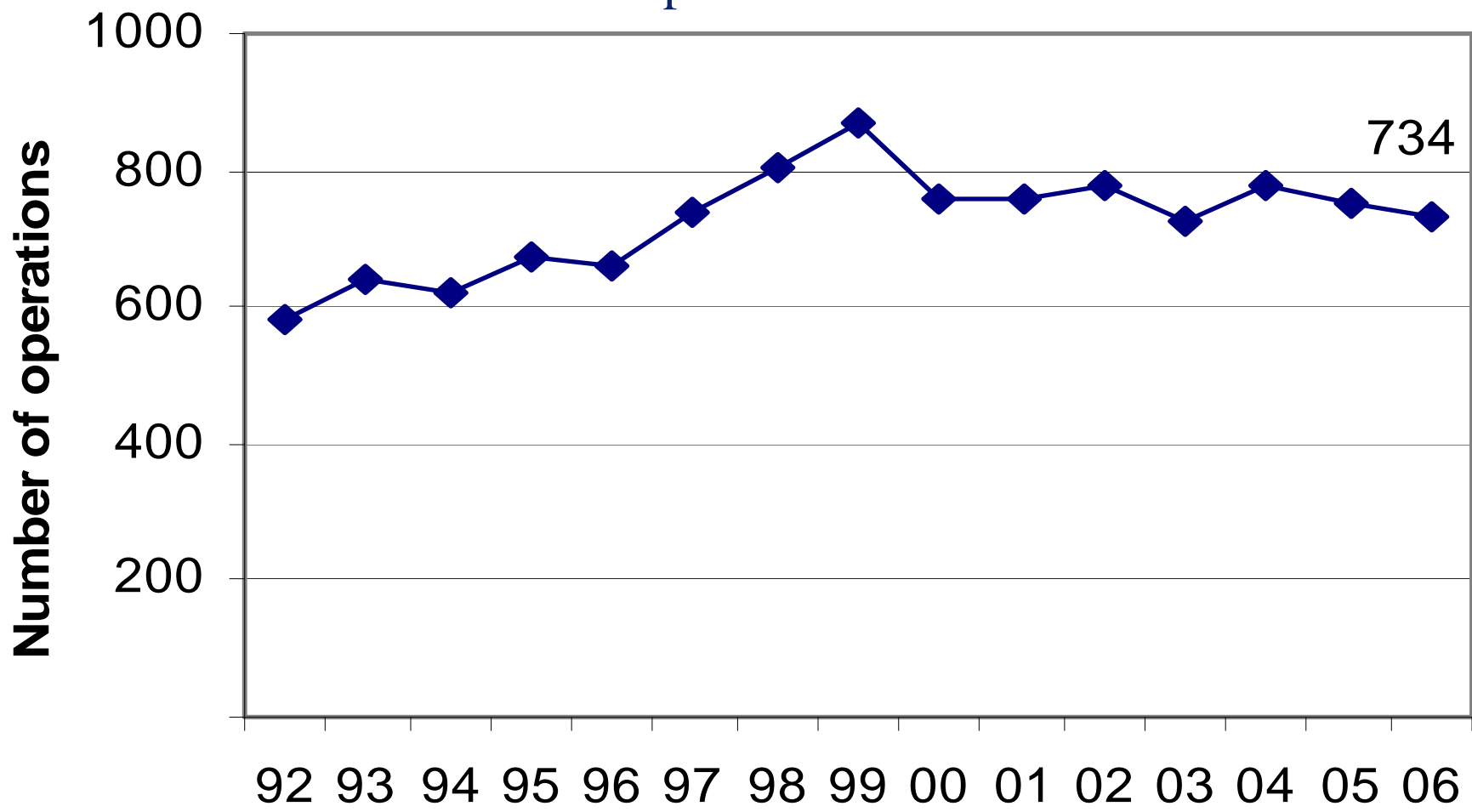


Patients over 60

Improvements to patient care

- Improvements for outcomes for DVT, death and dislocation since the inception of the project and it's feedback process.
- SSHAIP has independently shown a significant and beneficial change in the infection rates following total hip replacement
- The numbers of surgeries carried out by low volume surgeons has decreased
- Revision rate for hip surgery has remained static.

Revision Hips



Future

- National joint register.
- Private hospital data.
- Expanding to look at other areas such as ACL.