



ANNUAL REPORT 2022

ALBERTABONEANDJOINT.COM

EXECUTIVE MESSAGE



Dr. Don Dick
Chair, Board of Directors



Dr. Martin Ferguson-Pell
Executive Director

The Alberta healthcare system is operating within a shifting landscape as it emerges from the difficulties of COVID-19. Last year was a transitional year for the healthcare system. Longstanding issues have been exacerbated by new challenges, along with some key adjustments to proposed solutions.

The preeminent theme for the year was the emergence of the Alberta Surgical Initiative (ASI) and the government mandate to streamline referral processes and reduce surgical wait times. With the focus on the ASI, ABJHI worked to ensure that legacy projects from the Bone and Joint Health Strategic Clinical Network (BJH SCN), such as the Hip & Knee Replacement and MSK Transformation programs, were recognized and integrated into the planning and execution of the ASI.

A significant component of the ASI is the design and launch of the Facilitated Access to Specialized Treatment (FAST) program. FAST is a centralized intake hub for accessing secondary care and optimizing the distribution of referrals to the provider with the shortest wait time. By leveraging experience gleaned from the implementation of the Hip & Knee clinic infrastructure across the province, ABJHI was able to offer valuable insights and design considerations for the FAST program. The Institute is well positioned to assist with the essential and complex wait-time data requirements that underpin this new initiative.

Alongside the FAST program, Alberta Health invited ABJHI to propose solutions addressing the long wait times for orthopedic consults. After much collaboration with Alberta Health Services (AHS) and the BJH SCN, the recommendation for the development of the Rapid Access Clinic (RAC) model has been approved for launch in AHS' 2023-2024 fiscal year. RACs will host multidisciplinary teams specializing in the prompt assessment of MSK patients and determination of whether they need to advance for a surgical consult or are best suited to pursue non-surgical management of their condition. The new RAC model and funding structure address the growing complexity and team-based approach needed to address modern healthcare problems in an environment of increasingly constrained resources. Coupled with in-person RACs, ABJHI will be coordinating a pilot project to improve access for rural Albertans using novel virtual care technologies developed at the University of Alberta.

EXECUTIVE MESSAGE (CONTINUED)

Chartered Surgical Facilities (CSFs) are the book-end strategy of the ASI to increase surgical capacity for publicly funded orthopedic surgeries outside of AHS-operated facilities. ABJHI anticipates to be commissioned to provide independent, third-party quality monitoring services for these new CSFs, holding them to the same standards as AHS hospitals and ensuring that all Albertans are getting care of the highest possible quality.

We are also very pleased to announce that the first-of-its-kind information platform, MAP to MOTION, went live in April 2022. The launch of the shoulder module involved partnering with five shoulder clinics across the province to recruit participants with shoulder issues. Already, more than 120 Albertans have registered with MAP to MOTION.

The important data being gathered by MAP to MOTION will provide valuable insight into participants' pain, function, injury history, treatment history, and lived experience. This data can be leveraged to guide the next generation of patients as they face similar decisions about possible treatments. Additionally, new initiatives are under way to provide helpful system navigation aids and resources to participants, and to address identified barriers to care such as language, culture, gender identity and role, and other important equity-related issues.

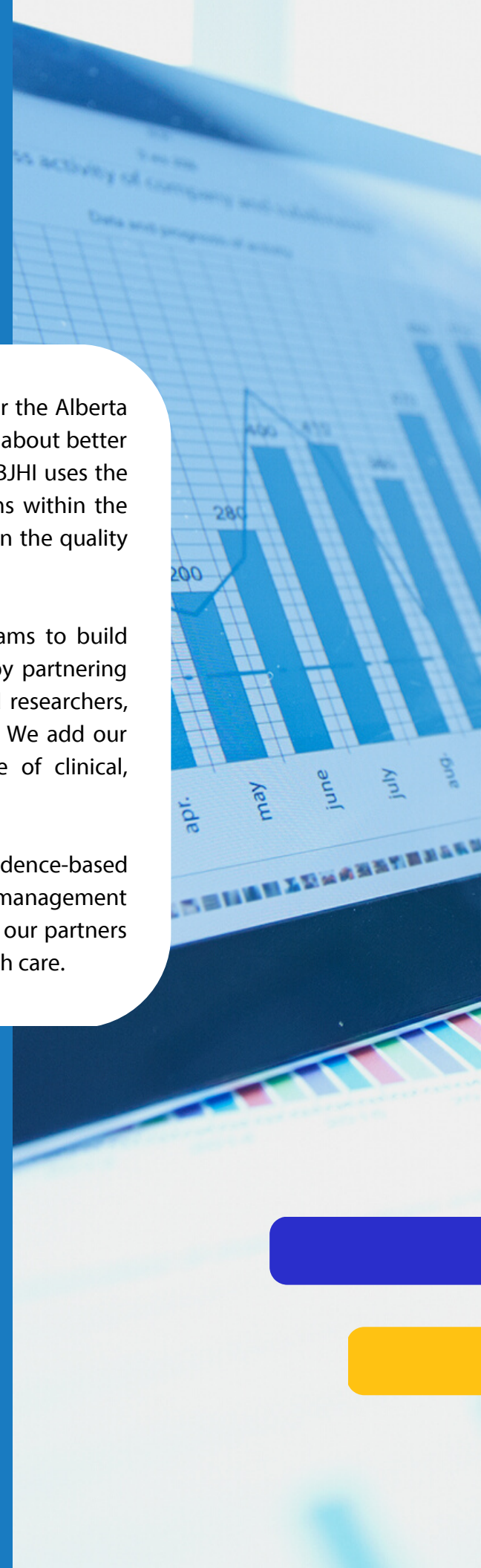
Contributions across the key areas of the ASI and our continued development of MAP to MOTION highlight the value that ABJHI's diverse expertise brings to the changing landscape of Alberta's healthcare system. ABJHI will continue as a leader in innovation and research in bone and joint health, developing tools that support Albertans in achieving successful health outcomes in 2023 and beyond.

ABOUT US

The vision of our founders, Mr. Bud McCaig and Dr. Cy Frank, was for the Alberta Bone and Joint Health Institute (ABJHI) to serve as a catalyst to bring about better patient care for bone and joint conditions. To fulfill this mandate, ABJHI uses the best evidence available to develop innovative solutions to problems within the health care system and monitors the impacts of these innovations on the quality of care delivered to Albertans.

Cy Frank was a strong advocate for collaborating with diverse teams to build better, more robust solutions. We try to carry on with that vision by partnering with Alberta Health Services, health care providers, universities and researchers, other non-profits, educators, government, and individual Albertans. We add our data services and change management expertise to the mixture of clinical, operational, and patient-centric skills and experience.

Our services include designing, implementing, and evaluating evidence-based continuums of care, brokering relationships, providing change management services, and using advanced analytics. We provide these services to our partners to support better decision making and improved bone and joint health care.



VISION AND MISSION

VISION

Better Bones, Better Joints, Better Being.

MISSION

Be a source of truth for improving bone and joint health of Albertans through collaboration with patients, clinical professionals, researchers, healthcare professionals and government.

GUIDING PRINCIPLES

Ethics

All our decision-making and actions must stand the test of moral and principled behaviour.

Integrity

Our actions and behaviour individually and collectively reflect our words. Honesty and sincerity form the foundation on which we build enduring relationships.

Collaboration

We recognize that health care is a shared responsibility and improvement in it requires a united effort.

Evidence

All change in health care should be supported by evidence that it improves quality of care in some way.

Respect

We see the reasoned expression of differences – in opinions, character and interests – as a sign of passion and a source of energy.

Accountability

We take ownership of our actions. We have the courage and confidence to hold ourselves accountable to our coworkers and to others with whom we interact. We know that in a healthy culture, improvement, not blame, is the purpose of accountability.

THE CHANGING LANDSCAPE

The COVID-19 pandemic has triggered a tsunami of change in health care. This stems from both the resource shortages resulting from the overwhelming demand for services caused directly by the volume of COVID-19 patients, and from the pandemic's indirect impacts. The capacity of health human resources has been constrained by sickness, burnout, attrition, and death. Hospital beds and units have been reallocated to address critical system pressures, while pent-up demand from two years of reduced services has built up to unprecedented levels.

In parallel with these system pressures, there has been a monumental shift in the acceptance of virtual care and broad recognition that the sustainability of the public health system is in critical jeopardy. The need for new solutions with new service delivery models has never been more acute.

ABJHI has long advocated for an integrated model oriented around single point of entry, coupled with four key strategies:



Evidence-informed best practices that serve both surgical and non-surgical patients



Streamlined, multidisciplinary assessment



Optimized patient flow for surgical treatment



Supporting care delivery with data and continuous quality improvement (QI) feedback

These four strategies, not coincidentally, integrate seamlessly with the Alberta Surgical Initiative's major objectives.

FOUNDATION FOR INNOVATION

MAP TO MOTION

MAP to MOTION is a first-of-its-kind information platform centred around bone and joint health, prioritizing research, learning, and innovation. It pushes boundaries across the public health system, community health providers, and aspects of people's everyday life.

Patient registries are powerful tools to organize health information, understand clinical variation and effectiveness, track diseases, and more. With MAP to MOTION, we aim to take this one step further by amplifying the exchange of information between participants, care providers, and researchers.

MAP to MOTION uses a holistic approach to data. We believe that it is critical to understand the lived experience to understand how patients are responding to their treatments and the self-management strategies they employ. Using this critical data, we will use advanced analytics to identify characteristics that predict good outcomes and distinguish responders from non-responders. This knowledge will be used to build tools that will better guide Albertans as they consider their treatment options and help assure Albertans that the treatments they employ are best suited for their needs.

MAP to MOTION's information platform is independently supported through committed grants and private philanthropy. Thanks to the hard work and generosity of so many, our fundraising team was able to reach our \$2 million campaign goal for further development of the MAP to MOTION health data platform. Through our partnership with the University Hospital Foundation, ABJHI welcomed \$250,000 in funds from TD Bank Group towards the development of a shoulder self-assessment tool that will compliment the shoulder module that was launched across Alberta in 2022. These funds will help to further the development of tools to support Albertans with bone and joint conditions using MAP to MOTION as a trusted source of information.

To date, funding of \$2,097,000 has been received and/or committed from supporters, including PrairiesCan (previously Western Economic Diversification), University Hospital Foundation, Calgary Health Foundation, Royal Alexandra Hospital Foundation, Allard Foundation, Dianne and Irving Kipnes Foundation, Landrex, and many individual donors. Expenditures to develop and launch the MAP to MOTION information platform are \$1,107,000.



**Data and
continuous QI
feedback**

FOUNDATION FOR INNOVATION

MAP TO MOTION (CONTINUED)

With the launch of the shoulder module in 2022, MAP to MOTION is now collecting and analyzing key data surrounding shoulder treatments and patient outcomes. The shoulder module is still in its infancy, but the results so far show an engaged and supportive client base. Participants have maintained a 97% engagement through 3-months, and we continue to expand with new content.

The Shoulder Topic Expert Group is working to address important barriers to care common to shoulder patients. We are starting with addressing language barriers by translating participant information into the seven most spoken languages in Alberta besides English. Other priority areas for 2023 include gender identity, cultural and gender barriers, as well as the needs of indigenous communities.

We are confident the module will continue to see more participant uptake as we analyze and adjust based on the learnings from our first year of data collection. Since launch, participants have provided us with critical feedback that has led us to streamline the registration process, improve the security features, and develop public-facing content on treatment options and considerations.

Looking into 2023, ABJHI is busy working behind the scenes for the ramp-up leading to the second module of the program: Up to One's Knees.

Visit MaptoMotion.org for more information.



**Data and
continous QI
feedback**

BUILDING RELATIONSHIPS

ABJHI has long leveraged our independence to establish, mediate, and foster relationships with diverse stakeholders associated with bone and joint health. Historically, we have built such relationships as part of the long-standing partnership with the BJH SCN in service of their organizational objectives.

2022 was no different in this regard, but with the emergence of the Alberta Surgical Initiative as a driver of a new agenda, ABJHI had to expand stakeholder engagement beyond our conventional reach.

The ASI, BJH SCN, and AHS had broader, mutually aligned goals at a scale that required cooperation and collaboration with a much larger stakeholder group. While continuing to serve BJH SCN initiatives, ABJHI saw an expansion in their role as a vested stakeholder and consultant for various governance levels that were convened to drive the ASI forward. This expanded stakeholder role greatly increased the Institute's exposure across the healthcare landscape.

To be effective in the ASI work, ABJHI must expand contacts with community-based providers and clinics (notably primary care and physiotherapy), MSK clinics, and CSF vendors. The solutions being proposed can transform and expedite patient journeys but will only succeed with the buy-in and support from the many health providers in the MSK community. These new relationships will bridge the gaps between previously siloed healthcare providers, both within and beyond AHS.



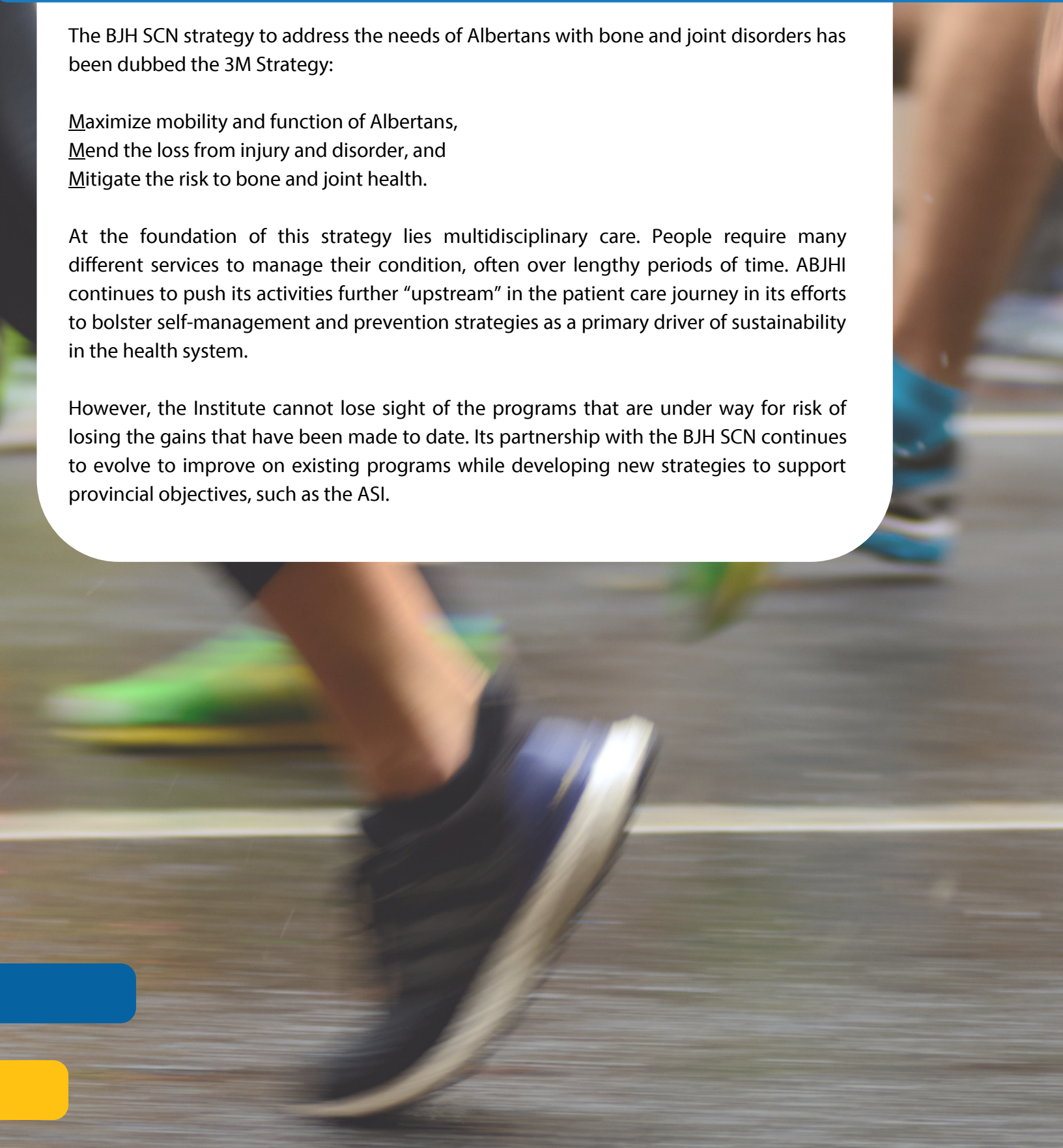
STRATEGIC CLINICAL NETWORK PARTNERSHIP

The BJH SCN strategy to address the needs of Albertans with bone and joint disorders has been dubbed the 3M Strategy:

Maximize mobility and function of Albertans,
Mend the loss from injury and disorder, and
Mitigate the risk to bone and joint health.

At the foundation of this strategy lies multidisciplinary care. People require many different services to manage their condition, often over lengthy periods of time. ABJHI continues to push its activities further “upstream” in the patient care journey in its efforts to bolster self-management and prevention strategies as a primary driver of sustainability in the health system.

However, the Institute cannot lose sight of the programs that are under way for risk of losing the gains that have been made to date. Its partnership with the BJH SCN continues to evolve to improve on existing programs while developing new strategies to support provincial objectives, such as the ASI.



STRATEGIC CLINICAL NETWORK PARTNERSHIP

HIP AND KNEE SURGICAL PROGRAM

The Provincial Hip & Knee Surgical program continues to improve the quality care and incorporate the best evidence that tangibly improves patient care and outcomes for Albertans receiving hip or knee arthroplasty.

During 2022, ABJHI facilitated the launch of the Provincial Hip & Knee Arthroplasty Day Surgery Package, a suite of materials that complement the existing Provincial Hip and Knee Surgical Care Path. The Day Surgery Package provides the supporting materials and resources to support hospital teams when discharging arthroplasty patients on the same day as surgery.

Day surgery reduces the hospital length of stay for appropriately selected patients, leading to a more efficient and economical system with reduced risk to patients of acquiring a hospital-borne infection. By increasing day surgery capacity in the province, more hip and knee arthroplasty patients can receive surgery without compromising the quality of care.

Arthroplasty: (noun) the surgical reconstruction or replacement of a joint. From the Greek arthron (joint) and -plasty (to shape)



**Evidence-informed
best practices**



**Streamlined,
multidisciplinary
assessment**



**Optimized patient
flow for surgical
treatment**



**Data and
continuous QI
feedback**

STRATEGIC CLINICAL NETWORK PARTNERSHIP

FRAGILITY AND STABILITY PROGRAM

The BJH SCN Fragility & Stability program, with support from ABJHI, has worked diligently to ensure evenly distributed, highest-quality care for patients suffering hip fractures across Alberta. There are three components to the Fragility & Stability Program: Fracture Liaison Service, Catch-a-Break, and the inpatient Hip Fracture Care Path.

The Fracture Liaison Service (FLS) is a secondary fracture prevention program that uses a 3i approach: Identification, Investigation, Initiation of treatment. Secondary fracture prevention means that the system responds to a fracture event to help prevent any subsequent future fractures.

FLS identifies Albertans in the inpatient setting who have experienced a low-energy hip fracture and interacts directly with them in the hospital to facilitate the initiation and execution of appropriate osteoporosis care. The goal of the program is to reduce the human and economic toll that fragility fractures place on Alberta's healthcare system and to improve patient outcomes, such as return to independent living, reduced mortality, and reduced subsequent fractures through appropriate use of bone therapy agents.

In 2022, ABJHI designed and launched the new 'Tele-FLS', a novel delivery model that offers FLS coverage remotely to the four rural hip fracture repair hospitals without an on-site FLS team. These four sites (Fort McMurray, Bonnyville, Westlock and Camrose) collectively serve a low volume of all hip fractures in the province, making on-site FLS teams unviable. The Tele-FLS program closes a significant service gap and provides equitable access to care for 100% of Albertans.

The Catch-a-Break (CAB) initiative is another secondary fracture prevention program operated by Health Link. CAB monitors for low-energy upper extremity fractures (e.g. wrist, elbow, shoulder) that may indicate bone health concerns. Health Link staff screen patients for bone health symptoms and provide bone health information to the patient and their primary care provider.

13,000+ hip fracture patients
assessed by Fracture Liaison
Service



**Evidence-informed
best practices**



**Optimized patient
flow for surgical
treatment**



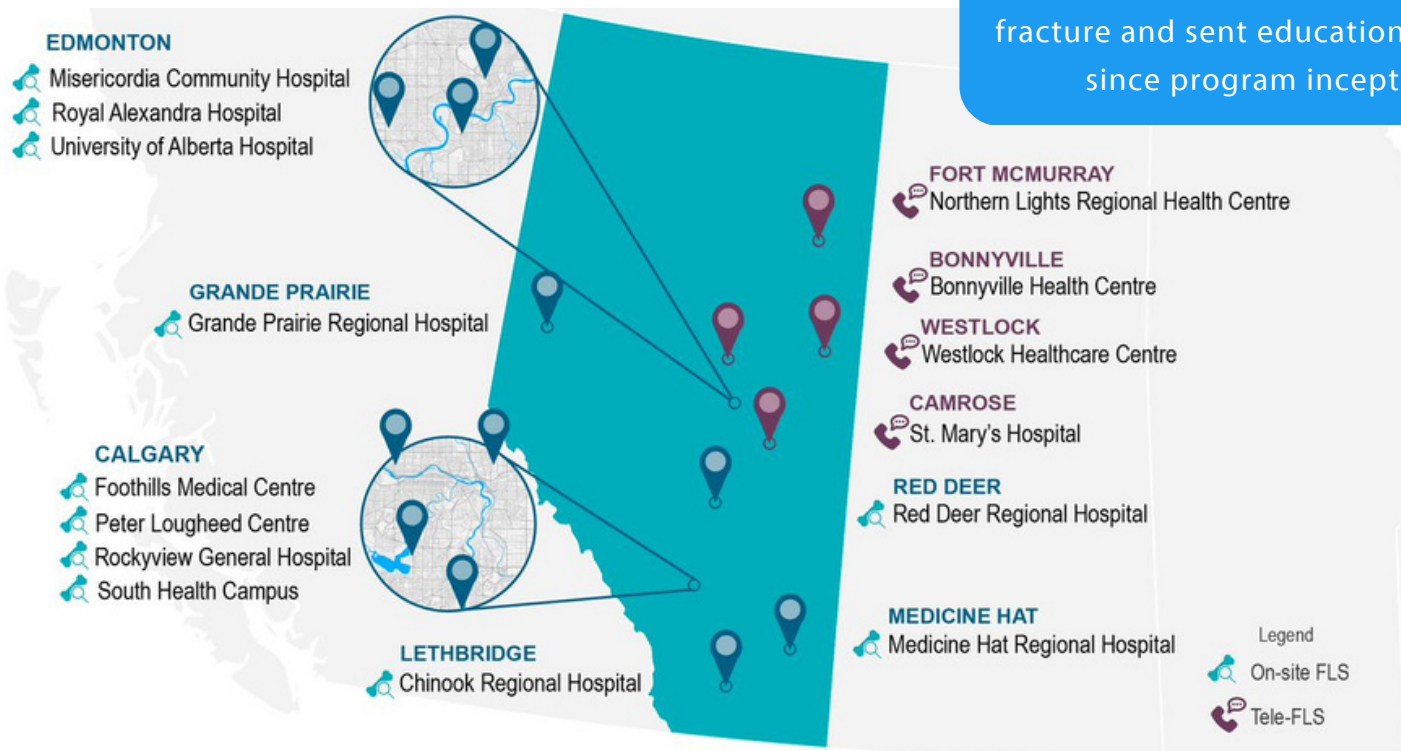
**Data and
continous QI
feedback**

STRATEGIC CLINICAL NETWORK PARTNERSHIP

FRAGILITY AND STABILITY PROGRAM

During the pandemic, CAB staff were reallocated to COVID-19 contact tracing, and the program was forced to temporarily transition to sending letters by postal mail. During 2022, Health Link resumed normal CAB operations. CAB is fully transitioned to operations by Health Link, and at this time ABJHI monitors only patient volumes and CAB activities. Throughout 2022, the inpatient Hip Fracture Care Path continued its transition to sustainable operations, with ABJHI providing quarterly key performance indicator reports.

85,000+ Albertans identified with “sentinel” (low trauma or low energy) fracture and sent education package since program inception



Fracture Liaison Service

STRATEGIC CLINICAL NETWORK PARTNERSHIP

CONSERVATIVE OSTEOARTHRITIS PROGRAM

This year, ABJHI added to our web-based toolkit the [BJH SCN Comprehensive Quality Care Standards for Osteoarthritis of the Hip & Knee](#).

Osteoarthritis is the most common type of arthritis and is a chronic, progressive condition with no cure. As Albertans live longer and with higher rates of obesity, the prevalence of osteoarthritis continues to rise, particularly in the lower limbs. Osteoarthritis of the hip and knee joints significantly impacts a person's mobility and quality of life.

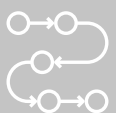
The Comprehensive Quality Care Standards for Osteoarthritis of the Hip & Knee is a new resource aimed directly at patients and primary care providers. It comprises of nine care standards to support adults with osteoarthritis of the hip and/or knee, focusing on assessment, diagnosis, treatment, self-management, and outcome measurement for people across all healthcare settings. These standards were authored by the Conservative OA Clinical Committee and will be reviewed annually to incorporate emerging evidence and evolving best practices.



**Evidence-informed
best practices**



**Streamlined,
multidisciplinary
assessment**



**Data and
continuous QI
feedback**

STRATEGIC CLINICAL NETWORK PARTNERSHIP

MSK TRANSFORMATION

Improved wayfinding, timely access, and reduced variation in care are the primary goals of this initiative aiming to transform and advance musculoskeletal (MSK) care in Alberta.

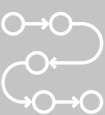
CLINICAL PATHWAYS

ABJHI assisted in the development of three new provincial care pathways for Shoulder, Soft Tissue Knee, and Spine/Low Back. The pathways were co-designed using a modified Delphi approach involving participants from across the continuum of care, including orthopedic surgeons, primary care physicians, sport medicine physicians, emergency medicine, physiotherapists, athletic therapists, chiropractors, physiatrists, administrators, radiologists, and ABJHI.

The purpose of the clinical pathways is to help with assessment, screening, and diagnosis. The pathways provide guidance against unnecessary activities (such as diagnostic imaging), increase the appropriateness of surgical referrals, and reduce wait time for surgical consults. Furthermore, they recommend evidence-based approaches to support patients experiencing these conditions. Work is under way to disseminate the clinical pathways throughout Alberta via various communication channels and continuing medical and professional education opportunities.



**Evidence-informed
best practices**



STRATEGIC CLINICAL NETWORK PARTNERSHIP

MSK TRANSFORMATION RAPID ACCESS CLINICS

In Alberta, wait times for orthopedic consultation and subsequent surgery are well beyond clinically appropriate targets. Most Albertans with bone and joint conditions referred to an orthopedic surgeon are ultimately not surgical candidates. This means that most patients wait a long time for an orthopedic consult only to find that they were best suited for non-surgical management of their condition.

Another shortcoming of the current system is that orthopedic surgeons are spending most of their clinic time assessing non-surgical patients. Orthopedic surgeons are a scarce system resource, and their time and expertise should be used in the most efficient and cost-effective manner—assessing and preparing surgical patients.

In April 2022, ABJHI was invited by Alberta Health to submit a proposal with recommendations for reducing orthopedic consult wait times and to develop, within one year, a model of care that ensured every person referred for specialist orthopedic care would be assessed within four weeks of referral.

Given the long-standing partnership between the ABJHI and the BJH SCN, AHS executive leadership directed that a joint proposal be submitted to address orthopedic wait times and access to surgery in the province. This was to include the development of multi-disciplinary Rapid Access Clinics (RACs) across the province with ABJHI acting as the project delivery team to provide change and performance management expertise, independent quality assurance/quality improvement.

The proposed RACs are specialized clinics that offer an access point for patients with musculoskeletal conditions. A multidisciplinary assessment team screens to determine the need for a surgical consult and provides the patient with a detailed conservative management plan with additional follow-up visit(s), as required.

The RAC model will:

- Reduce current waits for initial specialized consult to under 4 weeks.
- Streamline access to specialist care.
- Provide evidence-based conservative management plans to patients within weeks.
- Commence patients on conservative care path.
- Reduce inappropriate diagnostic imaging and unnecessary opioid prescriptions.
- Reduce demand for surgeon consults on non-surgical cases.

The initial planning, development and submission of the RAC Project Charter to Alberta Health was completed in December 2022. Implementation of the RAC program will start in AHS' 2023-2024 fiscal year.



**Optimized patient
flow for surgical
treatment**



STRATEGIC CLINICAL NETWORK PARTNERSHIP

MSK TRANSFORMATION

DATA PIPELINES

A core component of any ABJHI initiative is the development of measurement frameworks that allow quality of care to be monitored and evaluated to identify opportunities for improvement and monitor the impacts of initiatives. MSK Transformation and the ASI represent an expanded upstream foray into MSK care offered in primary care and community care in non-AHS clinic settings. This increases demand for sharing standardized data to appropriately evaluate previously unmeasured phases of care delivery.

ABJHI has leveraged its expertise gleaned from the development of the provincial hip and knee replacement clinic network to expand data sharing and interfaces to new MSK continuums of care. The new clinic relationships and data pipelines developed in 2022 have allowed ABJHI to develop key performance indicator reports using community clinic electronic medical record (EMR) data to measure MSK assessment and surgical wait times and volumes for shoulder patients.

Additionally, with the launch of the FAST program there is a new demand for data interfaces between MSK and orthopedic clinics and the FAST offices to enable ASI to track wait times and distribute referrals to the next available provider. This demand for new data feeds to a non-ABJHI entity has presented some novel challenges but the Institute has been positioned to leverage their expertise in this field to advise ASI in establishing the required data infrastructure.



**Data and
continous QI
feedback**

THANK YOU TO OUR DONORS

Thank you to our generous donors who supported the Institute and MAP to MOTION.

With your support, we are creating innovative and long-lasting solutions for bone and joint health and a healthier future for Albertans.



Multiple Private Donors

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Director

CONDENSED FINANCIAL INFORMATION / SUMMARY

Statement of Financial Position

As at September 30

	2022	2021
Assets	\$	\$
Cash and certificates of deposit	350,966	403,216
Grants and donations receivable	4,143,333	1,642,263
Accounts receivable and prepaid expenses	47,602	106,052
Capital assets	97,600	117,928
Funds held in trust	50,750	62,338
Total assets	4,690,251	2,331,797
Liabilities		
Current Liabilities	69,656	91,744
Pledges and deferred revenue/contributions	3,963,693	1,586,644
Lease inducements	41,272	41,729
Funds held in trust	50,750	62,338
	4,125,371	1,782,455
Net Assets		
Unrestricted	564,880	549,342
	564,880	549,342
	4,690,251	2,331,797

STATEMENT OF OPERATIONS & CHANGE IN NET ASSETS

Statement of Financial Position

For the year end September 30

	2022	2021
Revenue	\$	\$
Government contracts and grants	1,430,905	1,430,905
Non-government contracts and grants	630,612	541,953
Unrestricted donations	4,335	4,884
Other revenue	13,047	(4,863)
Total Revenue	2,078,899	1,972,879
Expenses		
Salaries, wages, benefits and contractors	1,819,138	1,788,237
Operating expenses	129,976	111,683
Rent	77,027	125,339
Fundraising expenses	4,048	3,360
Amortization	33,172	13,833
Total Expenses	2,063,361	2,042,452
Net Assets		
Beginning of year	549,342	618,915
End of year	564,880	549,342

CONTACT

Head Office

316, 400 Crowfoot Crescent NW
Calgary, AB
T3G 5H6

Satellite Office

251, 10113 104 Street NW
Edmonton, AB
T5J 1A1

1(866) 670-0886
info@albertaboneandjoint.com
albertaboneandjoint.com

