

# 2024

## ANNUAL



## REPORT



# MESSAGE FROM BOARD CHAIR

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As we reflect on the past year, it's been another year of change for the Alberta Bone and Joint Health Institute (ABJHI). Despite the uncertainty that comes with change, we're proud to highlight the steps we've taken towards improving patient care, particularly as it relates to the accessibility of healthcare services. There is yet more work to be done.

Central to our achievements is the development and implementation of a new clinic model that is poised to reduce wait times for patients referred to orthopaedic specialists. Alongside this, we continued to support clinical teams with our quality reports, providing sightline across the longstanding provincial Hip & Knee Osteoarthritis Surgical Program and Fragility & Stability Program. With the refocusing of Alberta Health Services underway in Alberta, we're remaining responsive to the developing needs of the healthcare system.

Our broader strategy has us partnering on several digital technology projects to support non-surgical care plans, for improving patient decision-making, and for bridging gaps between urban and rural communities. These projects are directly addressing some of the most pressing challenges in today's healthcare system, bringing about a more patient-centered approach.

Looking ahead, we're poised for growth, including a rebrand that will extend our expertise into new specialty areas and with new healthcare partners. As we move forward, our focus remains on channeling partnerships, technology, and an unwavering commitment for improving health outcomes for all.

Thank you for your support and partnership as we continue this journey together.



**Dr. Don Dick**  
Board Chair



# MESSAGE FROM EXECUTIVE DIRECTOR

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To have been ABJHI's Executive Director since 2016 has been an enormous privilege for which I will always be grateful. We have seen ABJHI grow in many important ways thanks to the talented staff of ABJHI, the outstanding leadership of Liz Rowan and Christopher Smith, and the steady hand of the Board. During this time, our collaboration with the Bone and Joint Health Strategic Clinical Network (BJH SCN) matured. The BJH SCN's strong connections with AHS operations, complimented by the role of ABJHI as a trusted partner of clinicians, academics and patients across the province, has enabled us to bring about impactful changes for the delivery of orthopaedic care in Alberta. One example, as you'll read in this report, is the implementation of Rapid Access Clinics (RACs), aimed at reducing wait times for orthopaedic assessments. ABJHI's track record since its inception in 2004 has guided the implementation of system improvements. This came to the fore as the RAC program was designed, as engagement sessions were held, and eventually contracts with the first cohort of clinics established across the province. But also, behind the scenes, vital work has been done by ABJHI's technical and data team, developing IT interfaces and databases to connect the electronic medical record keeping systems of the RAC clinics with mainstream AHS IT infrastructure. This is a prime example of how ABJHI bridges across different parts of Alberta's healthcare infrastructure to enable impactful, positive improvements.

Another important example of ABJHI's coming of age has been our successes in philanthropic fundraising, working in partnership with the health foundations across the province. Not

only has our fundraising performance improved by several orders of magnitude, but skillful use of fund matching has enabled ABJHI to secure significant federal and provincial grants to drive innovation in priority areas identified by the ABJHI community.

Finally, I am really excited to watch our new organization, the Institute for Improved Health Outcomes (IIHO) come to fruition. IIHO expands upon the core capabilities that have been so effective for ABJHI, expanding them into other areas of high priority health system change, supporting quality improvement, workflow system design, and performance outcome reporting. There could not be a more important time for IIHO as a trusted, independent and experienced organization to be available to support the refocusing efforts of the Alberta health system.

Thank you for all the support you, our community, has provided to me as Executive Director. I will watch with pride from my lab at the University of Alberta as IIHO continues the trajectory set by ABJHI and supports improved health outcomes for all Albertans.



**Dr. Martin Ferguson-Pell**  
Outgoing Executive Director

# INCREASING ACCESS TO HEALTH SERVICES

**Eight new clinics have opened in Alberta, significantly improving access for patients awaiting orthopaedic assessments for hip and knee osteoarthritis, shoulder conditions, and soft tissue knee injuries.**

Around half of patients referred to an orthopaedic surgical specialist don't end up proceeding with surgery. A new clinic model, called Rapid Access Clinics, aims to decrease wait times for patients and alleviate the demand on orthopaedic specialist offices.

Patients are seen by the new multidisciplinary care teams at the Rapid Access Clinics after referral from their primary care provider. The teams diagnose the patients, and those patients needing surgical consultation are referred to the next available surgeon in their area. Those not requiring surgery are provided with a tailored care plan and are connected to non-surgical care options and programs.

Our project team is working to ensure the new clinic models deliver high-quality care for patients by:

- helping assess clinic readiness and appropriateness for implementing the new care model;
- developing onboarding materials, orienting new clinicians, and monitoring training completion;
- working with clinics to configure their electronic medical records for data flows to the Institute; and
- engaging stakeholders to affirm the rules for referrals (as designated through the Alberta Facilitated Access to Specialist Treatment program).

With the clinics now operational, we gather and organize the data they submit each month. The process involves matching and consolidating datasets to prevent duplicate entries, to track key performance metrics, and to identify patterns or issues across the clinics. The data feeds into performance

monitoring reports that are shared with the clinics and program administrators.

As Alberta faces unprecedented demand for healthcare services, patients with orthopaedic issues are still waiting too long for care. The new model is set to not only cut down on wait times, but also ensure patients get the right care at the right time.


Additional clinics will be onboarded in 2025, and the Institute will conduct an interim evaluation of the new model.

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*The program is funded by Alberta Health Services, including key stakeholders and program administrators.*





An X-ray image of a human hip and knee joint, showing a white hip implant and a white knee implant. The image is positioned on the left side of the page, with the hip at the top and the knee at the bottom. The background is a solid orange color.

# MONITORING OUTCOMES OF PROVINCIAL QUALITY PROGRAMS

We continued providing quarterly and bi-annual quality improvement reports to provincial stakeholders for the longstanding provincial Hip & Knee Osteoarthritis Surgical Program and Fragility & Stability Program.

Our work leverages a framework centered on quality and systematic, data-driven approaches to improve bone and joint care throughout the health system.

Following the introduction of Rapid Access Clinics, we also began overseeing the distribution of monthly activity reports to AHS leaders. The reports outline changes in the volume of patients seen at orthopaedic specialist offices, highlighting the impact of the new clinics on the healthcare system.

Beginning November 2023, Alberta Health announced an initiative to refocus the health system in Alberta. With four planned provincial health agencies for the province, we're advocating for alignment of these valuable pathways and programs amongst the new agency structures. Chartered Surgical Facilities (CSFs) are the book-end strategy of the Alberta Surgical Initiative, with the aim of increasing surgical capacity by funding orthopaedic surgeries outside of AHS-operated facilities. The Institute is diligently exploring opportunities to form partnerships to conduct quality monitoring services for the publicly funded orthopaedic surgeries through CSFs.

*The programs are funded by Alberta Health Services, including key stakeholders and program administrators.*

# IMPROVING CARE THROUGH DIGITAL INNOVATIONS

**In collaboration with the Edmonton Bone and Joint Centre and My Viva Inc., a new optional year-long lifestyle management program is being offered to 250 patients with hip or knee osteoarthritis who are assessed through a Rapid Access Clinic in Edmonton.**

Lifestyle management for osteoarthritis patients improves symptom control, delays or avoids surgery, prevents complications, and reduces the use of health care services. Through the project, a patient initially receives a comprehensive evaluation from My Viva, followed with bi-weekly virtual group sessions covering nutrition, mental health, fitness, pain management, and stress. After three months, the patient has a follow-up session with their dietitian, assessing progress and lifestyle habits. The patient then continues managing their health on their own, using the My Viva platform—My Viva Plan®—for the subsequent nine months. ABJHI helped to identify the necessary resources and requirements for launching the project and will conduct a project evaluation to determine the impact on patient outcomes.

*The project is funded by the Novo Nordisk Alberta Diabetes Fund in partnership with the University Hospital Foundation, Novo Nordisk Canada Inc., and the Government of Alberta.*

We're committed to using modern solutions:

- to address gaps in patient care
- to streamline healthcare processes
- to promote consistency across health systems
- to improve health outcomes

**We're providing analytic support to a team at the University of Alberta Faculty of Rehabilitation Medicine working to improve rural health care in Alberta.**

Named the Standardized Assessment and TReatMent of ShoUlDer Pathology (ARMS UP), the project aims to streamline the screening process for shoulder injuries and to address the absence of specialists in rural areas. Rather than travelling to an urban area for specialist assessment, patients can be seen virtually at a nearer rural site. Through the remote clinic model, the urban specialists engage with the patient through support personnel and specialized equipment, including telepresence robots.

*The project is funded through a Canadian Institutes of Health Research grant.*

**MAP to MOTION, an information platform centered around bone and joint health, is at work in supporting collaborative treatment approaches.**

Based on input from focus groups, a resource package with information on rotator cuff pain was created and posted on the platform and the website.

With support from TD Bank Group (TD), a collaboration is underway with the University of Calgary Sport Medicine Centre (Shoulder Care Access Project [SCAP] Clinic) to evaluate the effectiveness of a self-assessment tool for patients with shoulder injuries. The evaluation process compares patient surveys with the findings from screener assessments and in-clinic evaluations. Through the TD Ready Commitment, the

Bank's corporate citizenship platform, TD will also support development of a knee module for MAP to MOTION in 2025.

We worked to boost patient engagement with MAP to MOTION by linking it to the data collection processes at the Rapid Access Clinics. As we monitor the platform's effectiveness and sustainability, oversight committees initiated a scoping exercise to assess recruitment targets, acceptable dropout rates, and cost-outcome analyses of the project's data components. The exercise will inform our broader commitment to ensure that every initiative supports the evolving needs of Alberta's healthcare system.

Integrating MAP to MOTION with Rapid Access Clinics also opened other opportunities. In partnership with the University of Alberta and University of Calgary, a team led by Drs.

Jeff Johnson and Deborah Marshall adapted an evidence-based decision aid tool that is now live on the platform. The decision aid informs patients about the choices between non-surgical management or knee replacement surgery by providing a range of possible outcomes based on actual outcomes of similar patients from the ABJHI provincial database.

Coding practices play an important role in improving patient care, accuracy of billing and insurance claims, and overall workflow for healthcare providers. We began exploring shoulder diagnostic coding practices with a new clinic partner, MacEwan University Health Centre.

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*MAP to MOTION's information platform is independently supported through committed grants and private philanthropy.*





# ENHANCING CARE PATHWAYS

**A proposed study aims to identify more effective weight management strategies for patients with the most severe stage of knee osteoarthritis.**

Managing obesity is a key part of the hip and knee osteoarthritis surgical care pathway in Alberta. Nearly two-thirds of patients with the most severe stage of knee osteoarthritis referred for joint replacement surgery in Alberta are identified as having obesity.

Research shows that obesity can increase the risk of surgical complications and poor outcomes after surgery. However, gaps in the research evidence make it challenging to establish definitive practice guidelines. Despite being aligned with Canadian Adult Obesity Clinical Practice Guidelines, there is limited change observed in the obesity levels of patients with knee osteoarthritis in Alberta.

We completed a feasibility study for a project that proposes to identify more effective ways to manage obesity in patients

requiring knee replacements. The proposed partnership with the Edmonton Bone and Joint Centre, the Alberta Hip and Knee Clinic at Gulf Canada Square, and the Alberta Obesity Centre looks to evaluate the effectiveness of drug therapy alongside the current recommendations for lifestyle changes and counselling options.

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*The work is funded by the Novo Nordisk Alberta Diabetes Fund in partnership with the University Hospital Foundation, Novo Nordisk Canada Inc., and the Government of Alberta.*





# EXTENDING IMPACT TO NEW AREAS

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## **In 2025, we begin the transition to a new name and brand identity: the Institute for Improved Health Outcomes (IIHO).**

The Institute is embarking on a new chapter, a reflection of our commitment to continuous improvement and our recognition that improvement requires a united effort. The rebranding process will open the doors to work with new specialty areas and new healthcare partners, in addition to bone and joint care.

Health care in Alberta, like many other regions, is currently facing significant challenges, including increased demand for services, resource constraints, and a growing burden of chronic health conditions. Nationally, healthcare systems are under pressure to improve outcomes while managing costs, and there is a continual need for innovation to enhance efficiency and patient care.

ABJHI grew out of the shared vision of Dr. Cy Frank and J.R. (Bud) McCaig, with an abiding commitment to be a catalyst for translating research into practice, improving the delivery of bone and joint care in Alberta. Being on the outskirts of the healthcare system has presented both opportunities and challenges to achieving that vision. Over the last twenty years, we've gained invaluable insights that refined our approaches. At the centre of this is a framework that brings together healthcare professionals, hospitals, and communities across the province

to objectively improve quality of care and patient outcomes. It's a framework that provides value not only to bone and joint care.

Over the next five years, we envision a transformative journey for IIHO, one that embraces the challenges of changing healthcare landscapes with resilience and innovation. Through rebranding, we will strengthen our identity and enhance our presence as a trusted leader for improved health outcomes.

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Our legacy in bone and joint care is the result of the collective efforts of countless individuals, teams, and organizations—too many leaders, innovators, and determined advocates to name. This work remains a cornerstone for addressing the 200 bone and joint conditions imposing a heavy burden on society.

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# THANK YOU TO OUR DONORS



**TD READY  
COMMITMENT**

Supported by:



Prairies Economic  
Development Canada

Développement économique  
Canada pour les Prairies

**Canada**



**Multiple Private Donors**





## WHO WE ARE

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ABJHI is an independent charitable organization whose strength is turning knowledge into better care for people with bone and joint health conditions. We use the best evidence available to develop innovative products and concepts that improve patient health.

We're grateful to work alongside dedicated teams and partners, all working together to make a lasting, positive impact on every patient's journey.

## LEADERSHIP

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Dr. Martin Ferguson-Pell, Outgoing Executive Director

Liz Rowan, Chief Operating Officer

Christopher Smith, Director of Operations (Technical)

After a wide application process that attracted many qualified applicants, Dr. Jason Werle was appointed to the Executive Director position at the Institute as of October 1, 2024.

## BOARD OF DIRECTORS

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Dr. Don Dick, Chair

Ann McCaig, Honorary Chair

Dr. Tony Fields, Fund Development Committee, Chair

Karen Wichuk, Governance and Nominating Committee, Chair

Murray Smith

Dr. Randy Goebel

### ***New Board Members***

Dr. Rick Anderson

Dr. Lauren Beaupre

Dr. Kelley de Souza, Finance and Audit Committee, Chair

### ***Departing Board Members***

ABJHI extends our gratitude to our departing board members for their many years of dedicated service to the Institute. Their experience, expertise, and perspectives will be missed.

Ian Robinson

Roger Palmer

Dr. Steven Boyd



# CONDENSED FINANCIAL INFORMATION/SUMMARY

## Statement of Financial Position As of September 30

	2024	2023
	\$	\$
<b>Assets</b>		
Cash and certificates of deposit	1,568,348	689,847
Grants and donations receivable	2,555,404	2,777,414
Accounts receivable and prepaid expenses	68,941	45,792
Capital assets	130,411	76,198
Funds held in trust	50,000	50,750
<b>Total assets</b>	<b>4,373,104</b>	<b>3,640,001</b>
<b>Liabilities</b>		
Current liabilities	79,158	61,398
Deferred revenue/contributions	3,373,052	2,911,278
Lease inducements	15,190	28,231
Funds held in trust	50,000	50,750
	<b>3,517,400</b>	<b>3,051,657</b>
<b>Net Assets</b>		
Unrestricted	855,704	588,344
<b>Total liabilities and net assets</b>	<b>4,373,104</b>	<b>3,640,001</b>



# STATEMENT OF OPERATIONS & CHANGE IN NET ASSETS

## Statement of Operations As of September 30

	2024	2023
<b>Revenue</b>	\$	\$
Government contracts and grants	2,077,147	1,516,754
Non-government contracts/grants and restricted donations	471,432	449,339
Unrestricted donations	3,637	7,804
Other revenue	47,742	22,272
<b>Total Revenue</b>	<b>2,599,958</b>	<b>1,996,169</b>
<b>Expenses</b>		
Salaries, wages, benefits and contractors	1,966,459	1,718,177
Operating expenses	220,858	140,896
Rent	85,993	78,954
Fundraising expenses	1,607	1,393
Amortization	57,681	33,285
<b>Total Expenses</b>	<b>2,332,598</b>	<b>1,972,705</b>
<b>Net Assets</b>		
Beginning of Year	588,344	564,880
<b>End of Year</b>	<b>855,704</b>	<b>588,344</b>



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