

Orthopaedic Practice in Quebec

Introduction

The Orthopaedic surgeon is a physician who pursued his education with at least five years of speciality training. He or she can perform both the medical and surgical treatment of the musculoskeletal system. The practice is shared between the assessment and the treatment of traumatic affections and reconstruction surgery. These two orthopaedic practice aspects cannot be dissociated.

Operating Room

The Orthopaedic surgeon should have access to at least 1 1/2 priority days per week for elective surgical cases. This Operating Room time does not include the additional time necessary for the treatment of emergency cases.

Out-Patient Clinic

The Orthopaedic surgeon should have access to 1 1/2 days per week in the Out-Patient Clinic. The number of examined patients should not exceed 40 patients per day. The working environment should accommodate the needs of the patients and affiliated clinicians, and should also be adjusted to the requirement of the orthopaedic practice. Adequate human resources should be available to the surgeon. These include: orthopaedic cast technicians, nurses, clerks, physiotherapists and occupational therapists.

Beds in Orthopaedics

An adequate number of beds designated for orthopaedic patients should be available to match the demand created by Operative Cases requiring short-day or longer admission.

Operating Room Staff

Orthopaedic Surgery is complex and the surgeon is required to perform a number of different procedures and use a variety of specialised instruments.

To improve patient care, the Orthopaedic surgeon, should therefore be supported by competent staff who has received appropriate training for the various orthopaedic surgical procedures. This implies that nursing personnel have working knowledge of all the instrumentation and the different surgical techniques.

Operating Assistance

The Orthopaedic surgeon must have access to technical assistance at all times during a procedure. This technical assistance can be provided by either an orthopaedic technician or a member of the nursing personnel.

Urgency Technical Assistance

Technical assistance must also be available "on-call" in order to assist the Orthopaedic surgeon in treating emergency cases both in the Out-Patient Clinic, the Operating Room or on the Ward.

On-call Schedule

In order to insure quality medical care, the frequency of on-call periods should not exceed more than one day out of four (1/4). However, this frequency can be decreased if the institution is a designated trauma hospital. We strongly encourage Orthopaedic surgeons to regroup themselves on a local or regional level to lessen the on-call load and improve the care.

At the age of 60, an Orthopaedic surgeon can stop call duty if he so chooses while still keeping full hospital privileges as an active member.

Equipment

Each hospital must provide the Orthopaedic surgeon with the necessary equipment to allow proper urgent and elective surgical care. The following list corresponds to the minimum equipment necessary to provide quality medical care:

1. An orthopaedic fracture table;
2. A Fluoroscopy Unit;
3. The appropriate selection of instruments and implants for the treatment of fractures (plates and screws, Intramedullary nails, External fixators, Power devices ...);
4. A complete arthroscopy unit including cameras, monitors, and arthroscopy instruments;
5. Adequate instruments and implants to perform joint replacements;
6. Adequate instruments and implants to perform spinal surgery.

Numeral Radiology

Each hospital is responsible to offer each working Orthopaedic surgeon the complete access to all information required for diagnosis and this wherever this information is needed, either in emergency or surgery room, in Out-Patient clinic, at domicile, at the office, when on call ... And the complete collection of these information is also required (archives).

Telemedicine

Telemedicine is strongly recommended for technical assistance to any on-call physician in a hospital without Orthopaedic specialist. The files and teleconsultation must be fully kept by the hospital archives. The patient remains under the referring physician's responsibility.

Reasonable delay for access to orthopaedic surgical care.

The following guidelines are stated for the most common diagnoses. Diagnoses are grouped in categories based on level of urgency and allowable reasonable delay:

SURGICAL CARE CATEGORIES (1-4), CONSULTATION (5)

1- Emergencies

Emergencies < 4 hours

(Examples: fractures with vascular injury or dislocation, or progressive neurological deficit).