



Service: Orthopedics

Care Venue: COH GGH HSC Pan Am | BRC BTC MIC TGH TPC

<h2 style="margin: 0;">Case Details</h2> <p style="font-size: small; margin: 5px 0;">*all fields are mandatory in Novari ATC</p>		Patient Name*: _____	DOB: MM/DD/YYYY		
		PHIN*: _____			
Diagnosis Category*					
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> [C] Known Cancer <input type="checkbox"/> [C] Suspected Cancer <input type="checkbox"/> ACUTE TRAUMA <input type="checkbox"/> BENIGN TUMOURS <input type="checkbox"/> CONGENITAL ABNORMALITIES <input type="checkbox"/> DEVELOPMENTAL DISORDERS <input type="checkbox"/> HIP & KNEE ARTHROPATHIES <input type="checkbox"/> INFECTIONS OF BONES, JOINTS OR SOFT TISSUES <input type="checkbox"/> INTERVERTEBRAL DISC DISEASE </td> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> MECHANICAL DISORDERS OF THE BONES, JOINTS, SOFT TISSUES, AND SPINAL COLUMN <input type="checkbox"/> NERVE DISORDERS AND INJURIES <input type="checkbox"/> OSTEOARTHRITIS <input type="checkbox"/> OTHER ARTHROPATHIES <input type="checkbox"/> OTHER MUSCULOSKELETAL DEGENERATIVE DISORDERS <input type="checkbox"/> OTHER ORTHOPEDIC DIAGNOSES <input type="checkbox"/> RHEUMATOID ARTHRITIS <input type="checkbox"/> SUBACUTE/CHRONIC TRAUMA <input type="checkbox"/> TENDON DISORDERS AND INJURIES </td> </tr> </table>				<input type="checkbox"/> [C] Known Cancer <input type="checkbox"/> [C] Suspected Cancer <input type="checkbox"/> ACUTE TRAUMA <input type="checkbox"/> BENIGN TUMOURS <input type="checkbox"/> CONGENITAL ABNORMALITIES <input type="checkbox"/> DEVELOPMENTAL DISORDERS <input type="checkbox"/> HIP & KNEE ARTHROPATHIES <input type="checkbox"/> INFECTIONS OF BONES, JOINTS OR SOFT TISSUES <input type="checkbox"/> INTERVERTEBRAL DISC DISEASE	<input type="checkbox"/> MECHANICAL DISORDERS OF THE BONES, JOINTS, SOFT TISSUES, AND SPINAL COLUMN <input type="checkbox"/> NERVE DISORDERS AND INJURIES <input type="checkbox"/> OSTEOARTHRITIS <input type="checkbox"/> OTHER ARTHROPATHIES <input type="checkbox"/> OTHER MUSCULOSKELETAL DEGENERATIVE DISORDERS <input type="checkbox"/> OTHER ORTHOPEDIC DIAGNOSES <input type="checkbox"/> RHEUMATOID ARTHRITIS <input type="checkbox"/> SUBACUTE/CHRONIC TRAUMA <input type="checkbox"/> TENDON DISORDERS AND INJURIES
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If Cancer*: <input type="checkbox"/> Diagnostic <input type="checkbox"/> Treatment <input type="checkbox"/> Reconstruction <input type="checkbox"/> Prophylactic <input type="checkbox"/> Staging <input type="checkbox"/> Surveillance <input type="checkbox"/> Palliative					
Please refer to the Case Priority Criteria to complete this section					
Wait 2 Priority*: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		Diagnosis Description: _____			
Consented Procedure*: _____			Est. Procedure Time*: <small>Default value provided by system when available</small> _____ mins		
Procedure Notes: _____					
DTT*: MM/DD/YYYY	Laterality*: <small>(if applicable)</small> <input type="checkbox"/> Left <input type="checkbox"/> Right	Anesthetic*: <small>Regional sites only</small> <small>Anesthetist required</small> <input type="checkbox"/> Yes <input type="checkbox"/> No	Attend Short*: <small>Patient is available on short notice as a last-minute case replacement.</small> <input type="checkbox"/> Yes <input type="checkbox"/> No	Admission Type*: <input type="checkbox"/> Day Surgery <input type="checkbox"/> Inpatient <input type="checkbox"/> Same Day Admit <input type="checkbox"/> Short Stay	Post Procedural Destination*: <small>Day Surgery</small> <input type="checkbox"/> ICU <input type="checkbox"/> Unit LOS: _____ days
Special Instructions: _____					

Case Priority Criteria

Priority / Target Days	Example Diagnosis Descriptions	
Arthroplasty Hip & Knee		
1 (28 days)	<input type="checkbox"/> LOSS OF BONE INTEGRITY (e.g., femoral head collapse and acetabular erosion) <input type="checkbox"/> INFECTED JOINTS <input type="checkbox"/> IMPENDING PATHOLOGIC FRACTURE <input type="checkbox"/> IMPENDING ADMISSION	
	<input type="checkbox"/> Urgent; does not require Emergency Slate (i.e., fractures, tendon/ligament injury, significant joint derangement)	
2 (90 days)	<input type="checkbox"/> BILATERAL HIP REPLACEMENT <input type="checkbox"/> IMPENDING LOSS OF BONE INTEGRITY (AVN HIP) <input type="checkbox"/> INABILITY TO WORK <input type="checkbox"/> REVISION SURGERY FOR IMPENDING FRACTURE	
	<input type="checkbox"/> MECHANICAL FAILURE / RECURRENT INSTABILITY <input type="checkbox"/> NARCOTIC USE PRESCRIBED BY PCP <input type="checkbox"/> SEVERE DEFORMITY WITH INSTABILITY (E.G. PROGRESSIVE VALGUS KNEE) <input type="checkbox"/> WHEELCHAIR BOUND	
	<input type="checkbox"/> Severe pain that actively affects role and independence <input type="checkbox"/> High probability of disease progression affecting function	
3 (182 days)	<input type="checkbox"/> SCHEDULED HIP & KNEE REPLACEMENT SURGERY ☑	
	<input type="checkbox"/> Minimal to Moderate pain <input type="checkbox"/> Disease progression is minimal to moderate <input type="checkbox"/> Disability does not threaten role and independence	
Orthopedics		
1 (21 days)	<input type="checkbox"/> DIFFICULTY MANAGING SYMPTOMS, HIGH RISK TO PROGRESSIVELY GET WORSE <input type="checkbox"/> EXTREME PAIN REPORT BY PAITENT <input type="checkbox"/> INABILITY TO PERFORM ADL	
	<input type="checkbox"/> URGENT; DOES NOT REQUIRE EMERGENCY SLATE	
	<input type="checkbox"/> IMMINENT LOSS OF INDEPENDENCE OR FUNCTION <input type="checkbox"/> MODERATE RISK OF INFECTION PROGRESSION <input type="checkbox"/> SEVERE RISK TO STRUCTURAL INTEGRITY OF BONE OR JOINT	
2 (90 days)	<input type="checkbox"/> ABLE TO MANAGE SYMPTOMS, HIGH RISK TO PROGRESSIVELY GET WORKS <input type="checkbox"/> HIGH RISK TO THE STRUCTURAL INTEGRITY OF BONE OR JOINT <input type="checkbox"/> HIGH RISK OF LOSS OF INDEPENDENCE OR FUNCTION	
	<input type="checkbox"/> Severe pain that actively affects role and independence <input type="checkbox"/> High probability of disease progression and morbidity affect in function	
	<input type="checkbox"/> LOW RISK OF INFECTION PROGRESSION <input type="checkbox"/> SEVERE PAIN REPORTED BY PATIENT	
3 (182 days)	<input type="checkbox"/> ABLE TO MANAGE SYMPTOMS, MODERATE RISK TO PROGRESSIVELY GET WORSE <input type="checkbox"/> HIGH RISK TO THE STRUCTURAL INTEGRITY OF BONE OR JOINT <input type="checkbox"/> NO RISK OF INFECTION PROGRESSION	
	<input type="checkbox"/> Moderate pain <input type="checkbox"/> Disability is a threat to role and independence <input type="checkbox"/> Disability progression is moderate	
	<input type="checkbox"/> MODERATE RISK OF LOSS OF INDEPENDENCE OR FUNCTION <input type="checkbox"/> MODERATE TO SEVERE PAIN REPORTED BY PATIENT	
4 (274 days)	<input type="checkbox"/> ABLE TO MANAGE SYMPTOMS <input type="checkbox"/> MILD TO MODERATE PAIN REPORTED BY PATIENT <input type="checkbox"/> MODERATE RISK TO STRUCTURAL INTEGRITY OF BONE OR JOINT	
	<input type="checkbox"/> Minimal pain; disability does not threaten role and independence <input type="checkbox"/> Disease progression is minimal	
	<input type="checkbox"/> NO RISK OF INFECTION PROGRESSION <input type="checkbox"/> LOW IMPACT IN ABILITY TO PERFORM ADL <input type="checkbox"/> LOW RISK OF LOSS OF INDEPENDENCE OR FUNCTION	
Oncology		
1 (14 days)	<input type="checkbox"/> SUSPECTED MALIGNANCY (SOFT TISSUE OR BONE) FOR BIOPSY <input type="checkbox"/> SECONDARY (METASTATIC) TUMOUR OF BONE - INCIPIENT FRACTURE	
	<input type="checkbox"/> URGENT; DOES NOT REQUIRE EMERGENCY SLATE <input type="checkbox"/> Diagnostic Surgical Oncology Cases	
2 (28 days)	<input type="checkbox"/> PRIMARY SARCOMA (SOFT TISSUE OR BONE) DEFINITIVE TREATMENT <input type="checkbox"/> RECURRENT MUSCULOSKELETAL SARCOMA	
	<input type="checkbox"/> Patients diagnosed with highly aggressive malignancies	
3 (42 days)	<input type="checkbox"/> N/A - no specific diagnosis examples or criteria	
	<input type="checkbox"/> All patients with known or suspected highly invasive cancer <input type="checkbox"/> Cancer is not highly aggressive or indolent	
4 (84 days)	<input type="checkbox"/> N/A - no specific diagnosis examples or criteria	
	<input type="checkbox"/> Patients diagnosed or suspected to have indolent malignancies	