



Service: Orthopedics

Care Venue: COH GGH HSC Pan Am

Case Details <i>*all fields are mandatory in Novari ATC</i>		Patient Name*:		DOB: MM/DD/YYYY	
		PHIN*:			
Diagnosis Category*					
<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					
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*:					
Procedure Notes:					
DTT*: MM/DD/YYYY	Laterality*: (if applicable) <input type="checkbox"/> Left <input type="checkbox"/> Right	Attend Short*: Patient is available on short notice as a last-minute case replacement. <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*: Day Surgery <input type="checkbox"/> ICU <input type="checkbox"/> Unit LOS: _____ days	
Special Instructions:					
Review by:			Entered by:		

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"/> 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 <input type="checkbox"/> Minimal pain; disability does not threaten role and independence <input type="checkbox"/> Disease progression is minimal
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