



Winnipeg Regional Health Authority
Caring for Health

Office régional de la santé de Winnipeg
À l'écoute de notre santé

WRHA SURGERY PROGRAM,
ORTHOPEDIC HIP & KNEE
JOINT REPLACEMENT
CENTRAL INTAKE OFFICE
WINNIPEG, MANITOBA
R2K 2M9

TEL: 204| 926-1021 or 926-1022
FAX: 204| 938-5726

Central Intake Process for Hip and Knee Joint Replacement Referrals

The Winnipeg Regional Health Authority (WRHA) Surgery Program has implemented a Central Intake process for hip and knee joint replacement surgeries. The goals of the Central Intake process are:

- to standardize and simplify the referral process
- to improve timely access for patients
- to improve communication with referring offices as well as patients
- to equalize waitlists amongst the surgical specialists
- to provide consistent, high quality care.

If your current practice is to send these types of referrals to surgeons outside Winnipeg, this practice can continue and not change.

However, in order to utilize the Central Intake for hip and knee joint replacement surgery within Manitoba, please send referrals using the standardized referral form attached. The form must be completed and accompanied by an **X-Ray** (not an MRI) taken within the last nine months.

The standardized referral form provides patients and providers with the option to choose one of the following:

- the next available surgeon (to expedite wait times)
- a specific surgeon
- a specific hospital.

Upon sending the referral:

- Patients and referring physicians will receive notification of receipt of the referral within five business days. If changes are required, the referral will be returned by fax indicating what information or changes are necessary to make the referral complete and appropriate. **Incomplete or inappropriate referrals will not be processed.**
- Referred patients will be sent a Patient Options form providing them the choice to consider surgical and non-surgical management options.
- Referred patients will be sent a Management of Your Arthritis form to self-declare their non-operative management attempted.
- Referred patients will be sent a Pre-Consultation Questionnaire about pain, mobility, function, and medical history.
- **Only upon return of the above three questionnaires will the referral then be forwarded to the appropriate surgeon and a clinic appointment booked.**

Patients are encouraged to access the Hip and Knee Resource Center. The Hip and Knee Resource Center provides patients with free educational sessions pertaining to alternatives to surgery, understanding the surgical process, preparation planning for the preoperative and recovery phases. The sessions are not mandatory but are highly recommended for patients considering hip and knee joint replacement surgery.

Hip and Knee Central Intake manages referrals for the orthopaedic surgeons listed below and only for hip and knee joint replacements, primary and revisions. Referrals to these surgeons for any non-hip and knee joint replacement consults should still be sent directly to the orthopaedic surgeon's office using your usual referral process.

WRHA Hip and Knee Joint Replacement Surgeons

Dr. David Ames Grace Hospital	Dr. David Dillon Grace Hospital	Dr. Robert Longstaffe Concordia Hospital
Dr. Dimitrios Balageorge Grace Hospital	Dr. David Forester Grace Hospital	Dr. David Perrin Health Sciences Centre
Dr. Laurie Barron Concordia Hospital	Dr. Chris Graham Health Sciences Centre	Dr. Thomas Turgeon Concordia Hospital
Dr. Eric Bohm Concordia Hospital	Dr. Al Walid Hamam Grace Hospital	Dr. James Vernon Grace Hospital
Dr. Colin Burnell Concordia Hospital	Dr. David Hedden Concordia Hospital	
Dr. Jason Crosby Grace Hospital	Dr. David Huebert Grace Hospital	

PMHA Hip and Knee Joint Replacement Surgeons

Dr. Bryan Flynn Brandon Hospital	Dr. Norm Klippenstein Brandon Hospital	Dr. Lewis Samuels Brandon Hospital
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SHSS Hip and Knee Joint Replacement Surgeons

Dr. Hany Asham Boundary Trails Health Centre		
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WRHA Central Intake Form for Hip and Knee Joint Replacement Surgery

1. This form can be used to refer to any (and all) surgeons who perform hip and knee replacement surgery in Manitoba.
2. Fax this completed form, **along with a recent x-ray report (completed within the previous nine [9] months)** to 1-204-938-5726 ****Incomplete referrals will be returned. ****

**** Please note:** MRI scans are unnecessary and will be ordered by the surgeon if required. ******

NB: If this is an emergency (such as an acute infection, dislocation or fracture) contact the surgeon on call.

Consultation Requested from: (Select only one) Note: if no selection is made, referral is processed as "Next Available"

- Next Available Surgeon, at any site within the Winnipeg Regional Health Authority **or**
- Specific Hospital: (select only one) Grace Hospital Concordia Hospital Other _____ **or**
- Specific Orthopaedic Surgeon (please identify Orthopaedic Surgeon) Dr: _____

Patient Demographics (Please print clearly. Use label if available)

Last Name: _____ First Name: _____ Male Female

Date of Birth: (day/month/year) ____/____/____ MHSC: _____ PHIN: _____

Telephone: Home: (____)-____-____ Work: (____)-____-____ Other: (____)-____-____

Address (include postal code): _____

Support Person Name: _____ Support Person Telephone: _____

Referring Physician Information

Name: _____ Family Physician (if different): _____

Address: _____

Telephone: (____)-____-____ Fax: (____)-____-____

Reason for Referral

Hip: Right Left Bilateral Describe: _____

Knee: Right Left Bilateral Describe: _____

If this referral is for a Problem with a Pre-existing Joint Replacement then provide:

When inserted: _____ Which hospital: _____

Medical Information

Height: _____ **Weight:** _____ lbs kg's **Smoker:** Yes No

Non-operative management attempted: Yes No Please see Arthritis Society guidelines 'Getting a Grip on Arthritis'

Patients are normally advised to attempt non-operative management before considering surgery. These can include:

- Weight Loss • Walking Aids • Exercise/Physio • Tylenol • Anti-inflammatories • Joint Injections

Have medical conditions that may preclude or delay surgery been investigated AND treated? Yes No

(example: cardiac, pulmonary, vascular or metabolic disease)

Please list or attach a concise & legible medical history including medications and allergies:

Signature of Referring Physician: _____ Date: _____