

Increasing demands on orthopedic services

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In Finland, waiting lists have been analyzed country-wide several times during the last two decades. In this presentation, the data obtained are reviewed. The orthopedic waiting lists grew threefold from 1969 to 1987, more rapidly than the total waiting list to

hospitals in the country. Meanwhile, the average duration of hospitalization decreased. The reliability and problems of data bases available are discussed; it is concluded that especially the studies on waiting lists need new objective methods.

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During the last two decades, waiting lists have been scrutinized in Finland. The growth of the number of waiting-listed patients has been balanced with compiled data on the number of patient admissions and operative procedures performed. The aim of this presentation is to review the observed changes in demand and production.

Methods

The diagnoses of discharged patients were retrieved from the data base of the National Board of Health in Finland. These diagnoses are based on ICD-8 codes, and only the main diagnoses are used. At the beginning of the 1970s, the registers were compiled with three-digit accuracy, and during the last 10 years with five-digit accuracy. The ICD-8 code changed in 1987 to ICD 9. The waiting list studies were conducted by the Finnish Hospital League in collaboration with the National Board of Health.

Waiting lists

For the last 20 years, the number of patients on the Finnish waiting list for surgery has equaled, on an average, the 3-4 months hospital output from surgical wards.

Orthopedic waiting lists

At present, orthopedic waiting lists are growing faster than other surgical waiting lists (Figure 1). Waiting times for individual patients are not routinely recorded. Waiting for a given operation ranges from a few months to 3 years.

In 1987, the most common orthopedic group of patients on the waiting lists was that presenting with knee problems. Arthrosis, usually of the hip, was second in order, and affections of the metatarsophalangeal joint ranked third. These three large groups made up about half of the queue, the other half representing miscellaneous disorders.

Data of orthopedic operations

The statistics reveal that the relative share of orthopedic operations is growing. Thus, the number of operations on the hip and knee joints is steadily increasing. The number of femoral neck fractures doubled from 1969 to 1985 (Figure 2), as did the number of total joint arthroplasties from 1980 to 1986. The number of patients with derangement of the knee increased more than twofold, while the number of hospital days consumed by these disorders slightly decreased.

The number of patients with rheumatoid arthritis is slightly increasing, while the number of hospital days is falling (Figure 3).

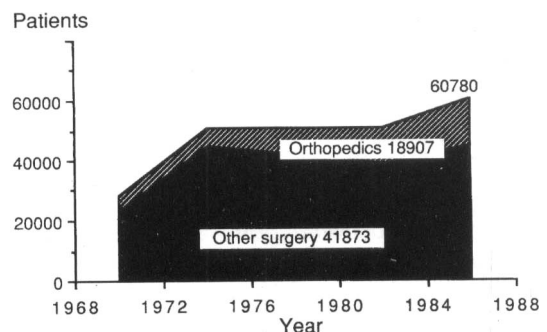


Figure 1. The total number of patients on waiting lists in Finland in 1969-1987.

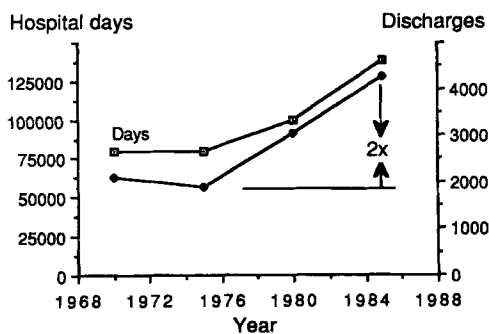


Figure 2. The number of hip fractures in Finland in 1969-1987.

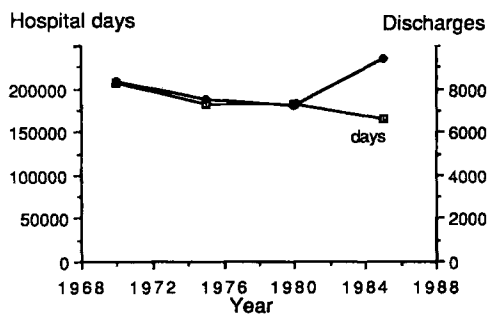


Figure 3. Admissions for rheumatoid arthritis in Finland in 1969-1987.

Discussion

The expected demand for some orthopedic operations can be assessed with great accuracy, for instance, hip fracture or total hip and knee arthroplasties. Surveillance of waiting lists and available hospital resources is becoming more important, aiming not only at the betterment of health care, but also at saving health care expenditures.

What is the correct way to record the difference between demand and production? Is it the imbalance indicated by the length of the waiting list? Long lists can also function well if they are properly organized

(Goldacre et al. 1987). A 2-year waiting list does not inevitably mean that the services are insufficient. It may also imply a policy that restricts undue demands on the hospital services.

References

- Goldacre M J, Lee A, Don B. Waiting list statistics. I: Relation between admissions from waiting list and length of waiting list. *Br Med J (Clin Res)* 1987; 295(6606): 1105-08.