

Clinical care standard indicators: osteoarthritis of the knee

Identifying and definitional attributes

Metadata item type:	Indicator Set
Indicator set type:	Other
METEOR identifier:	644256
Registration status:	<ul style="list-style-type: none">• Health, Standard 02/08/2017

Description:

The Australian Commission on Safety and Quality in Health Care has produced the Osteoarthritis of the knee clinical care standard indicators to assist with local implementation of the Osteoarthritis of the knee clinical care standard to support the delivery of high quality care (ACSQHC 2017).

The Osteoarthritis of the knee clinical care standard relates to the care patients aged 45 years and over should receive when they have knee pain and are suspected of having knee osteoarthritis. It covers the initial clinical assessment, ongoing conservative management over the course of the condition and referral to surgery if required. The clinical care standard applies to all healthcare settings where care is provided to patients with knee osteoarthritis, including primary care, specialist care, hospital and community settings.

A clinical care standard is a small number of quality statements that describe the clinical care that a patient should be offered for a specific clinical condition. The quality statements that are included in the Osteoarthritis of the knee clinical care standard are as follows:

1. **Comprehensive assessment.** A patient with knee pain and other symptoms suggestive of osteoarthritis receives a comprehensive assessment that includes a detailed history of the presenting symptoms and other health conditions, a physical examination, and a psychosocial evaluation that identifies factors that may affect their quality of life and participation in their usual activities.
2. **Diagnosis.** A patient with knee pain and other symptoms suggestive of osteoarthritis is diagnosed as having knee osteoarthritis based on clinical assessment alone. X-rays are considered only if an alternative diagnosis is suspected (for example, insufficiency fracture, malignancy). Magnetic resonance imaging (MRI) is considered only if there is suspicion of serious pathology not detected by X-ray.
3. **Education and self-management.** A patient with knee osteoarthritis receives education about their condition and treatments for it, and participates in the development of an individualised self-management plan that addresses both their physical and psychosocial health needs.
4. **Weight loss and exercise.** A patient with knee osteoarthritis is offered support to lose weight, if they are overweight or obese, and advice on exercise, tailored to their needs and preferences. The patient is encouraged to set weight and exercise goals, and is referred to services to help them achieve these, as required.
5. **Medicines used to manage symptoms.** A patient with knee osteoarthritis is offered medicines to manage their symptoms according to the current version of *Therapeutic Guidelines: Rheumatology* (or concordant local guidelines). This includes consideration of the patient's clinical condition and their preferences.
6. **Patient review.** A patient with knee osteoarthritis receives planned clinical reviews at agreed intervals and management of the condition is adjusted for any changing needs. If the patient has worsening symptoms with severe functional impairment that persist despite the best conservative management, they are referred for specialist assessment.
7. **Surgery.** A patient with knee osteoarthritis who is not responding to conservative management is offered timely joint-conserving (e.g. high tibial osteotomy) (Zhang et al. 2008; American Academy of Orthopaedic Surgeons 2013), or joint replacement surgery, depending on their fitness for surgery and preferences. The patient receives information about the procedure to inform their treatment decision. Arthroscopic procedures are not effective treatments for knee osteoarthritis, and therefore should only be offered if the patient has true mechanical locking or another appropriate indication for these procedures (examples of appropriate indications for arthroscopic procedures are true mechanical locking, septic arthritis, or investigations when MRI is not possible) (Australian Knee Society 2016).

Relational attributes

Related metadata references:

See also [Clinical care standard indicators: acute coronary syndromes](#)

- [Health](#), Standard 12/09/2016

See also [Clinical care standard indicators: antimicrobial stewardship](#)

- [Australian Commission on Safety and Quality in Health Care](#), Retired 25/01/2022
- [Health](#), Standard 12/09/2016

See also [Clinical care standard indicators: delirium](#)

- [Health](#), Standard 12/09/2016

See also [Clinical care standard indicators: heavy menstrual bleeding](#)

- [Australian Commission on Safety and Quality in Health Care](#), Candidate 04/09/2018
- [Health](#), Standard 17/10/2018

See also [Clinical care standard indicators: hip fracture](#)

- [Australian Commission on Safety and Quality in Health Care](#), Superseded 18/06/2018
- [Health](#), Standard 12/09/2016

See also [Clinical care standard indicators: hip fracture 2018](#)

- [Australian Commission on Safety and Quality in Health Care](#), Standard 15/05/2018

Indicators linked to this Indicator set:

[Osteoarthritis of the knee clinical care standard indicators: 1a-Local arrangements to ensure that patients newly diagnosed with knee osteoarthritis have a comprehensive assessment](#)
[Health](#), Standard 02/08/2017

[Osteoarthritis of the knee clinical care standard indicators: 1b-Proportion of patients newly diagnosed with knee osteoarthritis who have a comprehensive assessment](#)
[Health](#), Standard 02/08/2017

[Osteoarthritis of the knee clinical care standard indicators: 2a-Local arrangements for clinically based diagnosis of knee osteoarthritis without use of imaging for people with knee pain and other symptoms suggestive of osteoarthritis](#)
[Health](#), Standard 02/08/2017

[Osteoarthritis of the knee clinical care standard indicators: 2b-Proportion of patients clinically diagnosed with knee osteoarthritis, without imaging](#)
[Health](#), Standard 02/08/2017

[Osteoarthritis of the knee clinical care standard indicators: 3-Proportion of patients newly diagnosed with knee osteoarthritis who have an individualised self-management plan](#)
[Health](#), Standard 02/08/2017

[Osteoarthritis of the knee clinical care standard indicators: 4a-Proportion of patients newly diagnosed with knee osteoarthritis with a documented recommendation regarding regular exercise](#)
[Health](#), Standard 02/08/2017

[Osteoarthritis of the knee clinical care standard indicators: 4b-Proportion of patients with knee osteoarthritis who were overweight or obese who lost weight](#)
[Health](#), Standard 02/08/2017

[Osteoarthritis of the knee clinical care standard indicators: 5a-Local arrangements to ensure that patients with knee osteoarthritis are prescribed or recommended medicines in accordance with the current Therapeutic guidelines: Rheumatology](#)
[Health](#), Standard 02/08/2017

[Osteoarthritis of the knee clinical care standard indicators: 5b-Proportion of patients with knee osteoarthritis prescribed oral non-steroidal anti-inflammatory drugs \(NSAIDs\) with documented assessment of risks](#)

[Health](#), Standard 02/08/2017

[Osteoarthritis of the knee clinical care standard indicators: 5c-Proportion of patients prescribed opioids for longer than three months for the management of pain associated with knee osteoarthritis](#)
[Health](#), Standard 02/08/2017

[Osteoarthritis of the knee clinical care standard indicators: 6a-Proportion of patients with knee osteoarthritis with an agreed date for a review](#)
[Health](#), Standard 02/08/2017

[Osteoarthritis of the knee clinical care standard indicators: 6b-Proportion of patients with knee osteoarthritis with evidence of pain and function assessments within the previous 12 months](#)
[Health](#), Standard 02/08/2017

[Osteoarthritis of the knee clinical care standard indicators: 6c-Proportion of patients with knee osteoarthritis who have documented pain level reduction of at least 20%, 12 months after initiation or change of treatment](#)
[Health](#), Standard 02/08/2017

[Osteoarthritis of the knee clinical care standard indicators: 6d-Proportion of patients with knee osteoarthritis with a functional limitation who have a 10% or greater improvement in function 12 months after initiation or change of treatment](#)
[Health](#), Standard 02/08/2017

[Osteoarthritis of the knee clinical care standard indicators: 7a-Number of patients undergoing arthroscopic procedures for knee osteoarthritis](#)
[Health](#), Standard 02/08/2017

[Osteoarthritis of the knee clinical care standard indicators: 7b-Proportion of patients with knee osteoarthritis referred for consideration of surgery who were supported with non-surgical core treatments for at least three months](#)
[Health](#), Standard 02/08/2017

[Osteoarthritis of the knee clinical care standard indicators: 8-Local arrangements to ensure that patients' experience of the care that they receive for knee osteoarthritis is regularly measured and acted upon](#)
[Health](#), Standard 02/08/2017

Collection and usage attributes

National reporting arrangement:

The Indicator specification: osteoarthritis of the knee clinical care standard has been developed to assist with local implementation of the Osteoarthritis of the knee clinical care standard (ACSQHC 2017). These indicators are intended for local use by primary health care providers/ networks, specialists, hospitals and [Local Hospital Networks](#). There are no benchmarks set for any of the indicators in this specification. Health service providers using these indicators can monitor their own results over time or compare them with those from other providers, with whom they have made such an arrangement.

Most of the data required by the indicator specifications cannot be sourced from routine collections. Local health services will need to conduct prospective collections or retrospective medical records audits of all patients with knee osteoarthritis at a point in time. For most of the indicators, the time frame over which data are collected, or sourced from medical records, will be guided by the expected sample size. Samples need to be large enough for any change that is seen to represent a clinically meaningful change in the indicator. This will vary by indicator.

Some indicators refer to 'local arrangements'. These can include clinical guidelines, protocols, care pathways or any other documentation providing guidance to clinicians on the care of patients with osteoarthritis of the knee.

It is acknowledged that some indicators may not be straightforward to measure.

Comments:

About 2.1 million Australians are estimated to have osteoarthritis, with the prevalence higher in women than men (Australian Bureau of Statistics 2015). Symptoms are relatively uncommon in people aged under 45, but more than 25% of people 65 or older report some joint symptoms (Australian Institute of Health and Welfare 2015).

Monitoring the implementation of the clinical care standards will assist in meeting some of the requirements of the National Safety and Quality Health Service (NSQHS) Standards. Information about the NSQHS Standards is available at: <https://www.safetyandquality.gov.au/publications/national-safety-and-quality-health-service-standards/>

Source and reference attributes

Submitting organisation:

Australian Commission on Safety and Quality in Health Care

Reference documents:

American Academy of Orthopaedic Surgeons 2013. Treatment of osteoarthritis of the knee - evidence-based guideline. 2nd edition. Rosemount: AAOS.

ACSQHC (Australian Commission on Safety and Quality in Health Care) 2017. Osteoarthritis of the knee clinical care standard. Sydney: ACSQHC.

Australian Bureau of Statistics 2015. National Health Survey: First results 2014-15. ABS cat. no. 4364.0.55.001. Canberra: ABS.

Australian Institute of Health and Welfare 2015. Who gets osteoarthritis. Viewed 29 March 2016, <http://www.aihw.gov.au/osteoarthritis/who-gets-osteoarthritis/>.

Australian Knee Society 2016. Position statement from the Australian Knee Society on arthroscopic surgery of the knee, with particular reference to the presence of osteoarthritis. Sydney: Australian Orthopaedic Association. Viewed 29 March 2016, <https://www.aoa.org.au/docs/default-source/subspecialties/aks-aoa-position-statement-on-arthroscopic-surgery-of-the-knee.pdf?sfvrsn=2>.

Zhang W, Moskowitz RW, Nuki G, Abramson S, Altman RD, Arden N et al. 2008. OARSI recommendations for the management of hip and knee osteoarthritis, Part II: OARSI evidence-based, expert consensus guidelines. *Osteoarthritis Cartilage* 16(2): 137-162.