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

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# 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

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| Identifying and definitional attributes |
| Metadata item type: | Indicator |
| Indicator type: | Indicator |
| Short name: | Indicator 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 |
| METEOR identifier: | 644320 |
| Registration status: | [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Standard 02/08/2017 |
| Description: | Proportion of patients with knee [**osteoarthritis**](https://meteor.aihw.gov.au/content/644538) with a functional limitation who have a 10% or greater improvement in function 12 months after initiation or change of pharmacological and/or non-pharmacological treatment. |
| Rationale: | Knee osteoarthritis “bears more responsibility than any other disease for disability in walking, stair climbing and housekeeping.” (Fransen et al. 2015) |
| Indicator set: | [Clinical care standard indicators: osteoarthritis of the knee](https://meteor.aihw.gov.au/content/644256)       [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Standard 02/08/2017 |

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| Collection and usage attributes |
| Population group age from: | 45 years |
| Computation description: | Both the numerator and denominator include patients with a ‘functional limitation’. A functional limitation is any limitation to a person’s capacity to carry out activities of daily living and to effectively participate in social roles. Limitations may involve work, hobbies or social activities (European Musculoskeletal Conditions Surveillance and Information Network 2008). Functional limitation should be measured using a clinically validated tool. Examples of validated tools include the Timed Up and Go Test and 30-second Chair Test (OARSI 2013). Providers of care to patients with knee osteoarthritis can use local tools, but need to ensure that the same toosl are used with the same patients at different time points to measure change in function.Both the numerator and denominator also include patients for whom treatment (pharmacological and/or non-pharmacological) was initiated or for whom there was a change in treatment, who were followed up 12 months after the initiation or change in treatment.The 12-month time period is an approximation, and can mean between 11 and 13 months inclusive.'Change of pharmacological and/or non-pharmacological treatment' means that the patient's treatment plan was updated with a new plan in the clinical notes on the patient maintained by the practice (paper or electronic). This provides a new measure of the patient's level of function, which is the basis for the comparison with that taken 12 months later.Presented as a percentage. |
| Computation: | (Numerator ÷ denominator) x 100 |
| Numerator: | Number of patients with knee osteoarthritis with a functional limitation who have a 10% or greater improvement in function when reviewed 12 months following initiation or change in pharmacological and/or non-pharmacological treatment. |
| Denominator: | Number of patients with knee osteoarthritis with a functional limitation who were reviewed 12 months following initiation or change of pharmacological and/or non-pharmacological treatment. |
| Comments: | Note that health services may not necessarily achieve 100% for this indicator, even when providing appropriate treatment, as there may be patients whose function does not improve despite appropriate clinical intervention. For the patients that do not achieve a minimum of a 10% improvement in function 12 months after initiation or change of pharmacological and/or non-pharmacological treatment (i.e. those excluded from the numerator), this indicator should be used to review whether the interventions for these patients were appropriate, and to monitor the health service’s effectiveness in improving patients’ function limited by osteoarthritis of the knee over time.This indicator has been adapted from the *Health care quality indicators for osteoarthritis* (European Musculoskeletal Conditions Surveillance and Information Network 2008). |
| Representational attributes |
| Representation class: | Percentage |
| Data type: | Real |
| Unit of measure: | Service event |
| Format: | N[NN] |
| Accountability attributes |
| Other issues caveats: | Applicable setting: all healthcare settings where care is provided to patients with knee osteoarthritis, including primary care, specialist care, hospitals and community settings. |
| Source and reference attributes |
| Submitting organisation: | Australian Commission on Safety and Quality in Health Care |
| Reference documents: | European Musculoskeletal Conditions Surveillance and Information Network 2008. Health care quality indicators for osteoarthritis. Truro: European Musculoskeletal Conditions Surveillance and Information Network. Viewed 29 March 2016, <http://www.eumusc.net/myUploadData/files/EUMUSC%20Health%20care%20quality%20indicators%20for%20OA%20KE.pdf>.Fransen M, McConnell S, Harmer AR, Van der Esch M, Simic M & Bennell KL 2015. Exercise for osteoarthritis of the knee: a Cochrane systematic review. Br J Sports Med 49(24): 1554-1557.OARSI (Osteoarthritis Research Society International) 2013. Physical performance measures. Viewed 9 April 2017, <https://www.oarsi.org/research/physical-performance-measures> |