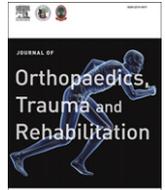




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Editorial

Practise Makes Perfect

Recent talks of Stephen Kates¹ on “*Lean business model in health care*” in a local symposium has reminded us the pursuit of a sustainable health care system. Lean thinking, originally used in the Toyota Production System in Japan during the 1960s, is a method of implementing performance improvement by eliminating waste and adding value to processes. Kates,¹ in his recently published article on “*The value of an organized fracture program for the elderly*,” concluded that “a co-managed protocol-driven fracture management program could result in a substantial savings in expenditure, length of stay, mortality, complication rates, and readmission rates.” The concept is being applied with increasing frequency across health care organisations.

To push further, pooling of patients for a certain type of surgery, such as revision joint arthroplasty, is the future direction. Katz² had studied and examined 4448 revision total hip arthroplasties using the *Medicare* database in the United States. He concluded that lower-volume hospitals generate more revisions than that would be expected on the basis of their primary total hip arthroplasty volume, whereas higher-volume hospitals perform more revisions than that would be expected as patients who switch hospitals for the revision surgery at a similar volume or larger-volume hospital than the one in which they had their primary procedure. These data would certainly help to inform health care policy makers how to obtain optimal outcomes for patients needing both primary and revision total hip replacements.

When these two statements were put together, it means that it is time to make a quest of shuffling and further injection of both funding and manpower. By doing this, we could reduce complications and the chances of second operations on our patients, given the context of rising costs and heightened patient expectations and demands; it also exert a synergistic effect on the “fitting-in” of “lean model” with sufficient caseload.

Should this become achievable, we also believe that it could further extrapolate to the blossoming of researches locally and the capability of those published articles becoming influential regionally and worldwide.

In this issue, Professor Clive P. Duncan wrote a review on “*Methicillin-resistant Staphylococcus aureus in total hip replacement*.” Bacterial infection of prostheses by multiple-drug resistant strains has become a global concern in terms of costs, challenges to surgeons, and morbidities to patients. It also reflects the need of tertiary referral centres in our locality. He threw more light on our direction and the importance of medical researches.

Because of the shortage of the medical resources, which cannot keep pace with the advancement of technology, it is very important to share the experience among all surgeons and health workers in this field. The ambition of our journal and fast-track online publication could not be overemphasised. We are delighted to promote, share, and communicate the new concepts of orthopaedic practise that we think is beneficial to our colleagues.

This is our vision that via substantial but stepwise changes of our current practises, through the setup of high-volume hospitals and the inception of “lean thinking,” better patient care could be delivered economically and excellent articles could then appear in *JOTR* in future.

Woo Siu-Bon

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