NHS Fife A&E/Orthopaedic Fracture Redesign

Fiona Cameron, Orthopaedic Project Lead, November 2012
2 main hospitals – VHK and QMH
St Andrews Community hospital
Population 367,370
Main drivers for redesign

- Volume of patients seen in Orthopaedic fracture clinic
- Long waiting times for fracture clinic appointment (exceeding 2/52)
- Lack of agreed pathways for common conditions
- Variation in fracture management
- High clinic DNA rate
- Poor staff satisfaction
- Disgruntled patients
- 4 hour A&E target
- NHS Scotland Healthcare Quality Strategy
Orthopaedic Consultants suggested that there were referrals from A&E which were not necessarily required to be seen in Orthopaedic fracture clinic. There was no current objective data to support this perception. Baseline data collected for potential patients presenting with fractures referred from A&E to Orthopaedics. One hundred and twenty five referrals from the A&E department at the Victoria Hospital, Kirkcaldy to the NHS Fife Orthopaedic Fracture clinics were screened by 3 Orthopaedic Consultants prior to the start of their clinic during the month of July.
## Results

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No review required discharged back to GP</td>
<td>45.6%</td>
</tr>
<tr>
<td>Return to the A&amp;E trauma clinic</td>
<td>2.4%</td>
</tr>
<tr>
<td>Appointed to Orthopaedic fracture clinic</td>
<td>41.6%</td>
</tr>
<tr>
<td>Physiotherapy</td>
<td>7.2%</td>
</tr>
<tr>
<td>Referred for surgery/already listed for surgery</td>
<td>3.2%</td>
</tr>
</tbody>
</table>

### Similar results to GRI

- High number of wrist/hand and foot/ankle

<table>
<thead>
<tr>
<th>Condition</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foot &amp; Ankle</td>
<td>25</td>
</tr>
<tr>
<td>Knee</td>
<td>5</td>
</tr>
<tr>
<td>Hip</td>
<td>1</td>
</tr>
<tr>
<td>Lumbar</td>
<td>0</td>
</tr>
<tr>
<td>Pelvis</td>
<td>1</td>
</tr>
<tr>
<td>Thoracic</td>
<td>0</td>
</tr>
<tr>
<td>Cervical</td>
<td>0</td>
</tr>
<tr>
<td>Shoulder</td>
<td>19</td>
</tr>
<tr>
<td>Elbow</td>
<td>10</td>
</tr>
<tr>
<td>Hand &amp; Wrist</td>
<td>60</td>
</tr>
<tr>
<td>Non specific information from A&amp;E</td>
<td>3</td>
</tr>
<tr>
<td>No injury</td>
<td>1</td>
</tr>
</tbody>
</table>
Summary from baseline data

- It was worth pursuing the proposed pathway redesign of patients with suspected fractures presenting at A&E, provided the appropriate infrastructure was in place.

- Further discussion required with A&E and Orthopaedics to enhance and agree patient pathways and with medical records/IT to support proposed redesign.

- Soon to find out there were many more stakeholders who needed to be involved........
Through the Fife lens –
What it has been like for us

- Whole system approach across planned care, emergency care and ambulatory care directorates
Not reinventing the wheel!

...and I have found this one works a lot better.
Timelines

- August/September 2011 Baseline audit
- October 2011 - January 2012; preparation of move to new VHK site
- February 2012 Leaflets from GRI
- May 2012 Conference call with GRI
- June 2012 Meet with Katie/Fife team
- July 2012 Site visit GRI
- August 2012 - October 2012; preparation work
- 12th November - Leaflets to be used in A&E (Phase I)
- 21st January 2013 – Virtual fracture triage (Phase II)
The team – a good team is critical to the success of any redesign process

- A&E Consultants/Orthopaedic Consultants
- Nurse manager/sister/ENP manager
- ENP’s/nursing staff/physiotherapists
- Radiographers/radiologists
- GP’S
- Plaster technicians
- IT /e-health/telecommunications
- Health records/coding
- Central stores
- Senior management/finance
Fracture clinic Redesign so far

- Conference call – worked well, enthusiasm
- Revamping GRI fracture leaflets – team feedback
- Meetings A&E/Orthopaedics & Katie - more questions
- Site visit GRI was key and essential part of the process
- A&E/Orthopaedics working together – leaflets and “tenner boots”
- Find a room
- Set up telephone hotline
- Outcome of patient at A&E to track patients
Leaflets

Victoria Hospital A&E Department, Kirkcaldy
Discharge Advice 5th Metatarsal Fracture

Queen Margaret Minor Injuries Unit, Dunfermline
Discharge Advice Mallet Finger Injury

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## Telephone enquiries - A&E patients

<table>
<thead>
<tr>
<th>Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of birth</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Enquiry</td>
<td></td>
</tr>
<tr>
<td>Advice given</td>
<td></td>
</tr>
<tr>
<td>Any other comments</td>
<td></td>
</tr>
<tr>
<td>Plan</td>
<td></td>
</tr>
<tr>
<td>Discussed With (Consultants Name):</td>
<td>Consultant Signature:</td>
</tr>
<tr>
<td>Patient Contacted By:</td>
<td></td>
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<tr>
<td>Date:</td>
<td></td>
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</table>
Phase II implementation

- Clinical page in OASIS
- Virtual clinic data collection
- Consultant template changes
- Template letters
- Start virtual triage at VHK, 3 x weekly
- Audit
Perceived benefits to be realised

- Patients follow appropriate pathway
- Removal of unnecessary variation
- Enhanced clinical governance
- Whole system working
- Valid and reliable information and measurement systems and processes
- Savings (approx £7-10K based on tenner boot v’s casting)
- Improved patient and staff satisfaction
- Mallet fingers not reviewed in A&E
Key points

- Networking
- Teamwork
- Negotiating and influencing
- Whole system approach
- Data collection prior to change
- Strength in good quality data
- Project lead
- Change is good
Main challenges

- Culture change
- IT systems
- Working across 3 directorates
- Whose budget is it?
- Data collection
Future developments – Phase III

- Involvement of radiographers trained in minor injuries
- Development of nurse/ESP led clinics – treatment room audit started, nurse led foot clinic
- Scaphoid pathway
Finally…..

Big thank you to Lech and his team for being very patient answering questions telephone calls and e-mails