Fracture Pathway Redesign

Ortho CSM Meeting 07/09/2012
What is it about?

- Streamlining the patient pathway for non-operative fractures
- Only seeing patients in an orthopaedic fracture clinic who ‘need something done’
- 2 ‘filtering’ processes to ensure that patients do not attend a fracture clinic appointment unnecessarily:

1. Discharge with advice directly from ED for some fractures including:
   - torus (buckle)
   - Clavicle
   - 5th metatarsal
   - Mallet finger
   - Radial head
   - 5th metacarpal

   Use of removable splints rather than plaster
Torus “Buckle” Fractures
Discharge Advice

Your child has suffered a ‘Torus’ or ‘Buckle’ fracture (Break) of their wrist.

This is the most common type of fracture in young children.

Young bone is still soft and very flexible. For this reason, instead of breaking all the way through, the bone has a small crack or kink on one side only.

This type of injury heals very well in a simple and easy to apply splint rather than a cumbersome plaster.

Most of these injuries heal perfectly well if the splint is worn for 3 weeks.

It is important to give your child appropriate doses of paracetamol or ibuprofen to help with the pain as it will still be sore for a short period even after the application of the splint.

The splint can be removed for bathing/showering without risk to the fracture.

If after 3 weeks the wrist is a little sore and stiff after being used, the splint can be reapplied for comfort. Do this for short periods only as it is best to try to start gently using the arm as normally as possible from now on. Use a simple painkiller such as paracetamol or ibuprofen if required.

However - if after 3 weeks the wrist still seems very sore, swollen, or the child is not willing to use it contact the Fracture clinic to arrange follow-up.

If the child removes the splint before the 3 weeks and appears to be comfortable and can use the arm freely then there is no reason to force them to wear the splint for the full 3 weeks.

It is best to avoid sports and rough and tumble play when wearing the splint and for the week or two after its removal.

Should you have any worries or concerns following discharge from hospital, please contact either the

1) Fracture Clinic: 0141 211 5034
   (8.30am until 4.30pm, Monday to Friday)

   or

2) Emergency Department: 0141 211 4344
   (outwith these times)
2. Review of all other fractures referred by ED to orthopaedics in a ‘virtual’ fracture clinic (patient aware of process)
- Consultant lead, MDT approach
- PACS, ED clinical notes
- Discharge, referral for further investigation, referral to AHP, appoint to fracture clinic
What Happens after Virtual Clinic?

• All patients contacted by telephone
• Advised of outcome of virtual clinic review
• Letter to GP for those not being appointed outlining management plan
Outcome?

• Far fewer patients attending clinics
• For those that do need to attend, there is more time to deal with them (complex cases)
• Less time spent unnecessarily in a hospital setting – patient satisfaction
Patients Attending Fracture Clinic Appointments

Traditional Fracture Clinic

- Consultant Led Fracture Clinic: n=3600
- Consultant Led Sub-specialty Fracture Clinic: n=1090

Re-designed Fracture Clinic System

- Nurse Led Fracture Clinic: n=355

Oct 2011 – March 2012

GRI # CLINIC
GRI - FRACTURE CLINIC
Oct 2011 – March 2012

A/E

C 150 #’s per week (100%)

Virtual Clinic
Consultant review
Nurses phone pts

62%

Sub-specialty # (30%)
& nurse-led clinics (10.5%)

PROTOCOLS
LEAFLETS

38%
no follow-up

PHONE LETTER

21.5%
no follow-up

The Scottish Government
What do the patients think?
Pts *want* to be seen?

Satisfaction surveys (n=303)

- Discharge from ED
  - 90% positive (135 pts)

- Discharge from Virtual Clinic
  - 94% positive (168 pts)

### LOWER LIMB PATIENT SATISFACTION QUESTIONNAIRE

- Q1. Were you happy with the information/treatment plan you were given?
- Q3. Did you use the helpline contact numbers on the leaflet?
- Q4. Did you visit your GP with this problem? only for sick line?
  - Q4a. How many times?
- Q5. Did you access any other services for help/advice?
  - Q5b. How many times?
- Q6. Do you have pain in your leg/knee/ankle/foot?
  - Q6a. Severity? (0-10)
- Q7. When do you experience pain? a. Rest?
  - Q7b. Night?
  - Q7c. Standing?
  - Q7d. Walking?
  - Q7e. Prolonged walking/running?
- Q8. Do you experience any significant stiffness in your foot? - Mild/mod/severe
- Q9. Anything u can’t do?
- Q10. How quickly did you return to normal walking? a. Immediately?
  - Q10b. 1-2 weeks?
  - Q10c. 2-4 weeks?
  - Q10d. 4-6 weeks?
  - Q10e. >6 weeks?
- Q11. Have you got back to work/housework - when?
- Q14. How quickly did you return to wearing your own normal shoes? a. 0-2 weeks?
  - Q14b. 2-4 weeks?
  - Q14c. 4-6 weeks?
  - Q14d. >6 weeks?
- Q15. Have you been satisfied with your progress to date after this injury?

**Comments**
Where does it sit nationally?

- Scottish Orthopaedic Services Development Group (SOSDG, formerly Task & Finish Group)
- 1/7 strands of work
Spreading the Word

- Contact made with all mainland Boards
- Meetings/Conference calls to discuss implementation on 16 sites across Scotland in 7 different Boards
- Meetings planned with further 2 Boards in next month
- What is being discussed?
  - Some units doing parts of it already
  - Phased approach to implementation

There is a lot of enthusiasm around the country
<table>
<thead>
<tr>
<th>Region</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>BORDERS</td>
<td>Some redesign already implemented no immediate plans to expand this</td>
</tr>
<tr>
<td>D&amp;G</td>
<td>? (already doing virtual # clinic for stranraer pts)</td>
</tr>
<tr>
<td>FIFE</td>
<td></td>
</tr>
<tr>
<td>FORTH VALLEY</td>
<td></td>
</tr>
<tr>
<td>GRAMPIAN (ARI &amp; DR GRAY'S)</td>
<td></td>
</tr>
<tr>
<td>GRI</td>
<td></td>
</tr>
<tr>
<td>WIG</td>
<td></td>
</tr>
<tr>
<td>SGH</td>
<td></td>
</tr>
<tr>
<td>VI</td>
<td></td>
</tr>
<tr>
<td>RAH</td>
<td></td>
</tr>
<tr>
<td>IRH</td>
<td></td>
</tr>
<tr>
<td>VoL</td>
<td></td>
</tr>
<tr>
<td>HIGHLAND</td>
<td>Redesign has taken place previously no current plans to review this</td>
</tr>
<tr>
<td>LANARKSHIRE</td>
<td></td>
</tr>
<tr>
<td>LOTHIAN</td>
<td></td>
</tr>
<tr>
<td>TAYSIDE</td>
<td></td>
</tr>
</tbody>
</table>
National Support –
Key Themes

• Data
  - Access to it
  - A&E Datamart
  - Support of further audit to expand evidence base

• IT
  - Tweaking what we have

• Peer Support/Education
  - Workshop events
  - First event planned for 9th November
MSK Audit

• Took place earlier this year
• Attempt to capture data not otherwise available
Fig. 3: POP/splint in ED

Percentage of patients

- POP
- POP and splint
- Splint
- POP and collar 'n' cuff
- Slings/Collar n cuff
- Splint and collar 'n' cuff
- Nil applied
- Not known

Hospitals:
- RIE
- BGH
- DGRI
- QMH
- Stirling
- Ninewells
- Woodend/ARI
- Hairmyres
- GRI
- Wishaw
- Elgin
- WIG
- Crosshouse
- Rraigmore
- RAH
- Monklands
- Perth
- Ayr
- All hospitals

The Scottish Government
Fig. 8: Xray in clinic
MSK Audit cont.

• Preliminary results now available for clinical commentary
• Full report expected autumn
SUMMARY

• Patient care - coordinated, seamless, scientifically-based

• ED consensus with Orthopaedics

• Leaflets – protocols (velcro splints)

• Virtual Review, telephone follow up

• Only seeing the patients that need to be seen