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Fracture clinic service redesign: an audit evaluating clinic waiting times and compliance to British Orthopaedic Association standards

Authors: Oliver Pearce, James Smith, Charlotte Carpenter and James Heal

Aims

The British Orthopaedic Association (BOA) dictates that following an acute orthopaedic injury, patients should be reviewed in fracture clinic within 72 hours (BOAST-7 guideline).

The traditional fracture clinic pathway is unsustainable – clinics serve large volumes of patients during a limited time period, some of which may not require a consultation, or have attended an inappropriate specialty clinic.

A pioneering 'virtual clinic' system, designed by Glasgow Royal Infirmary, has led to significant improvements in delays across numerous orthopaedic centres in this country. This includes a robust consultant-led triaging process of all fracture clinic referrals received.

This study aims to evaluate clinic referral waiting times, and identify system errors leading to referral-to-attendance delays which may be correctable following implementation of the Glasgow model.

Methods

Retrospective case-note review of clinic records 1 August 2015–1 September 2015. Referral source, date and appointment date were collected. Injury diagnosis was confirmed by clinic letter or by radiographic imaging if not clearly stated. Conservative or operative management outcome of each patient was also recorded.

Results

26% of the 417 new trauma referrals at our district general hospital were seen within 72-hour target. Of the 73% of patients attending a delayed appointment, 13 required operative management.

60% of appointments (n=249) included upper-limb injuries. Only 34% of these injuries were seen by specialist upper-limb consultants. 22% of appointments (n=92) included lower-limb injuries. 66% of these injuries were seen by lower-limb consultants.

15% of patients were suitable for a virtual clinic (Glasgow model), while 18% of the cohort required physiotherapy input only.

Conclusions

Fracture clinic services have exceeded maximum capacity, failing to comply to BOA standards, thus compromising the timely management of acute trauma. This is due to a rise in inappropriate referrals, or patients being allocated a new clinic appointment with an inappropriate specialist consultant.

We aim to implement a consultant-led referral triage system including a telephone virtual-clinic service.

A more streamlined service would minimise inappropriate appointments, maximise utilisation of peripheral musculoskeletal clinics and ensure that patients attend the correct clinic, for the correct consultant, within a nationally accepted 72-hour timeframe.

It is well recognised that outcomes of surgical management for these presentations is time dependent. Achieving reduced waiting times will ensure that the management of such injuries will not be delayed. ■

Conflict of interest statement

No conflict of interests to declare.

Authors: Musgrove Park Hospital, Taunton and Somerset, UK