How Does Queen Alexandra Hospital’s Fracture Clinic services perform against BOAST 7 guidelines?

Dr S. Kanthasamy, MBBS BSc (Hons) – Orthopaedic Foundation Year 2, Dr M. Jaffer, MBBS – Orthopaedic Foundation Year 2
Dr S. Andrew MBBS – Orthopaedic Core Surgical Trainee 1, Mr S. Al-Hallao, MBBS – Specialist Registrar in Orthopaedics
Mr D. J. Farr, MBBS, FRCS (Tr & Orth) – Consultant Orthopaedic Surgeon

Background:
Queen Alexandra Hospital’s Fracture Clinic services is one of the largest within the Wessex deanship and has one of the busiest turnover of patients present. Our aim of this particular study focused on comparing the standards that were provided within our fracture clinic services against national guidelines set out by the British Orthopaedic Association, stipulated by the BOAST 7 guidelines (ref).

An initial audit done on our services identified one key area of concern and this was the time frame in which patients were seen within a 72 hour window.

Project Aim:
The aim of this project is to identify whether the implementation of a virtual fracture clinic to cope with the demand of referrals being sent to our fracture clinic services meant that review of scans and clinical histories can be expedited in line with what has been set out by the BOA.

Project Design/Strategy
A one week period randomly selected in the month of October 2015 was retrospectively observed to review how many patients were seen within the fracture clinic services, observing who referred the patient, what the referral date was and the time of presentation to the acute services. Subsequently, this was re-audited for a one week period one year on following the implementation of our Virtual Fracture Clinic, looking at referral letters within the EPRO system, again monitoring at the time frame at which patients were seen.

Results prior to change
94 patients were seen within the fracture clinic during a one week period in October 2015. Of these, 10 patients (10.54%) were seen by a clinician within the 72 hour period (Figure 1). Results of referrals being sent to our fracture clinic services meant that review of scans and clinical histories can be expedited in line with what has been set out by the BOA.

Changes Made
A joint collaboration between both the Orthopaedic Department at Queen Alexandra Hospital and the Emergency Department has allowed the implementation of the Virtual Fracture Clinic to be instituted due to concerns about patients not being seen quick enough within the fracture clinic department. On consultant between the two departments, a set of guidelines were implemented for patients being seen through the Minor Injuries Unit with guidance on who would be referred to the Virtual Fracture Clinic. The aim with the implementation of this service is that a dedicated consultant orthopaedic surgeon is able to sit down everyday and review patients that have been referred to the service and provide orthopaedic advice through the GP or directly to the patient.

Results following the change
172 patients were seen within a one week period of December 2016 through the Virtual Fracture Clinic following re-audit of EPRO letters. Of those, 154 patients (96%) were seen within the 72 hour window and a definitive orthopaedic plan was instilled and relayed to either the GP or their General Practitioner (Figure 2).

Conclusion/Next Steps
Our project was able to show that by the mere implementation of the virtual fracture clinic, our efficiency in seeing patients had vastly improved to one that is far more acceptable and in line with the BOAST 7 guidelines, with a jump from approximately 10% being seen within 72 hours to 96%. Equally, we were able to demonstrate that the virtual fracture clinic provided the Emergency Department with a much more efficient way to seek an orthopaedic opinion without requiring them to be seen directly. As a result, the turnover of patients has almost doubled with an average of around 150 patients being seen every week within the virtual fracture clinic.

Extrapolation of this data has allowed the orthopaedic department to understand a bit more information about what goes through the clinic (Figure 3). As a result, we have been able to update our guidelines on behalf of the Emergency Department with regards to streamlining our services and ensuring that inappropriate referrals can be prevented to the virtual fracture clinic.

References