



Implementation of a Virtual Fracture Clinic (VFC) at BTH

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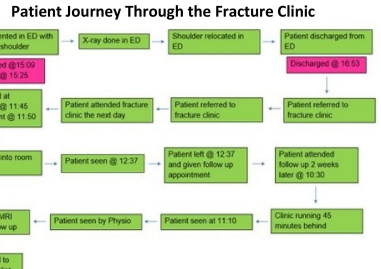
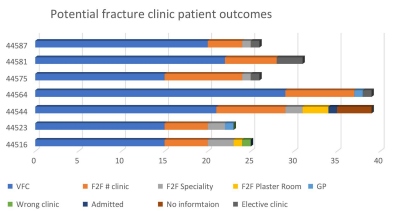
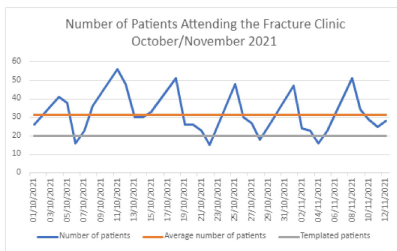
Introduction

- Historically patients are referred to the orthopaedic fracture clinic from the Emergency Department (ED), Urgent Care Centre, Fylde Coast Medical Service, General Practice and Musculoskeletal pathways.
- No triage system - patients attend for review regardless of presentation/pathology
- New fracture clinic is currently operating unsustainably above capacity
- Theory of constraints: unable to optimise current system due to patient volume
- Idealised design required: redesign how our patients are seen in the system

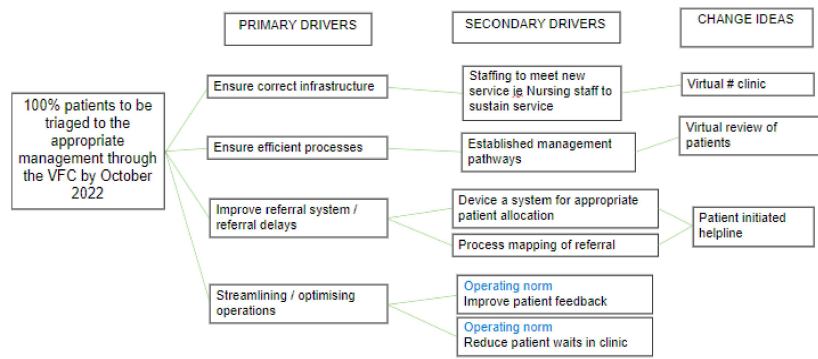
Aim

100% patients to be triaged to the appropriate management through the VFC by October 2022

Initial Assessment

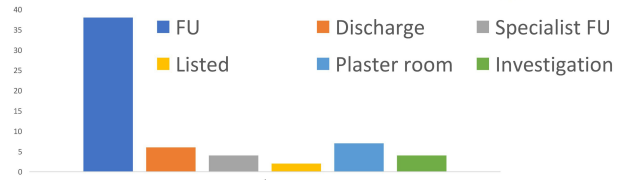
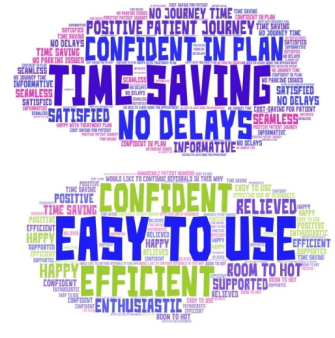


Driver Diagram

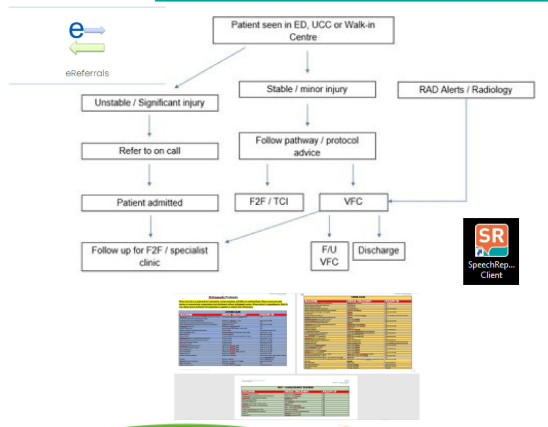


Results – 2 Week Trial

- Patient F&F Feedback
- Staff Feedback of VFC
- 56 patients referred to VFC – only 8 required F2F review within 24 hours (14%)
- 6 patients were discharged from the VFC



Change Ideas



Lessons Learned

- ED**
Limited access to e-referral
ED referrals less than expected in trial
Concern unable to view clinics timely
Proforma not completed fully
SHO referrals noted as large number to F2F clinic
- Clinic**
Capacity for F2F appointments in fracture clinic
Nursing staff confidence increased in service
For increased capacity of VFC: extra nurse required
- G2**
G2 not available for trial – dictations completed

Next Steps

- ED**
Access to single point e-referral
Education protocols for ED/SHO
Mandatory fields added to referral form
VFC Clinic to be populated on morning of VFC
? DOAC vs Dalteparin for VTE prophylaxis
? Boots vs casting in ED
- Clinic**
Ensure F2F appointment capacity
Business case for additional nursing staff
- G2**
Ensure training and familiarization with system
Establish G2 proformas
- CCG/ICB**
Communication of F&F feedback

