View results

Respondent

10 Anonymous

48:45
Time to complete

Title and contact details

1. Title of Initiative (please ensure this is a good description of your initiative in no more than 90 characters) *

Functional outcome and patient satisfaction with a 'self-care' protocol for minimally displaced wrist fractures a service evaluation

2. Name of organisation and region (please state context, ie general practice, community care etc) *

Swansea Bay University Health Board, Wales. Orthopaedics Department

3. Name of person or team involved in the self-care initiative *

Virtual Fracture clinic team

4. Timeframe and dates of initiative *

March 2020- ongoing

5. Contact name for entry *

Anne-Marie Hutchison

6. Contact email for entry *

Anne-Marie Hutchison

About your self-care initiative

7. Describe the problem you were facing and your objective(s) in tackling this. (1200 characters max) *

In March 2020 due to the COVID-19 pandemic, we had to limit the number of face-to-face consultations in our fracture clinic, and we therefore introduced a new 'self-care protocol' for minimally displaced wrist fractures. The aim of our study was to determine satisfaction and functional outcome with the self-care pathway for minimally displaced distal radius fractures. The specific objectives were to evaluate and report: 1) the number of patients who required surgery for the fracture 2) patient functional outcome (Patient-Rated Wrist Evaluation (PRWE); 3) patient satisfaction (questionnaire, contact calls, requests to see a doctor, formal complaints, plus any recommendations to improve the service); 4) if a relationship exists between patient outcome and the nature of the fracture (intra-articular or extra-articular) or type of immobilization (back slab/splint); and 5) cost analysis of the self-care pathway V traditional pathway.

Please enter at most 1200 characters

8. Outline your initiative, explain your planning and execution of the project. (1200 characters max) *

Development of self-care protocol. The self-care protocol consisted of all patients with a suspected minimally displaced distal radius fracture being referred from the emergency department (ED) and the minor injuries unit (MIU) to our Virtual Fracture Clinic (VFC). At the VFC, without the patient being present an orthopaedic consultant and a physiotherapist/ nurse reviewed the patient's notes and radiographs and confirmed the diagnosis, and the patient was discharged directly via an advice letter. The advice included: the orthopaedic consultant's VFC note; patient information sheets on the safe removal of the cast or splint at home; and an exercise sheet advising the patient of what to do after the immobilization period. Contact details were also provided for patients who may have had any problems.

Please enter at most 1200 characters

9. What were the challenges and how did you overcome these? (1200 characters max) *

Initially some consultants were hesitant about working virtually expressing a level of discomfort around "treating x-rays and not patients". However, ED staff completed standardized proformas to document their clinical findings, which helped to reduce their anxiety. We identified variations in practice between consultants in terms of average speed of reviewing each patient case (range 2.5 - 6.5 minutes per patient) and the number of patients being discharged (range 50-85%). These differences were thought to be due to the different levels of experience of the consultants and lack of evidence to direct consistency in practice. We hope our studies will help produce evidence-based protocols to standardize approach and reduce these variations in care. Because of the COVID-19 pandemic the service was set up rapidly. There were some communication problems between staff with some staff being unaware of the new approach. To improve the communication weekly meetings were organized with the leads of each of the department considered key stakeholders. To help patients take responsibility for their injury we have had to maximize the use of written and digital information.

Please enter at most 1200 characters

10. Did you collaborate with other local partners, if so, who and why were they chosen? *

To improve the communication and receive feedback effectively weekly meetings were organized with the leads of each of the teams / departments who were considered key stakeholders; namely fracture clinic sisters, orthopaedic managers, physiotherapists, radiology staff, ED and MIU staff. We also worked with medical illustrations to develop a you tube video

11. Would you describe your initiative as "innovative", if "yes" please tell us why. (800 characters max) *

This study was the first to investigate a self-care protocol for patients with minimally displaced wrist fractures. It shows that patients can be safely treated using this new self-care model with demonstrable benefits in the key domains of quality healthcare and with good patient satisfaction. It adds to the growing body of evidence that direct discharge VFC pathways of care can be safely implemented to reduce the number of patients who need to attend a face-to-face fracture clinic appointment. No other studies have been published on this self care protocol.

Please enter at most 800 characters

12. Did you use any of the Self-Care Forum's free resources as part of your initiative? Provide details *

No. Only now being made aware of these.

Impact, outcomes, and evidence

13. Who was the initiative directed at and what were the benefits to the targeted group or individuals? (1200 characters max)

Patients with minimally displaced distal wrist fractures who self-manage their injury at home have: 1) satisfactory outcome in terms of pain, function, and satisfaction; and 2) no lengthy fracture clinic waits 3) reduced number of hospital appointments

Please enter at most 1200 characters

14. Please quantify the impact of your initiative. (e.g. cost improvement, numbers of people helped, time saved) ((1200 characters max))

Minimally displaced distal wrist fractures account for 3 % of fracture clinic referrals. The new process not only reduces over-medicalization of this injury, but also demonstrates additional economic benefits. Compared to a traditional system, this avoided 71 initial outpatient fracture clinic attendances along with the potential follow-up appointments, 71 cast changes, and 71 repeat radiographs, resulting in an overall saving of £13,500 per annum. This model of care will now be rolled out for other simple stable fractures.

Please enter at most 1200 characters

15. Do you have formal or anecdotal evidence of success? (e.g. qualitative, quantitative, informal feedback?) (1200 characters max)

Overall 71/101 patients completed the telephone consultation; no patients required surgery, and the mean and median PRWE scores were 23.9/100 (SD 24.9) and 17.0/100 (interquartile range (IQR) 0 to 40), respectively. Mean patient satisfaction with treatment was 34.3/40 (SD 9.2), and 65 patients (92%) were satisfied or highly satisfied. In total there were 16 contact calls, 12 requests for a consultant review, no formal complaints, and 15 minor adjustment suggestions to improve patient experience. A relationship was found between intra-articular injuries and lower patient satisfaction scores (p = 0.025), however no relationship was found between PRWE scores and the nature of the fracture. Also, no relationship was found between the type of immobilization and the functional outcome or patient satisfaction

Please enter at most 1200 characters

Learning and sustainability

16. What was the cost of this initiative in time, money, and other resources? Please be as specific as you can. (1200 characters max) *

The cost of the traditional model was £224.95 per patient compared to £98.23 per patient for our new self-care model, which represents a saving of £126.72 (56%) per patient. C

Please enter at most 1200 characters

17. Were there any learnings from the initiative, if so what were they? (1200 characters max) *

The high number of patients seeking help highlights the importance of investigating patient satisfaction, and not just patient outcome scores, when implementing new pathways. To help improve the service and address the issues that patients were seeking help or advice for, we analyzed the reason for the contact calls, the result of the consultation with the doctor, and the patient feedback to improve the service. Most patients required additional information and reassurance regarding ongoing pain, as well as reassurance that a 'routine check radiograph' was not required, neither of which are in the information booklet. We therefore have plans to amend the booklet to include information around these issues. Four patients also called for advice on removing the cast. We therefore amalgamated the removal of plaster information into the advice sheet to make the process simpler, as well as create a YouTube video for patients to access on "how to manage your broken wrist at home"

Please enter at most 1200 characters

18. Are you continuing to implement the initiative, please give details. (1200 characters max) *

Yes, plus since the publication and dissemination of the work at conferences the protocol is being used in other fracture clinics throughout the world

Please enter at most 1200 characters

And finally .....

19. How easy will it be to replicate your initiative and do you have top tips to share? (1200 characters max)

Very. The protocol is very accessible for other centres to use in out published paper - Functional outcome and patient satisfaction with a 'self-care' protocol for minimally displaced distal radius fractures a service evaluation Bone Jt Open 2022;3-9:726–732.

Please enter at most 1200 characters

20. Please let us know the social media addresses of those involved in the initiative.

https://sbuhb.nhs.wales/news/swansea-bay-health-news/new-approach-to-treating-wrist-fractures-breaks-with-tradition/

21. Why do you think this initiative deserves to win the award? (800 characters max)

At a time of austerity and increasing patient numbers fracture clinic services have to look at new innovative ways of working which reduces the overmedicalisation of patients but safety and patient outcome is still paramount. This model of care is now being tested on other simple and stable fractures within our department. This new way of working has reduced unnecessary appointments of patients, long waiting times, unnecessary cast changes and repeat x-ray. This not only results in cost saving and satisfactory outcomes, it has environmental impact and improves staff satisfaction .

Please enter at most 800 characters

22. Do you have an image, materials or weblinks to supplement your application? Please supply no more than 2 images which may also be used to promote your application if successful. Ensure images are square (ie height and width dimensions are the same). Please email information to selfcare@selfcareforum.org including the name title of your initiative (as in Q1).

No only as Q20. We are happy to provide anything you may suggest.

23. Your application may be chosen to be uploaded to the "best practise" page of the Self-Care Forum website to share self-care excellence with others who might want to use the learnings in your application. We will also include your email address so that people may get in touch with you. Please confirm your preference below. *

- (●) I am happy for the Self-Care Forum to add our entry to the website **with** my email address
- ( ) I am happy for the Self-Care Forum to add our entry to the website **without** my email address
- ( ) I would rather our entry was not included on the Self-Care Forum website

24. Would you consider becoming a self-care champion? *

- ( ) Yes
- ( ) No
- (●) Maybe, I'd like to know more