Modernisation of Non-operative Limb Fracture Care
Patient-focused, safe, efficient, no additional investment required
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Background
- Traditionally, all non-operated limb fractures seen at A&E are referred to a Fracture Clinic within a few days of injury.
- Approximately 50% of these injuries occur at the hand/wrist and 30% at the foot/ankle.
- The majority are benign injuries which could be treated with advice, together with a removable splint to promote self-care.
- However, traditionally many of these injuries are treated with plaster which requires further outpatient appointments, and for the lower limb, use of crutches. This frequently delays return to work and regaining normal function.

Disadvantages of the traditional Fracture Clinic
- 100% referred to Fracture Clinic
- Process: Patient presents at A&E with fracture. All non-operated limb fractures are routinely seen at the Fracture Clinic within a few days of attendance at A&E. Many are discharged after 1st visit with no change to treatment (i.e. no ‘added value’).
- Problems and effects: Attendance at the Fracture Clinic is often: At the wrong time/clinic Unnecessary Fracture Clinics may be too busy, with long waiting times leading to: Little time with patients Little time for teaching No data collected

Principles of Redesigned Fracture Service at Glasgow Royal Infirmary / Stobhill MIU
- 38% discharged from A&E
- 62% reviewed at virtual clinic
- 25% discharged by telephone
- 37% referred to specialist

Transformational change, producing a safe, patient-focused, efficient and clinically effective process

Collaboration and Consensus
Agreement of all GRI A&E and Orthopaedic Consultants

Patient-Centred Care
91% positive on satisfaction surveys (600 patients)

Real-time Database
Transparency, promoting credibility and trust Allows effective audit, leading to evidence-based care