

THE IMPACT OF ORTHOPAEDIC CONSULTANT PRESENCE IN THE MINOR INJURIES UNIT (MIU) DURING COVID-19: A RETROSPECTIVE ANALYSIS

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Background:

Redeployment of orthopaedic consultants (OCs) to a minor injuries unit (MIU) during the COVID-19 pandemic provided a unique opportunity to assess the impact of early senior specialist input on patient management.

Methods:

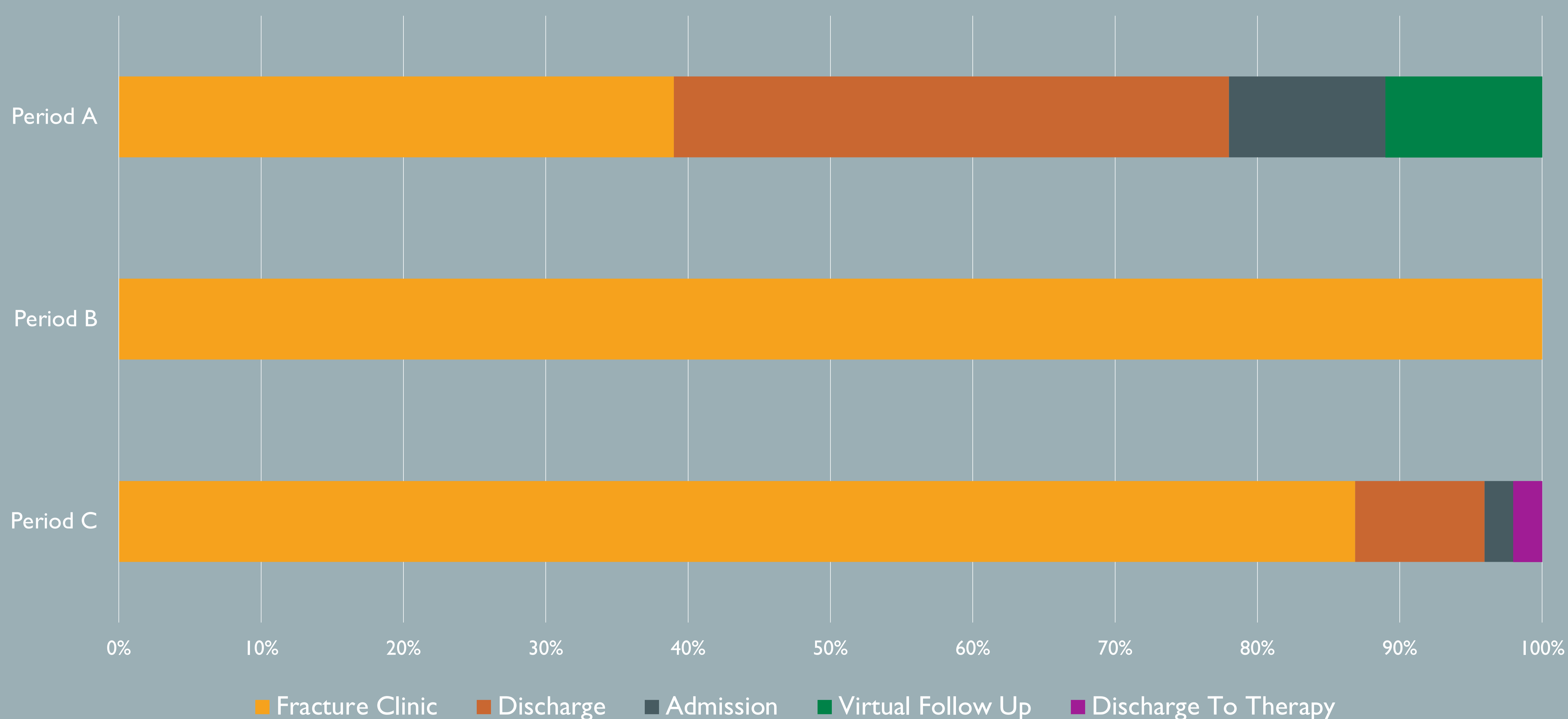
Patient demographics, diagnosis, location of injury and disposal method were compared between three seven-day periods; during the April 2020 COVID-19 lockdown (Period-A), one month prior to Period-A (Period-B) and one year prior to Period-A (Period-C). OCs staffed MIU during Period A, and emergency nurse practitioners (ENPs) staffed MIU during Periods B and C.

Results:

Period-A witnessed higher rate of fracture diagnoses than Period-B and Period-C (42% vs. 15% vs. 20%, respectively, $p < 0.001$), and lower rate of soft tissue injury diagnoses (21% vs. 51% vs. 47%, $p < 0.001$). This suggests increased injury severity either due to modified activities or altered healthcare-seeking behaviour during lockdown.

For fractures, there was lower rate of referral to fracture clinic (39% vs. 100% vs. 86%, $p < 0.001$) and higher rate of discharge (39% vs. 0% vs. 9%, $p < 0.001$). The mean time to fracture clinic was also longer (19 days vs. 7 days vs 10 days, $p < 0.001$), indicating earlier institution of definitive care, often bypassing the first fracture clinic assessment.

Disposal method - patients with fracture



There were no other significant differences between the periods, with MIU waiting times, radiology alerts and complaints received remaining largely unchanged.

Conclusion:

Early senior orthopaedic input in the patient journey from MIU had clear benefits and this was most true for fracture diagnoses. Earlier definitive management planning was observed as lower rates of fracture clinic referral, higher rates of discharge, and deferred first fracture clinic reviews.

Implication:

This study highlights the benefits of greater partnership between A&E and orthopaedics. As the pandemic subsides and redeployed staff are withdrawn, a modification of this model could be utilised to ensure this partnership is sustainable.