

Concordance with Guidance for Fracture Management and Virtual Trauma Clinic (VTC) Referrals (COVID-19 Escalation Policy)

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Background

Prior to the COVID-19 pandemic, patients discharged from the Emergency Department (ED) at South Tyneside District Hospital (STDH) with a suspected fracture returned the following day for a face-to-face (F2F) consultation in Fracture Clinic.

The STDH Orthopaedic Department produced a COVID-19 Escalation Policy outlining the initial treatment and onward management of common fractures.

The aim was to reduce F2F consultations by organising a VTC and providing definitive management in ED.

The policy focused on providing self-removable immobilisation, such as splints or soft casts, in order to reduce unnecessary trips to hospital and the potential exposure to COVID-19.

Method

Using the Meditech (version 6) system, we were able to retrospectively identify all patients referred to the VTC from ED between 01/04/2020 and 30/04/2020.

Electronic notes from ED and the VTC were then reviewed; we recorded the source of the referral (direct to VTC vs discussion with on call team), the diagnosis given by ED and the orthopaedic team in the VTC, treatment given in ED, and any re-attendances.

The source of the referrals and the immediate treatment was compared to the standards set out in the COVID-19 escalation policy.

85/101 patients referred to VTC by ED were included in analysis; X-ray recalls (10/101) and injuries outside the guideline (6/101) were excluded.

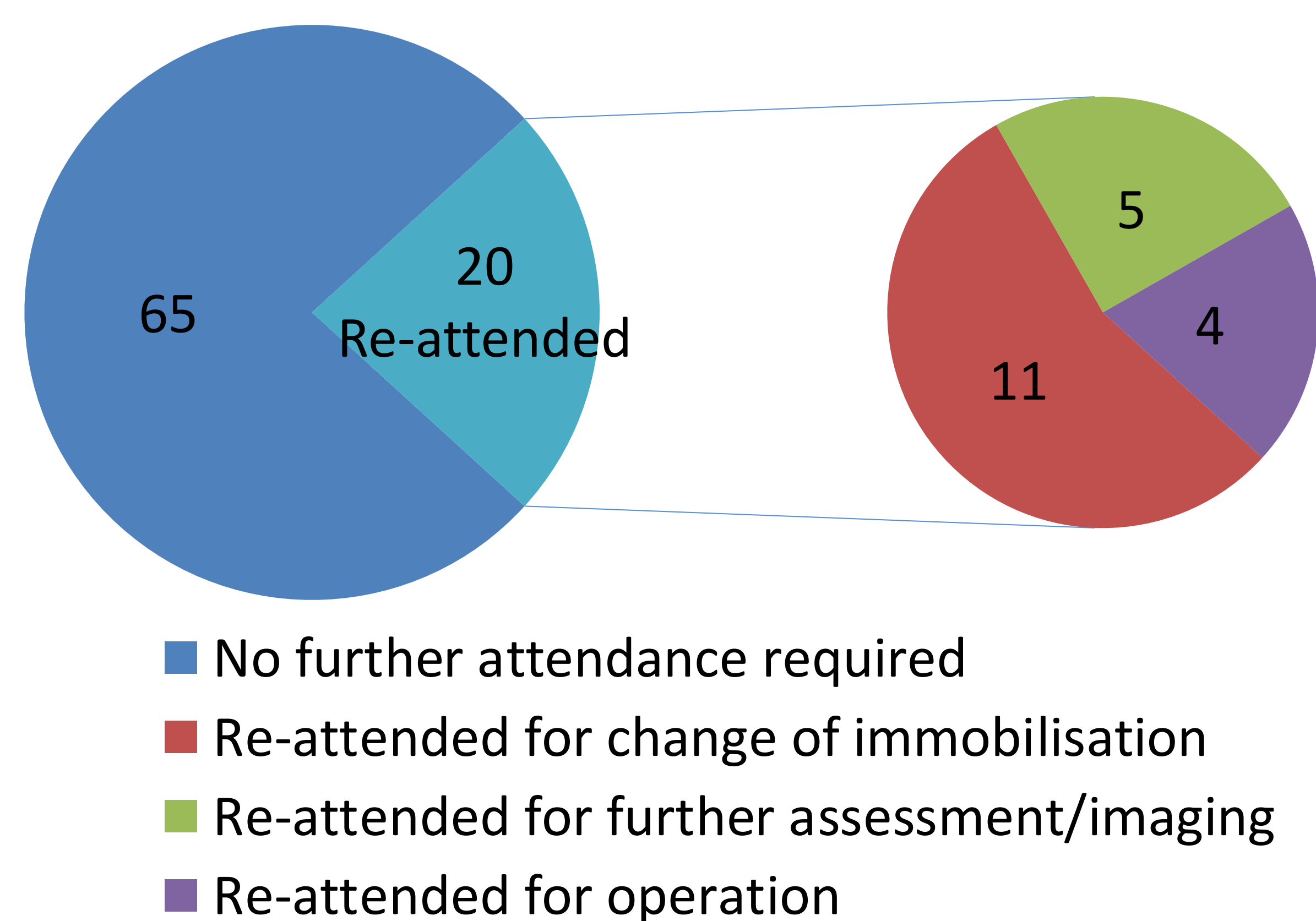
Results

70.6% (60/85) of patients were placed on the appropriate referral pathway to the VTC.

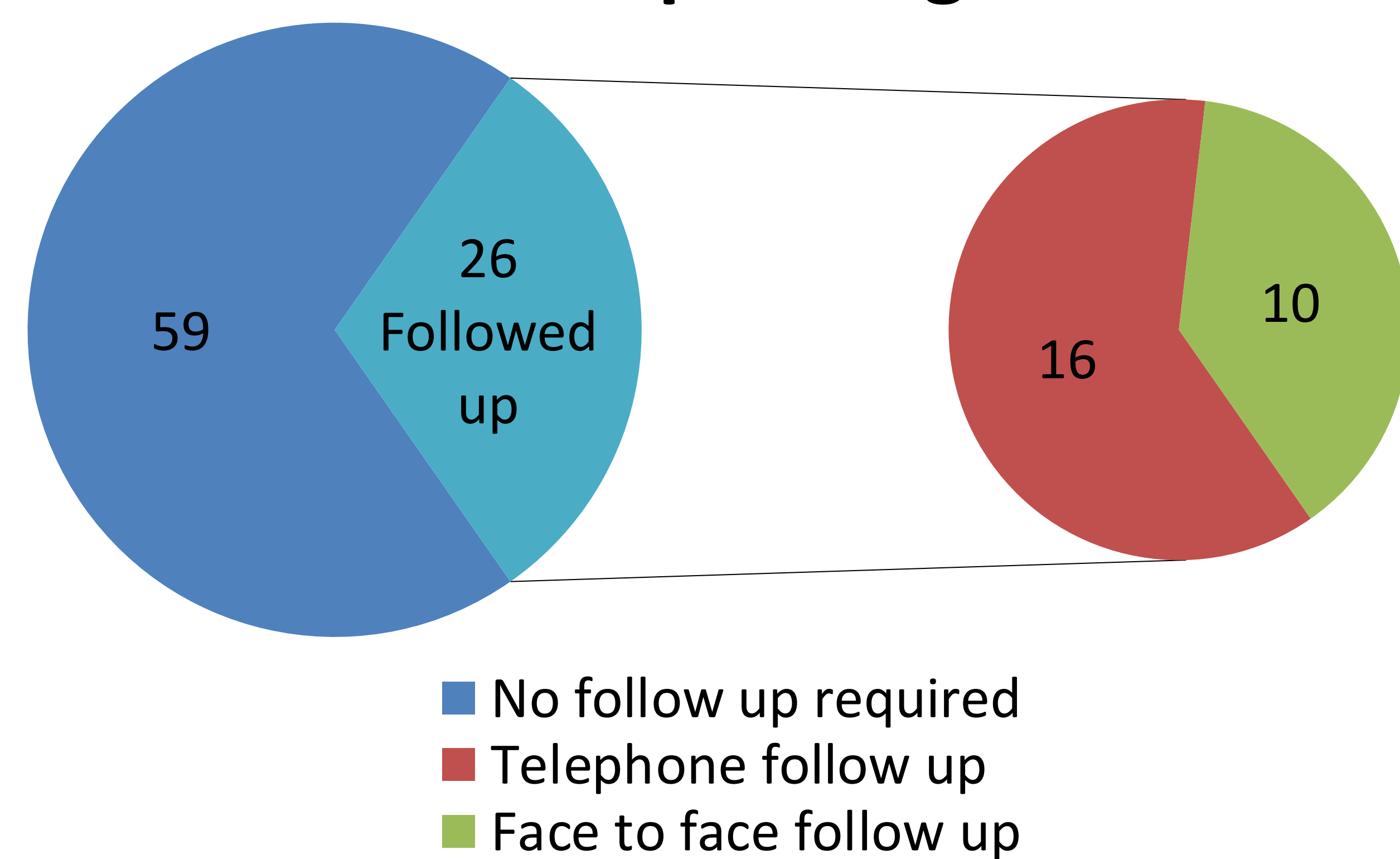
54.1% (46/85) of patients received the appropriate initial management based on their ED diagnosis.

Of those not managed in accordance with the guidelines only **28.2%** (11/39) had to re-attend for a change of immobilisation.

Outcome of initial VTC



Follow up arrangements



Conclusion

In April 2020, the peak of coronavirus cases at STDH, VTC prevented **76.4%** (65/85) of patients attending the hospital the following day. This could be further reduced if all patients received the correct form of immobilisation in ED, as per the new guidelines.

Of those patients who required follow up **61.5%** (16/26) were offered a telephone appointment instead of a F2F review.

The VTC reduced potential exposure to COVID-19 for patients and staff.

Implications

The VTC has become a permanent fixture in fracture management at STDH.

Further education on the modified guideline is required for both the Orthopaedic and ED Teams, to ensure consistent management and further reduce re-attendances.

There is potential for the VTC to become centralised and streamlined across the Trust.



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