
New virtual fracture clinic offers one-on-one care

Initiative Type

Service Improvement

Status

Deliver

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Summary

In a Queensland-first, the new virtual fracture clinics (VFC) offered at Darling Downs Hospital and Health Service (HHS) enable patients with minor fractures to be cared for by a nurse over the phone. The nurse-led service can provide care for for 14 different fracture types. Most of the patients are children, and the nurse speaks often to parents or caregivers by phone. All referrals are triaged,

and if appropriate, allocated to the VFC. The nurse makes a phone call to do an assessment and discuss the actual injury, how to look after it, when to see a GP as well as any concerns they have. The nurse also follows up with a written management plan in an SMS to the patient and in a letter to their GP. After the patient has been discharged from Orthopaedics Department, ongoing reviews are undertaken by allied health professionals or a GP. Any adverse findings are clinically escalated to an appropriate review pathway. If urgent escalation of care is required, the pathway allows for easy access to an Orthopaedic Medical Officer.

Key dates

Jan 2022

Aug 2022

Implementation sites

Toowoomba Hospital

Key Contacts

Tanya Archinal

3501

william.vanheerden.ced

Acting Clinical Nurse Consultant

Darling Downs Hospital and Health Service

07 3328 9046

Tanya.Archinal@health.qld.gov.au

Aim

To improve the care provided to patients with fractures.

Benefits

- Patients don't need to book an appointment or attend hospital (\$28,800 annual saving in patients' travel costs).
- Patients receive text messages if they miss a phone call and can call the nurse back at any time that suits them.
- Shorter turnaround times after initial contact.
- Earlier discharge to community-based providers.
- It promotes self-management by patients.
- Written management plans are provided to patients and community-based providers.
- Financial benefit to patient and health service (total financial benefit of \$132,004 per year)
- It improves the patient experience whilst maintaining safety and quality care.

Background

There is a huge backlog across Australia's public hospitals for outpatient appointments with specialists. This internationally and nationally recognised model will contribute to addressing this backlog. Literature indicates approximately 25% of all fracture referrals do not require an in-person orthopaedic review. Feedback also indicated that patients would appreciate a more appropriate review model for minor injuries and that the traditional model is no longer feasible or acceptable. In addition, travel costs for patients have increased and, there is significant staff fatigue due to workload within the current infrastructure or resource allocation.

Solutions Implemented

Nurses on average only need to speak to a patient once to set them on the right path for recovery. Written information provided by SMS link or email to the patient after the consultation.

Evaluation and Results

In the first six months of the program, 386 patients were managed. It freed up the equivalent of six fracture clinics per month. The overall majority of the patients indicated that they were happy to

receive follow up care via this program. 5% of fracture referrals during this period were safe for the program.

Lessons Learnt

98% of patients indicated they wanted to receive management plans by SMS. Introduce clear triaging guidelines for medical officers.

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