

AB261. Introduction of a virtual fracture clinic: a time and cost analysis

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Background: The British Orthopaedic Association Standards for Trauma and Orthopaedics (BOAST) have produced guidelines advising that all patients be reviewed by an orthopaedic consultant within 72 hours of presentation. However, data from traditional fracture clinics rarely fulfil this criterion. Furthermore, data from the National Health Service (NHS) has determined that traditional fracture clinics have become unfit for purpose with low patient satisfaction rates, excessive waiting times and over 6.9 million missed appointments every year. To test the feasibility of a pilot virtual fracture clinic (VFC) with a view to reducing service costs and improving adherence to BOAST guidelines specified timeline for orthopaedic consultant review.

Methods: A retrospective analysis of 103 patients referred to our pilot VFC from January 1st to 31st 2019 was carried out. We included shoulder dislocations, clavicle injuries, simple distal radius fractures, radial head fractures, metacarpal and metatarsal injuries, undisplaced fractures of the medial and lateral malleolus of the ankle and soft tissue injuries. The primary outcome measured time from presentation to review by an orthopaedic consultant. A cost analysis was also performed to estimate the overheads and potential savings associated with VFC introduction. Statistical analysis was done via SPSS.

Results: Following VFC establishment, time from ED presentation to review by orthopaedic consultant reduced from a mean of 229 hours to 72 hours ($P=0.0001$). Cost analysis demonstrated that the VFC created savings of €3,170 per week, amounting to projected savings of €38,040

Conclusions: VFC has the potential to improve clinical performance while delivering substantial financial savings.

Keywords: British orthopaedic guidelines; fracture clinic; service provision; virtual

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