688 Rapid Implementation of Virtual Fracture Clinic During COVID 19 Reduces Both Face-To-Face Appointments and Facilitates Rapid Feedback and Education to Be Delivered to The Emergency Department

T. Havenhand, L. Hoggett, A. Bhutta

Pennine Acute Hospitals NHS Trust, Manchester, United Kingdom

Introduction: COVID-19 has dictated a shift towards virtual clinics. Pennine Acute Hospitals NHS Trust serves over a million patients with a significant number of face-to-face fracture clinics. Introduction of a Virtual Fracture Clinic (VFC) reduces hospital return rates and improves patient experience. The referral data can be used to give immediate monthly feedback to the referring department to further improving patient flow.

Method: Prospective data was collected for all referrals to VFC during March 2020. Data included referral diagnosis, actual diagnosis, referrers grade, and final outcome.

Results: 630 referrals were made to VFC. 347 (55%) of those referrals were directly discharged without the need for physical consultation. Of these 114 (32%) were injuries which can be discharged by the Emergency Department with an advice leaflet using existing pathways. Of the remaining discharges 102 (29%) were query fractures or sprains; and 135 (39%) were minor fractures; which needed only advice via a letter and no face to face follow up.

Conclusions: Implementation of VFC leads to a decrease in physical appointments by 55% saving 347 face to face appointments. The new system has also facilitated effective audit of referrals in order to further improve patient flow from the Emergency Department via feedback mechanisms and education.