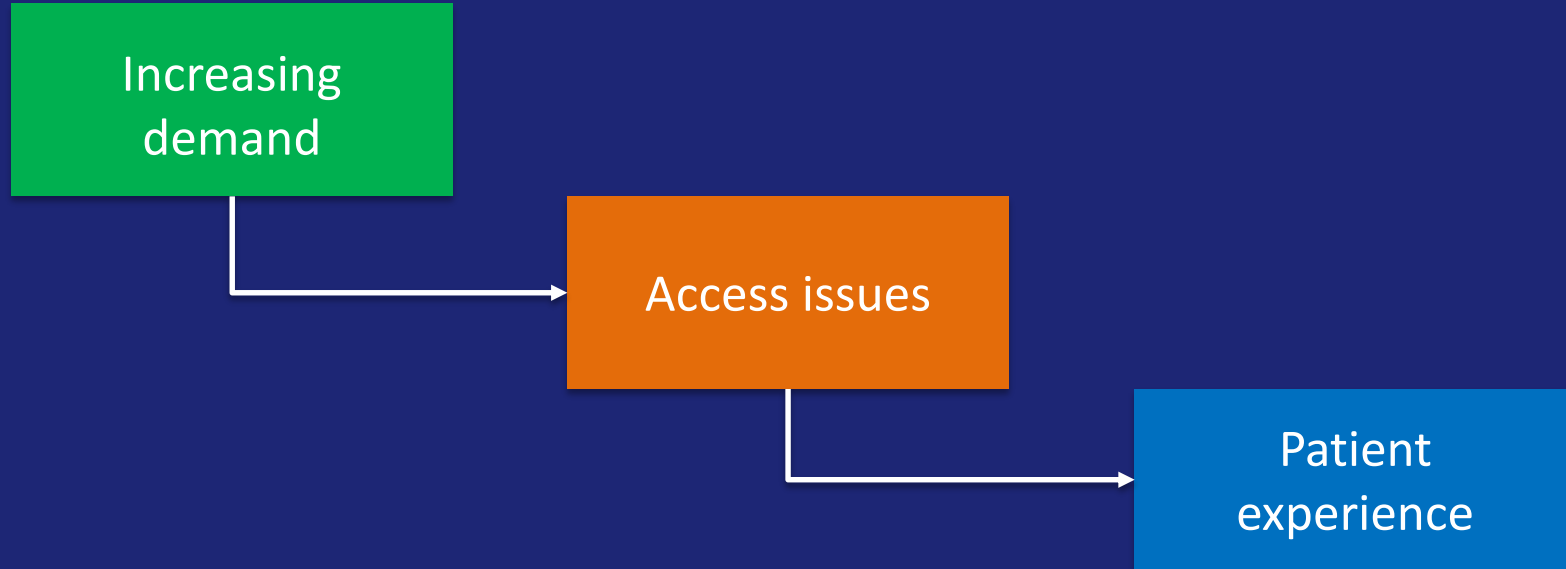


Virtual Fracture Clinics: A safe & effective alternative

Bernarda Cavka
Virtual Fracture Clinic Co-Ordinator

- 2016-17 Better Care Victoria innovation grant

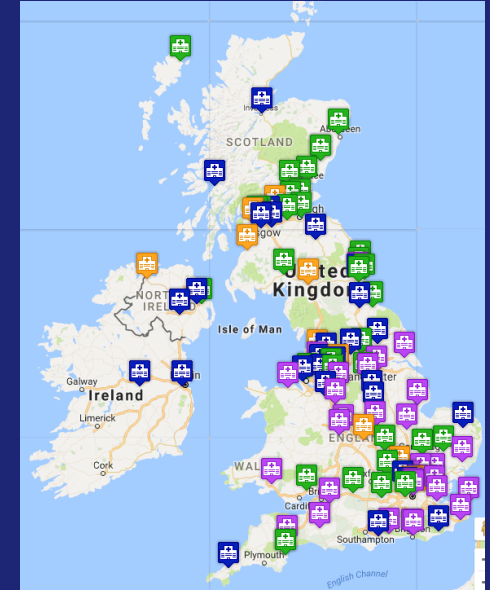
OUTPATIENT SPECIALIST CLINICS



Pioneered at Glasgow Royal Infirmary

Many ambulatory musculoskeletal injuries:

- have excellent prognosis without direct specialist intervention
- can be safely & effectively managed in primary care



- To investigate the feasibility of VFC in the Australian health care system

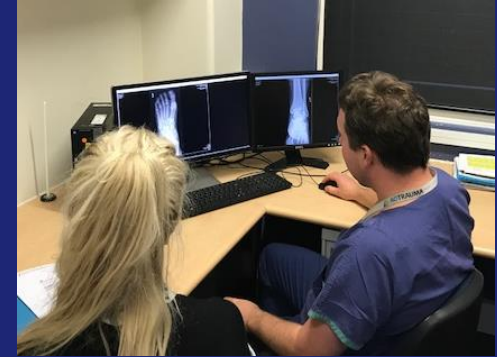
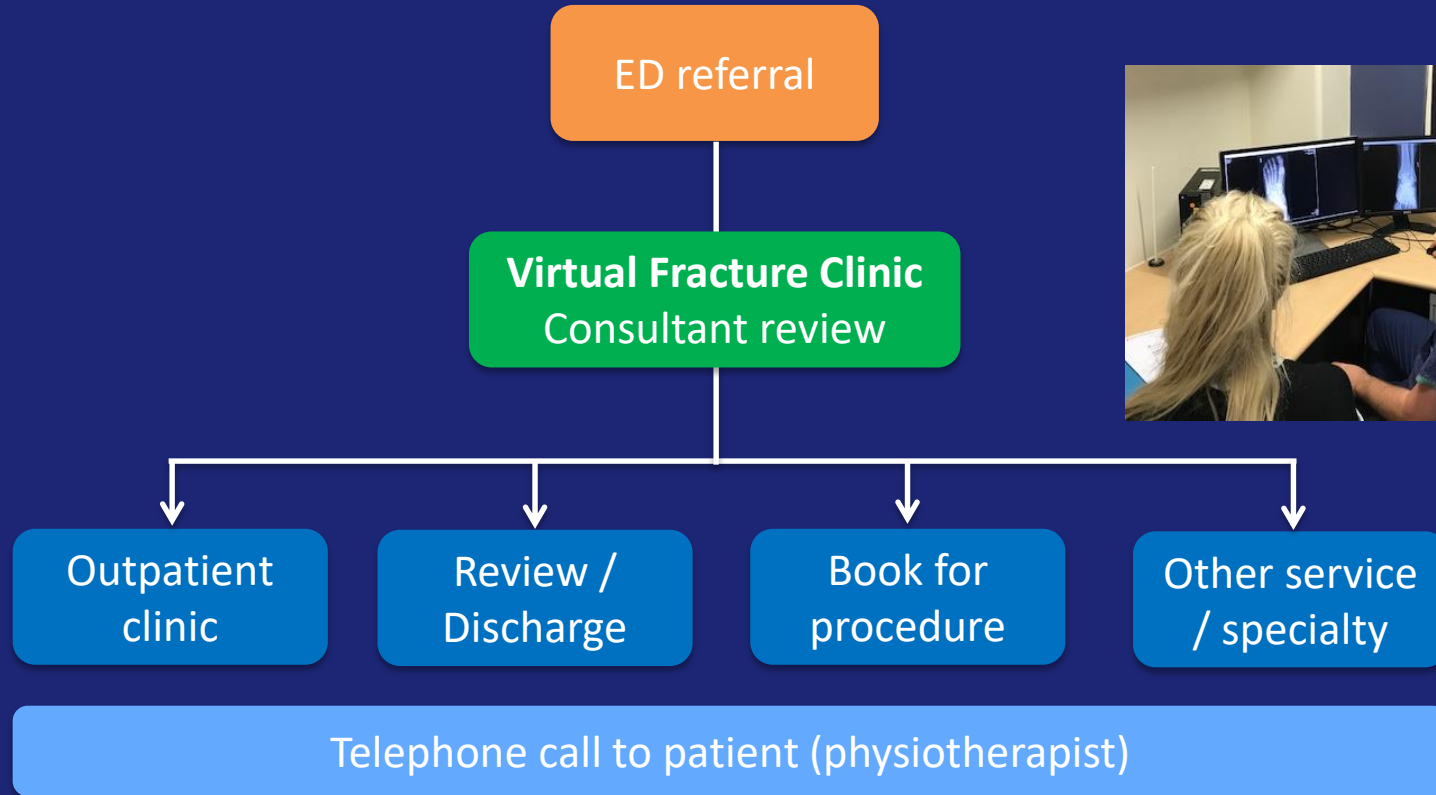


Prospective study with retrospective control (Nov 2015 – June 2018)

Inclusion: All non admitted ED referrals

Exclusion

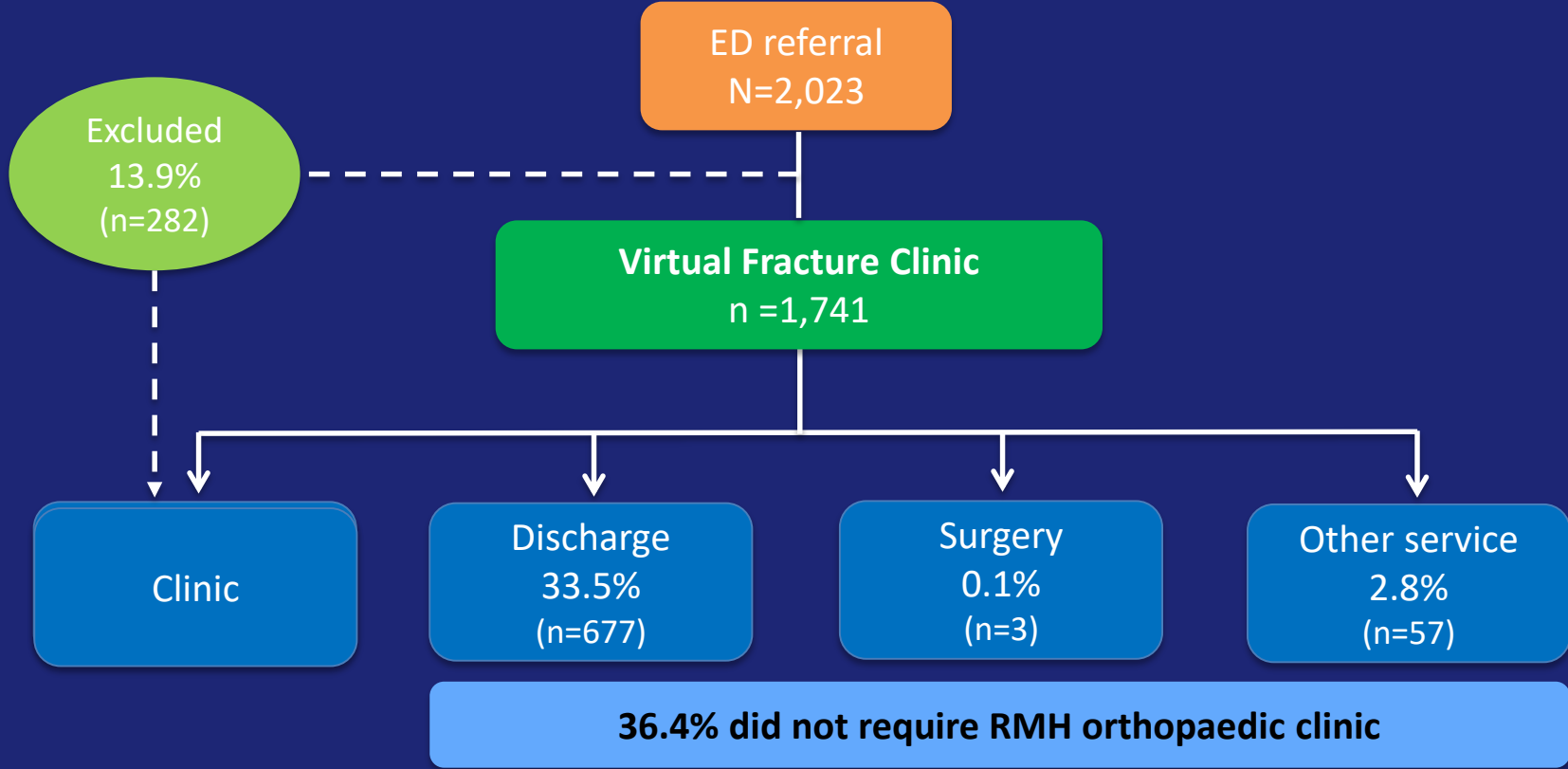
- Spine
- Open fractures
- Neurovascular compromise
- Compartment syndrome
- High velocity trauma
- Insufficient clinical detail / imaging
- Non English speaking
- No phone access
- No Medicare
- Pregnancy



	Pre VFC	Post VFC	p value
Number of referrals	1,899	2,023	
Male, n (%)	1,086 (57.2)	1,127 (55.7)	0.35
Age, median (IQR)	36 (26,55)	37 (26,56)	0.69
- Age Females, median (IQR)	48 (30,66)	46 (29,64)	0.27
- Age Males, median (IQR)	32 (25,45)	32 (24,46)	0.96
Injury classification, n (%)			0.56
Upper Limb	1,107 (58)	1,166 (58)	
Lower limb	740 (39)	797 (39)	
Spine*	39 (2)	38 (2)	
Axial	5 (0)	5 (0)	
Multiple areas	8 (0)	17 (1)	

* Excluded

RESULTS – post implementation



	Pre VFC	Post VFC	p value
Unplanned surgery*	-	0	-
Unplanned ED re attendance* (30 days)	123 (6.4 %)	105 (5.2%)	0.49

* Unknown if patients attended other services

RESULTS - Efficacy

	Pre VFC	Post VFC	p value
Clinic appointments per referral	1.67	1.06	<0.01
Days to orthopaedic contact (mean, IQR)	7 (5-9)	2 (1-3)	<0.01
Lost to follow up (%)	280 (14.7)	144 (7.2)	<0.01

- VFC are a safe & effective alternative to traditional models of care

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