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# #nhschangechallenge

Change Challenge Innovation:
**MSK & ED Collaboration**

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# MSK & ED collaboration

## What happened?

Describe the change

When did you change?

Who was involved?

How did you change?

- What challenges did you face?
- What successes occurred?

## Why did you change?

What compelled it

## What was the impact?

To patient outcomes; patient experience; staff; stakeholders; productivity and efficiency; health inequalities, greener NHS

## Embedding beneficial change

How will you carry forward the change?

- What are your recommended actions?

Will the change benefit others?

- What are your recommendations to them?

# What happened?

## Describe the change

**When did you change?**

- April 2020

**Who was involved?**

- Ortho consultants and ED dept.

**How did you change?**

- We created a new pathway to enable ED juniors and ENP to have direct access to the opinion of an on duty orthopaedic trauma consultant in the fracture clinic, during office hours. This formed the first step in an escalation plan which would increase the involvement of orthopaedic consultants in the management of traumatic injuries within the ED if the pandemic worsened. This “open door “ policy allowed ED juniors and ENP to walk around to fracture clinic to discuss proper diagnosis and mx.

**What challenges did you face?**

- Quality of referrals was initially poor, people wanting to discuss without formulating a proper plan first. Shyness from ED staff.
- Getting all involved orthopaedic consultants to fully engage and be always contactable either face to face or remotely, during the agreed hours.

**What successes occurred?**

- Early definitive management of orthopaedic injuries.
- Increased use of soft cast, removable splints, boots etc.
- Break down of traditional barriers.
- ENP in particular found it very educational, skills improved
- Took pressure off ED middle grades and consultant to allow them to concentrate on covid patients.
- Reduced unnecessary fracture clinic referrals. Reducing potential covid exposure for px.

# Why did you change?

## What compelled it?

**The reason for change**

- It was clear that ED was getting busier with sick COVID patients and this took up the time of the ED middle grades and Consultants.
- As an ortho dept we decided to create an escalation plan that started with us offering to be the first port of call for any traumatic ortho injury that presented to ED either minor or major.
- The intention was to decrease the normal workload of those ED doctors whose skills were best used with sicker px.

# What was the impact?

**What was the impact on:**

**Patient outcomes:**

- Whilst not formally measured it was clear that involving a senior orthopaedic decision maker in ED mx of px improved.

**Patient experience :**

- Quicker, more streamlined care, less visits, less risk

**Staff experience**

- Most of the consultants enjoyed getting stuck in, teaching, providing service in an innovative way. ED found it educational, less stressful more efficient

**Efficiency**

- Having them come to talk to us whilst we did fracture clinic was best. Essentially it added to the numbers in clinic in one way, but at the same time decreased the likelihood of having someone in clinic managed poorly. This was made even more efficient by the use of remote review see below.

**Were there any unintended consequences?**

- Covering lunchtimes in between am and pm clinic wasn't as easy. Some of us just had lunch in clinic others would be AWOL causing confusion.
- This was improved by the use of medic bleep which is an app based bleep/ paging system… which had been recently introduced trust wide.
- This allowed remote review of xr and reply by message… remote from ED and fracture clinic. Like WhatsApp for medics on your own phone/ device. Also allowed direct calls.

**Which parties contributed to the change?**

- ED and ortho dept.

# Embedding beneficial change?

**How will you carry forward the change and what are your recommended actions?**

- Embedding senior decision makers early in the acute referral process, especially for the management of injures that can go home. Easy access to this person, either remotely via an encrypted app based system or by a consultant being in a specific place at  a specific time. Either on call cons, fracture clinic cons, or a 2nd on call cons.

**What tools or guidance will you develop to help embed the change?**

- Engagement with ED colleagues
- Timetable for who and how to contact
- Duty room or use something like medicbleep (could do from home +/-remote access to look at xrays properly)
- Incorporation of this duty into the Job plan of the ortho consultant

**Will the change benefit others?** Yes

**What are your recommendations to them?**

- Get your ortho colleagues to agree first…ED will love it

**Can you share your tools and guidance with others who might have an interest in this change?**

- Yes

# Further details:

To help build the narrative and a knowledge asset of the beneficial change, we'd like to follow-up with  the team of the beneficial change.

- Which team or organisation implemented the beneficial change? Ortho dept, West Suffolk Hospital,
- Who is the lead or key contact? Phil Vaughan (me) or Martin Wood an ortho colleague who designed the actual escalation plan during the pandemic
- Philip.vaughan@wsh.nhs.uk
- Martin.wood@wsh.nhs.uk

- Can we follow up with them to delve further into the detail? Yes