

AB188. SOH22ABS037. A closed loop audit into the use and efficacy of the ambulatory care model for management of distal radius fractures

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Background: The Health Service Executive (HSE) National Model of Care for Trauma and Orthopaedics and the British Orthopaedic Association both recommend the use of an ambulatory care model for the management of distal radius fractures. The ambulatory care model recommends suitable patients should be discharged home following diagnosis and return as a planned day case admission for their definitive treatment to avoid unnecessary inpatient stays and bed blocking. We identified an issue in 2018 as there was no pathway to facilitate the ambulatory care model in University Hospital Limerick (UHL) and as such we conducted this audit to identify the impact of this service deficit on patients and the health system. Since then Croom Orthopaedic Hospital now has capacity for ambulatory trauma care Monday to Friday and as such we reaudited to assess the effect of this new pathway on service provision in UHL.

Methods: A retrospective audit of how many distal radius fractures were treated in UHL over a 1-year period from 2018 to 2019 as compared to the same period from 2020–2021 as per the ambulatory care model. Data was collected from theatre meridian logbook, the theatre imaging system and HIPE database. Time of diagnosis, time of operation, inpatient duration and inpatient location were measured.

Results: There were 176 patients with distal radius fracture treated in the period spanning 2018–2019. For the same period in 2020–2021, 141 patients were treated. Although there was a very small subset of patients that required

admission to UHL for the surgical management of their distal radius fracture due to medical comorbidities/other confounding injuries, the vast majority were suitable for the ambulatory care pathway. Of those patients managed via the ambulatory pathway 100% were managed on an orthopaedic ward compared to 61% in 2018 and none had an inpatient stay >12 hours prior to their surgery compared to an average of 52.8 hours as inpatient preoperatively in 2018.

Conclusions: The ambulatory care pathway is a safe, convenient and cost-effective method of managing these types of injuries.

Keywords: Distal radius; ambulatory pathway; orthopaedics; audit; day case

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Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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