

Sticks and Stones may Bend my Bones

A QIP for the Management of
Distal Radius Buckle Fractures in
Children

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Why?

- Most common fracture
- Common presentation to ED
- Plasters get wet - reattendance rates high
- Inconvenient for child and parent
- Uncomfortable for child

Identifying the Problem

- Scale
 - 180 patients per year

- Nature
 - Process Map
 - Telephone Survey



Aims – What are we trying to accomplish?

- Improve Comfort
- Reduce Inconvenience

What change can we make that will result in improvement?

- I knew!!!!!!
- Bench Marking
- Literature Search
- Internet Search – pathways and proformas



Team

- Me
- PEM lead Consultant
- Paediatric Orthopaedic Consultants
- ENP lead
- CT3/PEM junior

What change can we make that will result in improvement?

- No fracture clinic follow up
- A removable device for immobilisation
- Safeguarding against greenstick fractures - VFC



How will we know the change is an improvement?

Outcome	Comfort Inconvenience (Satisfaction)	Telephone survey answers
Process	Number of casts applied Number of splints applied	Data from PACS and Zylab
Balancing	Number of greenstick fractures	Data from VFC

The data collected was plotted on SPC Charts

PDSA cycles

- Cycle 1
 - Pathway
 - Patient/Parent information leaflet

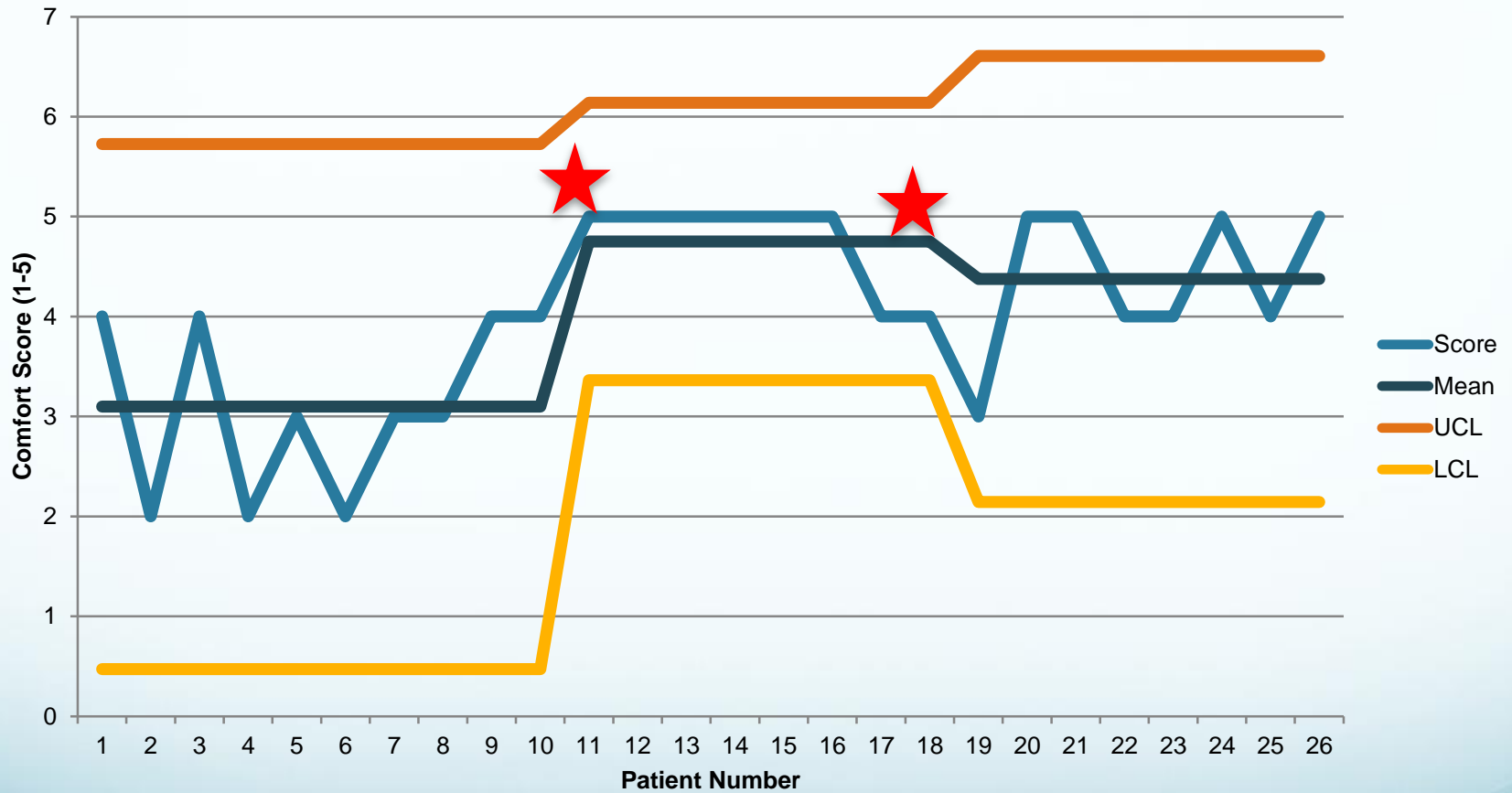
PDSA cycles

- Cycle 2
 - Patients over 2 weeks seen by PEM junior
 - New pathway used
 - Followed up with telephone survey
 - Worked really well

PDSA Cycles

- Cycle 3
 - Teaching
 - Information sharing – emails/posters

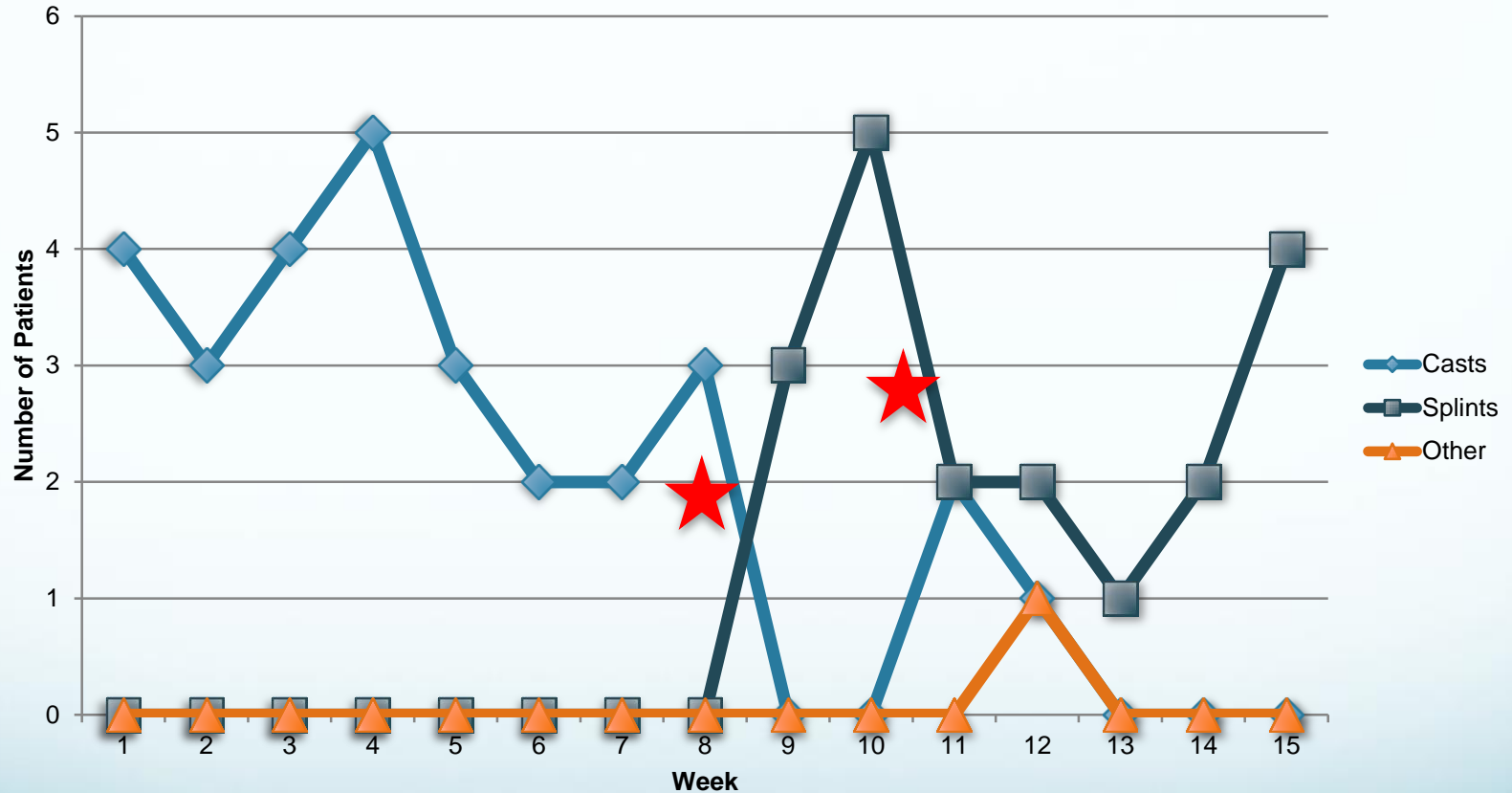
SPC Chart - comfort scores (outcome)



SPC Charts – Satisfaction scores (outcome)



Chart showing number of plasters and splints (process)



Balancing

- VFC
- 0 greensticks
- Their projects outcome and process measures were showing it to be a success

Sustainability

- Working along side virtual fracture clinic QIP
- Induction teaching
- Online ED guideline
- Audit and Governance

Reflection and what I learnt

- Try to have an understanding of QIP methodology before you start
- Find the problem and then use a team to look for an aim and solution – DON'T approach the team with a preconceived solution
- Do small, manageable PDSA cycles
- Measure what you aimed to change and include process and balance measures
- Use your team
- Stick to a time frame, use a Gantt chart, keep a diary
- Do it in the hospital you are working in

Questions?



Thank you

It is not enough to do your best; you must know what to do, and then do your best



If you do not know how to ask the right question, you discover nothing

Without data you're just another person with an opinion

If you can't describe what you are doing as a process, you don't know what you're doing

Quality is everyone's responsibility