

## An analysis of an ongoing trial of rural teleconference fracture clinics

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## Declaration

None of the authors has received any payment or consideration from any source for the conduct of this study



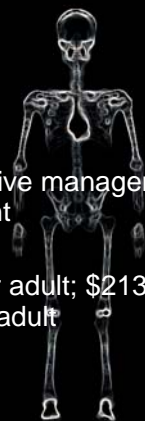
## Teleconference fracture clinic



McGill A F, North J B. Teleconference Fracture Clinics: A Trial for Rural Hospitals. *ANZ J Surg.* 2012; **82**:2-3

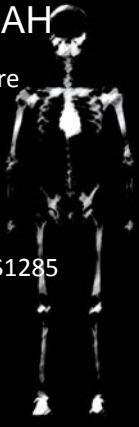
## Mt Isa Hospital

- Orthopaedic PHO
- Biweekly fracture clinics
- Second opinion or operative management requires transfer of patient
- 883km east of Townsville
- Estimated cost \$1269 per adult; \$2134 per child with accompanying adult

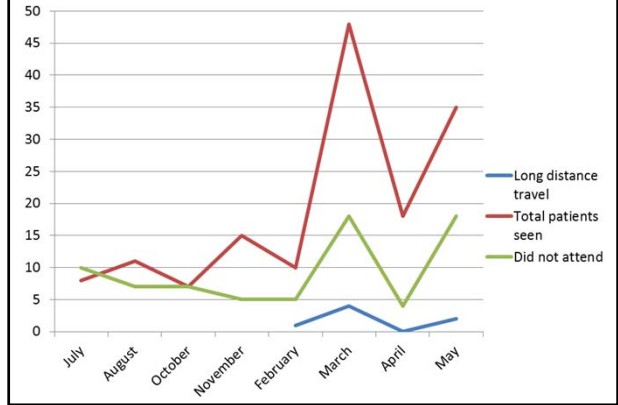


### TFC Process at PAH

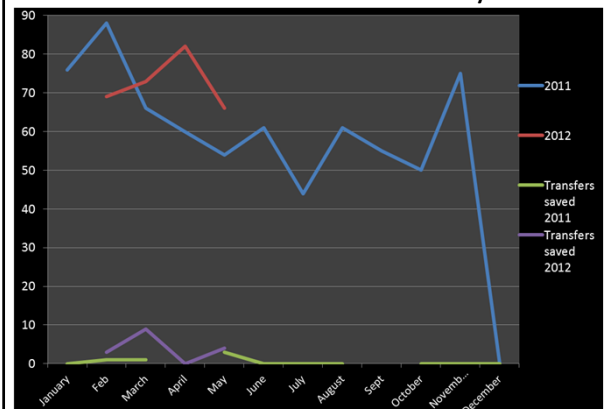
- Friday teleconsultation fracture clinic
- Radiographer
- Radiology imaging system
- Nurse
- Charts
- Approximate additional cost \$1285 per clinic



### Teleconference clinics



### Attendance and saved transfers by month



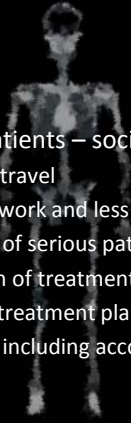
### Results

- Average number of patients reviewed per clinic = 10 (71% attendance)
- Transfers saved since Jan 2011 = 21
- Overall cost deficit = \$170 per clinic
- 16 patient transfers saved in 2012
- Cost benefit = \$1259 per clinic



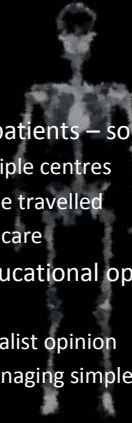
## Strengths

- Advantage for patients – social, financial
  - Reduced cost of travel
  - Faster return to work and less time off work
  - Earlier diagnosis of serious pathology
  - Expert discussion of treatments
  - Coordination of treatment plans
  - Fewer transfers, including accompanying person



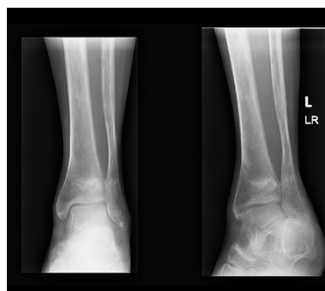
## Strengths

- Advantage for patients – social, financial
  - Service to multiple centres
  - Shorter distance travelled
  - Post-operative care
- Support and educational opportunity for rural doctors
  - Access to specialist opinion
  - Support for managing simple cases



- 50yo woman - Left distal fibula fracture 5 weeks previously, placed in short leg cast
- Presented to Teleconference clinic complaining of pain and unable to weight bear
- Consultant discovered past history of breast cancer, pathological nature of fracture and possible distal tibia lesion

## Case Study



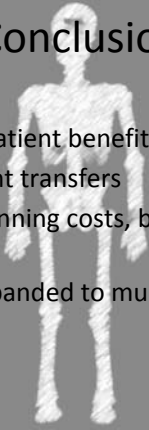
## Improvements

- Attendance 71%
  - Improve with education, advertising, and reminders
- Electronic appointment book and paperless clinical notes
  - Saving of cost of charts and administrative time
  - Could serve multiple locations
- Delay in transfer of radiographic images
  - State-wide synchronised radiology service
  - Reduced visits to hospital for imaging for patients



## Conclusion

- Significant patient benefit
- Fewer patient transfers
- Increased running costs, but cost effective in 2012
- Could be expanded to multiple locations



Thank you

