



Medical audit

Improving the quality of patient care: patient satisfaction with a nurse-led fracture clinic service

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A prospective study was conducted to assess nurse-led follow-up of patients with fractures.

Key words: Patient care – Nurse-led fracture clinic

To investigate a potential method of safely and satisfactorily improving the quality of the service provided to patients, a prospective study was conducted to assess nurse-led follow-up of patients with fractures.

Patients and Methods

Patients with fractures not anticipated to have a complicated recovery were identified. The fractures included were undisplaced distal radius fractures in children and adults, fractures of the clavicle, fractures of the 5th metatarsal styloid or base, and fractures of metacarpals with documented evidence of an absence of rotational deformity.

Patients were identified and a trial clinic appointment was made. Patients were allocated to one of two groups according to time of arrival at the clinic to improve efficiency. The nurses reviewed group 1, the doctors group 2. Two nurses, one consultant and one registrar reviewed patients in the trial. The majority of patients were discharged. Two experienced fracture clinic nurses were trained prior to the start of the study. Training occurred via observation of practise followed by a period of observed practise; the nurses also completed the musculo-skeletal module of the pre-clinical medical

course. A simple categorical questionnaire was completed after the consultation. The questionnaire was completed by the patient or, where the patient was a minor, by the accompanying parent or carer.

Baseline levels of patient satisfaction were established by distributing the same questionnaire in the current fracture clinic setting.

Results

Similar patients were seen in the trial and fracture clinic (Table 1). Trial group patients were almost exclusively satisfied with the waiting times; those seen in the fracture clinic had a 16% dissatisfaction rate (Table 2). The results show a greater degree of patient satisfaction when seen in the trial, and especially when seen by the nurse in the trial (Tables 3 & 4).

The notes were reviewed to ensure that there was no evidence of inappropriate decision making by either nurse or doctor in the context of the trial

Discussion

A Medline literature search showed that there have been no prospective studies carried out in orthopaedic surgery

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Table 1 Number of patients seen in the trial and fracture clinics

| | Trial clinic (nurse) | Trial clinic (doctor) | Fracture clinic (doctor) Audit |
|---------------------------------|----------------------|-----------------------|--------------------------------|
| Number of patients seen | 46 | 50 | 48 |
| Average waiting time (min) | 11 | 11 | 37 |
| Average consultation time (min) | 5 | 4.5 | 3.5 |
| Males | 20 | 25 | 27 |
| Females | 26 | 25 | 21 |
| Age range (years) < 16 | 19 | 18 | 31 |
| 16–25 | 12 | 9 | 5 |
| 26–35 | 1 | 7 | 6 |
| 36–45 | 4 | 1 | 1 |
| 46–55 | 3 | 5 | 2 |
| 56–65 | 3 | 3 | 0 |
| > 65 | 4 | 7 | 3 |
| Responder | | | |
| Parent | 20 | 18 | 31 |
| Patient | 26 | 31 | 16 |
| Carer | 0 | 1 | 1 |
| Returned troubled | 1 | 0 | 0 |
| Number making text comments | 10 | 8 | 7 |

to explore the possibility of nurse-led clinics. Very few prospective studies have been performed in other specialities; those that are published, find that nurse-led clinics perform well in terms of their safety and efficiency.^{1–5} A few studies have attempted to allocate nurses to pre-registration house officer tasks; only one was found which could be identified as using a nurse to fulfil the role of a registrar or consultant.⁴

Patients perceive nurse-led clinics to be highly satisfactory with respect to the areas studied. The results suggest patients are more satisfied with nurse-led follow-up. It is not possible to account for the difference in patient satisfaction between waiting times as there was none in the trial; the explanation offered is that patient responses to all questions reflected their experience as a whole.

Nurse-led follow-up offers a highly satisfactory and efficient method of following up patients who are expected to have an uncomplicated recovery. Nurse discharge is accepted by patients. Suitably trained nurses may provide follow-up for selected fracture clinic patients. Such practise would allow doctors more time for teaching, training and complex cases. Nurse-led clinics act to develop the role of the nurse, are educational, and encourage the development of a team approach to patient management. Studies to investigate the reasons why

Table 2 Question 1: patient satisfaction with waiting times

| | Trial clinic (nurse) | Trial clinic (doctor) | Fracture clinic (doctor) (audit) |
|--------------------|----------------------|-----------------------|----------------------------------|
| Number of patients | 46 | 50 | 48 |
| Very satisfied | 37 (80%) | 25 (50%) | 19 (40%) |
| Satisfied | 9 (20%) | 24 (48%) | 21 (44%) |
| Not very | 0 | 1 (2%) | 8 (16%) |

Table 3 Question 2: patient satisfaction with the information given to them

| | Trial clinic (nurse) | Trial clinic (doctor) | Fracture clinic (doctor) (audit) |
|--------------------|----------------------|-----------------------|----------------------------------|
| Number of patients | 46 | 50 | 48 |
| Very satisfied | 44 (96%) | 33 (66%) | 27 (56%) |
| Satisfied | 2 (2%) | 16 (32%) | 20 (42%) |
| Not very | 0 | 0 | 1 (2%) |

Table 4 Question 3: patient satisfaction with the service received

| | Trial clinic (nurse) | Trial clinic (doctor) | Fracture clinic (doctor) (audit) |
|--------------------|----------------------|-----------------------|----------------------------------|
| Number of patients | 46 | 50 | 48 |
| Very satisfied | 41 (89%) | 36 (72%) | 29 (60%) |
| Satisfied | 5 (5%) | 14 (28%) | 19 (40%) |
| Not very | 0 | 0 | 0 |

patients are more satisfied with being seen by a nurse should follow. Such studies would be helpful in terms of education with respect to communication skills and risk management.

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