ID:	Clinical Audit Staff:	Date audit registered:	*For office use only*

CLINICAL AUDIT PROPOSAL FORM

Please complete this form whether or not support is required from the Clinical Audit Department and e--mail it to the Clinical Audit Department (see Intranet for a list of contacts)

Your audit will be saved on our system and given an ID for future reference.

A CERTIFICATE OF AUDIT COMPLETION can be issued on request when completed report and an action plan are sent to Clinical Audit Department.

TITLE: Children's Urgent Reduction of Forearm Fracture in the Emergency Department (CURFFED)

REASON FOR CHOICE OF AUDIT:

External 'must do' audits:

☐ National targets / existing commitments (e.g. Quality Accounts)

☐ NCAPOP (National Clinical Audit Patient Outcomes Programme)

☐ NICE (National Institute for Health and Care Excellence) Guidance

☐ NSF (National Service Framework)

☐ National Confidential Enquiry

☐ NRLS (National Reporting and Learning System) Alerts

☐ Department of Health statutory requirements (e.g. Saving Lives, Infection Control Monitoring)

☐ CQUIN (Commissioning for Quality and Innovation)

☐ CQC Fundamental Standards

☐ Quality Schedule

Internal 'must do' audits:

☐ Serious Incident (SI)

☐ Adverse Incident

☐ Clinical Risk Issue

☐ Priority identified from patient and public involvement initiative

☐ Complaint

Other:

☒ National audit not identified as part of the NCAPOP programme & Quality Accounts

☐ Regional audit

☒ Divisional / Speciality priority

☐ Clinical standards benchmarking

☐ Considered a costly service / intervention

☐ Re-audit

☐ Not an audit but a service evaluation

BACKGROUND:

Forearm and distal radius fractures are the most common site of fracture in children. The majority of these fractures can be managed without surgical intervention. If manipulation is required, the majority benefit from being performed early in the Emergency Department thus avoiding the need for admission and a general anaesthetic. National standards and recommendations have been introduced to improve the care of these patients (BOA, 2021; GIRFT 2022; GIRFT 2023).

Emergency Department (ED) and Trauma and Orthopaedic (T&O) practitioners' views on what constitutes appropriate analgesia for reduction of these fractures often differ. In addition we have found that a significant proportion of patients are requiring reduction in theatre despite being deemed appropriate for manipulation in ED by T&O and often ED clinicians.

OBJECTIVE(S):

To audit the care of paediatric patients presenting to the Emergency Department (ED) with displaced (but not off-ended) forearm and wrist fractures, assessing this against the British Orthopaedic Association Standards for Trauma (BOAST) standard - “Early Management of the Paediatric Forearm Fracture”.

STANDARDS:

BOAST – Early Management of the Paediatric Forearm Fracture. British Orthopaedic Association, May 2021. https://www.boa.ac.uk/resources/boast-early-management-of-the-paediatric-forearm-fracture.html

☒ Published guideline / standard ☐ Local standard

Please complete your standard statement(s)/indicators on **page 4.**

TYPE OF AUDIT:

☒ National ☐ Regional ☐ Trust-wide ☒ Local

METHODOLOGY:

Type of Data Collection:

☒ Retrospective ☐ Concurrent

Data Source(s) to be used:

☒ Case Notes ☒ Computer systems (e.g. Millennium) ☐ Patient experience

☐ Other……

Method of Data Collection:

☒ Proforma ☒ Staff questionnaire ☐ Interview

All information will be collected as per the data collection guide provided by the CURFFED Team and will be recorded on a standardised data sheet.

Proposed sample size: ….All eligible patients in proposed time frame……..

Proposed start date: …… 01/03/2024…… **Proposed completion date:** …30/04/2024……

ASSISTANCE REQUIRED FROM THE CLINICAL AUDIT DEPARTMENT:

☐ Audit Design ☐ Defining Standards / Indicators ☐ Design Data Collection Tool

☐ Note Pulling ☐ Data Entry ☐ Data Analysis

☐ Report Writing ☐ Powerpoint Presentation ☐ Developing Action Plan

Have you discussed this audit with the Clinical Audit Department? ☐ Yes ☒ No

CONSULTATION:

Will this audit involve patients?

☒ Yes (please state involvement) - *Retrospective audit of patient management with review of notes and records*

☐ No

If this audit involves other specialities / health professionals have you sought their agreement to carry out the audit?

☒ Yes (please give details)……ED staff ……

☐ No

PROJECT TEAM:

Project lead…….. **Ext No**…… **Bleep No**……

Job Title……Specialty Registrar…… **Mobile No (*optional*)** ……

Speciality/Dept ……Trauma & Orthopaedics…… **Email Address**. ……

Professions Involved (stakeholders):

☐ Nursing ☒ Medical ☐ Allied Health Professionals

☐ Managers ☐ Other…….

Signature of project lead:……

By completing this form you are agreeing to:

1. *Complete the audit within agreed timescales*
2. *Ensure the audit results are disseminated to the Clinical Audit Department and all relevant stakeholders*
3. *Return a copy of the completed data collection forms to the Clinical Audit Department*
4. *Agree any actions with the relevant stakeholders that are necessary to address where any areas of non-compliance have been identified*

Signature of specialty audit lead……

By completing this form you are agreeing to:

1. *The suitability of the audit methodology and audit standards used to measure practice*
2. *Nominate a replacement audit lead if they should leave the Trust while the audit is still current*
3. *Ensure that, where the audit results have indicated that best practice has not been met, an action plan is developed and implemented to address the non-compliance*

STANDARDS / Audit Measures

Please specify the full title, reference and source of the guideline: … BOAST – Early Management of the Paediatric Forearm Fracture. British Orthopaedic Association, May 2021. https://www.boa.ac.uk/resources/boast-early-management-of-the-paediatric-forearm-fracture.html

Number	Evidence of quality of care or service (criterion)	Standard (% compliance)	Exception(s)	Definitions and instructions for data collection N.B. all results will be recorded on the master data spreadsheet for trust.
1	All units managing children's forearm fractures should have protocols to enable early, definitive manipulation and casting without necessitating admission. This protocol should specifically address processes around procedural analgesia and sedation as well as the timely response to manipulation.	**100%**	**None**	Review of local policy to ensure it meets the set protocol as outlined by the BOAST standard. Individual trusts will submit their individual protocols as part of the study.
2	A documented assessment of the limb, performed on presentation, should include the status of the radial pulse, digital capillary refill time and the individual function of the radial, median and ulnar nerves.	**100%**	**None**	Review of all eligible patients' (0-16 years old with forearm or distal radius fracture) notes/records to collect data. All elements of the assessment should be documented to be fully compliant, not just "neurovascularly intact". Refer to the data collection guide for further information.

3	At the time of initial assessment, effective analgesia should be administered. Pain scores should be recorded frequently, to ensure that pain relief is maintained throughout.	**100%**	**None**	Review of all eligible patient notes/records to assess if a pain score has been recorded more than once. A review of the analgesia should be conducted also. Refer to the data collection guide for further information.
4	Orthogonal X-rays should be available to allow proper diagnosis and planning	**100%**	**None**	Review of x-ray system to ensure this is performed for all eligible patients.
5	The child, if competent, carers and clinicians must agree with the intervention. Formal consent should be documented according to local protocols.	**100%**	**None**	Review of notes to assess if the consent process has been completed in line with local trust policy.
6	Manipulation of children's fractures should occur in a location suitable to ensure safe practice with monitoring and appropriate facilities to afford effective treatment and casting, managing complications of and recovery from medication.	**100%**	**None**	Review of care episode and where the manipulation was performed. An appropriate location would be an area where there is appropriate staff, monitoring, medication and emergency equipment such as a resuscitation bay or operating theatre.
7	Manipulation of a child's forearm fracture should be performed by competent orthopaedic practitioners, as defined by local protocols.	**100%**	**None**	Review of notes for all eligible patients to see which specialty clinician performed the manipulation and their grade.
8	Manipulation of a child's forearm fracture should be followed by orthogonal X-rays.	**100%**	**None**	Review of x-ray system to ensure this is performed for all eligible patients.

9	Before discharge a recorded assessment of the neurovascular status of the limb should be repeated as described in standard two.	**100%**	**None**	Review of all eligible patients' (0-16 years old with forearm or distal radius fracture) notes/records to collect data. All elements of the assessment should be documented to be fully compliant, not just "neurovascularly intact". Refer to data collection guide for further information.
10	Oral analgesia to take home and dedicated information leaflets, that include red flag symptoms and contact details, should be provided. Prior to discharge, a fracture clinic appointment should be made to occur within 7 days of injury.	**100%**	**None**	Review notes/discharge summary to assess if the patient was discharged with analgesia and advice.
11	A documented review of the case and images by a consultant orthopaedic surgeon should occur within 48 hours of injury.	**100%**	**None**	Date of review should be recorded which can be in the form of a handover, trauma meeting, virtual fracture clinic or face to face fracture clinic.
12	Regular multi-disciplinary audit against the above standards should be undertaken, which should include monitoring of the rate of admission for further procedures on the limb.	**100%**	**None**	Multi-disciplinary staff questionnaire (not involving patients) to assess attitudes to achieving BOAST standards above. Readmission rates and further procedures during the 8 week follow-up period will be collected.