

Discharging patients with ankle fractures prior to surgery

Submission date 16/01/2019	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered
		<input type="checkbox"/> Protocol
Registration date 17/02/2019	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
Last Edited 16/01/2020	Condition category Injury, Occupational Diseases, Poisoning	<input type="checkbox"/> Individual participant data

Plain English summary of protocol

Background and study aims

Patients suffering ankle fractures provide a common economic and time burden to modern healthcare in the UK. They continue to be admitted to await operative intervention and may have to wait days before an operation occurs. Unnecessary bed stay is one area that may be subject to cost savings if the safety of the patient is maintained. We hypothesise discharging patients with adequate information and follow up using expedited outpatient clinics can create huge efficiency savings for hospitals who would otherwise admit these patients and wait for the swelling to subside prior to operating.

Who can participate?

All adult patients (greater than 16 years) of either gender who have sustained ankle fractures requiring definitive fixation.

What does the study involve?

We prospectively collected data on 23 patients over a four-month period identifying their admission status, length of stay, and time to operative intervention. We were able to cost analyse the patients journey from admission to discharge, postoperative intervention. We then instilled the Ankle Home Stay Programme, identifying patients safe to be discharged who were able to re-attend for their operation. Seventeen patients were enrolled in this and a subsequent cost-analysis was compared to the pre-intervention cohort.

What are the possible benefits and risks of participating?

Participants can be discharged to the comfort of their own home. No such side effects exist as the practice already exists.

Where is the study run from?

Lewisham Hospital.

When is the study starting and how long is it expected to run for?

February 2014 to July 2014

Who is funding the study?
Investigator initiated and funded.

Who is the main contact?
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Contact information

Type(s)
Scientific

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Additional identifiers

Protocol serial number
Ankle Audit

Study information

Scientific Title
Ankle Home Stay Programme: an observational cohort studying reviewing ankle fracture management and costs at a busy district general hospital

Study objectives
Discharging patients with ankle fractures requiring surgical intervention is more cost effective than admitting them with no net effect on patient safety.

Ethics approval required
Old ethics approval format

Ethics approval(s)
No ethics approval required as this was an observational study on practice that already exists in the hospital.

Study design
Observational cohort

Primary study design

Observational

Study type(s)

Other

Health condition(s) or problem(s) studied

Ankle fracture

Interventions

From acute presentation to accident and emergency with an ankle fracture patients were examined by the on call orthopaedic team and a decision for surgical fixation was made. If not appropriate for surgery patients were discharged and followed up routinely in the fracture clinic. If the fracture warranted surgery and there was reasonable opportunity to operate within 24 hours (e.g. swelling minimal) patients were admitted onto the ward. If the patient was safe for discharge – abiding by parameters mentioned in the paper – there were followed up in a fast tracked orthopaedic outpatient clinic to be assessed for degree of swelling. If reasonable they were then admitted from clinic rather than occupy a hospital bed indefinitely waiting for the swelling to go down. This was more cost effective and saved the trust large sums of money. This audit was conducted over a 4 month period as mentioned previously.

Intervention Type

Other

Primary outcome(s)

Cost efficiency savings were measured using cost of admission, number of days admitted with direct correlation to the cost of managing patients in an outpatient setting (e.g. fracture clinic).

Key secondary outcome(s)

The number of hospital inpatient days were measured using patient notes.

Completion date

31/12/2016

Eligibility

Key inclusion criteria

Acute ankle fracture requiring surgery

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Sex

All

Total final enrolment

23

Key exclusion criteria

Ligamentous injury

Date of first enrolment

01/03/2015

Date of final enrolment

31/07/2015

Locations**Countries of recruitment**

United Kingdom

England

Study participating centre**Lewisham Hospital**

Lewisham High Street, Lewisham, London SE13 6LH

London

United Kingdom

SE13 6LH

Sponsor information**Organisation**

University Hospital Lewisham

ROR

<https://ror.org/04vgz8j88>

Funder(s)**Funder type**

Other

Funder Name

Investigator initiated and funded

Results and Publications

Individual participant data (IPD) sharing plan

Raw data available on request from from Amit Patel (Amit.Patel2@gstt.nhs.uk).

IPD sharing plan summary

Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	01/02/2020	16/01/2020	Yes	No
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes