Type 2 Supracondylar Fracture Pathway Pilot

If you have questions about this pilot, please contact:

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Overview

Overall Goal
To provide the best experience for the type 2 supracondylar fracture patient population by having them stay at home while waiting for surgery, when it is safe to do so.

Objectives

• To create inpatient unit bed capacity to ensure the right level of care is optimized for each patient
• Enhance patient experience through collaborative decision-making
• Streamline the discharge and admission processes through the creation of clear role expectations and workflows

Population

This pilot pertains to confirmed type 2 supracondylar fracture patients that require surgical intervention. The patient must not have signs of skin, soft tissue, neurologic, or vascular compromise. For complete list of considerations, please see below.

Criteria for Appropriateness to Discharge

Determining if the patient is appropriate discharge as part of the pathway is a collaborative process, the following must be considered when making a decision:

• OR intervention is required
• Absence of skin/soft tissue, neurologic, or vascular compromise
  o If unsure, refer to the American Academy of Orthopedic Surgeons Appropriate Use Criteria at http://www.orthoguidelines.org/go/auc/
• Feasibility of OR happening prior to midnight the day of assessment
• Competing surgical supracondylar patient needs (e.g. type 3 fracture)
• Family agreement and ability to return at the designated time
Roles and Responsibilities

As an adjunct to the Priority 4, Day 2 Type 2 Supracondylar Pathway, the below roles and responsibilities outline each team members accountability at each step of the process.

**Orthopaedic Team**
- Assesses patient in a timely manner, as per routine protocol, to identify fracture type and applies back slab
- Discusses operating room (OR) availability with the OR Charge nurse and collaborates to determine if the patient will go to the OR prior to midnight the day of assessment
- Completes the OR booking sheet indicating “Priority 4, Day 2” status and post-operative 5A surgical short stay bed placement
- Assesses appropriateness of sending patient home based on the criteria listed above
- Indicated OR date and time information on the Preoperative Instruction Sheet and gives to the patient and family
- Communicates and verifies plans with the:
  - Paediatric Emergency Department (PEM) Physician
  - 5A Clinical Support Nurse, where applicable
  - Patient and family
- Collaborates with orthopaedics to determine appropriate plan of care for the patient
- Provides Type 2 Supracondylar discharge information to the patient and family, as per Wellsoft (EDIS)

**PEM Physician**
- Collaborates with orthopaedics to determine appropriate plan of care for the patient
- Provides Type 2 Supracondylar discharge information to the patient and family, as per Wellsoft (EDIS)

**ED Nurse**
- Collaborates with orthopaedic team and PEM Physician to determine appropriate plan of care for the patient
- Starts routine preoperative paper work and places in patient chart
- Clarifies questions regarding Type 2 Supracondylar discharge information with the patient and family

**5A (inpatient unit) Clinical Support Nurse**
- Coordinates admission to the 5A inpatient surgical short stay unit

**ED Clerk**
- Prepares and sends chart to appropriate location based on the plan of care, see the Priority 4, Day 2 Type 2 Supracondylar Pathway
- Places patient addressograph sticker in the “Type 2 Supracondylar Pathway” tracking notebook

**OR Charge Nurse**
- Collaborates with Orthopaedics to discusses operating room (OR) availability to determine if the patient will go to the OR prior to midnight the day of assessment
- Adds patient to the OR list and alerts the same day admit unit
Dear Parent,

August 11, 2017

Improving your experience; new process for elbow fracture patients requiring surgery

To ensure we provide the best experience for our elbow fracture patients, we are trialing a new process: when safe to do so, patients can stay home while they wait for their surgery.

Our team will work with you to decide if going home before your surgery is an option and discuss what you will need to do when you come back to the hospital.

In order to provide a safe and satisfying experience several measures are in place:

- Collaborative decision-making with you and the team
- Clear criteria for appropriateness based on your child’s symptoms and injury
- Clear instructions for how to care for your child at home and when to return to the hospital for surgery
- Contact information for who to call if you have concerns while at home

If you have questions or concerns, please share them with your nurse.

Thank you,

SickKids
Coming for Surgery Preparation Checklist

Return Date: _______________________

Return Time (circle one): 0600h (weekday) or 0700h (Friday, weekend or holidays)

Where to go

Step One: Register

Preoperative Surgical Registration Counter

Main Floor, Elizabeth Street Entrance (near Starbucks)

Step Two:

Weekday: Proceed to the second floor preoperative admission unit

Weekend or holiday: Proceed to unit 5A

What to Bring

☐ Ontario Health Card

☐ SickKids Card (if you have one)

☐ Name and telephone number of your/your child’s family doctor, specialists, and/or paediatrician

☐ All of your/your child’s medication in their original container
  - This includes pills, inhalers or puffers, injections and eye drops
  - Also bring any herbal medications or vitamins

☐ Comfortable, loose clothing

☐ A security object or comfort item:
  - i.e. favourite toy, blanket, pillow, book, favourite drinking cup or bottle

☐ Items such as eye glasses or retainer and case

What to Remember

- Strictly follow the instructions given in our Stop Eating and Drinking Before Surgery pamphlet
- Do not wear makeup, nail polish, jewellery, or piercings
Stop Eating and Drinking Before Anesthesia or Sedation

The Rules About Eating and Drinking Before Operation Time:

**STOP** solid foods at midnight before operation time
- Solids include liquids with solid components (i.e., orange juice, soup broth), as well as Jell-O
- Patients no longer on bottle feeds should have no solids or milk after midnight
- No gum or candy after midnight

**STOP** bottle feeds (milk, formula) or tube feeds 6 hours before operation time

**STOP** breast milk 4 hours before operation time

**STOP** clear fluids 3 hours before operation time
- Clear fluids are fluids you can see clearly through (i.e., water, clear apple juice, ginger ale)
- Jell-O is not a clear fluid

- Any food or liquid in your child’s stomach while going to sleep under anesthesia can flow up to the mouth and pass down into the lungs. This is VERY DANGEROUS for your child.
- If these rules are not followed your child’s procedure will be cancelled.

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