‘An Outcome Evaluation following the implementation of an Acute Knee Injury pathway managed by an MSK Physiotherapist in the Emergency Department’

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Introduction

Knee injuries account for up to 8% of all attendances to Accident and Emergency (A&E) in the United Kingdom (UK). The increasing demand that the National Health Service (NHS) is facing has resulted in new initiatives across healthcare, such as the substitution of A&E medical doctors for specialist physiotherapists. A&E physiotherapist’s have been employed at the University Health Board (UHB) that this work based project is sited, and manage an acute knee injury pathway designed to increase throughput for appropriate injuries. Due to local problems and a global pandemic, it has not yet been possible to compare data before and after the introduction of an A&E physiotherapist.

Aims

To evaluate the impact and experiences of an Acute Knee Injury pathway to patients who have presented to A&E and been referred into Orthopaedics via the A&E Physiotherapy Pathway.

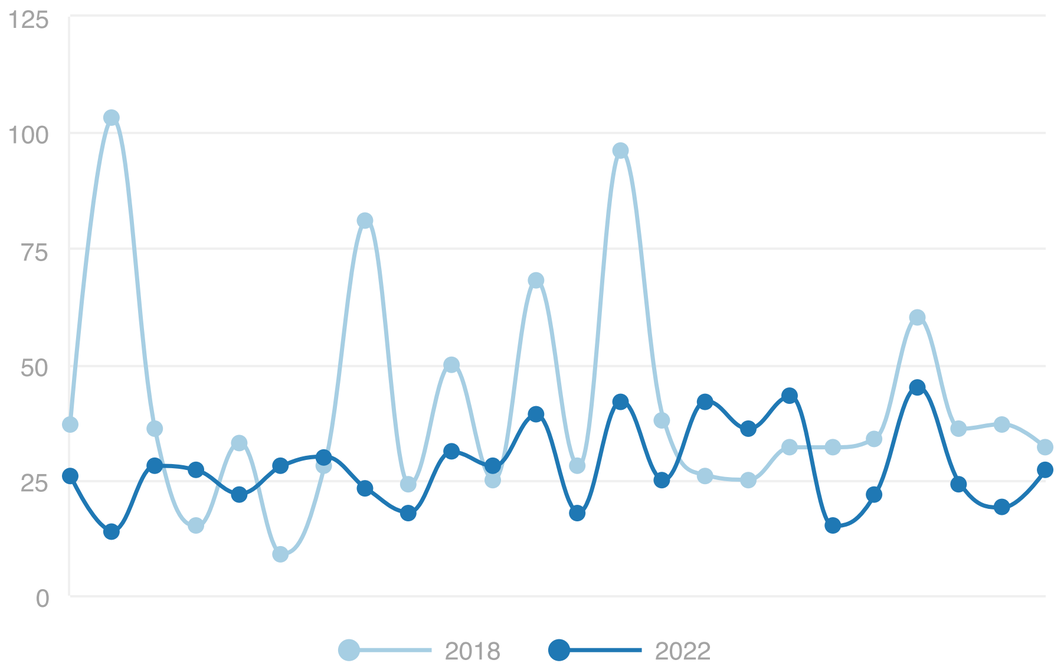
Methods

A mixed methods design was used in this work based project. Quantitative data collected retrospectively and taken directly from patient case notes and evaluated with regards to time taken from A&E initial presentation to diagnosis, to consultant clinic and to surgery. Qualitative data was obtained through patient questionnaires, establishing levels of satisfaction and overall experience. These were handed to patients after their attendance into the acute knee clinic and completed anonymously.

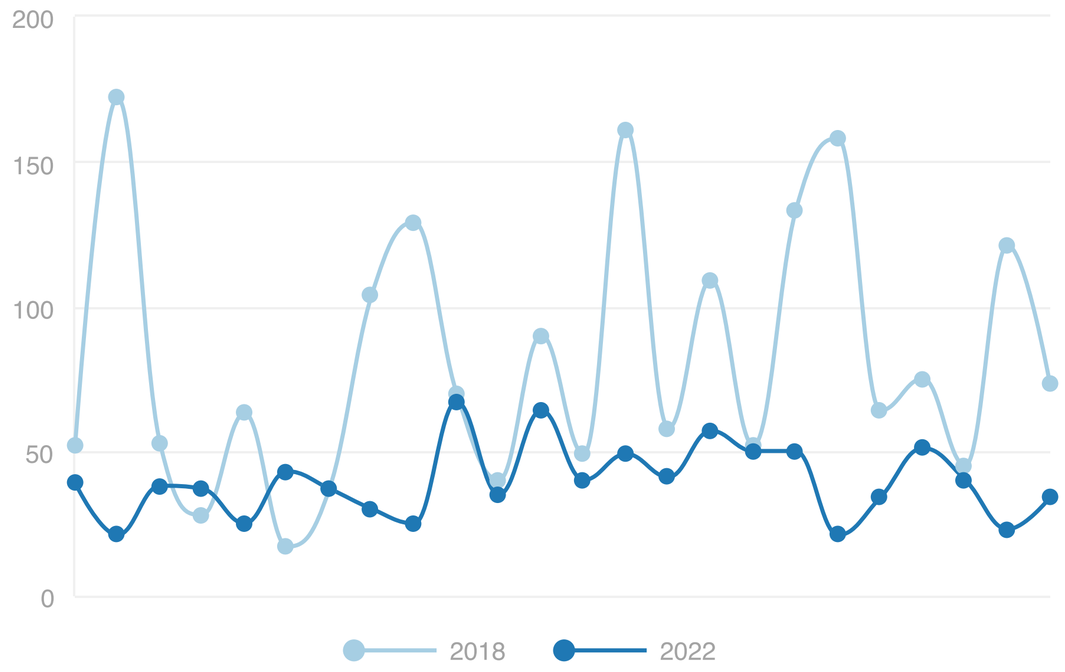
Results

	Pre-Implementation [2018]	Post-Implementation [2022]
Time from A&E Attendance to MRI	41	28
Time from A&E Attendance to Consultant review	81	40
Time for A&E Attendance to Surgery	238	159

Time from A&E Attendance to MRI



Time from A&E Attendance to Surgical Opinion



Results & Discussion

Results from this outcome evaluation suggest that the physiotherapy managed acute knee injury pathway offers reduced waiting times for diagnosis by 31.7% [from 41 to 28 days] and surgical opinion by 50.6% [81 to 40 days]. Time taken to surgery was also reduced by 33.2% [238 to 159 days.

Patient satisfaction levels were high for the acute knee injury pathway overall, with a high percentage of participants also demonstrating gratification towards the A&E physiotherapist specifically. Current evidence suggests that acute knee injury clinics ran by specialists offer patients timely access to care, as per national guidelines, however further evaluation would be beneficial for cost effectiveness of the service and overall patient outcome.

Conclusion

The acute knee injury pathway managed by an A&E physiotherapist improves time access to care for patients who have suffered injury to ACL or meniscus whilst maintaining high patient satisfaction. Further evaluation is recommended to establish the economically savings from reduced hospital appointments and make further recommendations.

Acknowledgements

Many thanks to Chris McCarthy [A&E Physio], Rahul Kotwal [Orthopaedic Surgeon] and Amit Chandratreya [Orthopaedic Surgeon] and all the A&E staff for their support throughout this project.