

# Do we manage elective paediatric orthopaedic conditions at St George's Hospital according to the 'Getting It Right First Time' (GIRFT) standard?



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## Background

- 'Getting It Right First Time' (GIRFT) is an NHS programme developed to **address unwarranted variation** in the provision of services, standard of care, and management of medical and surgical conditions across England [1-4].
- Initially focused on **adult elective orthopaedic conditions** in 2015, GIRFT proved to be **highly beneficial in improving patient outcomes** such as complication rates, revision surgery, infection, length of hospital stay, as well as cost savings [5,6].
- The paediatric orthopaedic GIRFT initiative has been completed in 2022 with the potential to obtain **similar benefits** in the management of elective paediatric orthopaedic conditions [3].

## Aims and Objectives

- Primary aim is to **benchmark** current management standards of elective paediatric orthopaedic conditions at St George's University Hospitals (STGH) against the paediatric orthopaedic GIRFT recommendations.
- Secondary objective is to devise an action plan with a **timeline of implementation** of topics that are yet to meet the standard.

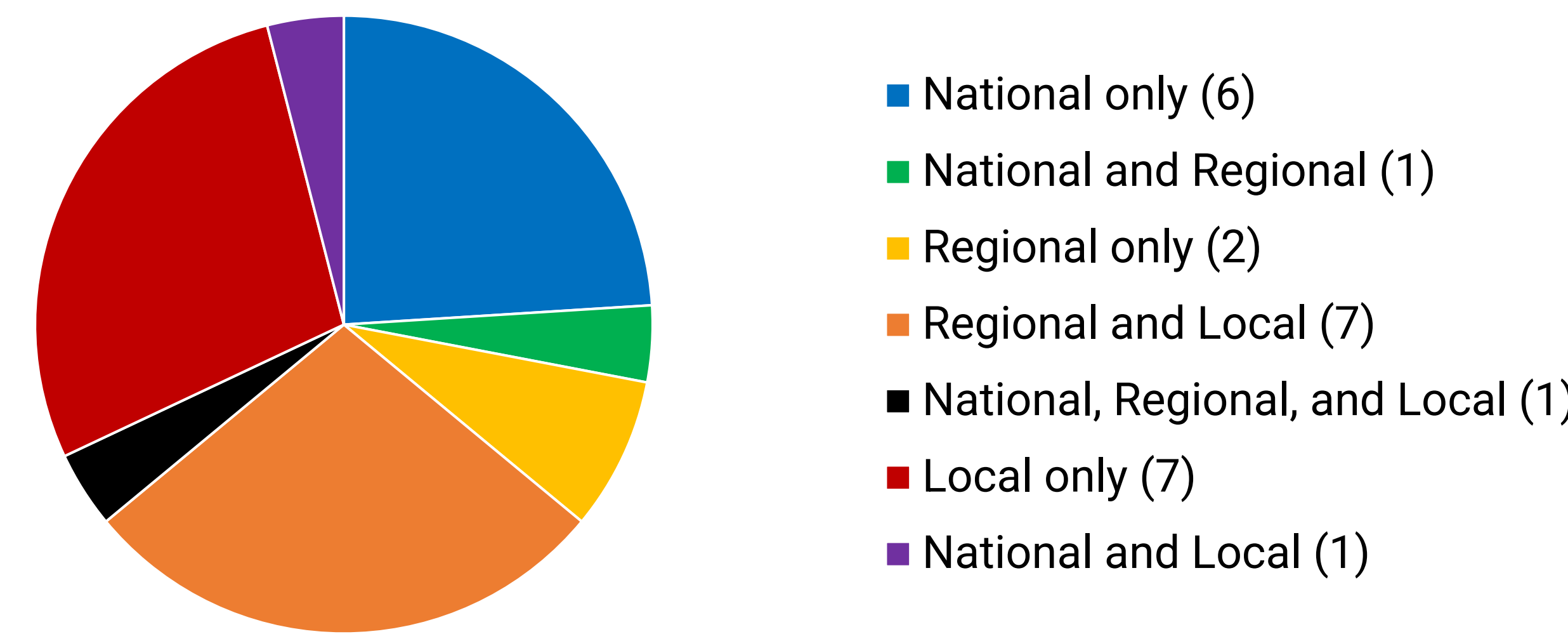
## Methods

- Recommendations from the national GIRFT paediatric orthopaedic report were reviewed, and **seven recommendations** subdivided into **25 actions**, relating to the management of elective conditions, were selected.
- Elective paediatric orthopaedic conditions included were **developmental dysplasia of the hip (DDH), clubfoot, cerebral palsy, osteoarticular infections, and 'managing variants of normal'**.
- These were subsequently stratified into **'national', 'regional', or 'local'** action required.
- For **regional and local** recommended actions, the **status of completion and plan for action** was reported based on a **consensus among paediatric orthopaedic consultants** involved with both regional and local care of these conditions, alongside the STGH GIRFT observation report [4].
- Descriptive statistics** were used for analysis.

## Results

- Seven recommendations and 25 actions were reviewed.
- 16** recommended actions were found to require some form of action on a **local level** (64%), **11** on a regional level (44%), and **nine** on a national level (36%), (see Figure 1).
- Review of current management standards of elective paediatric orthopaedic conditions at STGH showed **11** regional and local GIRFT recommended actions were already in place (57.9%), **five** to be in progress (26.3%), and **three** to be in need of action (15.8%), (see Table 1).

**Figure 1. 'National', 'Regional', or 'Local' level of action required for each of the 25 GIRFT recommended actions (adapted from [3]).**



**Table 1. GIRFT regional and local recommendations with their level of progress and level of action at St George's University Hospitals reported (adapted from [3]).**

GIRFT Recommendation	Recommended Actions	Progress		
		In Place	In Progress	Yet to be Reviewed
1. Deliver early developmental dysplasia of hip (DDH) care in an efficient family friendly multidisciplinary format.	a. Organise secondary DDH screening clinics as one-stop clinics with ultrasound, physical examination by appropriate professional and fitting of splint as required. National standards and timescales should be achieved.		X	
	b. Make accurate and complete returns to NIPE on the national system (SMARt4NIPE), allowing allow national data analysis of the adequacy of the current screening schedule.	X		
	c. Ensure local electronic patient record systems and NIPE returns can be completed without requiring duplicate data entry.	X		
	d. Ensure that primary hip screening diagnoses clinical instability with average frequency (1%).	X		
	e. Review local processes to ensure that all secondary screening clinics have formal links to a paediatric orthopaedic surgeon who should supervise and be available to advise.	X		
3. Optimise operative interventions for late DDH.	a. Institute same day cross-sectional imaging following closed or open reduction of the hip in infants. Progress should be made towards substituting MRI for CT scans in this circumstance to reduce radiation exposure.		X	
4. Standardise club footcare and audit on a regional and national basis.	a. Undertake regional peer-reviewed audit of all units doing Ponseti. This should include numbers of casts, tenotomy rate, relapse rate, tendon transfer rate and frequency of major release.		X	
	c. Perform Achilles tenotomy in primary club feet in infants under six months in the clinic under local anaesthetic.	X		
	d. Seek second opinion before significant club foot release surgery.	X		
5. Standardise orthopaedic care in cerebral palsy to allow equality of care across England.	a. Ensure that CPIP is used universally, and the examinations and database funded.		X	
	b. Make formal instrumented gait analysis available and ensure it is used before all major interventions in walking children.		X	
	d. Reduce variability in botulinum toxin use via audits and strict goal setting.			X
	e. Perform major interventions in CP through suitable network-determined settings, with access to PICU/HDU as required.	X		
6. Reduce variation in the treatment and management of osteoarticular infection.	a. Provide an MDT for the treatment of osteoarticular infection.	X		
	b. Make outpatient antibiotic therapy services for children available in all trusts and systems.	X		
	e. Review use of CRP to guide switching to oral antibiotics (trusts with long periods of intravenous antibiotic therapy should review this).	X		
7. Optimise processes for managing variants of normal.	a. Develop written and web-based advice for GPs and families.			X
	b. Use advice and guidance to answer referrals of normal variants.			X
	c. Facilitate first attendance with specialist physiotherapists or nurses for any cases that require review.	X		

## Discussion

- The GIRFT recommendation for elective paediatric orthopaedic practice was reviewed and benchmarked against. The **majority** of management standards were **already in place or in progress** and 15.8% had yet to be actioned.
- Recommended actions that were in progress included those relating to the care of DDH (**1a, 3a**), cerebral palsy (**5a-b**), and clubfoot (**4a**), whilst recommendations that had yet to be actioned related to 'optimising processes for managing variants of normal' (**7a-b**), and reducing variability of botulinum use in cerebral palsy (**5d**), (see Table 1).
- When an item was found not to meet GIRFT standards, i.e. was either 'in progress' or 'yet to be reviewed', the **level of input required** (national/ regional/ local) **was established**, as well as whether there was a **clinical or resource barrier** (e.g. the "one-stop" secondary screening clinic for DDH has yet to be implemented on a local level due to a lack of resources rather than a problem of clinical expertise).
- Utilising GIRFT in the management of elective paediatric orthopaedic conditions has the opportunity to provide a number of **benefits**. It allows for the **benchmarking** of services against the national standard of care, **making changes** when services are not up to standard, as well as providing the trust with a **'tool'** to guide **investment and resource procurement to maintain standard of care**.

## Conclusion

- The **majority** of the audited elective paediatric orthopaedic conditions at STGH were found to meet the national GIRFT standard (**57.9%**).
- Where current services do not meet GIRFT standards, i.e. are either 'in progress' or 'yet to be reviewed', the plan is to **implement GIRFT recommendations and re-audit the implementation in a year**.
- The GIRFT initiative is a tool that allows us to **quantify standard of care**, improve and drive **clinical excellence** as well as **resource acquisition**.

## References

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