Radiographer-Led Discharge in the Community Minor Injuries Unit

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Background
Radiographer-led discharge (RLD) is emerging as an innovative practice that expedites the discharge of patients with minor musculo-skeletal (MSK) injuries immediately after x-ray and subsequent ‘no bone or joint injury’ interpretation of the image by appropriately trained radiographers (1). Recent research suggests that RLD can shorten patient journey times and also reduce patient recall and re-attendance rates in A&E (1, 2) thus streamlining the patient pathway. Furthermore, the AHP delivery plan advocates maximisation of extended AHP roles to optimise service provision (3). In the community minor injuries units (MIU) are often nurse-led with no on-site medically trained staff which can lead to long waiting times for patients when medical support is required.

Project Aim
The aim of this project was to determine the effect of RLD on waiting times and patient outcomes in a community hospital minor injuries unit.

Methodology
A community hospital based radiographer trained in minor injuries and image interpretation discharged 30 patients (within local protocol) with minor MSK injuries who required x-ray. The images were interpreted as ‘normal’ and the radiographer in corroboration with the minor injuries nurse devised an individualised management plan according to the patient’s needs to allow timely discharge from the radiology department. Discharge (RLD) times were recorded and patient re-attendance monitored.

Results
RLD significantly shortened patient journey times by negating the need for patients to wait for medical clearance from busy GPs and Telemedicine.

- Range of discharge times
  - 26-135 minutes
- Mean discharge time
  - 65 minutes

No patients re-attended MIU following RLD and only one patient was recalled due to equivocal x-ray findings however patient management was unchanged.

Conclusion
Radiographer-led Discharge by appropriately trained radiographers can potentially reduce community hospital A&E/MIU waiting times to comply with national targets and streamline the care pathway in patients with soft tissue musculo-skeletal injuries. Furthermore this practice can also release physicians to see patients in most need of medical attention. RLD also promotes interdisciplinary collaboration and is a positive role extension for radiographers making best use of their skills in line with the AHP delivery plan. This in turn nurtures patient centred care to enhance the patient experience.

References
1. SNAITH B., Radiographer-led discharge in accident and emergency – The results of a pilot project. Radiography 2007;21 (1) :13-17