Findings from the feedback event about "optimizing identification of patients"

Many thanks for your support in setting up sites and screening for patients on ACTIVE. We need to explore, however, as many opportunities as possible to identify patients with this rare injury. This is our first instalment to sites with feedback from what we learned at the event on 29 March with the focus on optimizing the identification of patients.

Letter to 'feeder' hospitals – Patients sometimes arrive at the recruiting hospital with treatment expectations because of what they are told at the referring hospital. If you are a recruiting site that gets referred pilon fracture patients from feeder hospitals, we would be most grateful if you could consider sharing the accompanying letter with colleagues at these sites. This is to encourage the continued referral of pilon fracture patients through *normal pathways* and to be *mindful when explaining treatment options to patients* referred to the Major Trauma Centre.

Screening Log – Each month the trial team requests the completion of the screening log. This helps both you and the trial team to monitor the number of eligible patients you are seeing. This is important to the Funding Body too, who each month monitor our progress against eligible patients identified and recruited. We would be most grateful if you could please screen and record all patients in the screening log with a pilon fracture. Our slogan is "Think Pilon, Think ACTIVE".

Locations of recruitment – This is a reminder that potentially eligible patients can be recruited from various sources including orthopaedic trauma clinics or wards, intensive care units and the emergency departments.

Emergency departments – We understand that all pilon fractures will be seen by the trauma team and on-call team. However, to help ensure there are as many 'eyes' looking out for pilon fracture patients as possible, we would like to encourage you to consider involving the emergency departments (ED) in patient recruitment as agreed in the protocol. ED will know from Radiology when a patient has a pilon fracture which can be communicated to a relevant member of your trauma team. The trial site poster can be displayed in the ED with a picture of a pilon fracture. This is so that staff in that department are aware that we are interested in these fractures and who to contact. A member of staff in ED could provide the patient with a copy of the PIL if confident they do have a pilon fracture (or 'intra-articular fracture of the distal tibia'). We'd be most grateful if you could discuss with your ED research/clinical lead and/or RN for ED to see how they can support the study. A member of the trial team in York is happy to organize a teleconference with the appropriate people to facilitate this.

Associate Principal Investigators (APIs) – The NIHR and RCS are very keen for trainee surgeons to be involved in research as APIs. Hospital staff find APIs can be extremely effective at identifying patients and supporting the study. The trial team would welcome a designated API at every recruiting site and we have a manual to explain this further. There are benefits to APIs who take part in ACTIVE. If you would like to discuss this further,

please contact Adwoa <adwoa.parker@york.ac.uk> who is leading on this and setting up an API network across the recruiting sites to share ideas and learn from each other.

On-call staff – If possible, please let on-call staff know about ACTIVE. They can be provided with the trial site poster with details of who to contact and know not to raise patient expectations about treatment options. The protocol permits a patient to be recruited within 21 days since their injury. Consequently, if the patient is seen at the weekend, you can consider waiting until Monday to ensure the patient is approached about the study.

Electronic systems – Different hospitals, will have different access to electronic systems to search for patients with a pilon fracture. At some hospitals, it is possible to access hospital imaging through electronic systems to help identify pilon fractures. Please consider searching all possible electronic systems to identify a patient.

Trauma meetings – Please consider raising the profile of ACTIVE at these meetings.

Bleeper system – Please consider the use of a bleeper to let RNs know when a potentially eligible patient is identified.

Trial site poster – The trial poster can be displayed wherever possible to help remind relevant staff about the study and can be provided to you by the trial team.

Surgeons' preferences – Some surgeons may have treatment preferences that means they don't want to engage in the identification of patients and explain the study. Surgeons who lack equipoise, don't have to be involved in this process. A recruited patient will be added to the operating list for a plate or frame as normal. Therefore all surgeons will continue to operate as normal and the trial participant will get the same standard of care as normal.

Registrar induction – It was commented on that as there are regular changes in registrar staff, who may raise patients' treatment expectations, at their induction they should be informed of current trials and given advise to avoid this.

Certificates – The trial team is happy to provide site staff with a certificate to confirm the individual's role if that will help with their training and professional development.

Consultee enrolment – Please remember for sites in England & Wales, that patients identified who lack capacity at the time to consent, can be enrolled via a consultee. Please see the trial site manual for more information.

Letters to patients – Please remember there is a letter you can send from the Major Trauma Centre to the referring hospital to let the patient know about the trial. There is also a letter that can be sent by the recruiting hospital to the patient's home address, if the trial was not mentioned in the fracture clinic.

Please let the trial team know if you have any other ideas or comments about how to optimize the identification of patients.

The next instalment of feedback from the event on 29 March will be about how to optimize patient decision-making when consenting to take part in the trial.