Fracture Neck Of Femur: Service Development

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Wirral Hospitals University Trust: Arrowe Park Hospital

Defining the service

- Population
  - 400,000
  - 17% males aged over 65
  - 28% females aged over 65

- 450-500 #NOF/year
- Appointed #NOF lead beginning 2012

The team

- 2 Consultant Orthogeriatricians:
  - Dr Pritchard-Howarth, Dr Grint

The team continued…

- Matron Jan Hannigan
- Physio/OT
- Sisters from male/female Ortho wards
- Pain team
- NHFD co-ordinator Ged Hughes

Good bits

Chart 9 - A&E to Orthopaedic Ward in 4 hours (Blue Book Standard 1)

NICE CG 124

There is a marked improvement in data completeness for time to ward: 94.3% compared with 86.2% in 2010/11. However, the percentage of patients reaching the orthopaedic ward within 4 hours has fallen from 56% to 52%.
This might be seen in the context of a recently reported broader trend towards A&E stays breaching the 4 hour target.

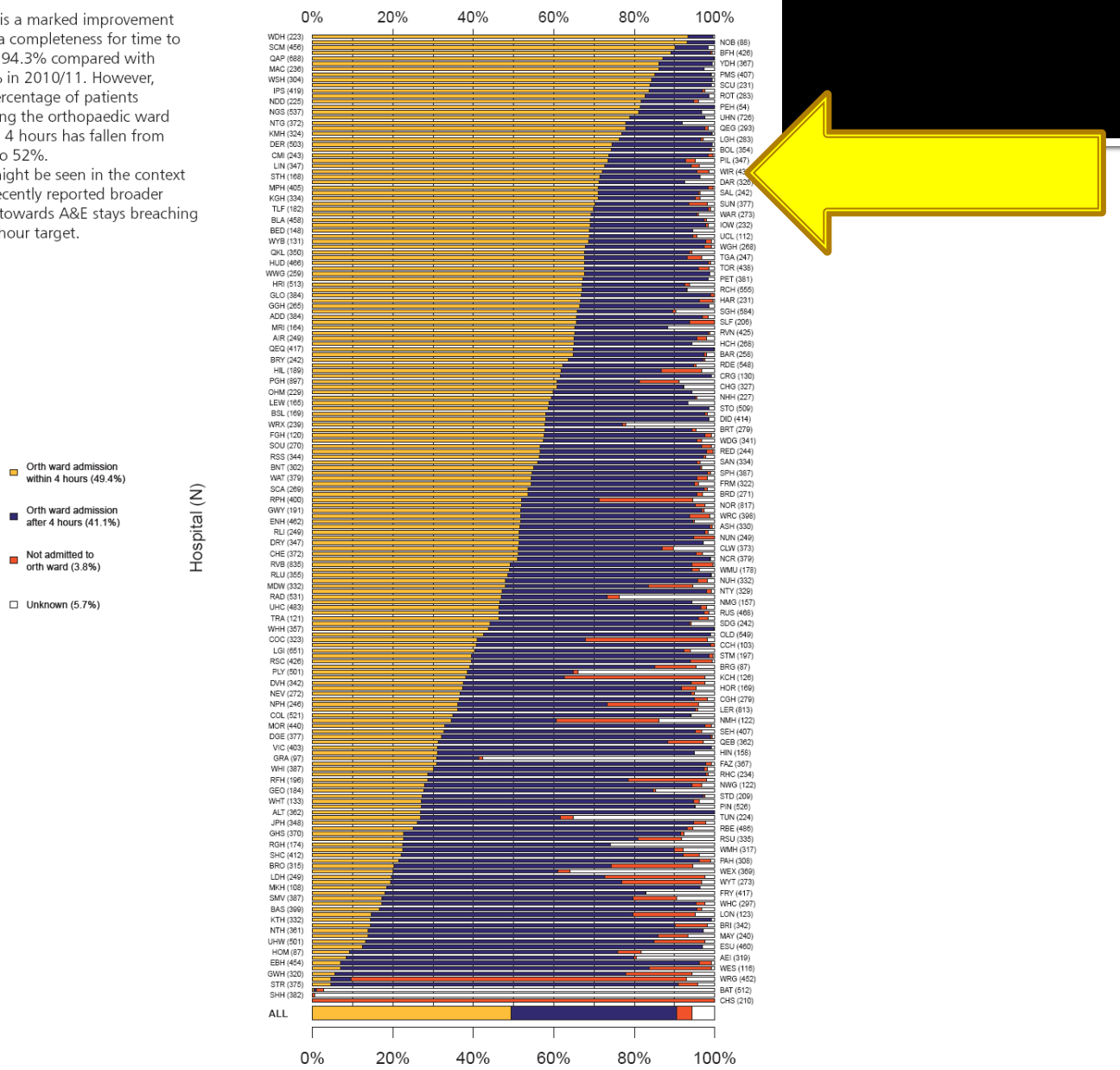
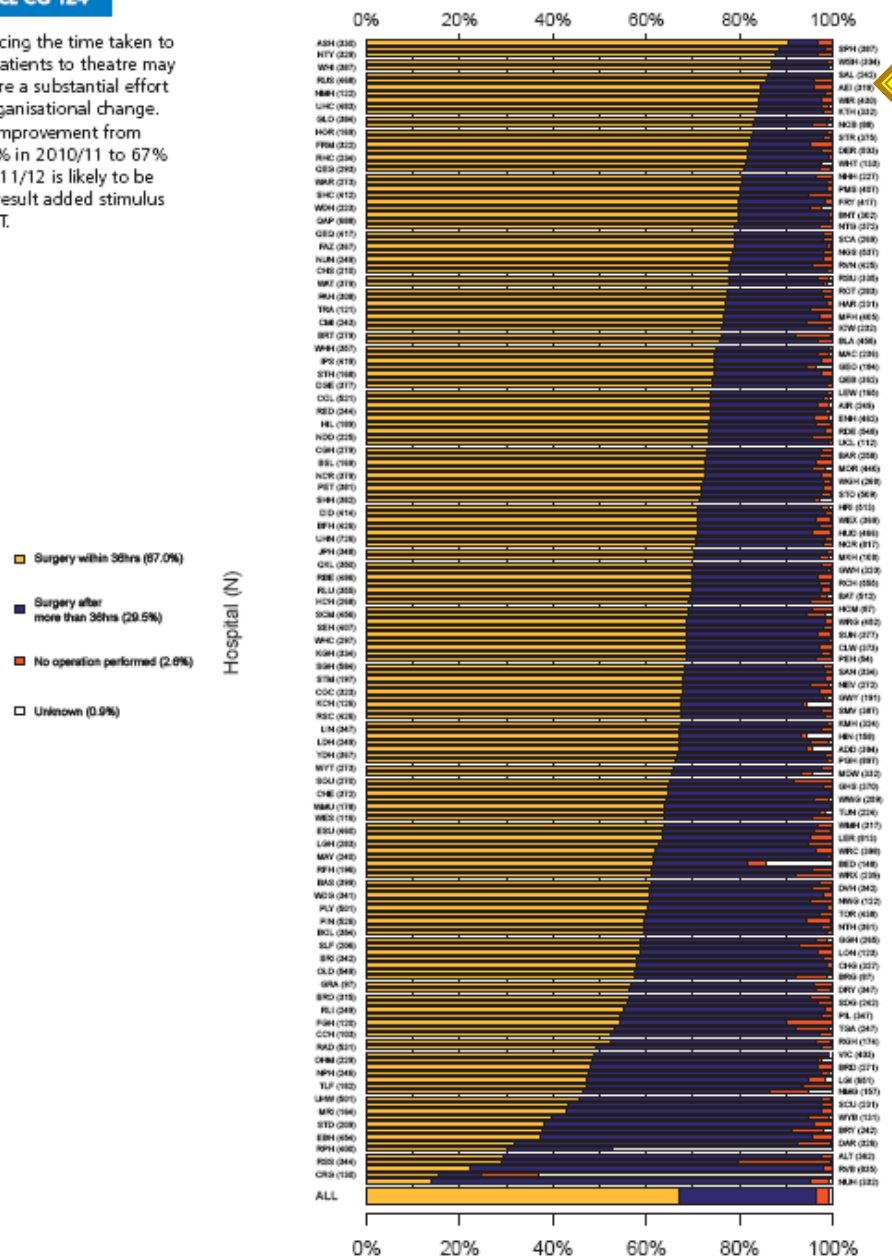


Chart 11 - Surgery within 36 hours of admission

NICE CG 124

Reducing the time taken to get patients to theatre may require a substantial effort in organisational change. The improvement from 61.6% in 2010/11 to 67% in 2011/12 is likely to be as a result added stimulus of BPT.

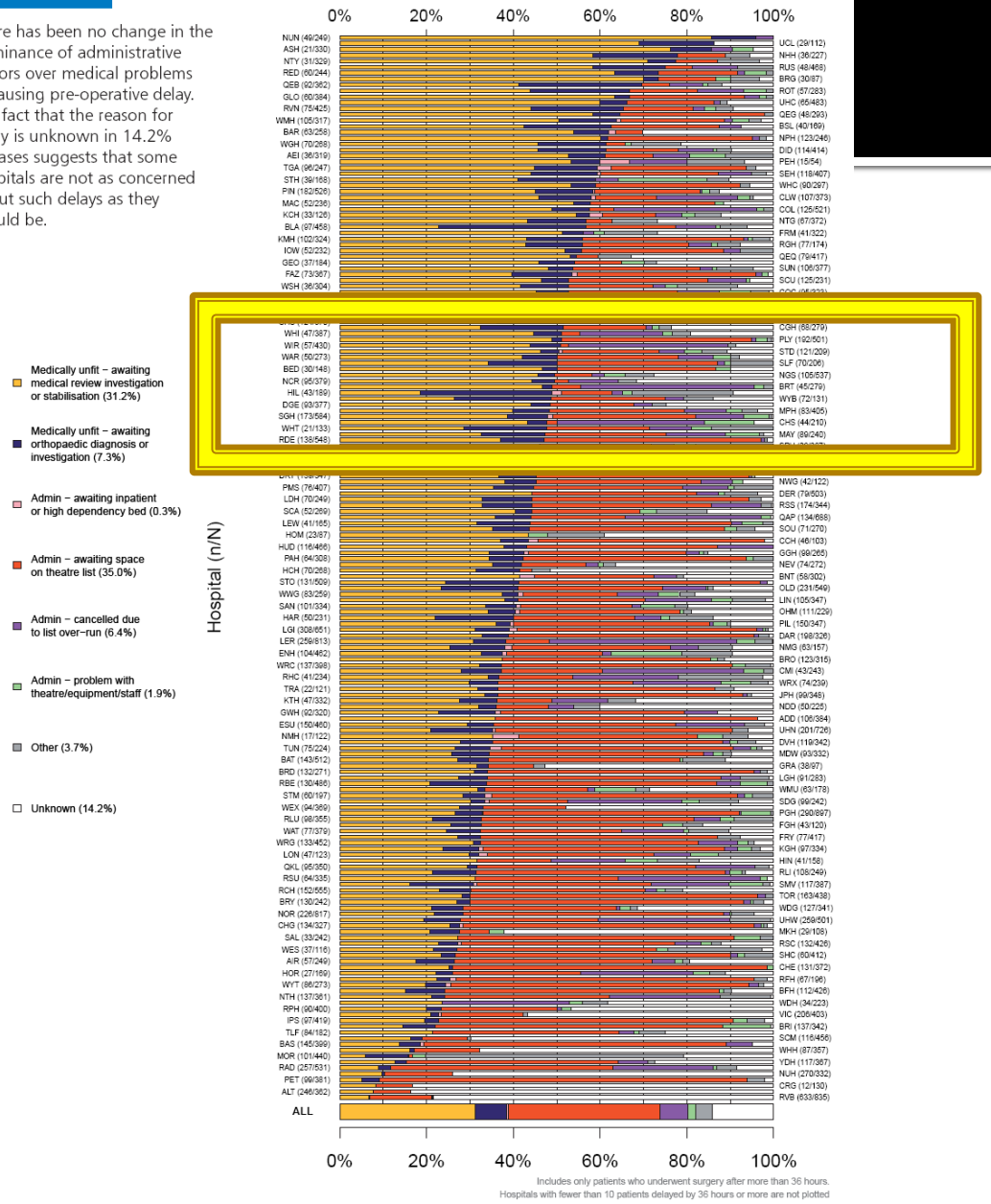


Not so good bits

Chart 13 - Reason for delay beyond 36 hours

NICE CG 124

There has been no change in the dominance of administrative factors over medical problems in causing pre-operative delay. The fact that the reason for delay is unknown in 14.2% of cases suggests that some hospitals are not as concerned about such delays as they should be.



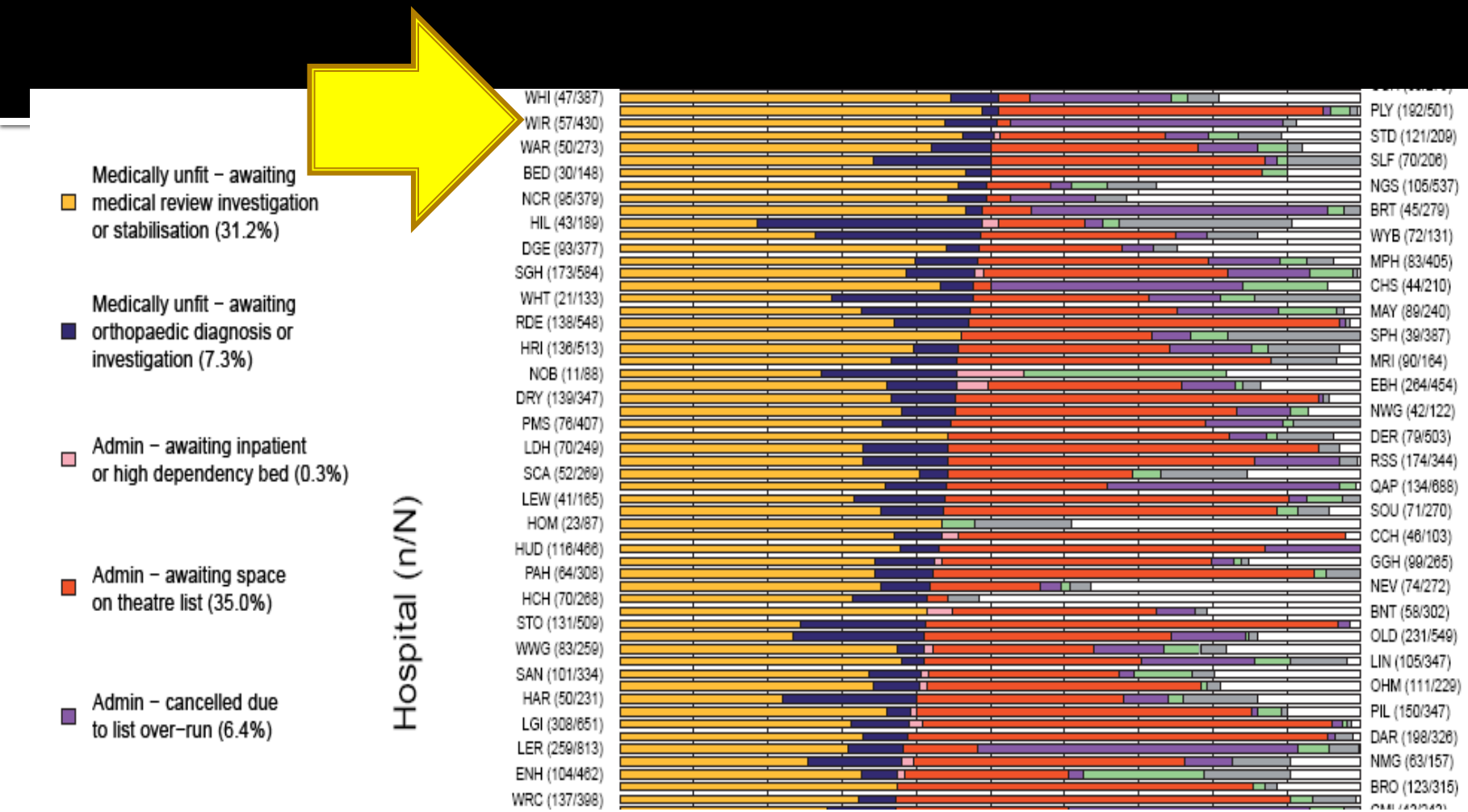

Medically unfit – awaiting medical review investigation or stabilisation (31.2%)
Medically unfit – awaiting orthopaedic diagnosis or investigation (7.3%)
Admin – awaiting inpatient or high dependency bed (0.3%)
Admin – awaiting space on theatre list (35.0%)
Admin – cancelled due to list over-run (6.4%)
Hospital (n/N)
WHI (47/387)
WIR (57/430)
WAR (50/273)
BED (30/148)
NCR (95/379)
HIL (43/189)
DGE (93/377)
SGH (173/584)
WHT (21/133)
RDE (138/548)
HRI (136/513)
NOB (11/88)
DRY (139/347)
PMS (76/407)
LDH (70/249)
SCA (52/269)
LEW (41/165)
HOM (23/87)
HUD (116/466)
PAH (64/308)
HCH (70/268)
STO (131/509)
WWG (83/259)
SAN (101/334)
HAR (50/231)
LGI (308/651)
LER (259/813)
ENH (104/462)
WRC (137/398)
PLY (192/501)
STD (121/209)
SLF (70/206)
NGS (105/537)
BRT (45/279)
WYB (72/131)
MPH (83/405)
CHS (44/210)
MAY (89/240)
SPH (39/387)
MRI (90/164)
EBH (264/454)
NWG (42/122)
DER (79/503)
RSS (174/344)
QAP (134/688)
SOU (71/270)
CCH (46/103)
GGH (99/265)
NEV (74/272)
BNT (58/302)
OLD (231/549)
LIN (105/347)
OHM (111/229)
PIL (150/347)
DAR (198/326)
NMG (63/157)
BRO (123/315)

Chart 27 - Secondary prevention overview

97% of patients now have secondary prevention assessments by the time of discharge: up from 94% in 2011. This is likely to be a result of the stimulus of BPT.

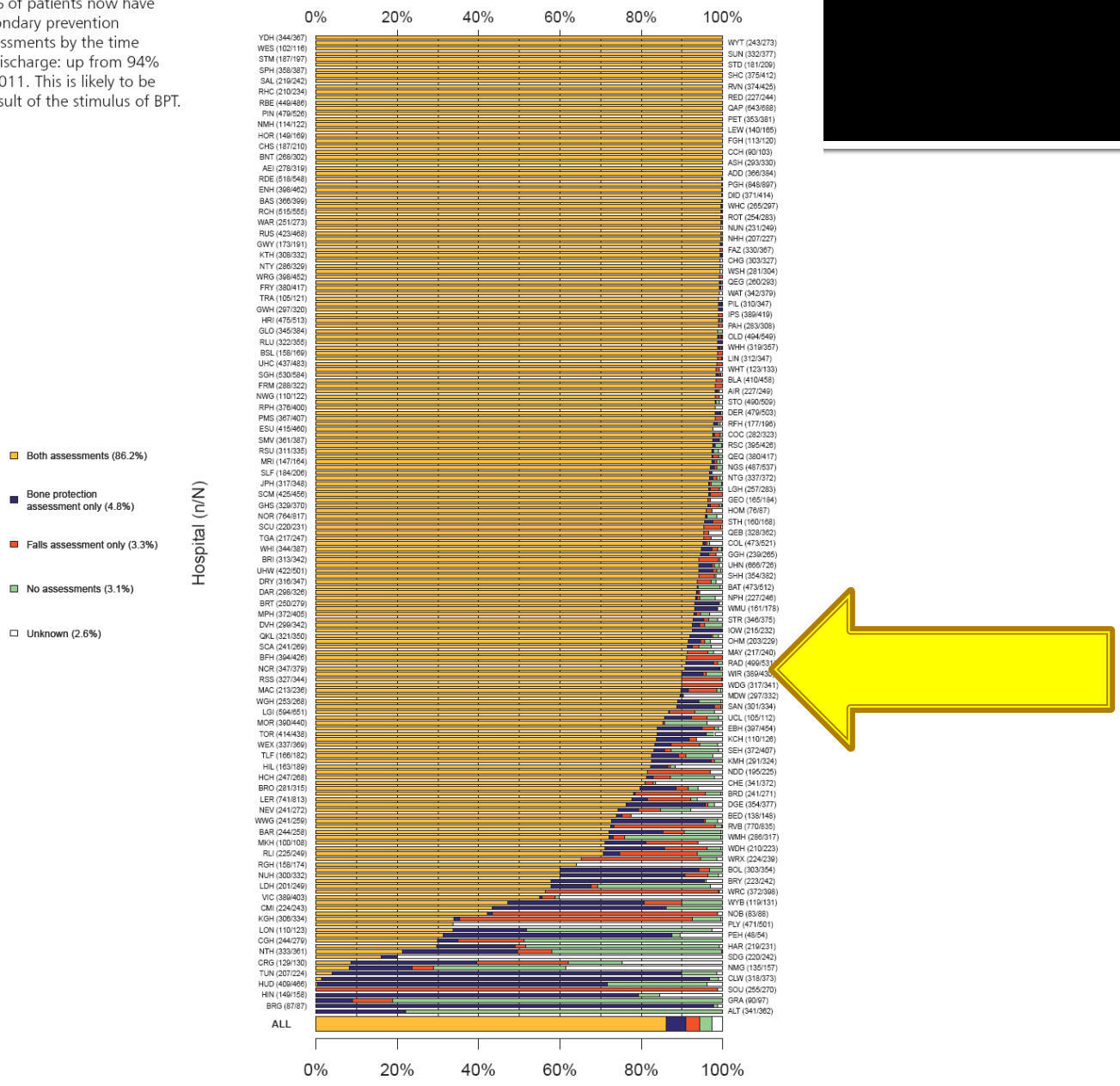
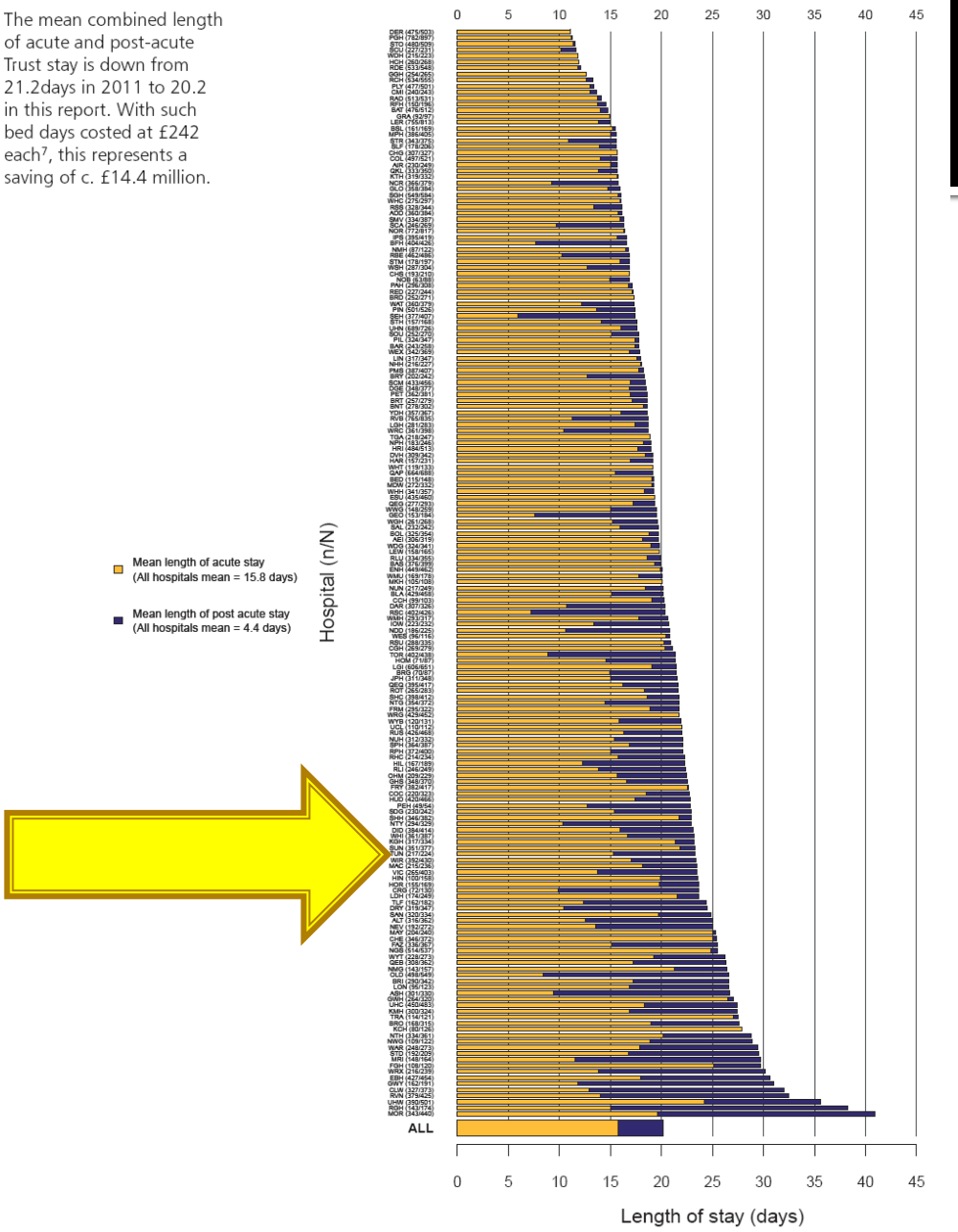


Chart 28 - Length of acute and post-acute Trust stay

The mean combined length of acute and post-acute Trust stay is down from 21.2days in 2011 to 20.2 in this report. With such bed days costed at £242 each[7], this represents a saving of c. £14.4 million.



- Pressure sore rate of 13.4%
  - Very worrying
  - Pressure relieving mattresses

Service development

- Accurate data
  - Are we doing what we think we are doing?
  - Transparency
- Fracture neck of femur database co-ordinator
  - Ged Hughes

Excellent care has to start in the community

- Coherent fracture liaison services
  - Recognise the first, prevent the second
  - Prevent herald fractures becoming transformative fractures

Excellent care has to continue in AED

- Pain control
- X-rays
- Up to the ward

AED fast-track pathway

FRACTURED NECK OF FEMUR

FAST-TRACK PROFORMA

SUITABLE FOR:

- All patients with fracture neck of femur who have been reviewed by an ED senior

NOT SUITABLE FOR PATIENTS WITH:

- Collapse with LOC/new onset neurology
- New alteration in GCS
- MEWS ≥ 4
- New ECG changes
- Polytrauma patients

NB: Patients under the age of 60 yrs are not excluded from the fast-track pathway but the Ortho SHO must discuss them with the Ortho SpR on call regardless of time

PLEASE RECORD YOUR DETAILS BELOW IF YOU ARE INVOLVED IN THE CARE OF THIS PATIENT:

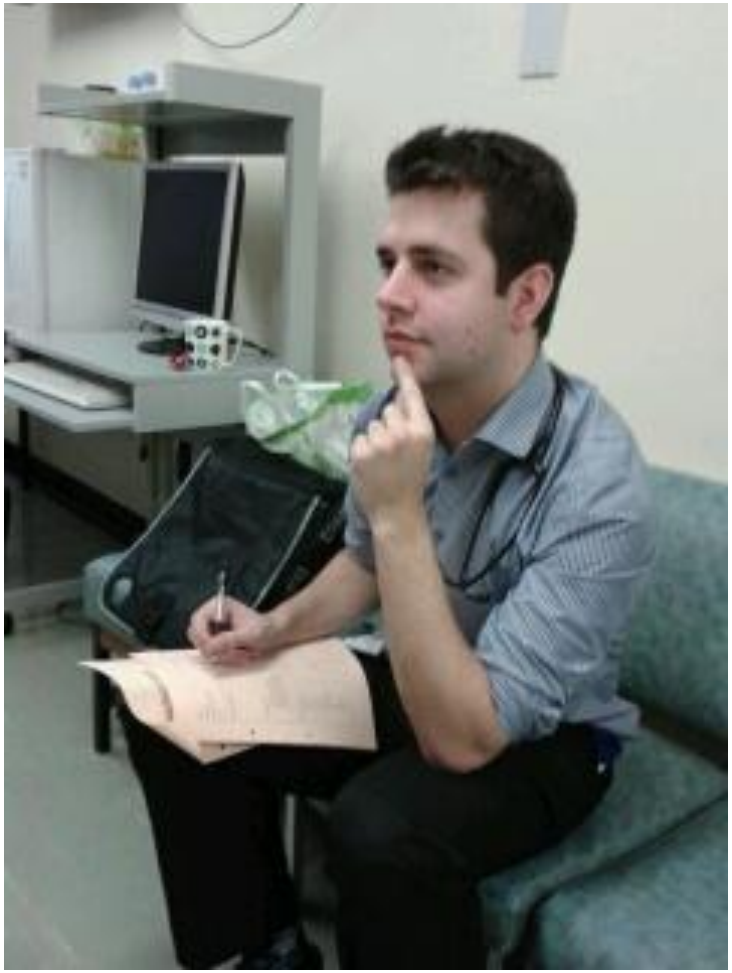
Name (block capitals)	Designation	Date/Time seen	Signature

Version 1.2 August 2012

AED

- Consultant USS guided fascia iliaca blocks – middle-grade training in progress
- ENP training

Clinical pathway



- Developed with all team members
- Incorporates medical “checklist”
  - Fluids
  - Raised INR
  - Analgesia

CLERKING PROFORMA

FRACTURED NECK OF FEMUR

Check list (please tick once action performed)

It is vital that these are completed on each and every patient

Action	Tick
Pre-operative AMT	
Admitted under joint care (on PCIS)	
Orthogeriatric assessment within 72 hours	
Falls assessment/bone health	
Theatre within 36 hours	
Post-operative AMT	
Multidisciplinary care	

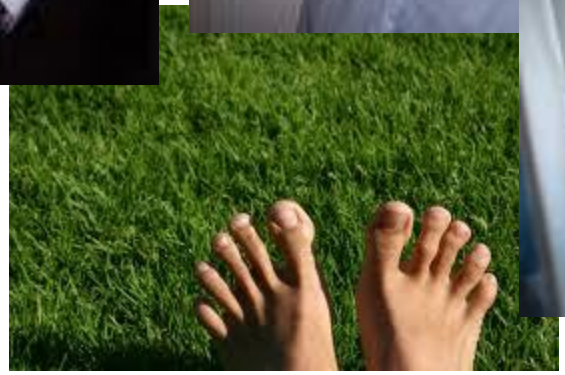
Version 3 March 2013

- Evolution of clerking-in pathway

"Corporate responsibility"

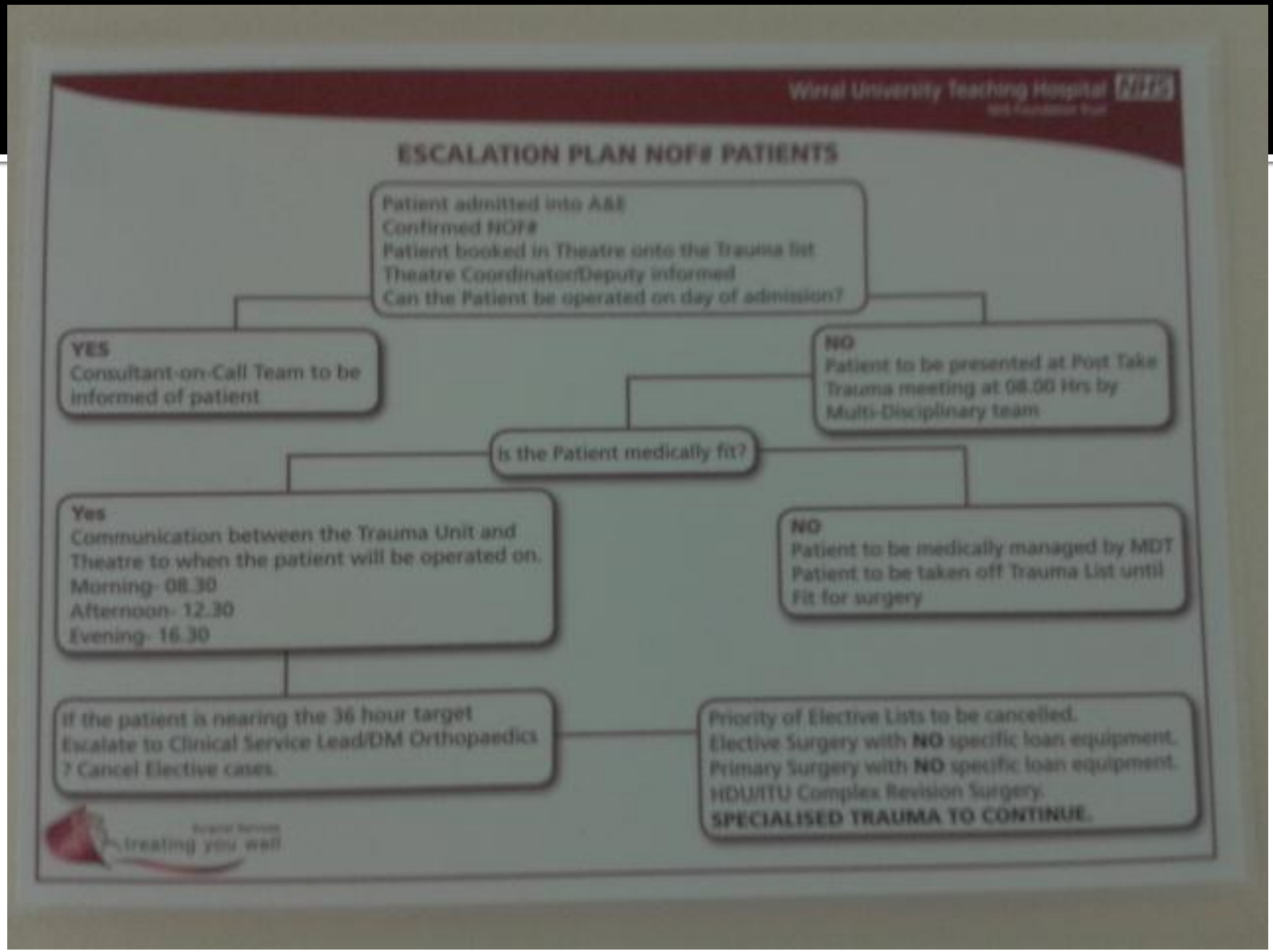






Theatre
Date :


Wirral University Teaching Hospital NHS
ESCALATION PLAN NOF# PATIENTS
Patient admitted into A&E
Confirmed NOF#
Patient booked in Theatre onto the Trauma list
Theatre Coordinator/Deputy informed
Can the Patient be operated on day of admission?
YES
Consultant-on-Call Team to be informed of patient
NO
Patient to be presented at Post Take Trauma meeting at 08.00 Hrs by Multi-Disciplinary team
Is the Patient medically fit?
Yes
Communication between the Trauma Unit and Theatre to when the patient will be operated on.
Morning- 08.30
Afternoon- 12.30
Evening- 16.30
NO
Patient to be medically managed by MDT
Patient to be taken off Trauma List until Fit for surgery
If the patient is nearing the 36 hour target
Escalate to Clinical Service Lead/DM Orthopaedics
? Cancel Elective cases.
Priority of Elective Lists to be cancelled.
Elective Surgery with NO specific loan equipment.
Primary Surgery with NO specific loan equipment.
HDU/ITU Complex Revision Surgery.
SPECIALISED TRAUMA TO CONTINUE.
treating you well

Increasing collaboration

Anaesthetists

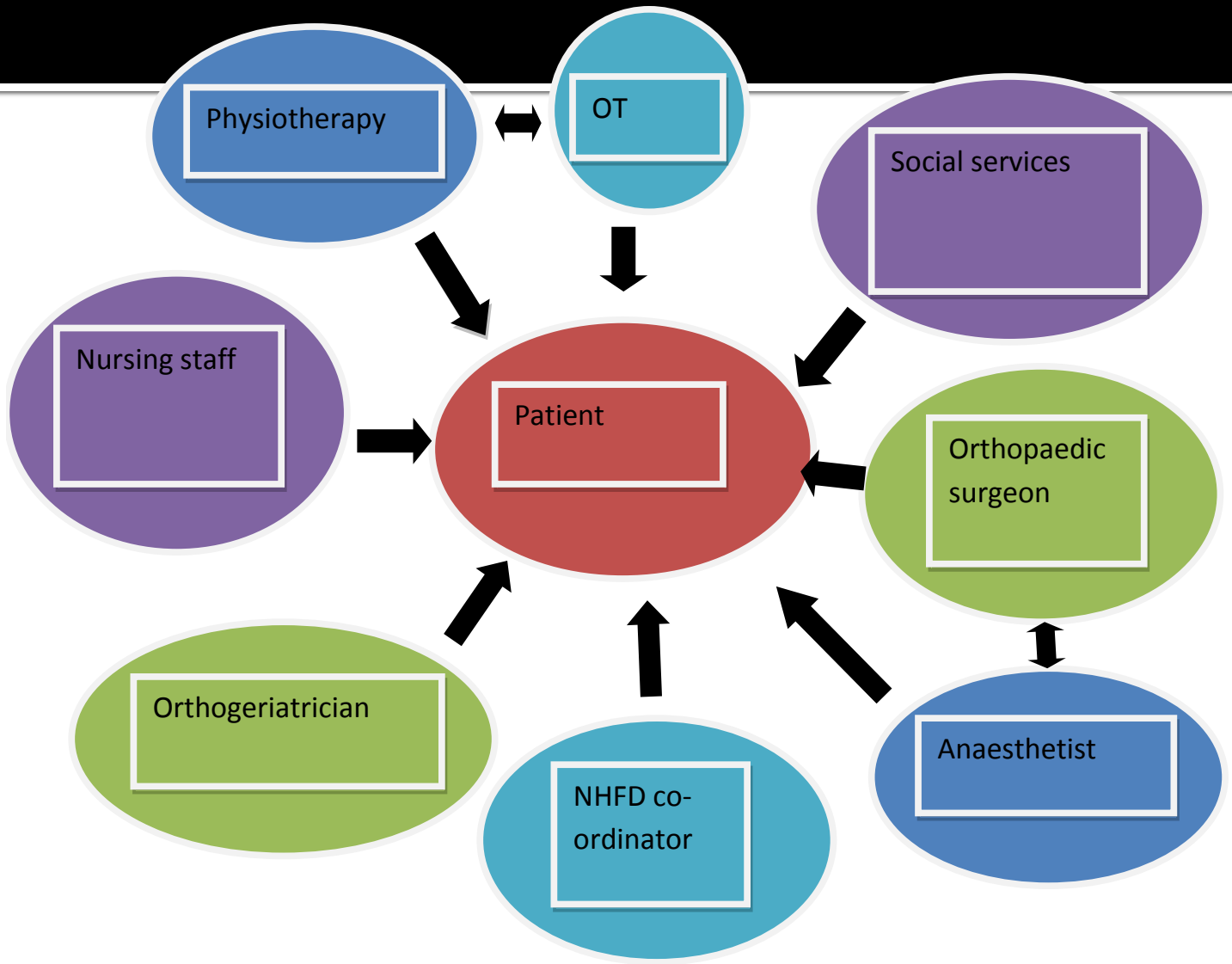
- Invited to take part in MDT meetings
- Developing enhanced recovery with large volume infiltration LA/same-day mobilisation

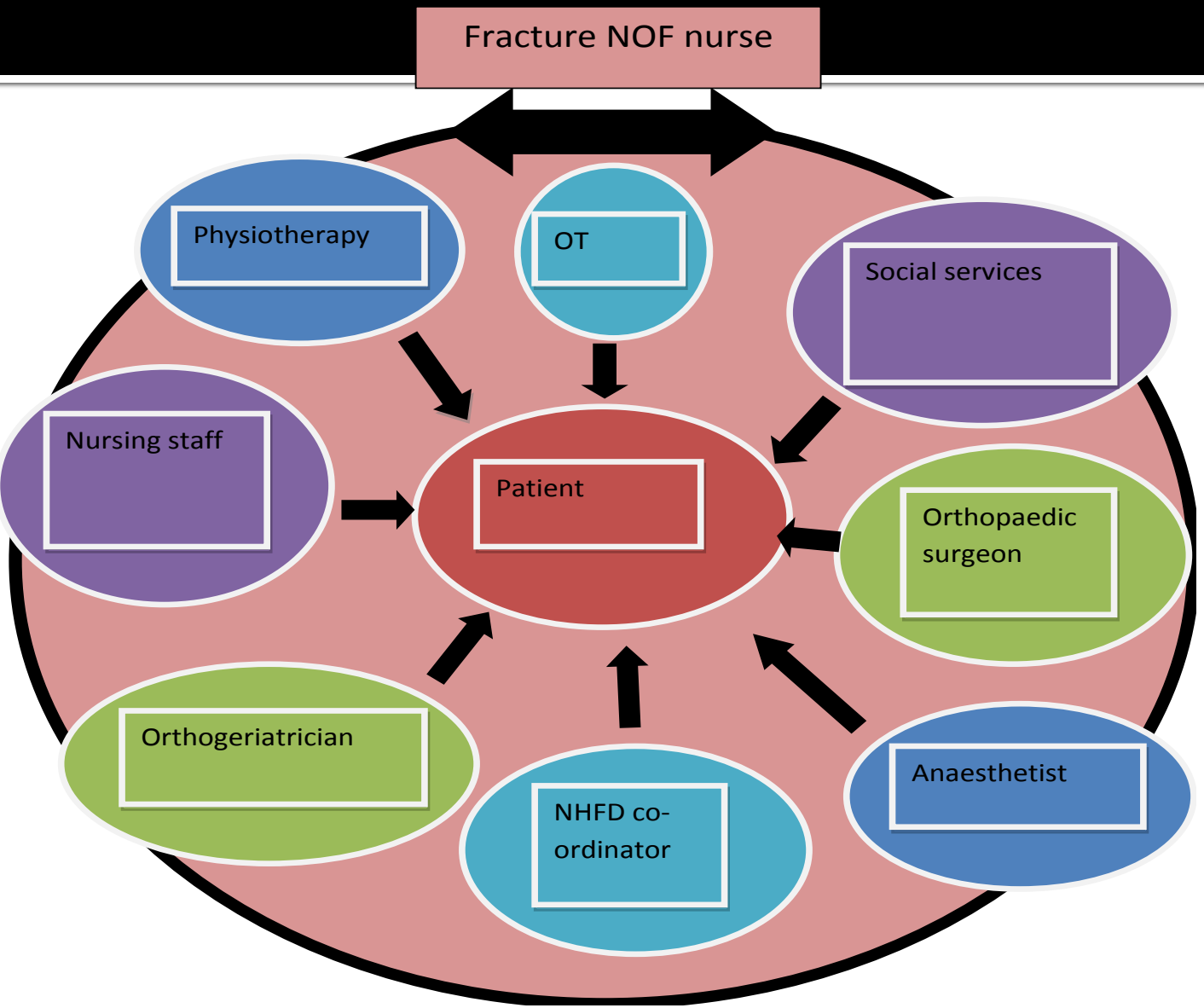
Rehabilitation

- 'Ring-fencing' – 60% beds for #NOF
- Autonomy over admissions
  - Sister Kate Hughes
  - Secondment of experienced Orthopaedic staff
- Therapy services staffing
  - Need increased OT/physiotherapy support

Ongoing development

- MDT meetings
  - Inclusive
- Standardisation of care
  - Engaging all staff
    - RAG board meetings


Physiotherapy
OT
Social services
Nursing staff
Patient
Orthopaedic surgeon
Orthogeriatrician
NHFD co-ordinator
Anaesthetist


Fracture NOF nurse
Physiotherapy
OT
Social services
Nursing staff
Patient
Orthopaedic surgeon
Orthogeriatrician
NHFD co-ordinator
Anaesthetist

- Thank you
- Any questions?