Striving for Excellence in Elderly Trauma Care

Dr. Belinda Cornforth
Consultant Anaesthetist
Francis Fernando
Orthopaedic Nurse Practitioner
Our Hospital

Main Entrance
Salisbury District Hospital/Background

We care for 200,000 people in Wiltshire, Dorset and Hampshire.

Our specialist services extend to millions of people across Southern England:

1.) Duke of Cornwall Spinal Treatment Centre
2.) Regional Burns and Plastics Unit
3.) Trauma and Orthopaedics Department
Fractured Neck of Femur in Salisbury

- Admit 200-250 patients with fractured neck of femur every year

- We were ranked 98th out of 100 NHS trusts in 2009-2010 with regards to performance against BPT

- Problems identified:
  - no orthogeriatrician service
  - limited theatre capacity
  - no dedicated care pathway
  - a non-collaborative approach
Typical scenario:

- Admitted during daytime, wait in A&E
- Eat dinner then NBM from midnight
- Possibility of a slot on a morning trauma list
- Unlucky – but possibility a slot late afternoon
- Evening decision to postpone until tomorrow
Improvements:

- Increased resources
- Changed behaviour
- Team work
- Education
Increased resources:

- Appointed an Orthogeriatric Staff Grade and 2 Orthopaedic Nurse Practitioners
- Appointed Consultant Orthogeriatrician
- Increased theatre capacity for orthopaedic trauma
Changed behaviour:

- Active leadership by the Lead Orthopaedic Surgeon, the Lead Anaesthetist and the Consultant Orthogeriatrician

- Bi-monthly Service Improvement Meetings

- Continuous data collection to monitor progress against the Blue Book standards
Team Work:

- Re-introduction of the fractured neck of femur BLEEP with support from the Clinical Site Team

- Daily trauma meetings with emphasis on the GOLDEN PATIENT

- Daily Whiteboard MDT Meetings
Education:

- A-Z of anaesthesia checklist
- Reduced fasting times & introduction of nutritional supplements
- Nursing education
- F2 induction
So how are we doing?

- Highest % of patients reaching BPT uplift in the South West
## Performance against Blue Book Standards

<table>
<thead>
<tr>
<th>Standards</th>
<th>2009-2010</th>
<th>2010-2011</th>
<th>2011-2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time to ward</td>
<td>29%</td>
<td>36.3%</td>
<td>80%</td>
</tr>
<tr>
<td>Time to theatre</td>
<td>36 hrs: 74.8%</td>
<td>36 hrs: 75%</td>
<td>36 hrs: 84.4%</td>
</tr>
<tr>
<td></td>
<td>48 hrs: 87.8%</td>
<td>48 hrs: 87.6%</td>
<td>48 hrs: 92%</td>
</tr>
<tr>
<td>Development of pressure sores</td>
<td>5.4%</td>
<td>4%</td>
<td>1.24%</td>
</tr>
<tr>
<td>Pre-op assessment by geriatrician</td>
<td>1.5%</td>
<td>48.7%</td>
<td>95.44%</td>
</tr>
<tr>
<td>Bone Protection</td>
<td>6.2%</td>
<td>89.1%</td>
<td>100%</td>
</tr>
<tr>
<td>Falls assessment</td>
<td>3.2%</td>
<td>89.1%</td>
<td>100%</td>
</tr>
</tbody>
</table>
## Performance against Best Practice Tariff

<table>
<thead>
<tr>
<th>Year</th>
<th>Description</th>
<th>Percentage</th>
<th>Rank</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009-2010</td>
<td>(£445 per patient)</td>
<td>1.5% (2)</td>
<td>98th out of 100 hospitals</td>
<td>£890</td>
</tr>
<tr>
<td>2010-2011</td>
<td>(£890)</td>
<td>58% (131)</td>
<td>12th out of 176 hospitals</td>
<td>£116,590</td>
</tr>
<tr>
<td>2011-2012</td>
<td>(£890)</td>
<td>84.40% (211/250)</td>
<td>1st in Southwest Region, 5th nationally</td>
<td>£187,790</td>
</tr>
</tbody>
</table>

*Ranked 1st in the Southwest Region, Ranked in the TOP 5 nationally.*
Outcomes

- **Length of stay reduced by 7.82 days from 27.6 days to 19.78 days** (April 2011-March 2012).

- £391,000 saved: 1,955 bed days at £200 per day
Outcomes:

- Mortality reduced from 10.1% to 8.4%
- Re-admissions within 28 days reduced from 4 (2010/11) to 2 (2011/12)
- Positive feedback from patients and relatives
- Positive feedback from staff
The Future/Challenges

- Pilot a Clerking Proforma – underway
- Continual audit of performance
- Multi-disciplinary review of the current patient information booklet
- Fracture Liaison Service-Florence Nightingale Scholarship
“Looking after Hip Fractures well is cheaper than looking after them badly”.

“I cannot believe that I will have my hip operation few hours after arriving in the Emergency Department”  
(Patient feedback)

“Patients with hip fractures used to wait for days and days before they had their operation. But now, it’s only a day or sometimes, just few hours after admission”  
(Staff feedback)

“We can now truly say that we are making a big difference to our patients’ lives, with the care we are providing. It is just fantastic to be part of the team in Trauma and Orthopaedics”  
(Staff feedback)

“I cannot fault anyone on this department. My mum was well-looked after”. “The care that she has received is just world-class”  
(Patient feedback)