Implementing a new Orthogeriatric model to improve patient care and outcomes

“Aiming for Excellence!”
Introduction

- **Hip fractures** effect 70,000 people in UK – Central challenge for UK Trauma services- 560 in Pinderfields a year.
- **Serious injury** effecting mainly older people- often sickest in hospital- Nationally 10% die in hospital within 1 month - 30% within 12 months!
- Damages quality of life , effects mobility and independance
- **National priority**, standards benchmarked through NHFD
- **Best Practice Tariff (BPT)** = Best Practice Care (**BPC**). Financial incentive - Time to theatre, orthogeriatric assessment, falls assessment, bone protection, joint care.
- **Mid Yorkshire Trust Priority** - Implemented a new ortho-geriatric model- Radical alternative to traditional models
- **Our vision** is to provide Gold standard service/centre of excellence

This presentation will demonstrate how the new ortho geriatric model introduced at Pinderfields hospital will help turn our vision into reality
Benchmarking Standards
What was wrong with the Traditional model of care?

- Antiquated Nightingale Wards
- All hip fracture patients at PGH admitted under Orthopaedic Consultant on Trauma Ward – Traditional Model Care
- Ortho-geriatrician review – twice a week – no contingency plans
- Delays in operative procedures; only 39% operation within 36hrs
- Insufficient theatre capacity
- Increased length of stay in Acute Care; average LOS 19 days
- Outlying hip fracture patients; – inconsistency in care;
- 11% mortality rates
- Only 4% patients met BPT! **We were letting our patients down!!**
- Drivers for change - QUIP Group – National incentive, BPT

**Centralisation of Trauma services March 2011**
Implementation of Ortho-geriatric model based on medical model
Implementing an Ortho-geriatric Model of Care.


Multi-disciplinary Team (MDT) each morning. Ward Nurse, Physio/OT, Social Worker, Discharge Nurse, and Hip Fracture Nurse → Daily input from both orthopaedic and orthogeriatric led care post-operatively. → Returned to the post-operative area on the Orthogeriatric Unit.

3 days post-operatively Taken over by Orthogeriatrician if no further orthopaedic issues. → Patient discharged according to their potentials and needs.

Dr. Ali Ajaj
Initiatives and Improvements

- Orthogeriatric & anaesthetic preoperative optimisation
- Dedicated theatre for hip fractures
- Trauma Co-ordinator
- Senior anaesthetist
- Orthogeriatric nurse specialist
- Ward sisters participate in daily Trauma meeting
- Theatre Breach analysis form – local target 24hrs
- **Reduced LOS, from 19 days to 10 days**
- Hip fracture steering group to benchmark hip fracture pathway
- Ward Banner – Profiles the patients journey
- National Orthogeriatric conference – share good practice
- Berlin invitation! Invitation to present in Jordan, September 2012!
- Visits from other Acute Trusts
Mapping our Progress  
Methodology

- 536 patients, over the age of 60 yrs, with hip fractures were admitted on to Ward 42 (Orthogeriatric Unit) from 01/04/2011 to 31/03/2012:
  - 138 patients from 01/04/2011 to 30/06/2011 (QR01);
  - 139 patients from 01/07/2011 to 30/09/2011 (QR02);
  - 121 patients from 01/10/2011 to 31/12/2011 (QR03);
  - 138 patients from 01/01/2012 to 31/03/2012 (QR04);

- Data inputted into The National Hip Fracture Database (NHFD)
Standard 1

“The time of surgery was set at 36 hours rather than the 48 hrs outlined in the BOA/BGS Blue Book, as this is considered a more appropriate level of best practice”

In QR04 66 patients (48%) had their surgery within 24 hours from the time of their arrival in ED Meeting a local best practice target of 24 hours set by our Trust
Standard 2

Patient must be admitted under the joint care of a Consultant geriatrician and a consultant orthopaedic surgeon

[Bar chart showing percentages for QR01 to QR04, with 100% for Geriatrician and Orthopaedic Surgeon]
Standard 3

“To capture the joint admission criteria, 2 GMC numbers are required: Consultant Orthopaedic Surgeon and Consultant Geriatrician. Entry of the GMC number for an individual patient indicates that the responsible Consultants satisfied that the agreed assessment protocols were followed”

<table>
<thead>
<tr>
<th>QR01</th>
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<td>137/138 (99%)</td>
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<td>121/121 (100%)</td>
<td>138/138 (100%)</td>
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Standard 4

Patient must be assessed by a geriatrician in the preoperative period (within 72 hours of admission)
Standard 5
MDT

| QR01  | 137/138 99% |
| QR02  | 139/139 100% |
| QR03  | 121/121 100% |
| QR04  | 139/139 100% |
Standard 6

QR01: 99%
QR02: 100%
QR03: 100%
QR04: 100%

- Fall Assessment
- Bone Protection
Patient who met all the Best Practice Tariff Standards

- 51/138 37%
- 74/143 53%
- 75/121 62%
- 100/138 73%
Mortality Rates

- 2010/11: 11%
- 2011/12: 7%
Overcoming initial Challenges

- Insufficient staffing levels – severe knowledge and skills gaps – compromised patient safety; Bridged with Competency based training programme -Senior Leadership

- Reduced patient visibility – cubicles- compromised patient safety - Increased Patient falls – introduced intentional rounding & sensor pads – now reduced falls by 70%

- Pressure sores and infections –Competency based Education /Training – Substantial reduction of both

- High staff sickness levels(mainly inherited), low staff morale; Team building sessions, news letter, employee of the month

- Unavailability of Ring fenced hip fracture beds due to bed pressures- Challenge!

  Patient and visitor ward rounds -Feed back is excellent
Where Next? Future Vision

- To continue to benchmark good practice & further improve patient care
- Meet our own Trust target - operation within 24hrs
- Annual, National Orthogeriatric conference
- Share our journey and vision with other Trusts
- Dr Ali Ajaj presenting our model in Jordan!
- Become a centre of excellence
Conclusion

Evidence from Best Practice Tariff highlights significant improvements in all six standards from April 2011 to March 2012, with 72% of patients now meeting the BPT compared to only 4% under the Traditional model of care.

The hip fracture pathway ensures high quality care for our older hip fracture patients through well co-ordinated multidisciplinary team work, pre-operative optimisation of care and prompt surgery.

This is achieved through continuous benchmarking of the hip fracture pathway, MDT senior leadership and a shared vision with the patients experience at the centre of every thing we do !..

Our model has made a significant difference, it has transformed the care of our vulnerable older patients and saved lives!!!

We are proud to announce that our new orthogeriatric model has been awarded the “Excellence in service delivery award” at Mid Yorkshire hospitals NHS Trust