



Hip fracture care - East Lancashire NHS Hospitals Three years Journey

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Consultant Orthopaedic Surgeon

Lead Clinician, NHFD

East Lancashire NHS Hospitals



Demographic

- Population - 521,000
- 7000 staff
- 46 GP practices
- 950 + beds
- 450 # NOF/ Year

Demographic

- Royal Blackburn Hospital- Acute care
- Burnley General Hospital- Elective care
- Pendle Community Hospital- In-patient Rehabilitation
- 21 Consultant Orthopaedic Surgeons

Demographics

- 2 Consultant Orthogeriatrician providing Daily ward round(Mon-Fri) , once a week MDT meeting, and falls Clinics.
- 16/21 Consultant contributing to Trauma on call , fracture clinics and Trauma lists
- 19 Planned day time trauma theatre sessions per week with flexibility to add 4 additional trauma list per week (includes all day Saturday and Sunday)

Demographics

- Two trauma Theatres
- 10 Specialist Registrar
- 4 Trauma coordinators including one dedicated NHFD data input staff.
- Dedicated Hip fracture Unit in 56 bed Trauma ward

Demographics

- All trauma list are consultant led with direct supervision and presence in theatres.
- Multi disciplinary fragility fracture stakeholder Group
- Fracture Liaison Service steering Group
- Whole project is Clinically led and managerially Supported.

Areas for improvement (2009)

- Improvement in wider awareness about the core standards of care for every Fracture neck of femur.
- Improvement in orthogeriatric input.
- Lack of agreed protocol across the specialties (anaesthetic, orthogeriatrician, orthopaedics) lead to cancellations and delayed surgery.
- Number of Patients were still admitted to other than trauma wards.
- pressure ulcer(inconsistency in grading, lack of accurate documentation). etc

Journey

- Appointed two trauma co-ordinators and Registered with NHFD in September 2009
- Set up multi-disciplinary stakeholder group.
- Started Submitting data prospectively from 09/02/2010
- Introduced Joint Admission Protocol, Care Bundle and Integrated care Pathway.

Multi-disciplinary stakeholder group

Business manager (project Lead)

Matron

Trauma Ward Manager

Trauma coordinators

Senior Physiotherapist

Occupational Therapist

Falls coordinator

Radiographer

Primary care management representative

Consultant Ortho-geriatrician

Consultant A& E

Consultant Anaesthetist

Consultant orthopaedic surgeon(Lead Clinician NHFD)

FRACTURED NECK of FEMUR (#NOF) CARE BUNDLE

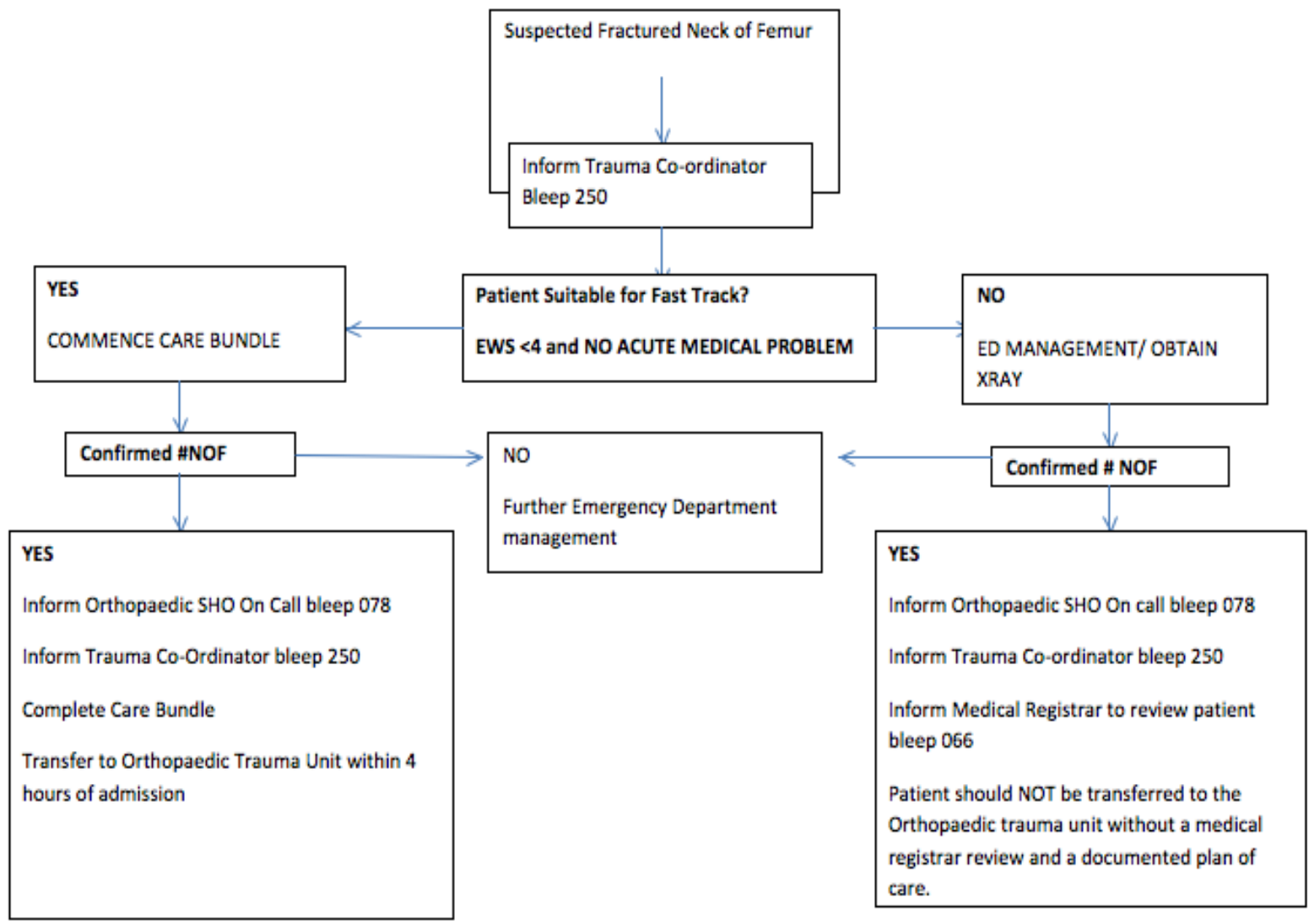
Patient Name _____
 D.O.B. _____
 Hospital No. _____

All patients with a hip fracture should be admitted to an acute trauma ward within 4hrs

- **Patient is not appropriate for fast track if**
A. Any acute evidence of cardiorespiratory compromise or needs urgent medical care
B. EWS >4?

ACHIEVED →	YES	NO	If NO- Reason If YES-Date/Time	TIME	Emergency Department Care Bundle #NOF within 4 hours
Trauma Coordinator contacted: bleep 250 Orthopaedic on-call contacted: bleep 078					
**Initial Assessment & commencement of Early Warning Score and Pain Assessment Chart Bloods: FBC/U&E/Creatinine/Glucose/LETs/Bone/Group & Save Clotting (if on warfarin or liver disease) CRP ECG Patient fast tracked through ED to X-ray (Chest & affected limb x-rays) X-ray findings/Type of #.....					
Oxygen (4-6l/min to keep Sats>94%)					
IV access & fluids: Hartmann's 1L over 6 hrs Pain assessment and analgesia given? Paracetamol 1g iv Fascia Ijaca Block (If trained personnel available) Morphine titrated iv Pain reassessed 30mins following intervention? Drug Chart for analgesia written to include Paracetamol, MST and Oramorph, and any regular medications					
Time and reason if Bundle stopped					

Signed Job Title



- Shared and monitored NHFD data and focused on areas for improvement, by regular quarterly meetings and action plans
- NHFD data demonstrated clear areas for improvement.
- Shared the data and quality standard improvement with senior managers and demonstrated a business case for extra resources which are likely to fund itself by achieving BPT and reduction in LOS

Blue Book Standards- ELHT (%)

	2010	2011	2012
1. Admission to orthopaedic ward within 4 hours	57	58	69
2. Surgery within 48 hours and during working hours	80	87	88
3. Patients developing pressure ulcers	6	3	2.39
4. Pre-operative assessment by an orthogeriatrician	31	37	49.7
5. Discharged on bone protection medication	57	66	97.17
6. Received a falls assessment prior to discharge	63	81	98.91

Bluebook Indicators	ELHT 2010	ELHT 2011	ELHT 2012	SHA 2012	National 2012
Avg Time to Orthopaedic Ward (Hrs)	6.3	5.6	5.1	8.8	8.9
Avg Time to Theatre (Hrs)	29.4	29	30.4	33.3	31.8
Avg Trust Length of Stay (Days)	20.5	21.2	21.2	21.5	19.4
Pressure Ulcers	3.9	2.6	3	3.3	3.3
Preoperative Assessment	20.6	48.2	68.2	63.9	72.1
Bone Protection Medication	74	97.1	97.2	87.4	91.6
Specialist Falls Assessment	94.4	99.5	99.4	88.4	90.9

2010- September 2010 to August 2011(Total NOFs -412)

2011- March 2011 to February 2012(417)

2012- March 2012- February 2013(468)

Total hip replacement for NOF	2010	2011	2012
ELHT	6.8	6.2	5.2
SHA	3.5	5.1	5.1
National	3.3	4.1	5.1





No operation

%	ELHT	SHA	National
2010-2011	4.1	2.8	2.7
2011-2012	3.5	3.1	2.7
2012-2013	1.6	2.5	2.5

Admission to surgery

	Surgery within 48 hours	Surgery within 36 hours
2010-2011	87%	55%
2011-2012	88%	76%
2012-2013	89 %	75%

Ortho-geriatrician led Pre-operative assessment and secondary prevention

%	2010-2011	2011-2012	2012-2013	SHA- 2012-13	National 2012-13
Preoperative Assessment	20.6	48.2	68.2	63.9	72.1
Bone Protection Medication	74	97.1	97.2	87.4	91.6
Specialist Falls Assessment	94.4	99.5	99.4	88.4	90.9

Type of Anaesthesia- %

2010-2011

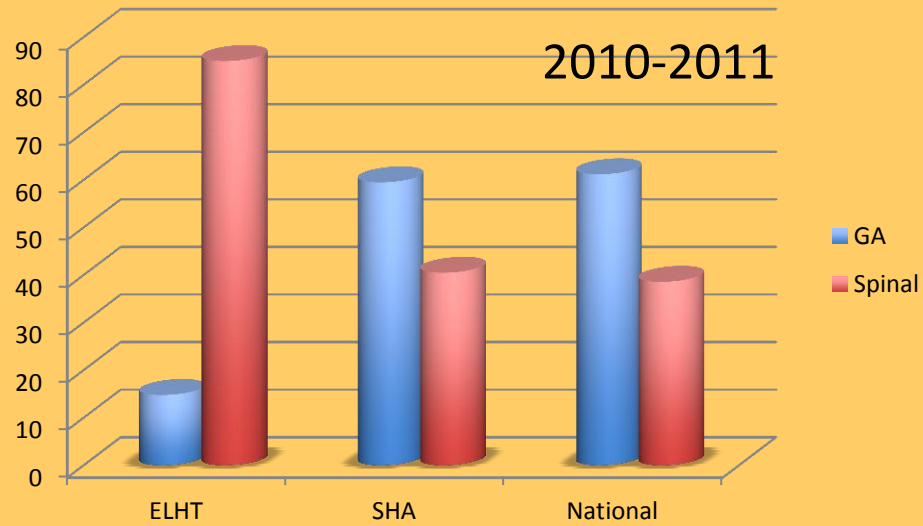
	ELHT	SHA	National
GA	14.8	59.5	61.2
Spinal	85	40.5	38.6

2011-2012

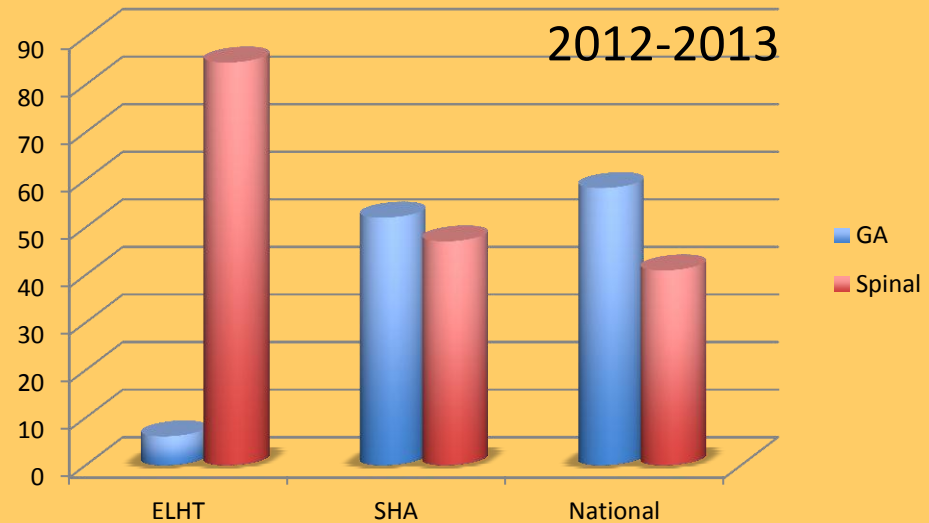
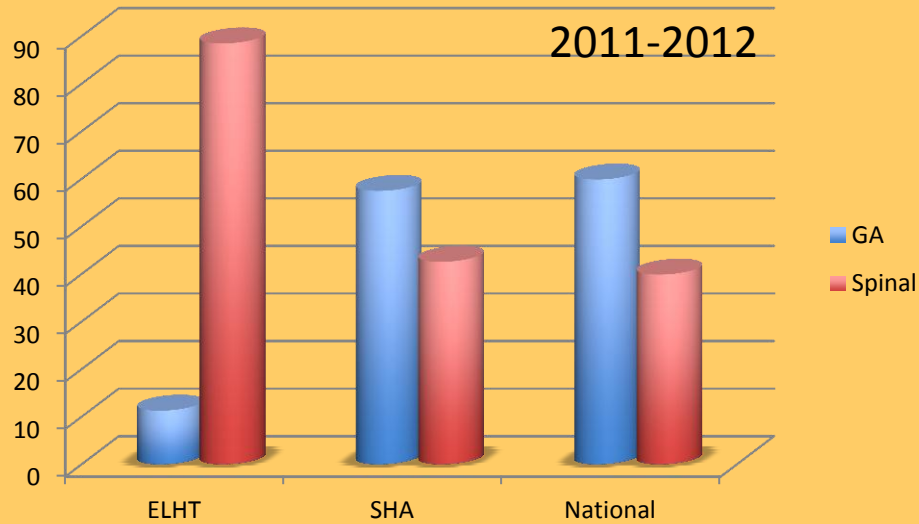
GA	11.3	57.5	59.9
Spinal	88.5	42.6	39.9

2012-2013

GA	6.1	52.1	58.3
Spinal	90.7	47.1	41



Type of anaesthesia

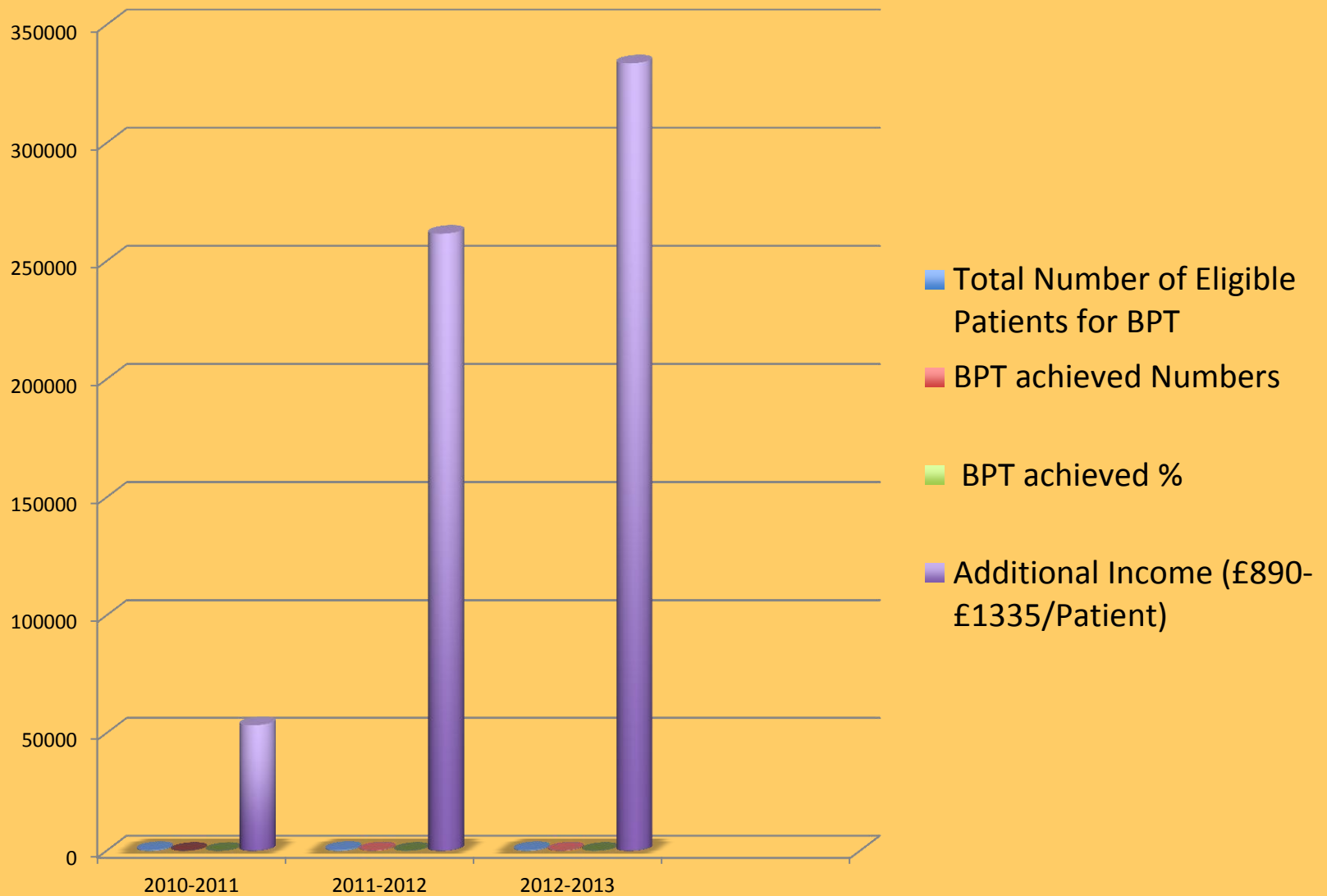


BPT(Best Practice Tariff)

	Total Number of Eligible Patients for BPT	BPT achieved Numbers	BPT achieved %	Additional Income (£890-£1335/Patient)
2010-2011	384	60	15.62	£53,400
2011-2012	450	294	65.33	£261,660
2012-2013	391	277	71	*£369,795

Up to Feb-2013

BPT



NHFD National Report- 2012

- ELHT is NO.1 data contributor in North West(458 patients)
- Attracting most # NOF in NW
- One of top 4 NHS trust attracting highest BPT in North West (best practice tariff).
- Improved in all 6 standard consistently since 2010 (nationally standard dropped in 2 out of six standards during 2011/2012)

NHFD National Report- 2012

- Ranked 11/180 nationally in offering better operation (THR) for fit active patients with #NOF
- ELHT -88% operated within 48 hours(rank 47/180. (National average dropped from 87% in 2010/11 to 83% in 2011/12)
- 76% operation within 36 hours(rank 47/180)
- 69% admitted in orthopaedic wards within 4 hours (rank 35/180). National average dropped from 52% in 2010/11 to 49.4% in 2011/12.

NHFD National Report- 2012

- Good improvement in care in spite of 13/180 from bottom i.e. more higher grade (ASA and AMT score) sick patient.
- BPT achievement rank 41/180

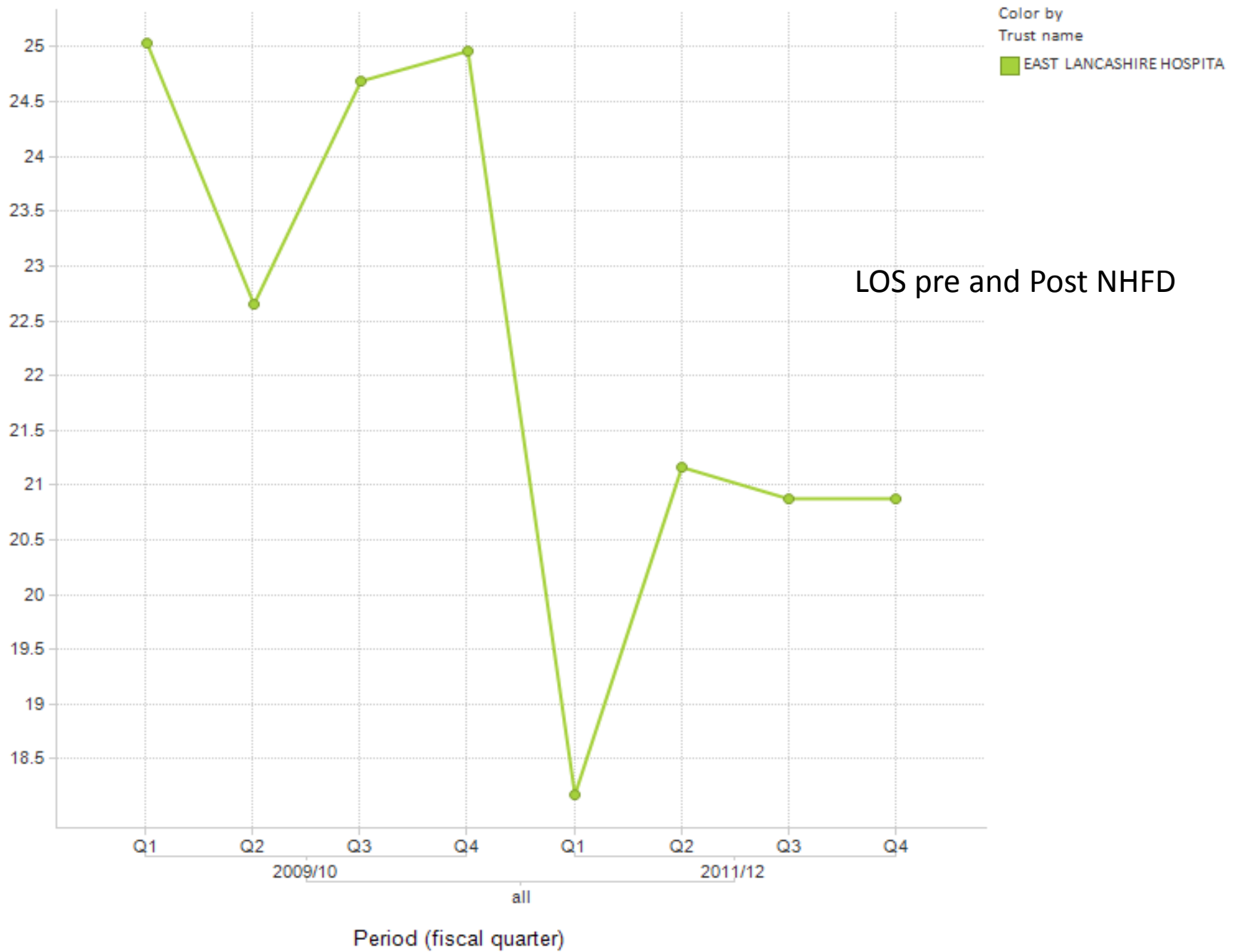
ELHT is using HED (Healthcare Evaluation Data) to evaluate data



HED

Healthcare Evaluation Data (HED)
Driving quality and efficiency

Average Total Spell Duration



Trust name	Treatment Spe	2009/10(pre NHFD set up	2009/10	2009/10	2011/12	2011/12	2011/12(post NHFD set up)
Trust name	Treatment Spe	Total Spell Duration	Spells	Average Total	Total Spell Dur	Spells	Average Total Spell Duration
EAST LANCAS	Trauma & orth	11225	460	24.4	9149	450	20.33
		Average LOS for #NOF 2009-2010		24.4 days			
		Average LOS for #NOF 2011-2012		20.33days			
		That is 1800 less bed days per year					
		1800x£300		£540,000			
		£0.5million saving + BPT(£0.25m) Per Year					

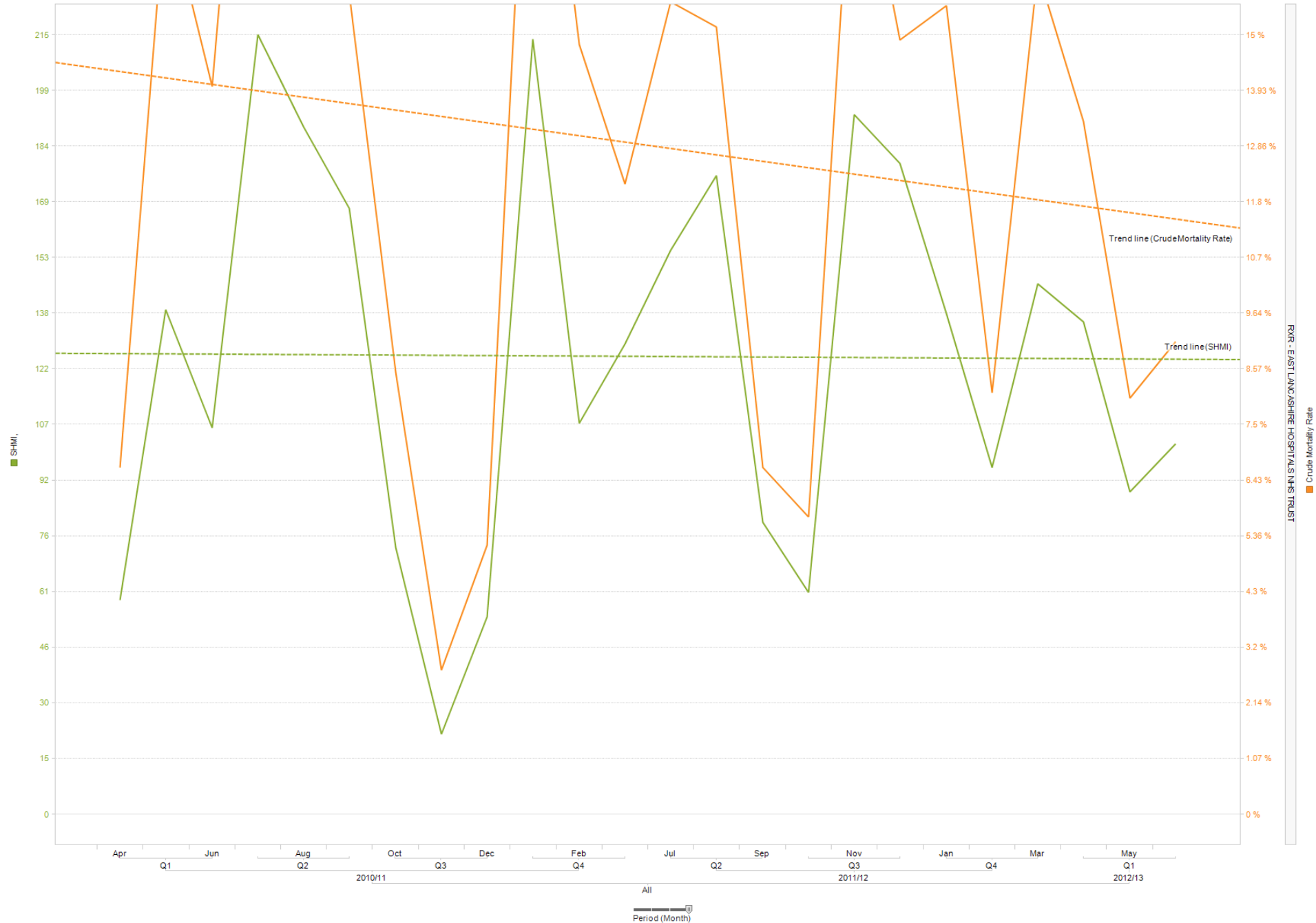
NHFD- In Hospital Mortality

%	ELHT	SHA	National
2010-2011	10.92	9.02	9.05
2011-2012	10.43	9.37	8.76

HED Mortality data - NOF

























Fiscal Year	Fracture	Fracture	Fracture	Fracture	Fracture	Fracture	Fracture of neck of femur (hip)		
Fiscal Year	Expected	Number	HSMR	Number	Average	Number	Mortality Rate		
2009/10	51.7	60	116.1	0	7.85	502	11.95%		
2010/11	49.3	46	93.3	5	8.95	477	9.64%		
2011/12	24.7	22	89.2	3	7.8	302	7.28%		
2012/13	19.6	17	86.5	2	8.63	245	6.94%		

SHMI and Crude mortality rate



RFR - EAST LANCASHIRE HOSPITALS NHS TRUST

Nationally Published Indicators (2011/12)

	Mortality		
	Acute MI		
	#NOF		
	#NOF - LOS		View module
	#NOF - Mortality		View module
	#NOF - No Operations within 2 Days		View module
	#NOF - No Operations within 2 Days (Friday/Saturday)		View module
	#NOF - Readmission		View module
	AAA		
	Elective Orthopaedic		
	Obstetric		
	Stroke		

NICE Quality standard for Fracture NOF(30 March 2012)

- A set of specific, concise statements and associated measures
- Markers of high-quality, cost-effective patient care, covering the treatment and prevention of different diseases and conditions.

- Alcohol dependence and harmful alcohol use
- Breast cancer
- Chronic heart failure
- Chronic kidney disease
- Chronic obstructive pulmonary disease (COPD)
- Dementia
- Depression in adults
- Diabetes in adults
- End of life care for adults
- Glaucoma
- Hip fracture
- Lung cancer
- Patient experience in adult NHS services
- Service user experience in adult mental health
- Specialist neonatal care
- Stroke
- VTE prevention

No.	Quality statements
1	<p>People with hip fracture are offered a formal Hip Fracture Programme from admission.</p> <p style="text-align: right;">Ortho geriatrician Lead with weekly MDT</p>
2	<p>The Hip Fracture Programme team retains a comprehensive and continuing clinical and service governance lead for all stages of the pathway of care, including the policies and criteria for both intermediate care and early supported discharge.</p> <p style="text-align: right;">Ortho geriatrician Lead with weekly MDT</p>
3	<p>People with hip fracture have their cognitive status assessed, measured and recorded from admission.</p> <p style="text-align: right;">NHFD</p>
4	<p>People with hip fracture receive prompt and effective pain management, in a manner that takes into account the hierarchy of pain management drugs, throughout their hospital stay.</p> <p style="text-align: right;">Care bundle and ICP</p>
5	<p>People with hip fracture have surgery on the day of, or the day after, admission.</p> <p style="text-align: right;">NHFD</p>
6	<p>People with hip fracture have their surgery scheduled on a planned trauma list, with consultant or senior staff supervision.</p> <p style="text-align: right;">Fully compliant</p>
7	<p>People with displaced intracapsular fracture receive cemented arthroplasty, with the offer of total hip replacement if clinically eligible.</p> <p style="text-align: right;">NHFD</p>

8	<p>People with trochanteric fractures above and including the lesser trochanter (AO classification types A1 and A2) receive extramedullary implants such as a sliding hip screw in preference to an intramedullary nail. NHFD</p>
9	<p>People with hip fracture are offered a physiotherapist assessment the day after surgery and mobilisation at least once a day unless contraindicated. ICP</p>
10	<p>People with hip fracture are offered early supported discharge (if they are eligible), led by the Hip Fracture Programme team. Ortho geriatrician Lead with weekly MDT</p>
11	<p>People with hip fracture are offered a multifactorial risk assessment to identify and address future falls risk, and are offered individualised intervention if appropriate. NHFD</p>
12	<p>People with hip fracture are offered a bone health assessment to identify future fracture risk and offered pharmacological intervention as needed before discharge from hospital. NHFD</p>

Further Quality improvement Plans

- Fracture Liaison Service due to start from April 2013(Ortho geriatrician lead)
- To be fully compliant with dementia care and improve ward environment to suit patients with dementia.
- Improve LOS further by offering Enhanced recovery programme to previously otherwise active patient with good pre fracture mobility

Further Quality improvement Plans

- Active participation in Anaesthetic Sprint Audit Project(ASAP)- conducted jointly by NHFD and NHS Hip fracture peri operative network
- Joint Mortality review (Orthopaedic and orthogeriatric)
- Full implementation of hip fracture programme leading to further improvement in rehabilitation and discharge

Thank you



