The Next Steps.....

The National Hip Fracture Database

www.nhfd.co.uk

NHFD REGIONAL MEETING, YORK AND HUMBER, JULY 2013
After the Metalwork – The Long Road Home (patient level)

- Post-acute care
- In-patient rehabilitation
- Early supported discharge
- Exercise programmes
- Falls clinics
- 30 day / 120 day / 360 day follow-up
30 day/ 120 day/ 360 day follow-up

- In-put data onto NHFD
- 30 day completed by hip fracture nurse
- 120 day
  - 1/3 seen in clinic
  - 2/3 followed up by telephone
- 360 day telephone follow-up
- PROM / satisfaction questionnaire
After Best Practice Tariff (service level)

- Clinical Governance Meetings
- Auditing and achieving other NICE quality standards
  - Analgesia
  - Early supported discharge
- Non-hip fragility fractures
- Elective POPS
- Linking into other quality care initiatives
  - Venous thromboembolism
  - Diagnosing dementia
  - End of life care
Clinical Governance Meetings

- All members of hip fracture programme represented
- Minuted meeting
- Discussion about service improvements / local audit
- M&M
- Review of key performance indicators
  - Those that failed to meet BPT and why
Analgesia

- Monitoring pain – pain scores
- Useful recent joint publication BGS
- Paracetamol
- Opiates
- Fascia-iliaca nerve blocks

Abbey Pain Scale
For measurement of pain in people with dementia who cannot verbalize.

How to use scale: While observing the resident, score questions 1 to 6
Name of resident:  
Name and designation of person completing the scale:  
Date:  
Latest pain relief given was  

Q1. Vocalisation
- eg. whispering, groaning, crying
  Absent 0  Mild 1  Moderate 2  Severe 3
Q2. Facial expression
- eg. looking tense, frowning, grimacing, looking frightened
  Absent 0  Mild 1  Moderate 2  Severe 3
Q3. Change in body language
- eg.rigidly rocking, guarding part of body, withdrawn
  Absent 0  Mild 1  Moderate 2  Severe 3
Q4. Behavioural change
- eg. increased confusion, refusing to eat, alteration in usual patterns
  Absent 0  Mild 1  Moderate 2  Severe 3
Q5. Physiological change
- eg. temperature, pulse or blood pressure outside normal limits, perspiring, flushing or pallor
  Absent 0  Mild 1  Moderate 2  Severe 3
Q6. Physical changes
- eg. skin tears, pressure areas, arthritis, contractures, previous injuries
  Absent 0  Mild 1  Moderate 2  Severe 3

Add scores for 1 – 6 and record here  
Total Pain Score

Now tick the box that matches the Total Pain Score

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-2</td>
<td>No pain</td>
</tr>
<tr>
<td>3-7</td>
<td>Mild</td>
</tr>
<tr>
<td>8-13</td>
<td>Moderate</td>
</tr>
<tr>
<td>14+</td>
<td>Severe</td>
</tr>
</tbody>
</table>

Finally, tick the box which matches the type of pain

<table>
<thead>
<tr>
<th>Type of Pain</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic</td>
<td></td>
</tr>
<tr>
<td>Acute</td>
<td></td>
</tr>
<tr>
<td>Acute on</td>
<td></td>
</tr>
<tr>
<td>Chronic</td>
<td></td>
</tr>
</tbody>
</table>

Abbey J, Delieta, A, Millner, S, Robinson, A, O'Shea, R, Parker, P and Loewy, B. 
Funded by the H & A Carr-Medical Research Foundation 1996 – 2002

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Early Supported Discharge

- NICE Quality Standards for Hip Fracture – statement 8
- ‘People with hip fracture are offered early supported discharge (if eligible) led by the hip fracture programme team’
- ‘On-going involvement from the hip fracture team’
Non-hip fragility fractures

- Data
- FLS
- Admitted under medics / orthopaedics / step-up beds
The Scale of the Problem in the UK

180,000 symptomatic fragility fractures
70,000 hip fractures
25,000 vertebral fractures
41,000 wrist fractures

About 45,000 others admitted

Costs between £1.5 and £1.8 billion

Accounts for more bed days than stroke
Stepwise implementation

**Objective 1:** Improve outcomes and improve efficiency of care after hip fractures – by following the 6 “Blue Book” standards

**Objective 2:** Respond to the first fracture, prevent the second – through Fracture Liaison Services in acute and primary care

**Objective 3:** Early intervention to restore independence – through falls care pathway linking acute and urgent care services to secondary falls prevention

**Objective 4:** Prevent frailty, preserve bone health, reduce accidents through preserving physical activity, healthy lifestyles and reducing environmental hazards
Local figures

In one year in a typical DGH with 300,000 population....

360 #NOFs

11,000 Herald fractures

2200 attend hospital after a fall

15,500 fall of which 6700 fall more than once

45,000 are over 65 yrs

With Ageing demography these figures will increase by 50% by 2020
Data collection

- 1 year data
- Spot audits

<table>
<thead>
<tr>
<th>Condition</th>
<th>No of patients</th>
<th>Average LOS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cervical spine</td>
<td>3</td>
<td>13</td>
</tr>
<tr>
<td>Pubic Rami</td>
<td>53</td>
<td>21</td>
</tr>
<tr>
<td>Acetabulum</td>
<td>6</td>
<td>43</td>
</tr>
<tr>
<td>Distal Femoral</td>
<td>11</td>
<td>41</td>
</tr>
<tr>
<td>Tibial Plateau</td>
<td>3</td>
<td>35</td>
</tr>
<tr>
<td>Tibia / Fibula</td>
<td>3</td>
<td>44</td>
</tr>
<tr>
<td>Colles</td>
<td>12</td>
<td>28</td>
</tr>
<tr>
<td>Humerus</td>
<td>11</td>
<td>21</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>102</strong></td>
<td><strong>30.75</strong></td>
</tr>
</tbody>
</table>
Business case

- To expand orthogeriatrics
- To support orthopaedic juniors with all frail elderly with non-hip fragility fractures
  - Non-operative
  - Peri-operative
  - Transfer to ESD / in-patient rehabilitation
  - Frail electives
- Estimate 2/3 number of hip fractures
- Estimate 2 session DCC for every 100 patients
Peri-operative care of older people

The cost-effectiveness of multi-component interventions to prevent delirium in older people undergoing surgical repair of hip fracture

Anayo Alamie - Sarah Davis - Maggie Westby - John Young

Proactive care of older people undergoing surgery “POPS”

Jugdeep Dhesi, Consultant Physician

Department of Ageing and Health, Guy’s and St Thomas’ Foundation Trust


http://www.bgs.org.uk/index.php/popsresources/2509-bpg-pops
End of Life Care

- AMBER care bundle
- Liverpool care pathway
- Anticipatory care plans / Gold standards framework
British Geriatric Society and NHFD

- BGS Co-chair for the NHFD
- Regional BGS meetings / ortho-geriatric network meetings
- Falls and Bone Health SIG
- Peri-operative care of Older People SIG
Falls and Fragility Fracture Network

Berlin
29th-31st August
How many steps?

- Every step, every time

NOF bleep
Communication with patient / relatives
Pain score and Analgesia
Fluid resuscitation
Dementia screen
VTE risk assessment
Fascia-iliaca block
Medication review
Waterlow score and Air mattress
Bed on orthopaedic ward within four hours
Pre-operative ortho-geriatric review
Antibiotic prophylaxis
Appropriate anaesthetic
Appropriate operation
Haem Cue check and early transfusion

Day one physiotherapy
Daily mobilisation
Catheter use
Monitoring bowels
Delirium screen
Nutritional assessment
OT assessment
Referral for ESD / in-patient rehabilitation
Falls assessment
Bone health assessment
Dexa scans
VTE prophylaxis to four weeks
Follow-up 30/120/365