Patients 1st
The Patient's First Choice

Improving Quality of Care for Patients with Fractured Neck of Femur

The Royal Surrey County Hospital

NHFD Regional Meeting
February 2010

- 528 acute Beds
- 2800 staff
- District General serving 320,000 population
- Cancer Centre serving 1.2 million
- Combined Trauma and Orthopaedic wards
- 350-400 patients with # NOF per year

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- Recognition by clinicians of need to improve care
- RCP and NHFD Audits
- High profile complaints
- Previous attempts at improving care
  - Geriatric post-take review of patients with #NOF
  - Ring fenced rehabilitation beds
  - Weekly referrals ward-round
  - Buddy ward system

Death of an elderly man blamed on hospital system
Surrey Advertiser, Sunday 24th February 2008

National publications and drivers for change

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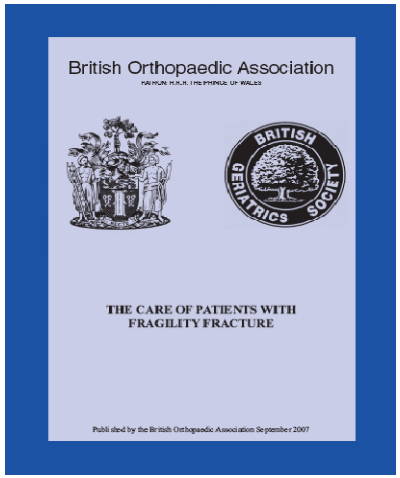
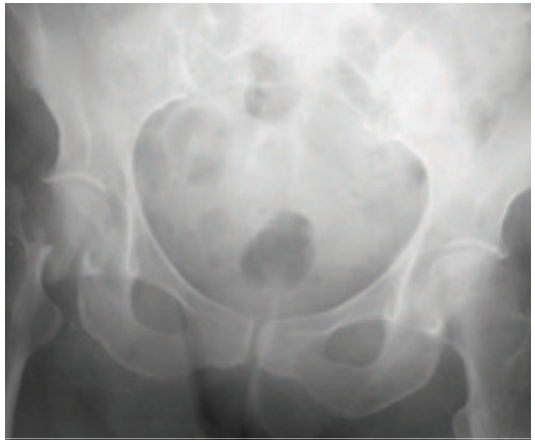
- United they Stand 1996
- NSF for older people 2001
- Blue Book 2003 (revised 2007)
- RCP National Audits 2006
- NHFD 2007
- Best Practice Tariff





- Have to start somewhere
- Most significant fragility fracture
- Measurable using NHFD
- Often long length of stay
- Complex pathway
- Significant Morbidity and Mortality

"The days of entrusting complex medical management to inexperienced and overburdened orthopaedic juniors must be ended"

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Patient with fractured neck of femur

ambulance
A&E
X-ray
Orthopaedics
Anaesthetics
Theatre
Nurses
Physiotherapists
Occ. Therapy
Rehab beds
Social Services
IMC team
GP

Make Decisions

Geriatrician

Leadership of MDT

Complex Discharge planning

End of Life Planning

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- Modelled on Stroke Service
- Two established Geriatric Medicine consultants (new post to back fill)
- Funding from Orthopaedics
- Six funded DCC sessions
- Daily ward-rounds and weekly MDT
- Virtual #NOF unit
- Data on reduction of LoS from another Trust

RSCH Improvement Methodology: DECODER Framework

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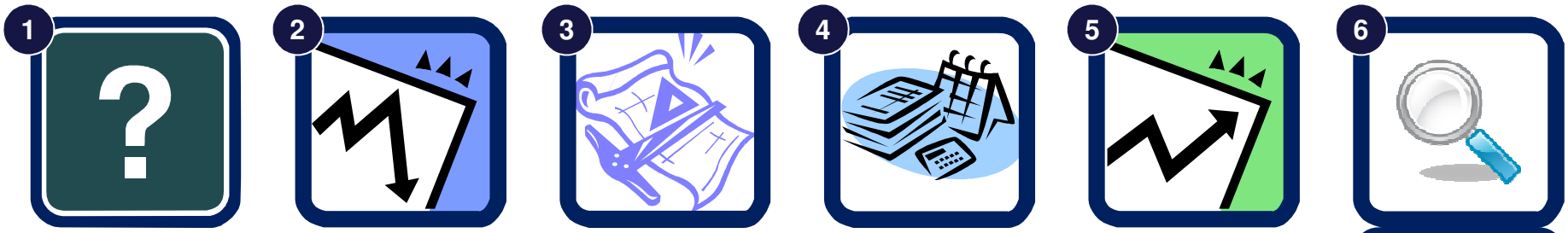

	DEFINE	ESTABLISH	CREATE	ORGANISE	DO	EVALUATE & REFINE
	Focus the Team	*Confirm "As Is"*	*Cause & Analysis*	*Future State Plan*	*Implement*	*Learn & Share*
Aim	Define the need for this project in the context of the P1st Goals	Establish what happens in the process and what it could do	Create the best solution to achieve the project goals	Organise the implementation and improvement	Do it!	Evaluate and Refine
Effect	Team Formed and all stakeholders agree the need for the project	Process issues are fully understood by the Team and all Stakeholders	Team is committed to the chosen solution	Team is Focused and know what they need to do	Team has refined and implemented the plan and monitors the improvement	Team reflects on its achievement and identifies future opportunities

Values: Clinical Quality, Patient Experience, Efficiency, Growth

The Team

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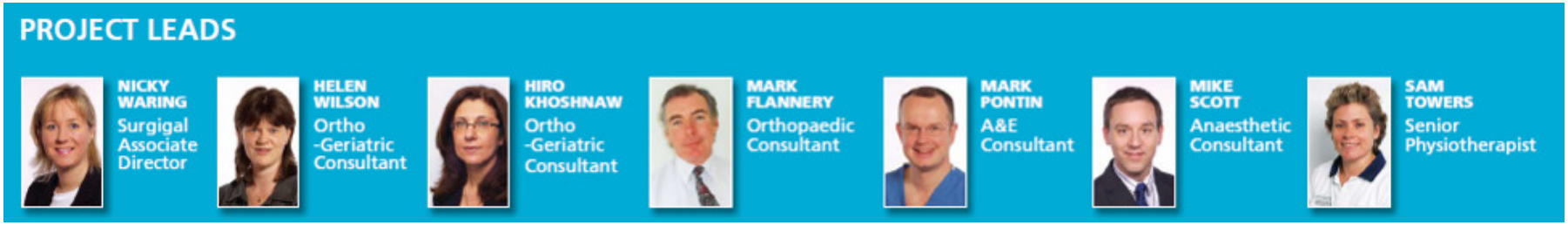
Wide representation across the Trust - both by function and discipline



- Trauma & Orthopaedics
  - Nicky Waring (Surgical Associate Director)
  - Anne Stokoe (Speciality Manager)
  - Mark Flannery (Consultant)
  - Mike Lemon (Consultant)
  - Jo Michie (SBU Matron)
  - Andie Blake (Ward Sister)
  - Fran Hole (Trauma Nurse Coordinator)
- OT and Physiotherapy
  - Sam Towers
  - Vicki MacDonald
  - Kate Iveson
- Accident & Emergency
  - Mark Pontin (Consultant)
- Geriatrics
  - Helen Wilson (Consultant)
  - Hiro Khoshnaw (Consultant)
- Anaesthetics
  - Mike Scott (Consultant)
  - Matt Berry (Consultant)
  - Gareth Jones (Consultant)
  - Gillian Foxall (Consultant)
- Others
  - Wendy Dengate (Radiology Manager)
  - Pip Lacey (Site Nurse Practitioner lead)
- Patients First
  - Ann Spence (Programme Director)
  - David Tyler (Lean Consultant)

Key Lesson: Establish a multi-disciplined team and agree the vision, scope and objectives.

Used Data to review Capacity, demand, usage and flow

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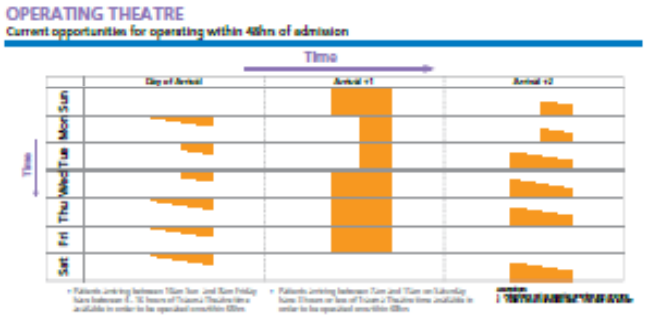

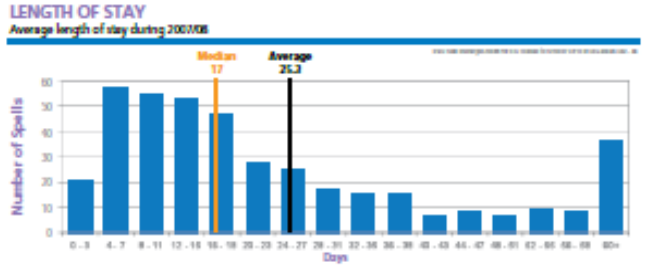

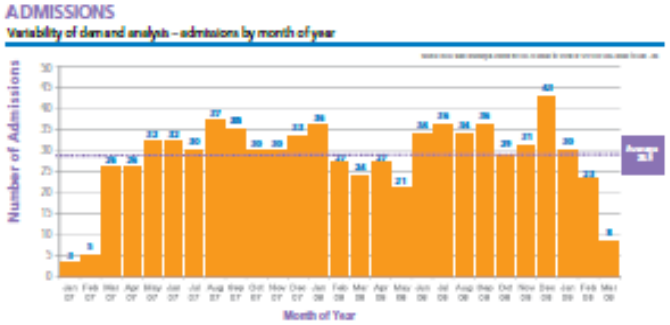

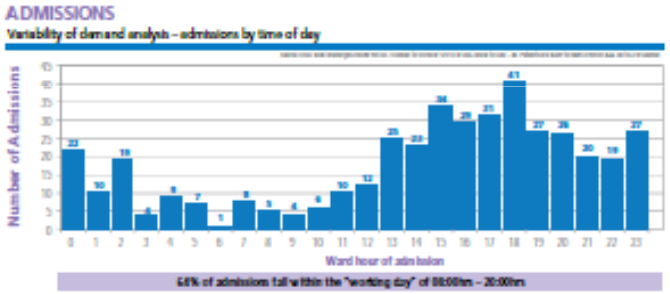

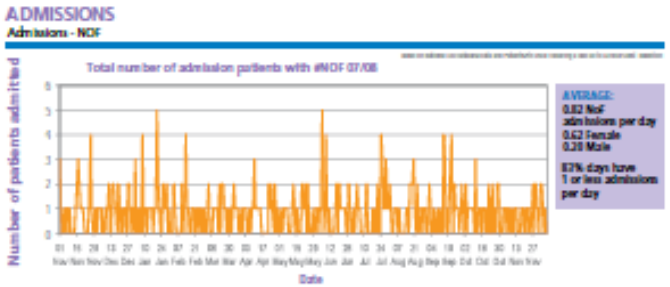

Benchmarking

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South Tyneside Health Care NHS
NHS Trust

NHS Highland

CENTRE FOR CHANGE & INNOVATION

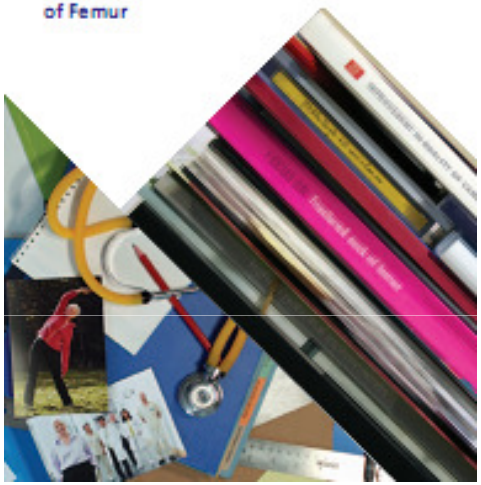
BMJ

Sheffield Teaching Hospitals NHS
NHS Foundation Trust

Peterborough and Stamford Hospitals NHS
NHS Foundation Trust

NHS Institute for Innovation and Improvement

Delivering Quality and Value
Focus on: Fractured Neck of Femur



British Orthopaedic Association
PATRON: H.R.H. THE PRINCE OF WALES

PRIMARY TOTAL HIP REPLACEMENT:
A GUIDE TO GOOD PRACTICE

First published by the British Orthopaedic Association, 1999; revised August 2006

Worcestershire NHS
Acute Hospitals NHS Trust

British Geriatrics Society

The Lewisham Hospital NHS
NHS Trust

A detailed literature study and benchmarking against other Trusts' performances was completed prior to the formal launch of the project.

Old Patient Pathway

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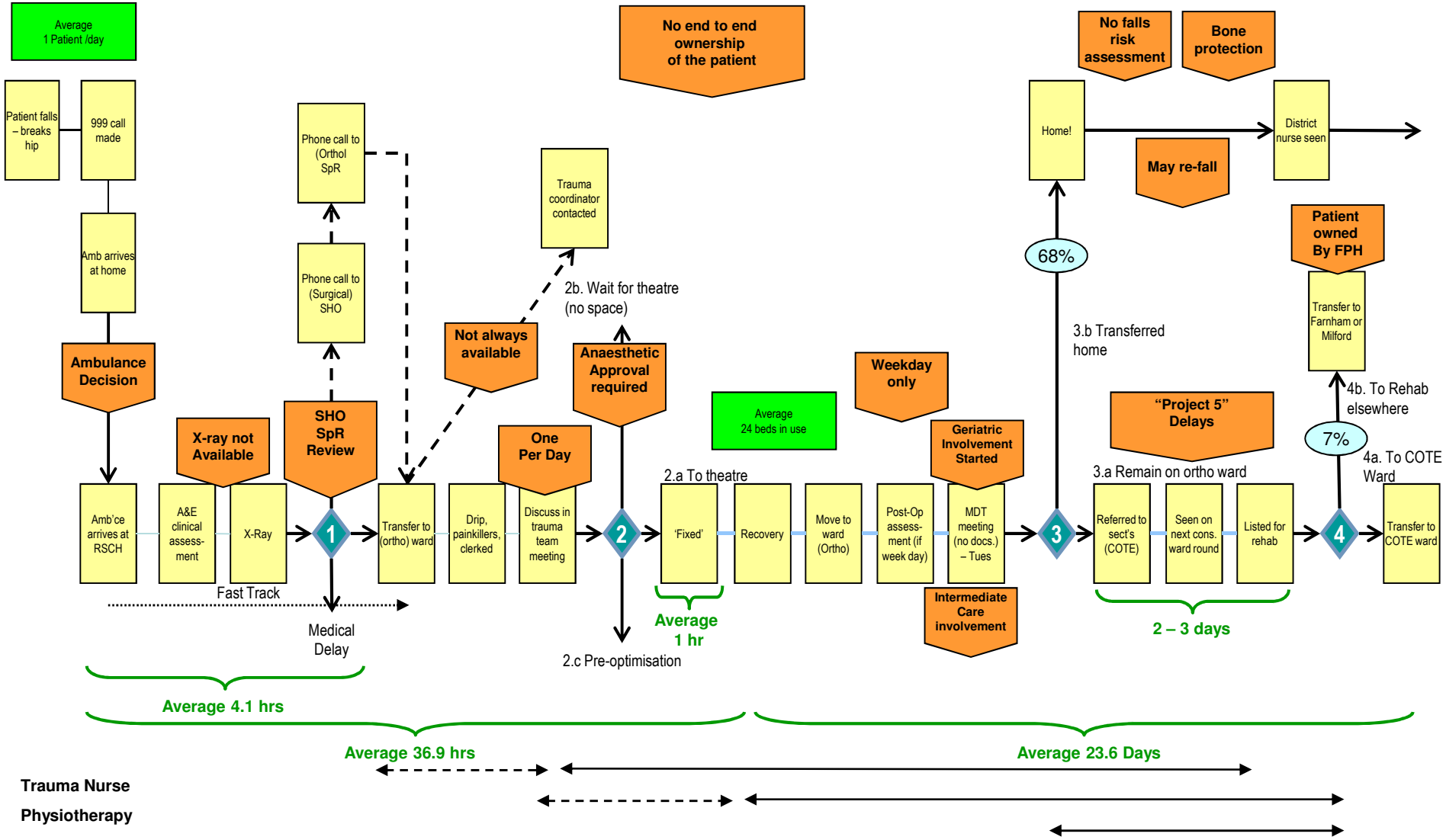

New Patient Pathway

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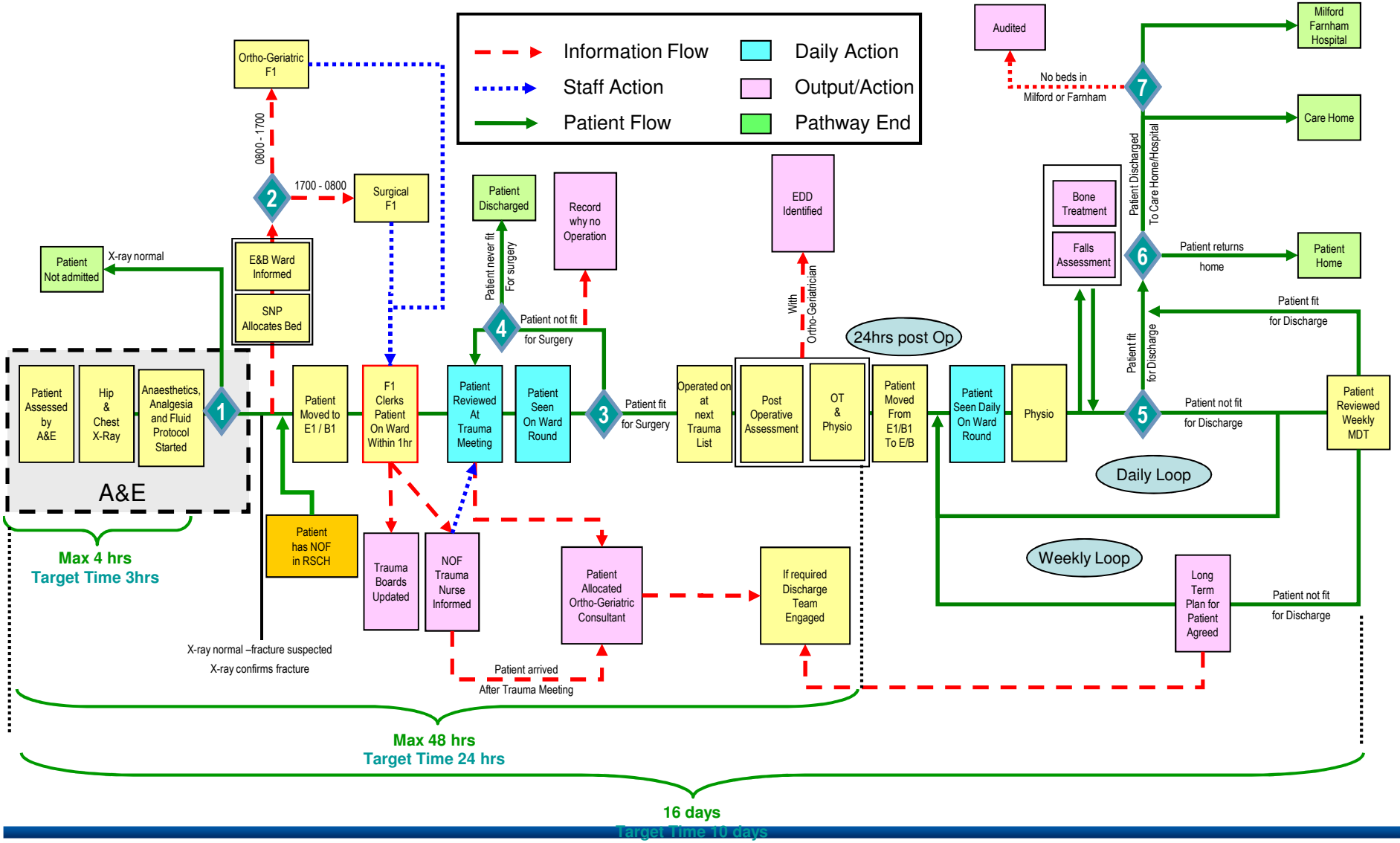

Improvements to the Service

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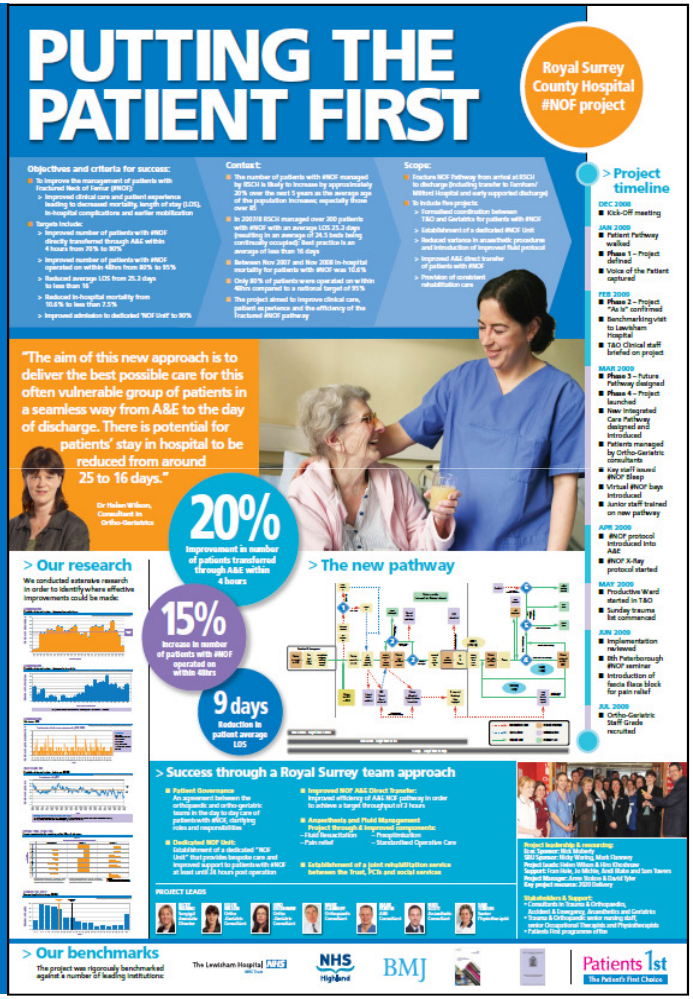
- Daily Orthogeriatric ward-rounds
- Additional trauma lists
- #NOF bleep
- Virtual #NOF Unit
- Integrated Care Pathway
- Orthogeriatric Handbook for the Management of Patients with #NOF



National Hip Fracture Database Process

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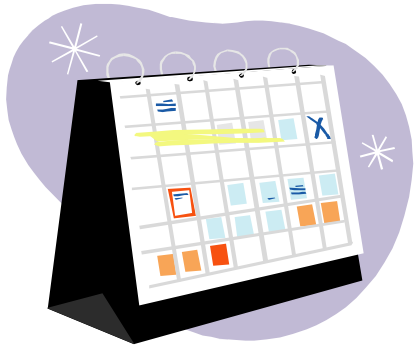
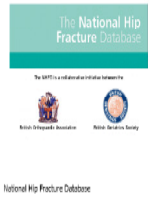
Data manually collated

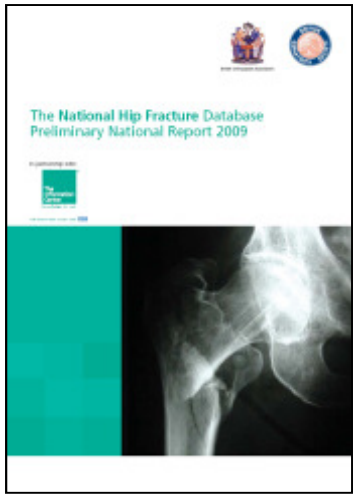
Entered into NHFD monthly



Annual Report

- Entering data since 2007
- Part of the first NHFD National Report 2009
- The first NHFD National Report identified:
  - Over 300 #NOF patients per year
  - Average length of stay 25.3 days
  - Mortality 10.6%
  - 80% operated within 48 hours





RSCH #NOF Dashboard

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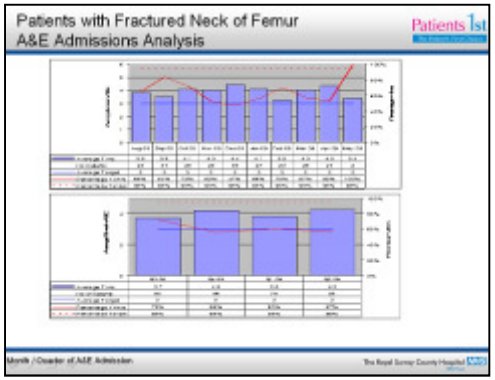
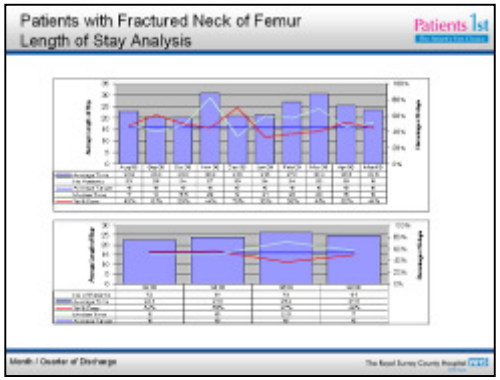
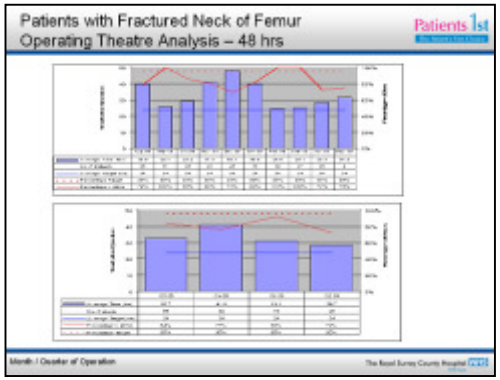


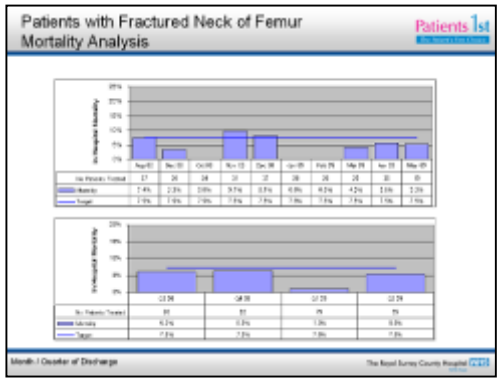
A&E Targets



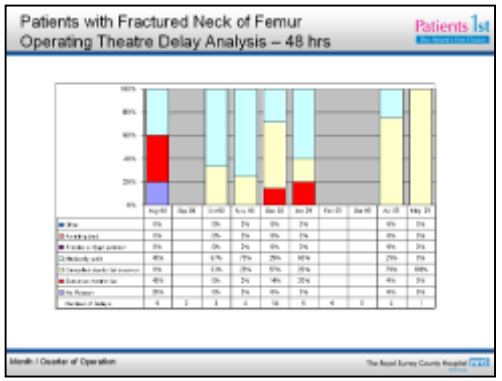
LOS Targets



Operating Start Targets



Mortality Targets



Reason for Delay

Ten month outcomes

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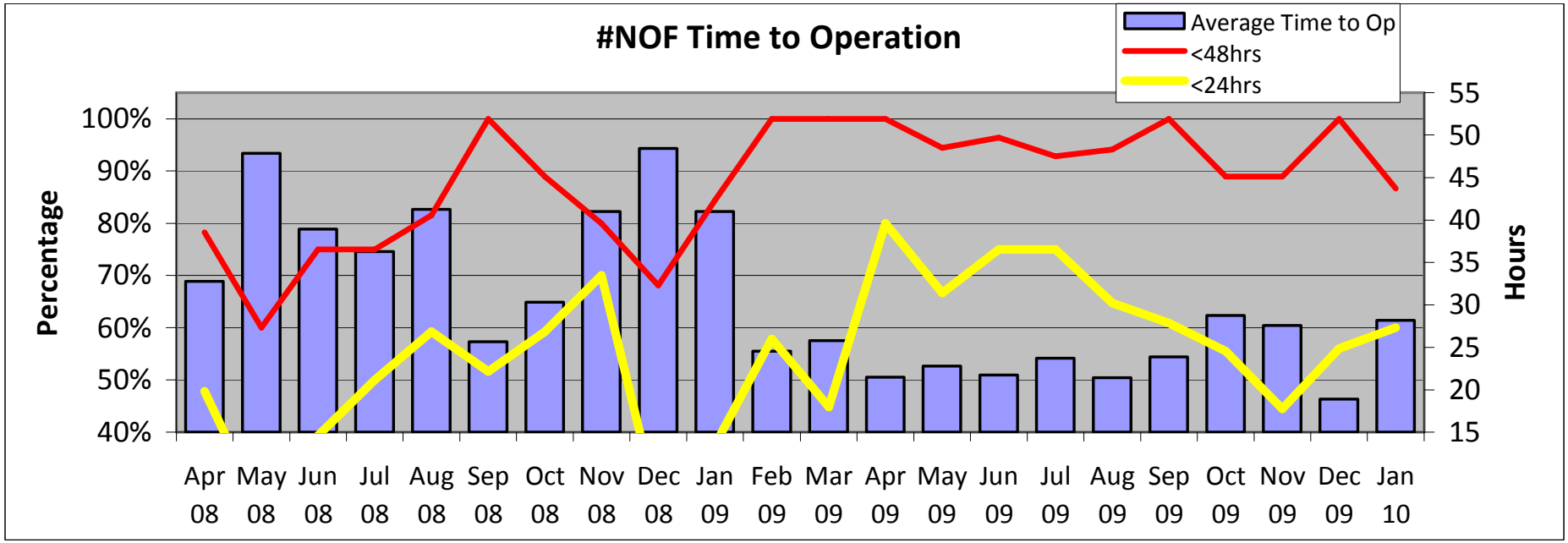
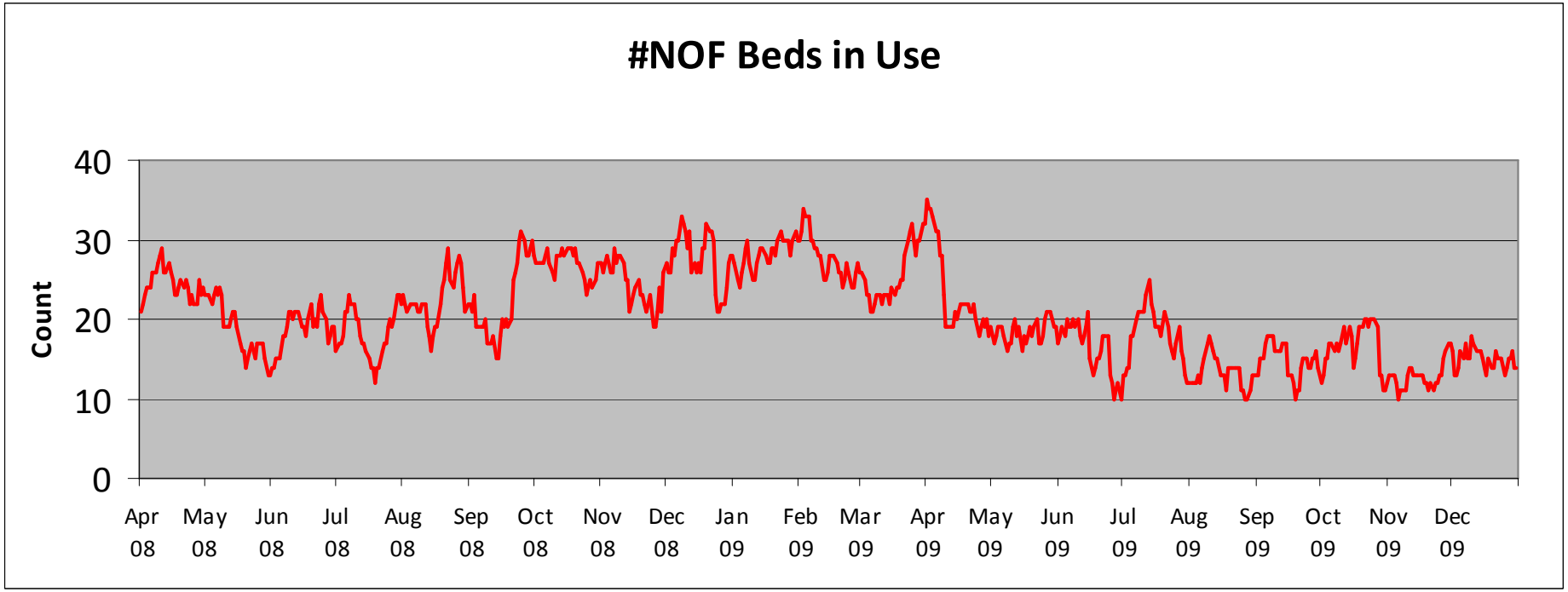
- > 90% Patients now directly admitted to orthopaedic ward
- > 95% getting to theatre within 48 hours (from 80%)
- All patients with #NOF jointly managed by Orthopaedic and Geriatric teams from point of admission
- All patients undergo falls assessment and review of bone protection
- Better access to rehabilitation beds
- Reduction in average length of stay (from 25 to 19 days)
- Reduction in mortality (from 10.6% to <7.5%)

Time to theatre



Bed Usage for patients with # NOF



Discharge Destination

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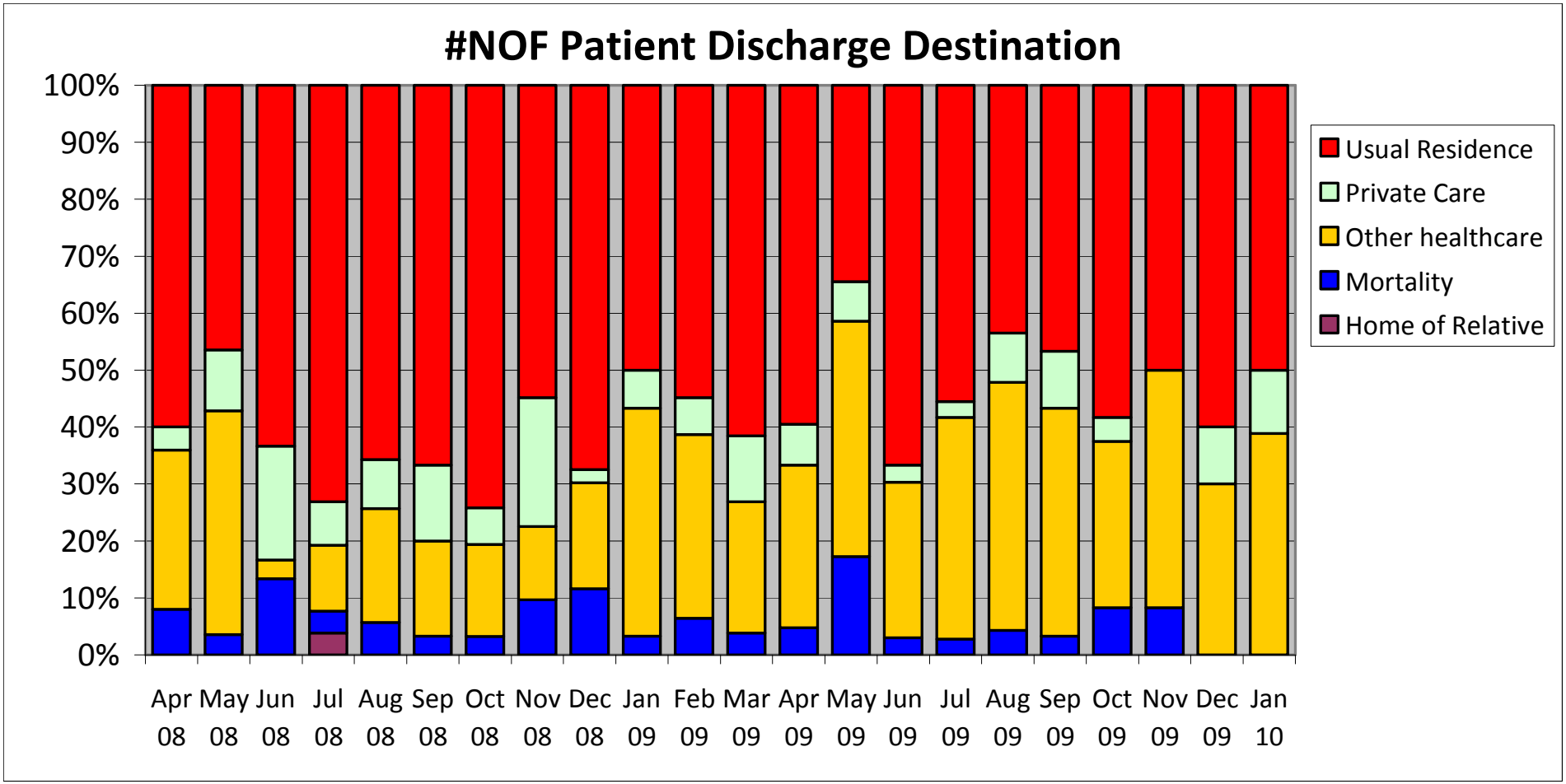

“Good quality care costs less”

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	LOS 08	LOS 09	Count	Days Saved
May	30.96	25.13	29	169.3
Jun	12.77	18.63	33	-193.2
Jul	26.20	13.91	36	442.3
Aug	19.30	15.23	23	93.7
Sep	16.31	15.17	23	26.1

538 days in 5 months

or

1290 days per annum

Financial Benefits

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- Expenditure:
  - Staff Grade £75,787
  - Ortho-Geriatric Service £70,000 (6 consultant sessions)
  - Sunday Trauma list (£1,814 per session) £72560

  Total Expenditure: **£218,347**

- Potential Savings
  - Bed Days saved 1290
    - Break even point: (£165 per bed day)
    - PLC Bed Costs (Bramshot & Ewhurst): £359.68

  Potential Savings: **£463,987**

1. Based on 40 weeks

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- Need to look at the whole pathway
- Buy in from all departments working together
- NHFD to provide reliable data
- Need for daily trauma lists
- Early identification and improved access to rehab
- NOF bleep
- Agreed management guidelines in Handbook
- Celebrate successes

Communication

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Improved Patient Care

Surrey Advertiser
Guildford Edition
Surrey's Newspaper Since 1864
Friday 4th September 2009
Price 55p

Promise of better treatment for hip fracture patients

PATIENTS admitted to the Royal Surrey County Hospital with hip fractures have been promised better care and quicker access to the operating theatre.

The trust has investigated two years worth of complaints in an attempt to provide round the clock monitoring of care for elderly people.

Consultants will work with specialists to ensure those who suffer the injuries, known as fractured neck of femur, are monitored from the point of operation and all the way through their rehabilitation.

The changes come after patient Stanley Herbert Duck, 92, passed away days after an operation on a broken hip. He picked up a chest infection while waiting five days to enter the operating theatre. His son-in law, Nick Inskip, lodged a formal complaint with hospital bosses over what he saw as failures in the hospital system.

The Royal Surrey has since spoken personally with him about its improvement plans, which will include directly transferring nine out of 10 patients through A&E within four hours.

Dr Helen Wilson, consultant geriatrician at the hospital, will detail the intentions of the new fractured neck of femur working party at a conference on Monday next week.

"We recognise the need to have geriatricians looking after some of these elderly patients," she said. "This is all about having people who are used to managing elderly people, the orthopaedic surgeons are not the people to do that."

Almost a third of patients who attend the Royal Surrey with fractured neck of femur die within 12 months, Dr Wilson added. Other targets include reducing the average length of stay for patients to less than 16 days.

Mr Inskip, who works as a building surveyor in Guildford, said he wished the hospital lack in effecting the improvements and said it vindicated his decision to kick up a fuss at the time of Mr Duck's death.

He said he was still displeased at the way his complaint was dealt with after he never received

"I am very happy to any improvements the makes to its care of patients," he said. "I they had implemented they are saying they will ment then my father might not have died."

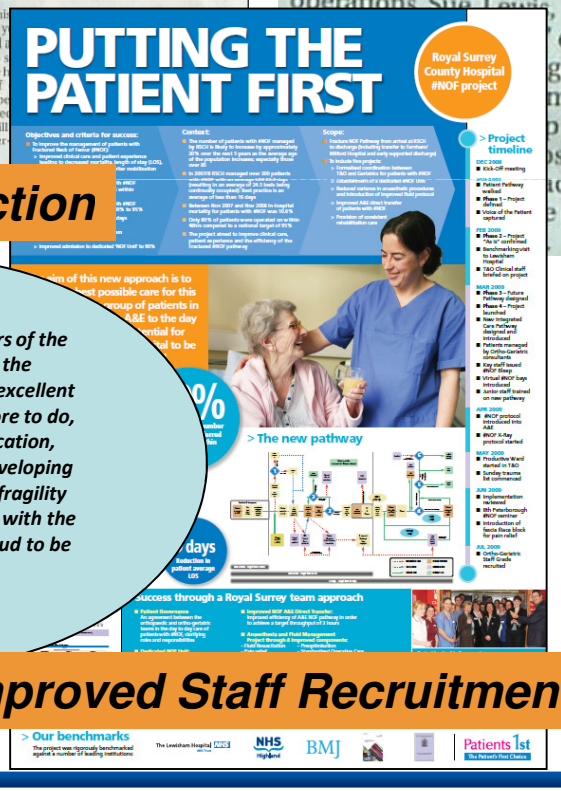
New hip unit

PATIENTS are set to benefit after the Royal Surrey County Hospital set up a new unit to care for people with hip fractures.

The unit, opened on Wednesday by hospital chairman Alan Howarth and director of nursing and operations Sue Lewis, aims to expe- gether ments o frac- spital acture e than

Improved Staff Satisfaction

Working closely with all members of the team I have been delighted with the enthusiasm and drive to deliver excellent care. I still feel we have a lot more to do, continuing to improve communication, ensuring all are engaged and developing the service further to include all fragility fractures but I am really pleased with the start we have made and feel proud to be part of an excellent team.



Improved Staff Recruitment

Royal Surrey County Hospital NHS
NHS Foundation Trust

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- Best Practice Tariff
- Business case to increase Ortho-geriatric time
- Expand service to include other fragility fractures
- Improve communication with patients and relatives
- Improve Early Supported Discharge
- Follow up clinics