Improving Quality of Care for Patients with Fractured Neck of Femur
The Royal Surrey County Hospital

NHFD Regional Meeting
February 2010
The Royal Surrey County Hospital

- 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
• 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
National publications and drivers for change

- United they Stand 1996
- NSF for older people 2001
- Blue Book 2003 (revised 2007)
- RCP National Audits 2006
- NHFD 2007
- Best Practice Tariff
Fractured Neck of Femur – why start here

- 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”
Supporting the whole pathway………

Patient with fractured neck of femur

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

Complex Discharge planning

Geriatrician

Make Decisions
Leadership of MDT
End of Life Planning

Royal Surrey County Hospital NHS
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

1. **Define**
   - **Aim**: Define the need for this project in the context of the P1st Goals
   - **Effect**: Team Formed and all stakeholders agree the need for the project

2. **Establish**
   - **Aim**: Establish what happens in the process and what it could do
   - **Effect**: Process issues are fully understood by the Team and all Stakeholders

3. **Create**
   - **Aim**: Create the best solution to achieve the project goals
   - **Effect**: Team is committed to the chosen solution

4. **Organise**
   - **Aim**: Organise the implementation and improvement
   - **Effect**: Team is Focused and know what they need to do

5. **Do**
   - **Aim**: Do it!
   - **Effect**: Team has refined and implemented the plan and monitors the improvement

6. **Evaluate & Refine**
   - **Aim**: Evaluate and Refine
   - **Effect**: Team reflects on its achievement and identifies future opportunities

**Values**: Clinical Quality, Patient Experience, Efficiency, Growth
The Team

Wide representation across the Trust - both by function and discipline

PROJECT LEADS

- **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
A detailed literature study and benchmarking against other Trusts’ performances was completed prior to the formal launch of the project.
Improvements to the Service

- 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

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

A&E Targets

LOS Targets

Operating Start Targets

Mortality Targets

Reason for Delay
Ten month outcomes

- 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%)
Bed Usage for patients with # NOF

#NOF Beds in Use

Count

Apr 08, May 08, Jun 08, Jul 08, Aug 08, Sep 08, Oct 08, Nov 08, Dec 08, Jan 09, Feb 09, Mar 09, Apr 09, May 09, Jun 09, Jul 09, Aug 09, Sep 09, Oct 09, Nov 09, Dec 09
“Good quality care costs less”

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538 days in 5 months
or
1290 days per annum
Financial Benefits

- Expenditure:
  - Staff Grade £75,787
  - Ortho-Geriatric Service £70,000 (6 consultant sessions)
  - Sunday Trauma list (£1,814 per session) £72,560

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
Lessons Learnt

- 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

**Surrey Advertiser**

Friday 4th September 2008

**Promised of better treatment for hip fracture patients**

**Improved Patient Care**

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 Satisfaction**

**Improved Staff Recruitment**
• 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