

0 – 36 (and counting)

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The tariff aims to...

Reduce unexplained variation in quality and universalise best practice.

- Key clinical characteristics:

Surgery within
36 hours

AND

Involvement of
an (ortho)-
geriatrician

- Characteristics are **best practice** – they go beyond the standard

Best Practice Tariff

- 36 hours from time of admission to start of anaesthetic.
- Involvement of Orthogeriatrician
 - Patient's admitted under Joint care.
 - Assessed using a joint assessment tool.
 - Review during the peri-operative period.
 - Post-operative geriatrician directed MDT.

Results from FBHOP

Time from admission to Theatre (hrs)	2007 – FBHOP (n=20)
0-24	5 (25%)
25-48	9 (45%)
>48	6 (30%)

Response to FBHOP

- Introduction of the new Orthogeriatric service
- Set-up of the NOF steering group.
- New ICP incorporating patient assessment as per the guidelines.
- A to Z of Anaesthesia for the Elderly Trauma Patient.
- Golden Patient Policy.
- Designated NOF Lists.

Introduction of the New Orthogeriatric Service

- 1 FT Orthogeriatric Consultant and 1 SpR
- Attendance at trauma meeting followed by post take ward round.
- Trauma inpatient ward rounds x2/week
- MDT
- Separate Orthogeriatric Rehabilitation Unit
- “Medical SpR” style service between 9 and 5.

Pre-operative Assessment

	2007 - FBHOP	2009 - NHFD	2010 - NHFD
Pre-op Ax	4 (20%)	330 (78.8%)	25 (69.4%)
No pre-op Ax	16 (80%)	89 (21.2%)	11 (30.6%)

NOF Steering Group

- Orthogeriatrician x2
- Trauma surgeons x2
- Trauma Anaesthetists x2
- Trauma nurse Practitioner
- Senior Trauma Physiotherapist
- Operations Manager
- Trauma Ward Manager (sister)
- Divisional Matron for Surgery (includes T&O)

Design of the New ICP

- Pre-operative section
 - Nurses assessments (waterloo, nutritional, AMTS)
 - Medical assessments (T&O juniors, orthogeriatric, falls and bone health)
 - OT and physio initial assessments
- Peri-operative section
 - Anaesthetics and theatre check lists
- Post-operative section
 - Daily reviews, MDT

Elderly Trauma : CHECKLIST

 Name
 NHS no
Affix patient label here

This check list should be used in conjunction with the **A to Z of anaesthesia for elderly trauma patients**.
 The aim is to ensure that factors preventing early access to theatre are identified and treated promptly.

Please enter time and date

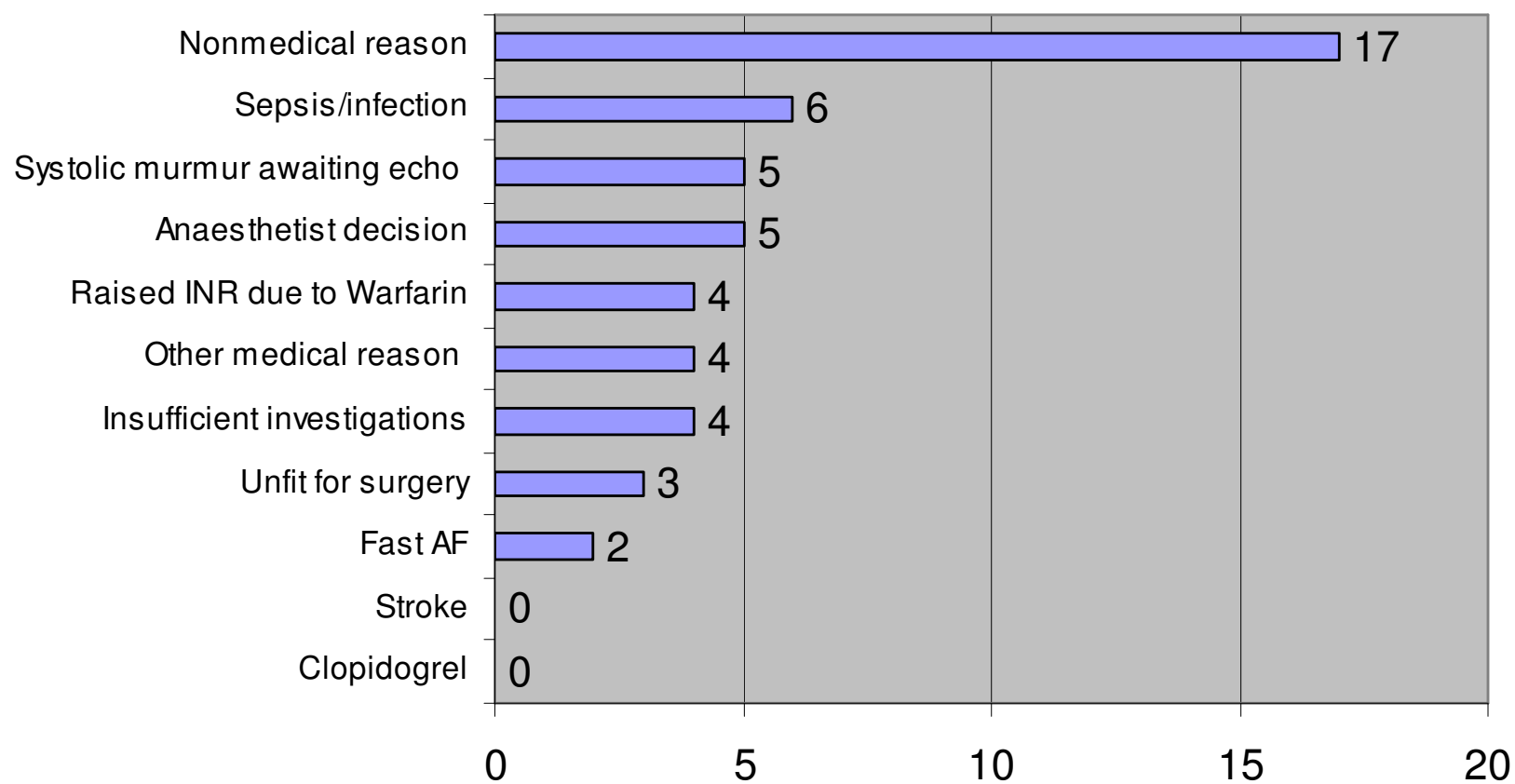
Arrived in A+E

Arrived in Ward

Went to Theatre

	Parameter	What to do	Record result and action +Signature + Date.
1	Dehydrated?	Ensure safe rapid rehydration. Set up IVI.	
2	$K^+ < 3.4$	See A to Z. Supplement K^+ po or IV.	
3	$Na^+ < 129$	See A to Z. (We may accept if < 129 , especially if evidence that it is chronic.)	
4	$Cr > 200$	See A to Z. Ensure hydration and not in retention. Start fluid balance chart.	
5	G&S	Please document result of antibody screen. If screen is positive please request 2 unit Xmatch	
6	Hb $< 10g/dl$	See A to Z If transfused we must have a check Hb.	
7	Platelets < 120	See A to Z.	
8	$INR > 1.5$	See A to Z.	
9	Temp $> 37.9C$	Take cultures, start antibiotics <i>if clinically indicated</i> . Patients with significant untreated sepsis may be turned down.	
10	ECG	Must be sinus rhythm or AF with rate < 100 . See A to Z.	
11	Pacemaker?	Arrange a pacemaker check before theatre if indicated.	
12	Systolic murmur?	See A to Z. In general patients do not need an echo before urgent trauma surgery.	
13	MI or arrhythmia?	Seek review from cardiology. See A to Z.	
14	> 6 hours on the floor?	Test urine for myoglobin. Renal function must be available. Ensure hydration.	
15	Chest infection?	Do not cancel surgery. Start antibiotics. See A to Z.	
16	Notes?	If patient has old notes – PLEASE GET THEM! If notes are not available, please obtain patient summary from GP.	

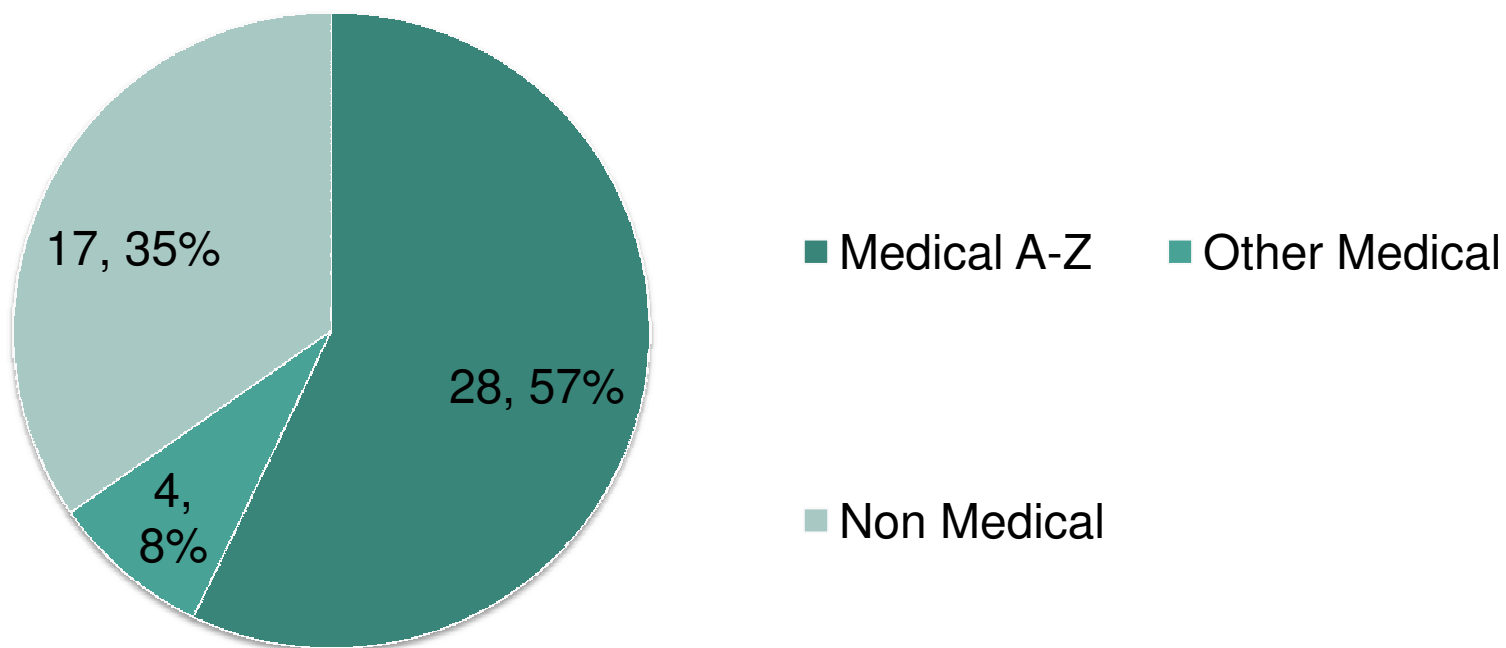
Reasons for delay to surgery



A to Z of Anaesthesia for Older People

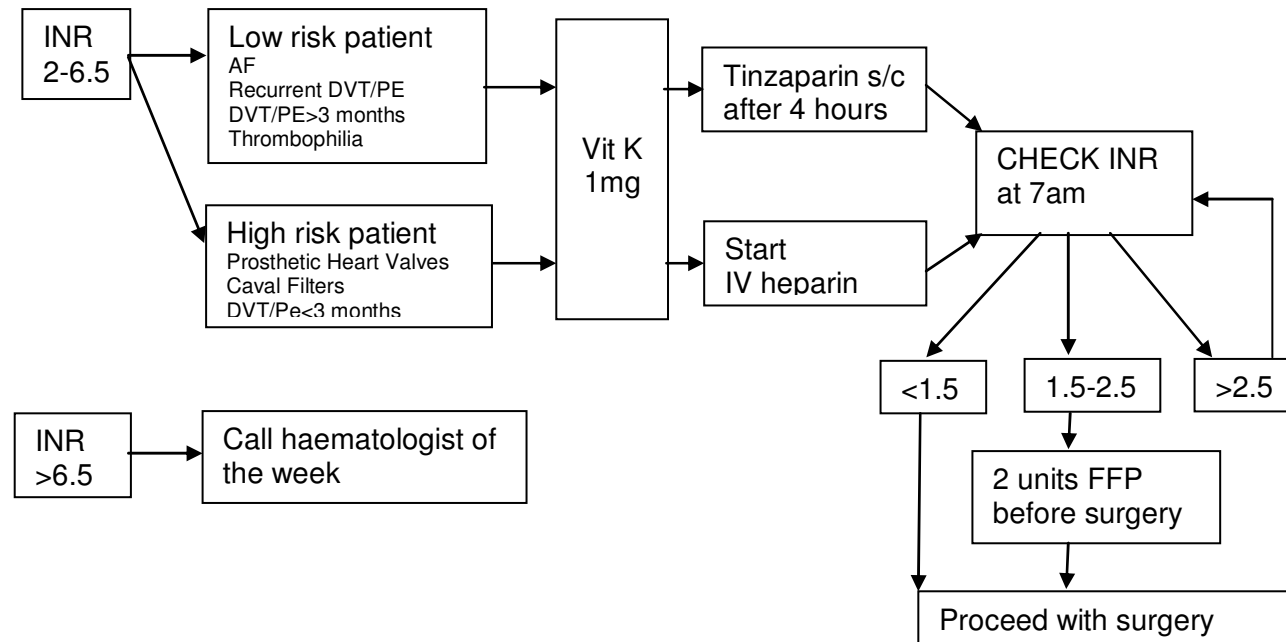
- Adopted from a document used in Southampton.
- Agreement from all the trauma anaesthetists.
- Incorporates main reasons for delays.
- Covers things such as
 - Systolic murmurs
 - Warfarin
 - Electrolyte disturbance

Reasons for Cancellations



Warfarin

INR should be below 1.5 for a spinal anaesthetic



Golden Patient Policy

- Patient to be identified by 20:00 previous evening by Registrar & Consultant
- On call anaesthetist to be notified to establish fitness for surgery
- Trauma theatre informed by 21:00 so that patient can be identified on theatre list as 'Golden Patient'
- Ward staff informed by 21:00 so that patient can be prepared for surgery by 08:00 on morning of operation
- Criteria for identifying Golden Patient:
 - Medically fit
 - Surgery can be done by Registrar whilst Consultant completes post-take ward round
 - Will not require X-ray during procedure

Designated NOF Lists

<u>4: All Day</u>	<u>Trauma Theatre</u>	Ward (& Consultant)	Dr R Jones (Consultant Anesthetist)
Male (18/10/2003)	MUA Fractured Ulna / Radius (Left) (+/- K WIRING)	Lion (Mr Harry Brownlow)	GA
Female (14/01/1923)	MUA Dislocated Hip (Right) (ETS)	Trueta (Mr Andrew McAndrew)	GA
Male (25/07/1987)	ORIF Phallanges in Foot (Right) (proximal phalanx big toe.)	Loddon (Mr C Arvind)	GA + Local Infiltration
Male (01/12/1965)	Surgery to the Upper Arm (Not Elsewhere Described) (Right) (Repair biceps tendon)	Loddon (Mr Harry Brownlow)	GA
Male (14/01/1960)	MUA and Pinning Ring Distal Phalanx (Right) (wound washout and exploration)	Hunter (Mr Harry Brownlow)	GA + Peripheral Block
Female (26/01/1982)	Wound Washout (Right) (exploration thigh)	Lister (Mr Harry Brownlow)	GA + Local Infiltration
Female (23/01/1974)	Knee Arthroscopic Washout (Right)	Kennet (Mr Harry Brownlow)	GA
Male (05/10/1936)	MUA of Dislocated THR (Left)	Loddon (Mr Antony Andrade)	GA

<u>6: Afternoon</u>	<u>NOF list</u>	Mr Colin Fergusson	Dr Jane Bird (Consultant Anaesthetist)
Female (25/07/1923)	Hip Hemiarthroplasty (Exeter Trauma Stem) (Right)	Lister	GA + Regional Block
Female (21/07/1928)	Hip Hemiarthroplasty (Exeter Trauma Stem) (Left)	Kennet	GA + Regional Block

Results

Time from admission to Theatre (hrs)	2007 –FBHOP (n=20)	2009 – NHFD (n=415)	2010 – NHFD (n=35)
0-24	5 (25%)	224 (54%)	24 (69%)
25-48	9 (45%)	127 (30.6%)	8 (22.9%)
>48	6 (30%)	64 (15.4%)	3 (8.6%)

The Future

- Sustainability
- Intranet Guidelines
- Leave cover

Thanks to

- Apu Chatterjee
- Karen Barnard
- And all the other members of the NOF steering group.