Hip Fracture Services A Joint Care Approach (Developing a Hip Fracture Unit)

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Building a Unit

- Where were we?
- How did we start?
- What did we do?
- Where are we now?
- What would we do differently?

Where Were We?

- A medium sized DGH
- Catchment 270,000
- Growing population
- Growing elderly population
- Harlow has unusual population due to creation of New Town in 1950's

Where Were We?

- High mortality
- Long length of stay
- No significant Care of the Elderly Input
- Patients all over the hospital
- We did not really know
 - Poor information

How Did We Start?

- The Initial Idea
- A Clinical Champion
- A Willingness to Challenge
- Initial Plan to Indicate Benefits
- Project Manager

What did We Do?

- Presentation to Trust Board
- Developed a Business Case
- Clearly Demonstrated a Pot Saving by Decreasing LOS
- Fractured Neck of For A Business All Data in this talk is available Printed Business Control Paul Allen, Lead Clinician Sarah Oliver Project Co-ordinator

 Support Alice Data Natalie But Control Simon Meddit Gordon Flori
- Included the structure to meet the BOA/BGS guidelines
- Orthogeriatrician
- Adequate Dhysic and OT

What Did We Do?

- Visited any other unit we thought might have solved some problems
- Set up a project team that initially met weekly and now meets fortnightly
- Set clear cut goals and a time frame for achievement

What Did We Do?

- Produced a project plan to document the achievements
- Analysed bed needs: chose a 28 bed CoE ward with room to develop a gym and kitchen
- Developed a care pathway to support the new way of working
 - Orthopaedic, CoE and Anaesthetic input

vvnat Dia vve Do:

- Additional Medical Staff
- Part time Ortho-Geriatrician
- Specialty Dr in Orthopaedics
- Orthopaedic FY2 to rotate on weekly basis
- Additional Nursing Staff
- Hip Fracture Nurse Specialist
- Additional Therapy Staff
- To run 7 day a week therapy

wnere are we now!

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Where Are We Now?

| No of Admissions | Sep-09 | Oct-09 | Nov-09 | Dec-09 |
|---------------------|--------|--------|--------|--------|
| | 28 | 27 | 16 | 28 |

VVIICIC AIC VVC IVOVV:

| LOS | 2008/ | Sep-09 | Oct-09 | Nov-09 | Dec-0 |
|---|-------|--------|--------|--------|-------|
| rust | 27.9 | 25 | 20.2 | 14.1 | 17.1 |
| larold Wa | ard | 15.9 | 15.8 | 11.7 | 14.3 |
| Relative For Stay Stay (1988) | (Dr | 93.7 | 73.5 | 87.9 | |

Where Are We Now?

| Admission to Harold within 4 hours | Sep-09 | Oct-09 | Nov-09 | Dec-09 |
|------------------------------------|--------|--------|--------|--------|
| % of patients | 10.8 | 40.7 | 18.8 | 43 |

Where Are We Now?

| | Sep-09 | Oct-09 | Nov-09 | Dec-09 |
|--|--------|--------|--------|--------|
| 6 of patients aving op within 6 hours of dmission | 72 | 90 | 88 | 78 |
| 6 of patients aving op within Normal' working ours | 89.3 | 84 | 88 | 82 |

What Would We Do Differently?

- Ward Manager and Hip Fracture
 Specialist Nurse
- Poor Fast Tracking to Ward
- Difficulty with NHFD
- Improved Access to Ward
- Earlier involvement of Anaesthetics in the Pathway

Thank You