Welsh hip fracture pathway

The way ahead

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Fractured Hip Pathway

Continual review for pain and appropriate administration of analgesia

Patient - Fractured hip?

Flag alerts as amber

Ambulance service

Inform hospital on-route

Rapid triage

Confirmed fractured hip

Maximum 2 hours

Yes

Theatre optimisation assessment

Orthopaedics

Anaesthetics

Ortho-geriatrics

No

A&E assessment/registration

Radiology (if equivocal refer for MRI/CT)

Diagnosis confirmed by radiographer

Clinical assessment #1 with MDT

"Home" Immediate access to therapy/nursing care/social care
Notify GP

No

Hospital admission required

Elderly care ward (with appropriate ortho-geriatric input)

Yes

Procedure within 24 hours of arrival/diagnosis/optimisation

MDT managed inpatient stay

Discharge

General Trauma Unit

Continuing clinical/medical/social follow up as appropriate

Only in exceptional circumstances, could be referred to:
- Other wards/rehab facility
- Intermediate care
- Community hospital
- Social services

Ortho-geriatric care

Procedure

Fit for procedure?

Yes

Ortho-geriatric optimised within 48 hours

MDT managed inpatient stay

Discharge

No

Keep Well

Return to previous level of function

Secondary prevention

Keep Well definition

Discharge definition

Return to function definition

Secondary prevention definition - link to NSF for older people

Pre-operative checklist and discharge plan document

Estimated date of discharge

Pathology tests

General Trauma Unit definition

Contact bed manager/trauma coordinator

Protocol for paramedic initial assessment

Falls prevention service/support/guidance

Standards/KPIs:
1. A&E arrival to trauma ward admission – 2 hours max
2. Admission/diagnosis to surgery – within 24 hours
3. Mobilisation – within 24 hours of surgery

Clinical assessment #1

Radiology referral criteria

http://howis.wales.nhs.uk/deliveryandsupportunit
Baseline and follow up assessment

• Positive engagement and move forward in many aspects of the pathway.

• Focus and re-prioritisation of the patient group from national policy level (AQF) to front line care (service delivery).

• Identification of key areas for further work and areas of potential good practice.

• Network and contacts established to promote the sharing of work / good practice.

http://howis.wales.nhs.uk/deliveryandsupportunit
Key themes across Wales

- Time to theatre improvement
- Ortho-geriatrician (or equivalent) focus
- Dedicated unit / ward
- Emphasis on dignity / respect
Areas of good practice

Implementation progress is at different stages in each organisation. Some examples of good practice include;

- Training of junior doctors - joint working (orthopaedics and medicine)
- Dedicated unit / hip fracture ward
- Fascia iliaca blocks
- ‘Pre-hab’
- Time to theatre
- Physiotherapy goal setting
- Community involvement / team working in ward MDT (District nurse)
- Dignity and respect focus

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Areas for further development

- Time to ward
- Time to theatre
- Dedicated Ortho-geriatrician (or equivalent)
- Discharge planning - secured involvement of residential and nursing homes
- Pain management

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The way forward

- Good-bye to the localised patient audit approach.

- Transition to ‘fractured hip pathway forum’, using NHFD data and local data to track progress and focus on improving critical elements of the pathway.

- Quarterly forum workshops;
  - focus on outcomes
  - delivery
  - sharing good practice

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Fractured hip pathway forum dates for the diary:

26th June 2012 (North Wales)
11th September 2012 (Aberystwyth)
15th January 2013 (Swansea)

Thank you

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