

Introduction of Early Supported Discharge to Intermediate Care Pathway for Hip Fracture

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Introduction of Early Supported Discharge to Intermediate Care Pathway for Hip Fracture

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NICE guideline CG124 Hip Fracture

1.8.4 Consider early supported discharge as part of the Hip Fracture Programme, provided the Hip Fracture Programme multidisciplinary team remains involved, and the patient:

- is medically stable **and**
- has the mental ability to participate in continued rehabilitation **and**
- is able to transfer and mobilise short distances **and**
- has not yet achieved their full rehabilitation potential, as discussed with the patient, carer and family.

1.8.5 Only consider intermediate care (continued rehabilitation in a community hospital or residential care unit) if all of the following criteria are met:

- intermediate care is included in the Hip Fracture Programme **and**
- the Hip Fracture Programme team retains the clinical lead, including patient selection, agreement of length of stay and ongoing objectives for intermediate care **and**
- the Hip Fracture Programme team retains the managerial lead, ensuring that intermediate care is not resourced as a substitute for an effective acute hospital Programme.

Intermediate Care Board Salford

- Created a collaborative group to design 4 clinical pathways for key conditions in 2009
- Directed by senior management team from Hospital Trust, Primary Care Trust and Local Social Services
- One chosen Fractured Neck of Femur
- A working group was established chaired by N Pendleton with representation of all stakeholders

Hip Fracture Working Group

- Project specific manager
- Milestones set by Board
- Clear terms of reference
- Wide membership



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Salford Royal Early Supported Discharge Pathway for Hip Fracture

- Known in Salford Royal as ESD
- Development listened to all stakeholders
- Ensured consideration needs of both ward MDT, discharge team and recipients in IMC
- Built in commitment by Acute service team to follow up patient in IMC
- Pilot tested with re-drafts based on user feedback
- March 2010 Pathway introduced at Salford Royal Hospital and Heartly Green Intermediate Care unit

Salford Royal Early Supported Discharge Pathway for Hip Fracture: Evaluation

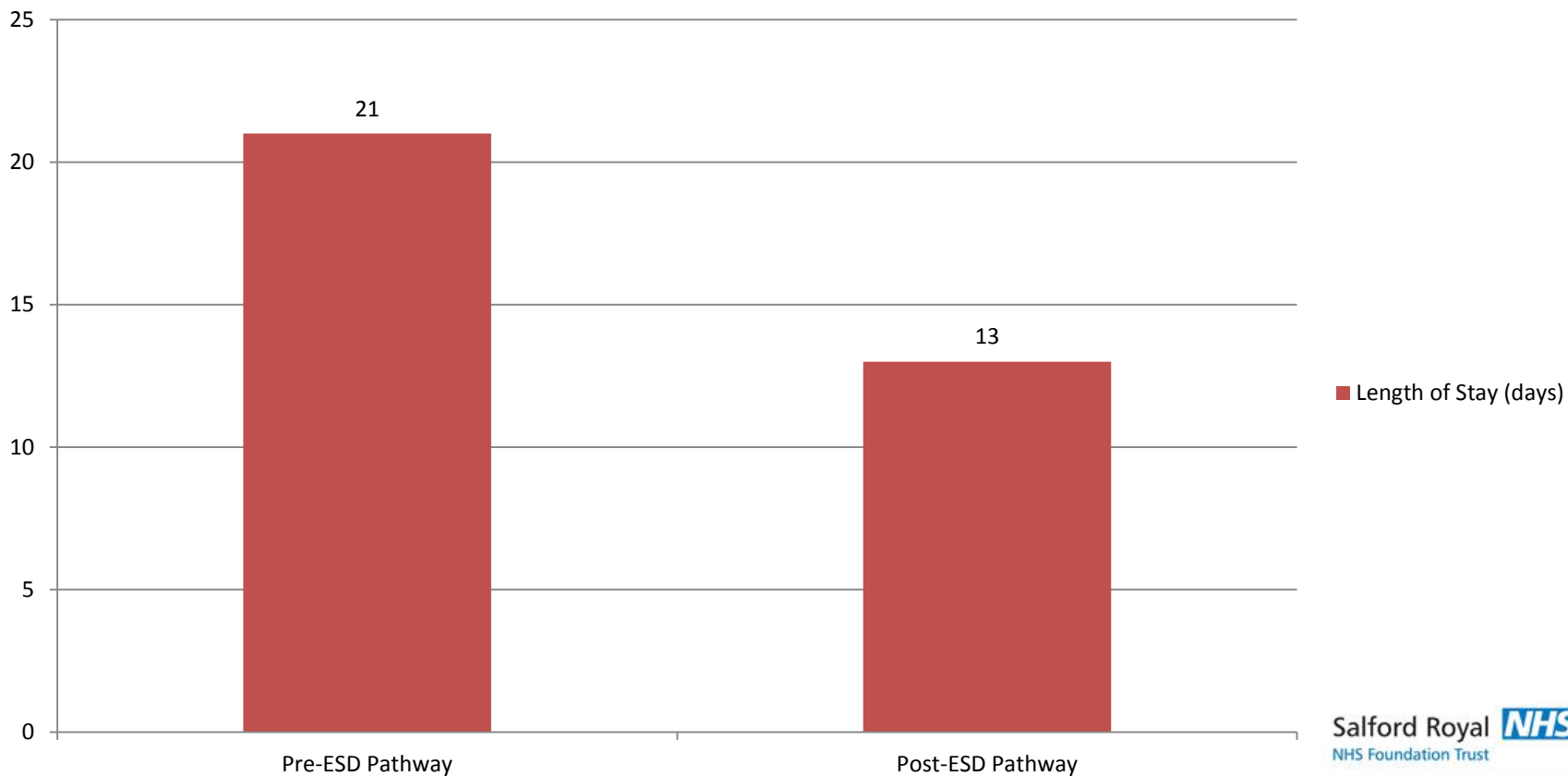
- Evaluation project undertaken in 2010 after introduction
- Continuous participation in NHFD permitted analysis with pre/post design
- Periods chosen: pre=01/01/10-31/03/10;
post=01/04/10-30/06/10
- Outcomes compared: Length of Stay (LOS); mortality; re-admission; number of admissions transferred to IMC rehabilitation

Salford Royal Early Supported Discharge Pathway for Hip Fracture: Evaluation

	Pre ESD Pathway	Post-ESD Pathway
Number admissions	79	75
Number admissions >65years	70	66
Age	82(65-97)years	82(65-98)years
Gender	53(76%)females	52(78%)females
RH/NH residents	13(23%)	14(22%)

Salford Royal Early Supported Discharge Pathway for Hip Fracture: Evaluation

Length of Stay



Salford Royal Early Supported Discharge Pathway for Hip Fracture: Evaluation

	Pre-ESD pathway	Post-ESD pathway
Length of Stay	21(7-48)days	13(2-27)days
Mortality	14(20%)	12(16%)
Readmissions	9(13%)	11(17%)
Transfers to rehabilitation	37%	39%

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Salford Royal Early Supported Discharge Pathway for Hip Fracture

- Comparable cohorts during evaluation
- Period demonstrated average of 7 days reduction in LOS with ESD pathway
- No significant effect on mortality or readmission

Salford Royal Early Supported Discharge Pathway for Hip Fracture

- The hip fracture ESD pathway standard protocol (see NHFD website resources)
- Maintained reduction in acute hospital LOS (Jan 2012-13 mean 18.7 days)
- Orthogeriatric team work across acute hospital and IMC
- Continued develop ESD pathway: now electronic
- Possible use on other index situations