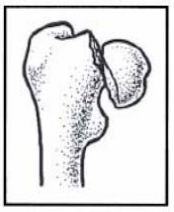
HIPQIP



Hip fracture Quality Improvement Programme

Update on progress one year on

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Northumbria Healthcare NHS
NHS Foundation Trust

Introduction

Hip fracture is a common condition in a frail and elderly group. More women over 50 will have a hip fracture than breast cancer. The risk of dying from a hip fracture is around 10% within 30 days of injury and around 30% of patients die within a year. Survivors often face a life with decreased function with around 15 to 20% of people needing to change residence.

Key improvements made over the last 12 months

- *79% of patients now get a very effective nerve block on admission to hospital. Previously 0%.*
- *92% of patients achieve best practice tariff, the government incentive for excellent care. 2% in April 2010.*
- *95% of patients have surgery within 36 hours.*
- *Wansbeck and North Tyneside placed first and second in National Hip Fracture Report for patients receiving surgery in 48 hours for 2009-10*
- *Mortality within 30 days has improved to 9.4%*
- *Excellent patient experience consistently reported by patients and families with monthly average scores >9.3 out of 10 on ward feedback scores*
- *Over 95% of patients who are medically fit are mobilised by day 1 following surgery*
- *A patients and family/carers booklet has been published at the request of patients and carers.*
- *81% of patients now receive additional feeding each day, with the help of specifically appointed nutrition assistants.*
- *Winning £50,000 grant for Transforming Community Services Award from the Strategic Health Authority*

For many years a group of committed individuals at Northumbria have strived to improve care and outcomes for people with hip fracture and in late 2009 a specific quality improvement programme for hip fracture care - HIP QIP - was formed. The steering group defined that the extent of the project was to be Trustwide and improve quality from admission to hospital to discharge home. Within this time, efforts would also be made to improve prevention of further injuries.

The steering group were assigned key projects with the following themes running right through the improvement project:

- *Patient experience.*
- *Nutrition.*
- *Training and education.*
- *Best practice tariff and audit*

In addition steering group members agreed to lead improvement in the following phases of treatment:

- *A&E and pre surgery.*
- *Surgery and post surgery.*
- *Acute rehabilitation - orthopaedic ward and discharge.*
- *Post acute ward/community.*
- *Prevention.*

One of the first objectives of the steering group was to take opinions from the community that cares for these patients and the Northumbria HIP QIP project was formally launched at the Seaton Burn Hotel on the 29 April 2010. The event proved very popular with over 140 interested clinicians, carers and patient representatives attending. One of the key themes in HIP QIP is improving patient experience and as a direct result of that the Kings Fund became interested in the project. They formally included this project in their *Point of Care :Hospital Pathways Programme* and the Kings Fund co-presented on the launch day. The Kings Fund team have been very supportive in introducing and measuring improvement right through the project.

The report below sets out the progress made in each area of the project.

Patient Experience

It is increasingly recognised that having staff authentically involved in driving service improvements alongside and through the eyes of patients will give us the best chance of rapid, effective and sustainable change.

Patient experience isn't just an endpoint of care, it should be the start of improving care. Early steps were taken by the Steering Group in 2010 to understand the experience of service users at all points in their pathway, in order to ensure we were much more nimble in the way we respond individually and also at a service and system level. We chose to use a variety of methods: patient shadowing, focus groups , discovery interviews, surveys & experience mapping to engage service users in a variety of ways.

We learnt that we already deliver great service…just not reliably enough for all patients and at all times. There was some evidence for the greatest improvement opportunities around edges of care. Using experienced based co-design (EBD) as the method, – the team has produced an excellent information handbook to support information needs throughout their stay in hospital and particularly to support care at discharge.

The ongoing collection and use of patient feedback has also been built into the local improvement strategy and framework. For the first time patients have been asked opinions about their care whilst on the ward, by an independent observer. This real time information has then been fed back to staff in a collated anonymised fashion, on a fortnightly basis. Experience is rated across 8 core domains of care using the CQC scoring system. Multidisciplinary teams have responded well to real time feedback - latest results show how strong & consistent performance is on both sites – both teams performing above 90% across the domains of care that matter most to patients.

Nutrition

At the very early steering group meetings it became apparent that there was good evidence that specifically targeting hip fracture patients for additional feeding could lead to a reduction in death rates. Although the research study, conducted in Cardiff several years ago, reduced death rates by about 40%, this information appears to have been largely ignored by the national community. The steering group undertook to specifically introduce this in Northumbria in a bid to reduce hip fracture mortality. It was clear from internal bench marking performed by the Trust, and from external bench marking from the National Hip Fracture Database, that our mortality in this group was above average. The group looking at nutrition aimed to improve feeding by specific employed staff and also with recruitment of volunteers from the wider community. In January 2011 two full time staff with the specific remit of providing additional feeding for hip fracture patients were employed across the Trust and now around 80% of hip fracture patients have any additional meal every day. These staff target support patients to choose meals that they like, and also give help to individuals who may struggle to feed themselves.

Nutritional support is just one aspect of the programmes effort to reduce death rates following hip fracture. We hope this whole programme, with the specific inclusion of the nerve blocks provided in the Accident & Emergency Department, will reduce mortality further.

Training and education

Supporting our staff to provide excellent care after hip fracture is an essential part of the Hip QIP work programme. Specific training has been provided to improve nutrition, pain management, early mobilisation, standardisation of practice and compassionate conversations at the point of care.

In March 2011 both trauma wards had away days with over 50 frontline staff attending specific training on the HIP QIP project and on improving patient experience. The fact that the majority of staff came in their own time is a testament to their enthusiasm.

The collaboration with the King's Fund has also afforded greater opportunities to help our teams create structured processes for quality improvement, developing involvement tools that focus on co-production and understand the integration between staff engagement and patient involvement processes.

Best practice tariff and audit

Shortly after the hip fracture quality improvement project was conceived the government announced an additional payment called “Best practice tariff” which was to be paid for exceptional care - £445 for each patient. As well as stimulating great care the tariff has allowed us to reinvest these additional earnings and has allowed appointment of key staff such as the nutrition assistants and the orthogeriatric nurse specialist for North Tyneside. The best practice tariff has four components, which includes a focus on patients having early surgery and good orthogeriatric care. The additional payment is only made when all four components are achieved. In April 2010, when the payment started, we achieved best practice in only one patient. This has improved dramatically over the year, however, and by December 2010 we were achieving “best practice” in 90% of patients. Although best practice tariff identifies four key areas of improvement the steering group were keen to take this much further and a total of 11 targets were set by the team in the form of a quality account. The latest available data for each of these components is shown in the quality Account.

Accident and Emergency and Pre Surgery

At the start of the project there were concerns around delays on getting patients to x-ray to confirm the diagnosis and the group have agreed to improve the percentage of patients getting to x-ray within 1 hour. Very significant progress has been made in terms of pain relief with over 79% of patients having a specific targeted nerve block. As a result of improvement and standardisation of the admission pathway we have been able to prepare patients for theatre much more effectively.

Surgery and Post Surgery

Access to theatre for this frail patient group has historically been good in Northumbria. Wansbeck Hospital and North Tyneside Hospital were named first and second in the country for providing early access to surgery in the 2010 National Hip Fracture Database Report. The press coverage following this provided a welcome boost to the group. We have made much more progress over the last 12 months however with around 95% of patients getting access to theatre within 36 hours, which is the new streamlined government target. The team looking at improving the surgical pathway have developed a “care bundle” where the aim is that each patient would have all interventions in the bundle. This includes making sure that routine interventions such as antibiotics are delivered but also more innovative ones such as specific skin preparation to reduce infection, and delivery of local anaesthetic at the end of the case to reduce postoperative pain. This local anaesthetic delivery and consequent early mobilisation on the ward, developed by the rehab group, will hopefully lead to a reduced mortality. Certainly a similar “fast track” process in Northumbria’s elective hip and knee replacements has led to very low death rates.

Acute rehabilitation / orthopaedic ward and discharge

This group has made progress in the following areas:

i. Training health care assistants in rehabilitation and the use of mobility prompts.

ii. Improving communication with clearer post-op instructions from surgeons' to ward staff, to allow for early mobilisation.

iii. Introduction of rehabilitation standards. This has led to 100% of eligible patients being mobilised on the first day following surgery with an increasing proportion being mobilised actually on the day of surgery. This has significant benefits for the patient in terms of reducing complications like chest infections.

iv. This group have also taken on patient information and together with the *patient experience group*, have produced an excellent hand book for patients and their carers.

Post acute ward phase/community

The length of stay in hospital for this group is around 30 days. It has become clear from discussion with patients and carers over the last year that most find this length of stay too long and they are keen to get home earlier. Historically the continuation of care between the acute hospital and the community has been fragmented and the group have launched a proposal for an early discharge scheme. This essentially is an "in reach" scheme where patients can be taken home early but given additional support in terms of physiotherapy, social care and occupational therapy. This should allow a significant reduction in length of stay. The business case aims for a reduction of 5 days although a similar scheme in the stroke community reduced length of stay by 13 days. The strength of this proposal was given a boost when it was awarded the Transforming Community Services prize by the Strategic Health Authority and a grant of £50,000 was awarded to pump prime the scheme. We will hopefully make further progress in the year to come. It should produce a dramatic benefit for patients.

Summary

This has been a strong start to the programmes work. There have been clear improvements made right across the patient pathway and in the experience the patient has. Over the next year we will be planning to consolidate all of these improvements into practice and the group will also be pushing forward the early discharge scheme, which should provide further benefits.

Comment from The King's Fund

We on the Point of Care programme have been delighted to work in partnership with Northumbria Healthcare on the Hospital Pathways Programme: a programme which works with teams from a number of hospitals, to support work to improve patients' and staff experience of care.

The Hip Qip team at Northumbria have encompassed into their work on patients' experience issues of safety and clinical effectiveness. This reflects the true multi-dimensional nature of patients' experience.

We have noticed the clarity of the team's thinking about what they would like to achieve, and the robustness with which they have measured their progress. This means that now, one year on, this report can clearly show the remarkable changes that the team has achieved.

We hope that our Programme has supported the team in developing its improvement methods. The Hip Qip team has also contributed to the work and thinking of the other hospital teams who are part of this programme, through their enthusiastic participation in learning events. We look forward to continuing to work with the team over the coming year to develop further this work particularly relating to staff experience of delivering care.

Jocelyn Cornwell
Director of Point of Care Programme