

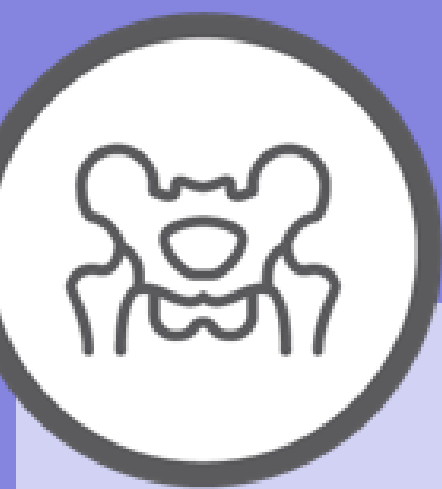


Feeling Hip Again

Gold Standard Hip Fracture Care Every Patient, Every Time



Emma Pauley, Sarah Sweeney, Alisia Verdejo; St Vincent's Hospital Sydney (SVHS)



Case for change

Hip fracture is an injury to the proximal femur and is more common in older people. It is the most serious and costly fall related injury in older people. In many cases, it is a life-changing injury, the majority of patients requiring surgery and hospitalisation.

In 2018, there were **159 hip fracture patients** admitted to SVHS. These patients were in hospital **for 2 days longer** than our peer hospitals.

The potential impacts of a longer length of stay to our patients are;

- Poor patient experience and outcomes
- Increased risk of Hospital Acquired Complications (e.g. pressure injuries, fall in hospital)
- Higher rate of morbidity & mortality
- Detrimental impact on triple aim; cost to patient, cost to organisation, cost to whole of health

Goal

To provide gold standard care to every hip fracture patient at St Vincent's Hospital Sydney by June 2020.

Objectives

- Reduce average length of stay for hip fracture patients from nine to seven days, to be in line with peer benchmark hospitals by June 2020.
- Allow 85% of hip fracture patients to understand the discharge process and be included in the co-model of care by June 2020.
- Increase awareness of staff, by June 2020, of the post-operative process and discharge plan for hip fracture patients, from 40% to 100% by June 2020.

Method

Diagnostics	
Process Mapping (n=14; multidisciplinary team (MDT): nursing, allied health, medical, pain team, consumer representative)	Data analysis (2017-2019); <ul style="list-style-type: none">• Health Round Table• ANZ Hip Fracture Registry• SVHNS Qlikview data representative)
Staff surveys (n=26, nurses, medical and allied health)	Patient interviews (n=3)
Nursing staff focus group (n=10)	Clinical Notes Audit (n=23)
Solution Planning	
Solutions Workshop: Brainstorming & Power of 3 (n=14 MDT, consumer representative, re-design lead)	Environmental Scan; Peer Benchmarking and Literature reviews
Root Cause Analysis: 5 Why's	Heat Mapping and stakeholder management

Implementation of Solutions



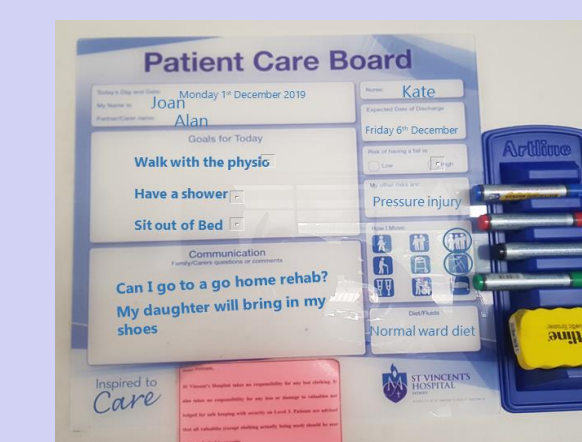
Discharge Huddle

Daily care coordination meeting supported by executive, attended by MDT. Use of Expected date of Discharge (EDD) and determining discharge options earlier.



Development of localised care pathway integrating Hip Fracture Standards

Commenced designing of Clinical Pathway for hip fracture patients with the ortho-geriatrics MDT.

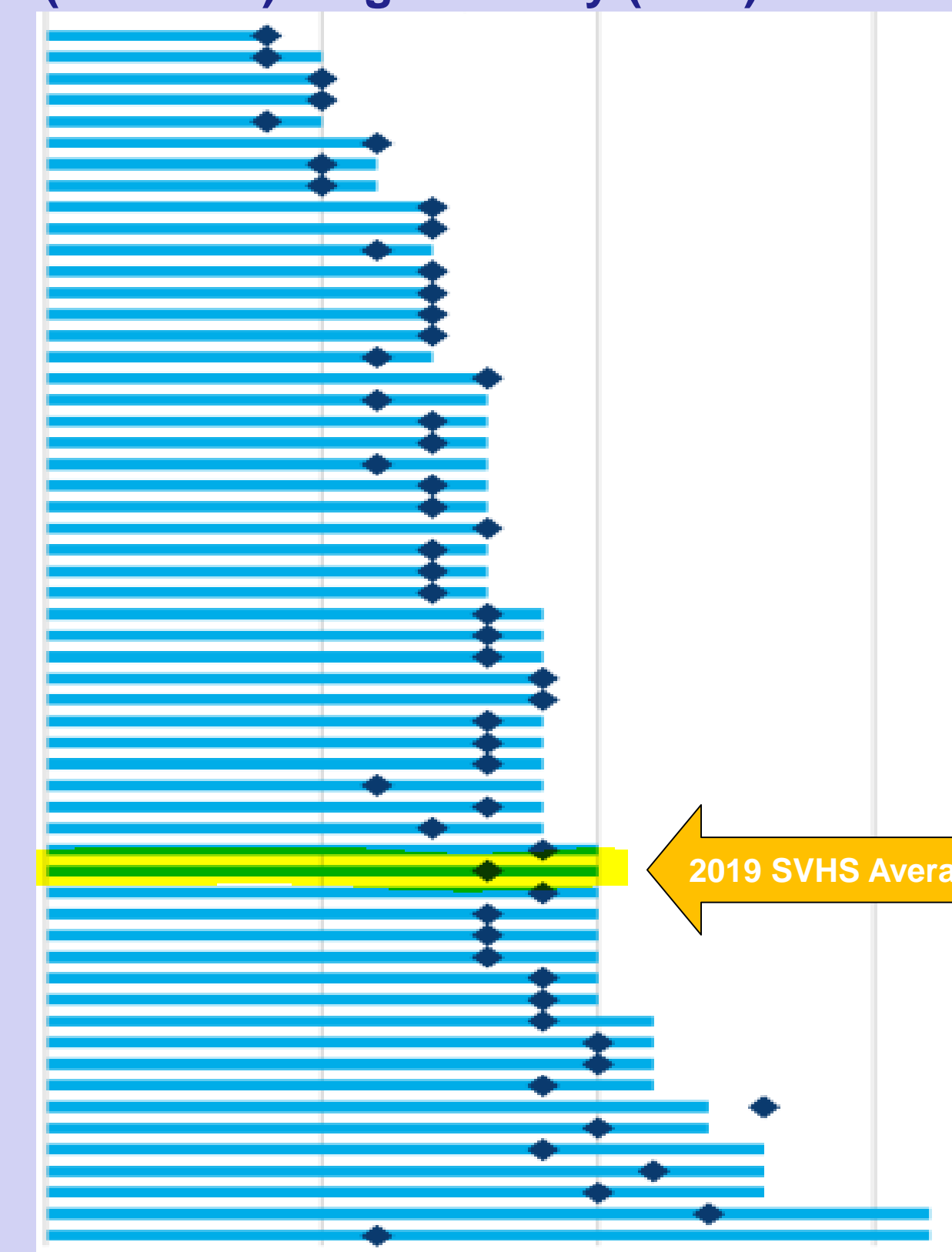


Patient Care Boards

Implementation on hold due to decentralisation of orthopaedic ward in COVID surge planning.

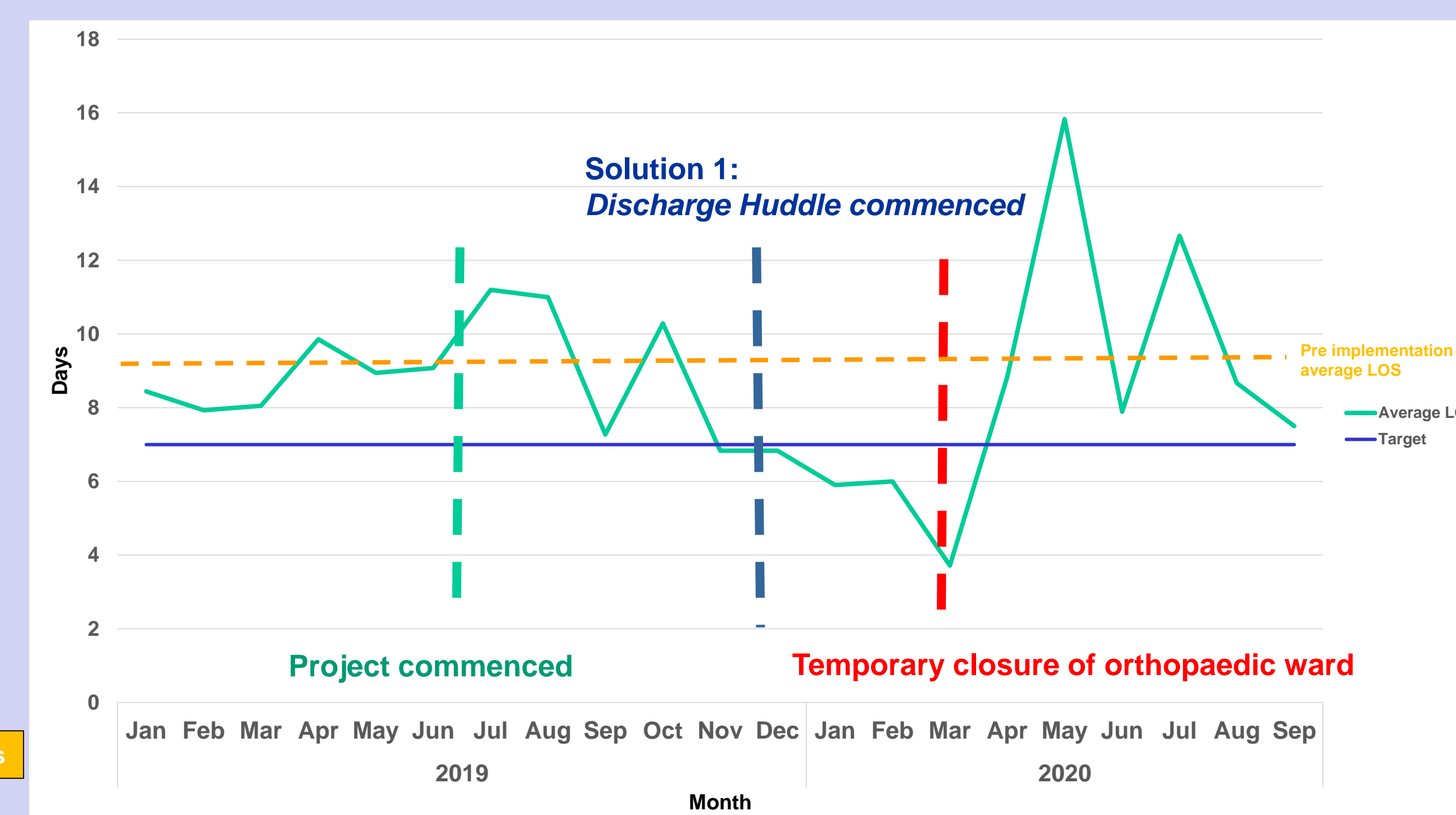
Results

2020 ANZ Hip Fracture Registry (ANZHFR) length of stay (LOS) data

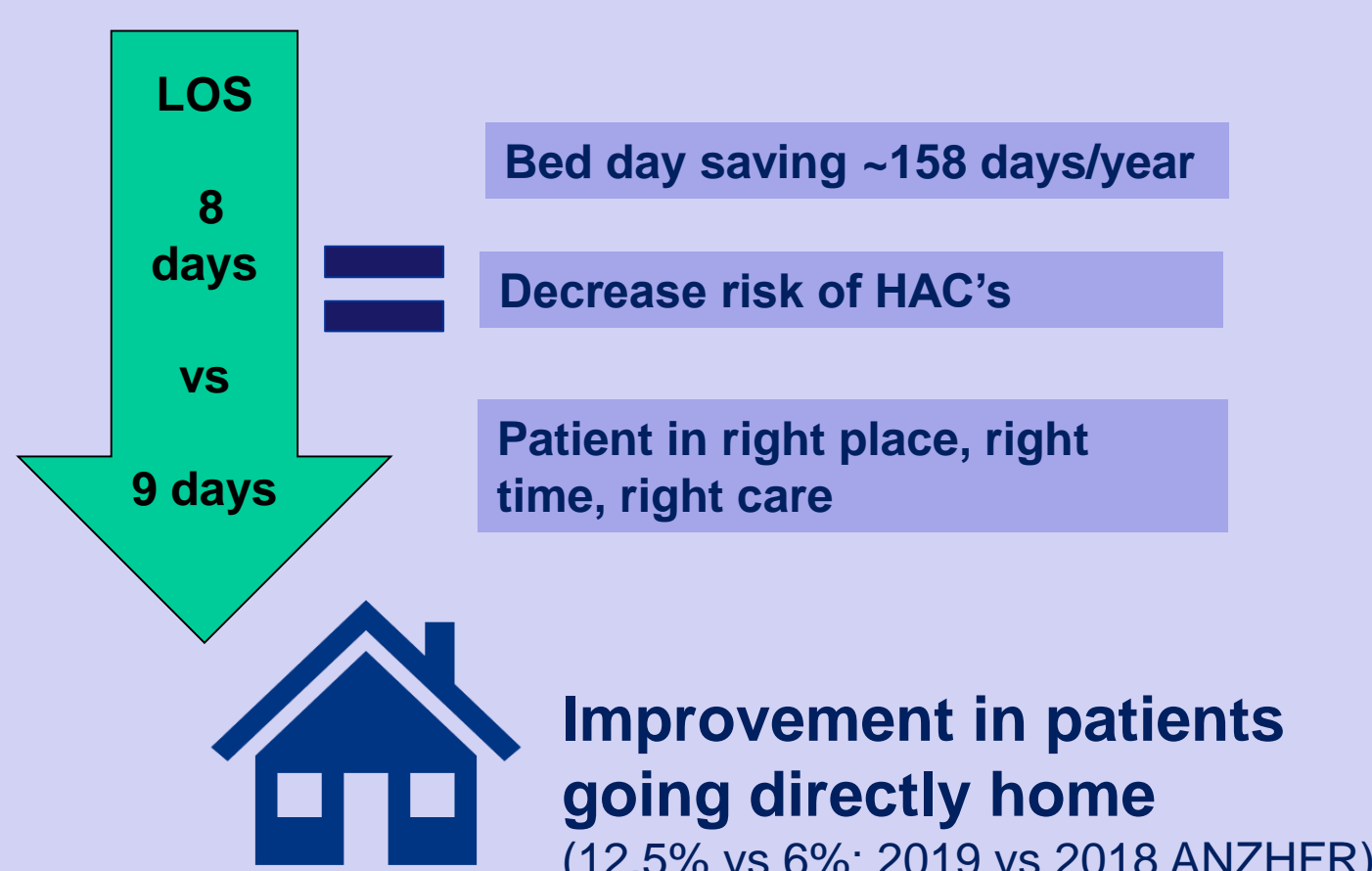


Source: 2020 Australia and New Zealand Hip Fracture Registry (ANZHFR) Report

Average Length of Stay 2019-2020



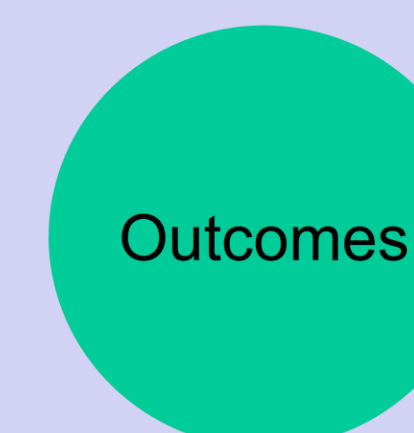
Source: SVHS Average Length of Stay Data from SVHNS Data Registry; 2019 and 2020



Ongoing Discharge Huddles



Development of Hip Fracture pathway working party



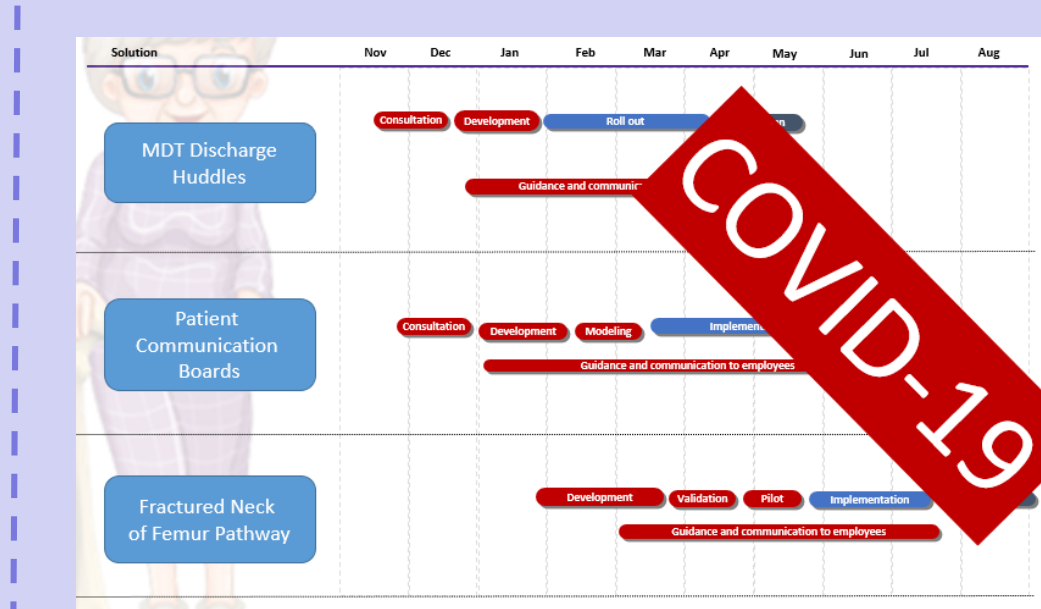
Identification and sharing of accurate sources of data



Development of life-size cut out for ward



Increased discussion and awareness of Hip Fracture care



Impact of COVID-19 on implementation

Closure of orthopaedic ward and relocation of staff to assist with COVID surge required the project team to pause implementation of solutions.

Acknowledgements

Sponsors:

Todd McEwan | Director of Acute Services, SVHNS

Dr John Rooney | Head of Orthopaedics, SVHNS

Project Supports

Dr Sandy Beveridge | Head of Geriatrics and Ortho-Geriatrics Lead, SVHNS

Kaitlin Wilson, Alex Gunter, Lina Belalcázar Osorio | Orthopaedic Nursing Team

Orthopaedic Clinical Nursing Staff

Kate Helsham | Consumer Representative

Other Allied Health Staff and Managers

Susan O'Shea | Clinical Re-design project support

References

ANZ Hip Fracture Registry Reports; Published 2019 and 2020

Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards (NSQHS) ed. 2017. Standard 2 Partnering with Consumers

Contact

Emma Pauley | emma.pauley@svha.org.au | (02) 8382 3346

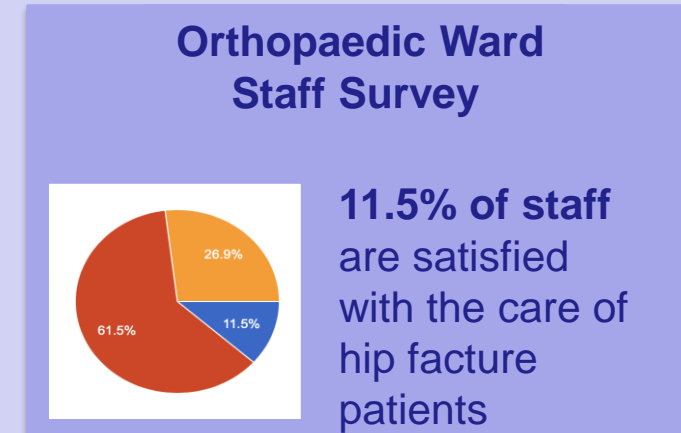
Sarah Sweeney | sarah.sweeney@svha.org.au | 0406 124 273

Alisia Verdejo | alisia.verdejo@svha.org.au | 0474 904 965

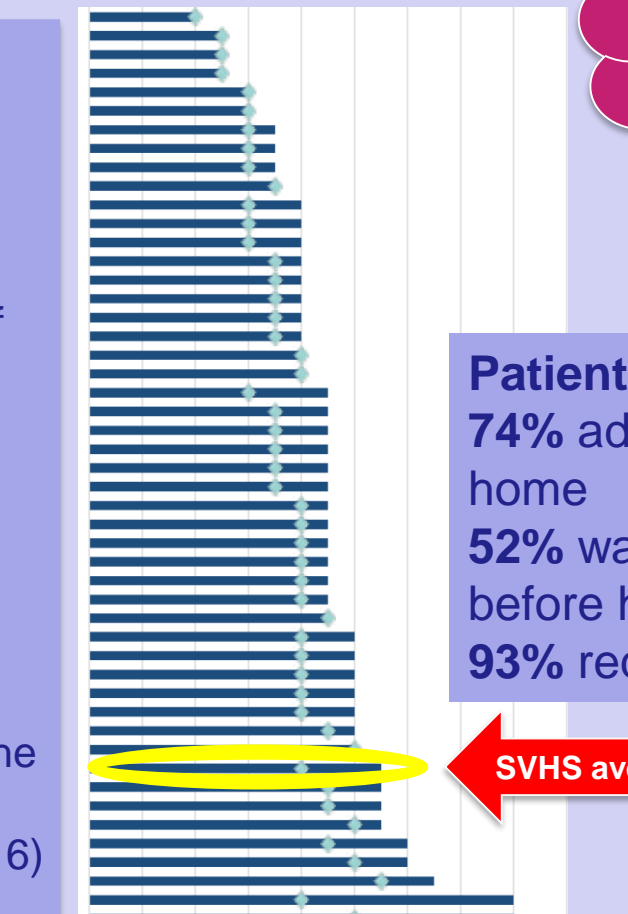


Diagnostics

Orthopaedic Ward Staff Survey



2018 ANZ Hip Fracture Registry length of stay data



Patient characteristics:
74% admitted from home
52% walk without aid before hip fracture
93% required surgery

SVHS average LOS= 9.7days

Clinical Notes Audit

Evidence of clinical variation:

- Expected Date of Discharge (EDD) not routinely used
- No standardised discharge pathway including referral to rehab and other services

National Data Comparison

ANZHFR comparison: SVHS vs National

- **10% more** hip fracture patients are transferred to inpatient rehab
- **6% SVHS patients go directly home** from their acute admission (compared to 12% nationally)

Sustaining change

- Ongoing use and reporting of ANZHFR data to ensure continuous review and quality improvement, both hospital- and state-wide.
- Appointment of dedicated staff members to monitor initiatives, collect data and report to managers, staff and executive.
- Length of Stay Targets set for hip fracture patients.
- Hip Fracture education to form part of new staff orientation schedules and annual Clinical Education program.

Lessons Learnt

- Executive and reinforcing sponsorship needs to be strong and sustained to ensure maximum impact.
- Project team needs to be flexible and adaptive to unforeseeable disruption to implementation deliverables (e.g. impact of COVID planning on environment) and remain committed to original project objectives to re-create the momentum originally gained.
- Stakeholder engagement and buy in is key to the success of project.

Conclusion

Each solution is at different stages of implementation and work has recommenced to engage stakeholders and sponsors. COVID-19 has provided a disrupted platform integrate the use of innovative technology and lessons learned from COVID into change management approaches.

Results from this project will be reported and shared with ACI Hip Fracture Care Community of Practice and Clinical Advisory Group. This will allow for translation of ideas to other health services across NSW to facilitate state-wide improvement of Hip Fracture care under the Leading Better Value Care Initiative.