

Hip fracture care

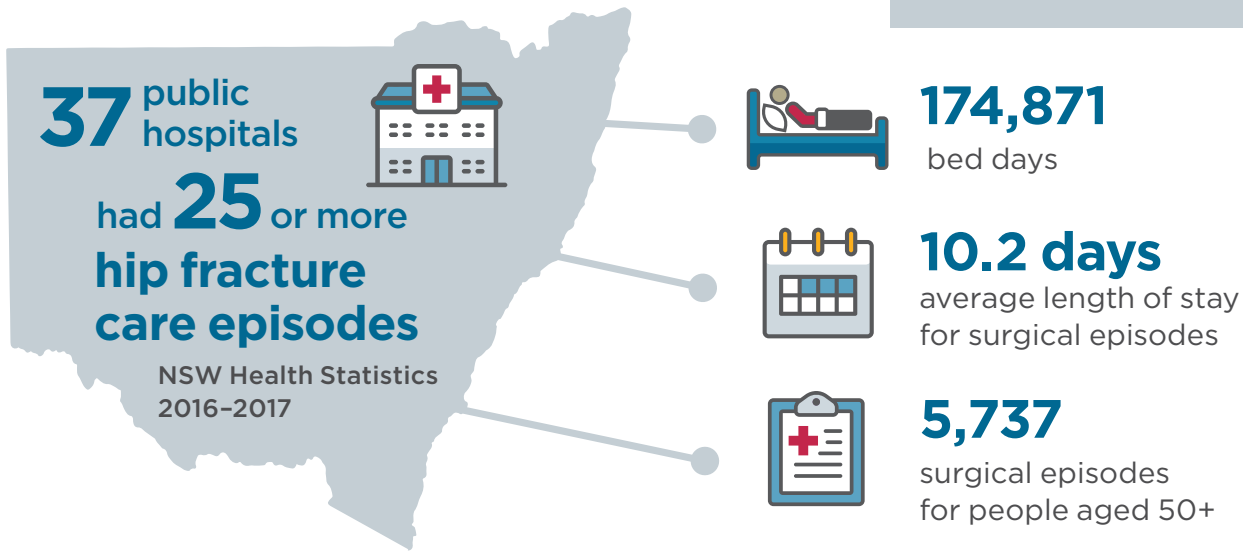
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Clinical priorities

A hip fracture is a break occurring at the top of the thigh bone (femur), near the pelvis. It is a significant injury in an older person and is associated with significant morbidity, loss of function and mortality. Sub-optimal management can result in avoidable complications, prolonged hospitalisation and poorer patient outcomes.

Aims of the initiative

- Reduce unwarranted clinical variation
- Improve patient assessment, management and experience
- Ensure effective and efficient care



The ACI is supporting hospitals in their existing efforts to meet the Australian Commission on Safety and Quality in Health Care (ACSQHC) Hip Fracture Care Clinical Care Standard.¹ This standard outlines the care that should be available to patients with a suspected hip fracture from emergency department presentation through to completion of treatment in hospital. The following four clinical priorities will be addressed through the Hip Fracture Care LBVC program.



TIMELY ASSESSMENT AND TREATMENT OF PAIN

67% of hospitals routinely used fascia iliaca blocks to manage preoperative pain²



COORDINATED ORTHOPAEDIC AND GERIATRIC SERVICES

81% of hospitals have an orthogeriatric liaison or shared care medical model to support local clinical management²



36hr SURGERY WITHIN 36 HOURS OF ARRIVING AT HOSPITAL IF APPROPRIATE

79% of people received surgery within 36 hours of presentation²



PATIENTS GETTING BACK ON THEIR FEET WITHIN A DAY IF POSSIBLE

75% of hospitals report most people with a hip fracture currently mobilise or sit out of bed day one postoperatively²

The ACSQHC [Hip Fracture Clinical Care Standard](#) is described below. As part of LBVC, the ACI is working with a clinical advisory group to capture best practice and develop statewide solutions for local adaptation of four priorities: pain management, orthogeriatric model of care, timing of surgery, and mobilisation and weight bearing. Local teams will be provided support and opportunities to understand current practice in relation to these priorities, share successes and challenges, learn improvement strategies and collaborate with peers.



Care at presentation

A patient presenting to hospital with a suspected hip fracture receives care guided by timely assessment and management of medical conditions, including diagnostic imaging, pain assessment and cognitive assessment.



Pain management[†]

A patient with a hip fracture should be assessed for pain:

- immediately on presentation to hospital
- within 30 minutes of administering initial analgesia (with consideration given to the use of a fascia iliaca block for pain management)³
- hourly until the patient is settled on the ward
- regularly as part of routine nursing and observations throughout.



Orthogeriatric model of care[†]

From the time of admission, patients with a hip fracture should receive care within a formal orthogeriatric model that includes:

- regular orthogeriatrician assessment, including medication review
- management of comorbidities
- optimisation for surgery
- early identification of the patient's goals
- care coordination between specialties
- multidisciplinary rehabilitation aimed at increasing mobility and independence, facilitating return to pre-fracture residence and supporting long-term wellbeing, if appropriate and clinically indicated

Orthogeriatric and multidisciplinary review should be ongoing.



Timing of surgery[†]

All treatment options should be discussed with patients, their carers and families, taking into account the patient's condition and prior level of function. If no clinical contraindication exists and the patient prefers surgery, patients who present to hospital with a hip fracture, or sustain a hip fracture in hospital, should receive surgery within 36 hours.

For patients having surgery, surgical antibiotic prophylaxis and thromboprophylaxis is prescribed according to current guidelines.⁴



Mobilisation and weight bearing[†]

A patient with a hip fracture should be offered mobilisation without restrictions on weight-bearing the day after surgery and at least once a day thereafter, with increasing daily levels of ambulation, depending on their condition and agreed goals of care.

Mobilisation can include re-establishing:

- movement between postures (e.g. from sitting to standing)
- the ability to maintain an upright posture
- ambulation with increasing levels of complexity (e.g. speed, direction change and multitasking).



Minimising the risk of another fracture

Before a patient with a hip fracture leaves hospital, they should be offered a falls and bone health assessment, and a management plan based on this assessment, to reduce the risk of re-fracture or another fracture. The ACI's Osteoporotic Refracture Prevention (ORP) LBVC initiative is leading collaboration around this standard.



Transition from hospital care

Before a patient leaves hospital, the patient and carer are involved in the development of an individualised care plan that describes the patient's ongoing care and goals of care after they leave hospital. The plan is developed collaboratively with the patient's GP and identifies mobilisation activities, wound care and function post-injury. It also covers any changes in medicines, necessary equipment and rehabilitation services.

Evidence

1. Australian Commission on Safety and Quality in Health Care. *Hip Fracture Care Clinical Care Standard*. Sydney: ACSQHC; 2023 [cited 14 Sep 2023]. Available from: <https://www.safetyandquality.gov.au/sites/default/files/2023-09/hip-fracture-clinical-care-standard-2023.pdf>
2. NSW Agency for Clinical Innovation. *Evaluation of the management and care of older people with a hip fracture in NSW*. Sydney: ACI; 2018.
3. NSW Agency for Clinical Innovation Pain Management Network. *Fascia Iliaca Block: a method of preoperative pain management in older people with acute hip fractures*. Sydney: ACI; 2015.
4. Australian and New Zealand Hip Fracture Registry Steering Group. *Australian and New Zealand Guideline for Hip Fracture Care: Improving Outcomes in Hip Fracture Management of Adults*. Sydney: ANZHFR; 2014.