Surrey and Sussex NHS
Healthcare NHS Trust

Hip Fracture Unit

Clinical presentation to Trust board

Dr I Wilkinson, Dr T Giokarini-Royal

22 December 2016

Putting people first
Delivering excellent, accessible healthcare

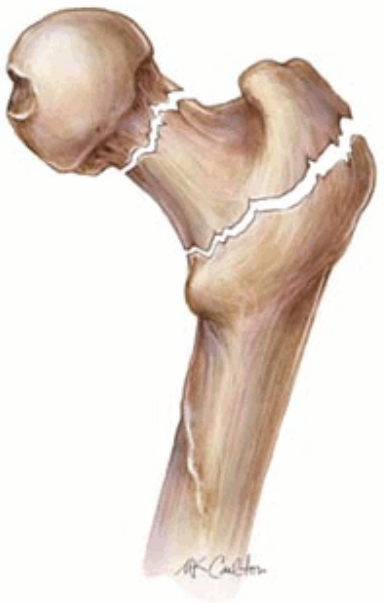
An Associated University Hospital of Brighton and Sussex Medical School

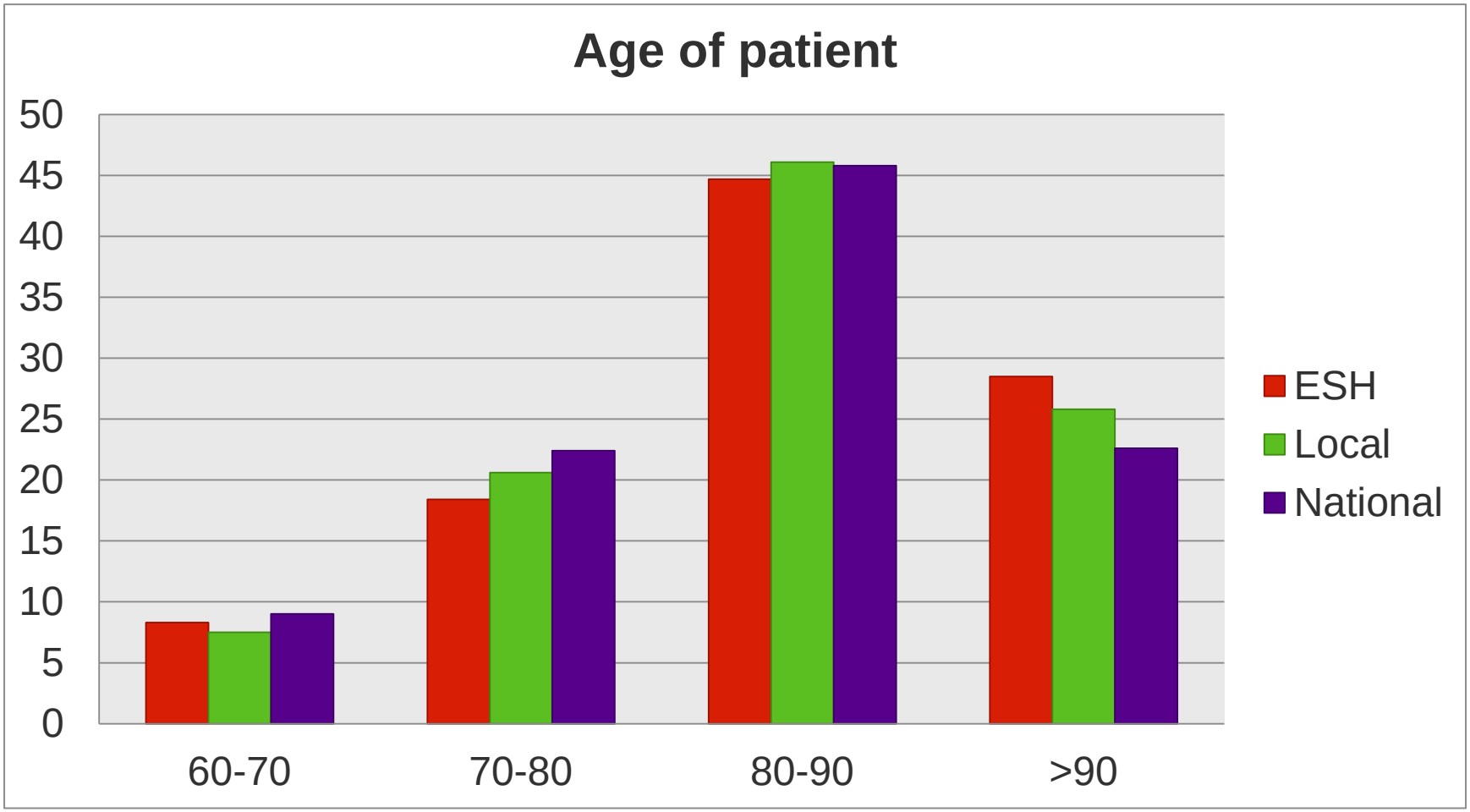
Introduction

- 500 patients per year

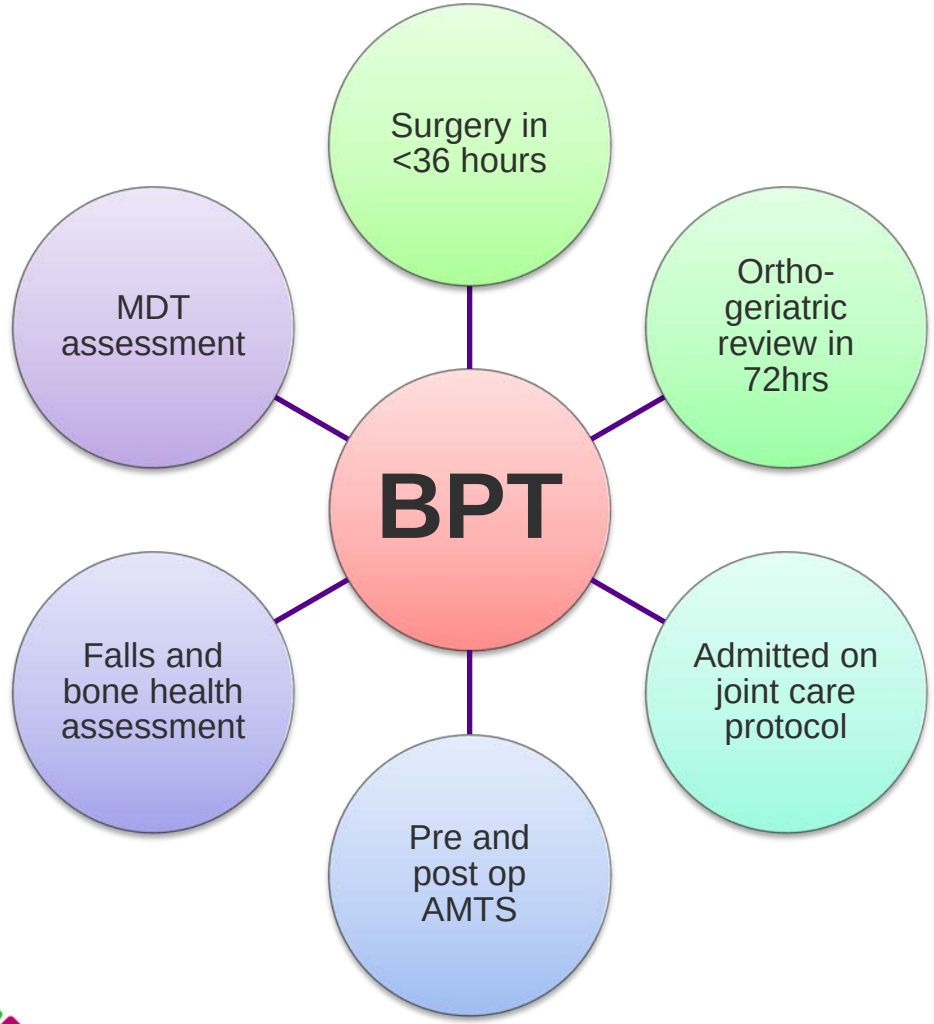
December 2015 to November 2016	Local	SHA	National
Avg time to orthopaedic ward (hrs)	8.8	12.1	9.9
Avg time to theatres (hrs)	25.1	29.0	31.7
Avg Trust length of stay (days)	19.2	19.8	20.1

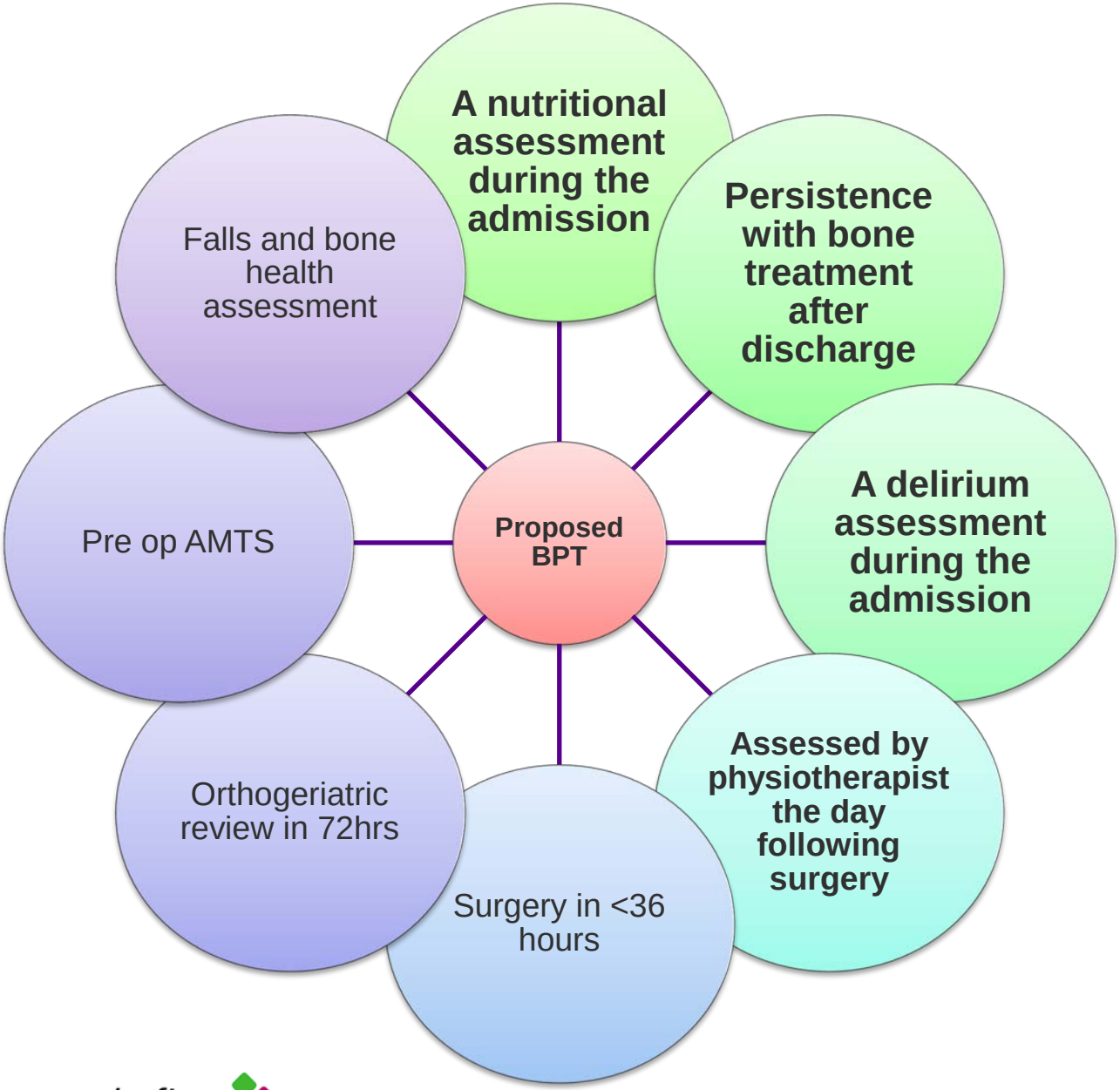
Admitted from December 2015 to November 2016	Local%	SHA%	National%
Own home/sheltered housing	79.6	81.1	80.9
Residential care	12.0	9.7	11.1
Nursing care	7.3	9.1	7.8




Age of patient
50
45
40
35
30
25
20
15
10
5
0
60-70
70-80
80-90
>90
ESH
Local
National

Best practice tariff





Joint Protocol

MDT assesment

Post op AMTS

Best practice – ESU. East Surrey Hospital

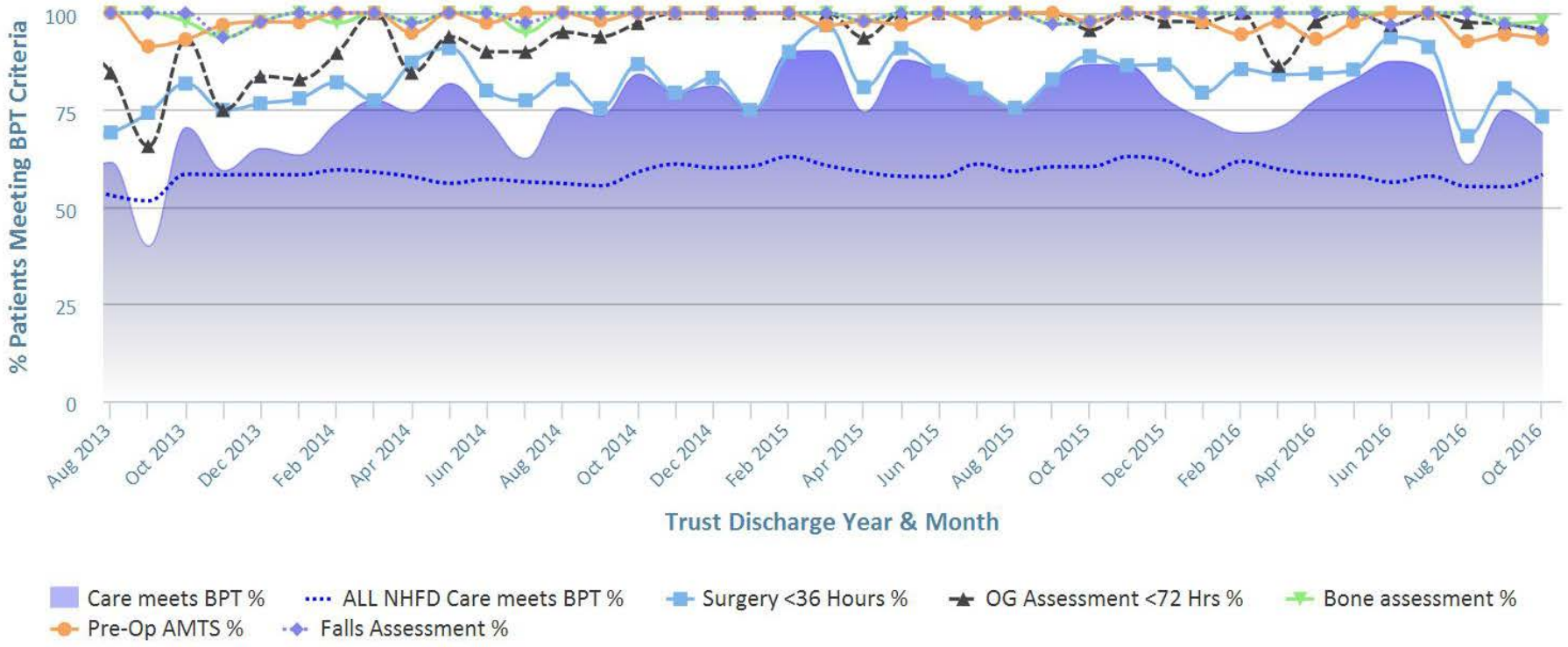


Chart data is indicative status only - © Royal College of Physicians - Technology by Crown Informatics (ID: BPT2)

Involvement in regional work

- Regional QI program for hip fracture care
- Additional metrics
    - Pain management
    - Delirium assesment
    - Peri-operative risk assessment and management
    - Therapy assessment

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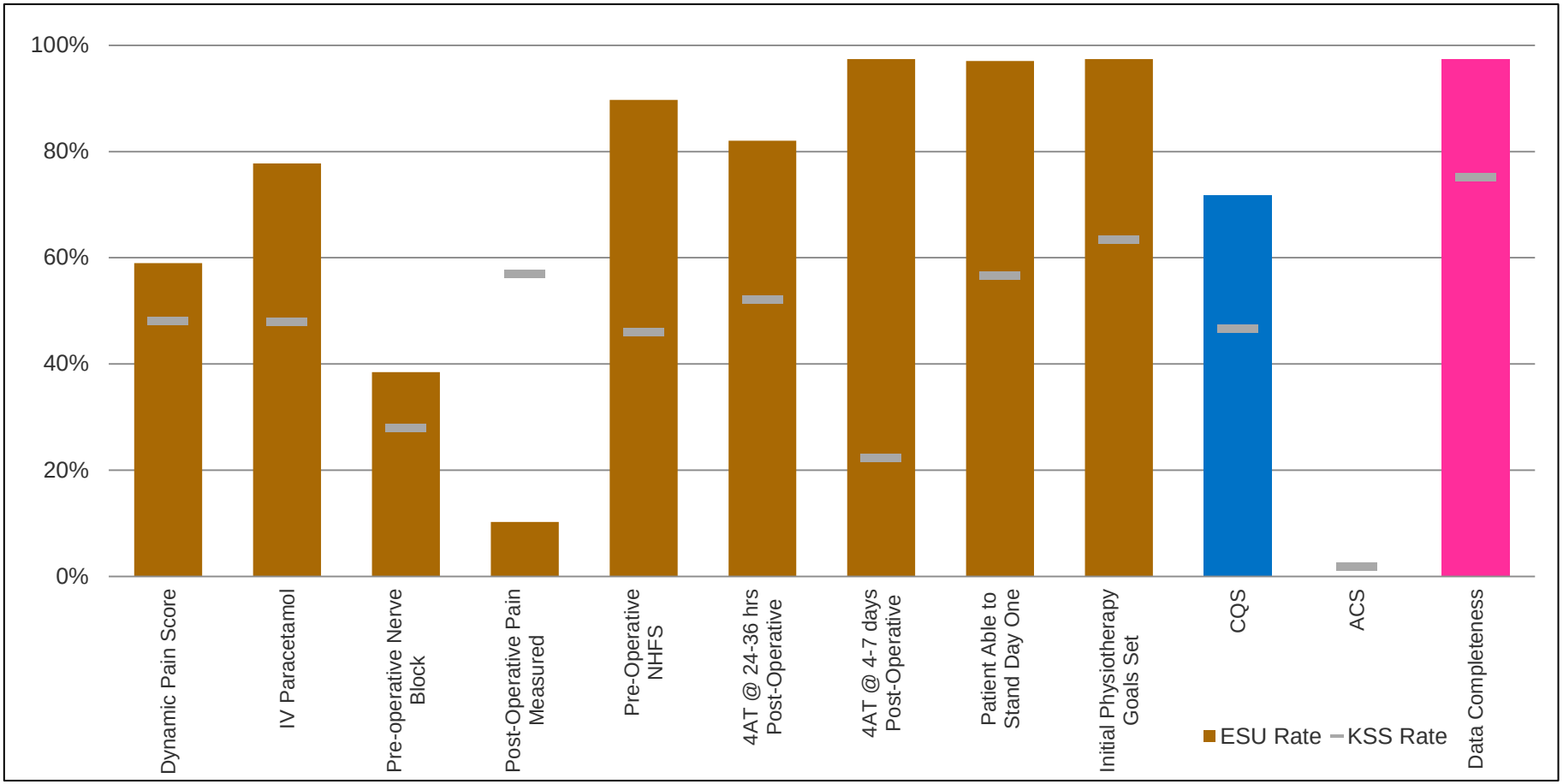
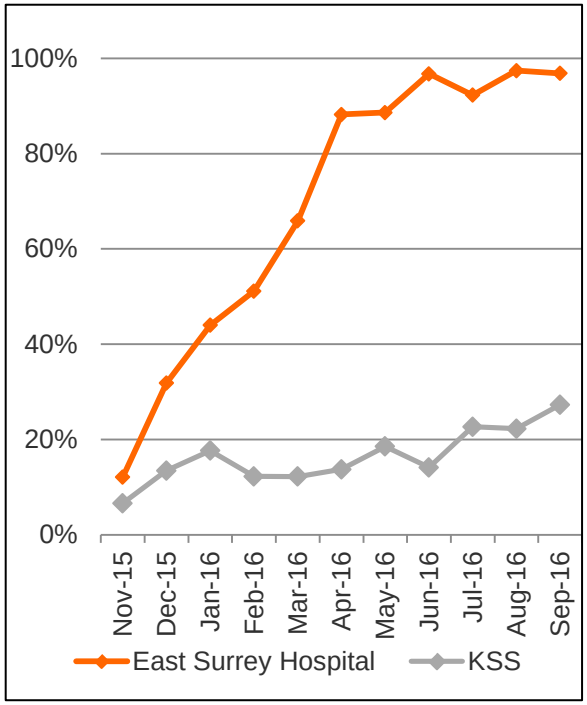
Enhancing Quality

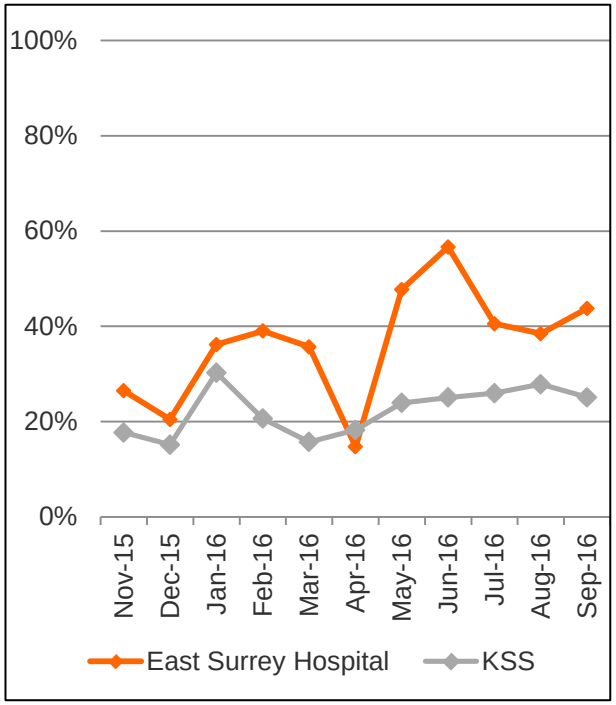
November 2015 – September 2016



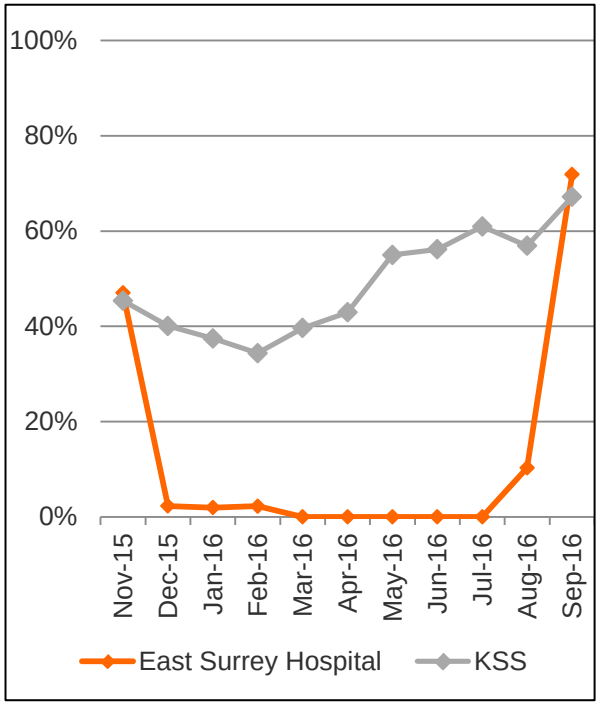
Day 4 delirium assessment



Pre-op nerve block insertion



Post operative pain assessment



Peer support visit

Sharing of best practice

1. Anaesthetic team with an interest in frailty and trauma: having ten anaesthetists interested in trauma and providing the majority of cover for trauma theatre sessions allows standardisation of care in the peri-operative period. It also allows good working relationships to develop with the rest of the hip fracture team.

2. FICB block room: this is in essence an excellent concept as it provides gold-standard USS guided blocks / catheters. However, it does present problems with being available to all patients 24/7.

3. Attendance at trauma meeting by anaesthetists, orthogeriatrics, theatre sister and trauma co-ordinator hugely improves communication and prioritisation of patients.

4. MDTea podcast: this multidisciplinary teaching aid developed by the team has huge possibilities for sharing across all geriatric MDTs for teaching.

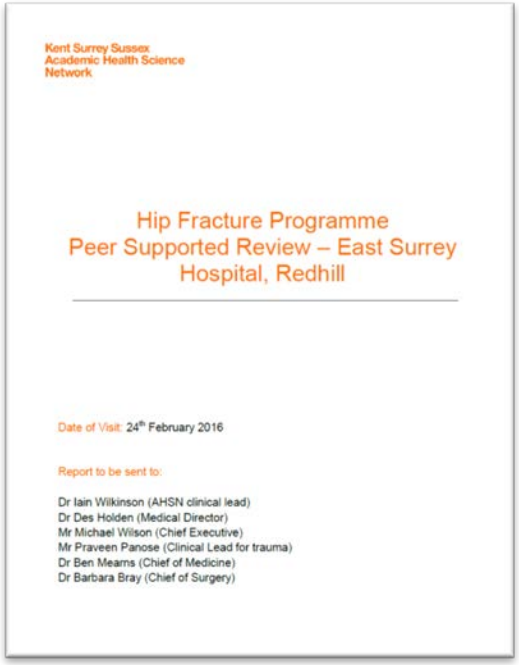
5. Dementia innovations: table in bay 3, dementia blankets were examples of excellent practice which can be easily incorporated into other units.

6. Trusted assessor process to facilitate coordinated discharge: this process will be presented at the hip fracture collaborative to enable other units to develop similar pathway.

7. Ward based team debrief: discusses potential problems arising, compliments and data feedback so that all staff members feel involved in MDT

Key learning points

- Document discussion from trauma meeting
- Review ward environment – esp. MDT space, rehab space on ward, quiet room and staff room
- Expand / adapt FICB service to ED team
- Develop services to ensure parity for patients with other fragility fractures



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Academic Health Science
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Hip Fracture Programme
Peer Supported Review – East Surrey
Hospital, Redhill

Date of Visit: 24th February 2016

Report to be sent to:

Dr Iain Wilkinson (AHSN clinical lead)
Dr Des Holden (Medical Director)
Mr Michael Wilson (Chief Executive)
Mr Praveen Panose (Clinical Lead for trauma)
Dr Ben Mearns (Chief of Medicine)
Dr Barbara Bray (Chief of Surgery)