

Improve Post Operative Pain in Hip Fracture Patients to Aid Mobilisation

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Quality issue / initial problem

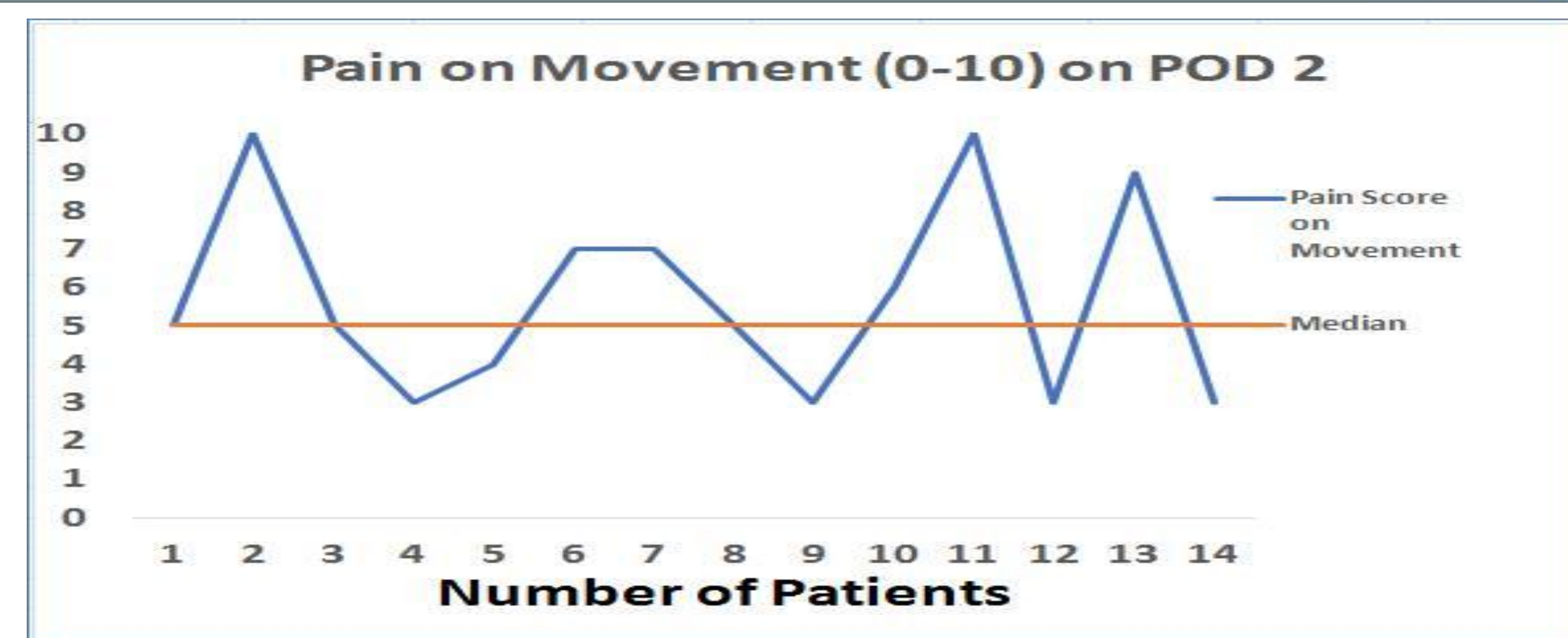
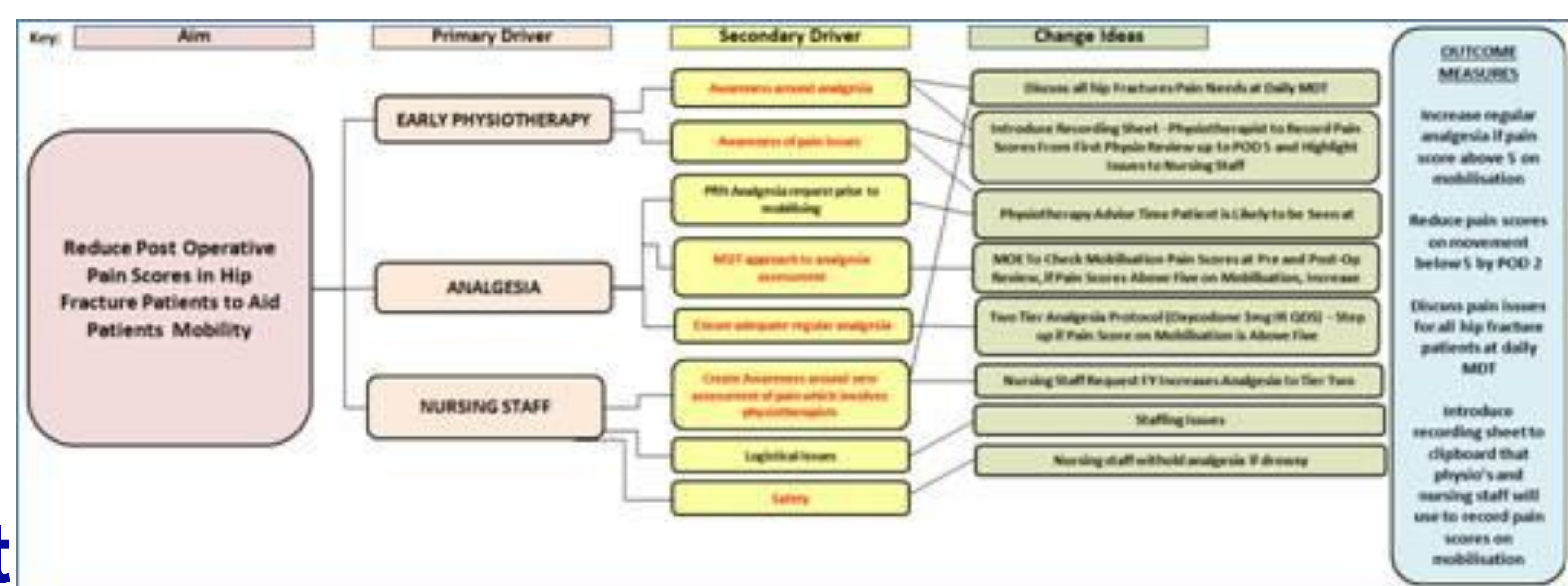
- A recent Physiotherapy QI Project within Orthopaedics indicated that as many as an 8th of Orthopaedic Patients decline Physiotherapy due to pain.
- Post-operative hip fracture patients are less likely to be mobile, resulting in an increased risk of medical complications such as PE, DVT or Pneumonia.
- Poorly controlled pain has been closely linked to delirium, depression and sleep disturbance leading to delayed time to physiotherapy, increased LOS and poorer patient outcomes.
- Physiotherapy is an important part of the pain management process as it helps to increase mobility, muscle strength and range of movement.

Specific aim

Reduce post operative pain in hip fracture patients to aid patients mobility by introducing sustainable measures for regularly assessing and treating pain.

Measurement of improvement

- Process Measure – Increase analgesia if pain scores above five on mobilisation.
- Process Measure – Number of PRN POD 1-2
- Outcome Measure – Pain scores above five on POD 2 after analgesia change introduced.
- Balancing Measure – Days between Naloxone



Tests of change

- Physiotherapy – Record pain score and mobilisation rates.
- MOE medical staff - Review pain at post-op review.
- Discuss pain needs daily at MDT.
- Instigate FY review from information at MDT if needed sooner.
- Two tier analgesia protocol – 2mg IR oxycodone QDS, stepped up from 2mg TDS.
- Balancing measures.
- Note – The mobilisation rate was 100% before changes.

Tools

- Driver diagram
- Asked staff to suggest changes
- Run chart

Anticipated Effects of change

- Reduced pain scores
- Improved comfort on mobilisation
- Better patient outcomes
- Staff engagement
- Better staff awareness

Lessons learned and message for others

- Staff engaged well and recognised a need for change – Don't assume you will always get resistance.
- How to use QI tools to design and execute a project.
- How to relate and connect different elements of one topic.