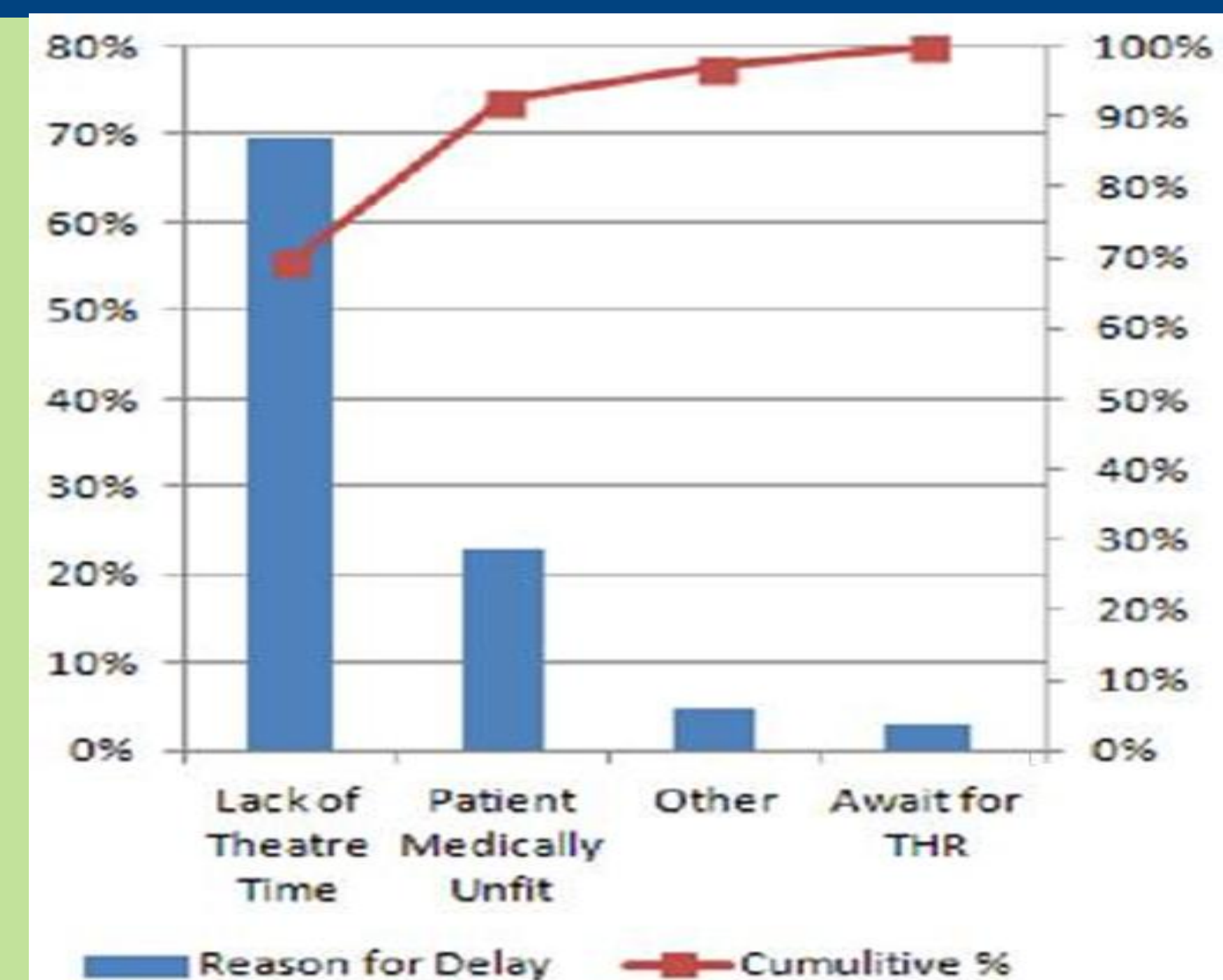


The Orthopaedic Trauma Unit at the Royal Infirmary of Edinburgh is the busiest in the country serving a population of around 850,000 and operates on approximately 900 proximal femoral fractures every year and this number is only set to rise. The Scottish Standards of Care for Hip Fracture Patients 2016 states that this predominantly elderly patient group should have surgery within 36 hours of admission to minimise increased rates of mortality, complications & a longer hospital stay.

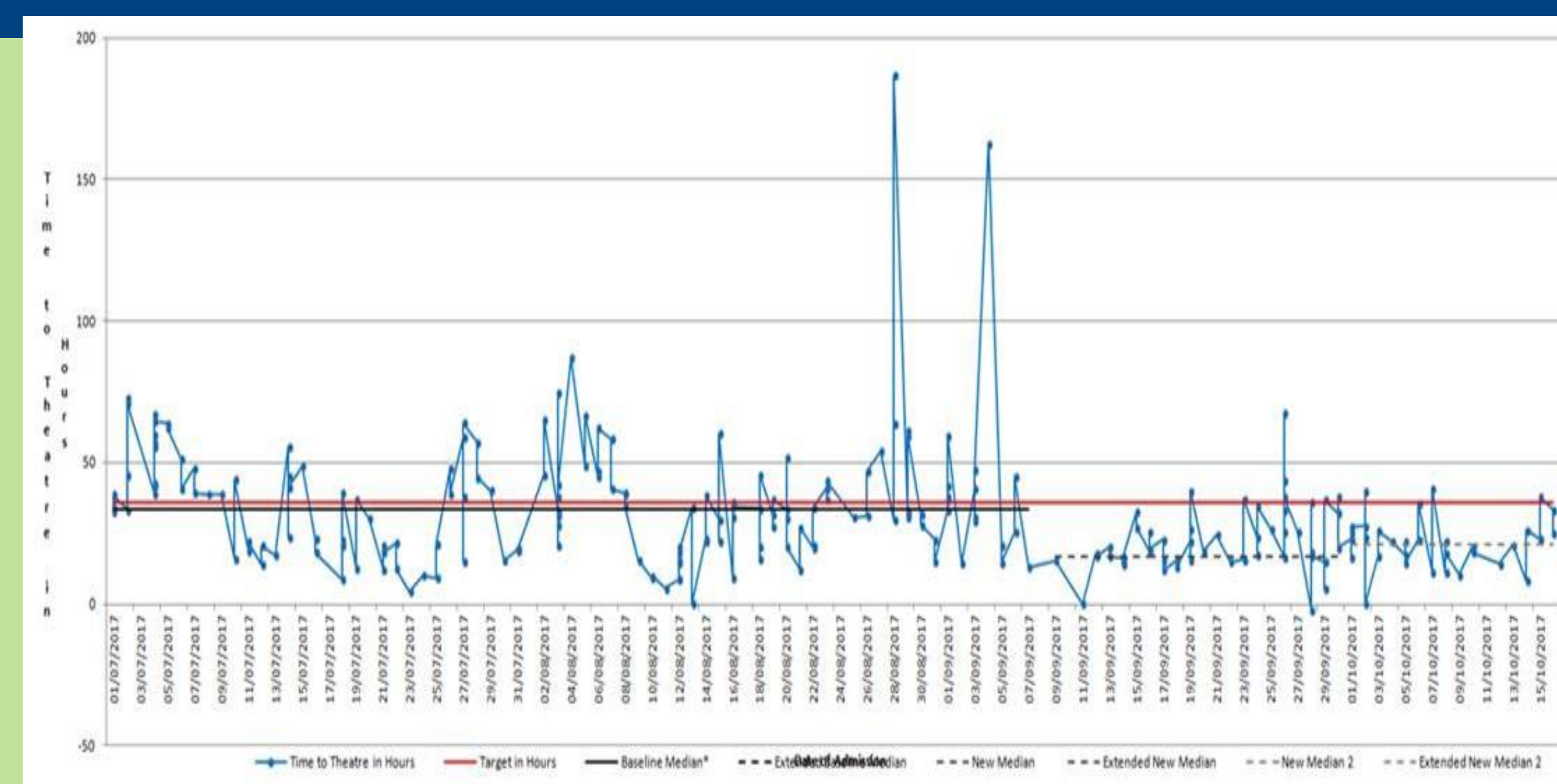
Patients with neck of femur fractures admitted to the Orthopaedic Trauma Unit have on average waited for more than 48 hours for surgery for several reasons, the main one identified as lack of theatre capacity. Understanding how patients are added to the theatre list and subsequently scheduled for surgery also contributed to recognising why delays occurred. This was demonstrated through process mapping.



To facilitate 70% of hip fracture patients receiving surgical repair within 36 hours of admission . Additional funding for hip fracture theatre sessions was identified. Dedicated theatre time was made available 6 mornings per week from 08:30 until 12:30. This additional resource should reduce the waiting time for hip fracture patients access to surgery.

Initial baseline data was collected before the implementation of the additional theatre sessions. This included how long patients waited from time of being seen by the orthopaedic registrar in the emergency department until they went to theatre. A further audit was carried out after the addition of extra sessions measuring the same time interval.

The process measures time from admission to the operating theatre, removing patients who had prolonged theatre waits due to medical delays as these patients are part of a separate quality improvement project. The outcome data demonstrates a reduced waiting time to theatre following the introduction of additional theatre capacity and is an important measure of quality in neck of femur fracture fixation.



Surgical fixation is the key process in enabling patients to mobilise after fractured neck of femur where delay is a 'system defect' which can often lead to harms such as delirium & acute kidney injury. Reducing time to theatre should therefore reduce harms and patient's length of stay which are outcome measures on the patient pathway. The implementation period has seen low activity levels which, with the arrival of winter will increase. Data will continue to be measured to ensure sustainability of change.

Implementing change in a large organisation can be challenging. Ensuring the teams involved are fully engaged by good communication and dissemination of information and planning is critical for testing change.