



Clinical Quality Improvement Neck of Femur Fracture Programme

Summer 2018

INTRODUCTION

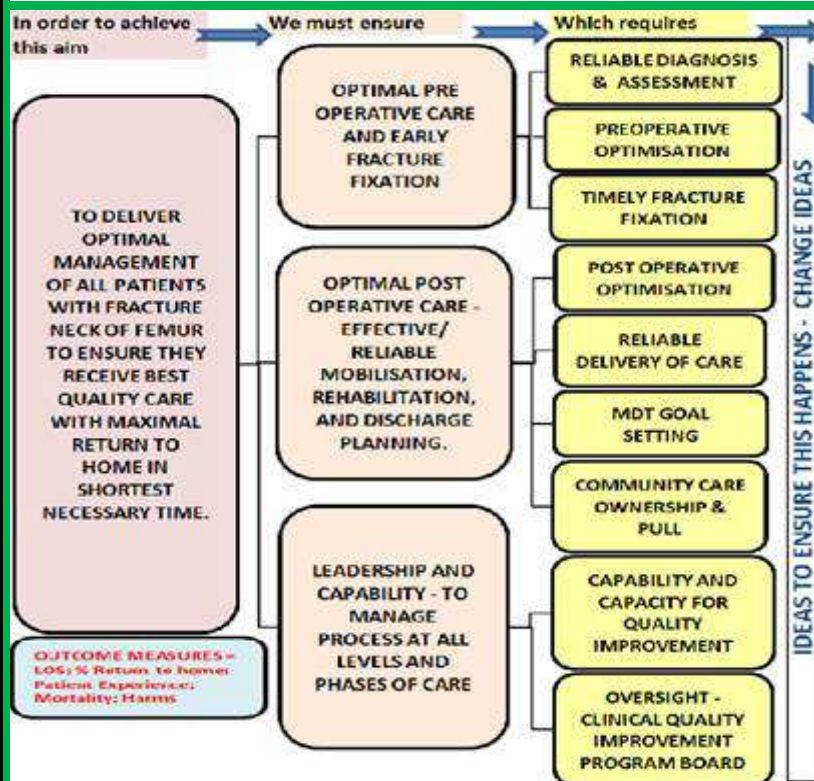
Welcome to the first edition of Neck of Femur# QI News updating staff involved in caring for patients with a hip fracture.

NHS Lothian clinical teams are working to improve the care and outcomes for patients along the pathway and we are keen to include examples of Quality Improvement initiatives in future publications.

Please get in touch with your ideas and feedback.



Susan Whyte
Senior Programme
Manager CQMS



The Clinical Quality Board for NOF# was set up in May 2017 to establish a shared plan for the Improvement Project. The [“Driver Diagram”](#) describes the theory of change developed from collective discussions with the MDT staff working with patients throughout the NOF# clinical pathway. It shows the relationship between the overall aim and the “drivers” that contribute to achieving the aim.

[Click on Driver Diagram to expand](#)

STATEMENT OF QUALITY AIM

To deliver optimal management of all patients with a Fracture Neck of Femur to ensure they receive best quality care with maximal return to a homely setting in shortest necessary time with no harms.

The Clinical Quality Improvement Programme for Orthopaedics is aligned to [National Standards](#) and improvement in outcome for patients who have a fractured hip. The development of a Clinical Quality Management System will focus on Neck of Femur. This is an example of clinicians in NHS Lothian driving change to improve outcomes and the quality of care provided to patients. Last year our NHS Lothian team cared for 1023 patients with a hip fracture, it is the most common, serious orthopaedic injury to affect the elderly, with more than 6,000 patients admitted to hospital in Scotland each year. This is likely to increase significantly over the coming decade as a consequence of population demographic changes. It is therefore essential that we manage this injury as effectively and efficiently as possible, primarily for the benefit of patients, but also for the optimum use of NHS resources. Hip fracture represents an effective 'tracer' condition as the management of this injury often requires a complex journey of clinical and social care involving many different multidisciplinary teams and community based services. As such, if we improve the quality of care for hip fracture patients, then we can expect to improve the care provided to other fragility fracture patients.



Chloe Scott
Consultant Orthopaedic Surgeon



Chris Myers
Service Manager
Orthopaedics and DCN

Orthopaedic Leadership for Clinical Quality for NOF#

CLINICAL PATHWAY FOR FRACTURED NOF

The first part of our Quality Improvement Journey involved working with the multidisciplinary team to describe what happens to our patients, where it happens and who is involved.



[Click on Process Map to expand](#)

[The High Level Process Map](#) demonstrates the process from the patient presenting in Emergency Department through the clinical acute phase of care to rehabilitation and discharge. We gained an understanding of the data, how and where it is recorded and the areas we need to understand more about.

EVENTS DIARY

Scottish National Hip Fracture Conference
24 August 2018
Radisson Blu Glasgow
For further information contact
Email: Karen.Adam@gov.scot
<http://www.shfa.scot.nhs.uk/>

NOF# PATIENT EXPERIENCE

Staff are working with patients and their families to better understand their experience. A number of patients are being asked "What Matters" to them and the information is being shared on a poster above their bed. Staff and relatives can refer to and add supporting information so we can act on the things that are most important to our patients and improve their experience.

QUALITY ACADEMY GRADUATES - NOF# PATHWAY TEAM

Chloe Scott
Krishna Murthy
Alasdair MacLulich
David Coad
Lorna Turner
Chris Myers
Sam Molyneux
Lynne Douglas
Andy Duffy

NHS Lothian Quality Academy



Gillian Walker
Fiona Stewart
Amy Harris
Fionnula Kelly
Amanda Hogg
Emma Suttie
Avril Stewart
Gillian Stewart
Susan Whyte

QI PROJECTS AND CHANGE IDEAS

BIG 6 IN EMERGENCY DEPARTMENT
OPTIMAL ANALGESIA OPTIMAL FLUIDS MINIMAL FASTING TIME ACTIVE MANAGEMENT OF PATIENT MEDICAL PROBLEMS
EARLY SCHEDULING FOR OPERATIVE THEATRE INCREASING CONSULTANT SUPERVISION FOR NOF REDUCED CANCELLATION OF SURGERY
EARLY RECOGNITION AND MANAGEMENT OF MEDICAL PROBLEMS OPTIMAL FOOD, FLUIDS AND NUTRITION
EARLY MOBILISATION OPTIMAL ANALGESIA RELIABLE REHABILITATION
ANTICIPATE LOS & EARLY DISCHARGE PLANNING IDENTIFICATION OF HIP SPECIFIC REAB PLATFORM
COMMUNICATING REHAB FOCUSED DISCHARGE PLANNING

[Click on change ideas to expand](#)

Twenty staff undergone QI training so far and have presented their improvement posters. Dedicated QI coaching support is provided on the RIE site at coaching clinics, these can be attended by members of the team who have new ideas and would like to discuss how they go about setting up a project. *Our coaches support QI Methodology, Project Management and Data Analysis to help staff improve our services.*

For further information contact:

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Dr Nikki Maran
Lead for Clinical
Quality Programmes



Dr Kate Carey
Quality Programme Coach R.I.E

ELECTRONIC DATA COLLECTION

The programme team have worked closely with Jenny Farquhar and Fiona Neary and have developed an electronic data collection system as a modification to the National Hip Fracture Audit which is paper based. We now have access to real time data on hip fracture and since January 2018 have been working with the clinical team, sharing analysis of the data to help us to understand improvements. The data charts on progress and posters on improvements are regularly updated on the Quality Improvement Wall which is set up between wards 108 and 109



Andy Duffy
Senior Data Analyst - CQMS



REPORTING HIGHLIGHTS

- 30% reduction in time to theatre
- Increased reliability of delivery of Fascia Iliaca Nerve Block in ED to optimise pain control prior to surgery
- Improvement in the process reliability of starting intravenous fluids in ED
- Improving documentation of fluid balance on the wards
- Reducing fasting times prior to theatre
- Impact of changes on fluid management and acute kidney injury:
- 25% reduction the percentage of patients developing Acute Kidney Injury.
- Reduction in LOS for patients coming from and returning to nursing homes.

ADDITIONAL INFORMATION AND QI RESOURCES

The QI Strategy sets out the common features of a consistent approach to Quality Management, recognising that local adaptability will drive success, for additional information – Further information can be accessed on the following links.

[3 YEAR PLAN FOR NOF#QI](#)

[Lothian Quality - https://qilothian.scot.nhs.uk/](https://qilothian.scot.nhs.uk/)

[Orthopaedics SERVICE — https://qilothian.scot.nhs.uk/orthopaedics/](https://qilothian.scot.nhs.uk/orthopaedics/)

Final Note

For additional information do not hesitate to get in touch and we will direct your enquiry accordingly. susan.whyte@nhslothian.scot.nhs.uk