



Planning for quality @ NHSL Quality Academy



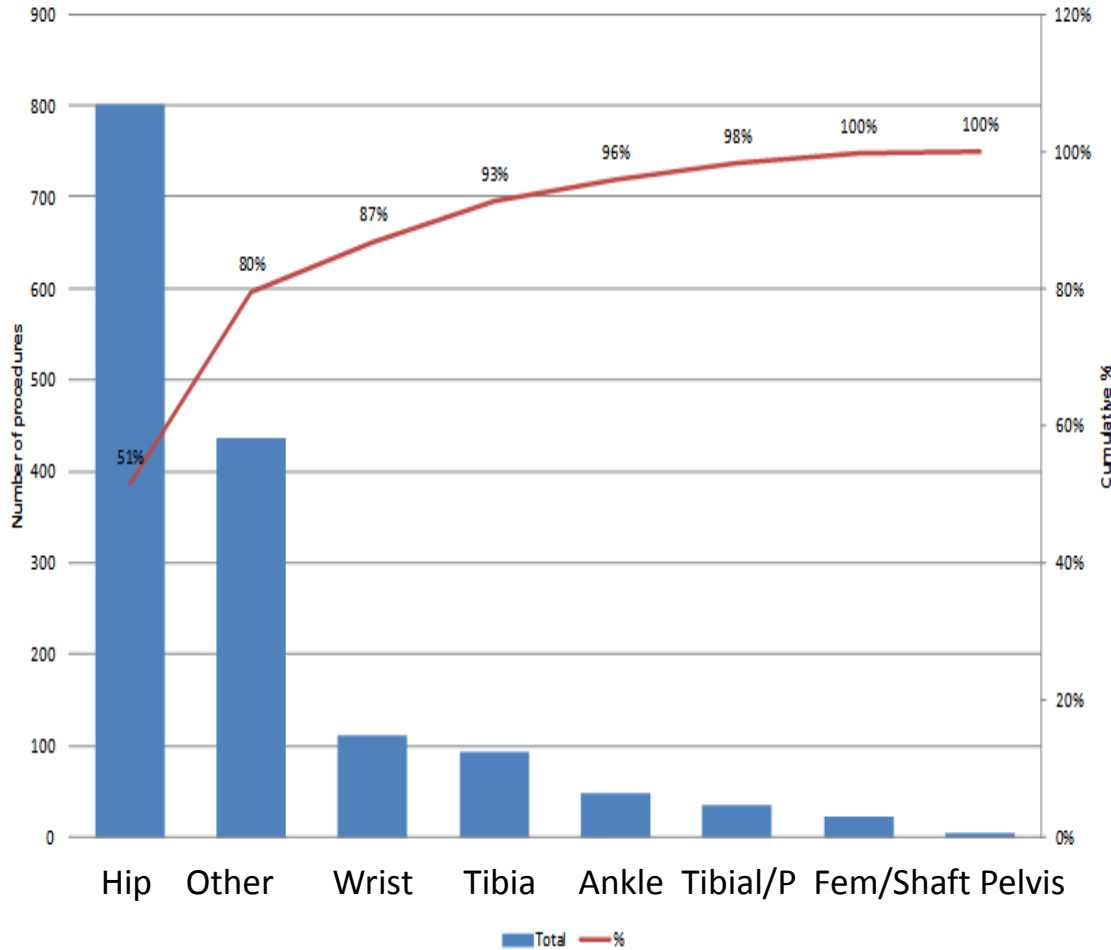
Neck of Femur Fracture

Lynne Douglas, Elizabeth Eckles,
Sam Mollyneaux, Susan Whyte



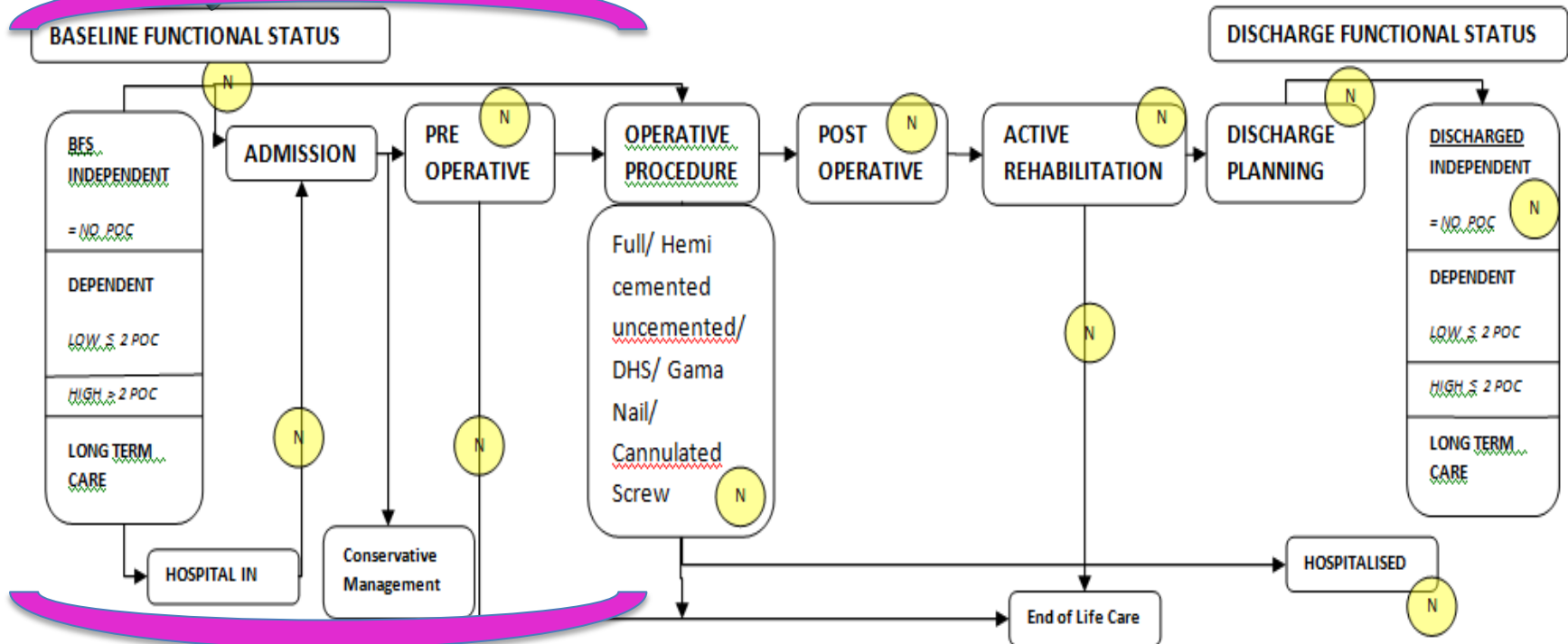
Project background: Why?

Fracture procedures by type 2014/15



- We can see here the significance of the patient numbers involved 800 Patients
- The operating time involved
- The impact on hospital beds – Length of Stay

Neck of Femur Project background: Why?

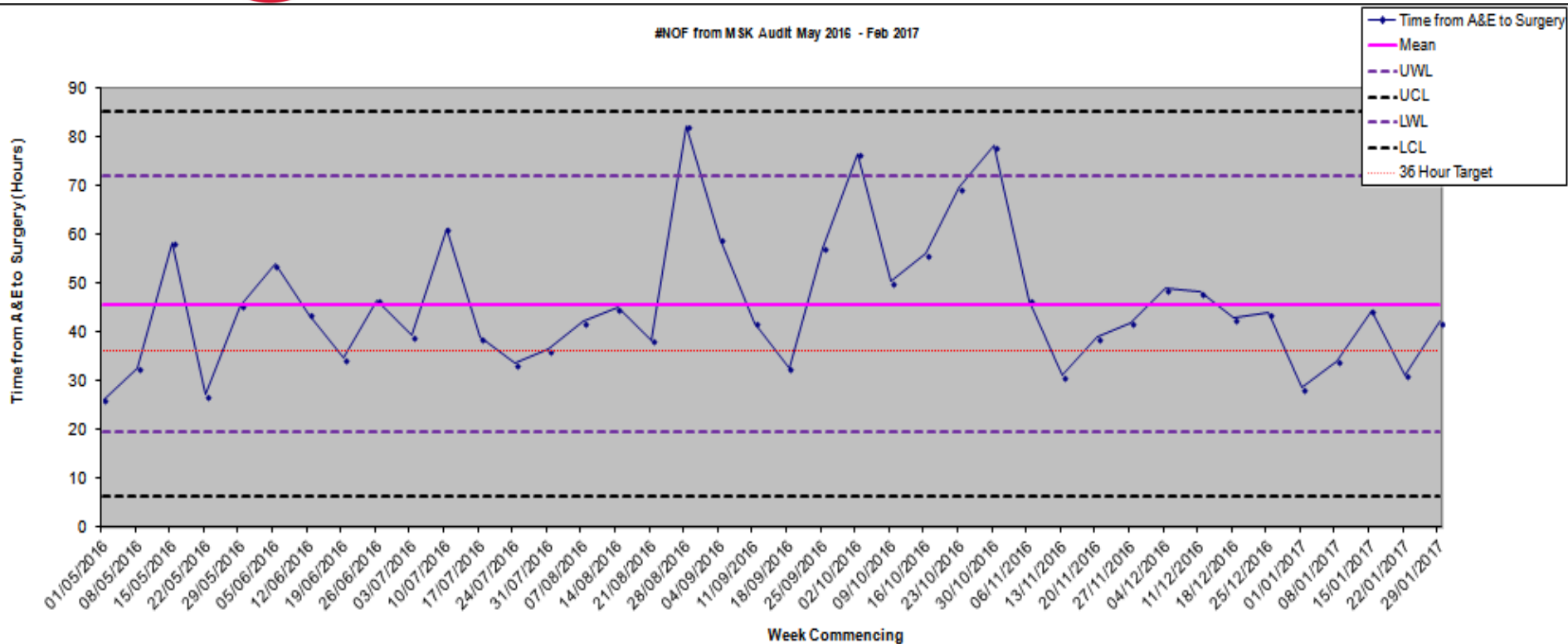


- Neck of Femur is the highest volume by category of fractures
- Highest Acuity
- Greatest Mortality
- Highly significant life changing event for patients

- National Hip Fracture Audit NHS Lothian does not deliver a high standard of care
 - % of Patients who return home
 - Big 6 & Inpatient Bundle
 - Time to theatre for patients deemed medically fit
- Changing model of rehabilitation provision



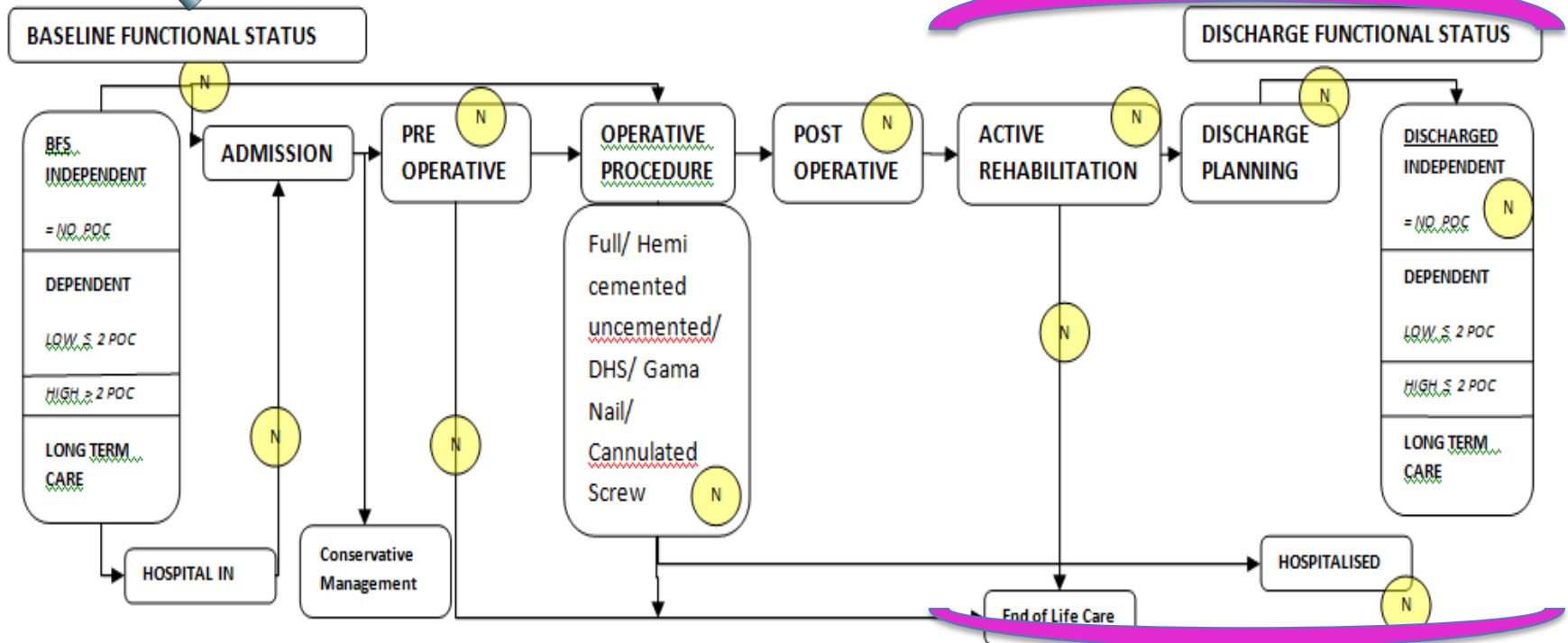
What are we trying to achieve?



- AIM:
All Patients with Neck of Femur Fracture will receive the best quality care with maximal return home to home in shortest necessary time.
- National Target Time to theatre 36 hours
- NHS Lothian Mean is 45.75 hours



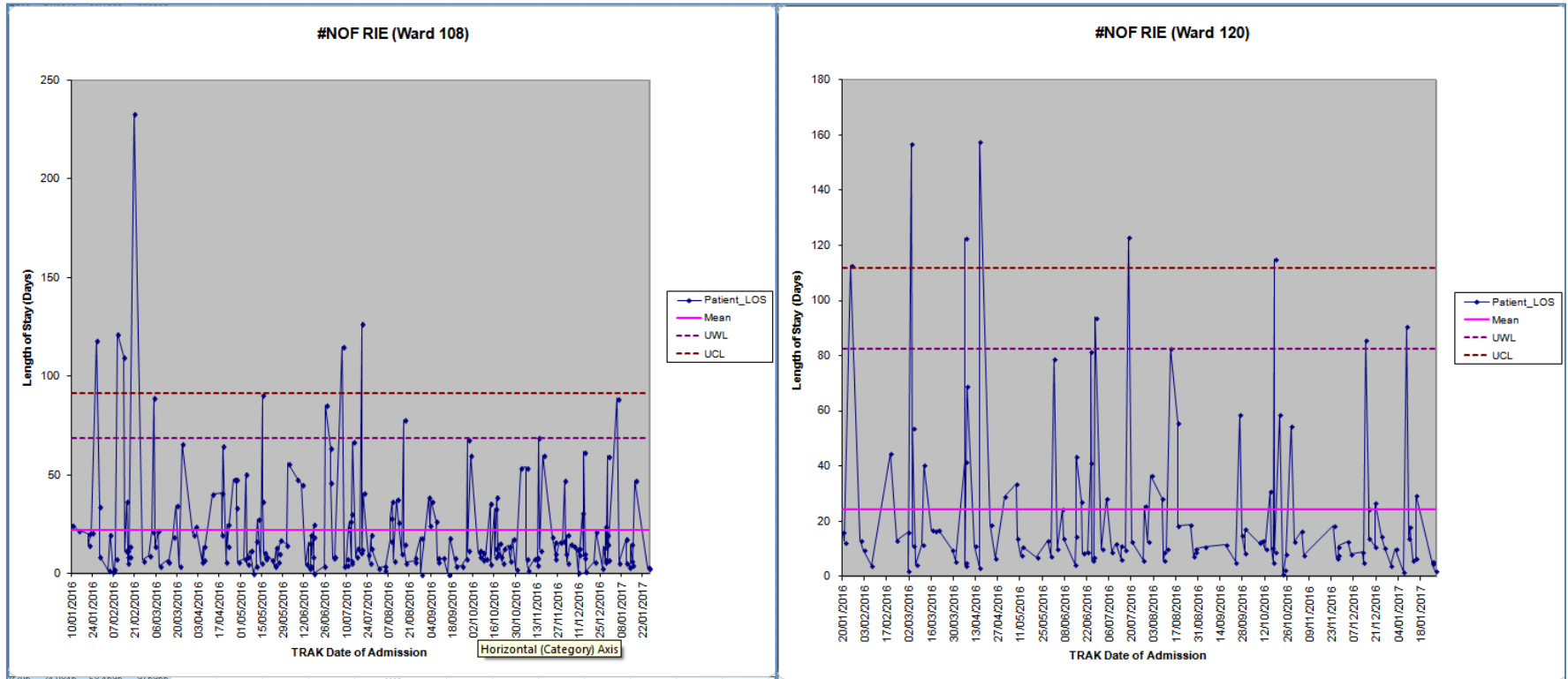
Neck of Femur Project background: Why?



- Neck of Femur is the highest volume by category of fractures
- Highest Acuity
- Greatest Mortality
- Highly significant life changing event for patients
- National Hip Fracture Audit NHS Lothian does not deliver a high standard of care
 - % of Patients who return home
 - Big 6 & Inpatient Bundle
 - Time to theatre for patients deemed medically fit
- Changing model of rehabilitation provision



What are we trying to achieve?



Variation in length of stay for patients with NOF# from Acute phase through to Rehab



What changes can we make that will result in improvement?

Aim	Primary Drivers	Secondary Drivers	Changes and Interventions
	RAPID DIAGNOSIS AND ASSESSMENT	OPTIMAL PERIOPERATIVE CARE OPTIMISE PROCESS AT EMERGENCY DEPARTMENT, ADMISSION AND WARD	Timely and optimal assessment and decision making in ED – Big 6
	TIMELY OPERATION	REDUCE PRE OPERATIVE LENGTH OF STAY	Optimal management of patients admitted to ward pre- theatre – Inpatient Bundle of Care
		REDUCE HARMS	Good Communication between ED, Theatre and Wards and other teams involved to optimise management of the patient
		REDUCE POST OPERATIVE LENGTH OF STAY	Reduce Deaths and Harms Acute Hospital Total Length of stay; Harms Delirium; AKI; PU; CAUTI; VTE; SSI
All patients with Hip Fracture (Neck of Femur) will receive best quality care with maximal return to home in shortest necessary time.	RAPID DISCHARGE PLANNING AND REHABILITATION	REDUCE ACUTE LENGTH OF STAY	Timely and Intensive Orthopaedic and MDT input to optimise recovery and streamline transfer/ discharge process
		REDUCE ORTHOGERIATRIC REHAB LENGTH OF STAY	Delirium Dementia and AKI Management
			Reduction of Infection Rates
			Empower patients and families through person centred approach and good communication/ education
			Reduce readmission
			Home first approach
LEADERSHIP AND CAPABILITY		ENHANCE ORTHOGERIATRIC MODEL	Development of an orthogeriatric unit
		MINIMISE DELAYS	Develop orthogeriatric supported discharge in line with best practice
			MDT approach with Patients/ families driving decision making
		APPROPRIATE USE OF COMMUNITY SUPPORT	Optimal use of intermediate care and packages of care

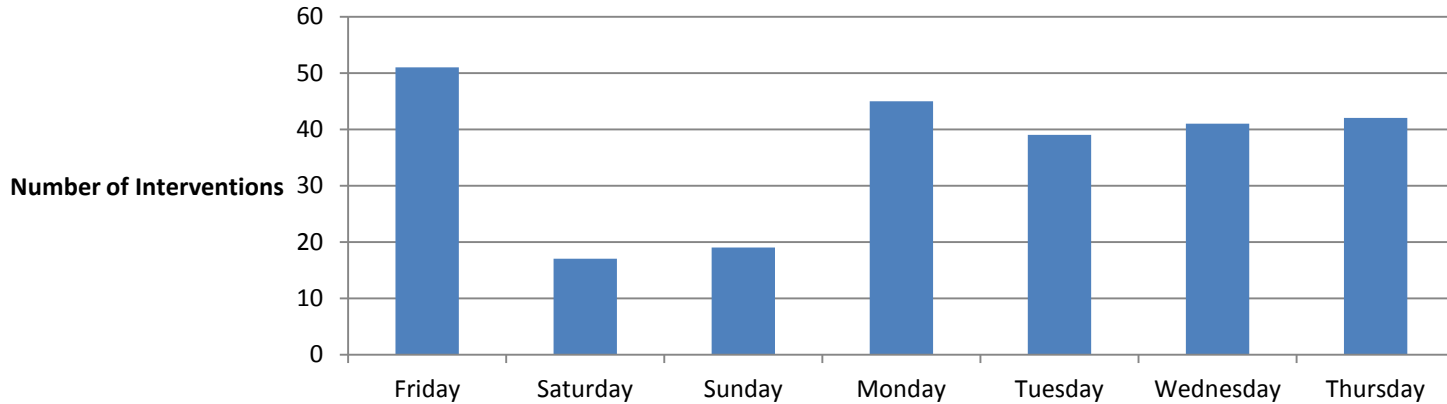




What are we trying to achieve?

Baseline Physiotherapy Test of Change

Interventions by day of the week



Code	1	
Patient	(All)	
Values		
Sum of LOS in RIE(from Theatre)	Sum of Treatments M-F	Sum of W/E Rx
219	111	18

- Reasons for no treatment
- Unwell
 - Refused
 - Priority of Care
 - Weekend

Can improving the quality of care reduce the cost per patient?

Driver	Improved quality/patient experience	Reduced cost per patient
Reduce pre-operative length of stay	Y	Reduced costs of ward stay
Reduce post operative length of stay	Y	Reduced costs of ward stay
Reduce Harms	Y	Reduced costs of ward stay Reduced treatment inputs
Appropriate use of community support	Y	Optimal use of intermediate care and packages of care

- Do cost efficiencies outweigh additional costs of quality?
- The cost of a day on an orthopaedic ward is £220 for direct costs and £116 for central overheads(PLICs costing) so if reduce length of stay per patient by one day the efficiency is £176k (800 patients)
- Cost of nursing home care is £624 per week, so per year for 10 patients is £325k

How will we know change is an improvement?

Aim: We want to see best quality of care to optimise #NOF patients.
Ensure timely and Intensive Orthopaedic and MDT input to maximise recovery and see more patients go directly home



Key learning:

Complex pathway, multiple variables. No clean data set to work from, Enthusiastic staff groups

PDSA cycles:

Physio trial ward 109

Social care admission data set

Early supported discharge

Spread & Sustainability:

Collaborative system wide approach

Interactive big room

Key priorities and continuous change

What next?

Build picture with data and share, create working group as collaborative grows.

redesign rehab pathway