



AGENCY FOR
**CLINICAL
INNOVATION**

Hip Fracture Care in NSW

LBVC and Next Steps

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Laying the ground work

- Orthogeriatric Model of Care (2010)
- Osteoporotic Refracture Prevention Model of Care (2011)
- CEC Patient Safety Report (2011)
- BHI Reports
- Minimum Standards for the Management of Hip Fracture in the Older Person (2014)
- NWAU Incentive funding (2015)
- Rehabilitation Model of Care (2015)
- Hip Fracture Electronic Pathway (2016)



Supporting the release of the Standards



- ACI identified internal resources –
 - cross portfolio team mobilised to support sites
- Visits to all hospitals to offer site specific support
- Identified existing resources and developed NSW tools
- Site visits and ongoing advice
- Site specific support as requested by facilities

- Tools to assist LHDs included:
 - Implementation guide
 - Audit and feedback
 - Project templates e.g. walk around tool
 - Information readily available on the web (templates, videos)

What impacts on care right now?



- Statewide evaluation (2017/18)
 - ACI Minimum Standard (now superseded)
 - Results aligned to the ANZHFR Annual Report
- Focus on implementation fidelity
 - Across all standards
- Hospital acquired complications
- Varying degrees of implementation
- More work required to improve care and experience
- Standards helped focus effort
- Local factors are key

- Leadership – medical/clinical, executive and system
 - Interested clinicians across disciplines
 - Ability and willingness to span boundaries to communicate & gain consensus
 - Executive level engagement to support actions beyond clinical interface
- A strengthened mandate – focus needs to move away from efficiency measures
- Access to robust data

- Lack of human resources availability and allocation
- Low improvement culture
 - Local perception that some sites were meeting standards without overt evidence to prove otherwise

OR

- Awareness but challenges with “fixing” problems
- Absence of access to data
- Governance processes do not enable improvement
 - Local and system level
 - Often discipline specific
 - “Crossing clinical specialties relies on people’s relationships rather than the system”

Snapshots

‘Some hospitals are very closed off and they automatically assume that they are the centre of excellence but without the comparison data, they are living in an isolated sort of world and they actually don’t know how well they are performing.’

‘Once you start crossing clinical specialties, it really relies on people’s relationships rather than the system.’

‘We love data...because you always think that you’re probably doing a bit better than you are...and to feed that back regularly would be terrific.’

‘There are things like theatre lists that are way out of everyone’s control.’

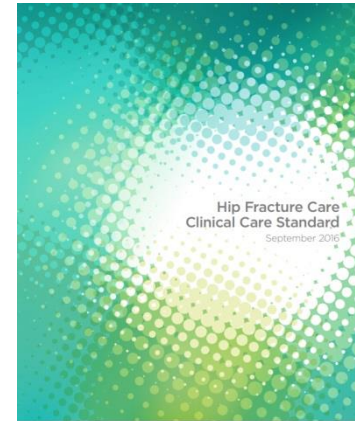
Leading Better Value Care (LBVC)



- Commenced 2017/18
- Shift from volume to the Triple Aim of
 - health outcomes, experience of care and efficient and effective care
- ACI focus on Clinical Initiatives
- Tranche 1 (2017/18): Seven including Osteoporotic Refracture Prevention
- Tranche 2 (2018/19): Two including Hip Fracture Care
- Monitoring and evaluation plan; economic appraisal
- Patient Reported Measures
- Information available on the LBVC Hub
 - <http://www.eih.health.nsw.gov.au/lbvc>
 - <http://www.eih.health.nsw.gov.au/lbvc/about/hub>

What do we still need to do in NSW?

- Align practice to the Commonwealth Clinical Care Standard
- Statewide Key Steps:
 - Planning for Tranche 2 and Evaluation results
 - Monitoring and evaluation plan; economic appraisal
 - Est. Clinical Advisory Group
 - Capability strategy
- LHDs:
 - Further diagnostic and solution design work locally
 - Sharing local interventions
 - Capability workshops
 - How can the ACI help



Priorities for action



- Clinical Advisory Group established August 2018
- Informed by local experience, ANZHFR Annual Report, evaluation
- Four priority areas
 - Orthogeriatric model / care at presentation
 - Pain Management
 - Time to Surgery
 - Mobilisation
- How we plan for sharing interventions
- Capability strategy

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