

Hip Happenings at Liverpool

Using Data to Improve Hip Fracture Care

Lynette McEvoy
Clinical Nurse Consultant
Orthopaedics
Liverpool Hospital



Health
South Western Sydney
Local Health District

Why We Started Collecting Hip Fracture Data?

- Highlight service activity/ issues
- Identify variations/ gaps in care
- Identify gaps in evaluation of care
- Evaluate best practice
- Tool for driving change
- Provide evidence to executive
- Support for business cases/ service enhancements



Historical Happenings with Hip Fractures

- Basic data subset commenced 2002
- Commenced networking Liverpool and Fairfield
- Identified more data that could be captured
- Guidelines were outdated despite a multidisciplinary clinical pathway
- Development of Orthopaedic Standard Operating Procedures that support performance indicators



Historical Happenings with Hip Fractures

- Development of Orthopaedic Audit System
- Implementation of Minimum Standards for Hip Fracture
- Standards embedded into ISH (SIBR)
- Broadened hip fracture baseline data to reflect standards
- Participate in facility level audits
- Commence ANZHFR
- Implementation of Hip Fracture Clinical Care Standards



Prior to the ANZHFR at Liverpool

- Benchmarking was difficult
- Sourcing relevant data
- Relevant from various access points
- Struggled to change service processes



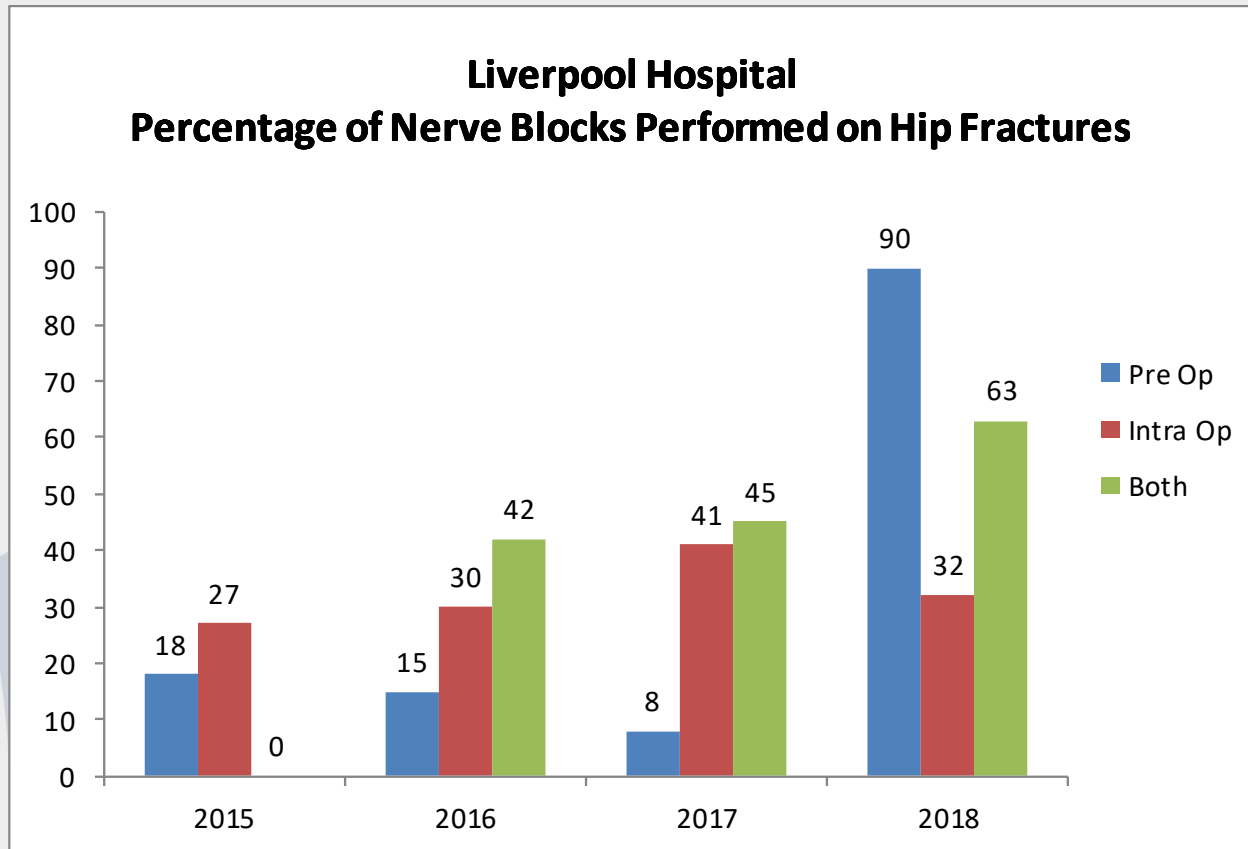
How has the ANZHFR Improved our Data

- Coordinated approach to care
- Incorporates best practice and clinical care standards
- Benchmarked binationally
- Identifies how our hospital is performing against like hospitals and standards of care
- Timely and meaningful data
- Provides evidence to highlight needs for service enhancement



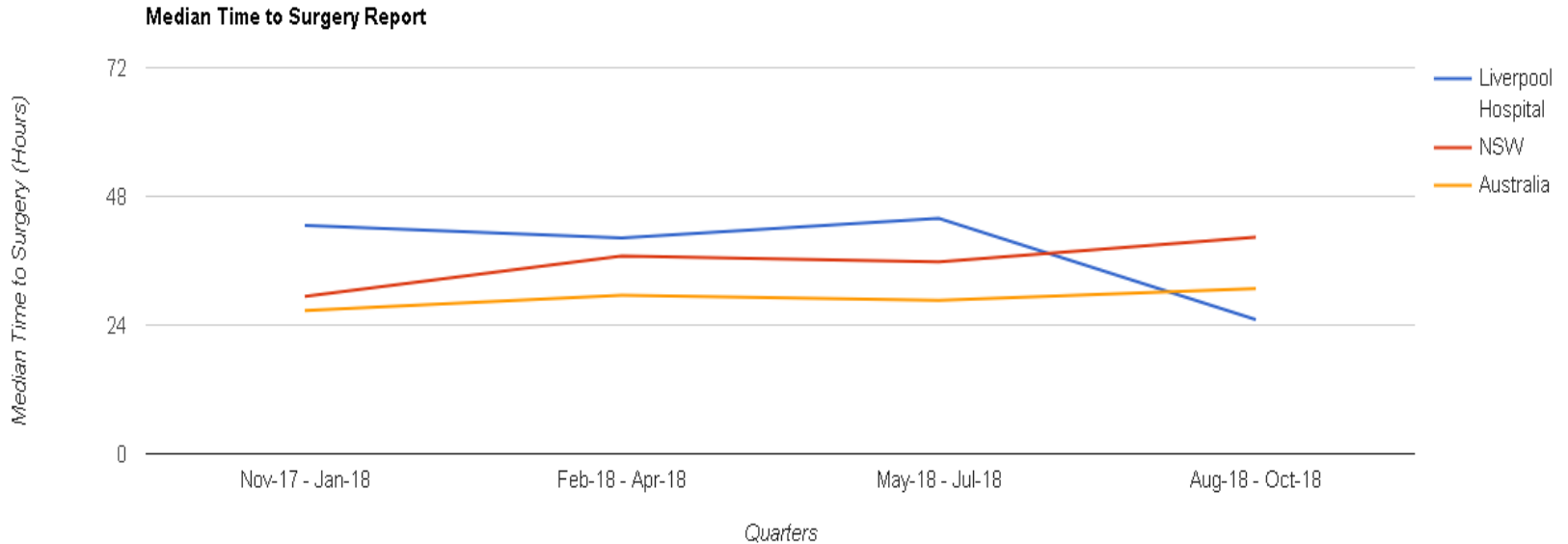
Wins with Data Collection & Practice Review

Preoperative Nerve Blocks



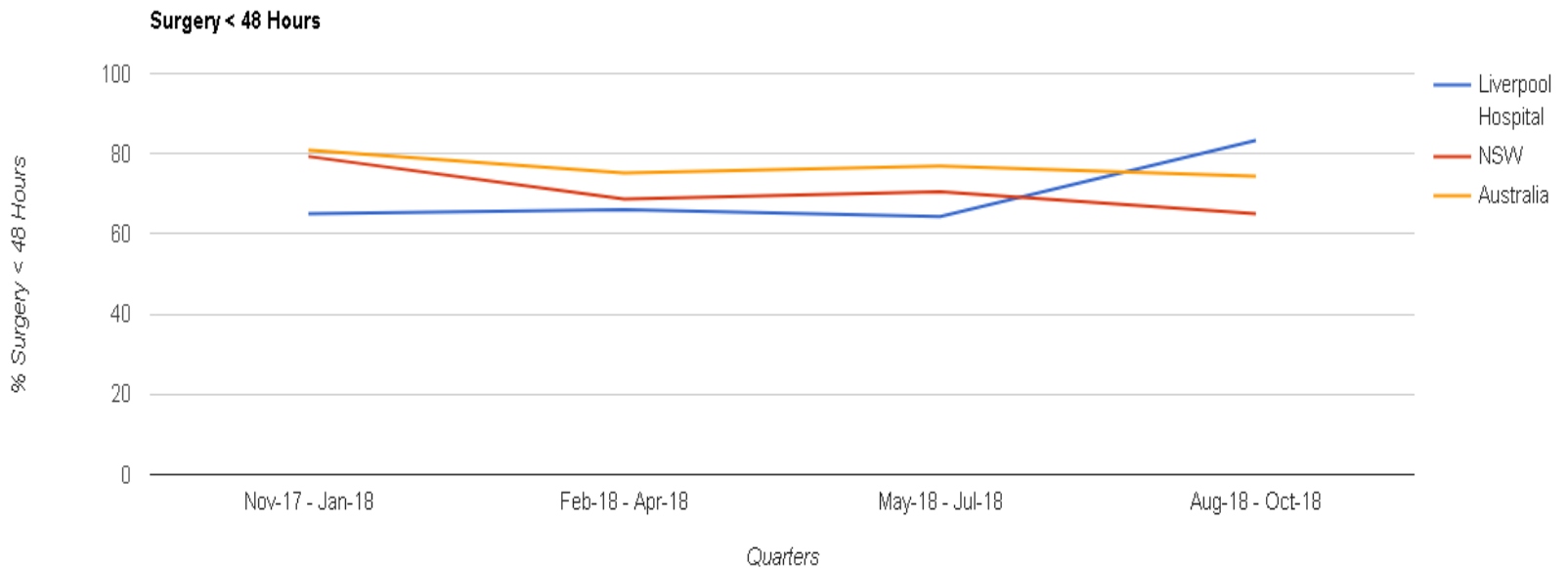
Wins with Data Collection & Practice Review

Time to Surgery



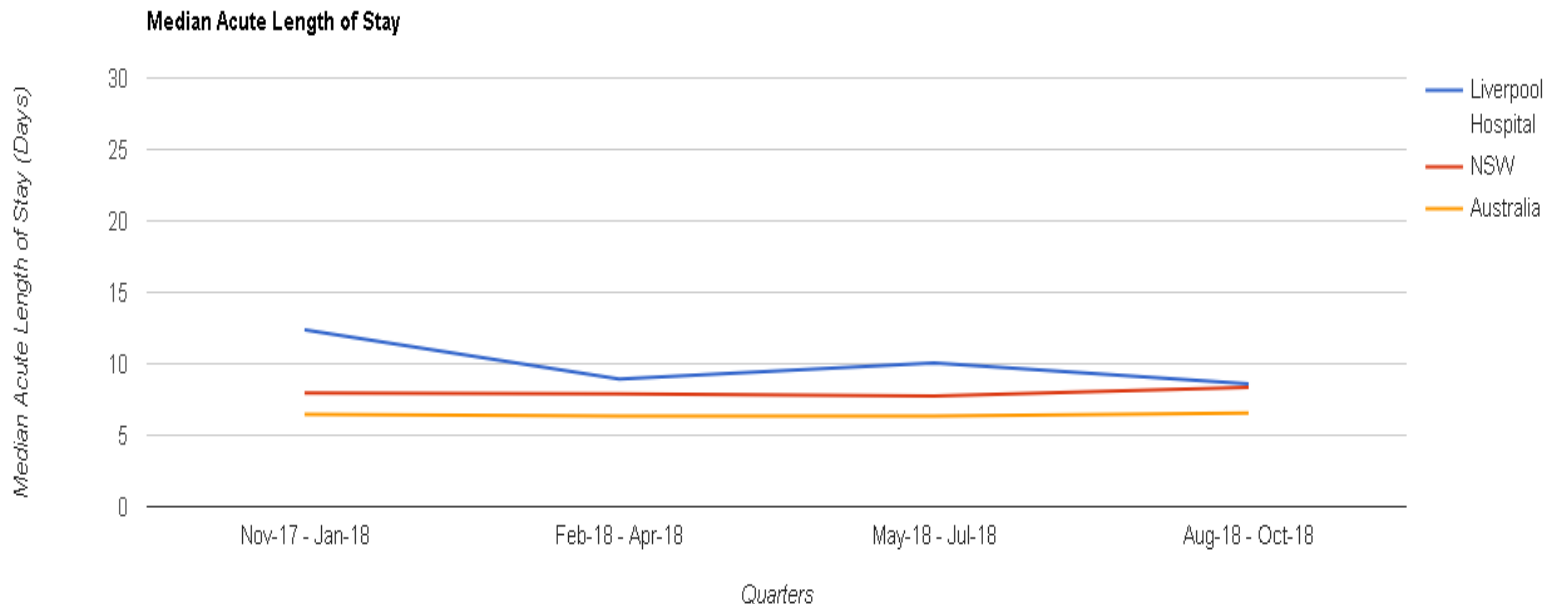
Wins with Data Collection & Practice Review

Surgery < 48hours



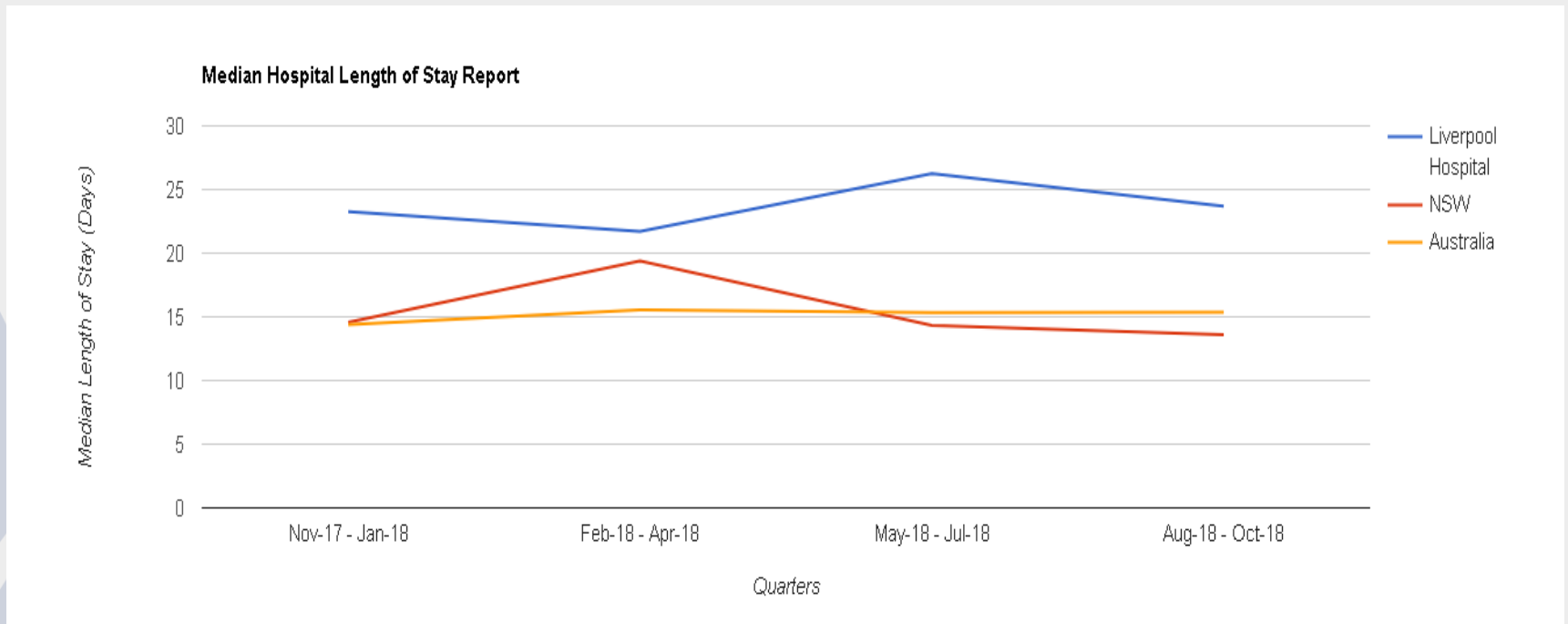
Issues Identified with Data Collection & Review

Median Acute Length of Stay



Issues Identified with Data Collection & Review

Median Hospital Length of Stay



How Can Maintain Your Data Systems to Ensure their Userbility

- Be persistent
- Be consistent
- Make it a priority
- Take ownership
- Engage stakeholders initially and continually
- Share the load
- MDT Feedback
- Get involved with working parties



“ I would encourage all hospitals that care for hip fracture patients to join the ANZHFR. Together we can optimise the care of patients with this fracture, as I’m sure you all know of someone who has sustained a fractured hip. It will also be beneficial to many of us, personally, to our own future health.”



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