



Hip fracture management in the Illawarra Shoalhaven

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2017 and 2018 ANZHFR Reports

2017

- De-identified (there was no pressure)
- Poor performer but no one else knew
- Our data was incomplete

2018

- Identified by hospital name
- A worst performer and everyone knew (except the media ??)
- Our data is strong, timely and complete

Hip fractures weren't that interesting...

Are our patients any different to yours ?

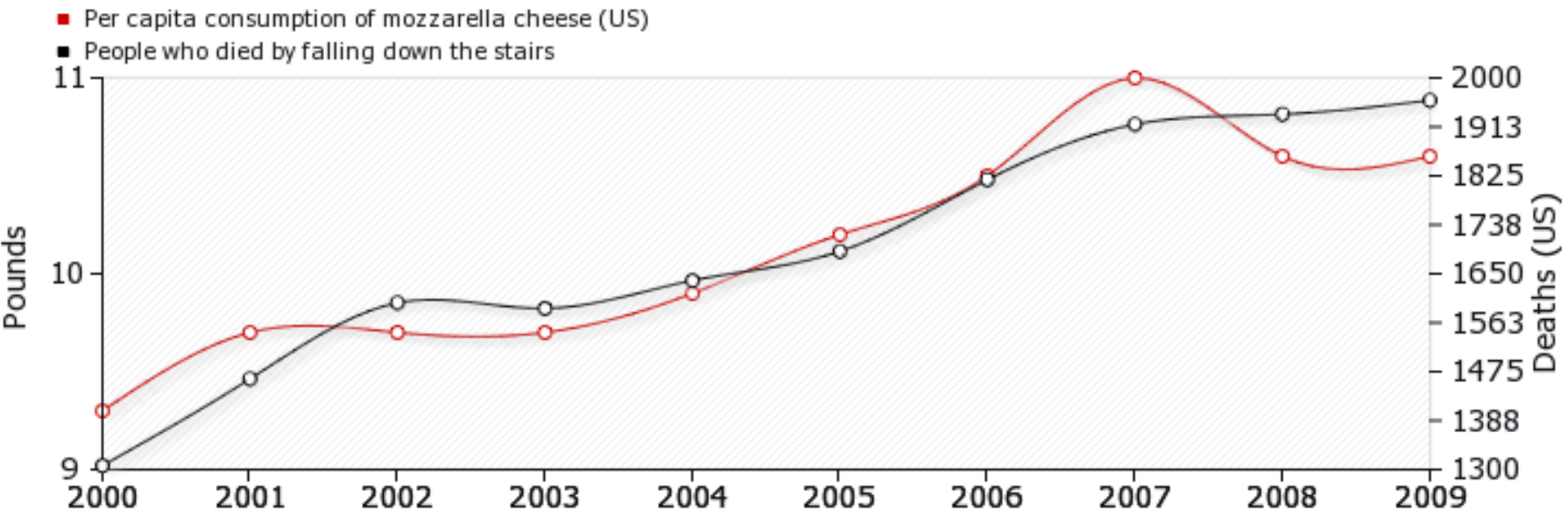
No !

- Preadmission walking ability
- ASA Grade
- Preadmission cognitive status
- Usual place of residence
- Are all mid-range compared to peers



*Higher proportion of interhospital transfers

Per capita consumption of mozzarella cheese (US) *correlates with* People who died by falling down the stairs



94.76% correlation

How do we leverage ?

- 96% data completeness
- Second longest length of stay in ED

FIGURE II AVERAGE LENGTH OF STAY IN THE EMERGENCY DEPARTMENT (ED)

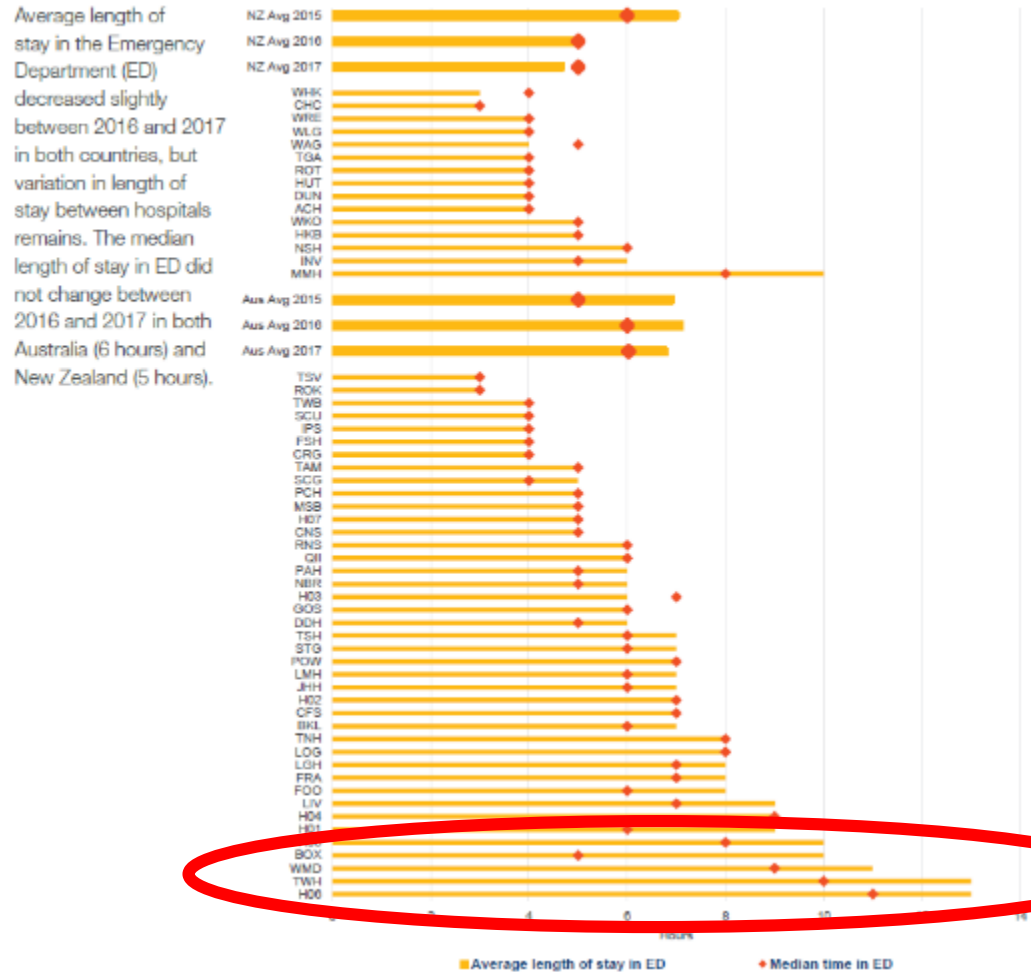
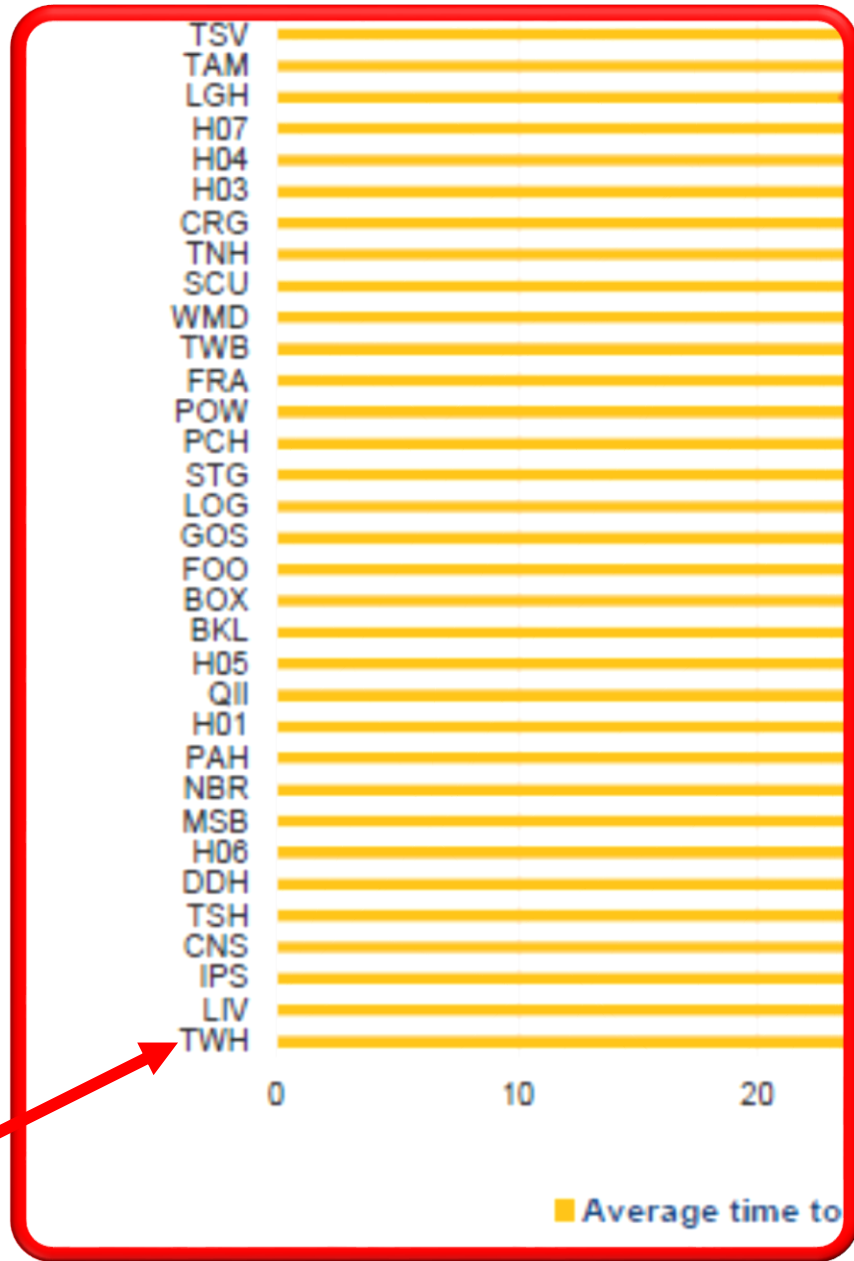
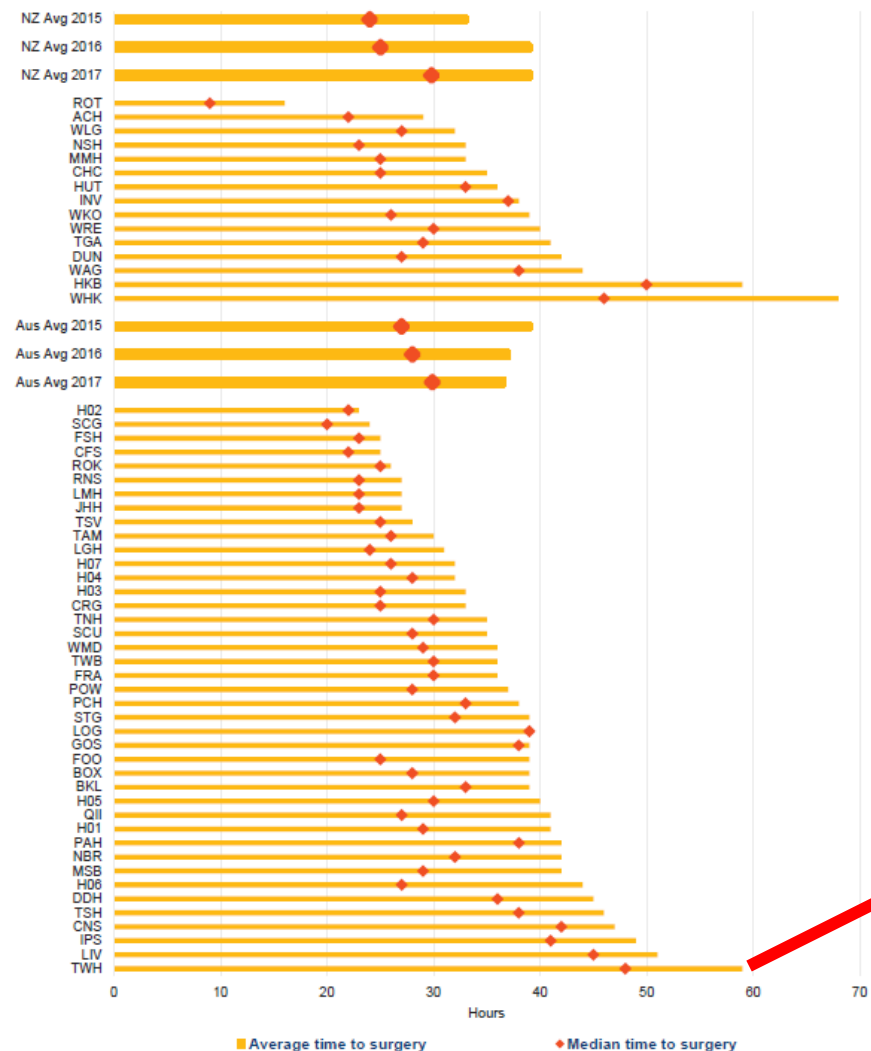


FIGURE 20 AVERAGE TIME TO SURGERY EXCLUDING TRANSFERRED PATIENTS

This year, Figure 20 excludes patients transferred into the treating hospital, reflecting the journey of a patient initially presenting to the treating hospital. Time to theatre is calculated by measuring the difference between the date and time of presentation to the operating hospital and commencement of anaesthesia. The median time between initial presentation and surgery has increased each year since 2015 and is currently 30 hours.

The Hip Fracture Care Clinical Care Standard states that surgery should be performed within 48 hours of presentation because early surgery is thought to reduce morbidity, hasten recovery and reduce length of stay. The average or mean (the end of the orange bar) is the average time to theatre and is longer than the median due to some patients waiting many days before undergoing surgery. It is important to note that small numbers of patients and a few outliers can significantly alter the average time to surgery.



■ Average time to

Is anything we do good ?

- Yes !
 - Pain management in our ED is in the top 6 in Australia
 - Nerve blocks in 70% of all patients
 - Nurse initiated analgesia in ED
 - Nerve block catheters in Theatres for delayed patients
 - Consultant present in more than 80% of operations
 - Patients fast no longer than 2 hours from clear preoperative fluids
 - Day 1 mobilisation has improved

This time next year...

- 3 additional orthopaedic trauma (emergency) lists each week
- Emergency activity is prioritised over elective surgery
- Wollongong Hospital will be the best performing hospital in Australia and New Zealand !

