Health
Western NSW
Local Health District

Local Operating Protocol

Title: **Hip Fracture Pathway**

Document Control Register Number: **16.04.26 V1.1**

Summary: A pathway will support optimal patient care and lead to better outcomes for patients who have sustained a Neck of Femur fracture

Key Words:
Hip Fracture
Fractured neck of femur
Clinical pathway
Agency for Clinical Innovation (ACI)
The Clinical Care Standards

Facility: Orange Health Service

Functional Sub Group: ☐ Clinical ☐ Corporate

☒ New ☐ Replaces:

Endorsement Date: 22nd April 2021

Publication Date: 3 May 2021

Next Review Due: August 2024

Applies To: Nurses, Doctors and Allied health

National Standards that this Protocol applies to: all

Approved By: General Manager

Version Control and Change History:

Version	Date from	Date to	Amendment
1.0	3/5/21	19/7/22	Original Version
1.1	16/8/2022		Reviewed, no changes
3.0			

1 Background

Hip fractures are a significant injury in elderly patients, representing a leading cause of morbidity, mortality and loss of function. Optimal, evidence-based management of patients with hip fractures can lower medical complications, reduce episodes of delirium and adverse events, reducing hospital length of stay.

The Australian Commission on Safety & Quality in Health Care & Agency for Clinical Innovation (ACI) has developed the Hip Fracture Care Clinical Care Standards to assist hospitals in identifying key components of best practice management for hip fractures. These standards will support optimal patient care and lead to better outcomes for patients across New South Wales.

This pathway aims to ensure the delivery of appropriate and consistent clinical care, and promote shared decision making between patients, carers and clinicians throughout the duration of admission. The expected outcomes in following the pathway includes reduction in adverse events such as medical complications, episodes of delirium, extended hospital admissions and suboptimal patient outcomes upon discharge.

This local operating protocol aims to localise the pathway for patients who have sustained a hip fracture, in line with the Clinical Care Standards, ensuring it is relevant for this demographic and facility.
https://www.safetyandquality.gov.au/sites/default/files/migrated/Hip-Fracture-Care-Clinical-Care-Standard_tagged.pdf

Benefits for Orange Health Service

- Improved functional outcomes for patients & reduce morbidity & mortality
- Reduced acute length of stay
- Improved patient outcomes through multi-disciplinary patient care & management in the post op period & through their rehabilitation phase
- Decreased medical complications due to thorough assessment in the peri- and postoperative period
- Reduced readmissions due to improved re-fracture prevention
- Reduced fasting times for all surgically managed NOF patients
- Improved referral to specialist medical services & orthogeriatric management
- Building partnership with general practitioners and external providers with aim for follow up through Osteoporosis Re-fracture Prevention Services

Clinical Care Standards

Hip Fracture Care Clinical Care Standard

1 A patient presenting to hospital with a suspected hip fracture receives care guided by timely assessment and management of medical conditions, including diagnostic imaging, pain assessment and cognitive assessment.

2 A patient with a hip fracture is assessed for pain at the time of presentation and regularly throughout their hospital stay, and receives pain management including the use of multimodal analgesia, if clinically appropriate.

3 A patient with a hip fracture is offered treatment based on an orthogeriatric model of care as defined in the *Australian and New Zealand Guideline for Hip Fracture Care*.[1]

4 A patient presenting to hospital with a hip fracture, or sustaining a hip fracture while in hospital, receives surgery within 48 hours, if no clinical contraindication exists and the patient prefers surgery.

5 A patient with a hip fracture is offered mobilisation without restrictions on weight-bearing the day after surgery and at least once a day thereafter, depending on the patient's clinical condition and agreed goals of care.

6 Before a patient with a hip fracture leaves hospital, they are offered a falls and bone health assessment, and a management plan based on this assessment, to reduce the risk of another fracture.

7 Before a patient leaves hospital, the patient and their carer are involved in the development of an individualised care plan that describes the patient's ongoing care and goals of care after they leave hospital. The plan is developed collaboratively with the patient's general practitioner. The plan identifies any changes in medicines, any new medicines, and equipment and contact details for rehabilitation services they may require. It also describes mobilisation activities, wound care and function post-injury. This plan is provided to the patient before discharge and to their general practitioner and other ongoing clinical providers within 48 hours of discharge.

Compliance with this Procedure is Mandatory

Standard 1: Care at Presentation

Upon presentation to the emergency department, patients with a suspected hip fracture will undergo prompt assessments in all the mandatory risk assessments.
These direct preventative/management strategies to be put in place.
On arrival to Orange Health Service Emergency Department, the Emergency doctor/consultant who has first point of contact with the patient should initiate the local Hip Fracture Pathway. This should be clearly documented.
Referrals must include, but are not limited to:

1. Orthopaedic Team
2. Anaesthetics – FIB and review
3. Medical team – management of all medical conditions and referral on as required.
4. Acute Pain Service (APS)
5. Subacute care (Ortho-geriatric) Team (will automatically, from admission, commence collaborative management)
6. Non-operative comfort care may be considered at the time of initial presentation. This will generally be a multidisciplinary decision made in consultation with patients and their families.

Standard 2: Pain Management

Pain should be assessed, documented and managed within 30 minutes of presentation to ED by the ED medical officer in consultation with APS or anaesthetics if available.
Fascia Iliac Block, Femoral Nerve or PENG Regional Blocks are the first line management and should be undertaken at initial ED presentation by ED staff.
Follow-up pain management should be monitored regularly (THIRD HOURLY), by nursing staff throughout the patient's hospital stay.
Post-operatively, the APS will manage pain in all patients with a hip fracture. This period is approximately 72 hours or until pain is largely controlled.
The anaesthetics registrar will then handover management to the orthopaedic registrar for continuation of care with the MDT.

Standard 3: Orthogeriatric Model of Care

A coordinated multi-disciplinary team based approach delivers core components of orthogeriatric care.
The multi-disciplinary team:

- Orthopaedics will remain the treating team/retain medical governance
- Medical team (Geriatric Medicine week days) will review all patients with a hip fracture pre-operatively.
- The Subacute (Ortho-geriatric) team will in-reach daily, from admission to OHS, working in close consultation with
  - Orthopaedic JMO's
  - Surgical ward clinicians and therapists
  - Pharmacy
  - Subsequent reviews by the medical team or geriatrician will be performed as needed, in consultation with the treating Orthopaedic surgery team.
  - Referral for inpatient rehabilitation may be considered for all patients admitted with a hip fracture. Paper referral via FAX is preferred.

Standard 4: Timing of Surgery
Patients with a hip fracture should receive surgery within 48hrs of admission unless clinically contraindicated or the patient declines operative fixation.
Patients admitted to a neighbouring facility should be prioritised for a transfer to Orange Health Service to ensure they receive surgery in a timely manner (within 48hrs)
Surgery should ideally occur within daylight hours.
Nutritional management must be addressed – as per attached protocol
Fasting Guidelines 2017 attached

Standard 5: Mobilisation and Weight-bearing
All patients with a hip fracture should be offered the opportunity to mobilise by the physiotherapist on the day following operative fixation, and every day thereafter. Patients should be ideally be allowed to weight bear as tolerated unless there is a clinical concern about the fracture fixation or healing process. Weight bearing status is determined by the orthopaedic team.

Standard 6: Minimising risk of another fracture
During their inpatient stay, patients should be offered education on falls prevention and written information on appropriate exercise programs.
The ANZHFR Hip Fracture Care Guide (See appendix) will be offered to hip fracture patients if appropriate.
Patients should be screened for nutritional deficiency relevant to their bone health whilst an inpatient, and supplementation commenced if needed.
An osteoporosis re-fracture prevention (ORP) management plan is discussed with all patients, and documented in the discharge summary.
Referral to the OHS Osteoporosis Re-fracture Prevention service is encouraged, where clinically appropriate.

Standard 7: Transition from hospital care
Prior to discharge a comprehensive multi-disciplinary care plan is discussed with and provided to every patient and their general practitioner/community service provider. The plan will include medication management/orthopaedic advice/scheduled reviews.
Patients transferred to a peripheral site due to a restricted weight bearing status will be followed up by the Subacute Care Team throughout their admission, and admission to the Rehabilitation Unit OHS will be facilitated if and when appropriate. Support is given to the clinical providers in these facilities by the Subacute Care Team.

Compliance with this Procedure is Mandatory

2 Key Definitions

Hip Fracture:
A hip fracture is generally considered to be any fracture of the femur distal to the femoral head and proximal to a level a few centimetres below the lesser trochanter.

Secondary fracture Prevention:
Osteoporotic Re-fracture Prevention is a free service provided at Orange Hospital, targeting people who are over the age of 50 or over the age of 40 in Aboriginal and Torres Strait Islander people and have experienced a broken bone from minimal trauma. Assessment will be completed by a General Physician, Physiotherapist and Dietitian.

Weight bearing status:

- Non Weight Bear (NWB)
- Touch Weight Bear (TWB)
- Partial Weight Bear (PWB)
- Protected Weight Bear (Protected WB)
- Weight Bear as Tolerated (WBAT)

Ortho-geriatric service OHS:
An orthogeriatric liaison service where geriatric medicine provides intermittent review of all older hip fracture patients (2-3 times weekly)
Optimally, orthogeriatric care involves a shared care arrangement of hip fracture patients between the specialties of orthopaedics and geriatric medicine. The geriatrician is involved in the pre-operative optimisation of the patient in preparation for surgery and then takes a lead in the post-operative medical care and coordinates the discharge planning process. Implicit in this role are many of the aspects of basic care including nutrition, hydration, pressure care, bowel and bladder management, and monitoring of cognition (ANZHFR Guideline 2014, p.68).

The Agency for Clinical Innovation (ACI)
The Agency for Clinical Innovation is the lead agency in NSW for promoting innovation, engaging clinicians and designing and implementing new models of care.

Australian Commission on Safety and Quality in Health Care (ACSQHC):
The ACSQHC in conjunction with ACI has developed the Hip Fracture Care Clinical Care Standards to assist hospitals in identifying key components of best practice management for hip fractures that will support optimal patient care and lead to better outcomes for patients across New South Wales. These standards can be found at:
https://www.safetyandquality.gov.au/publications-and-resources/resource-library/hip-fracture-clinical-care-standard

3 Legal and Legislative Framework

ACI & ACSQHC Clinical Care Standards for Hip Fracture Care
https://www.safetyandquality.gov.au/publications-and-resources/resource-library/hip-fracture-clinical-care-standard

4 Risk Statement

This LOP aims to reduce clinical variation in the management of a patient post hip fracture, minimise adverse events and harm that may result if deviation from recognised best practice guidelines.

5 Document Retention

Documents listed below must be retained for the defined retention period within the organisation.

Document Type	Retention Schedule	Retention Period

6 References and Links

ANZHFR Facility Survey 2020

Hip Fracture Care Clinical Care Standard (2016). These standards can be found at:
https://www.safetyandquality.gov.au/sites/default/files/migrated/Hip-Fracture-Care-Clinical-Care-Standard_tagged.pdf

ANZCA Fasting Guidelines 2017
https://www.anzca.edu.au/resources/professional-documents/guidelines/ps07-guidelines-on-pre-anaesthesia-consultation-an

ANZHFR Hip Fracture Care Guide
https://anzhfr.org/wp-content/uploads/2019/09/Hip-Fracture-Care-Guide-FINAL.pdf

Local Operating Protocol
Title: Dietetic Care of Geriatric Fracture Patients
DocumentControlRegisterNumber:11.02.37 v2

7 Consultation Undertaken

Involved in the consultation process…..
Dr Phillip Butler
Dr Ellen Downes
Subacute Care Team
Vicki Conyers (ED Trauma CNC)
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Sally May (APS CNC)
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Prue Kevans & Lucy Belmonte & Nathan Chahoud (Pharmacists)

Reviewed 19/7/2022 by Nicole Weston, Acting Manager Allied Health