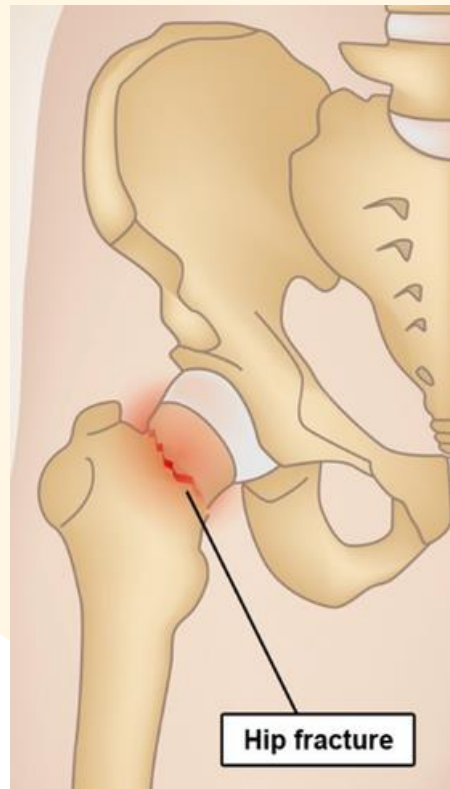
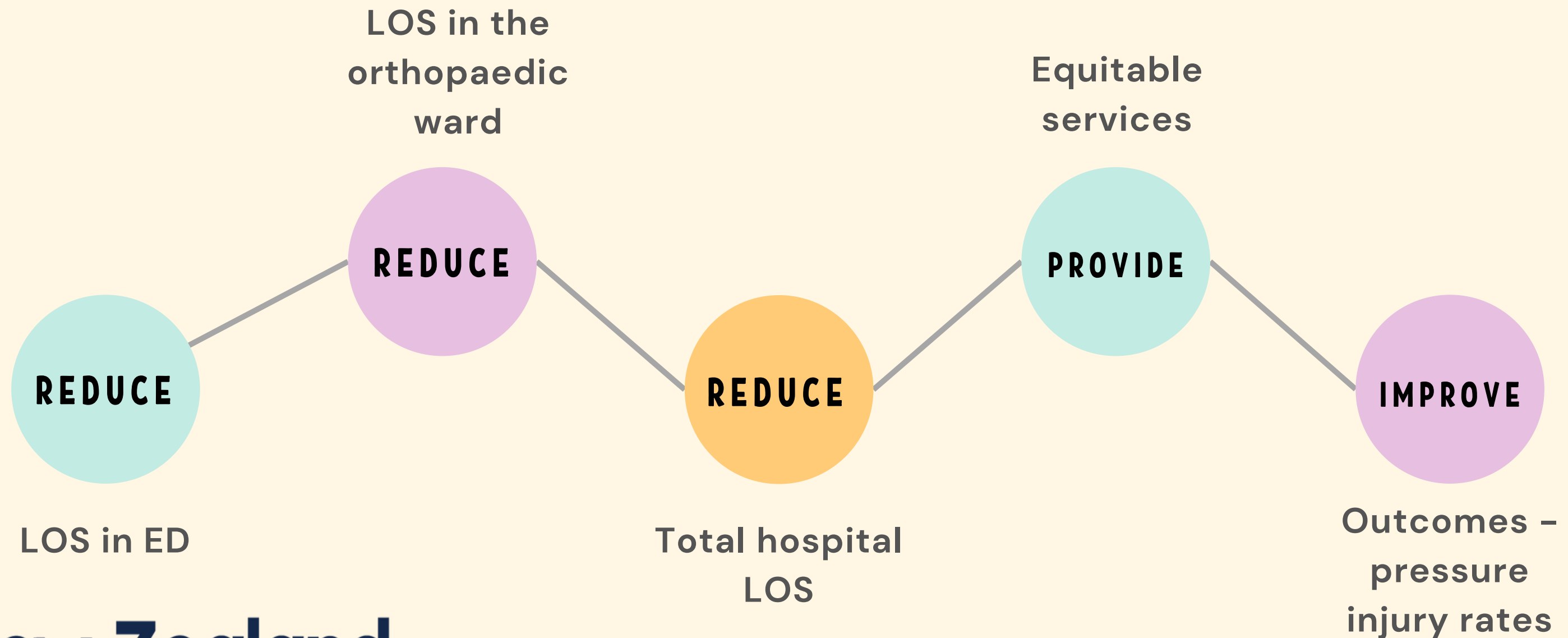


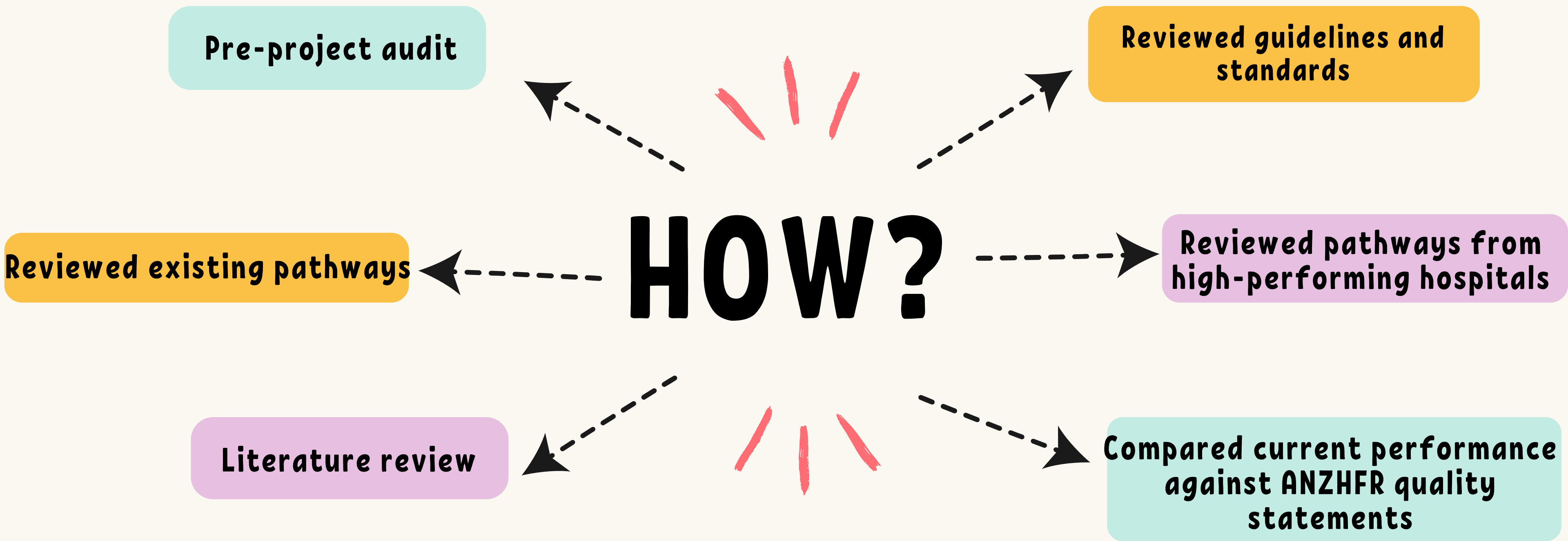
Improving Pathways for Neck of Femur Fracture Patients in Taranaki:



A Quality Improvement Project

OBJECTIVES:





2022 PERFORMANCE

Hospital Snapshot

Active Patients	Last Modified
<u>15</u>	1 May 2024
2024 Records	All Records
<u>37</u>	<u>394</u>

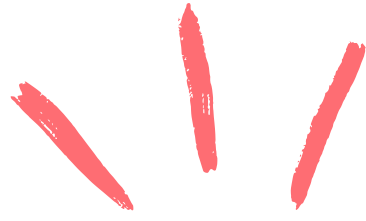
Patient Type: Admitted Via ED Transferred In Inpatient Fall Other/Unknown

Period: Last Year

From: 01/01/2022 To: 31/12/2022

123 records	Time in ED (hrs) [111]	Time to Surgery (hrs) [116]	Acute Length of Stay (days) [117]	Hospital Length of Stay (days) [123]
Average	7.71	37.06	8.71	16.84
Median	7.23	25.48	7.98	13.23
Shortest	3.25	5.00	0.50	1.15
Longest	21.52	378.33	24.52	65.73

QS1 Care at Presentation	QS2 Pain Management	QS3 Orthogeriatric Model of Care	QS4 Timing of Surgery	QS5 Mobilisation & Weight Bearing	QS6 Minimising Risk of Another Fracture
Cognitive Assessment prior to surgery (123) 52%	Analgesia within 30 minutes of presentation (122) 80%	Clinical Frailty Assessment (123) 38%	Surgery Within 36 hours (116) 56%	First Day Walking (117) 49%	Bone Medication on Discharge (123) 33%
	Nerve Block prior to Transfer (0) -	Post-op Delirium Assessment (123) 59%		New Pressure Injuries (123) 21%	Specialist Falls Assessment (123) 66%
	Nerve Block before or at surgery (123) 92%	Oral Nutritional Supplements (0) -			



METHODOLOGY

Involve key stake holders:

- ED project
- Orthopaedic ward team
- Project mentor
- Heads of department

Emergency Department

- Associate CNM
- Nurse Practitioner
- Nurse Educator
- Registered Nurse
- Project lead

Orthopaedic Ward

- Geriatrician
- Older Persons Health CNS
- Fracture Liaison CNS
- Complex Discharge Coordinator
- Physiotherapist
- Social Worker
- Project lead

ROOT CAUSE ANALYSIS



Emergency department:

- No time target despite fast-track pathway
- No time target for pain assessment or analgesia
- Delays to x-ray/diagnosis
- Overnight boarding
- Transfers between satellite hospital ED's
- Inadequate nursing assessment documentation

ROOT CAUSE ANALYSIS



Orthopaedic Ward:

Pathway implemented in 2015 - not updated since

Target LOS 4 days versus actual ALOS 8.71 days

Longest LOS 24.52 days

Absence of rehabilitation criteria

Insufficient Geriatricians to enable Ortho-Geriatrician model of care

Post-code inequity

Highest pressure injury rates 2022
ANZHFR report 20%

METHODOLOGY - PDSA CYCLE

Document development:

- Base Hospital ED pathway
- Hawera Hospital ED
- ERAS Pathway
- Rehabilitation referral form - multidisciplinary

ED Fast-Track Pathway

- 4-hour LOS target
- Fast-track criteria
- Pain assessment within 30 minutes
- Analgesia within 30 minutes
- Nurse initiated x-ray
- Pressure injury assessment
- Pressure mattress
- Delirium assessment
- No overnight boarding
- Early bed booking
- Hawera ED – direct admission to the ward

ERAS NOF Fracture Pathway

- TROC POD1
- Analgesia guidelines
- Bowel management guidelines
- Mobility targets
- Delirium assessment
- Pressure injury prevention – automatic Bundle C
- LOS target 5 days
- Rehabilitation referral POD 3-4
- START program – early supported discharge
- Rehabilitation criteria
- OPHRS CNS support referral process in absence of Geriatrician availability

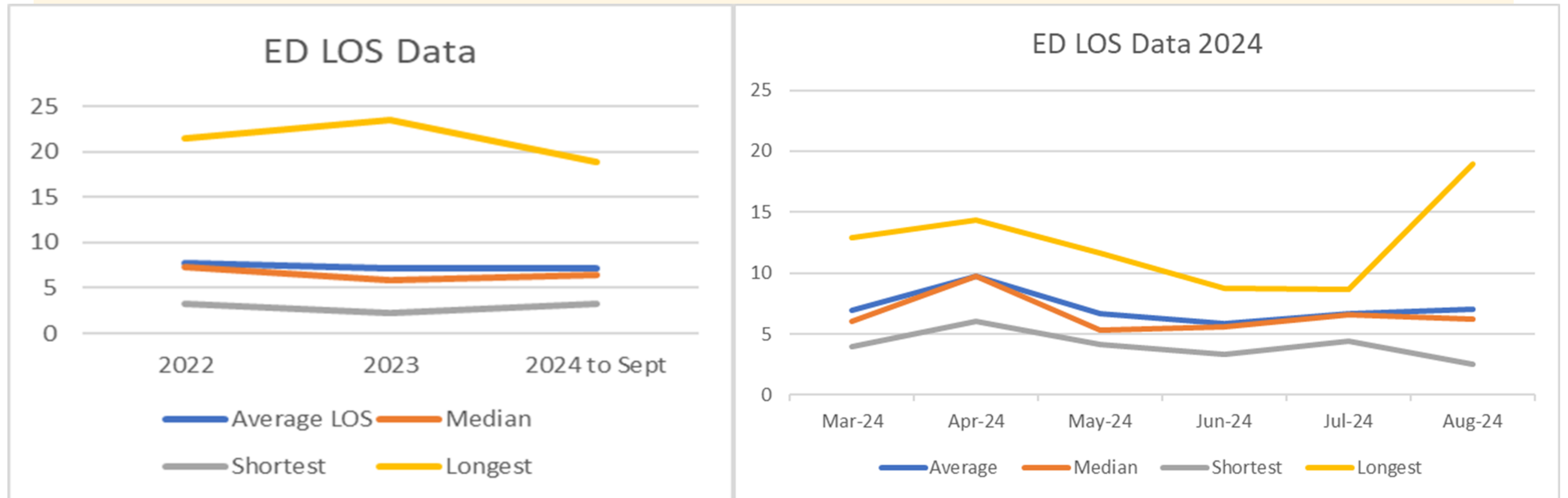
ANALYSIS AND OUTCOMES:

Ongoing
auditing

Monitoring monthly
ANZHFR data

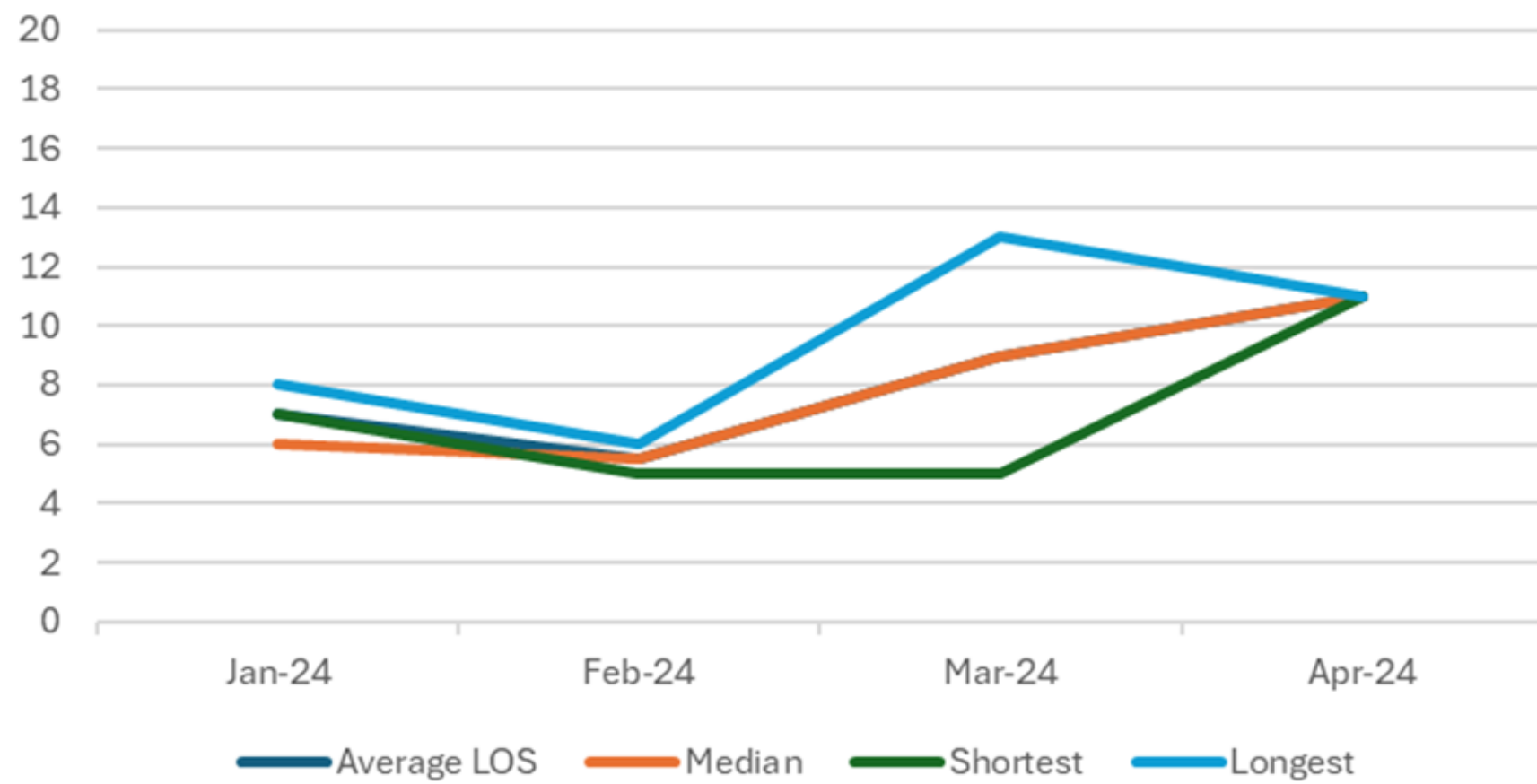
Staff
surveys

ED RESULTS:

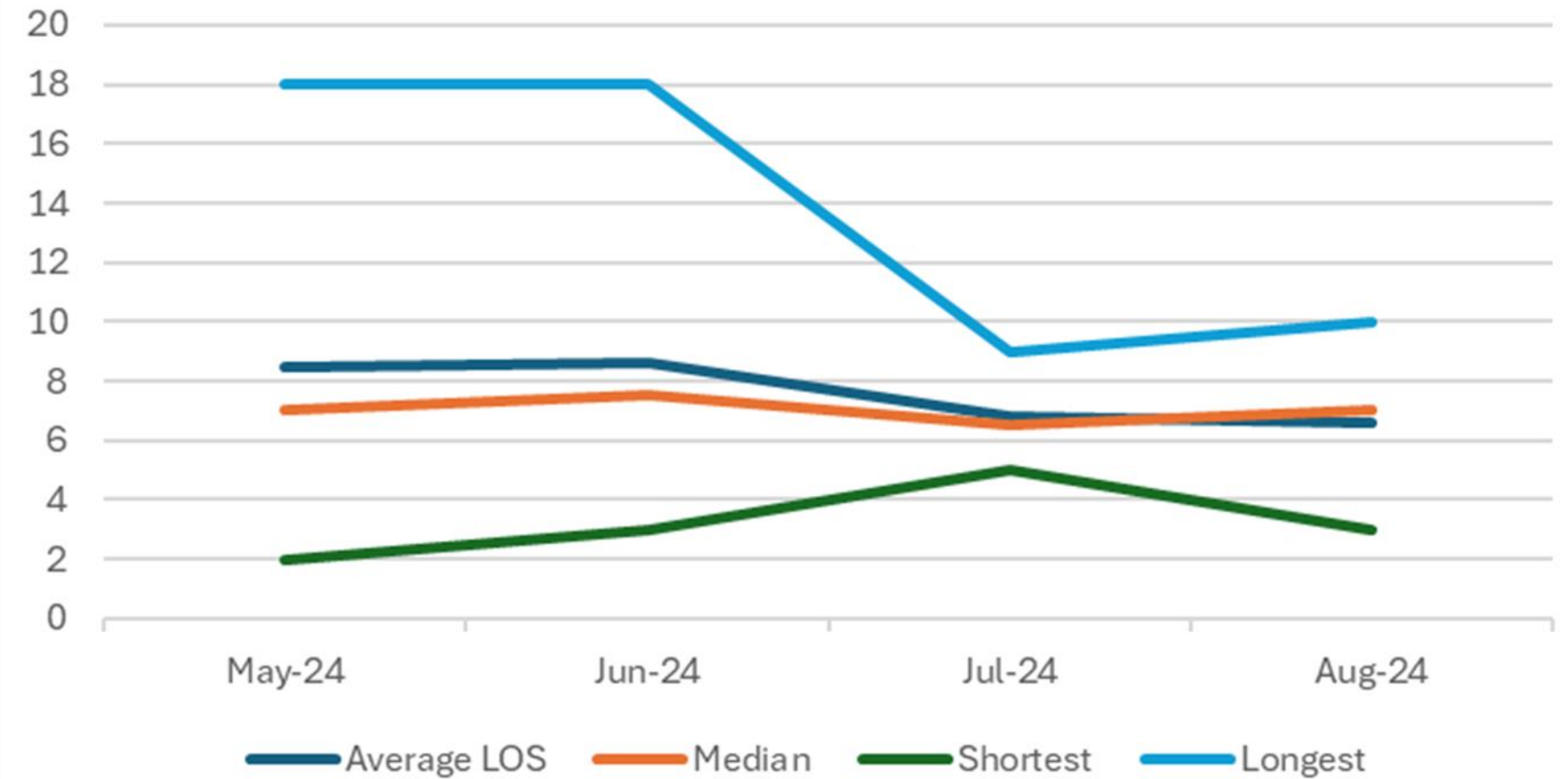


WARD RESULTS:

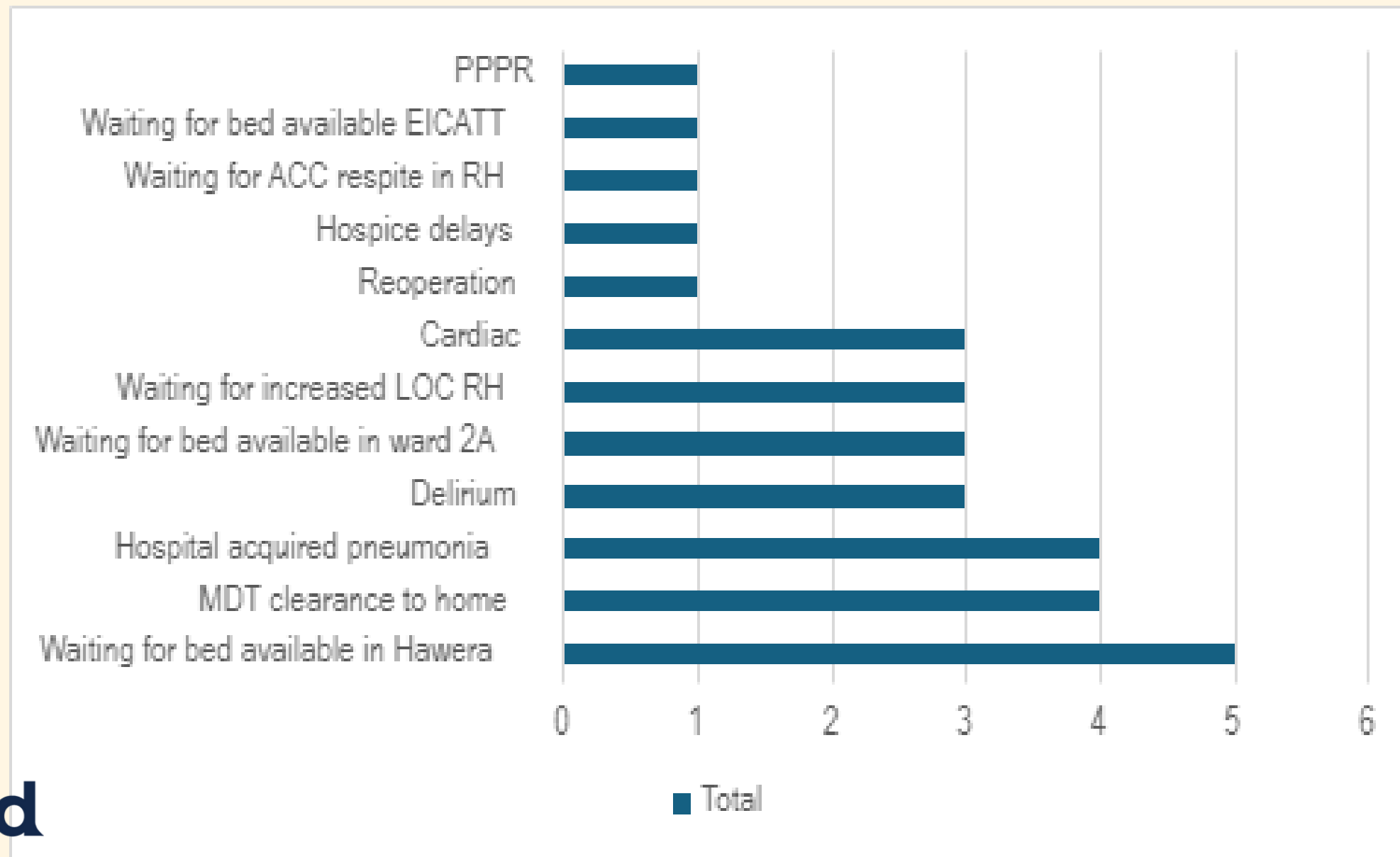
prior to project implementation



Trial Pathway Results



REASONS FOR DELAYED DISCHARGE OR TRANSFER TO REHAB:



RESULTS - PRESSURE INJURY:



2022 - 21%

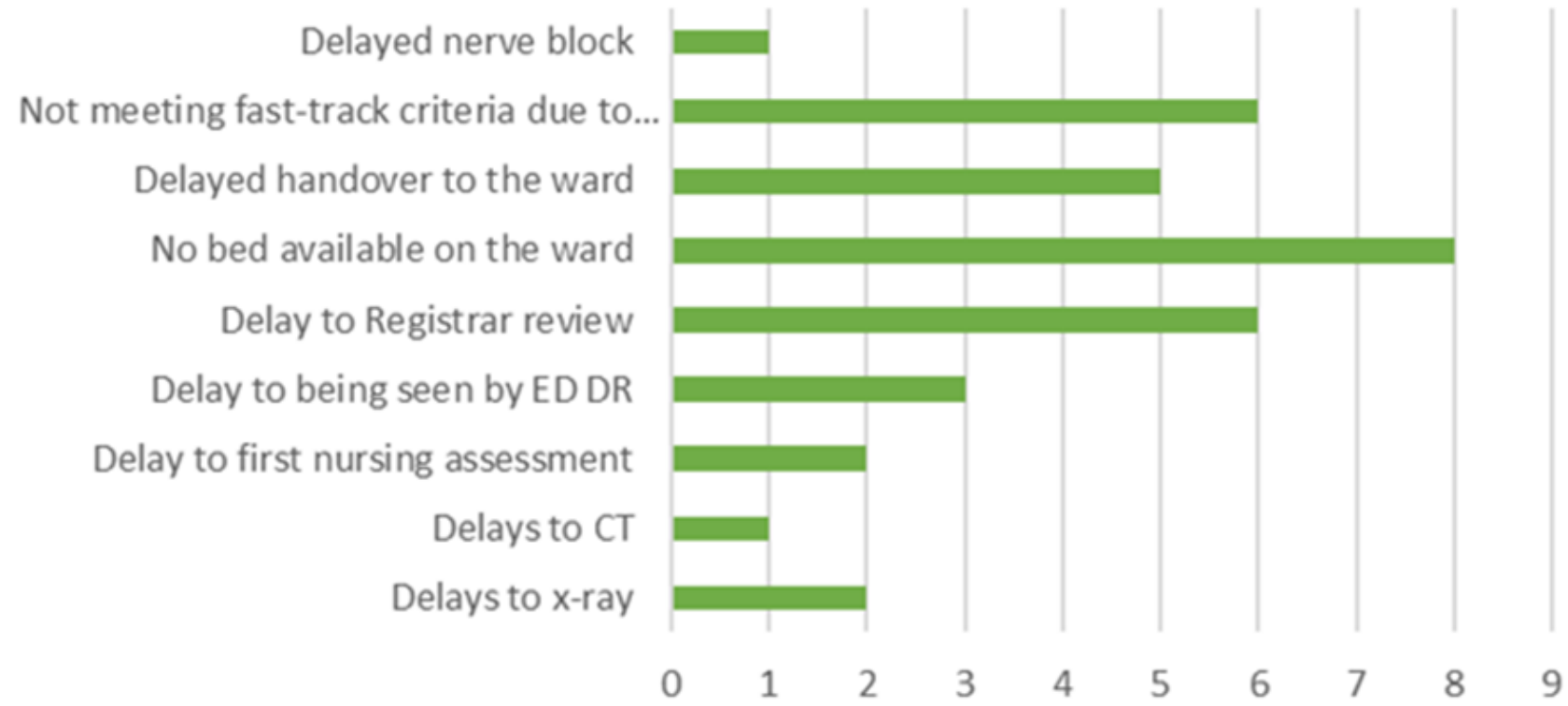


2023 - 2%



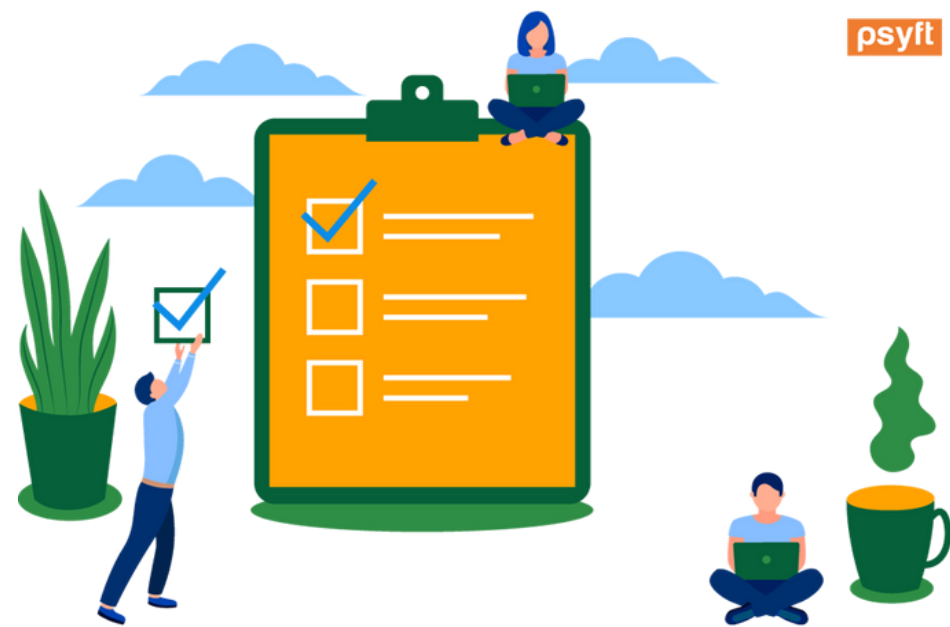
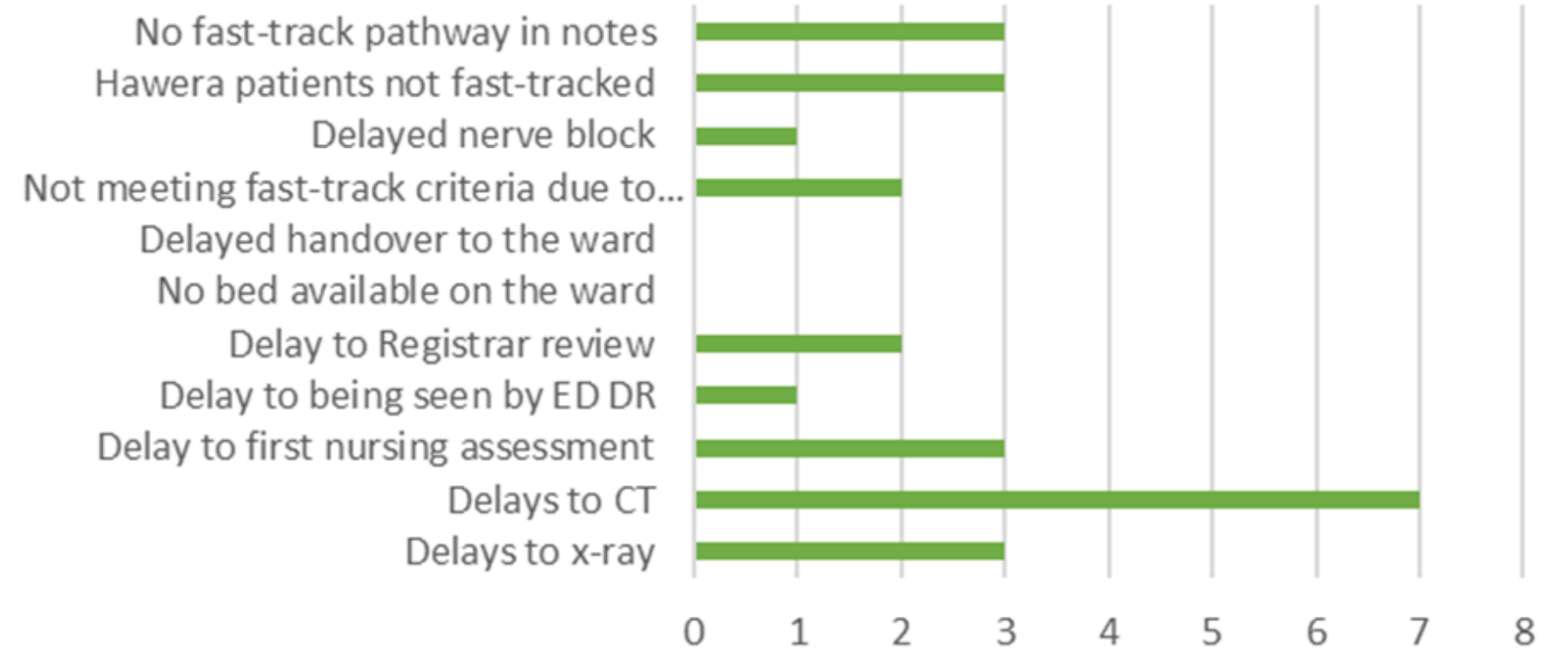
2024 - 4%

Barriers to Meeting the 4 Four Hour Target: Staff perception



ED STAFF SURVEY:

Barriers to the 4 Hour Target According to Notes Audit



ED - IMPROVING NURSING ASSESSMENTS:



Pressure Injury Assessments
Prior to Project



■ Yes ■ No

Pressure Injury Assessment
During Project



■ Yes ■ No

Delirium Assessment Prior to
Project



■ Yes ■ No

Delirium Assessment During
Project

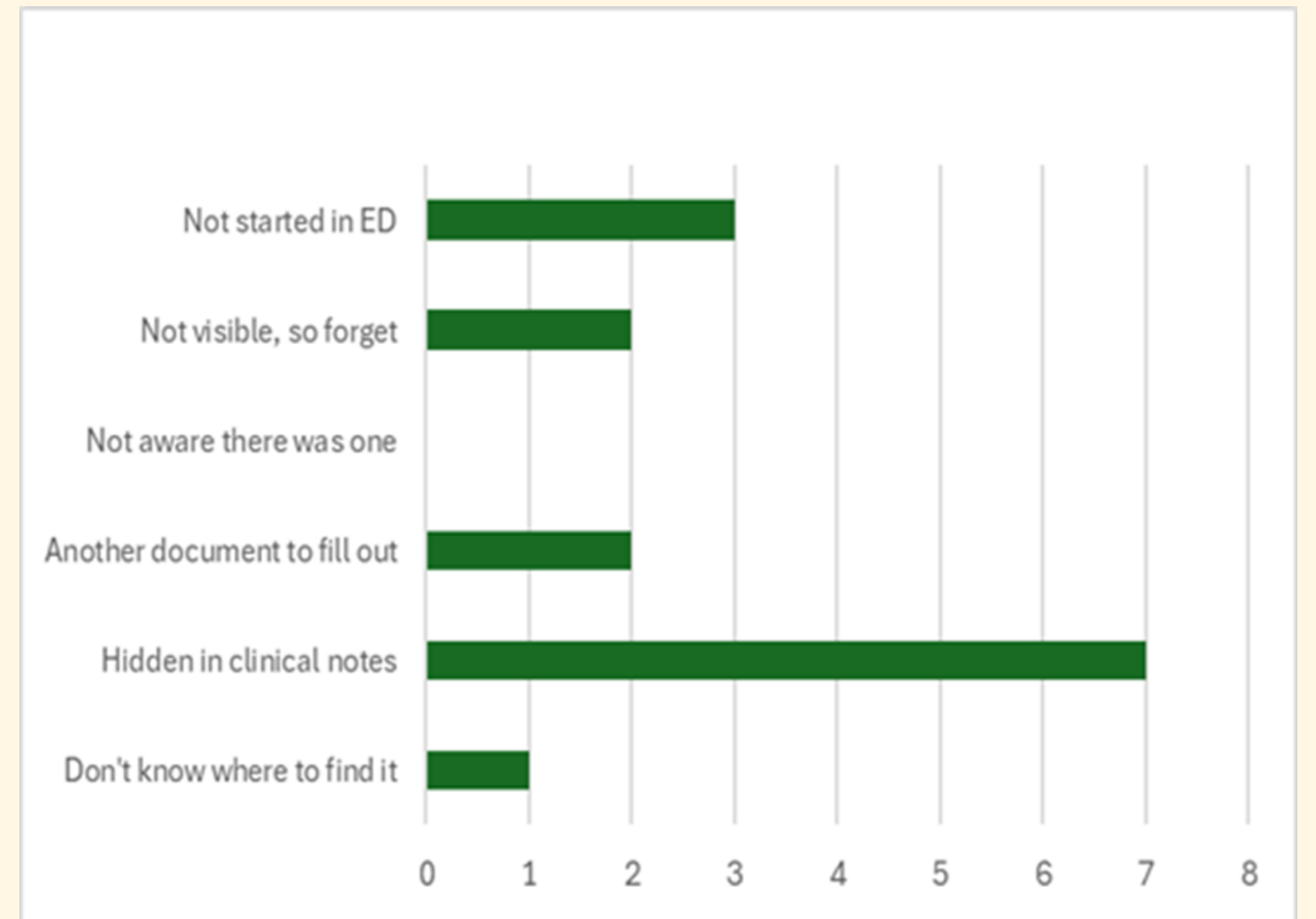


■ Yes ■ No

STAFF SURVEYS - WARD:



Barriers to Using Pathway:



LIMITATIONS:



- Project lead not working within the ED
- Large workforce to influence
- Individuals not following pathway/completing pathway form
- Geriatricians – under-resourced
- Post-code inequity
- Delays from rehab referral to acceptance to transfer 1-14 days
- Large project – still more work to do

RECOMMENDATIONS:



- Prioritisation of imaging
- CNS and NP involvement in NOF # admissions including performing nerve blocks
- Increase FTE of Geriatricians to enable the orthogeriatric model of care & speedier rehab acceptance
- Reduce delays from rehab referral to transfer
- One rehabilitation services across Taranaki - Reduce post-code inequity
- ERAS pathway document improvements

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