

# Documentation and Optimisation of Post Operative Hip Fractures

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## Introduction

Hip fractures affect the elderly disproportionately compared to the rest of the population<sup>[1]</sup>. Hip fractures increase mortality of patients as evidenced by a 30 day mortality of 6.7% and 1 year mortality of up to a third<sup>[2]</sup>. It has already been proven that the introduction of Ortho-Geriatricians impacts care of these patients significantly <sup>[3]</sup>. This means intervention and optimisation of these patients is paramount to their survival.

In Hull Royal Infirmary it was noticed that there was a lack of documentation post operatively for hip fracture patients. There was little to no doctor documentation of nutrition, post-operative delirium or examination. In response to this, as a Quality Improvement Project, a pro-forma was developed that would include all necessary parameters as suggested by the NHFD as well as being clinically relevant.

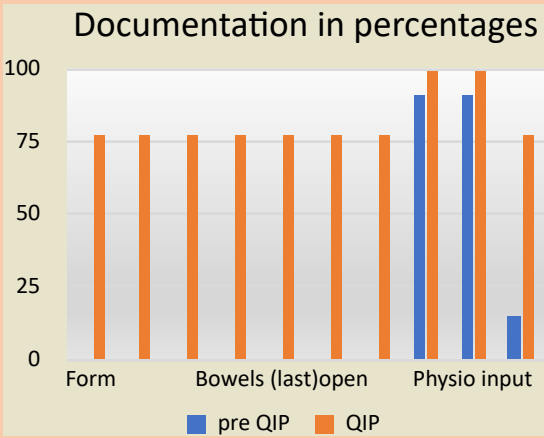


## Methodology

Patients selected were hip fracture admissions to HRI during the month of June. A pro-forma was implemented to see if documentation in the above mentioned criteria would improve. The focus was on explicit documentation of these criteria on day 1 post operatively. This was then compared to documentation of the same patient population in the month previous.

## Results

The Pro-Forma was used in 77% of hip fracture admissions. When the form was present all necessary criteria was documented. Criteria that was doctor dependent increased from 0% to 77% of hip fractures. Only 13% of patients prior to form had examination documented. No prior patients had post op delirium or analgesia review documented.



## Discussion

The QIP showed that the use of a pro forma increased the likelihood that these criteria would be documented in the notes. The pro forma also showed that when used, all categories were more likely to be filled in.

Points of note from the data collection is the lack of documentation of examination and of bowels/analgesia.

Further to this, it was also difficult to understand what had happened to patients during admission, unless serious issues. The forms checklist nature also acted as a stimulus for further investigations and management if needed, however this data wasn't explicitly recorded.

## Impact and future research

Following this quality improvement project, a hip fracture specialist nurse has been appointed to help continue the progress made through this project. The hope is for the pro-forma to be edited and used as a tool for audit in future and as an indicator for compliance with guidance from the national hip fracture database. It is also to be used as a tool to record another important parameter – VTE post operatively.

This projects parameters were quite binary, only looking into if things were documented not what was documented. Further research would be needed to contextualise what was recorded and potentially extrapolate as to how this could affect patient stay and which parameters were most likely to delay discharge. This could then be further examined to look at future and recurrent admission and mortality rates as well.

## Conclusion

In conclusion, the use of a pro forma increased the likelihood that the necessary criteria will be documented in the notes. Through examining these we can better understand the condition of patients in this category and act accordingly to proactively improve patient outcomes and ensure better quality of care whilst as an inpatient. Having a pro-forma like this allows for easier mass data collection in order to identify improvements and adherence to standards. Through implementation of this pro forma and new specialist staff it is hoped that optimisation of hip fracture patient can improve.

## References

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2) Neuberger J, Currie C, Wakeman R et al. The impact of a national clinician-led audit initiative on care and mortality after hip fracture in England: an external evaluation using time trends in non audit data. Med Care 2015; 53:686–91.

3) Jenny Neuberger, Colin Currie, Robert Wakeman, Antony Johansen, Carmen Tsang, Fay Plant, Helen Wilson, David A Cromwell, Jan van der Meulen, Bianca De Stavola, Increased orthogeriatrician involvement in hip fracture care and its impact on mortality in England, Age and Ageing, Volume 46, Issue 2, March 2017, Pages 187–192

4) Case courtesy of Dr Benoudina Samir, Radiopaedia.org, rID: 46156