The Scottish Government

Friday 25th August 2017
Royal College Of Surgeons, Edinburgh

NHS National Services Scotland

Hip Fracture Workshop.

Programme

0930 - 0955	Registration	
1000 - 1010	Welcome	Graeme Holt & Karen Adam
1010 - 1045	" Hip Scotch"	Graeme Holt, Kirsty Ward & Karen Adam
1045 - 1115	"HIP QIP"	Dominic Inman/Mike Reid/Lianne Brkic
1115 - 1140	Coffee	
1140 - 1155	"Standards do Matter"	Andrew Hall & Luke Farrow
1155 - 1205	"Golden Hip"	Karen Adam
1205 - 1225	"Hold your Nerve"	Krishna Murthy & Angela Stewart
1225 - 1240	"Bleeders come first"	Jon Antrobus
1240 - 1340	Lunch	
1340 - 1400	The Hip Focus	Catherine Calderwood
1400 - 1415	A daughter's story	
1415 - 1430	Dying	Fiona Graham
1430 - 1530	"Home is where the hip is"	Kirstie Stenhouse & Pauline Waddell Claire Ritchie & Monica Bone Ann Murray
1530 - 1600	Questions and network	
1600	Break Free	

NHS National Services Scotland

The Scottish Government

Housekeeping

WIFI SLPUBLIC

Password rcsedevents

NHS National Services Scotland

The Scottish Government

Programme

0930 - 0955	Registration	
1000 - 1010	Welcome	Graeme Holt & Karen Adam
1010 - 1045	" Hip Scotch"	Graeme Holt, Kirsty Ward & Karen Adam
1045 - 1115	"HIP QIP"	Dominic Inman/Mike Reid/Lianne Brkic
1115 - 1140	Coffee	
1140 - 1155	"Standards do Matter"	Andrew Hall & Luke Farrow
1155 - 1205	"Golden Hip"	Karen Adam
1205 - 1225	"Hold your Nerve"	Krishna Murthy & Angela Stewart
1225 - 1240	"Bleeders come first"	Jon Antrobus
1240 - 1340	Lunch	
1340 - 1400	The Hip Focus	Catherine Calderwood
1400 - 1415	A daughter's story	
1415 - 1430	Dying	Fiona Graham
1430 - 1530	"Home is where the hip is"	Kirstie Stenhouse & Pauline Waddell Claire Ritchie & Monica Bone Ann Murray
1530 - 1600	Questions and network	
1600	Break Free	

NHS National Services Scotland

The Scottish Government

Musculoskeletal audit.

Hip fracture care pathway report 2016

Mr. Graeme Holt

Consultant Trauma and Orthopaedic Surgeon

NHS Ayrshire and Arran

Chairman Scottish Hip Fracture Audit and Advisory Group

#ScotHipAudit

www.shfa.scot.nhs.uk

SHFA – 2017 Report

MSK

NHS National Services Scotland

Audit of Care Pathways for Hip Fracture Patients in Scotland

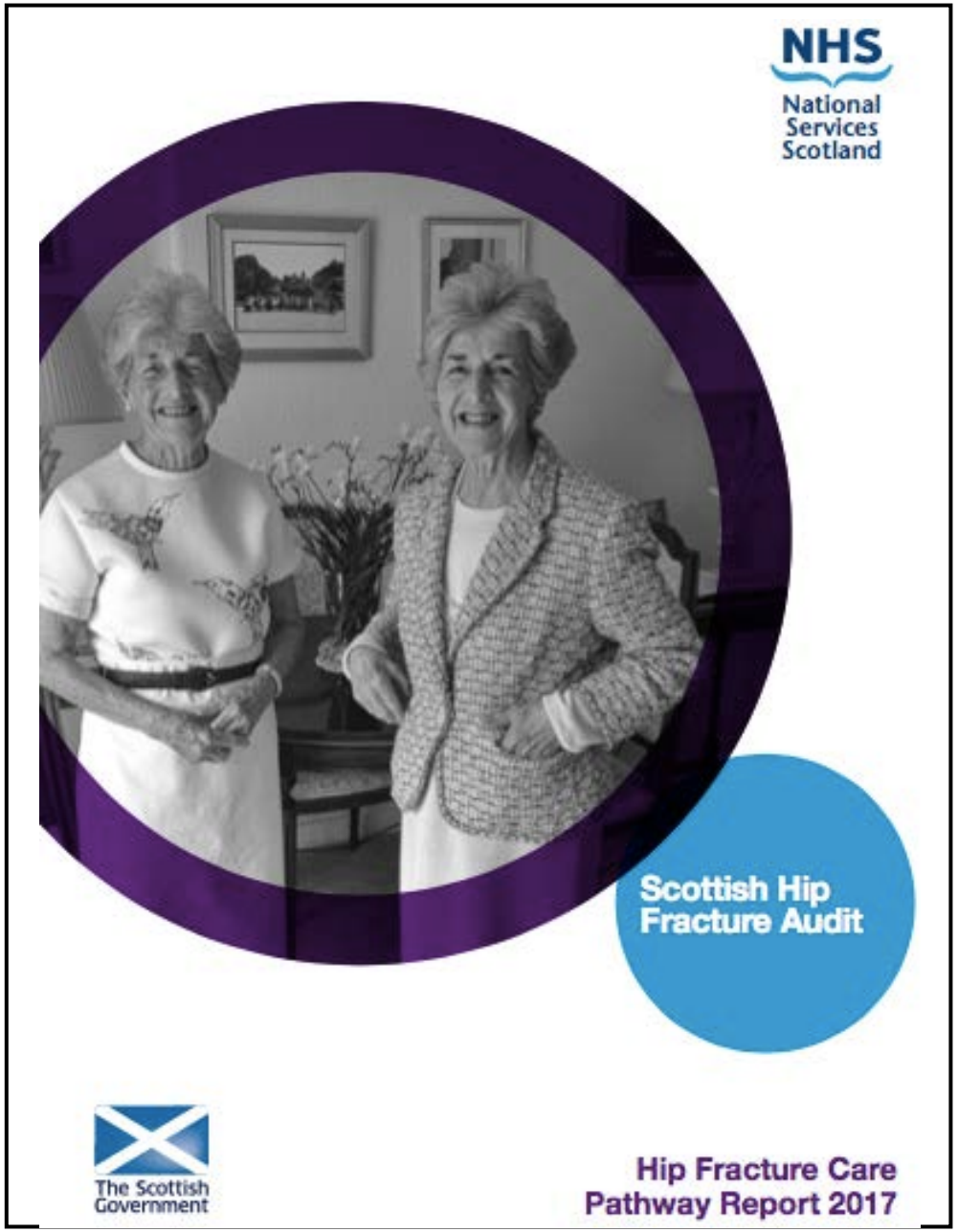
December 2012 to March 2013

A Report from the Musculoskeletal Audit on behalf of the Scottish Government

The information in this report is intended to be used for improvement purposes. The information has been collected by local MSK Audit co-ordinators based in each hospital. These statistics have not been through ISD's official statistics quality assurance process but have been subject to the MSK Audit's own quality assurance process, and were pre-circulated to each hospital for comments on accuracy.

We report on a four-month 'snapshot' audit commissioned by the Scottish Orthopaedic Service Development Group (SOSDG) on behalf of the Scottish Government that collected data on the management of hip fracture patients from **all Scottish operating hospitals** from 1st December 2012 to 21st March 2013.

2012



2017

Hospital		Number of patients audited	Hip fracture admissions not audited	% audited	Reasons not audited
Ayr	University Hospital Ayr	79	59	57%	LAC vacancy
Crosshouse	University Hospital Crosshouse	103	67	61%	LAC vacancy
BGH	Borders General Hospital	52	5	91%	LAC vacancy
DGRI	Dumfries & Galloway Royal Infirmary	147	0	100%	
Fife	Victoria Hospital	256	22	92%	LAC leave
Forth Valley	Forth Valley Royal Hospital	280	0	100%	
Aberdeen	Aberdeen Royal Infirmary	65	367	15%	LAC vacancy
Elgin	Dr Gray's Hospital	95	0	100%	
GRI	Glasgow Royal Infirmary	282	11	96%	LAC leave
QEUH	Queen Elizabeth University Hospital	314	165	66%	Lack of LAC resource
RAH	Royal Alexandra Hospital	279	7	98%	LAC leave
Inverclyde	Inverclyde Royal Hospital	131	0	100%	
Raigmore	Raigmore Hospital	244	5	98%	LAC leave
Hairmyres	Hairmyres Hospital	151	0	100%	
Monklands	Monklands District General Hospital	119	0	100%	
Wishaw	Wishaw General Hospital	209	0	100%	
RIE	Royal Infirmary of Edinburgh at Little France	660	26	96%	LAC leave
Ninewells	Ninewells Hospital	329	9	97%	LAC leave
Perth	Perth Royal Infirmary	121	0	100%	
Western Isles	Western Isles Hospital	26	0	100%	
	All Sites	**3,942**	**743**	**84%**	

NHS National Services Scotland

The Scottish Government

We do many things well…

…just not everywhere…

…and not all of the time

Kate James

Royal College of Physicians | Falls and Fragility Fracture Audit Programme (FFFAP)

"there remains <u>unacceptable and unexplained</u> variation in performance around the country……"

The Scottish Government
Riaghaltas na h-Alba

Scottish Standards of Care for Hip Fracture Patients 2016

prepared in collaboration with Healthcare Improvement Scotland
to align with 'Older People in Acute Care' improvement programme

Standard 1: Patients with a Hip Fracture should be transferred from the Emergency Department to the orthopaedic ward within 4 hours.

Standard 2: Patients who have a clinical suspicion or confirmation of a hip fracture should have the "Big Six" interventions/treatments before leaving the Emergency Department.

1. Provision of Pain Relief.
2. Screening for Delirium.
3. Early Warning Score (EWS) system.
4. Full Blood Investigation and Electrocardiogram.
5. Intravenous Fluids Therapy.
6. Pressure Area Care.

Standard 3: Every patient with a hip fracture should receive the "inpatient bundle of care" within 24 hours of admission.

1. Baseline assessment of Cognitive function within 24 hours of ward admission.
2. Falls Assessment within 24 hours of ward admission.
3. Food, Fluids and Nutritional Assessment within 24 hours of ward admission.
4. Pressure Area Assessment within 24 hours of ward admission.

Standard 4: Patients must undergo surgical repair of their hip fracture within 36 hours of admission.

Standard 5: No patients should be repeatedly fasted in preparation for surgery. In addition, oral fluids should be encouraged up to two hours prior to surgery.

Standard 6: Pre-operative catheterisation should only be carried out for identified medical reasons and not used as 'routine' practice.

Standard 7: Cemented hemi-arthroplasty implants should be standard unless clinically indicated otherwise.

Standard 8: Every patient who is identified locally as being frail should receive comprehensive geriatric assessment within three days of admission.

Standard 9: Mobilisation should have begun by the end of the first day after surgery and every patient should have physiotherapy assessment by end of day two.

Standard 10: Patients with a hip fracture should have an Occupational Therapy (OT) assessment by the end of day three post operatively.

Standard 11: Every patient who has a hip fracture should have an assessment of their bone health prior to leaving the acute orthopaedic ward.

Standard 12: Every patient's recovery should be optimised by a multi-disciplinary team approach such that they are discharged back to their original place of residence within 30 days from the date of admission.

The full text of these standards are available online at www.shfa.scot.nhs.uk

These Standards are endorsed by the following organisations:

The College of Emergency Medicine

and supported by:

National Osteoporosis Society

NHS National Services Scotland

The Scottish Government

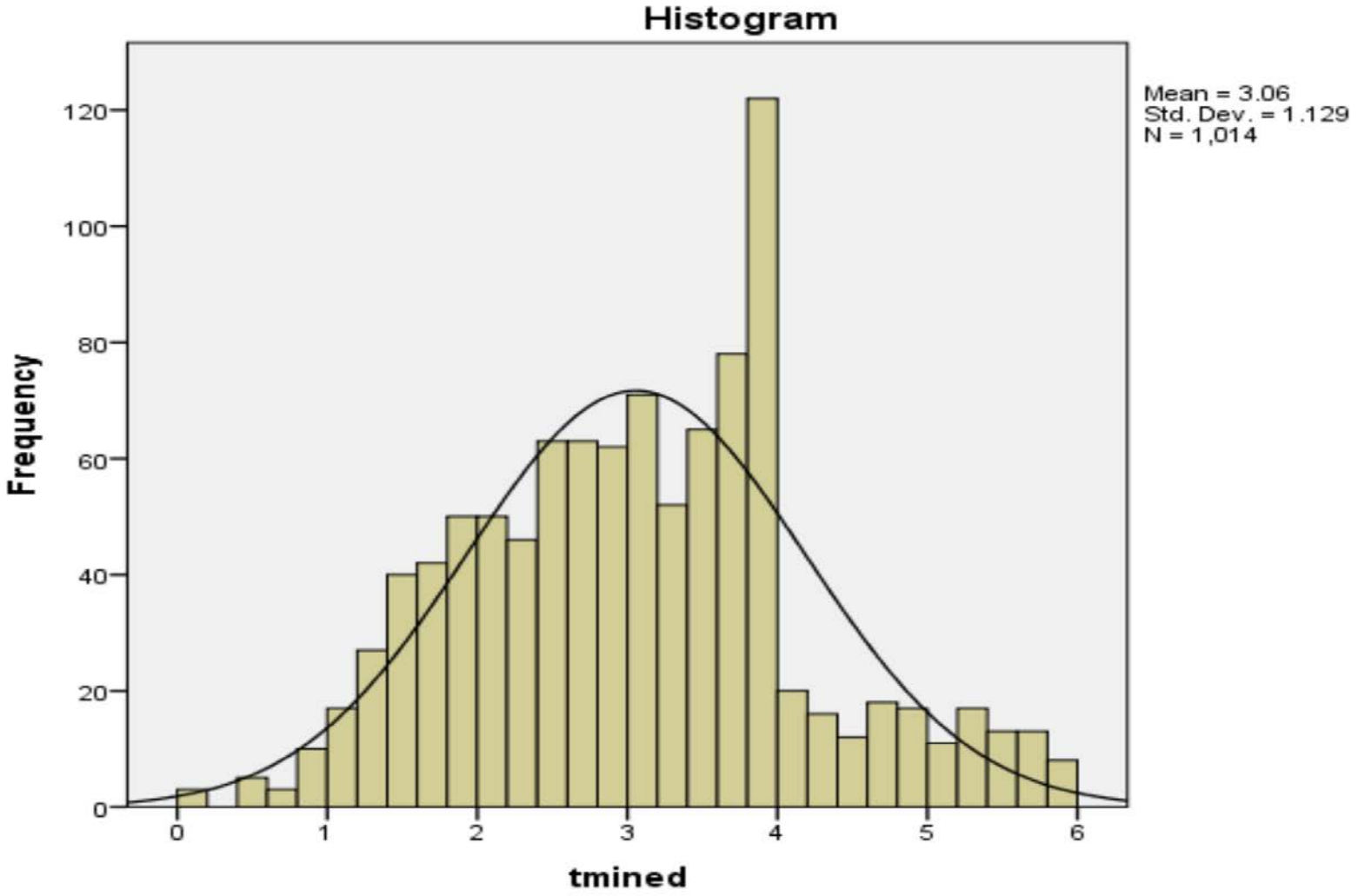
Standard 1

Standard 1: Patients with a Hip Fracture should be transferred from the Emergency Department to the orthopaedic ward within 4 hours.

NHS National Services Scotland

The Scottish Government

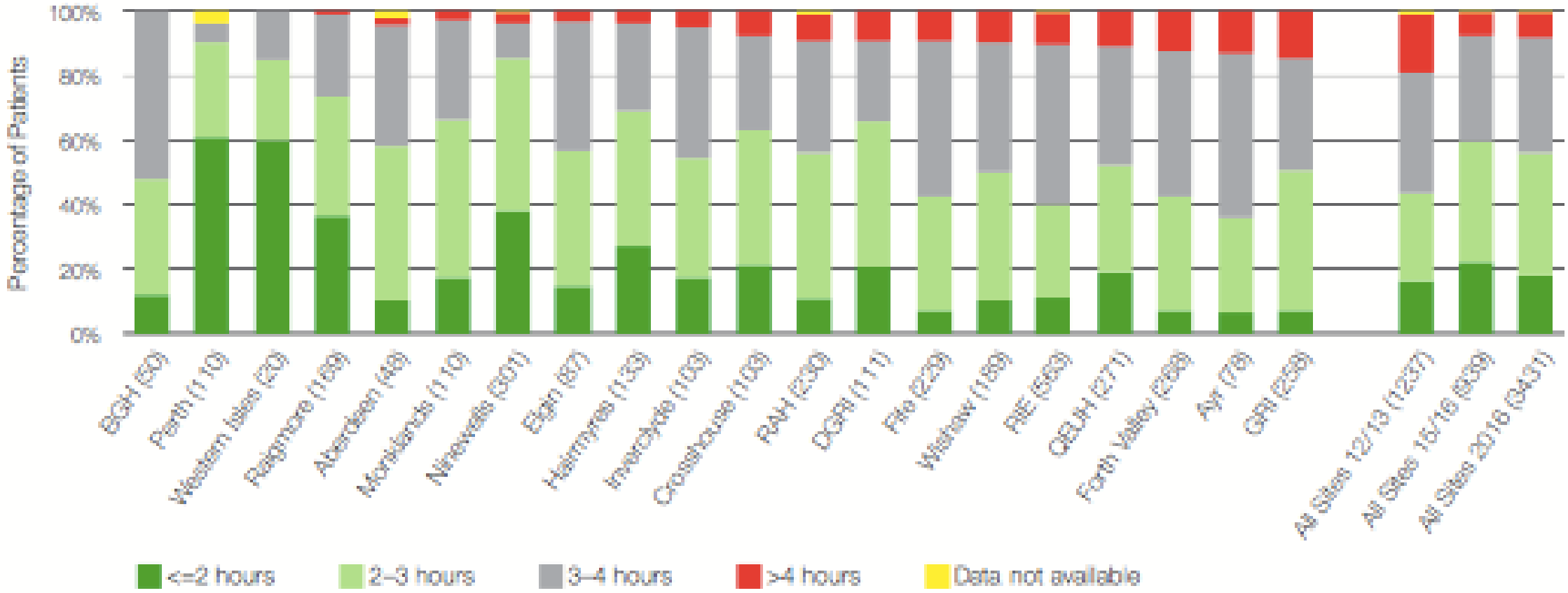
2012-13



- 18% of patients were in ED for >4 hours

fig. 1.1

Time in ED

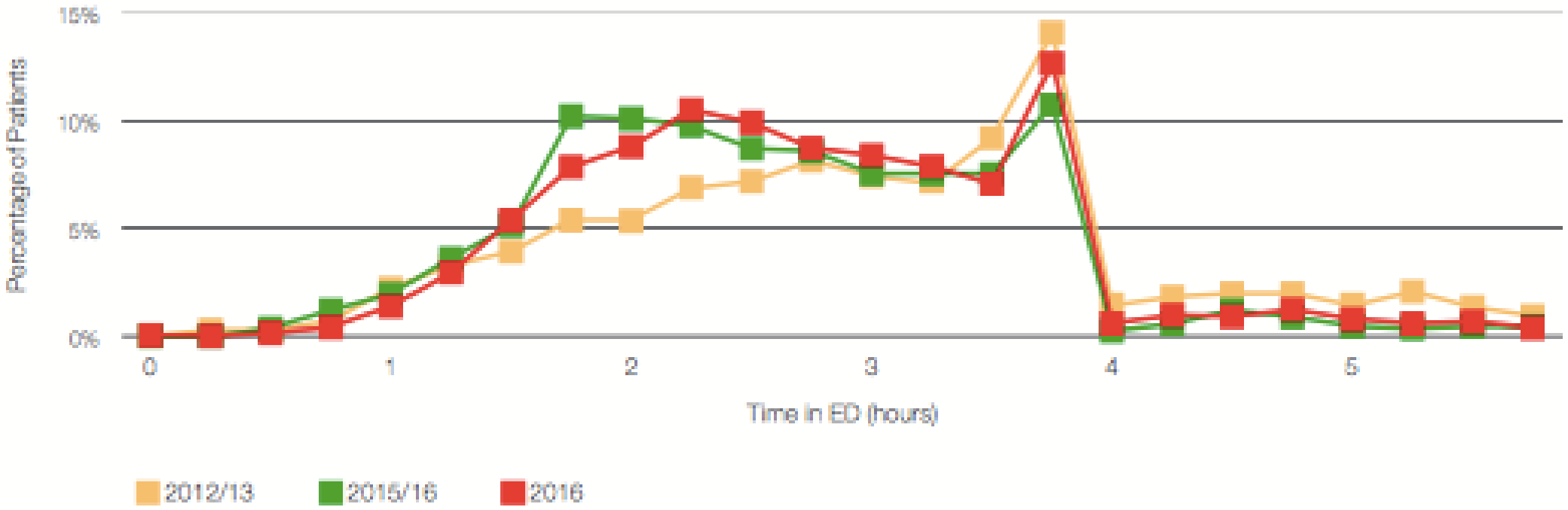


Excludes patients who were in ED following a transfer from another hospital

NHS National Services Scotland

The Scottish Government

fig. 1.2 Transfer Time from ED to Ward



NHS National Services Scotland

The Scottish Government

Standard 2

Standard 2: Patients who have a clinical suspicion or confirmation of a hip fracture should have the "Big Six" interventions/treatments before leaving the Emergency Department.

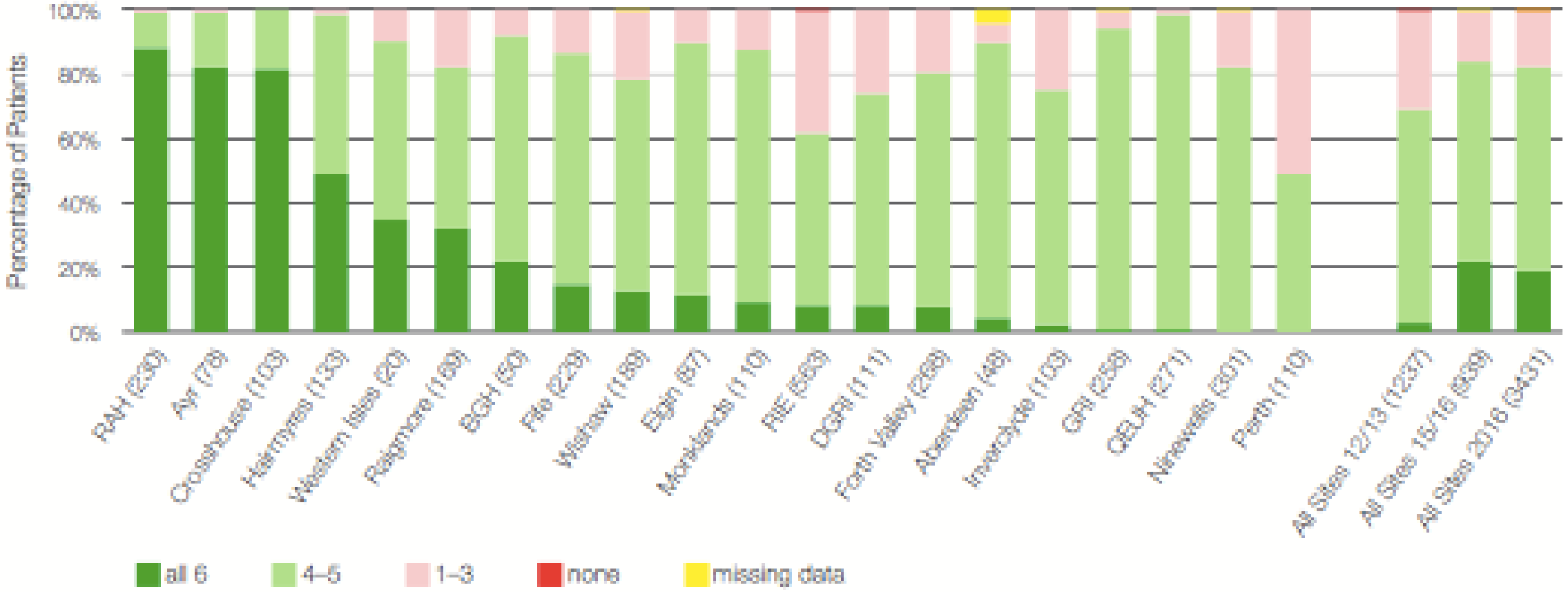
1. Provision of Pain Relief.
2. Screening for Delirium.
3. Early Warning Score (EWS) system.
4. Full Blood Investigation and Electrocardiogram.
5. Intravenous Fluids Therapy.
6. Pressure Area Care.

NHS National Services Scotland

The Scottish Government

fig. 2.1

'Big Six' ED Interventions/Treatments

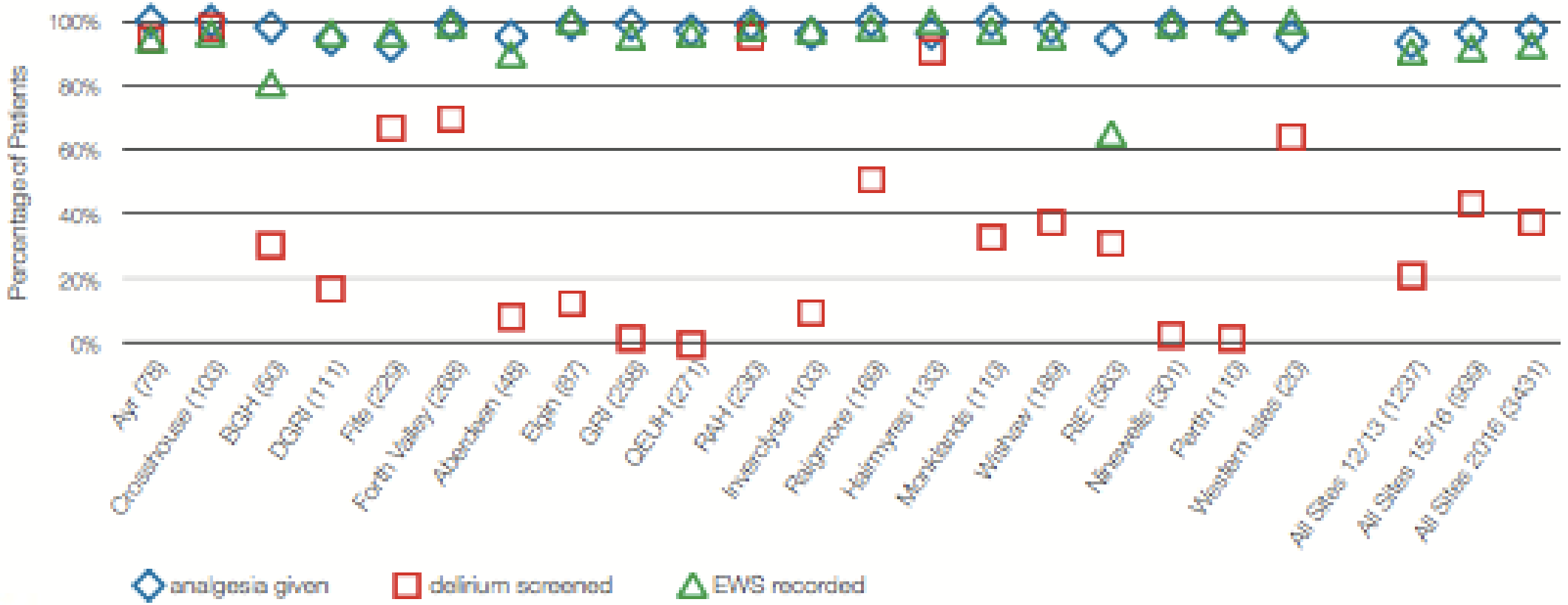


NHS National Services Scotland

The Scottish Government

fig. 2.2

'Big Six' Interventions/Treatments—Pain Relief, Delirium Screening, Early Warning Score

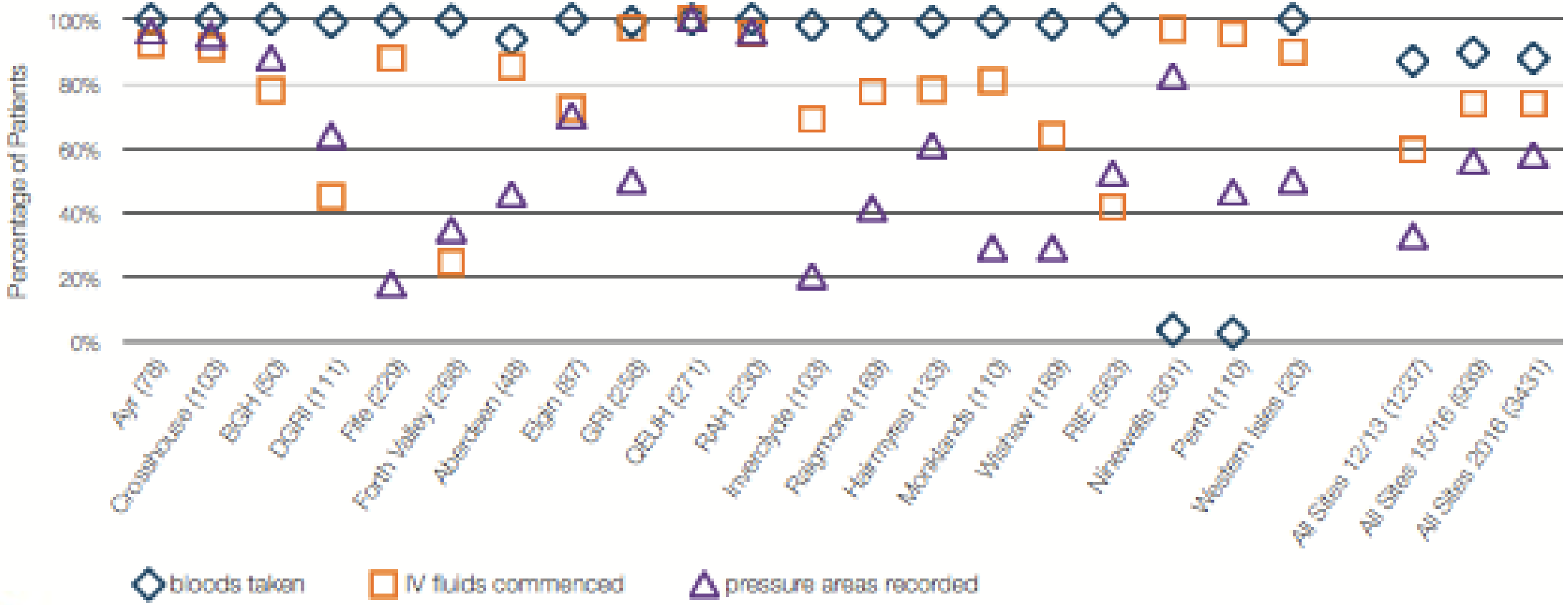


NHS National Services Scotland

The Scottish Government

fig. 2.3

'Big Six' Interventions/Treatments—Bloods, Fluids, Pressure Area Assessment

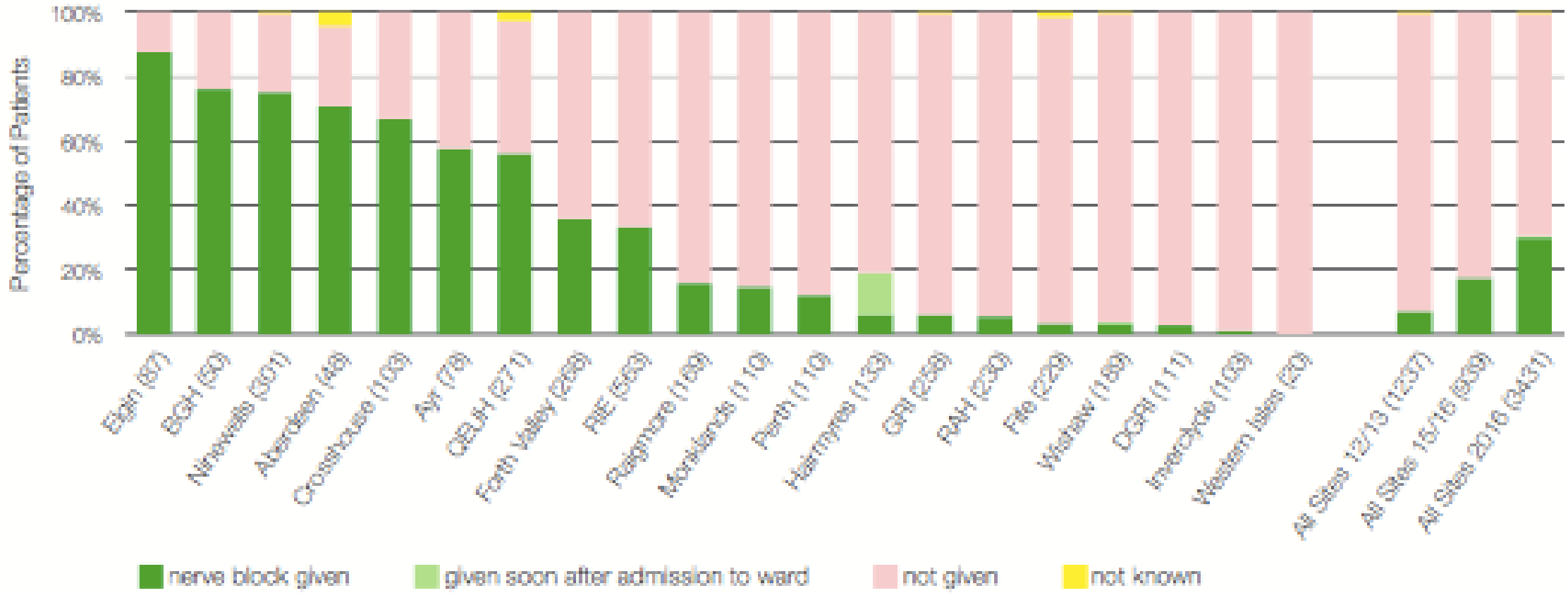


NHS National Services Scotland

The Scottish Government

fig. 2.4

Use of Nerve Blocks



NHS National Services Scotland

The Scottish Government

Standard 3

Standard 3: Every patient with a hip fracture should receive the "inpatient bundle of care" within 24 hours of admission.

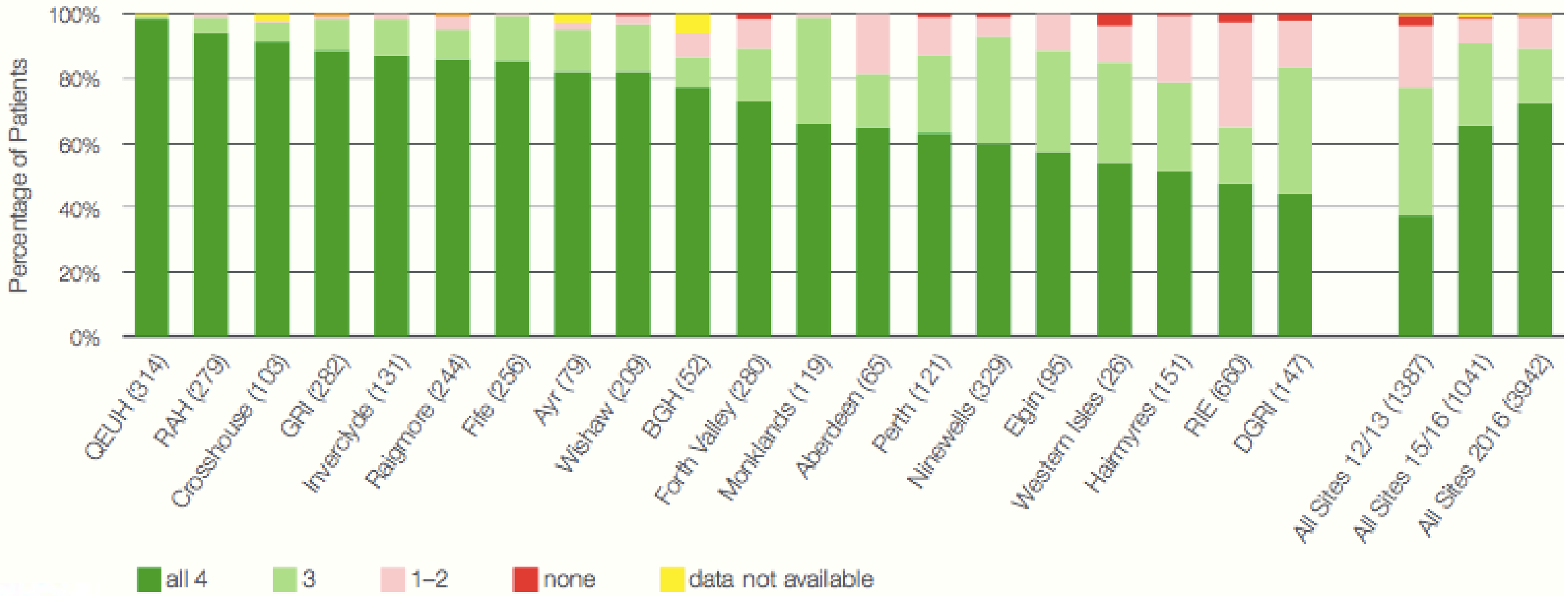
1. Baseline assessment of Cognitive function within 24 hours of ward admission.
2. Falls Assessment within 24 hours of ward admission.
3. Food, Fluids and Nutritional Assessment within 24 hours of ward admission.
4. Pressure Area Assessment within 24 hours of ward admission.

NHS National Services Scotland

The Scottish Government

fig. 3.1

Inpatient Assessment Bundle

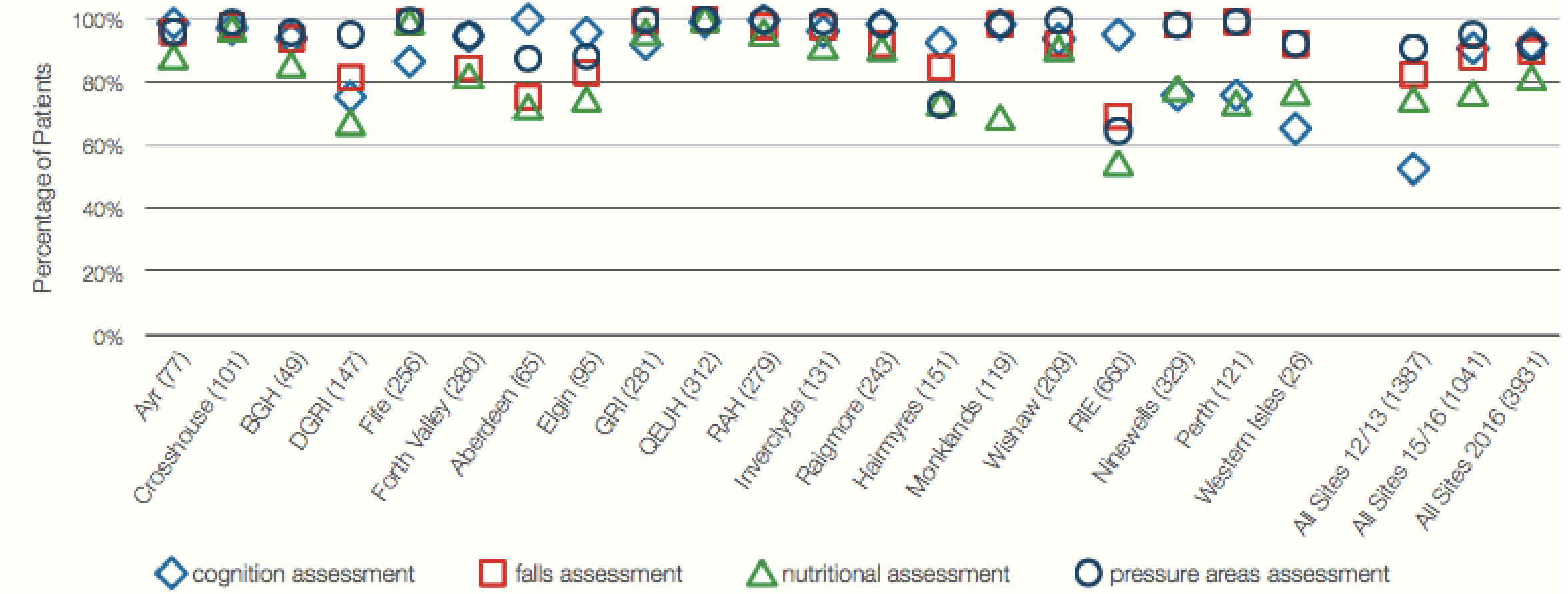


NHS National Services Scotland

The Scottish Government

fig. 3.2

Inpatient assessments by type



NHS National Services Scotland

The Scottish Government

Standard 4

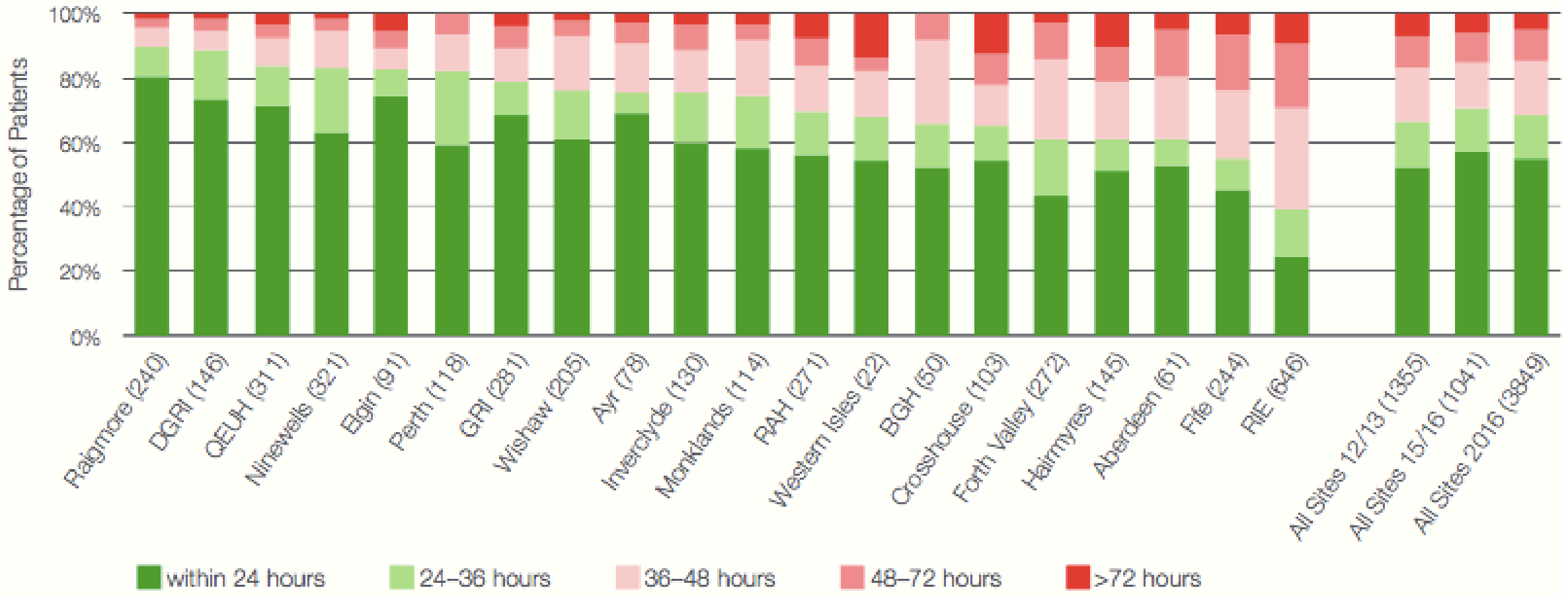
Standard 4: Patients must undergo surgical repair of their hip fracture within 36 hours of admission.

NHS National Services Scotland

The Scottish Government

fig. 4.1

Time to theatre for all patients

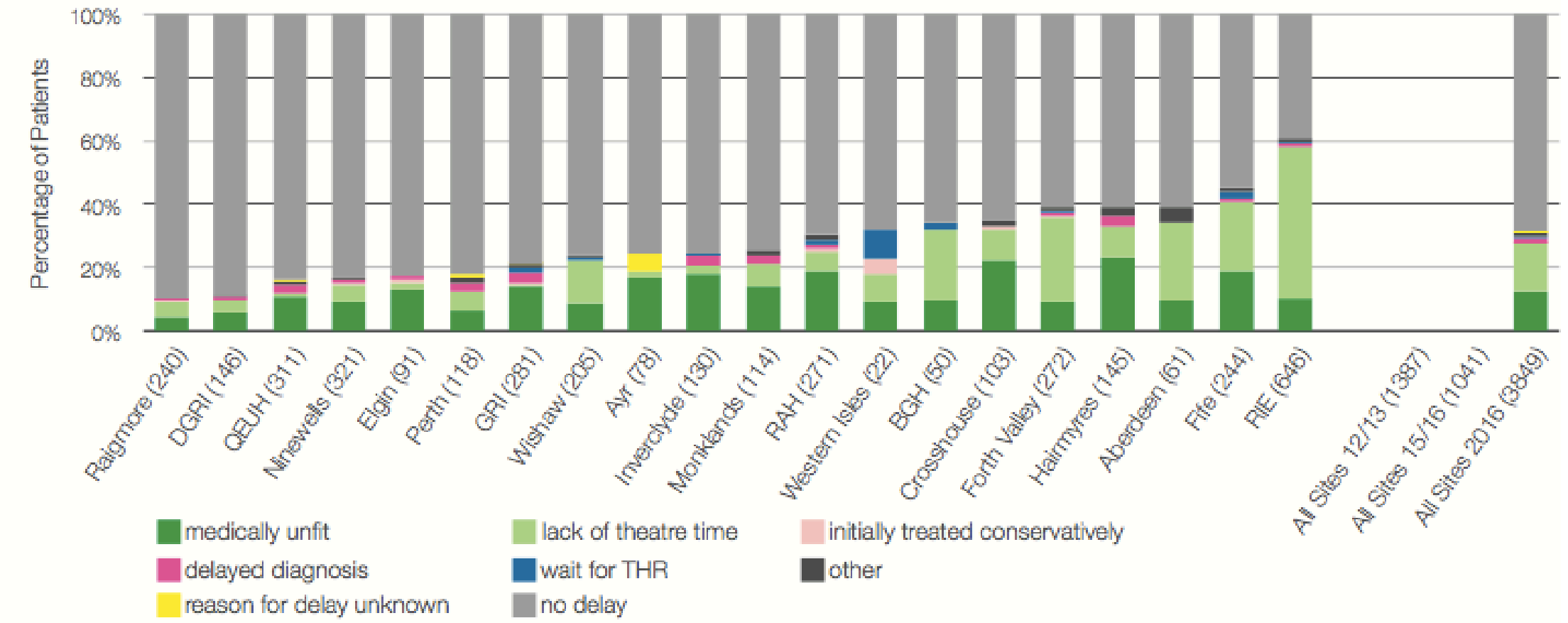


NHS National Services Scotland

The Scottish Government

fig. 4.2

Reasons for theatre delay if more than 36 hours



Comparable data unavailable for 2012/13 or 2015/16 as the reason for delays to theatre was measured on a different timescale. Patients initially treated conservatively are small in number and do not skew the time-t theatre data.

NHS National Services Scotland

The Scottish Government

Standard 5

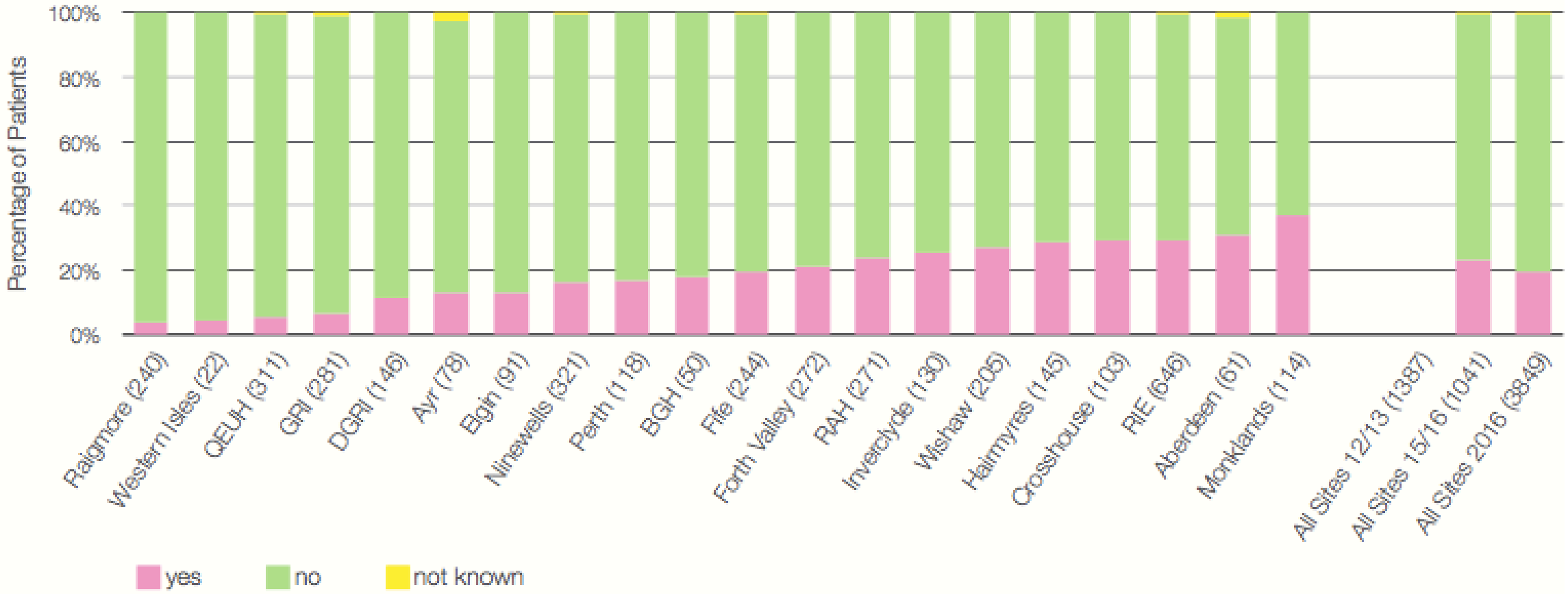
Standard 5: No patients should be repeatedly fasted in preparation for surgery. In addition, oral fluids should be encouraged up to two hours prior to surgery.

NHS National Services Scotland

The Scottish Government

fig. 5.1

Was fasting cycle repeated?



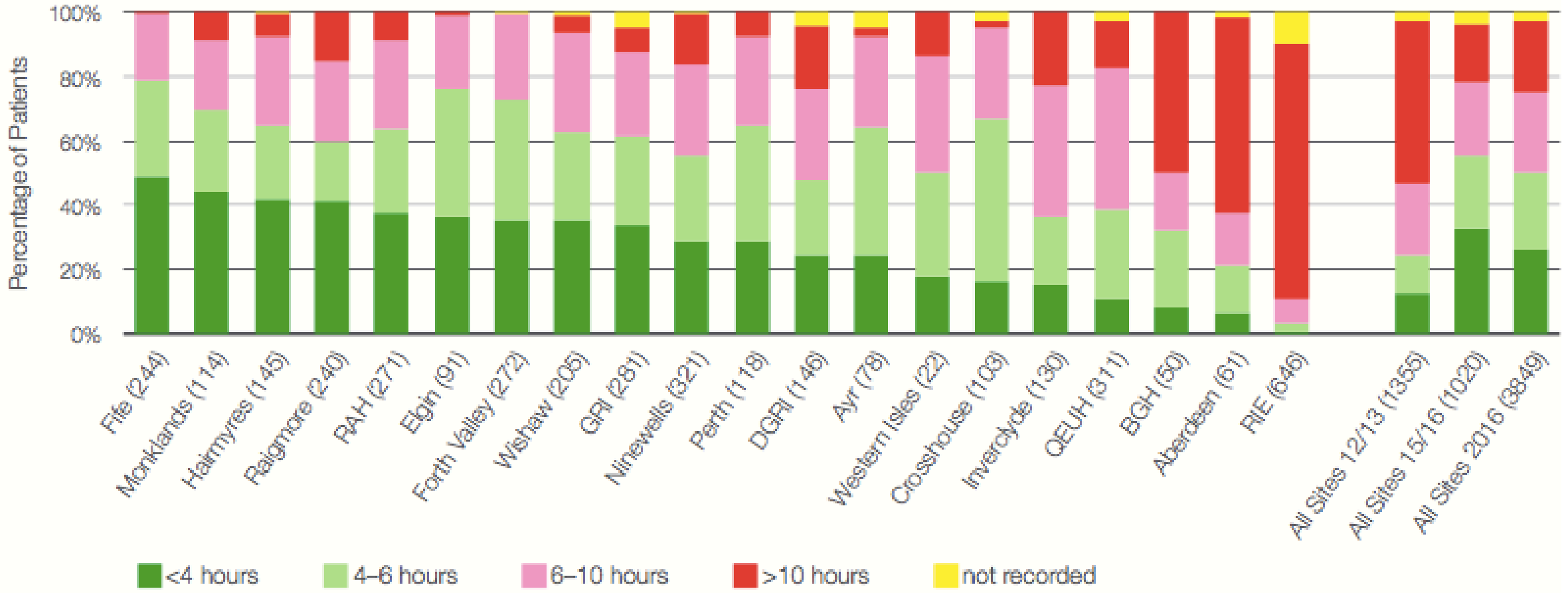
Data was not collected during the 2012/13 audit

NHS National Services Scotland

The Scottish Government

fig. 5.2

When were clear oral fluids stopped prior to induction of anaesthetic?



NHS National Services Scotland

The Scottish Government

Standard 6

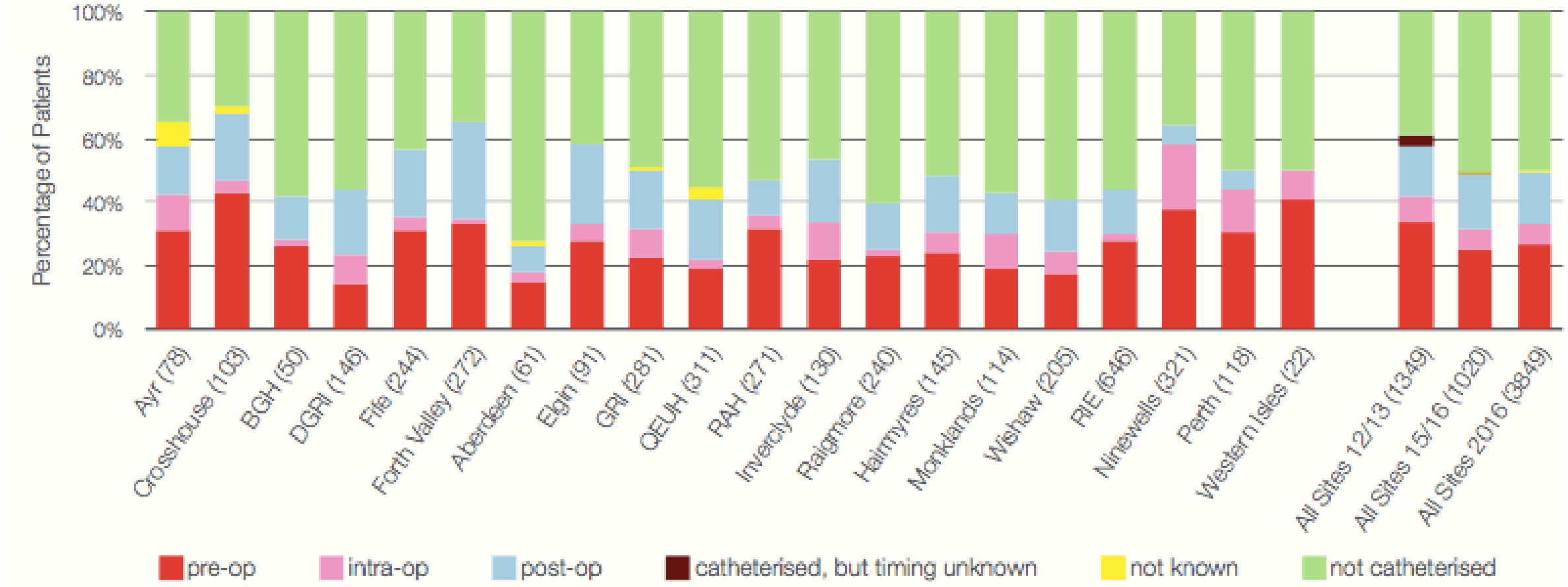
Standard 6: Pre-operative catheterisation should only be carried out for identified medical reasons and not used as 'routine' practice.

NHS National Services Scotland

The Scottish Government

fig. 6.1

Catheterisation



NHS National Services Scotland

The Scottish Government

Standard 7

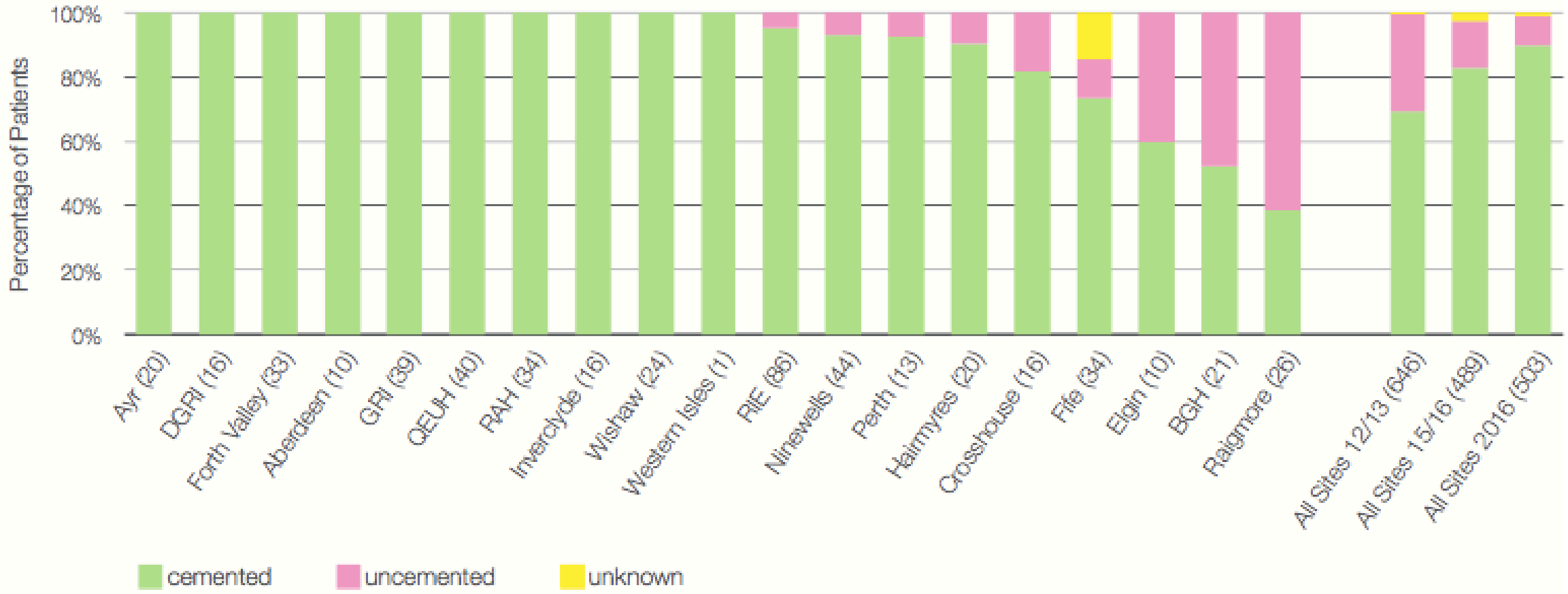
Standard 7: Cemented hemi-arthroplasty implants should be standard unless clinically indicated otherwise.

NHS National Services Scotland

The Scottish Government

fig. 7.1

Hemi-arthroplasty—use of cement

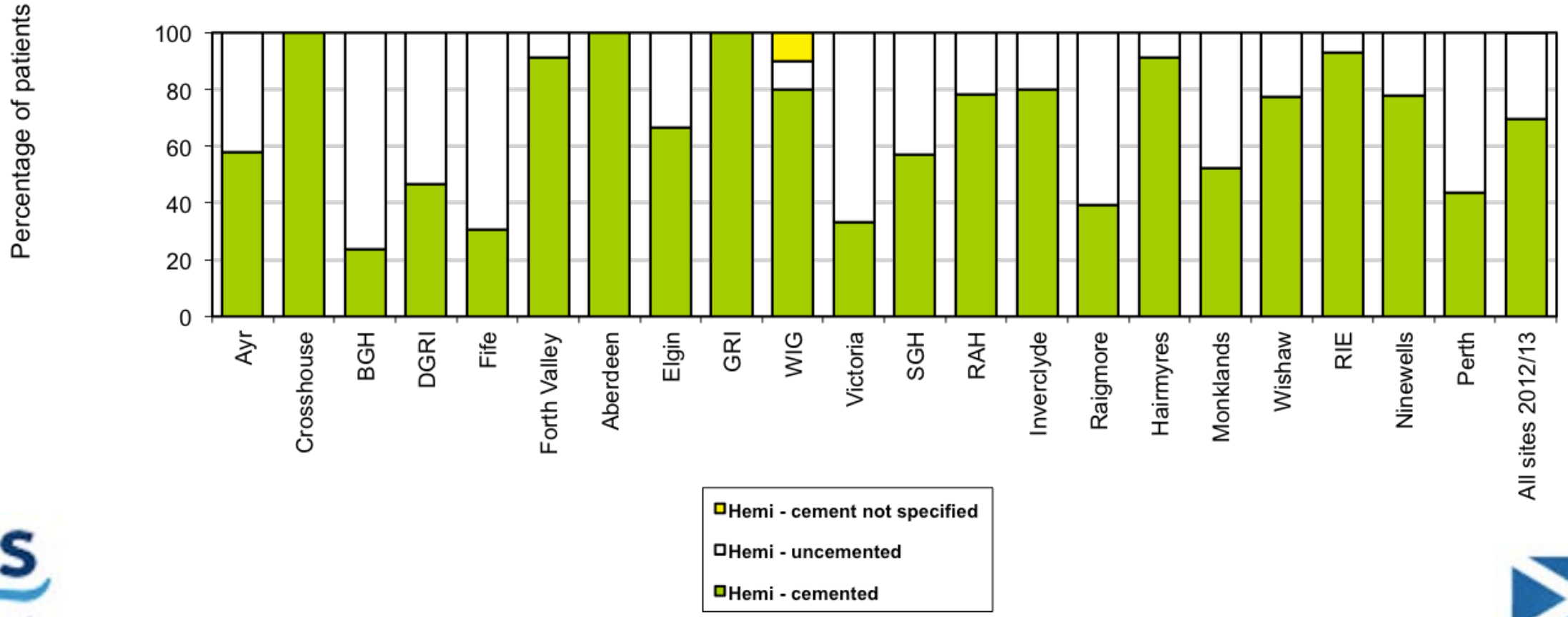


2016 data only collected in November and December

NHS National Services Scotland

The Scottish Government

2012-13

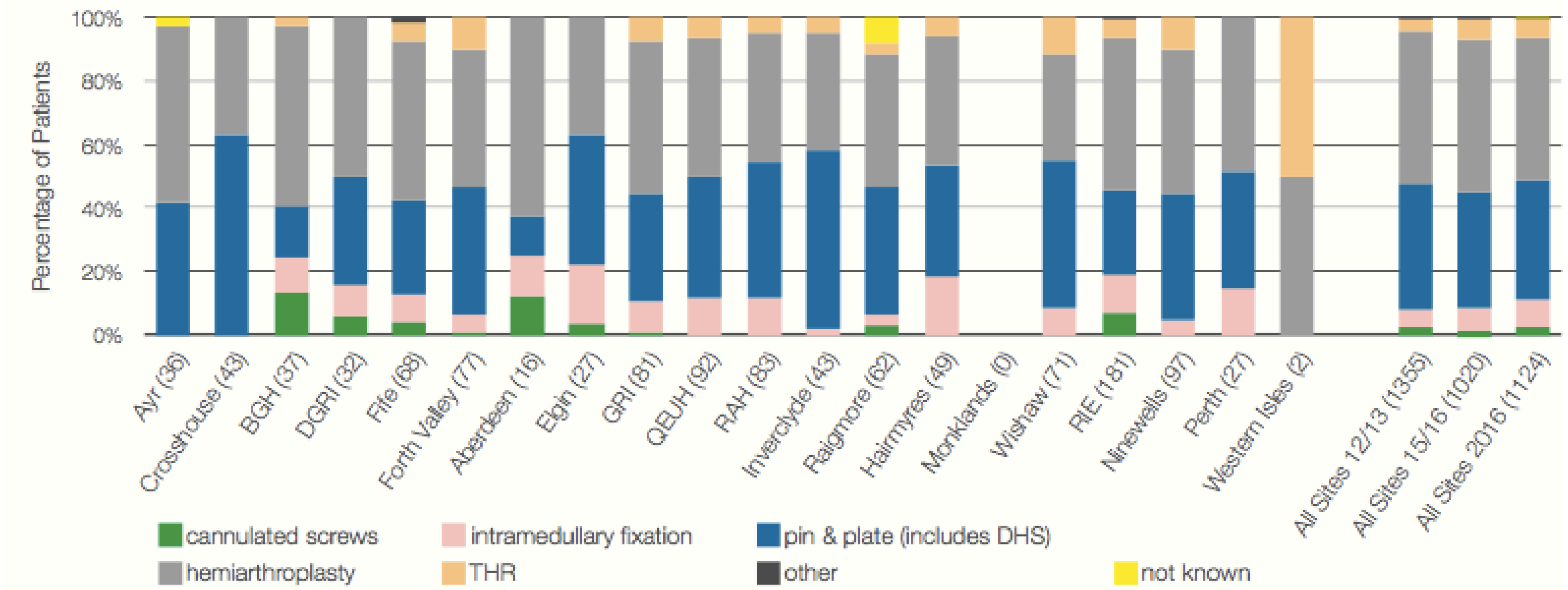


NHS National Services Scotland

The Scottish Government

fig. 7.2

Type of operation



2016 data only collected in November and December

NHS National Services Scotland

The Scottish Government

Standard 8

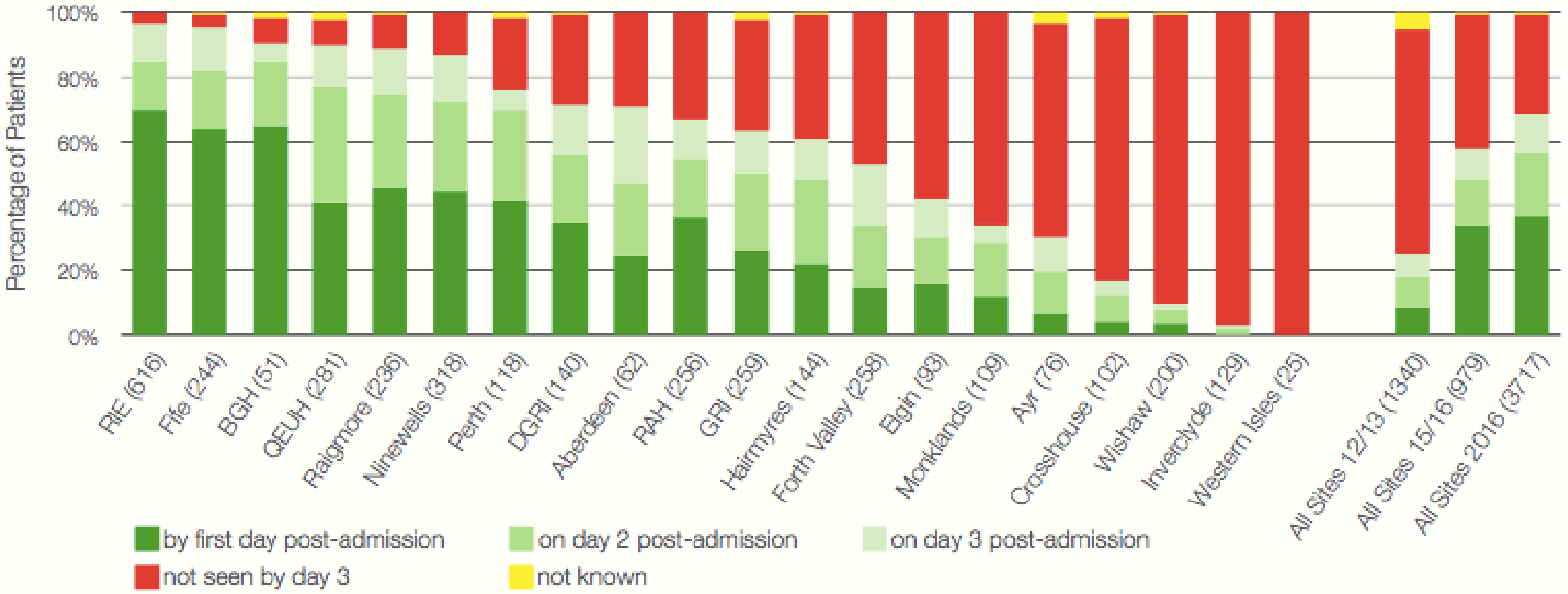
Standard 8: Every patient who is identified locally as being frail should receive comprehensive geriatric assessment within three days of admission.

NHS National Services Scotland

The Scottish Government

fig. 8.1

Time until geriatric assessment



NHS National Services Scotland

The Scottish Government

Standard 9

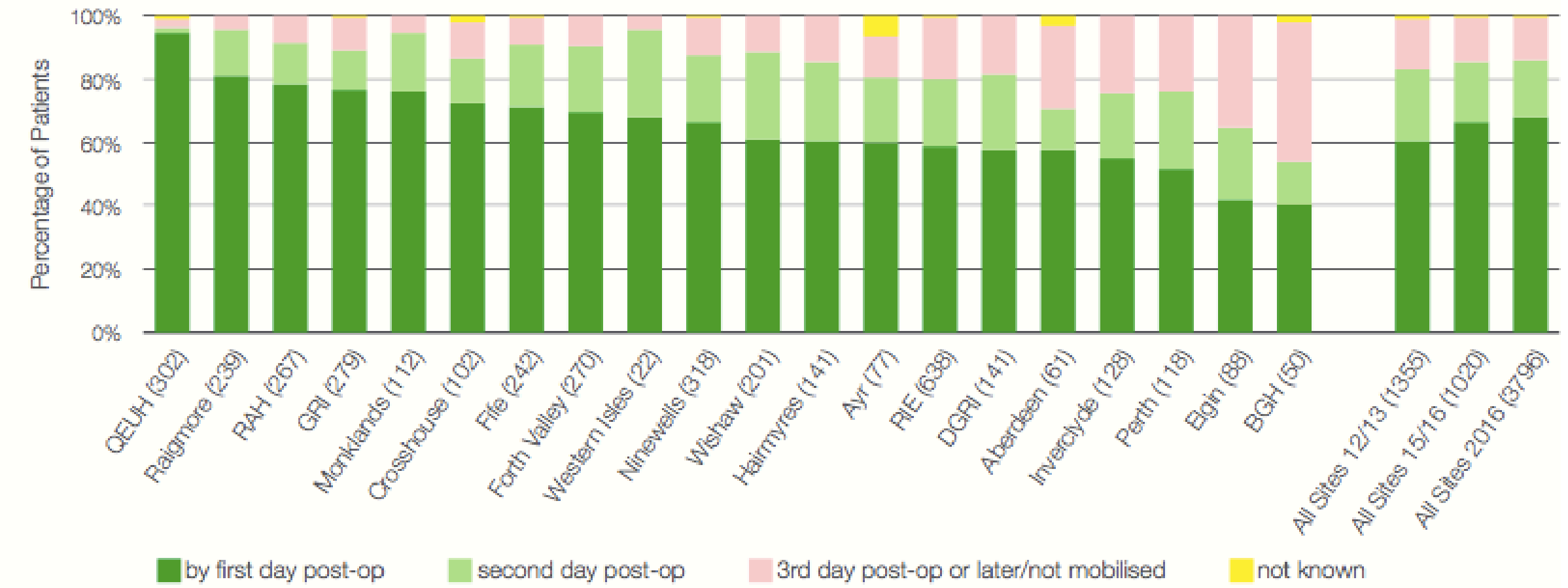
Standard 9: Mobilisation should have begun by the end of the first day after surgery and every patient should have physiotherapy assessment by end of day two.

NHS National Services Scotland

The Scottish Government

fig. 9.1

Mobilisation

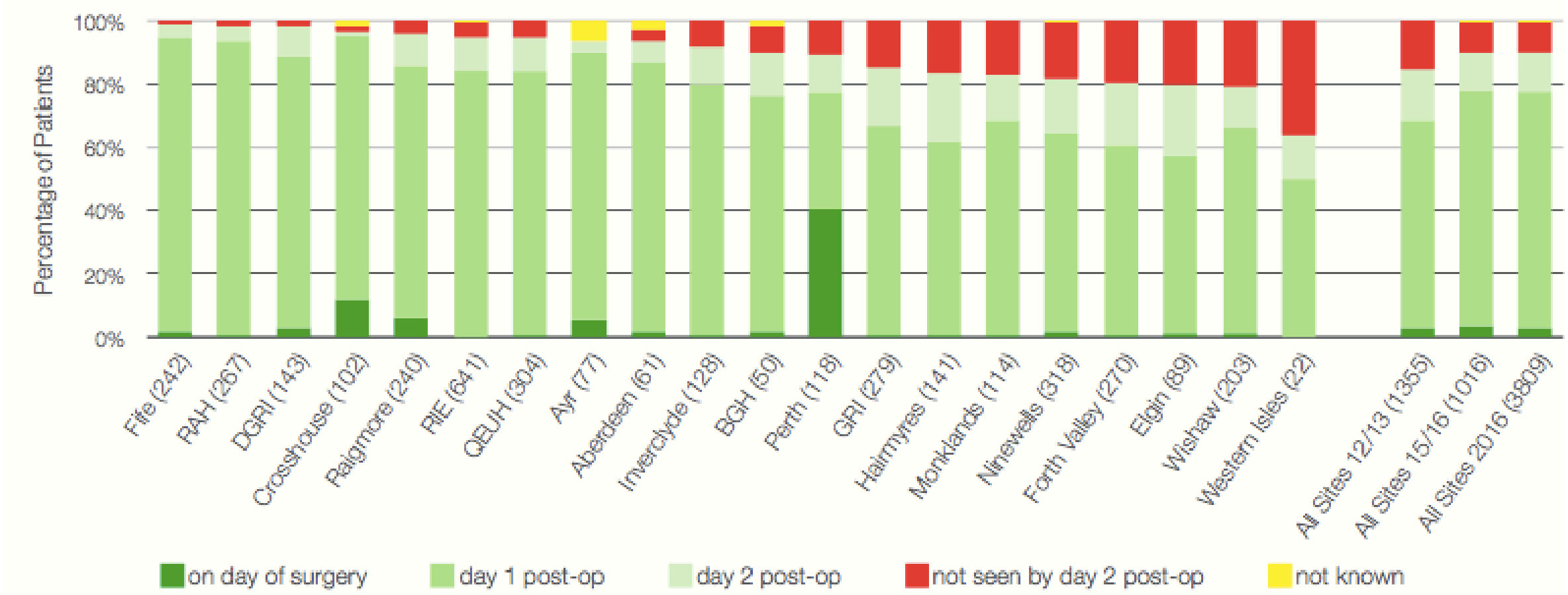


NHS National Services Scotland

The Scottish Government

fig. 9.2

Time from surgery until seen by Physiotherapy



NHS National Services Scotland

The Scottish Government

Standard 10

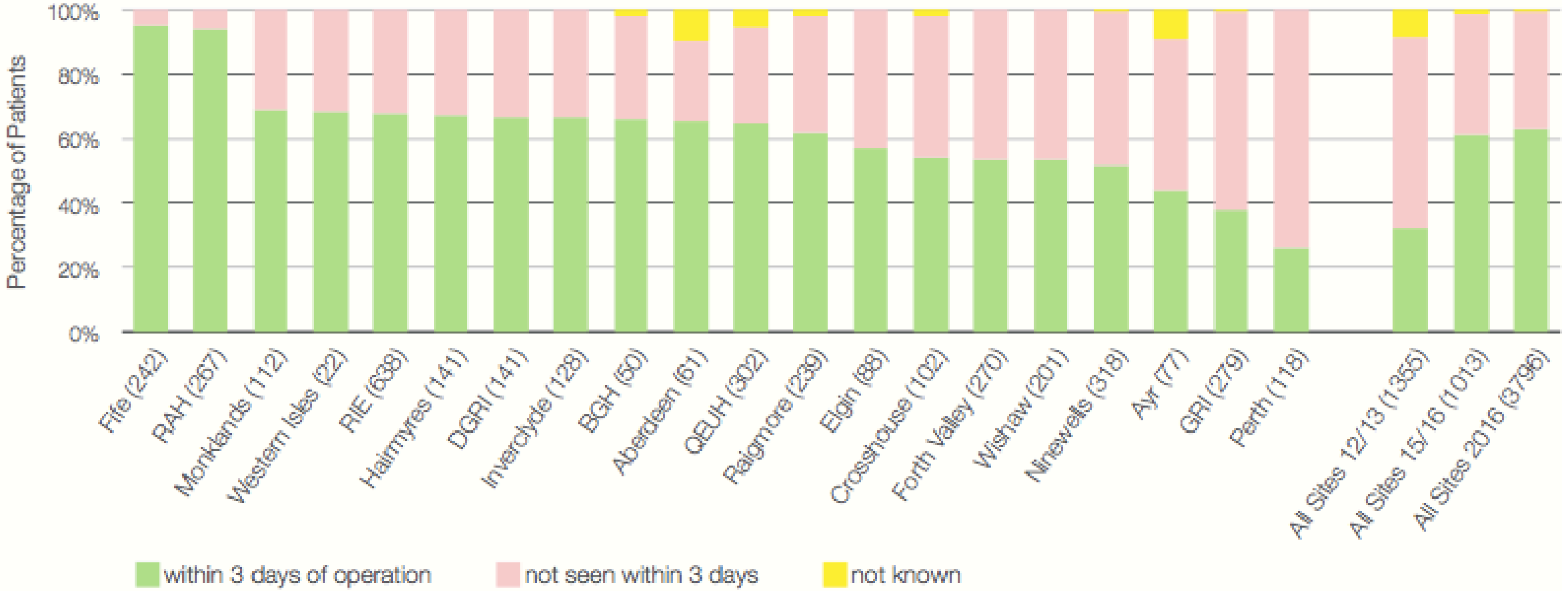
Standard 10: Patients with a hip fracture should have an Occupational Therapy (OT) assessment by the end of day three post operatively.

NHS National Services Scotland

The Scottish Government

fig. 10.1

Time from surgery until seen by OT



NHS National Services Scotland

The Scottish Government

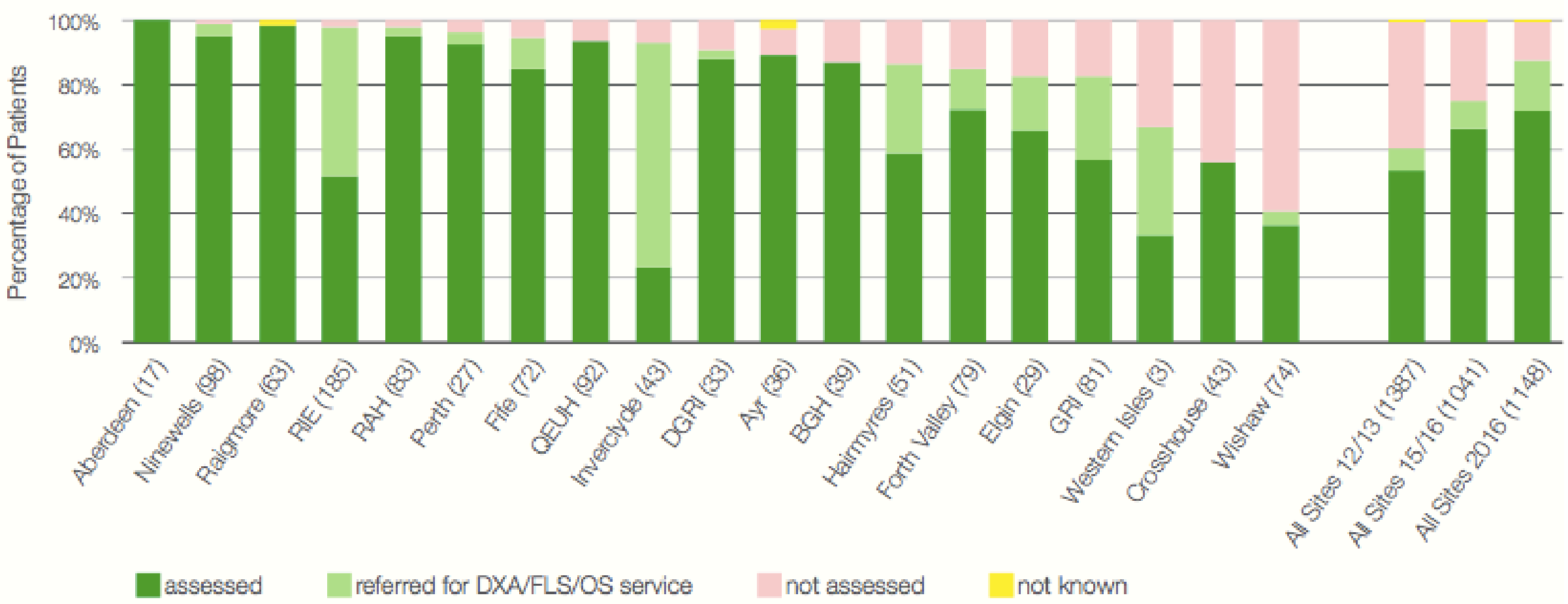
Standard 11

Standard 11: Every patient who has a hip fracture should have an assessment of their bone health prior to leaving the acute orthopaedic ward.

NHS National Services Scotland

The Scottish Government

fig. 11.1 # Bone protection medication assessment



NHS National Services Scotland

The Scottish Government

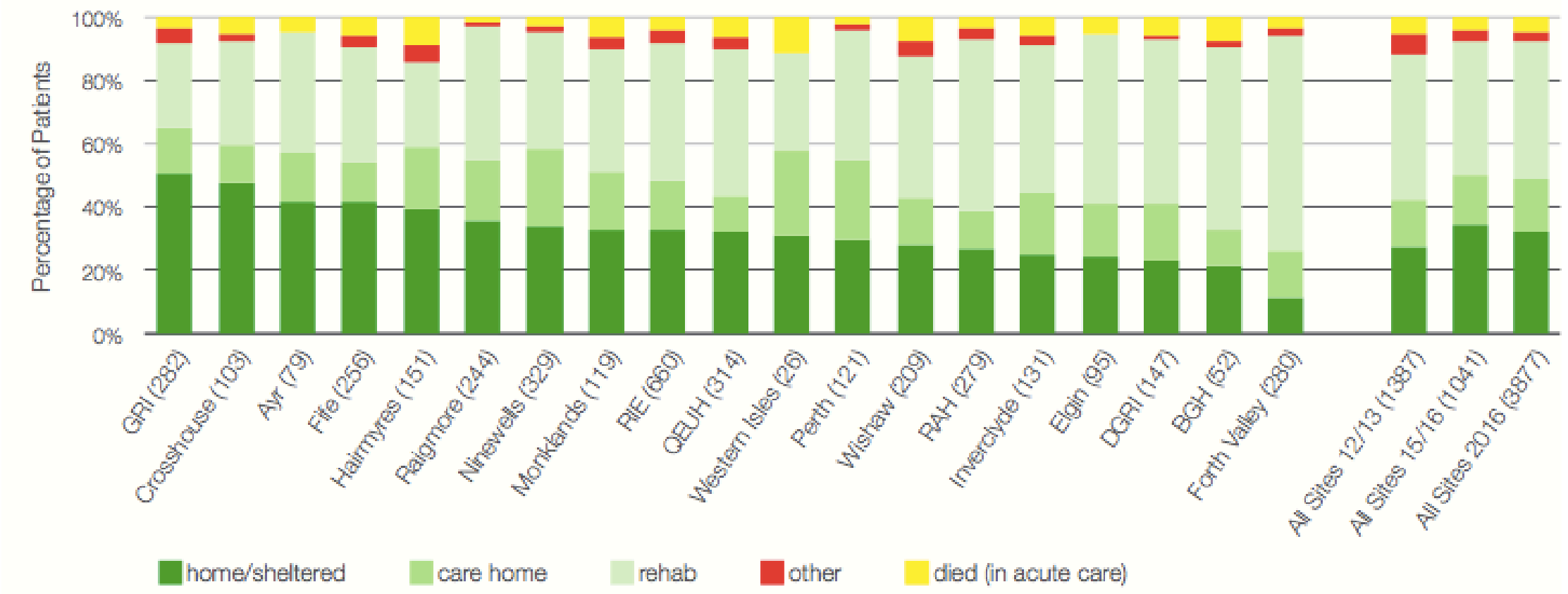
Standard 12

Standard 12: Every patient's recovery should be optimised by a multi-disciplinary team approach such that they are discharged back to their original place of residence within 30 days from the date of admission.

NHS National Services Scotland

The Scottish Government

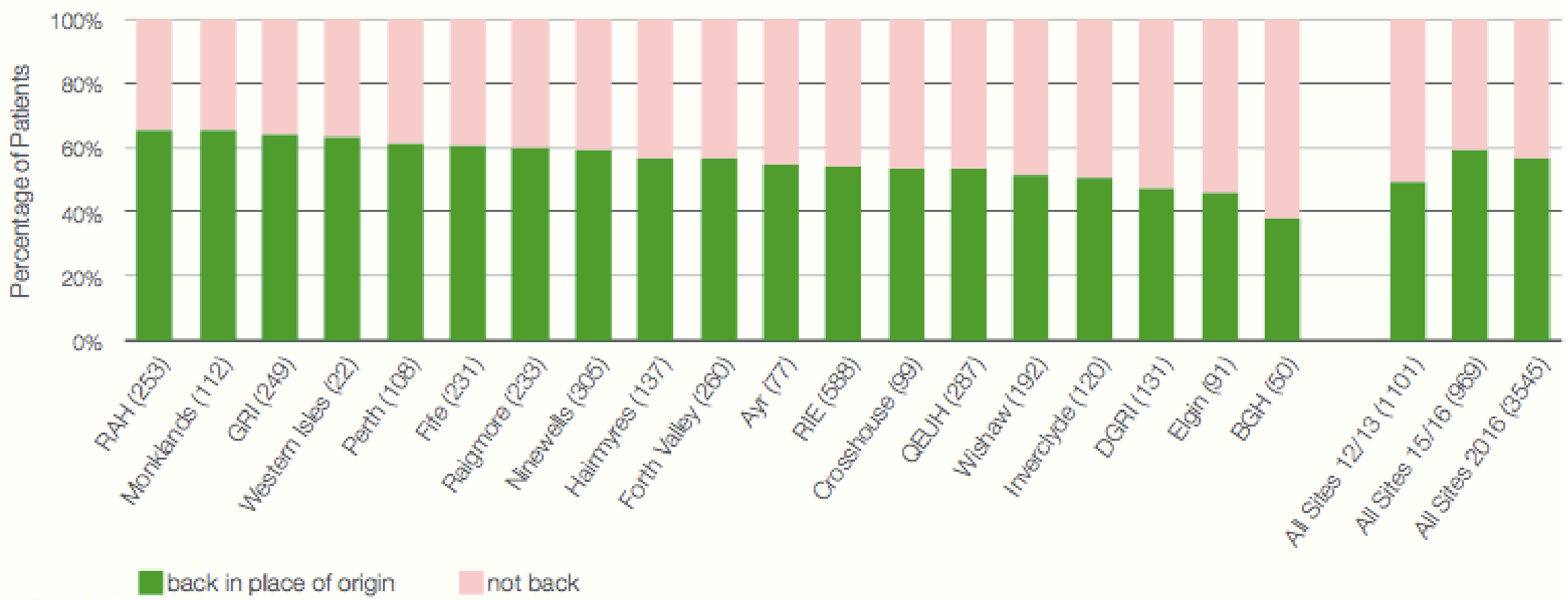
fig. 12.4 **Discharge destination**



NHS National Services Scotland

The Scottish Government

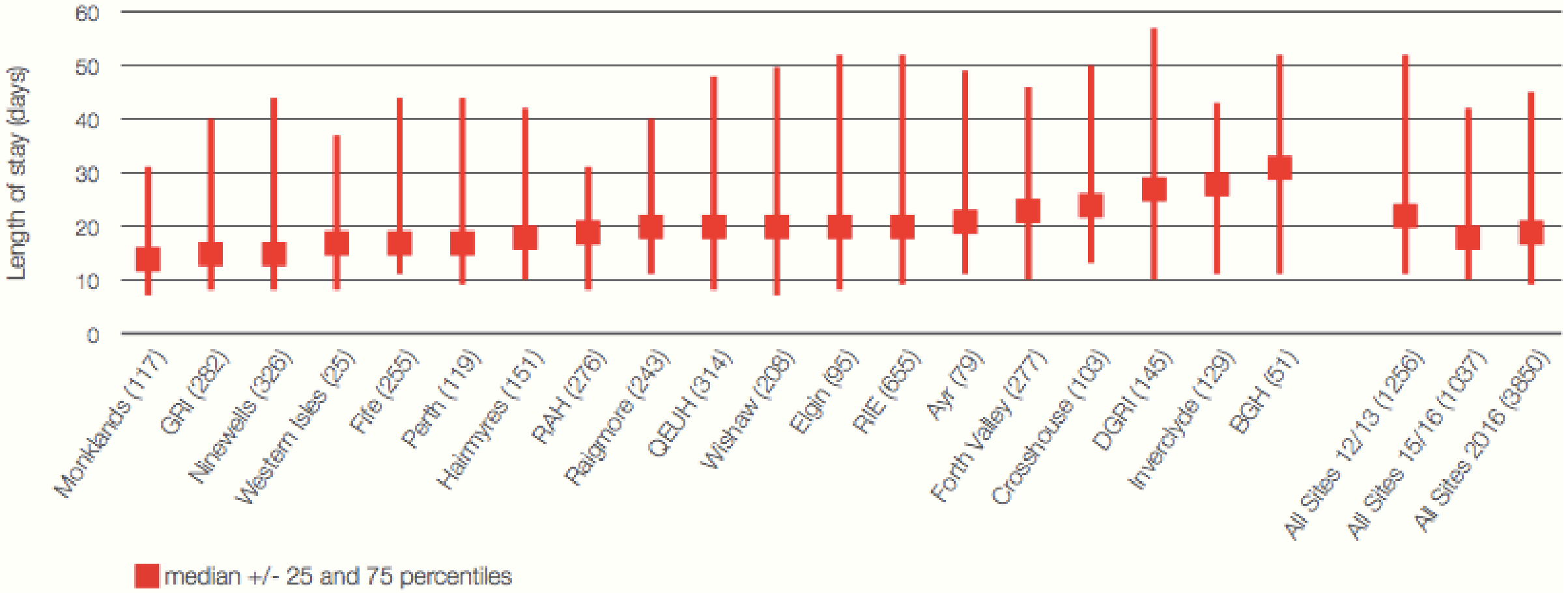
fig. 12.1 Percentage of patients admitted from home or a care home who were again resident there at 30 days post-admission



NHS National Services Scotland

The Scottish Government

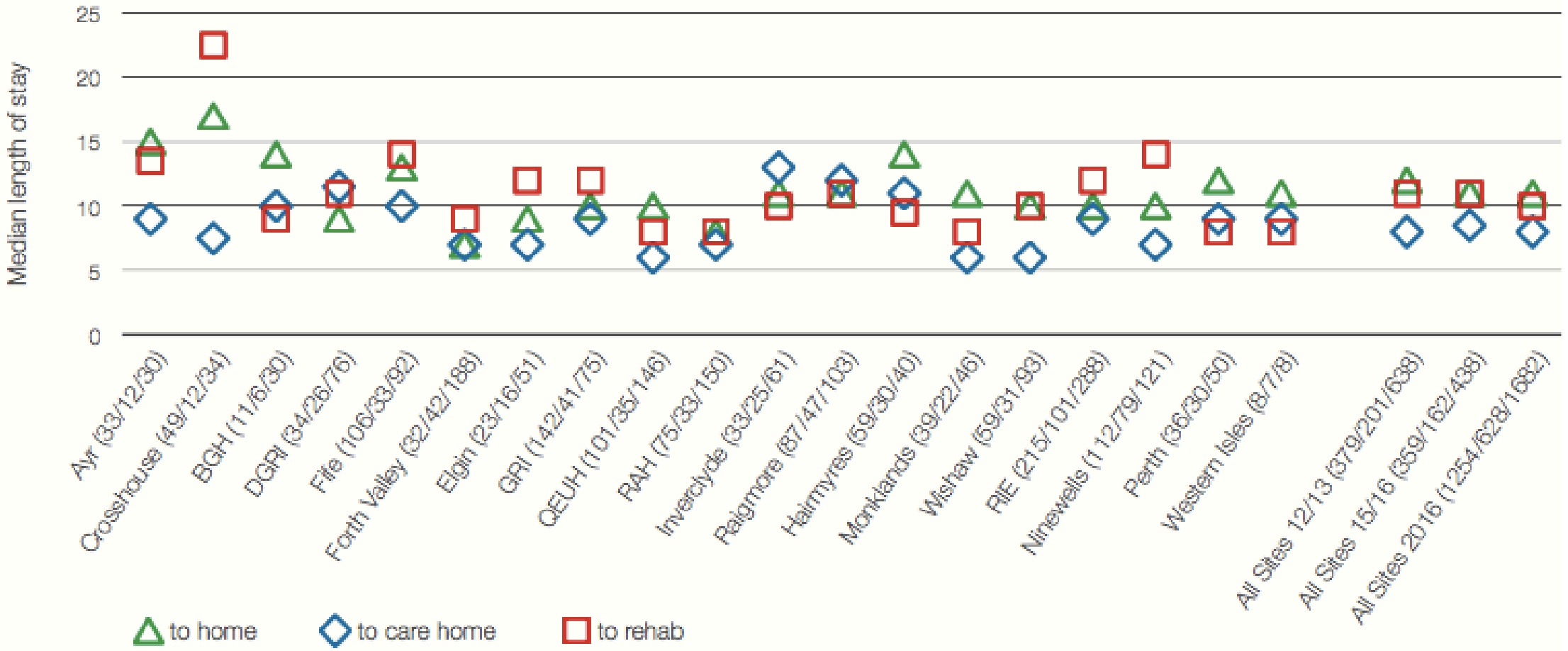
fig. 12.3 # Median length of total hospital stay



NHS National Services Scotland

The Scottish Government

fig. 12.2 # Median length of acute orthopaedic stay by discharge destination



NHS National Services Scotland

The Scottish Government

Definition of Oxymoron

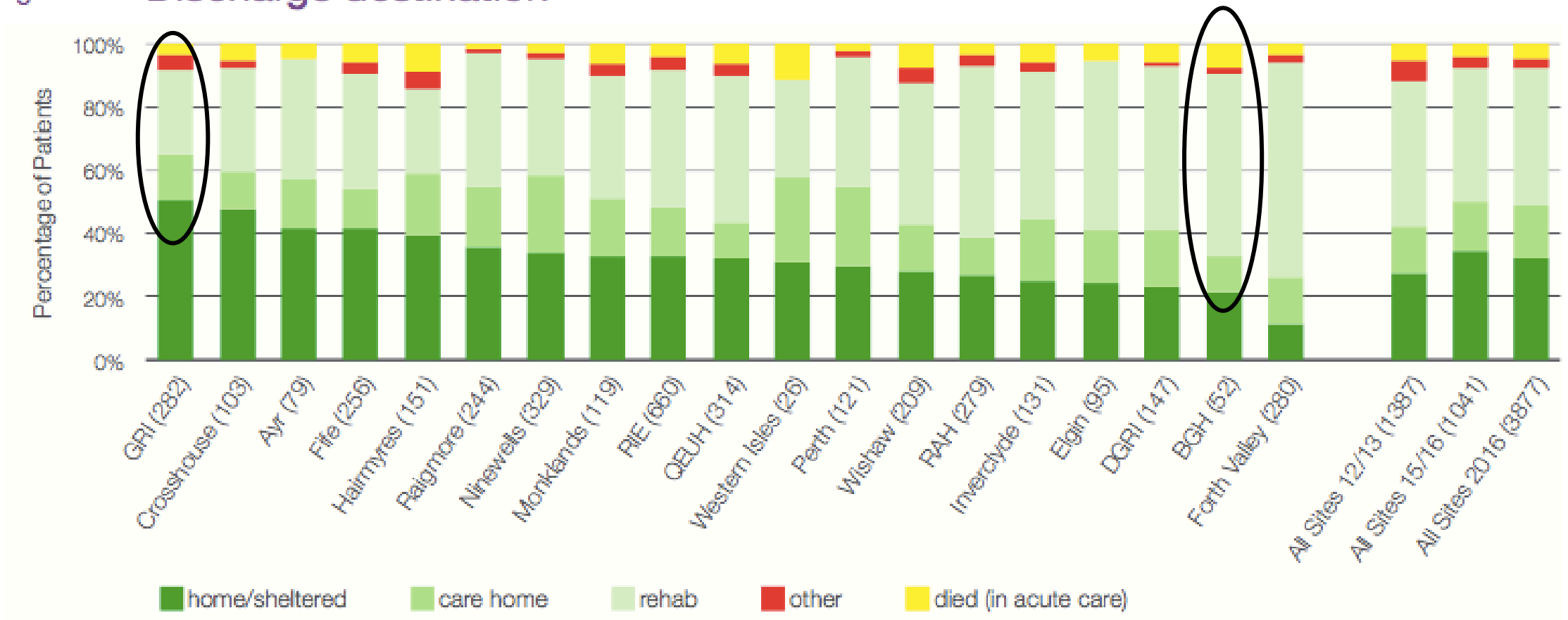
Is a figure of speech in which two opposite ideas are combined to create an effect

Evidence based orthopaedics

NHS National Services Scotland

The Scottish Government

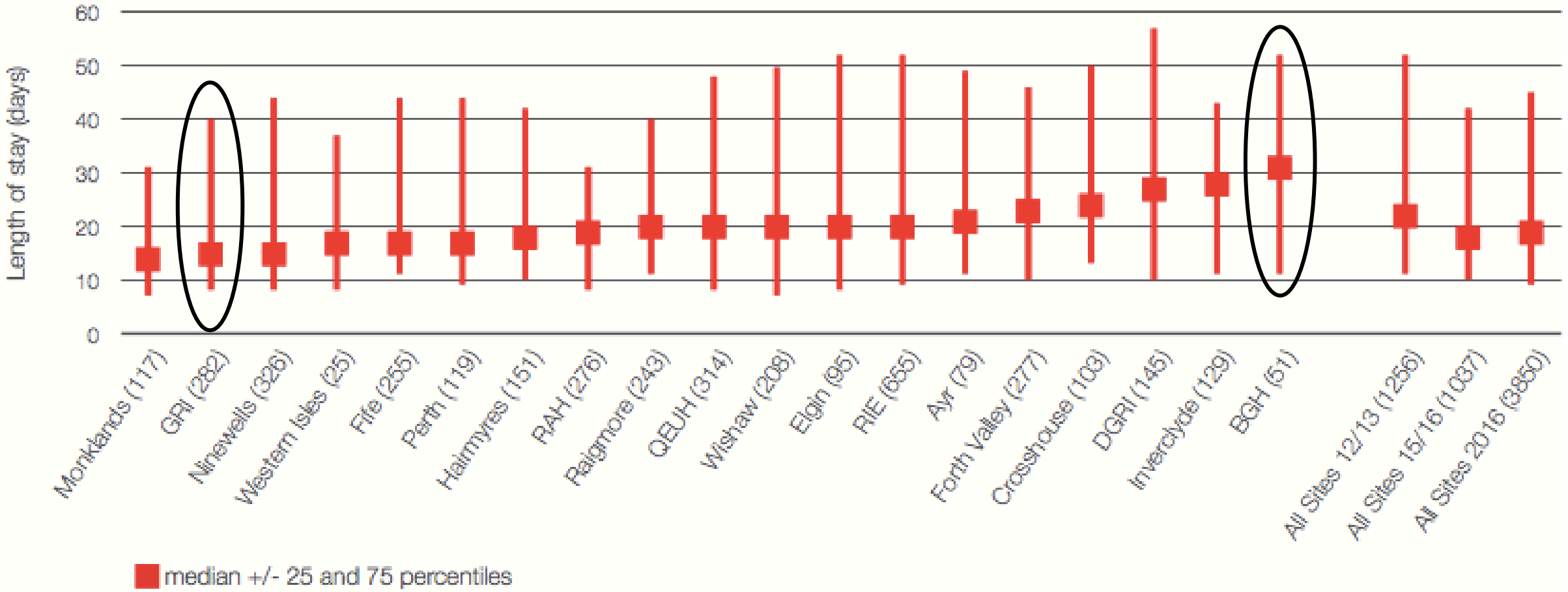
fig. 12.4 **Discharge destination**



NHS National Services Scotland

The Scottish Government

fig. 12.3 # Median length of total hospital stay

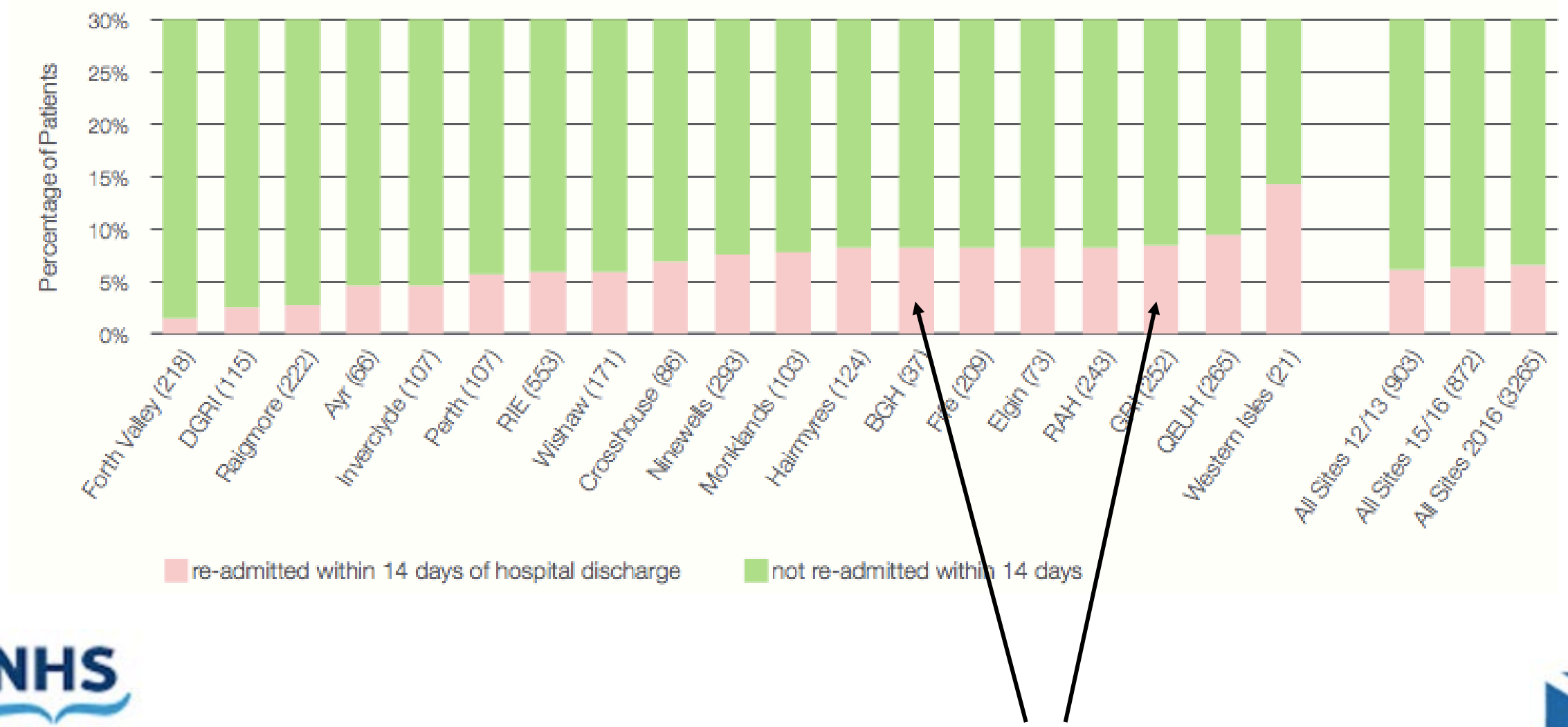


NHS National Services Scotland

The Scottish Government

fig. 12.5

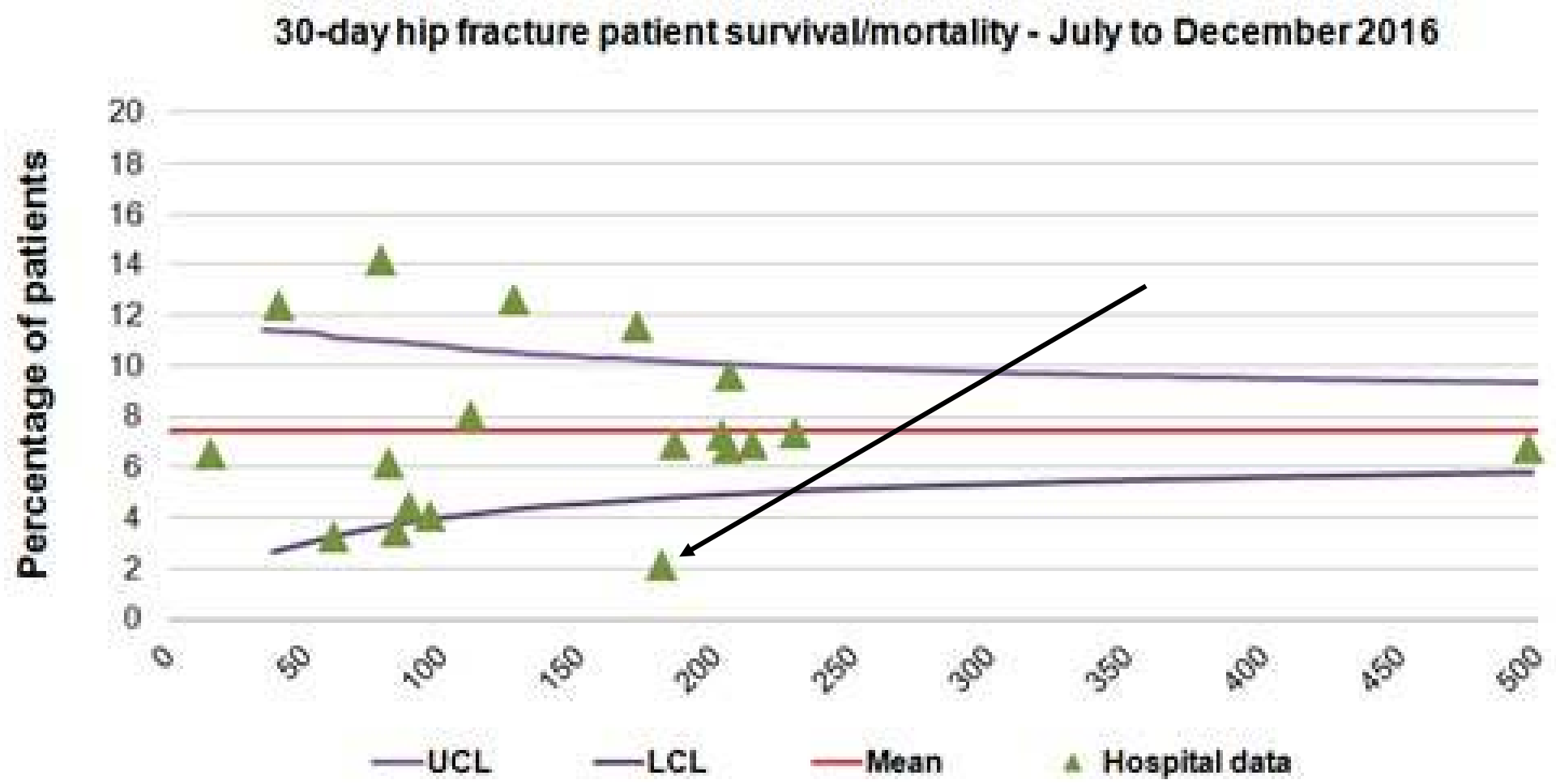
Percentage of patients who were readmitted within 14 days of hospital discharge



NHS National Services Scotland

The Scottish Government

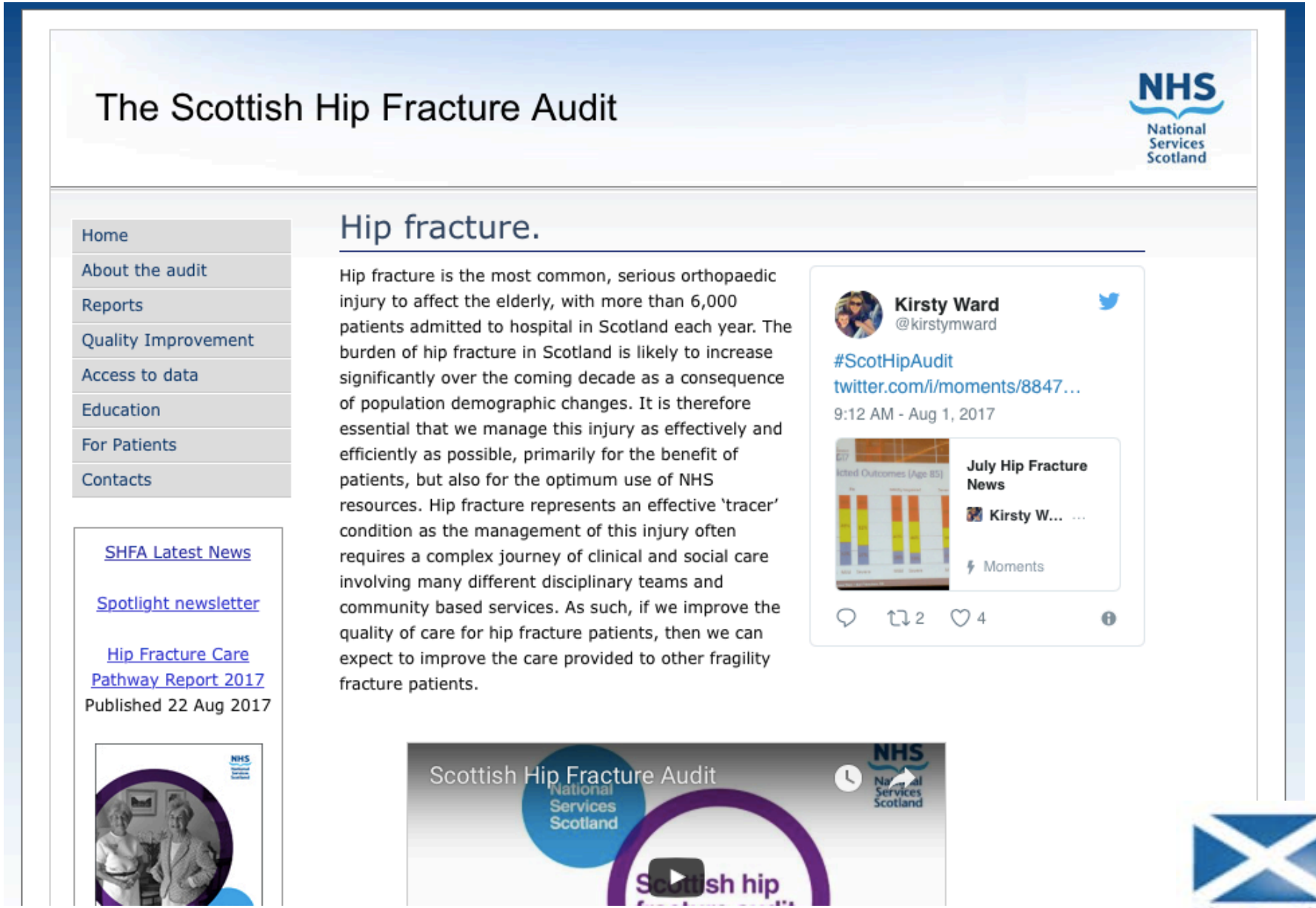
30 day mortality



NHS National Services Scotland

The Scottish Government

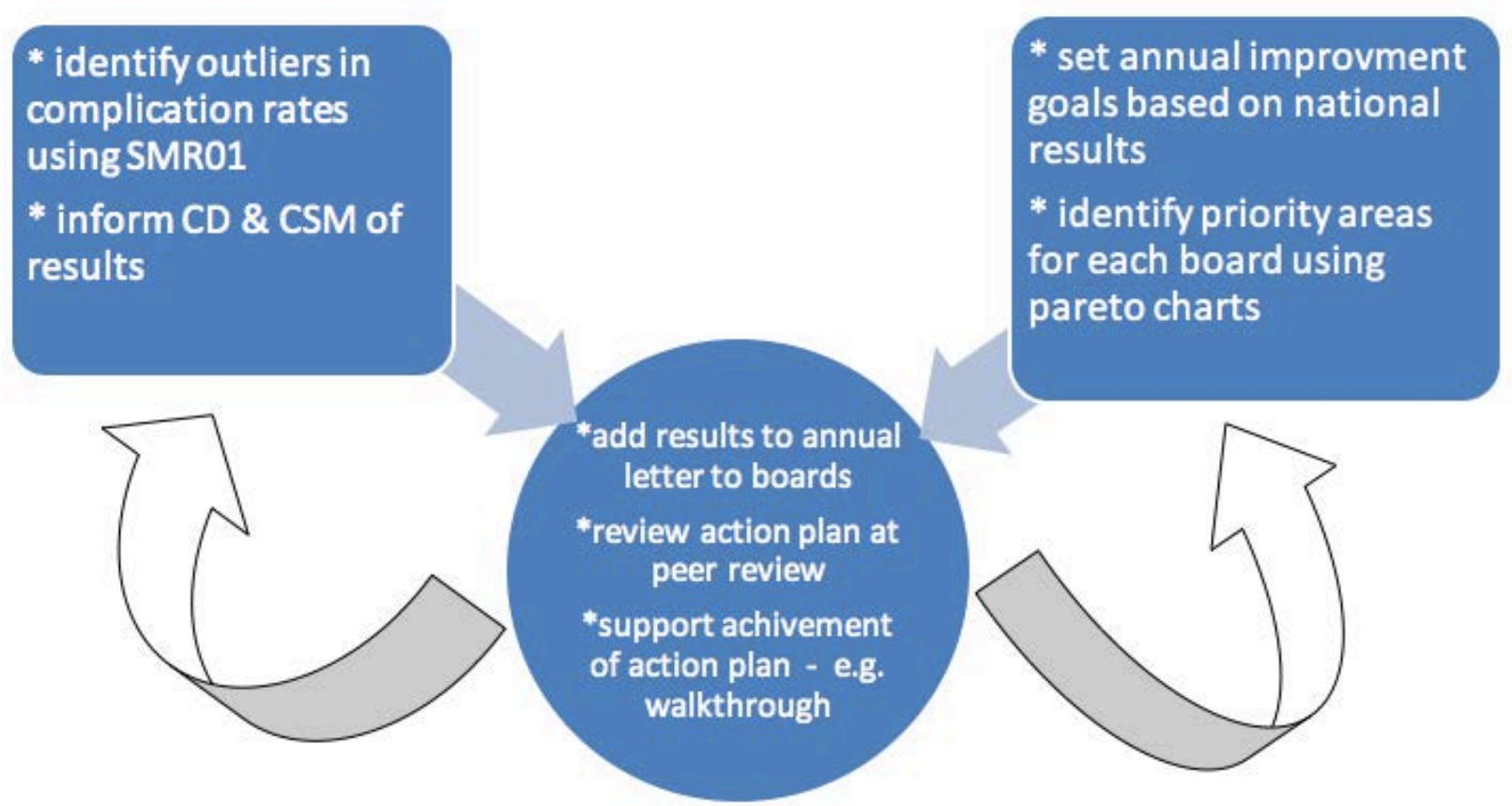
Website



NHS National Services Scotland

The Scottish Government

Complication Reporting



NHS National Services Scotland

The Scottish Government

Complication Reporting

- Infected prosthesis within one year
- Dislocation within one year
- DVT and or PE within 90 days
- Mortality within 30 days
- Stroke within 30 days
- Acute myocardial infarction within 30 days
- GI bleed within 30 days
- Renal failure within 30 days

NHS National Services Scotland

The Scottish Government

The Battle of the Audits

NHS National Services Scotland

The Scottish Government

v

Criterion	SHFA 2012	SHFA 2016	NHFD
4 hour ED transfer	**92%**		**47% (2014)**
Theatre within 36 hours	70%		72%
Falls assessment	90%		96%
Cognitive assessment	92%		93%
Bone protection	75%		80%
CoE intervention	**60% (25%)**		**85%**
30 day home from home	**35%**		**60%**
30 mortality			

*Using an **exception** presents a more accurate picture of quality care*
by allowing for clinical judgement and unusual circumstances that
happen in the provision of patient care.

Healthcare Quality Quest 2015

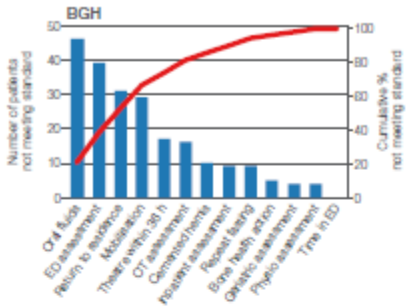
NHS National Services Scotland

The Scottish Government

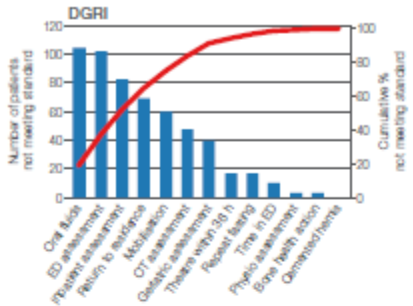
Hospital	Audit no.	Type of Breach	Cycle	Date of admission
Time in ED				
RAH	10424	Time in ED	Nov 2016	18-Nov-16
ED bundle				
RAH	10424	ED bundle	Nov 2016	18-Nov-16
Inpatient assessment bundle				
RAH	10420	Inpatient assessment bundle	Nov 2016	21-Nov-16
Time to theatre				
RAH	10402	Time to theatre	Nov 2016	02-Nov-16
RAH	10403	Time to theatre	Nov 2016	30-Nov-16
RAH	10404	Time to theatre	Nov 2016	05-Nov-16
RAH	10405	Time to theatre	Nov 2016	07-Nov-16
RAH	10411	Time to theatre	Nov 2016	11-Nov-16
RAH	10414	Time to theatre	Nov 2016	14-Nov-16
RAH	10418	Time to theatre	Nov 2016	16-Nov-16
RAH	10419	Time to theatre	Nov 2016	22-Nov-16
RAH	10420	Time to theatre	Nov 2016	21-Nov-16
RAH	10423	Time to theatre	Nov 2016	17-Nov-16
RAH	10425	Time to theatre	Nov 2016	24-Nov-16
RAH	10426	Time to theatre	Nov 2016	26-Nov-16
Repeat fasting				
RAH	10402	Repeat fasting	Nov 2016	02-Nov-16
RAH	10403	Repeat fasting	Nov 2016	30-Nov-16
RAH	10404	Repeat fasting	Nov 2016	05-Nov-16
RAH	10405	Repeat fasting	Nov 2016	07-Nov-16
RAH	10414	Repeat fasting	Nov 2016	14-Nov-16
RAH	10423	Repeat fasting	Nov 2016	17-Nov-16
RAH	10425	Repeat fasting	Nov 2016	24-Nov-16
Oral fluids				
RAH	10401	Oral fluids	Nov 2016	01-Nov-16
RAH	10402	Oral fluids	Nov 2016	02-Nov-16
RAH	10403	Oral fluids	Nov 2016	30-Nov-16
RAH	10404	Oral fluids	Nov 2016	05-Nov-16
RAH	10410	Oral fluids	Nov 2016	11-Nov-16
RAH	10411	Oral fluids	Nov 2016	11-Nov-16
RAH	10412	Oral fluids	Nov 2016	10-Nov-16
RAH	10413	Oral fluids	Nov 2016	13-Nov-16
RAH	10414	Oral fluids	Nov 2016	14-Nov-16
RAH	10415	Oral fluids	Nov 2016	14-Nov-16
RAH	10416	Oral fluids	Nov 2016	16-Nov-16
RAH	10417	Oral fluids	Nov 2016	16-Nov-16
RAH	10420	Oral fluids	Nov 2016	21-Nov-16
RAH	10421	Oral fluids	Nov 2016	20-Nov-16
RAH	10425	Oral fluids	Nov 2016	24-Nov-16
RAH	10426	Oral fluids	Nov 2016	26-Nov-16
RAH	10430	Oral fluids	Nov 2016	24-Nov-16
Catheterisation				
RAH	10405	Catheterisation	Nov 2016	07-Nov-16
RAH	10412	Catheterisation	Nov 2016	10-Nov-16
RAH	10415	Catheterisation	Nov 2016	14-Nov-16
RAH	10416	Catheterisation	Nov 2016	16-Nov-16
RAH	10419	Catheterisation	Nov 2016	22-Nov-16
RAH	10420	Catheterisation	Nov 2016	21-Nov-16
RAH	10426	Catheterisation	Nov 2016	26-Nov-16
RAH	10428	Catheterisation	Nov 2016	24-Nov-16
Use of uncemented hemiarthroplasties				
Geriatric input				
RAH	10428	Geriatric input	Nov 2016	24-Nov-16
RAH	10430	Geriatric input	Nov 2016	24-Nov-16
Mobilisation				
RAH	10401	Mobilisation	Nov 2016	01-Nov-16
RAH	10424	Mobilisation	Nov 2016	18-Nov-16
Physio input				
OT assessment				
RAH	10402	OT input	Nov 2016	02-Nov-16
RAH	10417	OT input	Nov 2016	16-Nov-16
Bone protection medication assessment				
RAH	10415	Bone protection medication assessment	Nov 2016	14-Nov-16
RAH	10420	Bone protection medication assessment	Nov 2016	21-Nov-16
Return to original residence by 30 days post-admission				
RAH	10274	Return to original residence by 30 days post-admission	Jul 2016	06-Jul-16
RAH	10275	Return to original residence by 30 days post-admission	Jul 2016	07-Jul-16
RAH	10276	Return to original residence by 30 days post-admission	Jul 2016	11-Jul-16
RAH	10278	Return to original residence by 30 days post-admission	Jul 2016	16-Jul-16
RAH	10285	Return to original residence by 30 days post-admission	Jul 2016	27-Jul-16
RAH	10289	Return to original residence by 30 days post-admission	Jul 2016	29-Jul-16
RAH	10290	Return to original residence by 30 days post-admission	Jul 2016	30-Jul-16

NHS National Services Scotland

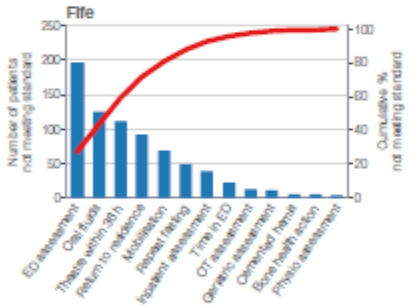
The Scottish Government



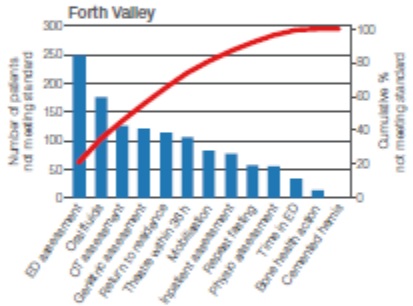
BGH: Oral fluids stopped for in excess of four hours prior to surgery, completion of ED big 6 bundle.



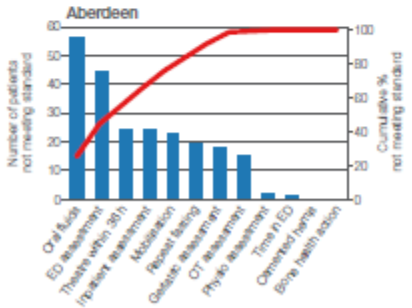
DGRI: Oral fluids stopped for in excess of four hours prior to surgery, completion of ED big 6 bundle.



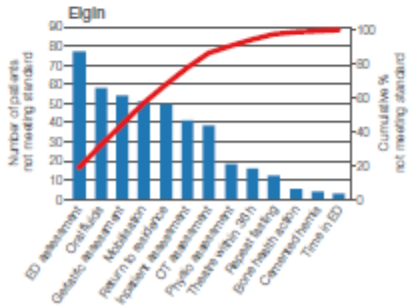
Victoria Hospital, Fife: Completion of ED big 6 bundle, Oral fluids stopped for in excess of four hours prior to surgery.



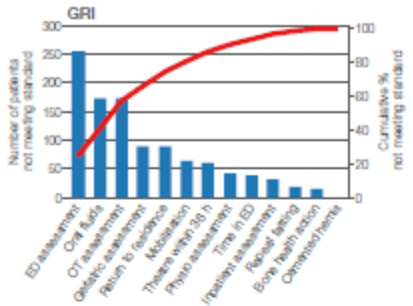
Forth Valley Royal Hospital: Completion of ED big 6 bundle, Oral fluids stopped for in excess of four hours prior to surgery.



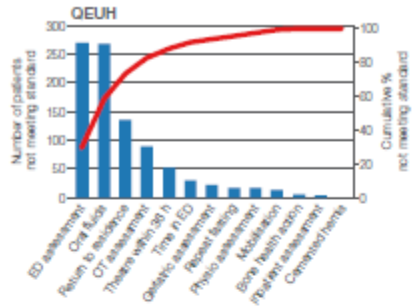
Aberdeen Royal Infirmary: Oral fluids stopped for in excess of four hours hours prior to surgery, completion of ED big 6 bundle.



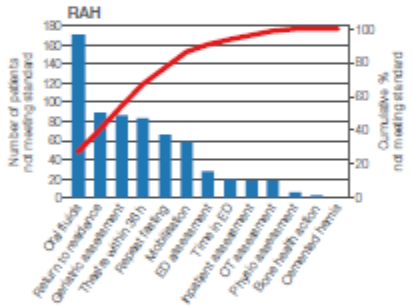
Dr Gray's Elgin: Completion of ED big 6 bundle, oral fluids stopped for in excess of four hours prior to surgery, access to Geriatric assessment.



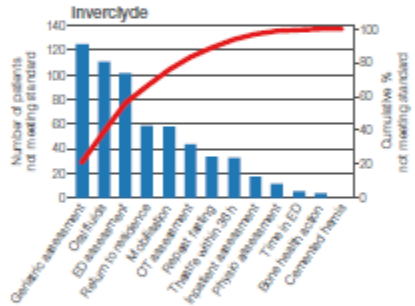
GRI: Completion of ED big 6 bundle, oral fluids stopped for in excess of four hours prior to surgery, OT assessment within three days of surgery.



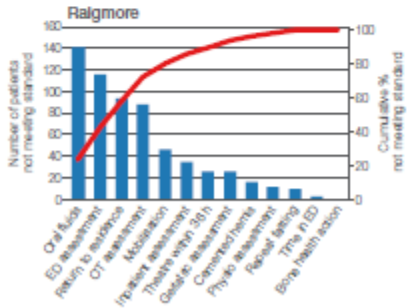
QEUH: Completion of ED big 6 bundle, oral fluids stopped for in excess of four hours prior to surgery.



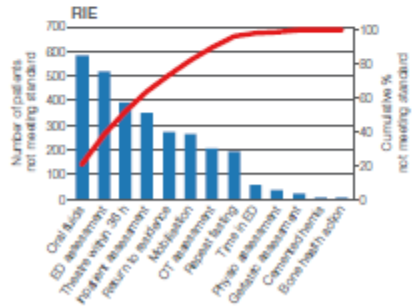
RAH: Oral fluids stopped for in excess of four hours prior to surgery, numbers who return to their original residence within 30 days.



Inverclyde Royal Hospital: Access to geriatric assessment, oral fluids stopped for in excess of four hours prior to surgery, completion of ED big 6 bundle.



Raigmore: Oral fluids stopped for in excess of four hours prior to surgery, completion of ED big 6 bundle, numbers who return to their residence within 30 days.



RIE: Oral fluids stopped for in excess of four hours prior to surgery, completion of ED big 6 bundle, theatre within 36 hours.

NHS National Services Scotland

The Scottish Government

Scottish Standards of Care for People with Hip Fractures.

NHS National Services Scotland

Summer 2017 spotlight on.....Fluid fasting

Standard 5: No patients should be repeatedly fasted in preparation for surgery. In addition, oral fluids should be encouraged up to two hours prior to surgery.

Patients should be offered drinks up to two hours before surgery. Most patients will be receiving intravenous fluids so prevention of dehydration is less of an issue, however intravenous fluids do not attenuate the sensation of thirst, so allowing oral fluids is humane and will improve patient comfort. Hip fracture patients are frequently malnourished and/or dehydrated on admission to hospital. Repeated fasting of this patient group can further exacerbate this issue. Repeating a fasting cycle must therefore be avoided where possible, and the length of pre-operative fasting should be minimised.

The Scottish Government

IMPLEMENTATION

Louise McGaw , Deputy Charge Nurse from Ward 2C, University Hospital Crosshouse shares her experience of how her team have worked together to improve achievement of this standard. They have shown sustained improvement over the past 6 months and have increased the numbers of hip fracture patients who are given oral fluids prior to surgery from 40% in December 2016 to an impressive 100% in June 2017.

'In order to improve fluid fasting times for patients who have sustained a hip fracture it was crucial for us to identify the areas that required improvement.

Two main areas that were identified were:

1. *Audit nurse had difficulty finding documentation that reported final fasting intake and time.*
2. *Communication within multidisciplinary team members regarding theatre times.*

To improve these areas we firstly devised a fasting fluid chart that is positioned at the start of the patients nursing profile which clearly identifies the time fluids were last taken and amount. This provided easy accessibility for the audit nurse to retrieve the information that was required.

Ward shift leaders played a pivotal role on the ward round by asking anaesthetists and consultants the patients' position on the theatre list to confirm if additional clear fluids could be offered and until what time. The shift leader then had the responsibility to communicate this information to all staff members to encourage fluid intake up to two hours prior to theatre as recommendation by the Hip Fracture Care Pathway Report (2016). Following additional fluid intake it was imperative the fluid chart was further updated. Finally, on occasions where patients were cancelled for theatre a new fasting fluid chart was commenced over the next fasting period to promote accuracy with fluid fasting times.'

Resources from other hospitals as well as a copy of the fluid checklist from NHS Ayrshire and Arran are available for use on the SHFA website The Scottish Hip Fracture Audit.

WHERE CAN I FIND OUT MORE?

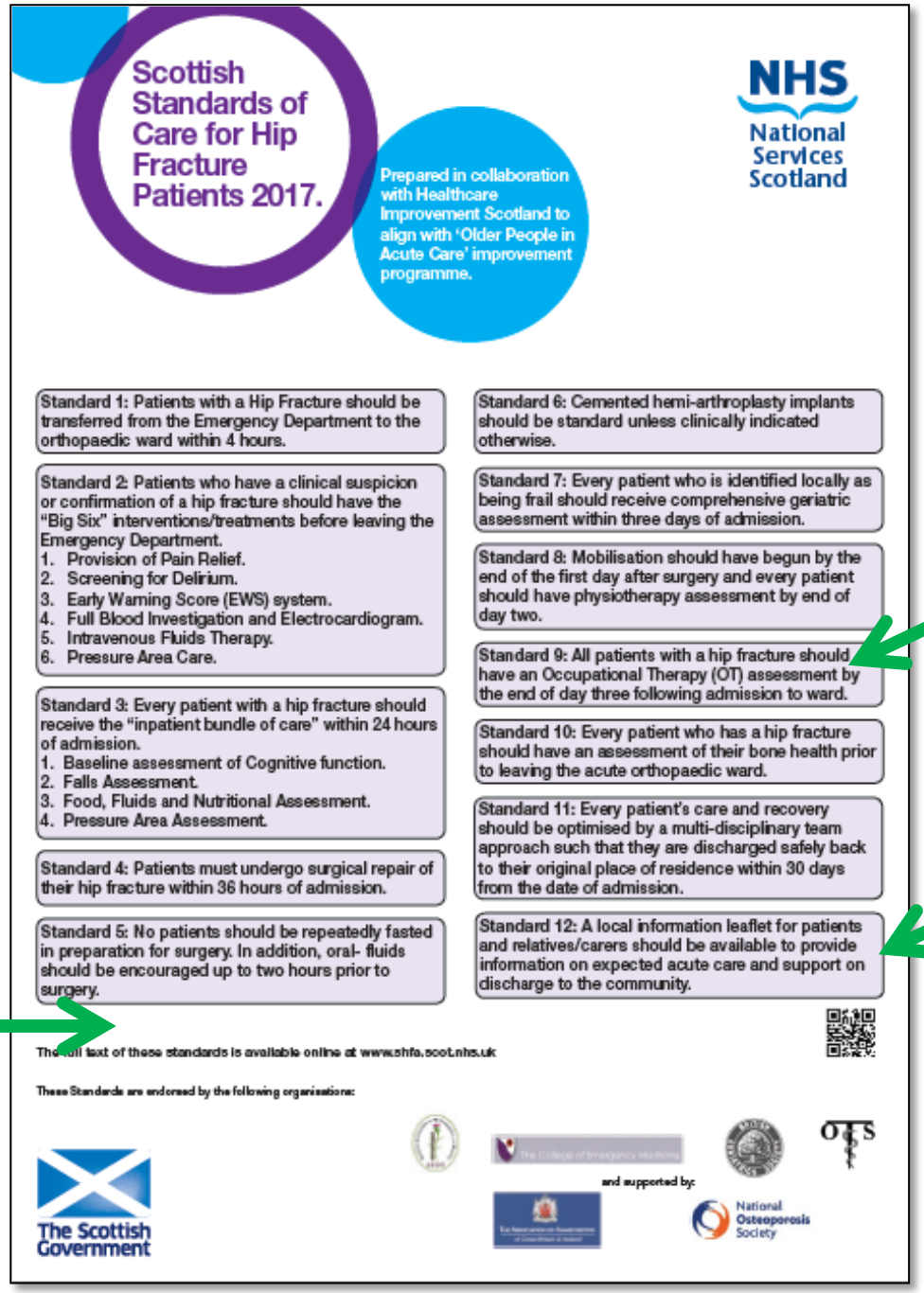
- http://www.shfa.scot.nhs.uk/_docs/20161109_SSC_for_Hip_Fracture_Patients.pdf.

Inspirational campaign from Nottingham University Hospital on how they tackled changing people's perceptions of fasting prior to surgery.

- http://patientexperiencenetwork.org/case-studies/nottingham-university-hospitals-think-drink-project/.
- https://youtu.be/mn4ynZtAaiA.

NHS National Services Scotland

The Scottish Government



Scottish Standards of Care for Hip Fracture Patients 2017.

Prepared in collaboration with Healthcare Improvement Scotland to align with 'Older People in Acute Care' improvement programme.

NHS National Services Scotland

Standard 1: Patients with a Hip Fracture should be transferred from the Emergency Department to the orthopaedic ward within 4 hours.

Standard 2: Patients who have a clinical suspicion or confirmation of a hip fracture should have the "Big Six" interventions/treatments before leaving the Emergency Department.
1. Provision of Pain Relief.
2. Screening for Delirium.
3. Early Warning Score (EWS) system.
4. Full Blood Investigation and Electrocardiogram.
5. Intravenous Fluids Therapy.
6. Pressure Area Care.

Standard 3: Every patient with a hip fracture should receive the "inpatient bundle of care" within 24 hours of admission.
1. Baseline assessment of Cognitive function.
2. Falls Assessment.
3. Food, Fluids and Nutritional Assessment.
4. Pressure Area Assessment.

Standard 4: Patients must undergo surgical repair of their hip fracture within 36 hours of admission.

Standard 5: No patients should be repeatedly fasted in preparation for surgery. In addition, oral- fluids should be encouraged up to two hours prior to surgery.

Standard 6: Cemented hemi-arthroplasty implants should be standard unless clinically indicated otherwise.

Standard 7: Every patient who is identified locally as being frail should receive comprehensive geriatric assessment within three days of admission.

Standard 8: Mobilisation should have begun by the end of the first day after surgery and every patient should have physiotherapy assessment by end of day two.

Standard 9: All patients with a hip fracture should have an Occupational Therapy (OT) assessment by the end of day three following admission to ward.

Standard 10: Every patient who has a hip fracture should have an assessment of their bone health prior to leaving the acute orthopaedic ward.

Standard 11: Every patient's care and recovery should be optimised by a multi-disciplinary team approach such that they are discharged safely back to their original place of residence within 30 days from the date of admission.

Standard 12: A local information leaflet for patients and relatives/carers should be available to provide information on expected acute care and support on discharge to the community.

The full text of these standards is available online at www.shfa.scot.nhs.uk

These Standards are endorsed by the following organisations:

and supported by:

The Scottish Government

National Osteoporosis Society

Timing of OT assessment changed

Patient and relative information added

Catheterisation standard removed

NHS National Services Scotland

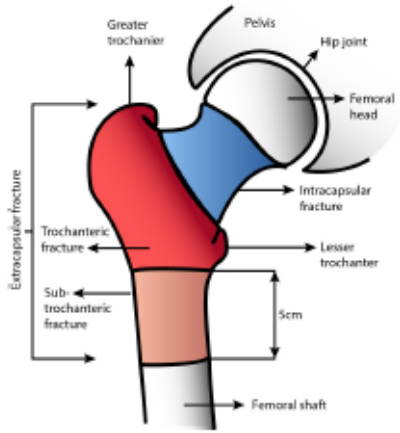
The Scottish Government

Help, I've broken my hip!

Scottish Hip Fracture Audit.

NHS National Services Scotland

You've broken your hip – this happens when the thigh bone at your hip bone breaks



Why did it happen to me?

- Just over one in 20 people over the age of 65 will suffer from a hip fracture.
- Hip fractures are very common and are usually due to a fall.
- A condition called 'osteoporosis' can weaken bones, meaning that they break more easily.
- It's more likely to happen to women as they are more likely to have osteoporosis.

What happens now?

- Pain often causes people the most worry. You will be given painkillers by the ambulance staff and then when you get to hospital. The pain usually improves after the bone is repaired.
- It's likely that you will be offered an operation to repair the fracture. However, you can decide if this is the best option for you.
- You can discuss your treatment with your consultant who will help you to understand the options available.
- If you decide to have an operation, it should be carried out within 36 hours of your admission to hospital.

Can anything go wrong?

- It's important to know that things can go wrong sometimes. However, the risks are low and usually depend on the state of your health when you are admitted to hospital.
- It's very common for people to become confused. This is called **'delirium'** and can be caused by some medications, infection or the shock to your body from the injury. This is usually a temporary condition which will clear up as you recover.
- Sometimes, people can experience infection, blood loss, clots in the leg or ongoing pain.

NHS National Services Scotland

The Scottish Government

- Approximately one or two people in every 200 die within 30 days of suffering a hip fracture and it is important to recognise that this is a serious injury. However, the likelihood of athis is usually related to how frail the person was when they were admitted to hospital rather than something going wrong with the operation.
- Your consultant will discuss with you all of the risks involved.

What about after my operation?

- The ward staff will help you get back on your feet as soon as possible, usually either on the day or the day after your operation.
- You may find this uncomfortable at first but is important to be mobile as soon after the operation as possible. This can help to avoid many of the possible complications.
- You will be given painkillers to help with this.

When can I go home?

- The average length of stay in hospital is about 18 days. This varies depending on how well you recover. Some people need longer in hospital to recover.
- When you and the staff caring for you think you are ready, arrangements will be made to help you home.
- Studies show that more than half of people who were admitted from their own home will return there within 30 days.

How do hospitals improve what they do?

- Together, Scottish Government and the Scottish Hip Fracture Audit have set standards of care that you can expect to receive.
- Information on how hospitals are meeting these standards is collected and passed to their local teams so that they can identify any improvements needed.
- Further details including published performance figures are available at www.shfa.nhs.scot.uk.

Where can I find out more information about my condition?

National Osteoporosis Society

ageUK

Healthcare Improvement Scotland

NHS inform

The Scottish Hip Fracture Audit

NHS National Services Scotland

The Scottish Government