

REDUCE Emergency Department/ Admission Checklist

The REDUCE Study (REducing unwarranted variation in the Delivery of high qUality hip fraCture services in England and Wales) research programme identified a number of factors associated with patient outcomes post hip fracture. These research findings have directly informed the development of this evidence-based checklist. Audit standards should reflect the content of this checklist.

Short term

1. Nerve blocks (typically femoral or fascia iliaca)
 - Action: Nerve block trolley set up for hip fracture cases
 - Target: At least 70% of hip fracture patients offered a nerve block pre-operatively
2. Pain score
 - Action: Routine use of pain scores (e.g. PainAD score)
 - Target: Protocol in place: 100% patients scored and managed pre-operatively
3. Pre-operative energy supplement juice drink prescribed
 - Action: Prescribe 100mls at 06:00 ready for morning list, repeat at 10:00 for afternoon list
 - Target: Protocol in place: 100% patients prescribed pre-operatively
4. Treatment plan discussed with patient **AND** those close to them (i.e. family/friends) on admission
 - Action: Not just operation consent, but discussion re medical, nursing, physio management, treatment escalation (e.g. RESPECT form), expected recovery and rehab pathway
 - Target: Documentation of discussion in 100% patients
 - Patient experience feedback indicated discussions are valuable
5. Ensure a reliable system is established to **promptly notify** orthopaedic/orthogeriatric/nursing admitting team(s) when a patient with hip fracture is identified in the ED
6. An ED representative should attend monthly hip fracture team clinical governance meetings, and feedback minutes and discussion to the ED

Medium-longer term

7. After prompt assessment and management (including of pain), hip fracture admissions should move directly to an orthopaedic ward from the ED within 4 hours of presentation to hospital
 - Target: >95% admitted directly to orthopaedic ward (vs. outlying ward)
 - Pre-hospital notification systems for expected hip fracture presentations may help expedite assessment (and prompt pain management)
8. Establish a dedicated hip fracture ward to which patients can be admitted direct from ED
 - Target: >95% admitted directly to hip fracture ward (vs. outlying ward)