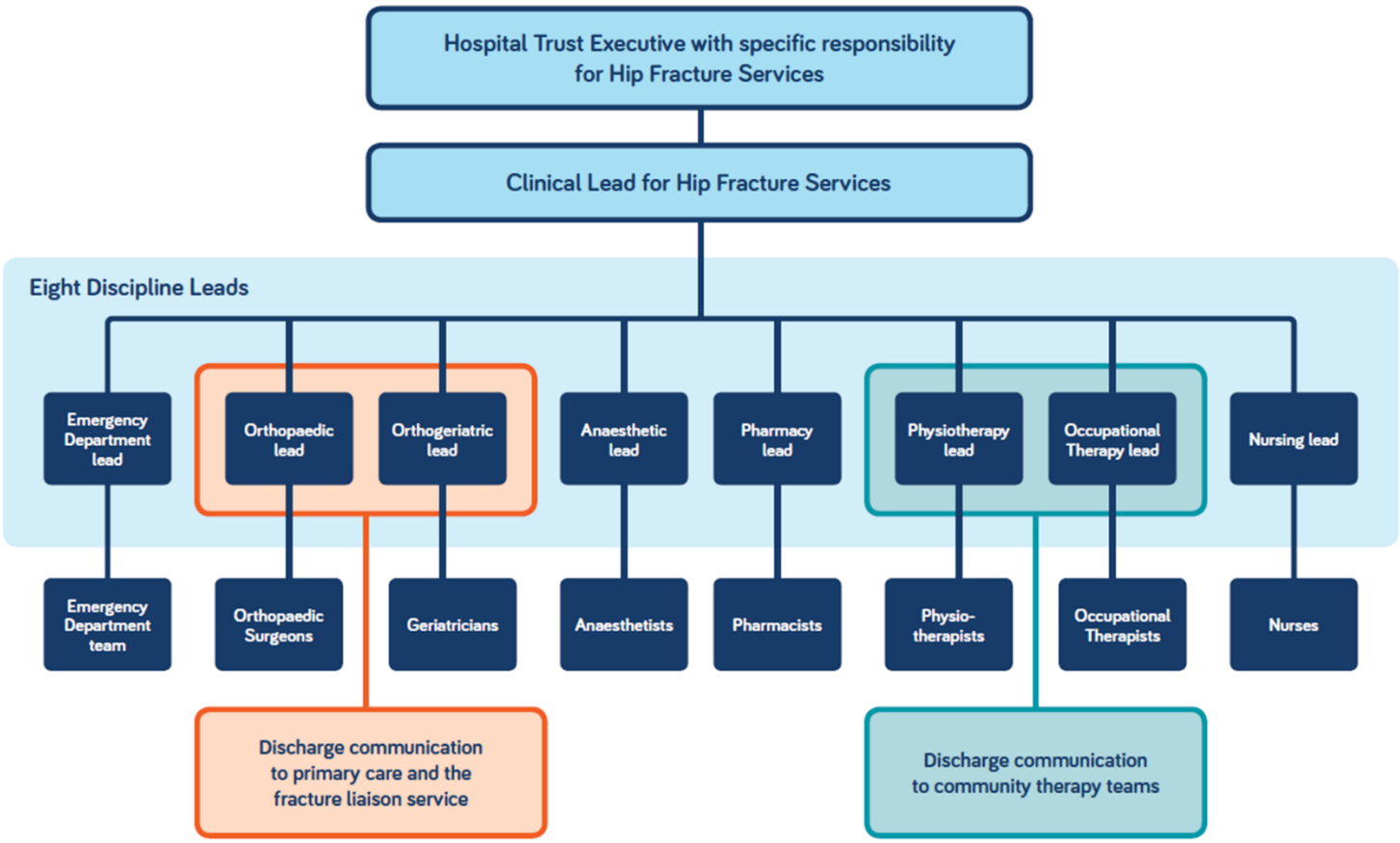
Hip Fracture Service Specification

Structure of the Hip Fracture Care Pathway



Emergency Medicine

The Royal College of Emergency Medicine provides guidance on Emergency Service Design & Delivery | RCEM.

Orthopaedic Surgery

- Hip fracture patients should be managed within a shared care pathway with the involvement/ input of orthogeriatricians
- There should be an agreed pathway for patients who are taking anticoagulants on presentation
- Hip fracture patients should be admitted to an acute ward within four hours of presentation to hospital

- Hospitals should have a planned trauma list staffed by senior surgeons and anaesthetists seven days a week
- All hip fracture operations should be performed or supervised by senior surgeons, and the hospital should be staffed for this
- Patients with hip fractures should have their operation on the day of or day after admission
- Surgery for hip fractures should follow NICE guidelines and patients should have access to surgeons with experience of performing total hip arthroplasty when it is required
- All patients should have operations which allow immediate full weight bearing, without restriction, post-operatively
- Orthopaedic surgeons should be involved in the trauma meeting on the day of the operation, as well as with MDT meetings, audit, and governance meetings where the NHFD audit metrics are discussed

Further details available from:

NICE: National Institute for Health and Care Excellence (NICE) Hip fracture; the management of hip fracture in adults. CG124. London: NICE, 2011, https://www.nice.org.uk/guidance/cg124

British Orthopaedic Association standard (BOAST): The care of the older or frail orthopaedic trauma patient https://www.boa.ac.uk/static/a30f1f4c-210e-4ee2-98fd14a8a04093fe/boast-frail-and-older-care-final.pdf

Orthogeriatric Medicine

- Each hospital managing acute hip fracture patients should have at least one consultant orthogeriatrician
- Consultant orthogeriatricians should be supported by a specialist nurse and/or staff grade or associate specialist in orthogeriatric medicine
- Together this orthogeriatric team should provide daily weekday orthogeriatric ward rounds
- Patients should be admitted under geriatricians, or a shared care model with orthopaedic surgeons, and orthogeriatrician time should be sufficient to provide this care (patients have poorer outcomes when only managed by traditional model of orthopaedic care with reactive request for medical help)
- On average ≥7 hours of orthogeriatrician time are needed per hip fracture patient per patient admission

Further details available from:

2016 NHFD Report 2016 (nhfd.co.uk)

Increased orthogeriatrician involvement in hip fracture care and its impact on mortality in England https://academic.oup.com/ageing/article/46/2/187/2631400)

Anaesthetics

Anaesthetic capacity needs to be able to provide a consultant anaesthetist for all hip fracture cases. The Royal College of Anaesthetists provides guidance on standards for anaesthetic practice.

Further details available from:

Safety, standards, and quality | The Royal College of Anaesthetists (rcoa.ac.uk)

Physiotherapy

The Chartered Society of Physiotherapy (csp.org.uk) provides standards for hip fracture physiotherapy rehabilitation, and services should be staffed to achieve these 7 standards:

- A physiotherapist assesses all patients on the day of, or day following, hip fracture surgery, including on Saturdays and Sundays
- All patients are mobilised on the day of, or day following, hip fracture surgery, including on Saturdays and Sundays
- All patients receive daily physiotherapy totalling at least two hours in the first 7 days post-surgery, including on Saturdays and Sundays
- All patients receive at least two hours of rehabilitation in subsequent weeks post-surgery until they have achieved their goals
- A physiotherapist is part of every hip fracture programme's monthly clinical governance meeting
- Physiotherapists share their assessment findings and rehabilitation plans with all rehabilitation providers to enable clear communication with the MDT
- Physiotherapists communicate with community rehabilitation teams to ensure ongoing rehabilitation provision where needed

A typical 28-bedded hip fracture ward needs at least 2 full-time physiotherapists and 1.2 physiotherapist assistants.

Further details available from:

2016 NHFD Report 2016 (nhfd.co.uk)

Occupational Therapy

All hip fracture services need access to the expertise of occupational therapy, which aims to:

- Provide individual assessment and intervention to facilitate safe and timely discharge from hospital for patients following a fractured hip
- Co-ordinate complex discharge planning with hospital and community services through working autonomously and taking a key role in multi-disciplinary and multi-agency teamwork
- Maximise patient independence and decrease the need for premature admission to a residential care setting

Access to occupational therapy must be planned and based on the needs of the patient following principles laid out in the Royal College of Occupational Therapy (RCOT) professional standards. These standards are accompanied by a RCOT service provision audit tool.

Further details available from:

https://www.rcot.co.uk/publications/professional-standards-occupational-therapy-practice-conduct-and-ethics

Nursing

The National Quality Board sets out expectations for nursing and midwifery staffing to help NHS provider boards make local decisions that will deliver high-quality care for patients within the available staffing resource.

Principles for safe staffing include provision of suitable quantity and skill mix of nursing staff to ensure:

- The right care is provided, ensuring patients get the care that is right for them to help them recover as soon as possible
- Avoidable harm is minimised, with a focus on quality and human factors in delivering high-quality care
- The value of available resource is maximised, providing high-quality care to everyone by using resource to deliver services efficiently

NHS England recommends using care hours per patient day (CHPPD), calculated as the total hours worked divided by the daily average number of patients and guidance is provided (https://www.england.nhs.uk/care-hours-patient-day-chppd-data/). Whilst NHS England provides guidance on safe staffing levels (https://www.england.nhs.uk/nursingmidwifery/safer-staffing-nursing-and-midwifery/), no specific CHPPD thresholds are provided. In the absence of these, local hip fractures services would do well to benchmark their CHPPD metrics against similar sized hospitals in their region, and other departments within their Trust.

Pharmacy

Pharmacy services need be sufficient to be able to support and follow the principles laid out in The Standards for Hospital Pharmacy Services (rpharms.com) addressing 3 overarching domains:

- Patient experience
- Medicines assurance
- Delivery of the Service – including:
  - Leadership
  - Systems of work including governance, research, and audit
  - Workforce planning and development

Further details available from:

https://www.rpharms.com/recognition/setting-professional-standards/hospital-pharmacy-professional-standards/the-standards