NSW Health

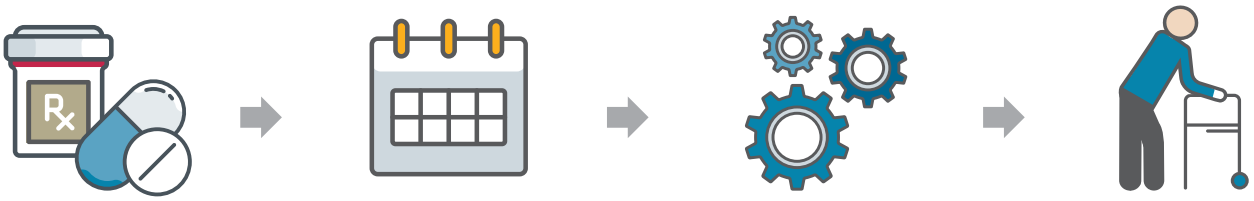
Leading Better Value Care

Hip fracture care

Organisational models

This document provides decision-makers with options to improve care in different service delivery settings. Building on *Hip fracture care: Clinical priorities* (2018) which described *what* to improve, the focus here is on *how* to improve care. Together these documents are informed by: research evidence about best clinical care and the effectiveness of different delivery models; empirical evidence about current service delivery levels; experiential evidence from clinicians and patients.

IMPROVING KEY PRIORITY AREAS



Pain management

- Apply agreed local pain management protocol using validated tools
- Document regular pain assessment and interventions as part of routine care
- Capture pre-operative administration of fascia iliaca blocks (FIB) through routine data collection
- Train clinical staff and support accreditation in FIBs, to deliver 24/7 access

Timing of surgery

- Establish pre-operative medical optimisation processes
- Use theatre prioritisation mechanisms to provide rapid access to surgery within 48 hours of initial ED presentation
- Ring-fence dedicated emergency surgery list or timeslot
- Use surgical dashboards to report to executive teams the time from initial ED presentation to surgery

Orthogeriatric principles of care

- Agree on the roles for coordinated multidisciplinary care, led by senior clinicians at each hospital
- Prioritise shared care arrangements between orthopaedics and geriatrics
- Establish processes to support routine screening to identify cognitive impairment
- Minimise delirium risk through supportive care environments

Mobilisation and weight bearing

- Monitor restricted versus non-restricted weight-bearing orders
- Deliver programs to support patient mobilisation day one after surgery
- Deliver physical activity programs of increasing intensity and duration
- Automate patient referral systems to rehabilitation services (where appropriate)

IMPROVING THE OVERALL PATIENT JOURNEY

- Prioritise and lead hip fracture care within clinical governance activities at the executive level
- Where appropriate, consider NSW Ambulance bypass of hospitals where hip fracture surgery is not performed
- Liaise with NSW Ambulance to conduct pain assessment and management (to potentially include FIBs)
- Establish routine data collection and monitoring processes
- Arrange regular local multidisciplinary team meetings to review data and work collaboratively on shared challenges
- Connect clinicians through networking opportunities and virtual platforms beyond their organisations to share expertise
- Engage the patient and family in shared decision-making
- Measure and act upon patient reported experience and outcome measures

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● Potential location(s) for implementation

OPTIONS FOR ORGANISATIONAL CONFIGURATIONS

A coordinated multidisciplinary team-based approach delivers core components of orthogeriatric care (see table below). The options below outline different organisational models which sites can use to tailor their clinical services to fit with local requirements. The composition of the team may vary across sites which provide hip fracture surgery.

Table: Core components orthogeriatric care

	Emergency department	Ward (pre surgery)	Operating theatre	Ward (post surgery)	Rehabilitation
Alert system notifies multidisciplinary team	●				
Timely assessment and treatment of pain	●	●	●	●	●
Designated clinicians administer FIB	●	●	●		
Senior surgical and medical clinicians jointly optimise fitness for surgery	●	●	●		
Theatre urgency category applied			●		
Comprehensive geriatric assessment guides care	●	●		●	●
Dedicated hip fracture mobility program				●	●
Patient flow processes to rehabilitation services				●	●

Option 1: Structured orthogeriatric service

Centred on a shared care arrangement between orthopaedics and geriatric medicine. From the point of admission, the orthopaedic and geriatric medicine teams work together to optimise pre and post operative care. Suited to most metropolitan hospitals with established geriatric medicine services.

Option 2: Coordinated care applying orthogeriatric principles

A coordinated team-based approach led by senior medical, nursing and allied health professionals using orthogeriatric principles. Leadership of care is agreed for the different stages of care along the patient journey. Nurse-led coordination of care facilitates multidisciplinary team work.

Brief vignettes, describing how various organisational models have been implemented locally, are housed on the LBVC hub or website.

For hospitals that do not perform hip fracture surgery

A local Hip Fracture Care Inter-hospital Transfer Protocol supports the delivery of coordinated care of patients, including medical stabilisation, appropriate pain management and timely transfers between initial and surgical hospitals.

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