Streamlining the Patient’s Journey - Hip Fracture Care Collaborative

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Hospital Code Name: Counties Manukau Health
KEY PROBLEM

- Patient access to intensive multi disciplinary rehabilitation
- Unnecessary delays in patient transfer to rehabilitation
- Aiming to achieve the Best practice NHS guidelines for Hip Fracture reporting.

WHY IS IT IMPORTANT

The project was important to Counties Manukau Health for a number of reasons including enhancing patient care, reducing length of stay in hospital and reducing costs to the service.

An improved hip fracture care pathway was expected to have the following impacts on patients:

- Better outcomes for a high risk group for mortality
- Reduction in complications associated with hip fracture
- Enable more patients to return home
- Better treatment of osteoporosis
- Improved functional outcomes
- Reduction in risk of falls and pressure injuries
- Ensuring patients receive responsive and timely interventions
AIM OF THIS INNOVATION

- **Improvement Sought** to reduce the average length of stay for >64 year old (and >54 year old Maori and Pacific) hip fracture patients from 22 days to 19 days by the 30th of June 2013.
BASELINE DATA

- Combined LOS (Acute + Rehab) = 22 days
- Transfer to Rehabilitation following clearance = 2.9 days
- Physiotherapy rehabilitation - only 5 days per week
7 Day Rehabilitation - weekend physiotherapy for patients with fractured hips to enable them to continue their rehabilitation over the weekends

Barriers for Discharge Checklist – in order to identify and resolve potential barriers to discharge in a timely manner

Early transfer to rehabilitation ward – patients who are deemed ready for transfer to rehabilitation are identified and transferred as soon as possible

Patient Information Pamphlets – 2 pamphlets (Acute Phase and the Rehabilitation Phase) which inform the patient and sets expectations

Patient Experience Survey – established as a balancing measure.
Overall length of stay (LOS) for Hip Fracture patients comprise of Acute and Assessment, Treatment & Rehabilitation (AT&R) LOS.

There is a change (special cause) in the variation in overall LOS. This special cause can be attributable to reduced variation in the acute LOS. Reduction in variation can further be attributed to the testing carried out in streamlining the patient transfer process from Acute to AT&R.

Using the control chart rules for special cause the AT&R LOS is not indicating a change (special cause), however using the Cumulative Sums (CUSUM) chart, which is able to detect small process change we can see reduction in LOS.

Although the goal of 19 days was not achieved within the collaborative time frame we have seen a reduction in the combined ALOS from 22.0 days to 21.3 days.
LESSONS LEARNT

- Managing your team size is important as less people result in fewer testing impacting the outcome and it's important to get the right group mix.
- Ensure you have support to the highest level required.
- Ensure your baseline measures are sound.
- Testing collection methods is very useful to save time & effort.
- Make sure your measure is specific to your change idea else the measure will not reflect the changes.
- We learnt that it is ok for ‘Plan-Do-Study-Act’ (PDSA) cycles to fail to show the predicted results. This happened when we tested Criteria Based Discharge (see our PDSA Tree below).
- Because the Model for Improvement ensures continual analysis, ongoing reflection on predictions and testing in small incremental steps, the cost of this failure was minimal.
- We were able to abandon the idea very easily and move on to test other ideas. From our testing, we found that a Barriers for Discharge Check-list was more effective.
The Health Roundtable

Working Group:
Ian Dodson, Jennifer Baker, Kathy Walker, Noelene Chetty, Terri Killip, Beverley Saward, Hla San Tha, Rosie Whittington, Prem Kumar, Danni Farrell.