Perioperative care of fracture neck of femur patients and triaging post operative care

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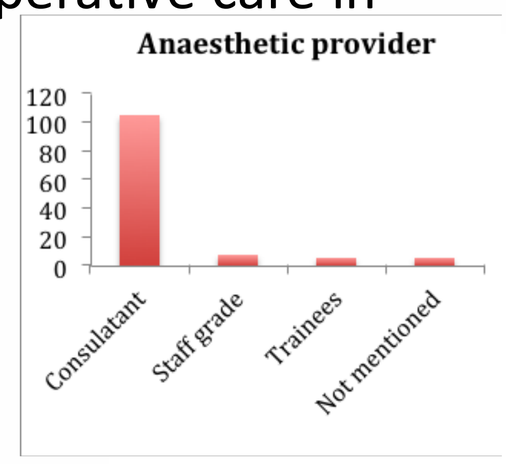
Background: We had an increased 30 day mortality in fracture neck of femur patients compared to Nationalised standard.We found that we could improve on anaesthetic care provider for these cases, type of anaesthetics and postoperative triage of these patients with better outcome

Method: We collated the data for fracture neck of femur patients during the month of Jan- Aug 2019 and did statistical analysis and found out the areas of improvement needed. We looked into Nationalized protocols and checked with few other trust policies for perioperative care in fracture neck of femur. We had brainstorming sessions and figured out were we could improve in Patient care. Our team attended multidisciplinary Fracture neck of femur meetings. We looked into immediate postoperative length of stay for these patients in recovery. The recovery lead along with their team gave feedbacks about each patients to the concerned anaesthetist. Our team discussed ways of improving the recovery stay for these patients and planned to formulate a new anaesthetic chart

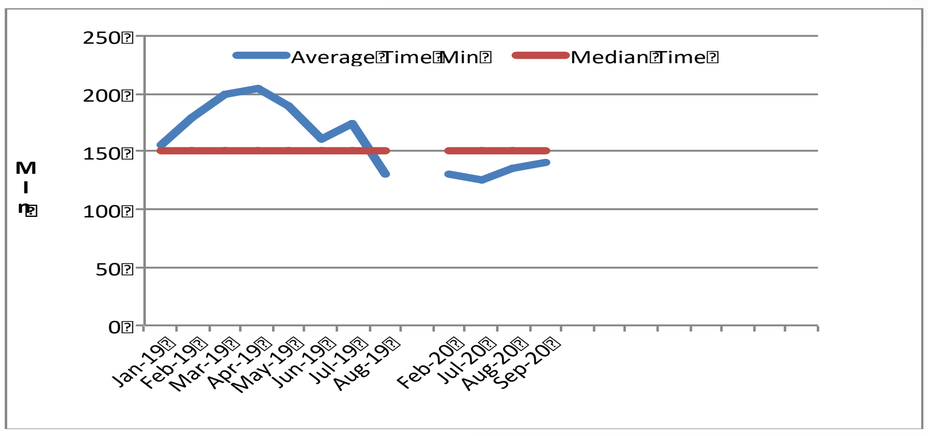


Aim: Our project aimed on improving anaesthetic care provider, improving anaesthetic care intraoperatively and triaging these frail patients effectively in postoperative period.

Actions and outcomes

We changed from 81 % consultant led practice to 98% consulatnt led anaesthetic care and 2 % with senior staff grade.

By acheiving higher consultant led anaesthetic care, intraoperative spinal anaesthetic rate with fascia iliaca block is 84%. The new anaesthetic chart was rolled out into practice.



We were effectively able to triage the patients from recovery either to ward or high dependency unit well under the median 150 minute mark after using the new anaesthetic chart..

Conclusion and reflections: Our QI project identified and achieved positive outcomes in , Staffing: We had increased consultant led anaesthetic care for these frail patients. Technique: we were able to achieve higher spinal rates for these patients , which as per studies has always shown statistically and clinically significant reduction in early mortality (up to 1 month) in patients having regional anaesthesia compared to those having general anaesthesia .Triage: These frail patients were able to triage more effectively in the postoperative period.

Our project did had numerous struggles. Initially we had to do encourage people to use the new chart and at the first instance make them aware of the availability of new anaesthetic chart.

At the end the project did give these frail patients better outcome , and we are looking to take it to a prospective audit in the near future.

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