



Introduction of a 7-day/week Physiotherapy-led service for hip fracture clients

Hospital Name: Canberra Hospital

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HRT1721 – Allied Health Improvement Group Workshop

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Adelaide



Key Problem

Project Drivers:

- Hospital review of clinical care to hip fracture patients in alignment with the Hip Fracture Clinical Care Standard¹ and the ANZHF guideline²
- Current service provision complied with evidence based outcomes for mobilisation within 48 hours of surgery³
- Hip Fracture Clinical Care Standard and ANZHF guideline recommend mobilisation the day after surgery
- New evidence supports increased intensity of physiotherapy → reduced LOS⁴

¹ Australian Commission on Safety and Quality in Health care. Hip Fracture Care Clinical Care Standard. Sydney: ACSQHC. 2016.

² Australian and New Zealand Hip Fracture Registry (ANZHFR). Australian and New Zealand Guideline for Hip Care. ANZHFR. 2014

³ Oldmeadow, Edwards, Kimmel, Kipen, Robertson & Bailey. 2006. No rest for the wounded early ambulation after hip surgery accelerates recovery. *ANZ J Surgery*: 76:607-611.

⁴ Kimmel, Liew, Sayer & Holland. 2016. Hip4Hips (High Intensity Physiotherapy for Hip Fractures in acute Hospital setting): a randomised control trial. *MJA*. 205 (2) p73-78.

Aim of this innovation

Implementation of a 7 day/week Physiotherapy Led Service contributes to a:

1. 2 day reduction in length of stay (LOS)
2. Improve client function by a 5.8 point reduction on the Modified Iowa Level of Assistance (mlLOA) on post-operative day 5
3. Comply with mobilisation within 24 hours following surgery as per Hip Fracture Care Clinical Care Standard (Standard 5)¹ and ANZHF Guidelines²
4. Increase in percentage of clients discharge home or to fast stream rehabilitation

¹ Australian Commission on Safety and Quality in Health care. Hip Fracture Care Clinical Care Standard. Sydney: ACSQHC. 2016.

² Australian and New Zealand Hip Fracture Registry (ANZHFR). Australian and New Zealand Guideline for Hip Care. ANZHFR. 2014.

Baseline Data

- Physiotherapy service provision:
 - Daily physiotherapy and/or allied health assistant sessions Monday-Friday
 - Prioritised weekend service for mobilisation within first 48 hours (physiotherapy only)

		April –June 2016 (N=64)
Average LOS (total patient journey, days)		18.35
% mobilised Day 1		92%
Mean mILOA score D5		19.73
Discharge Destination	Home	11 (17%)
	Faststream Rehab	3 (5%)
	Slowstream Rehab	26 (41%)
	Hospital Transfer	11 (17%)
	Nursing Home	13 (20%)
	Deceased	0 (0%)

Key Changes Implemented

Key Changes:

- Introduction of a 7-day service for hip fracture patients (isolated weight bearing hips)
- Implementation of weekend Allied Health Assistant (AHA) service for hip fracture patients
- Input into the development of a hip fracture clinical care pathway

Inclusion Criteria;

- All weight bearing isolated hip fracture patients

Exclusion Criteria:

- Non-weight bearing post-operative orders
- Unable to mobilise pre-morbidly and/or Admitted from a nursing home and unable to mobilise independently
- Non-isolated hip fracture

Outcomes so far

		April – June 2016 (N=64)	May – July 2017 (N= 56)
Average LOS (total patient journey, days)		18.35	15.37
% mobilised D1		92%	76% NB// 96% offered mobilisation
Mean (range) mILOA score D5		19.73 (5-33)	17.57 (4-36)
Discharge Destination	Home	11 (17%)	19 (34%)
	Fast stream	3 (5%)	4 (7%)
	Slow stream	26 (41%)	15 (27%)
	Hospital TF	11 (17%)	4 (7%)
	Nursing Home	13 (20%)	12 (21%)
	Deceased	0 (0%)	2 (4%)

Note: The Hospital’s Hip Fracture Clinical Pathway was implemented 1st July 2017

Outcomes so far

Costs & Savings		
Total bed day savings		2.97 days
Bed day savings (per annum estimate)		1072
Average bed day cost	Acute	\$2,200
	Sub-acute	\$1,202
Per annum savings (annual estimate)		\$500,000
Allied Health Assistant cost (per annum estimate)		\$24,664
Total estimated cost savings		\$451,302

Note: acute care LOS increased by 1 day between 2016-2017. The reason for this is unclear and outside the scope of this project.

Lessons Learnt

- Change management:
 - Communication with stakeholders
 - Change Champions are effective
 - Managing expectations to increase service provision to 1 specific area
 - Quantity and time required for retrospective data collation
 - Consistent staffing involvement in project
 - High interest and engagement from AHA workforce for weekend work → scope to increase this to other clinical areas/models of care
 - Hospital wide priority area assisted to engage staff in the project
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