

Accelerero Works with Hospital to Rapidly Implement a Hip Fracture Program



Improving preoperative flow and surgery scheduling for hip fractures in two locations of a regional healthcare system

■ AT A GLANCE

- Level I trauma center (approximately 800 beds) and a community hospital (approximately 200 beds) in the Northeast
- Part of a four hospital regional healthcare system
- Averaging nearly 400 hip fracture surgeries per year

■ ISSUES

- Limited focus on the hip fracture program
- Significantly longer time to surgery and length of stay compared to national benchmarks
- Difficulties with patient scheduling due to other Level I trauma cases

■ IMPLEMENTATION FOCUS

- Onboard a hip fracture coordinator
- Standardized surgery scheduling for hip fractures
- Preoperative testing protocol and patient readiness guidelines
- Geriatric hip fracture order set
- Multidisciplinary clinical pathway

INTRODUCTION

The health system had recently worked with Accelerero on an assessment of their joint replacement program and used Accelerero's recommendations to implement significant changes in preoperative and postoperative care to drive improvement in key metrics such as length of stay and complications. In addition, a specialty surgical hospital was created in the health system to accommodate a large amount of the elective joint replacement patients.

With this initiative well under way, the next key initiative in orthopedics for the health system was to focus on the care of the geriatric hip fracture patient population in their Level I trauma hospital and a community hospital location. The health system hired Accelerero to not only assess the current state of the hip fracture program but also work with them on rapid implementation. They recognized the length of time it took them to make the joint replacement changes on their own and wanted a quicker time to implementation and consistency of care at both locations for their hip fracture program.

During the assessment, several key issues were identified that needed to be addressed for immediate implementation. Only 52% of the patients at Hospital A (community location) had surgery one day and less from the time of admission to the emergency department. Only 66% of the patients at Hospital B (Level 1 trauma center) surgery one day and less (FIGURE 1). This along with a lack of consistent postoperative care processes also drove their overall length of stay of five days and less to be below the 25th percentile at both locations of the Accelero OrthoVal® comparative database (FIGURE 2).

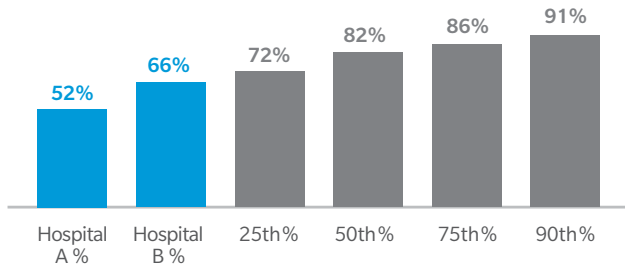


FIGURE 1 | % of hip fracture patients with admission to surgery of one day or less compared to the Accelero OrthoVal database.

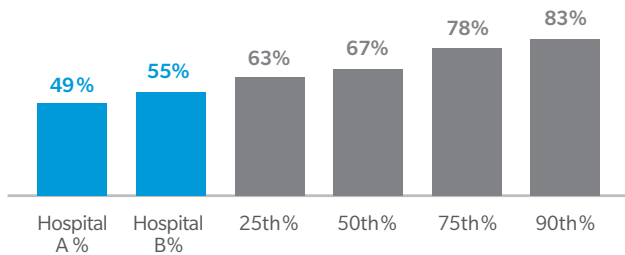


FIGURE 2 | % of hip fracture patients with an overall length of stay of five days or less compared to the Accelero OrthoVal database

The initial analysis revealed that the primary reasons for the delay in time to surgery included areas of opportunity both with the overall preoperative process and with patient scheduling. There were no clear guidelines for preoperative testing, no standardized history and physical processes and there were not defined order sets and care plans. There was also not a standardized process for scheduling the hip fracture patients in the OR which presented a challenge due to the business and constant add-on cases in a Level I trauma center.

SOLUTION

Immediately post-assessment, Accelero began working with the hospital to quickly implement changes to improve the preoperative processes. In month one of implementation, the current patient flow from admission in the emergency department through discharge was process mapped and priorities were set. In month two, the job position and responsibilities for a hip fracture care coordinator were established to begin the hiring process. Four months post-implementation, a defined preoperative testing protocol and patient readiness guidelines were implemented to reduce/eliminate unnecessary consults and testing in order to expedite the time to the OR. A collaborative order set specific to the geriatric hip fracture patient was finalized inclusive of anesthesia, pain management, and rehabilitation protocols. In addition, at the end of four months, a multidisciplinary clinical pathway was finalized to help drive consistency of care along with patient and family education content at both locations.

In parallel, the Accelero team worked with the surgeons, their practices and the hospital to implement processes to improve the surgery scheduling of hip fracture patients. In month two of implementation, recommendations for standardized scheduling were provided and implemented with geriatric hip fracture cases prioritized before all other add-ons unless designated emergent. By the end of the third month of implementation, a case priority list was developed for the Ortho/Trauma room to reduce re-racking of the schedule the day of surgery. In month three of implementation, Accelero facilitated a workshop to increase accuracy of equipment pulled for fracture patients to prevent any delays the day of surgery.

SUMMARY

Best practice recommends 18 hours as the goal from patient admission to surgery for hip fracture patients. These hospitals required improvement in both the patient flow perspective and an OR scheduling process perspective in order to achieve this goal. Within four months of implementation, Accelero worked with this hospital to rapidly create processes to set the hospital up for successful achievement of their goal.