



'Making a difference' a clinical pathway for hip fractures and the advance practice role in managing patients with minimal trauma hip fractures

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KEYWORDS

Fractured hip clinical pathway;
Orthogeriatric service;
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Abstract Background: In 2006/2007 there were estimated over 16,500 patients with hip fractures in Australia, the majority (94%) were over 65 years. Patients with hip fractures nearly always require hospitalisation and surgery.

Aim: The aim of this study was to assess the impact of the hip fracture clinical pathway on care of the hip fracture patient.

Method: This study is a retrospective medical record audit of all minimal trauma hip fracture patients over 65 years in a large tertiary hospital over a three month period before and after implementation of the hip fracture clinical pathway.

Results: For patients in the intervention group ($n = 28$, mean 86.0 years) compared with the control group ($n = 33$, mean 85.7 years) time to surgery was <24-h (92.9% vs. 51.5%, $p = 0.001$), the venous thromboembolism (VTE) risk assessment form was completed (21.4% vs. 0%, $p = 0.004$), VTE prophylaxis improved, fewer patients received no prophylaxis (0% vs. 33.3%, $p = 0.001$), pharmacological prophylaxis only (21.4% vs. 54.4%, $p = 0.008$) and more patients received pharmacological prophylaxis and graduated compression stockings (75.0% vs. 12.1%, $p = 0.001$) and were discharged with osteoporosis treatment calcium and vitamin D (35.7% vs. 6.1%, $p = 0.008$).

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Conclusion: Implementation of the hip fracture clinical pathway improved time to surgery (<24 h), VTE risk assessment and prophylaxis, and osteoporosis treatment on discharge.

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Editor's comment

The National Association of Orthopaedic Nurses says, 'The role of the orthopaedic nurse is to advance musculoskeletal healthcare by promoting excellence in orthopaedic research, education and nursing practice'. The smooth transition of patients' sustaining orthopaedic trauma through care systems relies on a number of key factors, as identified in the above statement. This paper looks at the role of the advanced practice nurse in the facilitation of the hip fracture clinical pathway and the specialist knowledge required of orthopaedic nurses' when liaising with the multi-disciplinary team, relatives and carers.

BKS

Introduction

With Australia's rapidly ageing population the incidence of falls and osteoporosis has increased as has the number of minimal trauma hip fractures, this is a major cost on the health care system and the individual (AIHW, 2010). This trend highlighted the need for better management of such patients, and became the main driver for developing the 'hip fracture clinical pathway'. In parallel, an advanced practice nurse role was established for this vulnerable group of patients to drive a collaborative care model, with a multidisciplinary team approach to caring for all minimal trauma hip fracture patients.

There is a wealth of literature that supports the benefit of an evidenced-based hip fracture clinical pathway in improving patient outcomes by reducing complication rates (Beaupre et al., 2006; Neuman et al., 2009), improving survival (Adunsky et al., 2011; Leigheb et al., 2012), reducing length of stay (Gholve et al., 2005; Koval et al., 2004; Olsson et al., 2006) leading to cost savings (Dy et al., 2011; Ho et al., 2009; Miura et al., 2009) for the health care system. Many other studies report on the significant benefit an orthogeriatrician can provide in assisting with the management of all minimal trauma patients (Chong et al., 2008; Ho et al., 2009; Miura et al., 2009). Whilst other studies outline the significant benefits of the multidisciplinary team approach (Dy et al., 2012; Mallick et al., 2011; Pedersen et al., 2008).

In July 2006 an Orthogeriatric service was established in an acute tertiary 600 bed teaching hospital to assist in the medical management and rehabilita-

tion needs of patients over the age of 65 years who were admitted to the hospital with a minimal trauma hip fracture. The initial multidisciplinary team included a geriatrician, registrar, occupational therapist, physiotherapist, social worker and advanced practice nurse. The advanced practice nurse has advanced clinical knowledge and expertise in orthopaedics including extended and expanded skills in assessment, diagnosis, allowing early identification of deteriorating patients and early treatment. The advanced practice nurse coordinates the care through case managing and facilitating the implementation and compliance of the hip fracture clinical pathway to ensure better management and treatment of this vulnerable group of patients.

The advanced practice nurse liaised with the multidisciplinary team in the development of the hip fracture clinical pathway using the best available evidence (Chilov et al., 2003; Greater Toronto Area (GTA) Rehab Network, 2006; Mak et al., 2010; New Zealand's Guidelines Group, 2003; Scottish Intercollegiate Guidelines Network, 2009). The purpose of the clinical pathway was to ensure consistent evidence based clinical management of all hip fracture patients. The hip fracture pathway focuses on effective peri-operative management, including prompt surgical fixation, optimising patients readiness for surgery, minimising post-operative complication, early mobilisation, and rapid transfer to rehabilitation. The clinical pathway begins from admission to the emergency department (ED) and continues throughout the patient's hospital stay including both acute and early rehabilitation phases. The clinical pathway

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