Poster

Changing clinical practice for patients with fractured neck of femurs. A clinical practice improvement project

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Clinical Practice Guideline	→ Fractured neck of femur (this abstract focuses on this one in detail) → Compartment syndrome → Distal radius fracture → Ankle fracture and dislocation → Scaphoid fracture The protocols were developed with orthopaedic surgeons, nurses, physiotherapists and gerontologists working in Surgical & Specialty Services Division of Flinders Medical Centre. The protocols cover the emergency department, operating theatre, outpatients, and wards. The protocols were based on guidelines from Scottish Intercollegiate Guidelines Network (SIGN), National Institute for Clinical Excellence (NICE), the National Clearinghouse and the Cochrane Library.
Stakeholders	Representatives from all clinician groups were involved in developing the protocols, together with consumer representation. The process commenced with mapping the journey of a patient with a fractured neck of femur (#NOF) and discussing why best practice was not always occurring. Adopting evidence and adapting existing guidelines to develop a localised protocol was driven by a Nurse Practitioner, with the support of clinical champions from the various areas/disciplines i.e. emergency department, medical staff, orthopaedic ward. Regular meetings were held with all of these groups to plan implementation.
Evidence-practice gap	There was variation in practice between surgeons, adverse events related to lack of knowledge, and lack of guidance for junior medical staff.
Implementation strategies	→ Involved orthopaedic surgeons, physiotherapists, and nurses in developing the protocols so that they had a sense of ownership when it came to implementation → Offered education sessions for everyone who would be involved in implementing the protocol → Provided feedback sessions on results of uptake and patient outcomes → Support of opinion leaders e.g. senior orthopaedic consultants who noted positive improvements to patient outcomes and work flow → Easy availability of protocols in emergency departments, wards, clinics and hospital intranet. → Protocol algorithm becomes part of patient notes → Laminated wall posters as reminder → Trouble shooting via regular meetings (e.g. where to write on the form, what to do with variances etc) → Training/resource tool for new staff and junior staff
Data	We used existing administrative data sets to provide length of stay, readmission, complication, pressure ulcers and time in Intensive and Critical Care Unit (ICCU). We supplemented this with spot audits looking at such things as IV fluid therapy, IV antibiotics and anticoagulation therapy.
Results	We were able to demonstrate improvements in all patient outcome indicators measured, including reduced length of stay, reduced time spent in ICCU, reduced pressure ulcers, etc
Barriers	New staff who arrive have not been involved in the development process. This needs to be managed for each new intake. Senior leadership is essential.
Enablers	Weekly meetings helped to keep the whole team focused on the task in hand. Senior leadership from the head of unit and the divisional director was crucial.
Resources	The orthopaedic extended practice nurse position (now Nurse Practitioner) had already been funded. This position was crucial in driving the process.
Key message	Spend time working through why guidelines and protocols are important (e.g. collect evidence about problems with the existing system). Involve the whole team in their development to ensure a sense of ownership for implementation.
*** Presenter Bio**	Cheryl has worked at Flinders Medical Centre as a clinical nurse and clinical nurse consultant, and from 2005 as Australia's first Orthopaedic Nurse Practitioner. In 2006 she was awarded a NICS-SA Department of Health Fellowship, working to prevent osteoporosis-related fractures from happening again. Cheryl is the current president of SAON (South Australian Orthopaedic Nurses) and the state representative for ANZONA (Australian and New Zealand Orthopaedic Nurse Association).

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