

### INTRODUCTION

3900 elderly individuals fracture their hip every year with expected exponential caseload growth. Beyond the societal and cost impact, individuals are greatly affected with 30% dying in the first year, 50% losing mobility and possibly 25% changing living arrangement. Population-level initiatives from the UK and Sweden have identified simple measures which affect outcomes: early access to operative care, involvement of ortho-geriatricians / internists, use care paths and multi-disciplinary teams, which decreased complications and mortality and have reduced LOS (Length of Stay). These well known factors are unfortunately inconsistently integrated in the care of this frail population –specifically despite the First Ministers of all Provinces agreeing to make early hip fracture care a priority in 2005.

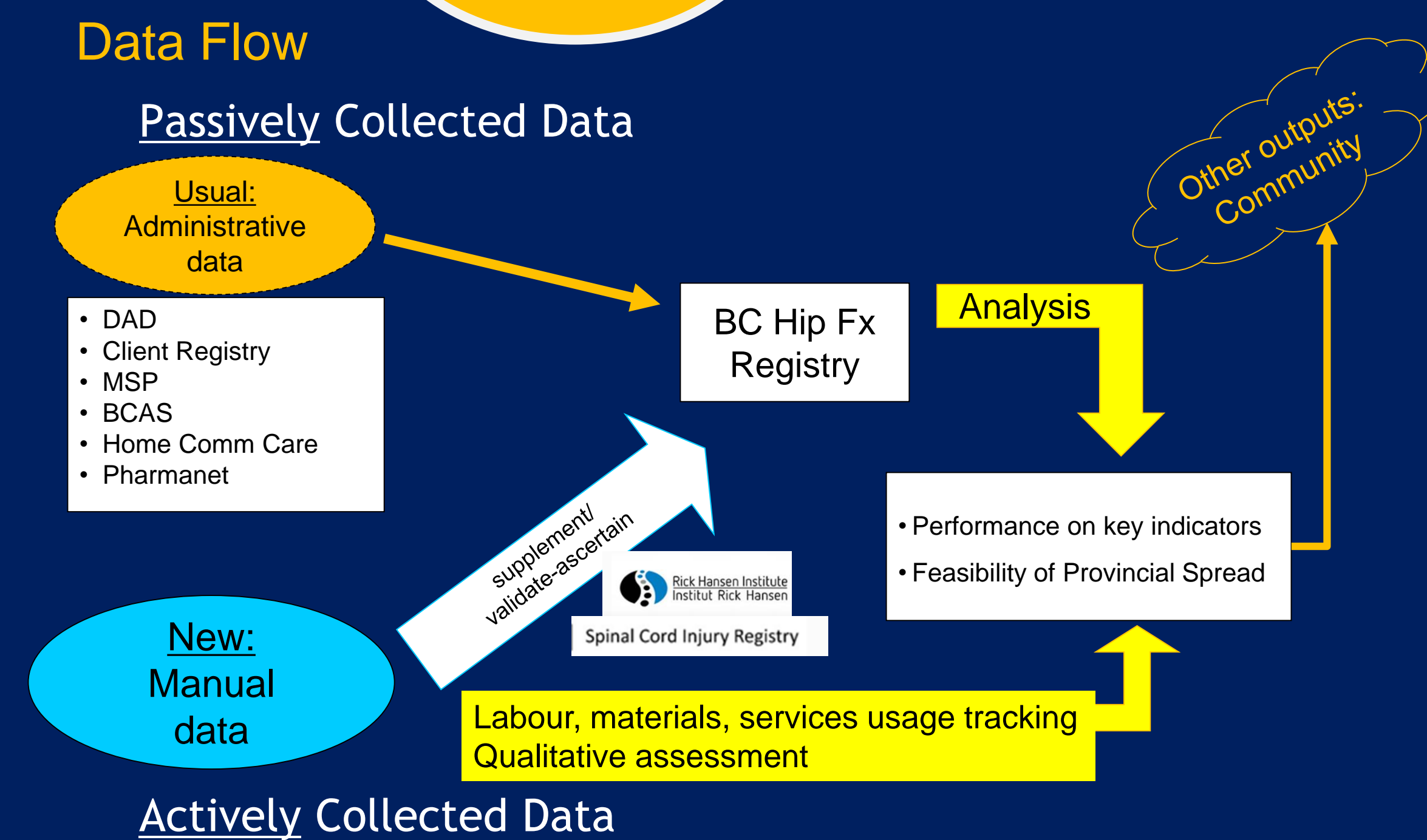
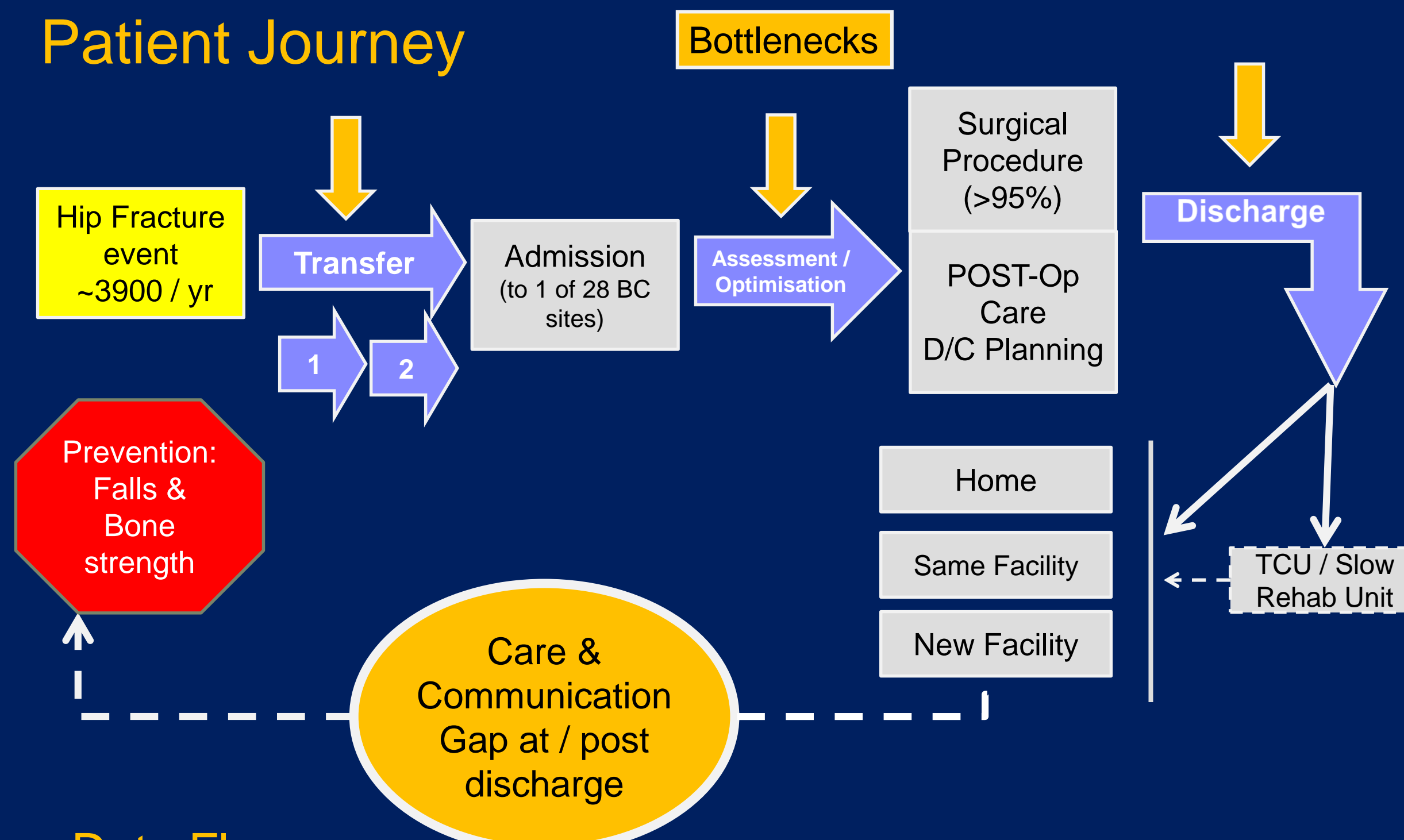
### GOALS:

Develop and Implement Quality Improvement measures around the BC hip fracture care continuum by:

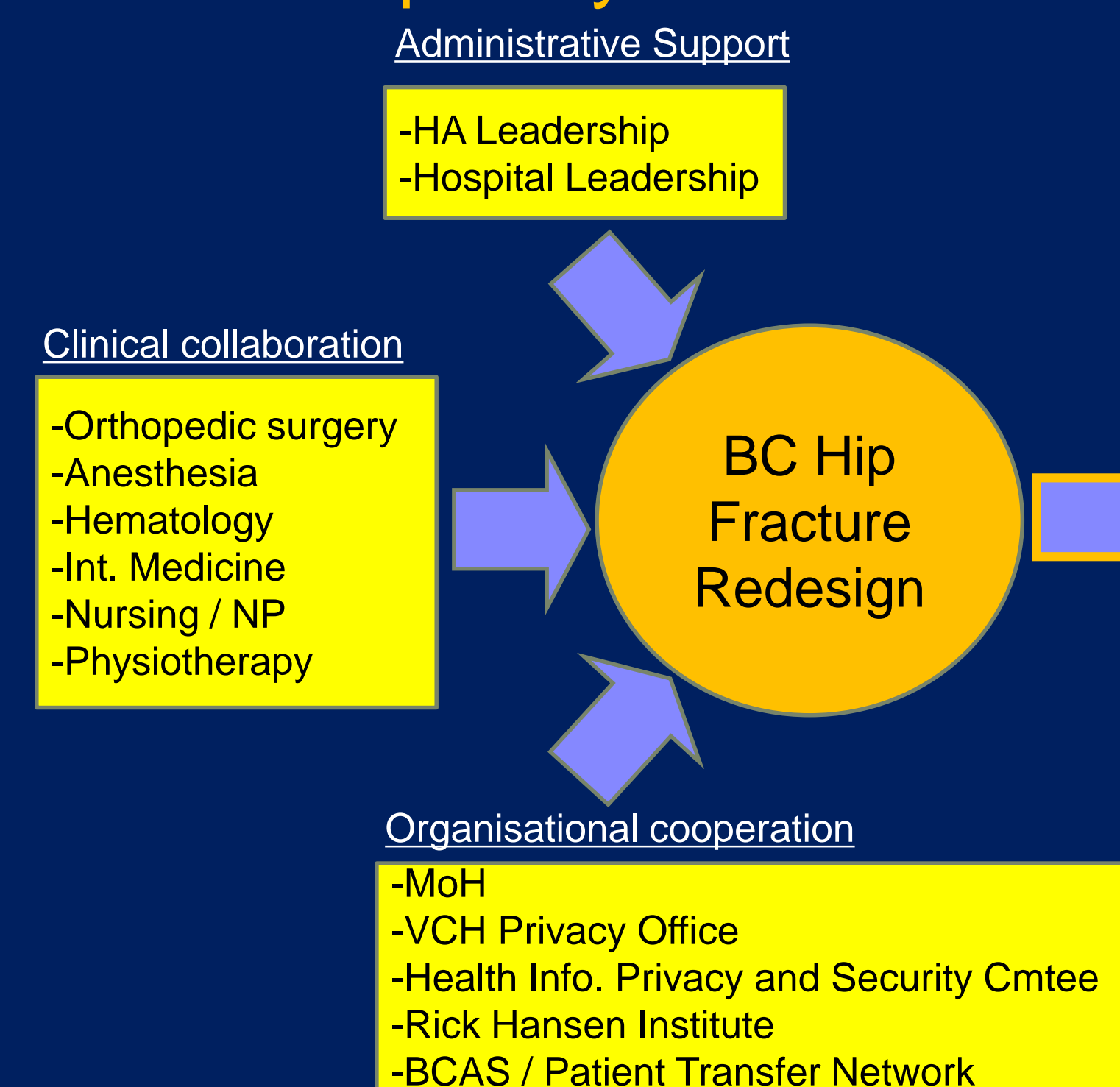
- reducing barriers to achieving best practice
- improving patient flow
- enhancing communication btw patients, caregivers and community

### TASKS:

- 1) Survey of hip fracture care at 28 BC hospitals
- 2) Development of a Provincial Dataset
- 3) QI pilot project (8 sites, 5 health authorities)
- 4) Development of a Provincial change management strategy



### Multi disciplinary work



### Achievements !

- 28 sites survey ✓
- Privacy Impact Assessment and Data Sharing Agreements ✓
- ↓ Time to Surgery ✓
- ↑ Prioritisation in Patient Transfer Network Protocols ✓
- Generic Peri-Operative Order Sets ✓
- Patient and Family Info Booklet (in progress)
- Care Transfer Document (in progress)
- Change management for next phases of care (just starting)

Pilot Site	Project Start	Oct	Nov	Dec
A	57%	92%	89%	88%
B	*72	77	93	100
C	75	79	83	100
D	88	95	100	92
E	80	96	96	100
F	94	100	92	100
G	73	89	84	87
H	*82	85	100	85

Table 1. Proportion of cases operated within 48 hrs of admission at project start vs last 3 months of 2013. \*source: 2012/13 P9 YTD MoH

### CHALLENGES / ACKNOWLEDGEMENT

- Change management process and data collection for this project is dependent on dedicated staff already involved in hip fracture care at each site.
- SSC approved use of un-spent project dollars in Nov 2013 to reimburse HAs for data collection activities (not part of routine operations)

### CONCLUSION

- First large scale combined change management and data collection project for hip # in Canada
- Final impact of project pending. Early results promising.
- Success due to dedication of local staff, clinician expertise, wide support of project from many levels of government: (Ministry, Health Authorities, MoH Agencies), SSC & project leadership's teamwork.
- Model could be extended to other 20 sites in BC caring for hip fracture pts -importance of moving beyond "the pilot"!
- Model could be used for other diagnoses / conditions (specifically around elder care)