Hip Fracture Clinical Care Policy

1. Background

The WACHS Hip Fracture Clinical Care Policy has been developed to ensure best practice care for a person with a suspected or confirmed hip fracture who presents to/is an inpatient or resident of a WACHS facility.

The exclusion to the scope of this policy is Karlarra House, where residents requiring acute care would be transferred to an appropriate health service and follow local processes for management of hip fracture at that site.

This policy is aligns with the Australian Commission on Safety and Quality in Healthcare (ACSQHC) Hip Fracture Clinical Care Standard (September 2016).

In 2021 a State led initiative championed by the State Trauma Unit (Royal Perth Hospital) in partnership with WACHS, Royal Flying Doctor Service (WA), Fiona Stanley Hospital and Sir Charles Gairdner Hospital resulted in the development of the MR184H WACHS Rural Hip Fracture Aeromedical Retrieval form. The aims of the form are to expedite surgery, promote early regional anaesthesia and pre-optimisation for rural hip fracture patients transferred to Perth by air.

2. Policy Statement

The WACHS Hip Fracture Clinical Care Policy will assist clinical practitioners and care givers meet the Quality Statements of the Australian Commission on Safety and Quality in Healthcare (ACSQHC) Hip Fracture Clinical Care Standard (September 2016).

The Policy recognises and seeks to consider the specific capacity constraints in terms of infrastructure limitations (including size and remoteness of the site), and site's scope of clinical practice.

Regions providing hip fracture surgery in WACHS are to have local processes and communication pathways in place to determine if surgery takes place at the Regional Resource Centre or if the patient requires aeromedical retrieval/road transfer to a tertiary site directly from a smaller site. Refer to local guidelines, procedures or agreed operational processes for those remaining in the region for care.

WACHS-South West sites (excluding Bunbury) refer to the TMR131A WACHS-SW Acute Neck of Femur Clinical Care Form; Bunbury Hospital refer to MR131 WACHS-SW Acute Hip Fracture Clinical Pathway and the SW Health Campus Acute Hip Fracture Management Guidance document (*awaiting endorsement*).

For those regions where hip fracture surgery is not provided, patients will require aeromedical retrieval or road transfer (depending on clinical condition and distance from tertiary services) if surgical intervention is indicated. For aeromedical retrieval use the MR184H WACHS Rural Hip Fracture Aeromedical Retrieval form.

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The aims:

- to optimise patient's pre-transfer and peri-operative condition;
- for the patient to be in Perth Metro within 24hs of presentation to WACHS or fracture (if sustained in WACHS hospital/residential care); and
- to ensure prompt hip fracture surgery within 48 hours of presentation to ED or within 48 hours of fracture if sustained in WACHS hospital/residential care.[1]

2.1 Patient Centred Care and the Role of Carers and Family Members

Patient-centred care is health care that is respectful of, and responsive to, the preferences, needs and values of patients and consumers.[1]

The role of the patient, family members and carer/s in the decision-making process and clinical care choices includes the following:

- the person with the hip fracture should be an active partner in any decisions made in the hip fracture journey,
- family/carers should also be active partners unless the person with the hip fracture does not consent to their involvement, and
- the person with the hip fracture and their family/carers should be kept informed about the care they receive. Information and advice should be provided verbally as well as in printed form.

Use of professional interpreters is encouraged and printed information should be available in relevant community languages.

2.2 Decision Making and Clinical Care

A decision-making pathway is provided in Appendix 1 for when a person presents to an Emergency Department with suspected hip fracture or sustains a hip fracture in hospital/residential care.

The clinical care pathway in Appendix 2 is provided for sites that don't have an established care pathway. It provides a clear outline of the practice care guidelines and link to the Quality Statements outlined in the ACSQHC Hip Fracture Clinical Care Standard). Recommended documentation and practice points for each stage of the patient journey are included.

The clinical care pathway considers:

- the need for assessment of contraindications
- pain management
- decision to palliate and consultation with family/care/representative
- assessment by an appropriate medical officer / nurse practitioner / specialist and/or direct communication with Emergency Telehealth Service (ETS) for decision to proceed to assessment for potential surgery
- transfer and clinical care in transit
- anticoagulation.

2.3 Inter-hospital transfer

Unless the patient is located at a Regional Resource Centre that provides hip fracture surgery, they will require transfer to either the nearest Regional Resource Centre with the ability to provide definitive care or a WACHS Linked metropolitan tertiary hospital.

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Once the acceptance of the specialist has been organised by the referring clinician, the Acute Patient Transfer Coordination (APTC) service is to be contacted to arrange the transfer on Phone 1800 951 211.

For aeromedical retrieval, the MR184H WACHS Rural Hip Fracture Aeromedical Retrieval form is completed by the site and sent with the patient).

Refer to the WACHS Assessment and Management of Interhospital Patient Transfers Policy.

2.4 Assessment of Contraindications and Decision to Palliate

In some cases, patients with a suspected hip fracture, may be deemed 'unfit for surgery' based on a series of clinical investigations and ability to control co-morbid conditions and/or for cultural reasons.

At sites where there is no immediate access onsite to medical officers/ specialists, communication with the General Practitioner (GP)/ relevant medical officer, nurse practitioner and/or ETS can assist in this process. Consideration should be given to palliative care referral for those with life-limiting illnesses or the decision to palliate has been agreed.

Best practice care requires that patient, family and/or carer are fully informed of the choices regarding the possibility of surgery and the decision to palliate.

3. Definitions

Australian Commission on Safety and Quality in Healthcare (ACSQHC)	Australian Commission on Safety and Quality in Health Care is a government agency which was established by the Commonwealth, with the support of State and Territory government, to lead and coordinate national improvements in safety and quality in health care across Australia.
Australian and New Zealand Hip Fracture Registry	The Australian Hip Fracture Register is a project of the www.anzhfr.org.au and is hosted with the UNSW Medical IT Department to ensure patient data is secure.
Multi-Purpose Service and Small Hospital site	Multi-purpose services and small hospitals typically have fewer than 50 beds, provide many different services and are geographically isolated from larger hospitals.

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Regional Resource Centre (RRC)	RRCs generally have the resources to provide a broad range of healthcare including: • emergency care • mental health services • obstetrics • intensive care • paediatrics • geriatric care • rehabilitation.
Tertiary Hospital	• A major hospital that usually has a full complement of services, including paediatrics, obstetrics, general medicine, gynaecology, various branches of surgery and psychiatry or • A specialty hospital dedicated to specific sub-specialty care (paediatric centres, oncology centres, psychiatric hospitals). Patients will often be referred from smaller hospitals to a tertiary hospital for major operations, consultations with sub-specialists and when sophisticated intensive care facilities are required.

4. Roles and Responsibilities

WACHS sites have a responsibility to have knowledge and understanding of the entire clinical care pathway to ensure the best possible outcome for the patient.

Regional Medical Directors and Regional Nurse Directors are:

- Responsible for ensuring that all medical and nursing staff involved in provision of care of people who present at WACHS ED with a suspected hip fracture or have sustained a hip fracture in hospital/residential care have access to this policy
- Accountable for ensuring compliance with this policy.

Nurse Practitioners

- Responsible for working within their credentialed scope of practice in their assessment, management and transfer of care.

All clinical staff are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

5. Compliance

This policy is a mandatory requirement under the *Health Services Quality Improvement Act* 1994 and the *Health Services Act* 2016.

Failure to comply with this policy document may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the Integrity Policy Framework issued pursuant to section 26 of the *Health Services Act 2016* (WA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

6. Records Management

All WACHS clinical records must be managed in accordance with Health Record Management Policy.

7. Evaluation

- Monitoring of compliance with this document is to be carried out by individual sites and regions.
- Audit of number of admitted patients who are placed on an appropriate care pathway for fractured neck of femur.
- Sites can use the clinical indicators in the Hip Fracture Clinical Care Standard to monitor implementation against the quality statements.
- Benchmarking can occur at individual sites against the Australian and New Zealand Hip Fracture Registry (ANZHFR)

8. Standards

National Safety and Quality Health Service Standards

Clinical Governance Standard: 1.1, 1.3, 1.6, 1.8, 1.10 and 1.27
Partnering with Consumers Standard: 2.4, 2.5, 2.6, 2.7 and 2.10
Comprehensive Care Standard: 5.2, 5.3, 5.4, 5.5, 5.6, 5.7, 5.9, 5.10, 5.11, 5.12, 5.13, 5.15, 5.16 and 5.20
Communicating for Safety Standards: 6.4, 6.5, 6.7, 6.8, 6.9, 6.10 and 6.11
Recognising and Responding to Acute Deterioration Standard: 8.3, 8.4, 8.5, 8.6, 8.7, 8.8, 8.9, 8.10, 8.11 and 8.13

Aged Care Quality Standards – 1, 2, 3, 6, 7, 8

9. Legislation

Health Services Quality Improvement Act 1994 (WA)
Health Services Act 2016 (WA)

10. References

1. Australian Commission on Safety and Quality in Health Care - Hip Fracture Clinical Care Standard – Sydney, ACSQHC, 2016 [Accessed: 1 March 2022]
2. Australian and New Zealand College of Anaesthetists (ANZCA). Position Statement on the use of slow-release of opioid preparations in the treatment of acute pain (March 2018) [Accessed: 1 March 2022]
3. Australian and New Zealand Hip Fracture Registry (ANZHFR) Steering Group. Australian and New Zealand Guideline for Hip Fracture Care: Improving Outcomes in Hip Fracture Management of Adults. Sydney: Australian and New Zealand Hip Fracture Registry Steering Group (2014).
4. Australian and New Zealand Hip Fracture Registry (ANZHFR) Annual Report for Hip Fracture Care 2016 (July 2018).
5. WA Health Clinical Services Framework 2014-2024. Perth: Department of Health, Western Australia 2014 [Accessed: 1 March 2022]

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11. Related Forms

MR1 WACHS Emergency Department Notes
MR124 WACHS Braden Scale and Pressure Injury Risk Assessment
MR124B Comprehensive Skin Assessment
MR131 WACHS-SW Acute Hip Fracture Clinical Pathway
MR140A Adult Observation and Response Chart (A-ORC)
MR170 Medication History and Management Plan
MR171 WA Hospital Medication Chart – Adult Long Stay
MR184 WACHS Inter-Hospital Clinical Handover Form
MR184H WACHS Rural Hip Fracture Aeromedical Retrieval Form
MR521 WACHS Falls Risk Assessment and Management Plan (FRAMP)
MR60.1.8 WACHS Mini Nutrition Assessment - Short Form (MNASF)
MR66.17 WACHS 4A Test Rapid Assessment Test for Delirium

12. Related Policy Documents

WACHS Clinical Observations and Assessments Clinical Practice Standard
WACHS Cognitive Impairment Clinical Practice Standard
WACHS Documentation Clinical Practice Standard
WACHS Interhospital Transfer Envelope Checklist
WACHS Pressure Injury Prevention and Management Policy
WACHS Recognising and Responding to Acute Deterioration Policy
WACHS Recognising and Responding to Acute Deterioration Procedure
WACHS Assessment and Management of Interhospital Patient Transfers Policy

13. Related WA Health System Policies

MP 0015/16 Information Access, Use and Disclosure Policy
MP 0086/18 Recognising and Responding to Acute Deterioration Policy
MP 0095 Clinical Handover Policy
Consent to Treatment Policy

14. Policy Framework

Clinical Governance Safety and Quality
WA Health Clinical Services 2020 Addendum

15. Appendices

Appendix 1: Decision - Making Pathway – Fractured Neck of Femur
Appendix 2: Clinical Care Pathway – the Patient Journey

This document can be made available in alternative formats on request for a person with a disability

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Appendix 1: Decision-making Pathway for Hip Fractures

Person presents to WACHS Emergency Department with suspected hip fracture or sustains hip fracture in WACHS Hospital or Residential Care

Contact Medical Officer (MO), Nurse Practitioner (NP), General Practitioner (GP), Specialist or ETS/ITS as appropriate for the site

Provide pain management and all clinical care

(For sites without an established clinical pathway, refer Appendix 2: Clinical Care Pathway – the patient journey in the WACHS Hip Fracture Clinical Care Policy)

Consider: contraindications / AHDs / GoPC / palliation

Shared decision making with patient / family / carer

Decision for hip fracture surgery

Confirm acceptance of Specialist

If transfer needed - contact Acute Patient Transfer Coordination to arrange

Phone 1800 951 211

Site completes relevant transfer and handover documentation:

- MR184 WACHS Inter-hospital Clinical Handover Form or MR184A Resident Handover
- Interhospital Transfer Envelope

If patient requires aeromedical retrieval site completes the:

- MR184H WACHS Rural Hip Fracture Aeromedical Retrieval form

Decision for palliation

Refer to Specialist Palliative Care Services

Transfer to Perth within 24 hours
***if hip surgery not available regionally**

Surgery within 48 hours

RED FLAGS

Contraindications / Advance Health Directive / Goals of Care

Consultation with family / carer

WACHS South West

Follow the principles of this flowchart using the following documents:

- Sites excluding Bunbury: TMR131A WACHS-SW Acute Neck of Femur Clinical Care Form
- Bunbury Hospital: SW MR131 WACHS-SW Acute Hip Fracture Clinical Pathway and the SW Health Campus Acute Hip Fracture Management Guidance document (*awaiting endorsement*)

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Appendix 2: Clinical Care Pathway – the Patient Journey

WACHS PRACTICE CARE GUIDELINES	DOCUMENTATION and PRACTICE POINTS	SERVICE ROLE (for non-tertiary hospitals)
PRESENTATION		
TIMELY DIAGNOSIS (Quality Statement 1)	• Can patient weight bear? • Examine for passive external rotation of the leg • Examine for leg shortening • Assess for medical reason for the fall • Assess for any associated injuries Note: MPS sites unlikely to confirm diagnosis with x-ray	**ACTIVE MO / NP / GP/ Specialist / ETS**
PAIN ASSESSMENT and PAIN RELIEF (Quality Statement 2)	Pain should be assessed immediately, and pain relief administered immediately. Paracetamol regime to be commenced. If attended by a paramedic, patient will be given initial analgesia.	**ACTIVE**
PAIN MANAGEMENT (Quality Statement 2)	Elderly patients are very susceptible to the side effects of narcotic analgesia (e.g. sedation, delirium, constipation etc.). Commence with a low dose, short acting narcotic (e.g.: oxycodone hydrochloride 2.5 – 5mg pm).[2,3] Oral analgesia: Paracetamol every 6 hours with additional opioids if required and if not contra-indicated. Caution is advised when considering the use of non-steroid anti-inflammatory drugs. Opioid analgesia: should not be withheld at the expense of inadequate pain relief if required by patient. Femoral Nerve Block under ultrasound guidance if within scope of practice (This is first choice if possible).	**ACTIVE for oral analgesia**
PRE-TRANSFER		
COGNITIVE ASSESSMENT (Quality Statement 1)	All patients with a hip fracture should have a cognitive assessment. AMT 4 Sticker; WACHS Cognitive Impairment Flowchart; Refer: WACHS Cognitive Impairment CPS	**ACTIVE**
DELIRIUM ASSESSMENT AND MANAGEMENT (Quality Statement 1 and Quality Statement 5) .	Patients with a hip fracture are at a high risk of delirium. Potentially reversible causes should be looked for and treated accordingly. Clinical escalation if indicated from AMT 4 Non-pharmacological measures should always be first line management: • Maintain low level sensory stimulation • Single room if possible • Staff to calmly engage, distract and supervise the patient • Avoid confrontation • Consider 1:1 companion • Encourage family to stay and assist.	**ACTIVE**

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WACHS PRACTICE CARE GUIDELINES	DOCUMENTATION and PRACTICE POINTS	SERVICE ROLE (for non-tertiary hospitals)
PRE-TRANSFER cont.		
NUTRITION ASSESSMENT (Quality Statement 3)	All patients with a hip fracture are to have a nutrition assessment completed[5]	**ACTIVE**
GOALS OF CARE (Quality Statement 3)	All patients with a hip fracture should have "Goals of Care" discussion. This should include discussion on resuscitation status and limitations of treatment and documented on the appropriate GoC form.	**ACTIVE**
BOWEL MANAGEMENT (Quality Statement 3)	All patients that are prescribed narcotic analgesia must have regular aperients prescribed. (Note: this is considered Best Practice, however bowel prep pre-operatively is considered too painful for the patient so should be managed post-operatively)	**ACTIVE**
BLADDER MANAGEMENT (Quality Statement 3)	Patients with a hip fracture are NOT to receive indwelling urinary catheter unless clinically indicated or if long transfer journey. Patients should have 4 – 6 hourly bladder scans and IMCs as required to prevent urinary retention	**ACTIVE**
PRESSURE CARE (Quality Statement 1)	Pressure injury risk screening and assessment to be undertaken and documented as soon as possible	**ACTIVE**
CLINICAL OBSERVATIONS (Quality Statement 3)	Blood Pressure; fluid management; oxygen therapy Refer: Clinical Observations and Assessment Clinical Practice Standard	**ACTIVE**
TRANSFER		
MANAGEMEN OF CO-MORBIDITIES (Quality Statement 4)	If patient on blood thinners, consider time to theatre: Warfarin Reversal – may have to withhold doses if for surgery Bridging anti-coagulation Direct oral anti-coagulation management Venous Thromboembolism (VTE) Prophylaxis	**ACTIVE**
DECISION TO TRANSFER (Quality Statement 4)	Time to surgery within 48 hours. Communication processes and transport providers in place to expedite transfer for surgery to occur within 48 hours. Use of the MR184H WACHS Rural Hip Fracture Aeromedical Retrieval Form for Perth aeromedical retrievals. Conservative: Palliative Care	**ACTIVE**

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