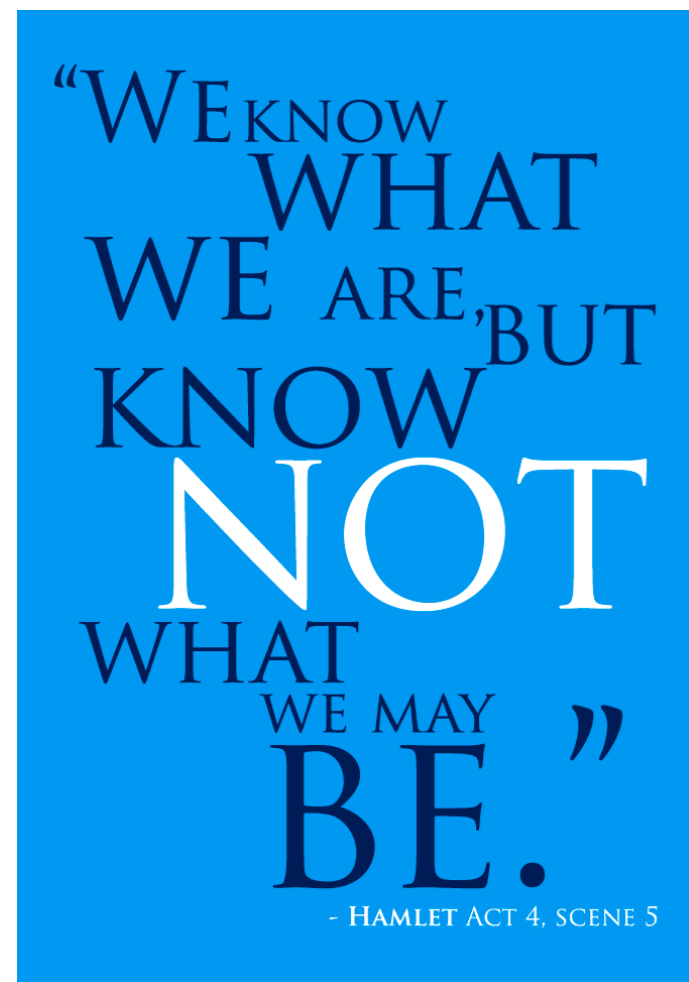


Enhanced Recovery following Fractured Hip Surgery: wound care

Donna Little, Advanced Nurse Practitioner

Background



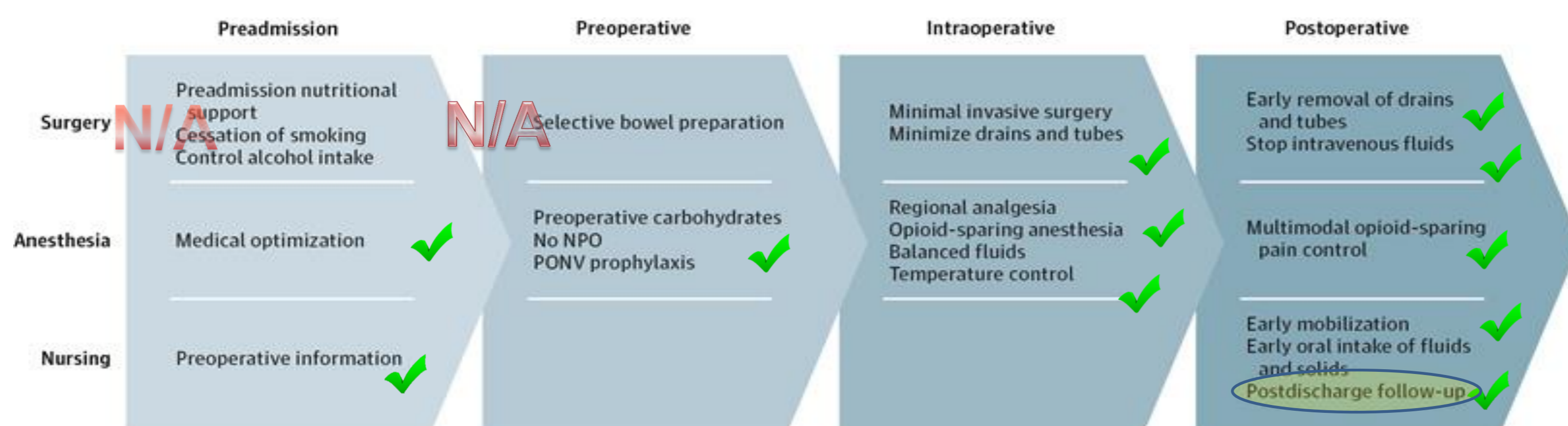
At the end of 2018, Gloucestershire Hip Fracture Unit had an average length of acute stay of 14.4 bed days, nationally ranked 61st in the country. While there were many reasons that could be behind this, one issue that could be addressed with the ANP service was management of non-infected oozy wounds that traditionally had to remain in hospital until dry.

Non #NOF trauma patients and elective patients were utilising the ANP dressing clinics very well (figure 1) whilst #NOF patients were not seen in the clinic as much. This Post-Discharge Follow up was the missing piece in the #NOF ERAS programme and it was thought that we could improve on patient uptake for this service.

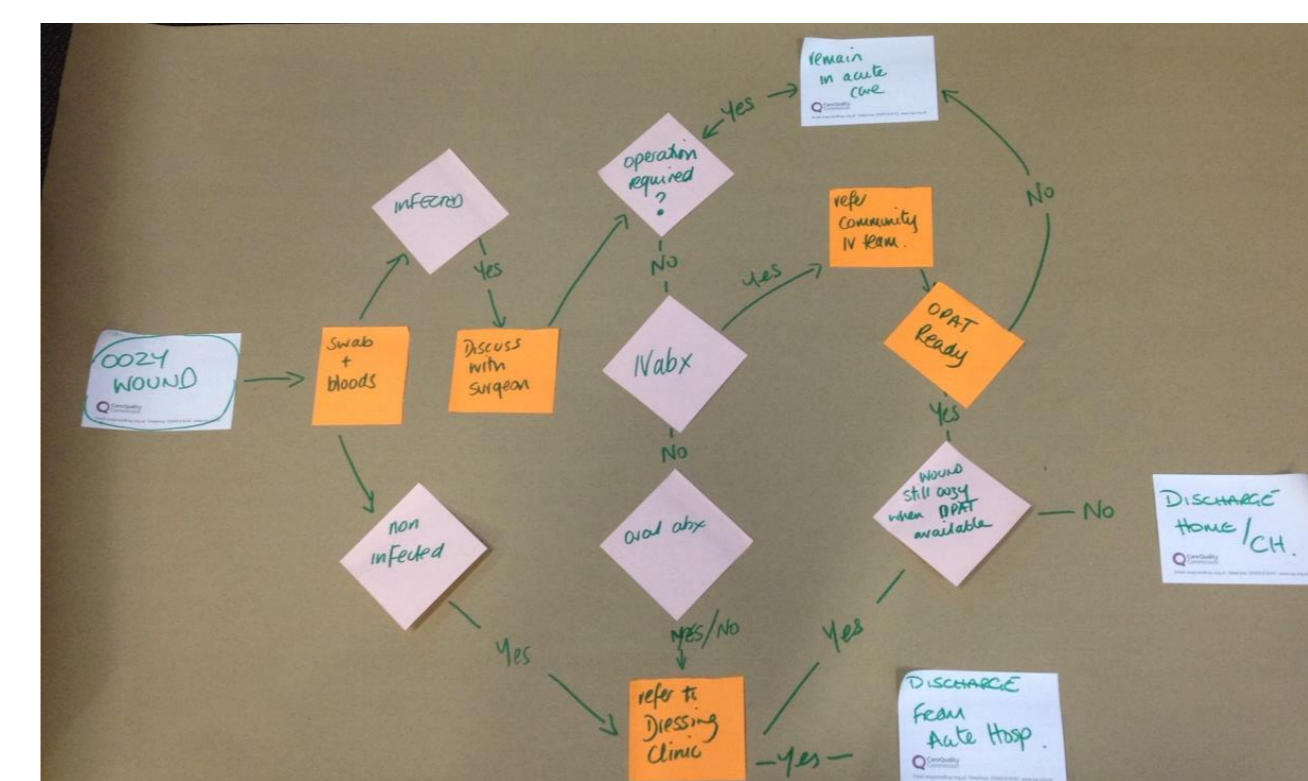
By encouraging consultants to allow patients to attend follow up clinics rather than staying in hospital for wound reviews, we would reduce the length of stay, get patients home quicker, as well as reduce the number of doctor OPAs being used for wound care.



Traditional ERAS programme model



Current Process Map



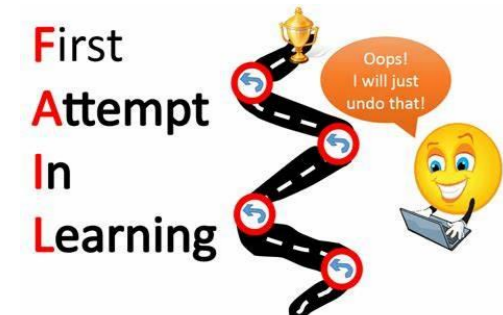
Future Process Map



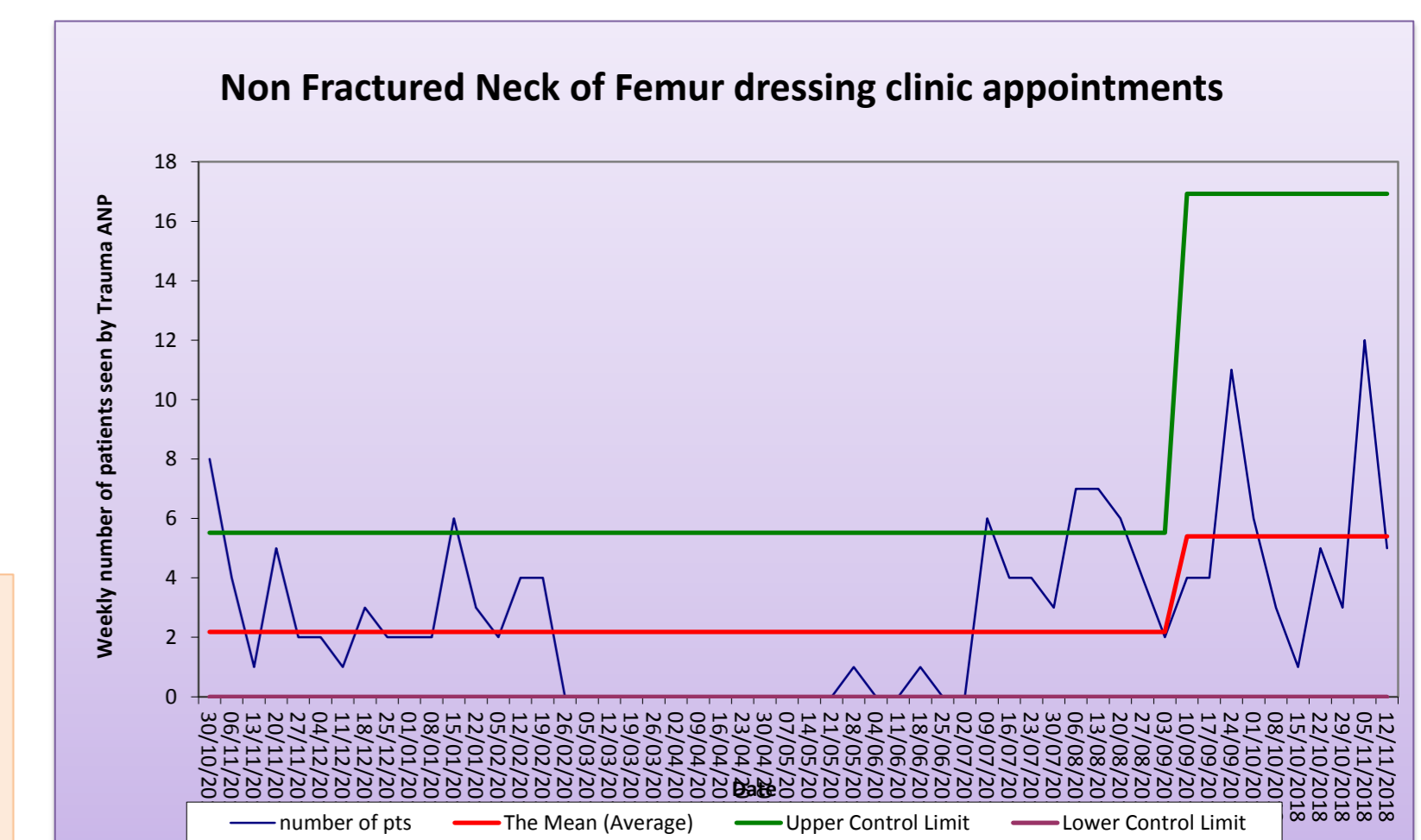
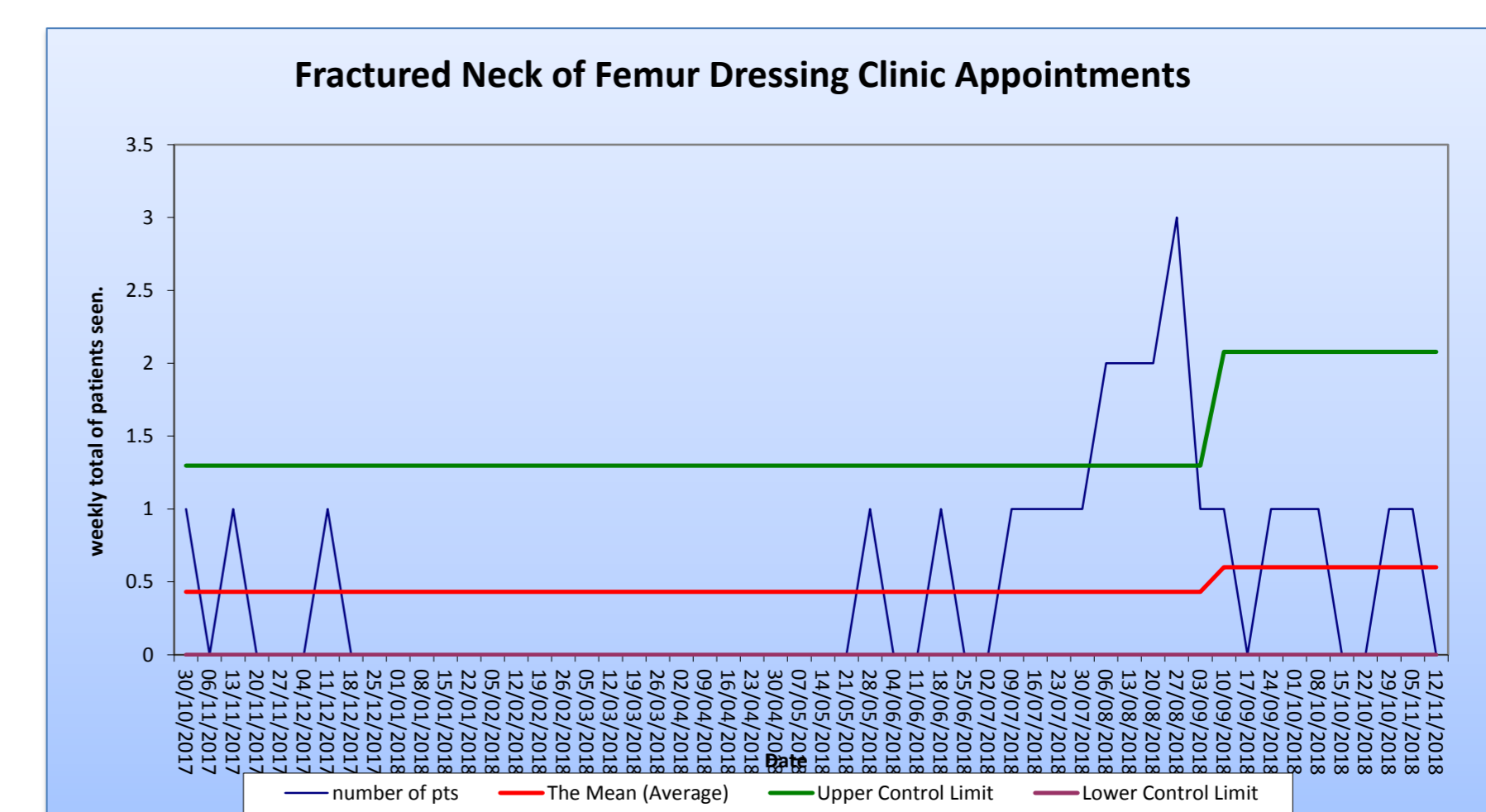
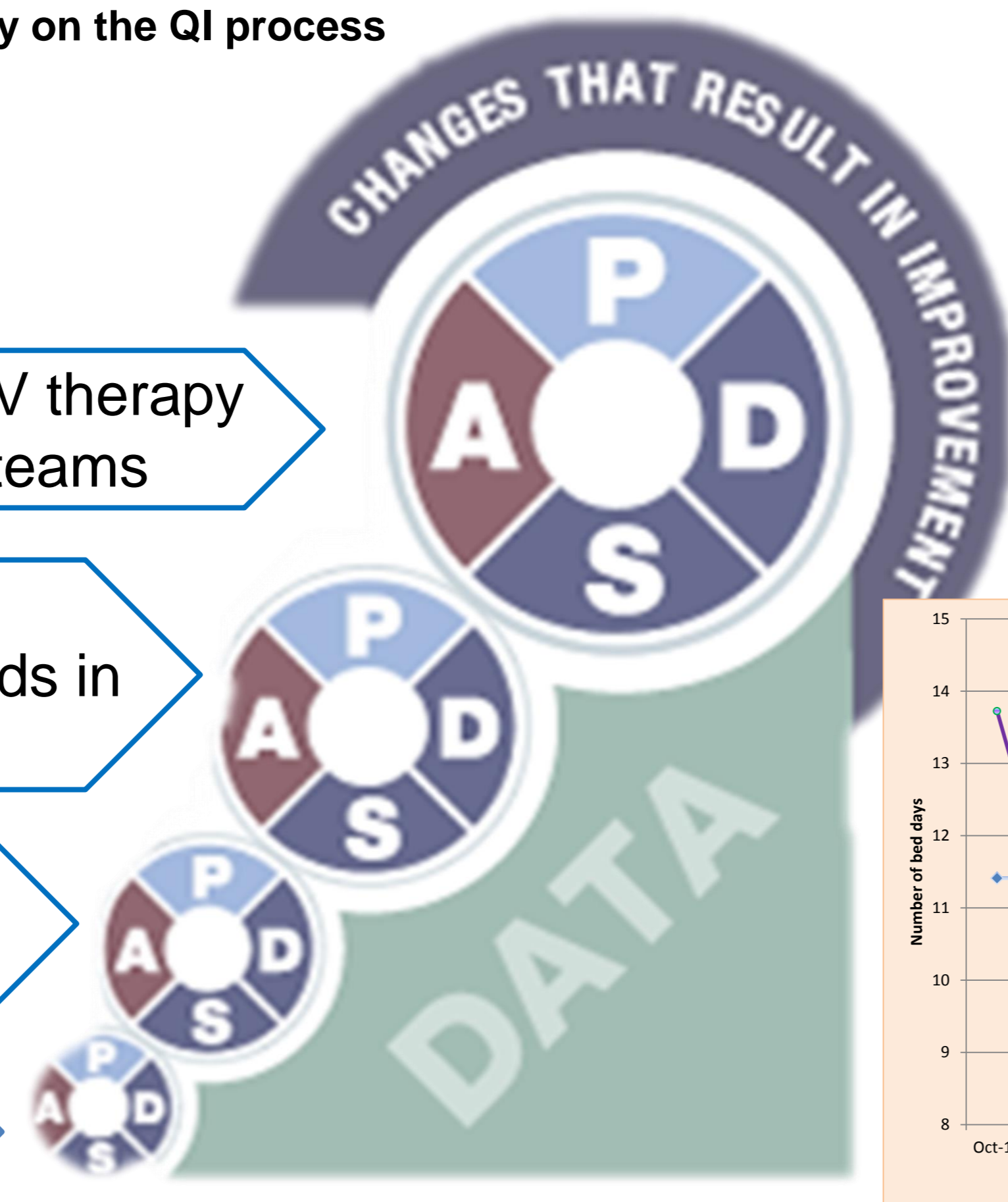
The Process, Our Key Findings and Learning

To identify patients that would have utilised a wound clinic, a retrospective review of Trakcare was performed with both #NOF and non-#NOF patients. At the start of this process, suitable #NOF patient were increasing, however after the start, despite several PDSA cycles increasing the criteria, very few patients were in acute hospital for wound care issues. While our key findings for the project were disappointing, we found solace in seeing that the service we were providing was what was required for the patients at this time.

Learning around the project focused mainly on the QI process rather than the success of the project.



- PDSA 4: criteria increased to allow those on IV therapy regimes that can be managed by community teams
- PDSA 3: criteria increased to allow infected wounds on oral antibiotics who can have bloods in community to monitor inflammatory markers
- PDSA 2: criteria increased to allow those in NH/RH who can easily attend GRH/CGH
- PDSA 1: initial criteria set – non infected Currently living independently



Next stages

Following on from the initial pilot, it was seen that there was not a current demand for providing an enhanced recovery wound care clinic due to lack of appropriate patients. However it was still felt that the care for suitable clients should still be within the remit of the ANP, and if the demand increased then resources reviewed again.

From the initial ideas, four were left uncompleted due to lack of patients to trial out the ideas. If demand increases it will be necessary for these four areas to be readdressed.

