

Improving outcomes in MSK

An interview with the National Clinical Directors

Part 3: Trauma

Chris Moran

National Clinical Director for Trauma

*Professor of Orthopaedic Trauma Surgery
University Hospital
Nottingham*

*London
November 2013*



A portrait of Edward Elgar, an elderly man with a mustache, wearing a dark blue jacket with gold buttons and a gold waistcoat. He is looking slightly to the right. The background is a dark wood panel.

ELGAR

Enigma Variations

Nursery Suite

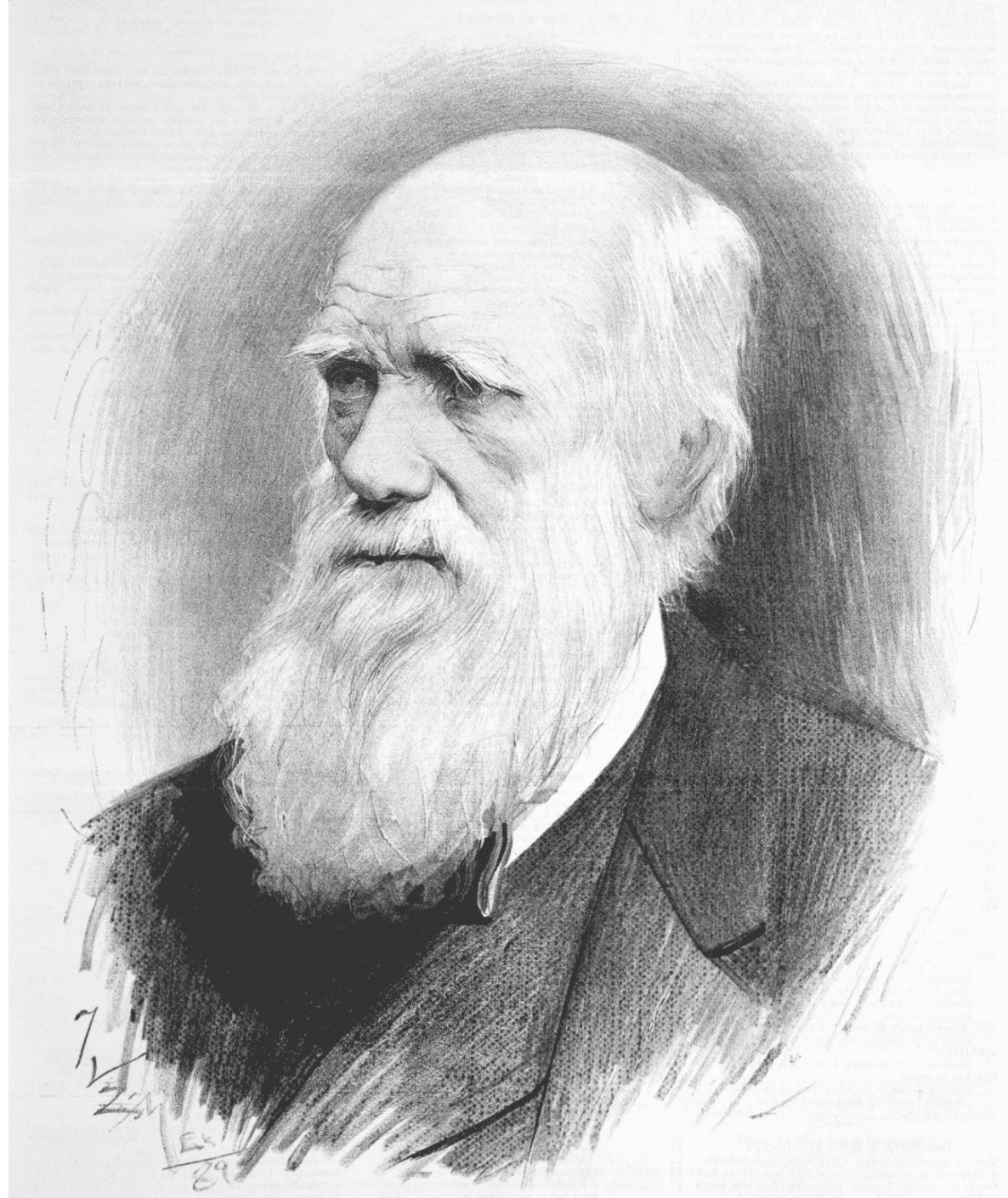
Chanson de Matin

March No.4

Royal Philharmonic Orchestra
Sir Yehudi Menuhin

Regis





Charles Darwin.



*“Variation
kills
reliability”*

What kind of system makes a woman of 90 wait three days to have a broken bone mended?

By JENNY HOPE
Medical Correspondent

THOUSANDS of old people are being left in pain and their lives put at risk as Britain's 'Third World' hospitals cancel urgent operations.

Patients aged 90 and over are forced to wait as long as three days for surgery to treat such serious conditions as broken hips and abdominal emergencies, a report revealed yesterday.

One in five had been delayed more than 24 hours. Shortages of staff or lack of operating theatres were to blame more often than medical considerations.

It is another damning indictment of NHS standards that have been repeatedly criticised recently as 'Third World' by medical experts.

Old people are far less able to cope with prolonged pain, infection or being bed-bound, the report pointed out. It recommended they should not wait more than a day after diagnosis where surgery was deemed urgent.

'Surgical priority of the elderly is low', concluded the study by the National Confidential Enquiry into Perioperative Deaths (NCEPOD).

Too old to be well treated

From the Mail, November 18

an independent body backed by the royal medical colleges.

'Elderly patients who can't move around are at risk of developing chest infections and clots in the legs and both are likely to kill them. Three days can make the difference', said consultant Ian Martin, one of the team behind the study.

The report's authors reviewed deaths within 30 days of hospital treatment in patients of 90 years and over and children aged under 16.

'They said standards had improved for children's surgery, with no reported deaths following routine operations and the majority of surgery being carried out by specialists.

But they painted a disturbing picture of badly organised care of the elderly, including poor care after surgery that in some cases led directly to deaths.

'They found 19 per cent of more than 1,000 operations reviewed had been delayed for 'non-medical' reasons with about half due to lack of theatre time, often because of shortages of trained staff. The delays could last three days, over the weekend, if a patient failed to get surgery on a Friday.

'The elderly do not tolerate repeated episodes of pre-operative starvation, or prolonged pain, sepsis or immobility, and should be considered as having a high surgical priority,' the report said.

Old people were also often being operated on by relatively junior doctors when senior staff should have been involved.

In one case repairing a fractured hip was cancelled two days running, due to overlooking and because the patient was wrongly given food on the following day, while another delay was caused by lack of blood.

Some patients were being given too little fluids while others were given too much.

'A worrying number of patients



Doris Prime:
Still waiting
for surgery

Fall that means a year of pain

FOR 87 years Doris Prime led an independent, active life. Then she fell and dislocated her hip in April.

She went to Whipps Cross Hospital, North-East London for an X-ray where, although the hospital admits her case is 'urgent', the widow was told that an operation would be carried out two weeks later.

Seven months on, she has just heard she may finally get surgery in January or February.

'We assumed she would be kept in', said her daughter Janet Walter, a 52-year-old civil servant living in Essex. 'But they sent her home to wait, although we argued that because she lives alone and is partially sighted this was unacceptable.' 'My mother

was asked if she could manage and, as she thought it would be for two weeks, said she supposed she could.'

Mrs Prime has since become a house-bound recluse. 'It is terrible to see her in such pain, living in one downstairs room because she can't move around,' said her daughter.

Mrs Prime added: 'I've already lost a year out of my life in waiting for an operation and at my age it's time I can't afford.'

A spokesman for Forest Healthcare, which runs Whipps Cross, said Mrs Prime was classified as 'urgent' but not an emergency, and had been placed on the waiting list.

'We do appreciate that Mrs Prime's condition does affect her mobility and the operation will take place as soon as possible and well within the 18 month Patient Charter standard,' he said.

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Daily Mail
**BRITAIN'S
THIRD
WORLD
WARDS**

age. 'But we have a very big problem because we don't have sufficient staff trained in looking after the elderly,' he added.

Professor George Alberti, president of the Royal College of Physicians, said: 'We hope the report helps stop the ageing approach to care of the elderly dead in its tracks.'

Health Minister Lord Hunt said he welcomed the report's findings that 'surgical deaths are rare and general standards in this country are high'.

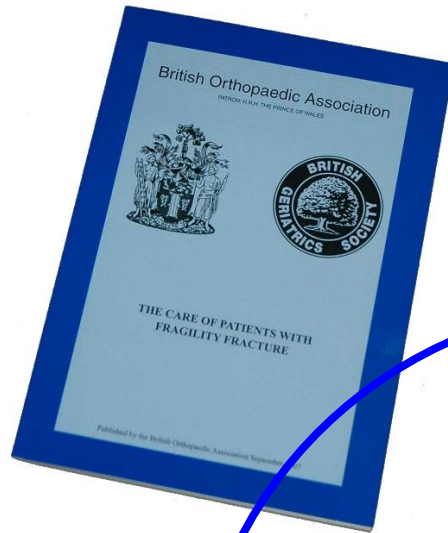
But he said: 'We accept that there are still areas of care and service delivery that can be improved.'

National guidelines for elderly people announced last year would help, he said. 'We will also be praising NHS trusts to review and strive to improve the delivery of clinical care.'

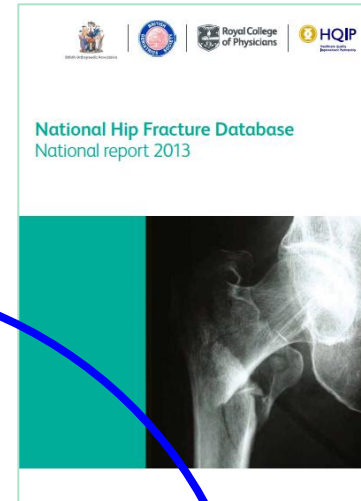
had fluids given in excess,' said Mr Martin. 'Elderly patients do not tolerate wide variations in fluids and heart failure can result.'

NCEPOD chairman John Williams said increasing numbers of people were dying longer later in life, with their chances of success depending more on their physical condition than

Audit standards



National database



Best Practice Tariff

Audit standards



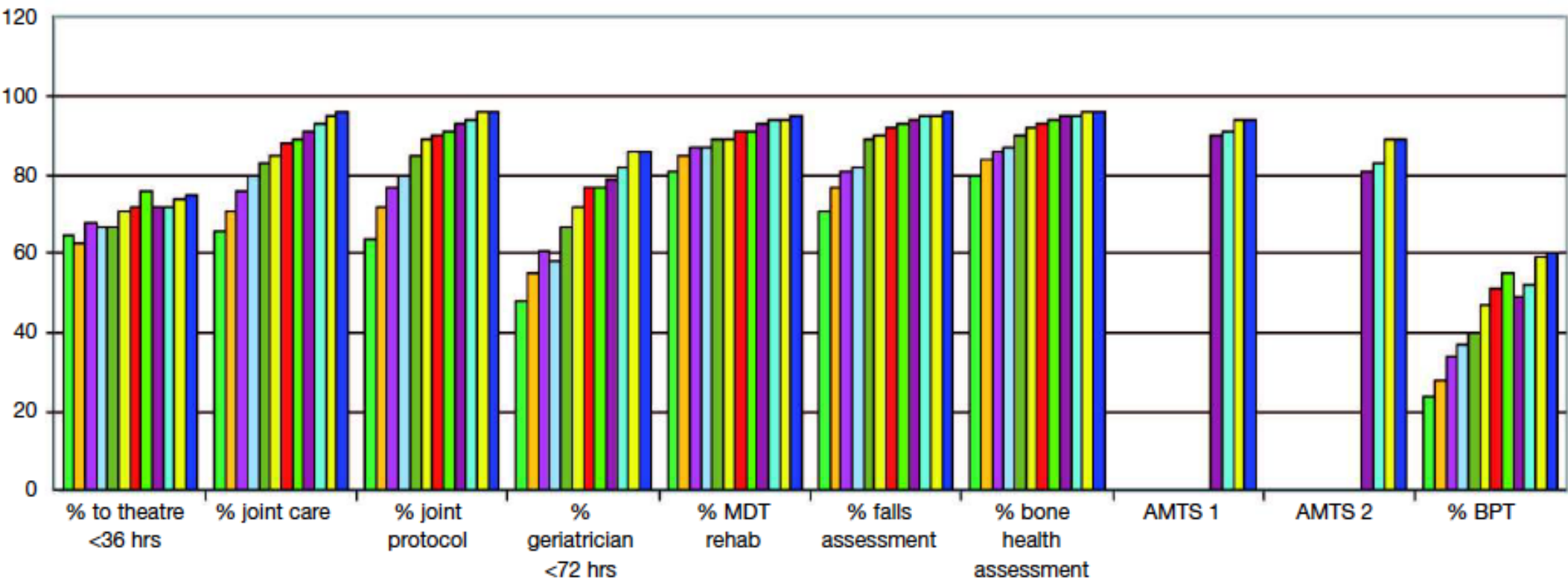
National database



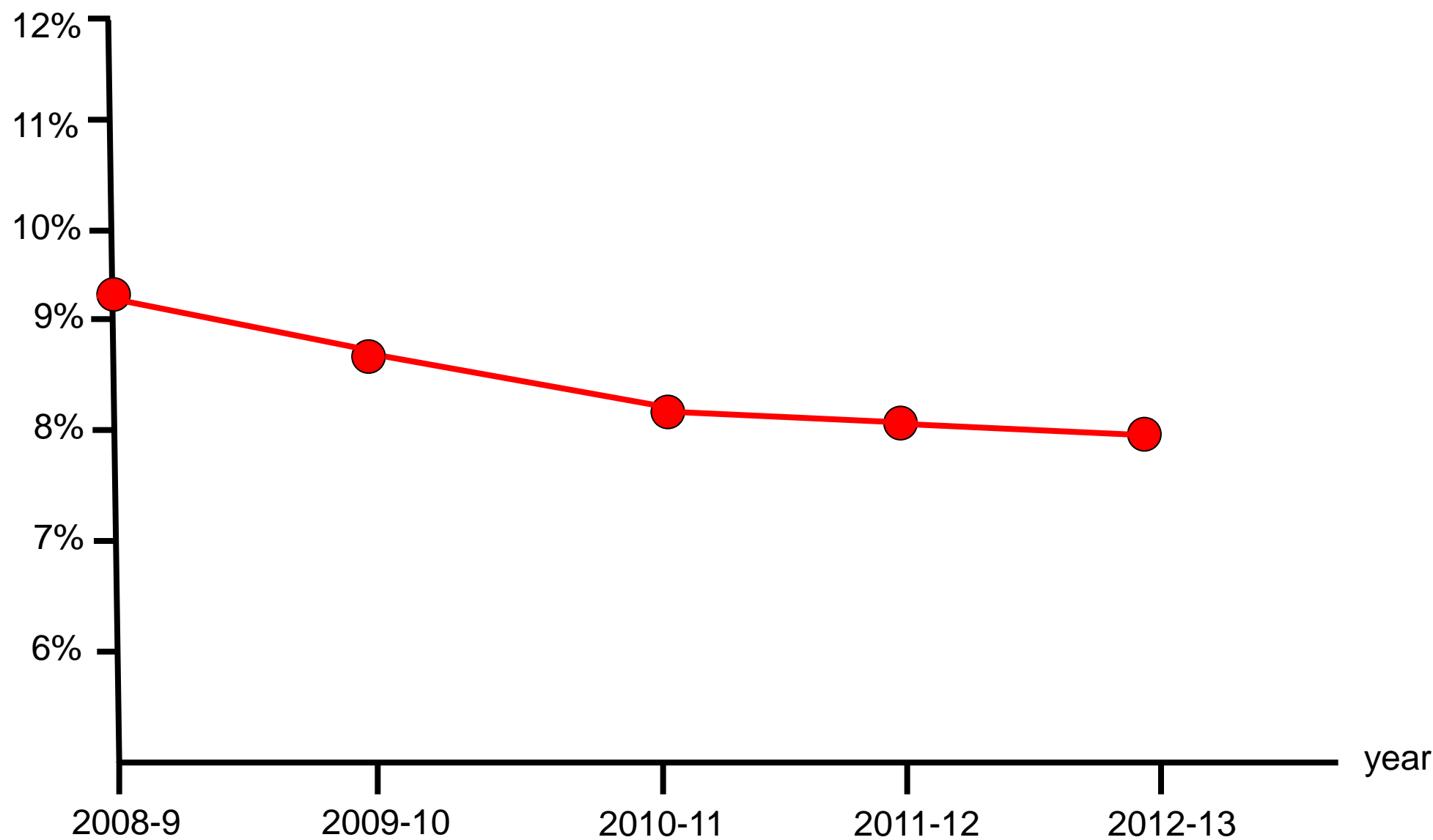
Best Practice Tariff

Best Practice Tariff

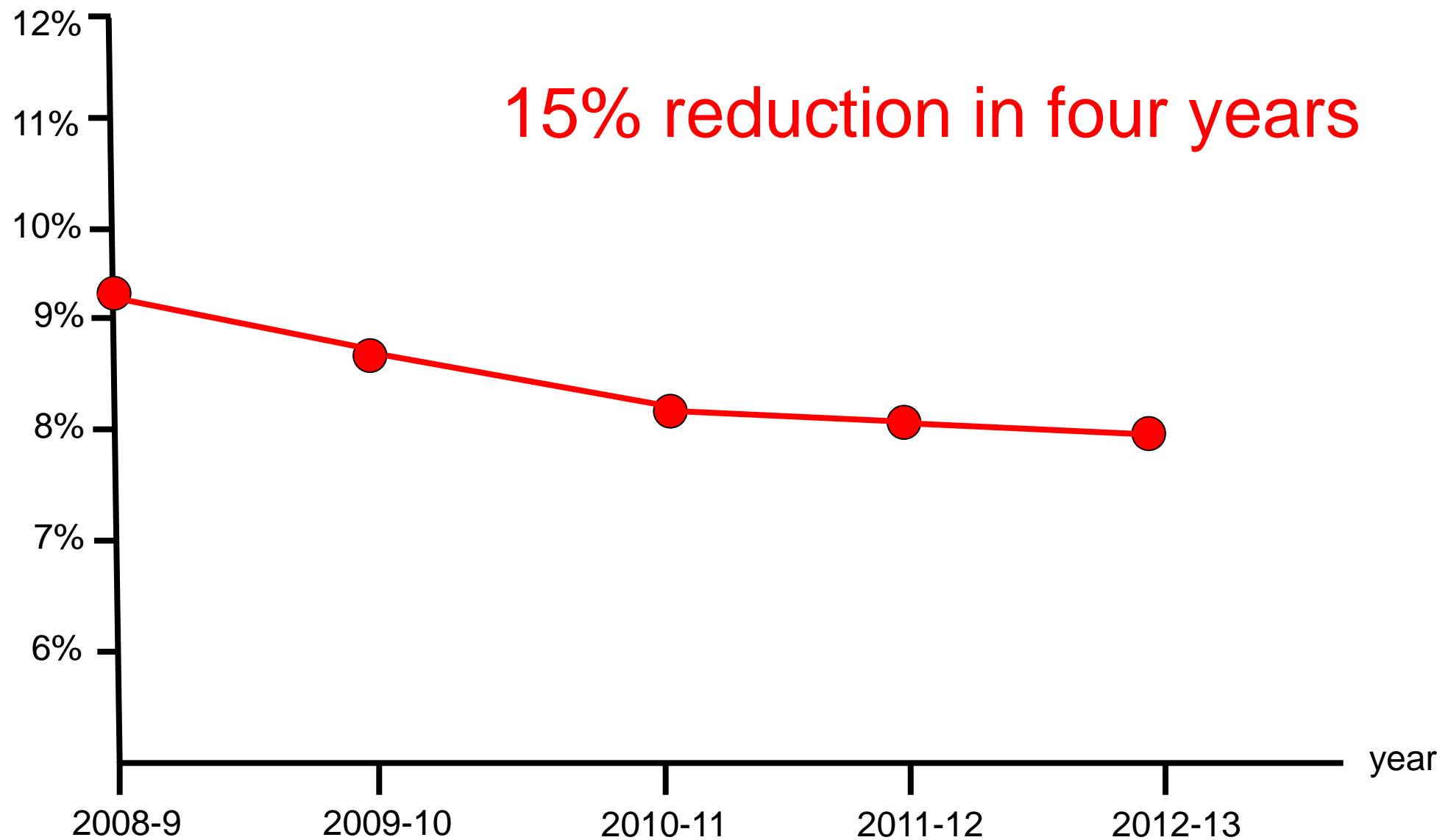
2010-2013, Quarterly



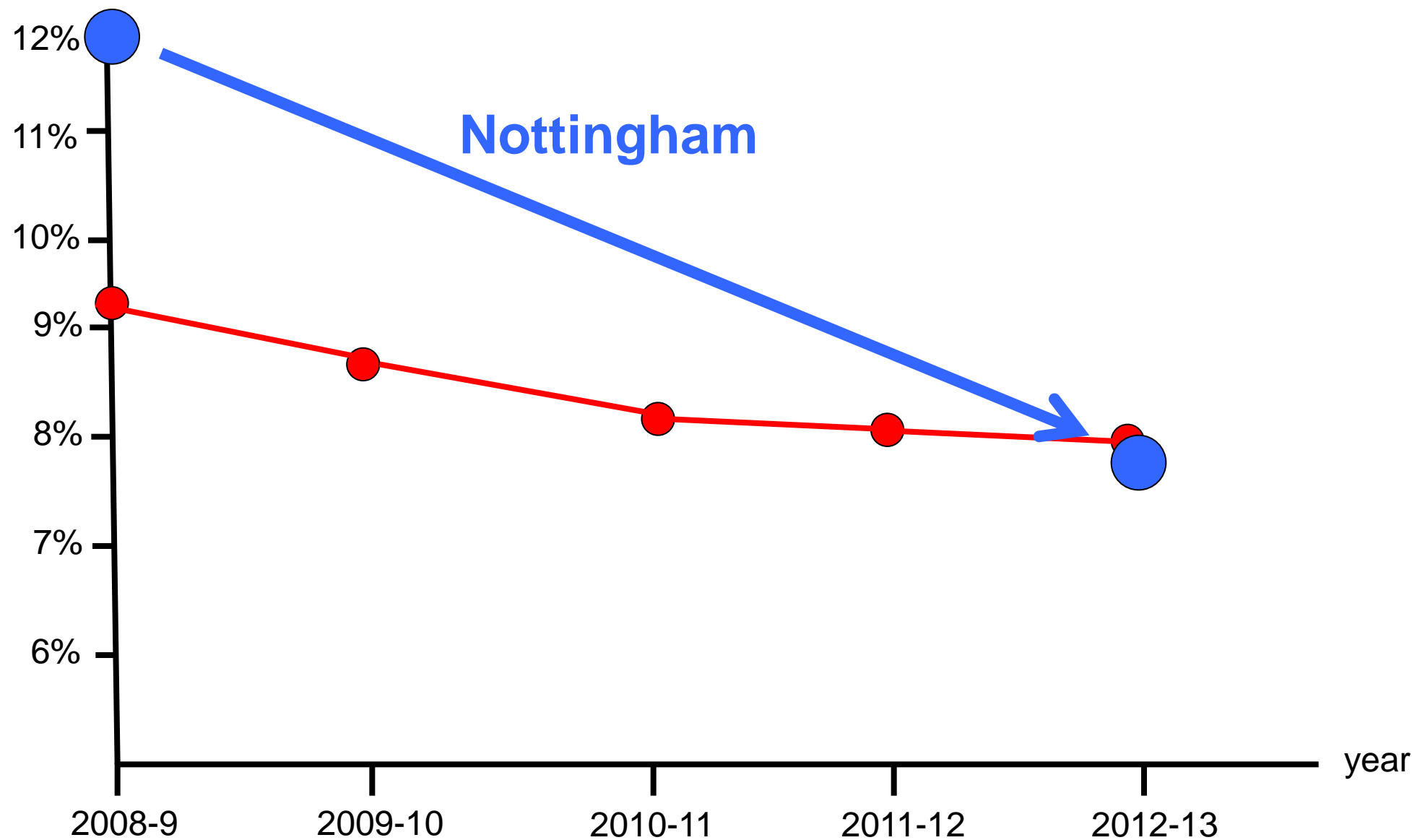
30-day mortality - National



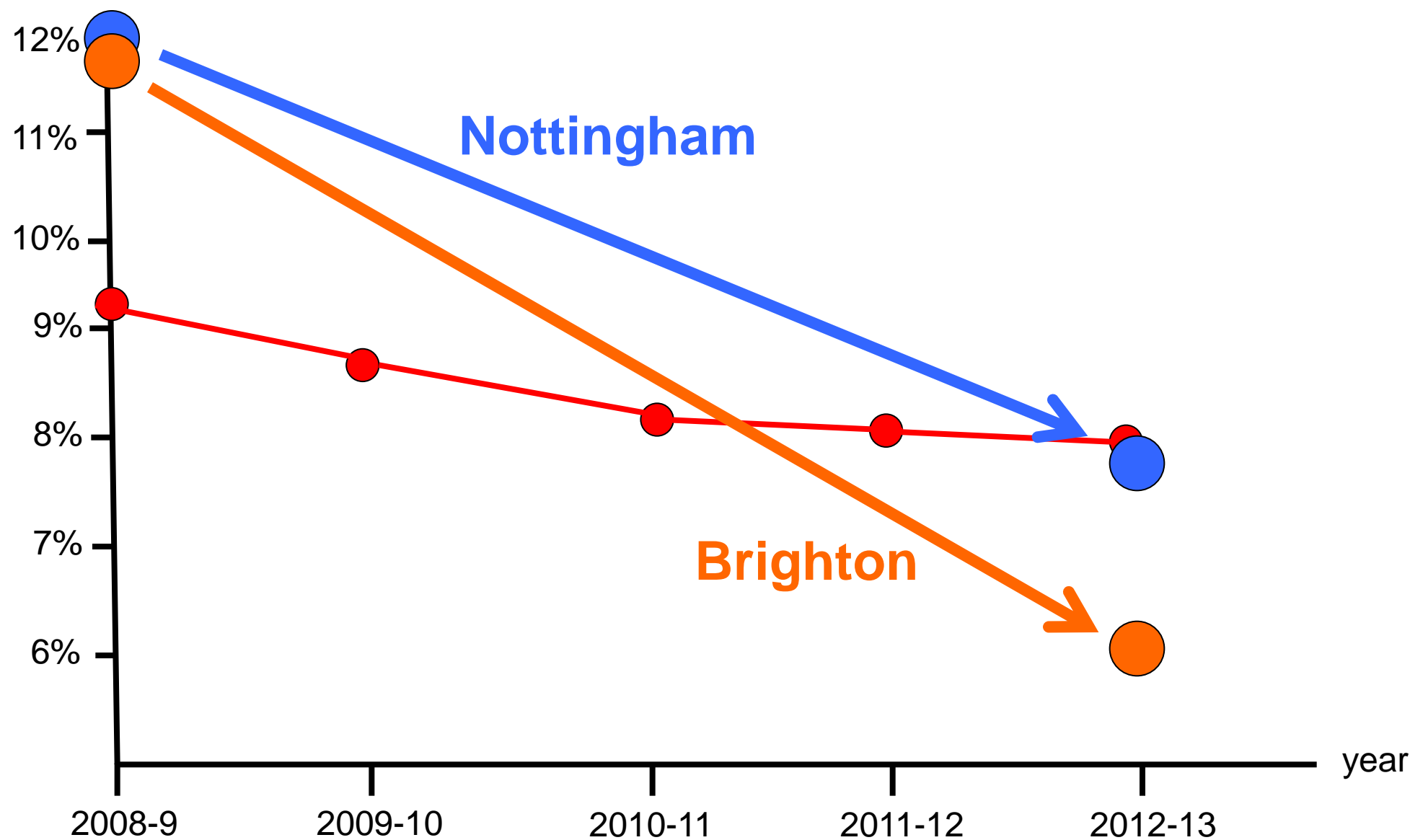
30-day mortality - National



30-day mortality - National



30-day mortality - National



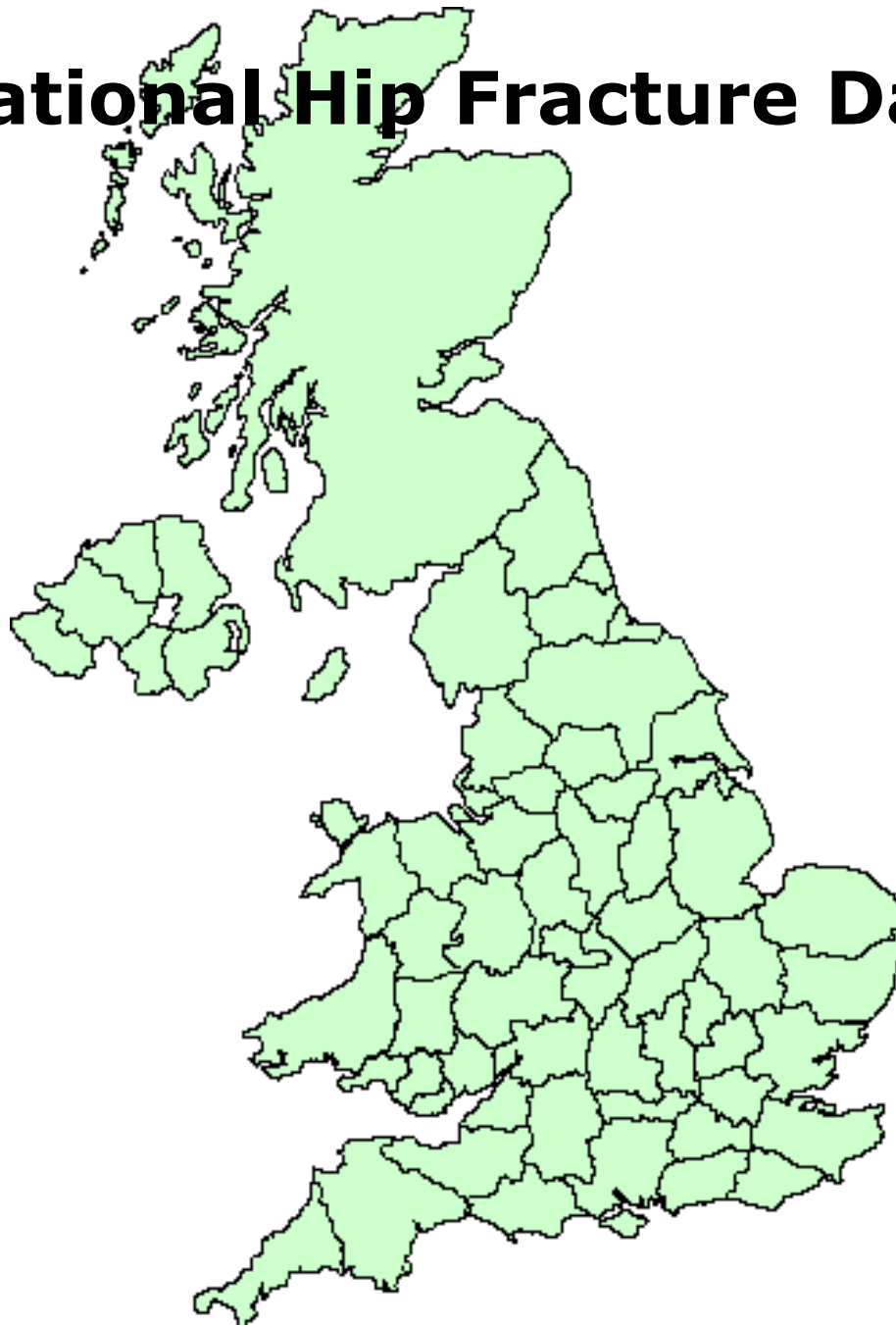


National Hip Fracture Database National report 2013

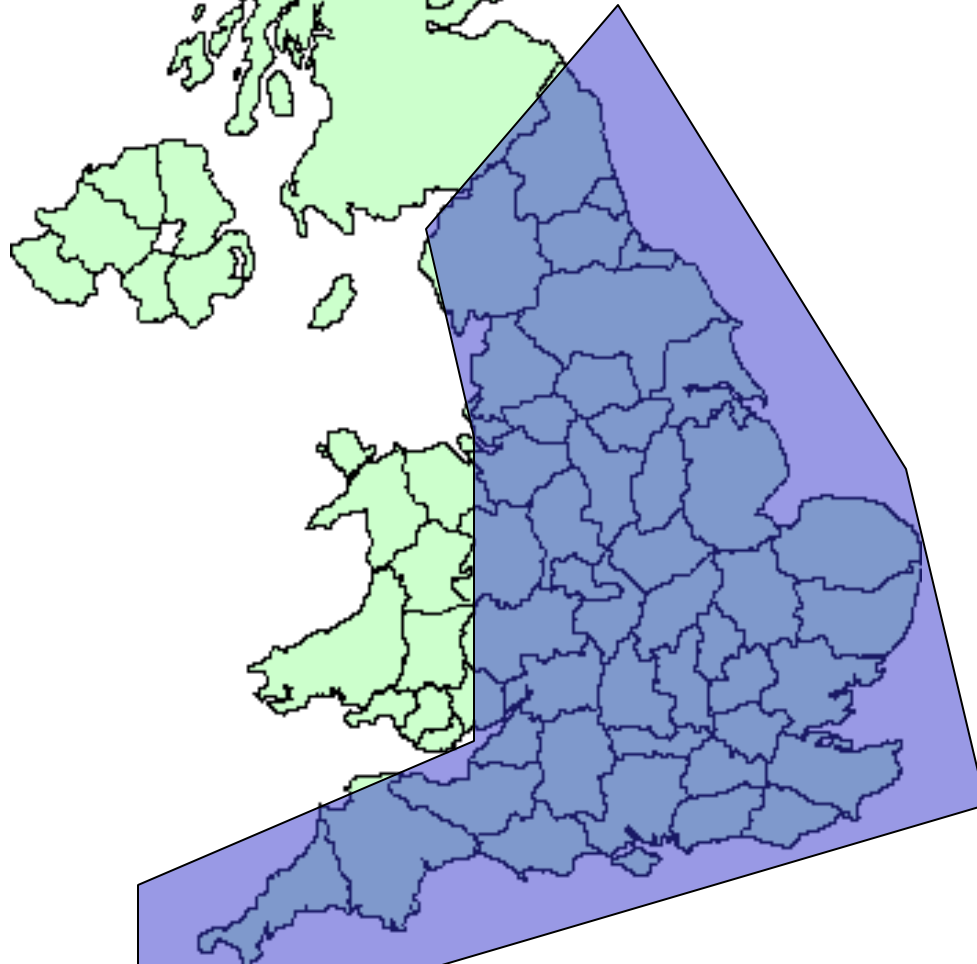


The good, the bad and the variable

National Hip Fracture Database

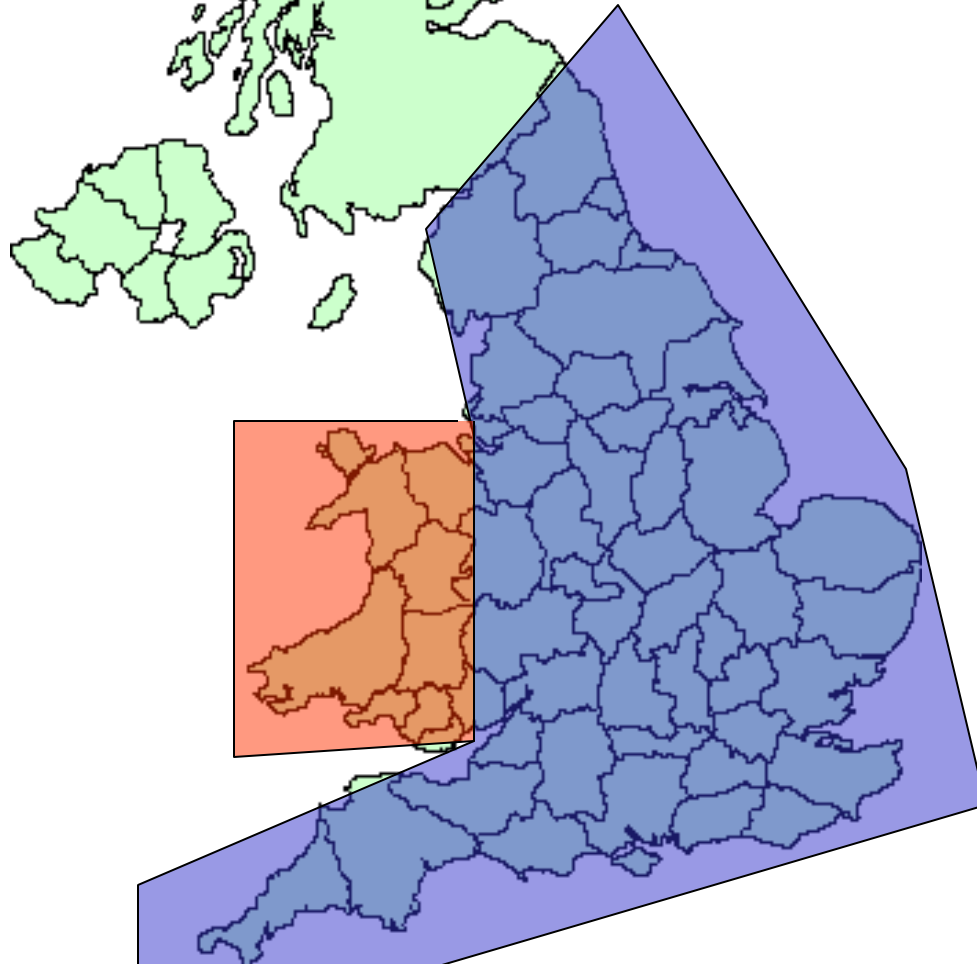


National Hip Fracture Database



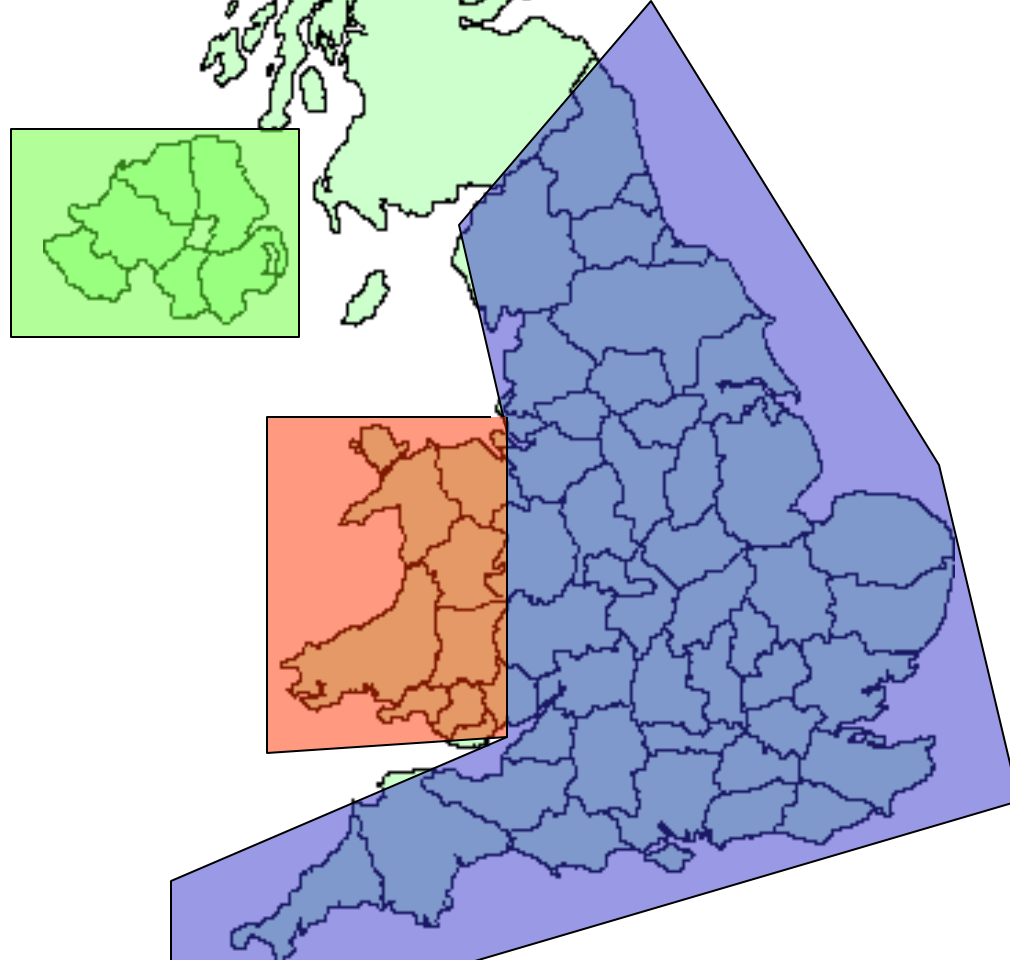
- England

National Hip Fracture Database



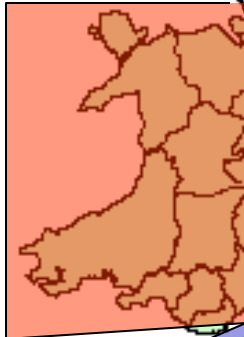
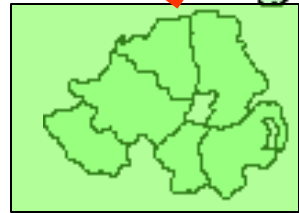
- England
- Wales

National Hip Fracture Database



- England
- Wales
- Northern Ireland

~~National Hip Fracture Database~~



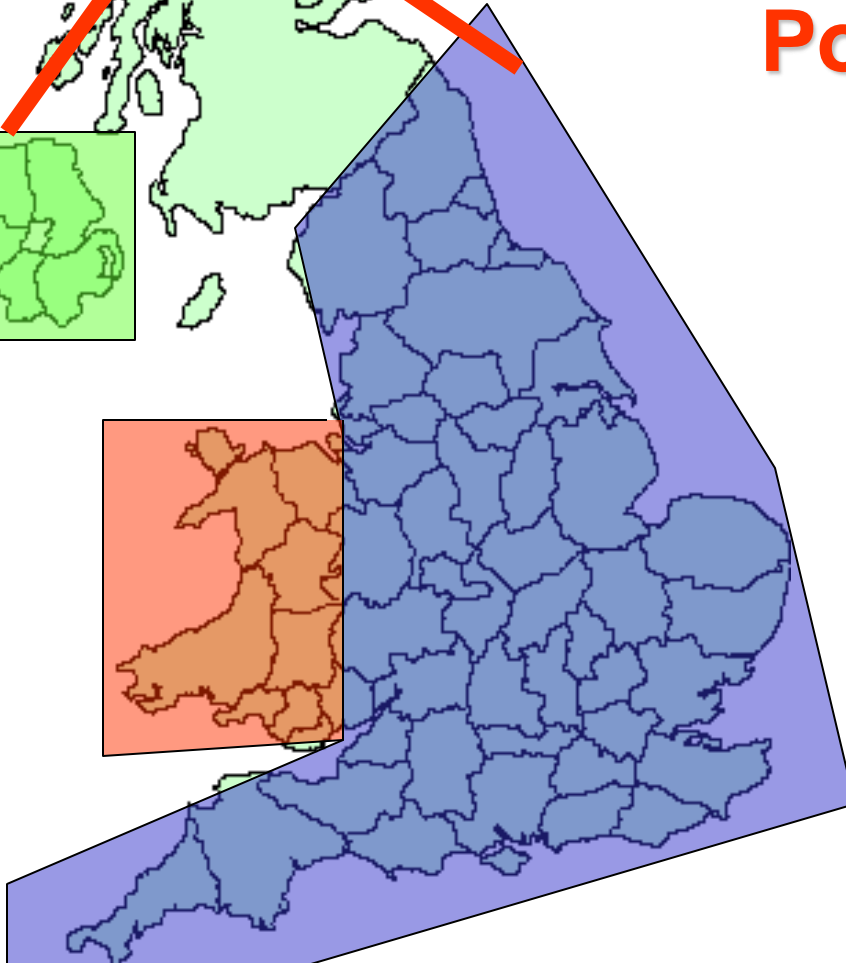
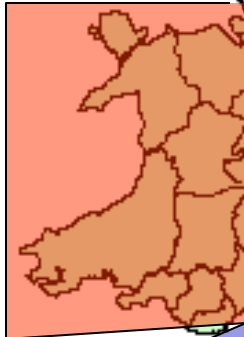
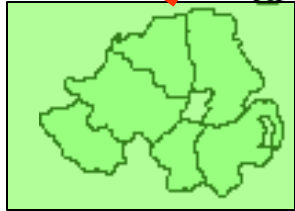
- England
- Wales
- Northern Ireland

~~National Hip Fracture Database~~



Population: 58.5 million

- England
- Wales
- Northern Ireland

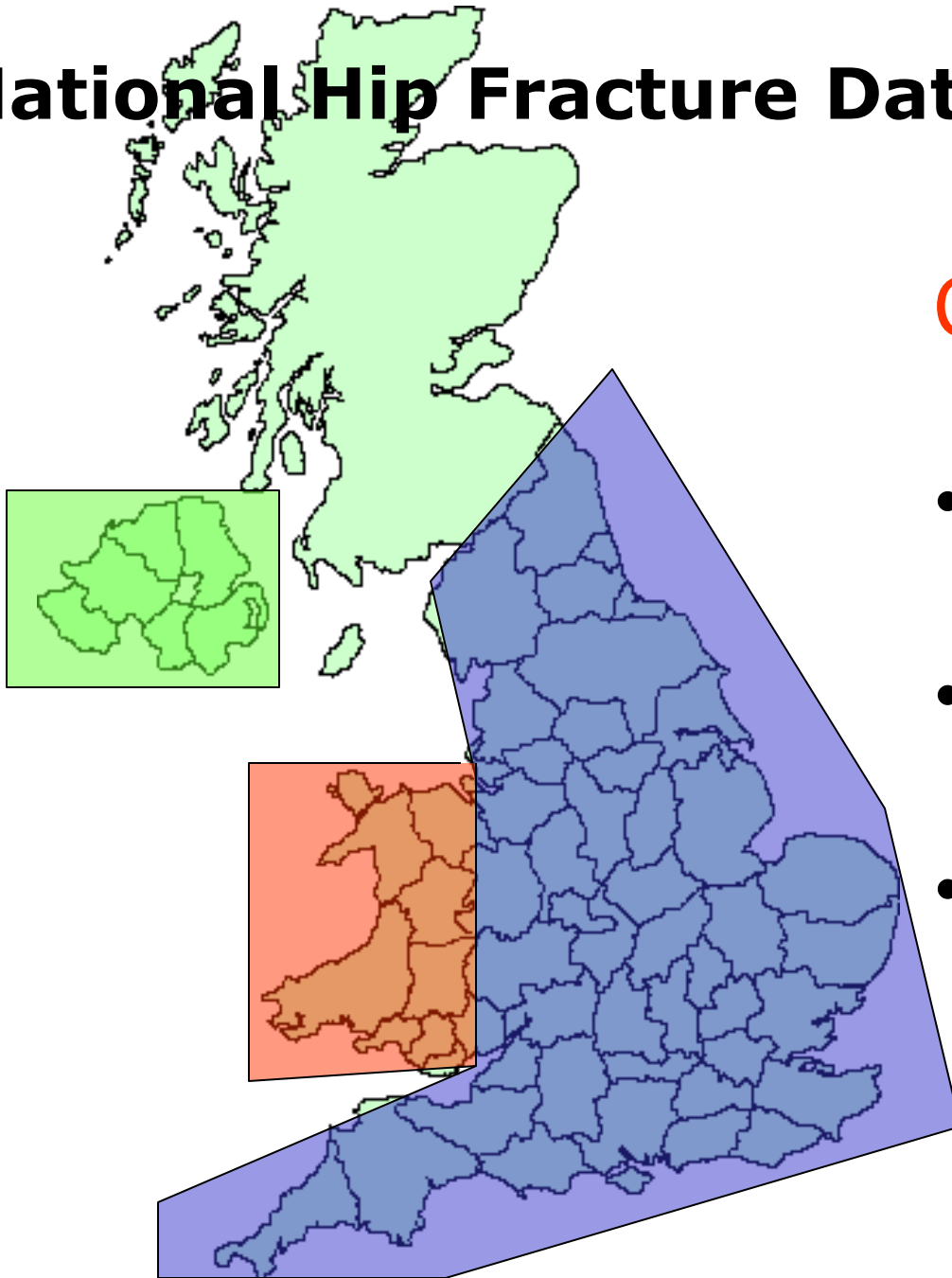


National Hip Fracture Database

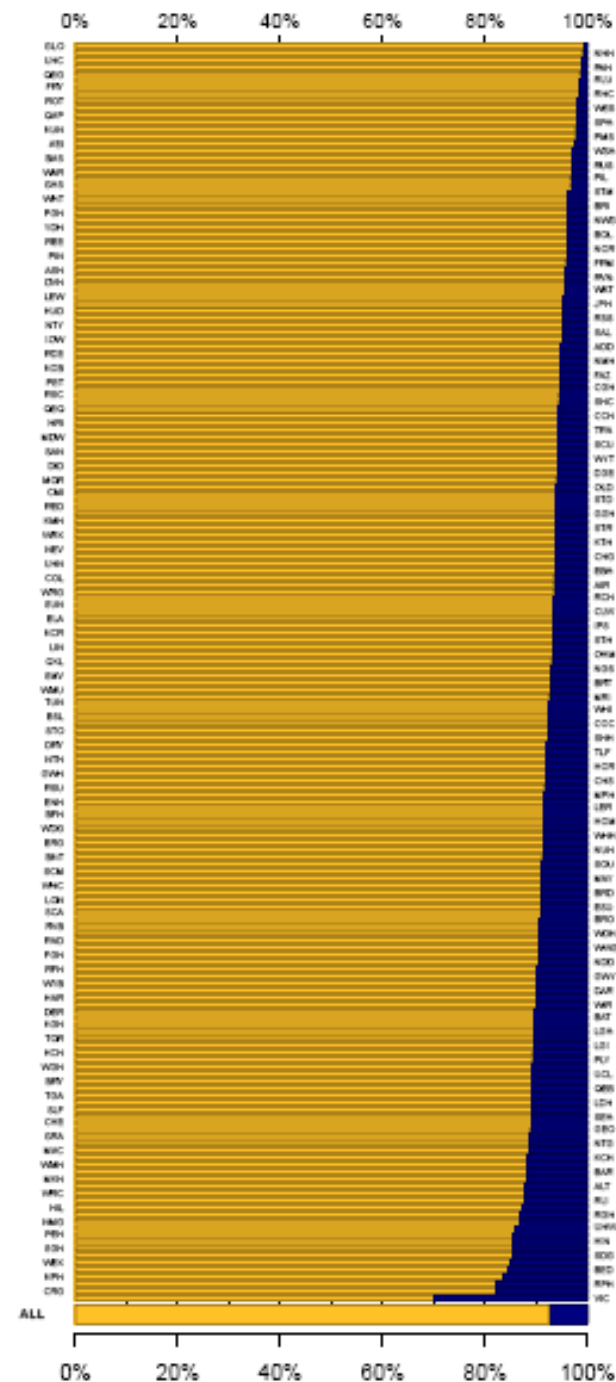


Current:

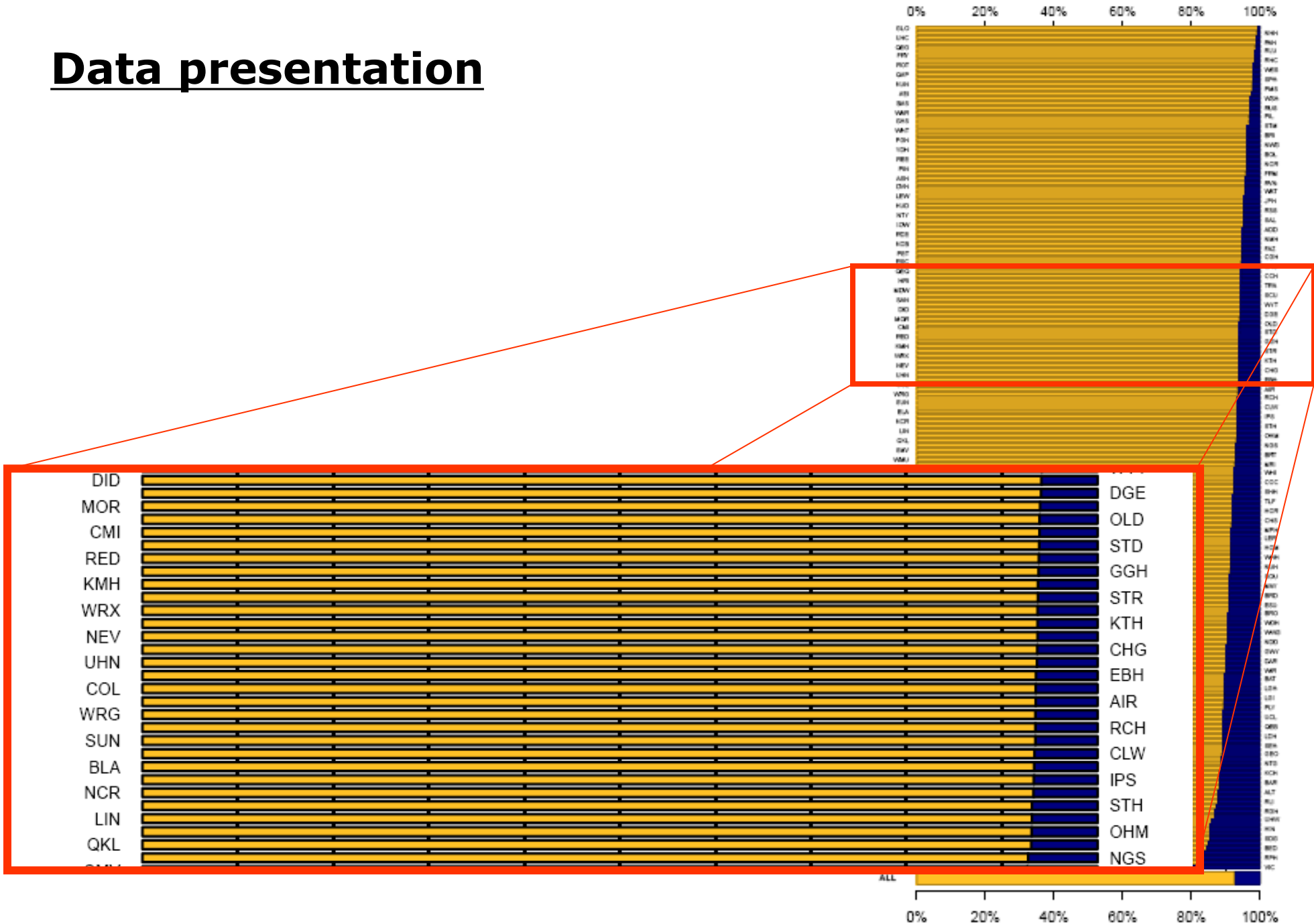
- 186 hospitals registered
- 309,839 patients
- 6,000 patients / month



Data presentation

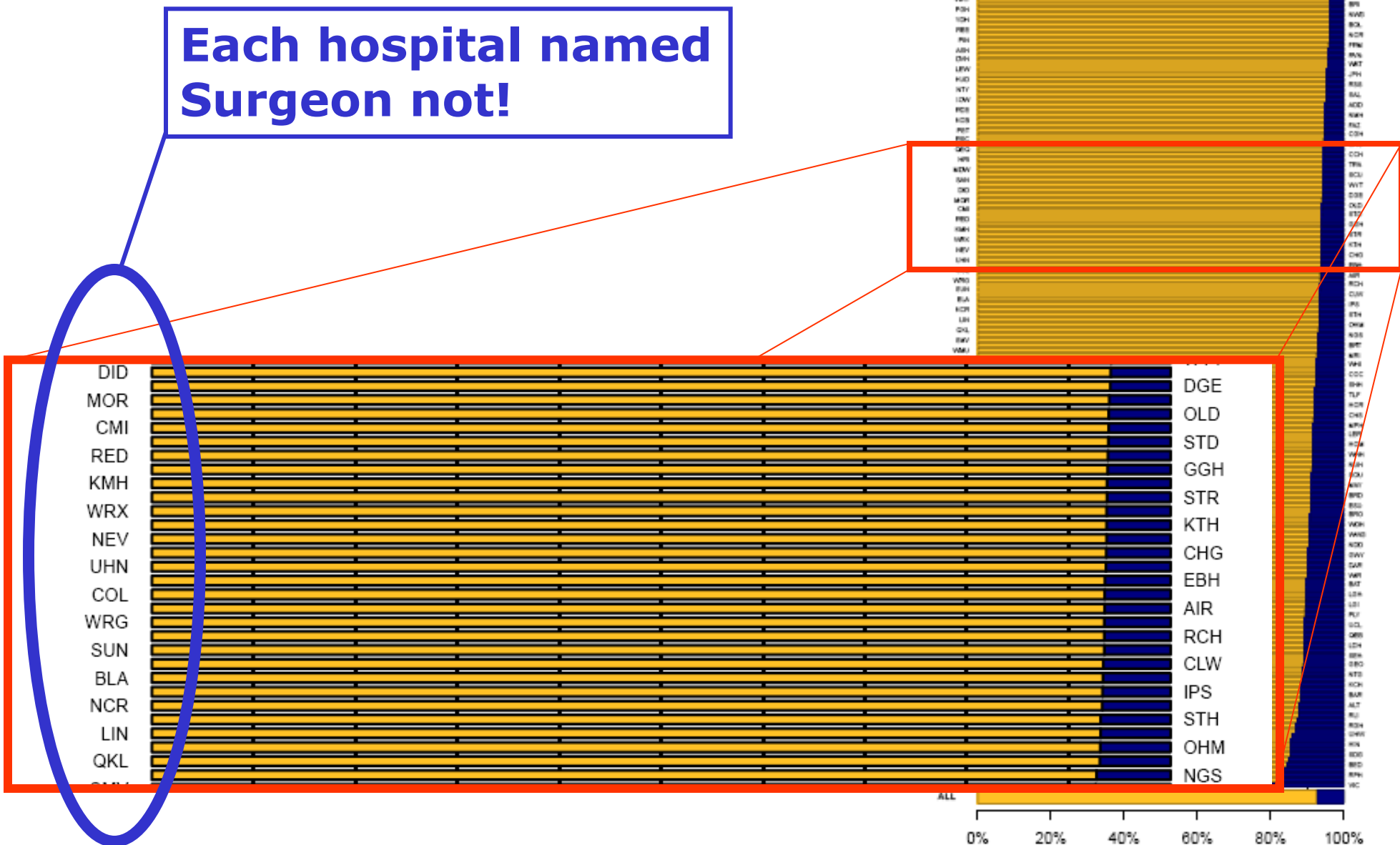


Data presentation



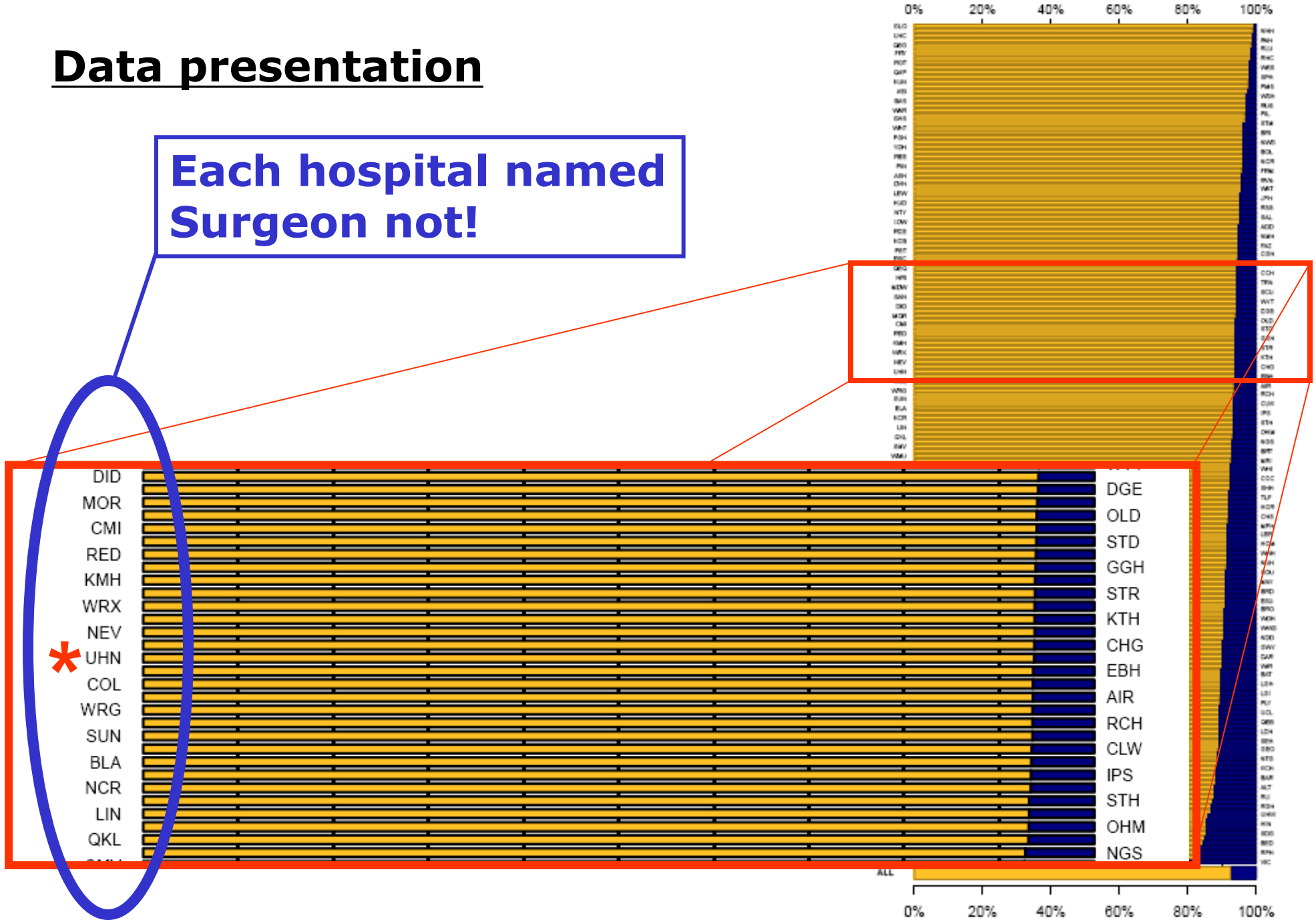
Data presentation

Each hospital named
Surgeon not!



Data presentation

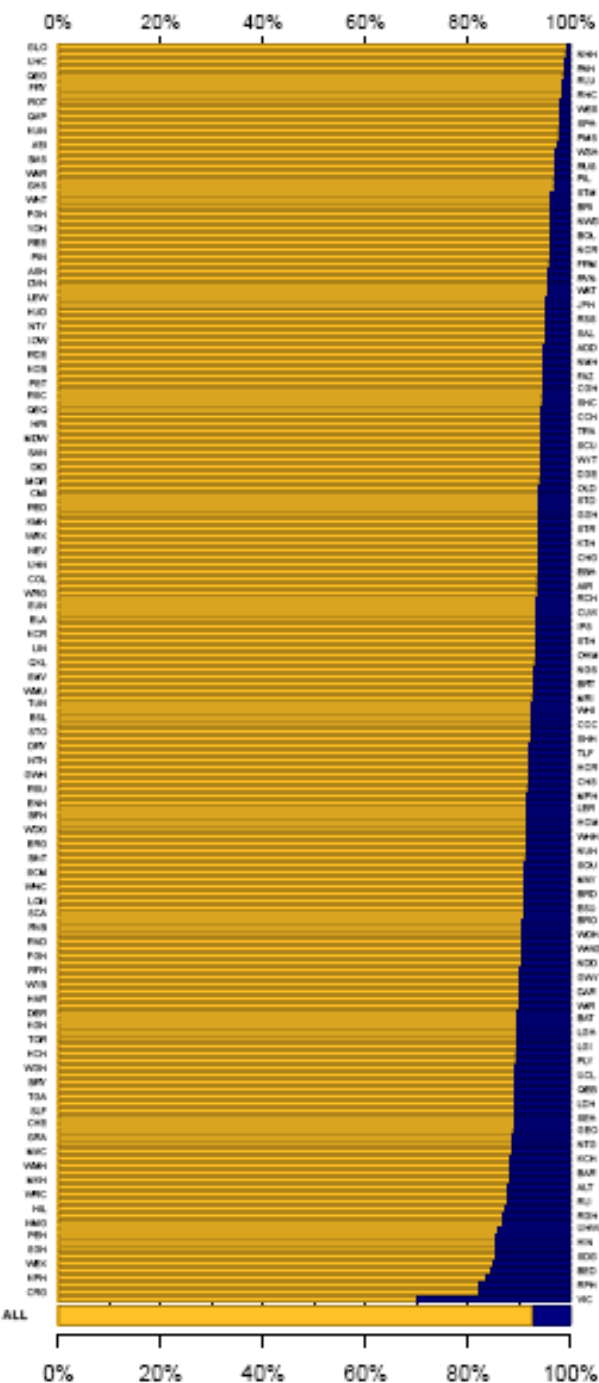
Each hospital named Surgeon not!



Completeness of data fields

Complete data

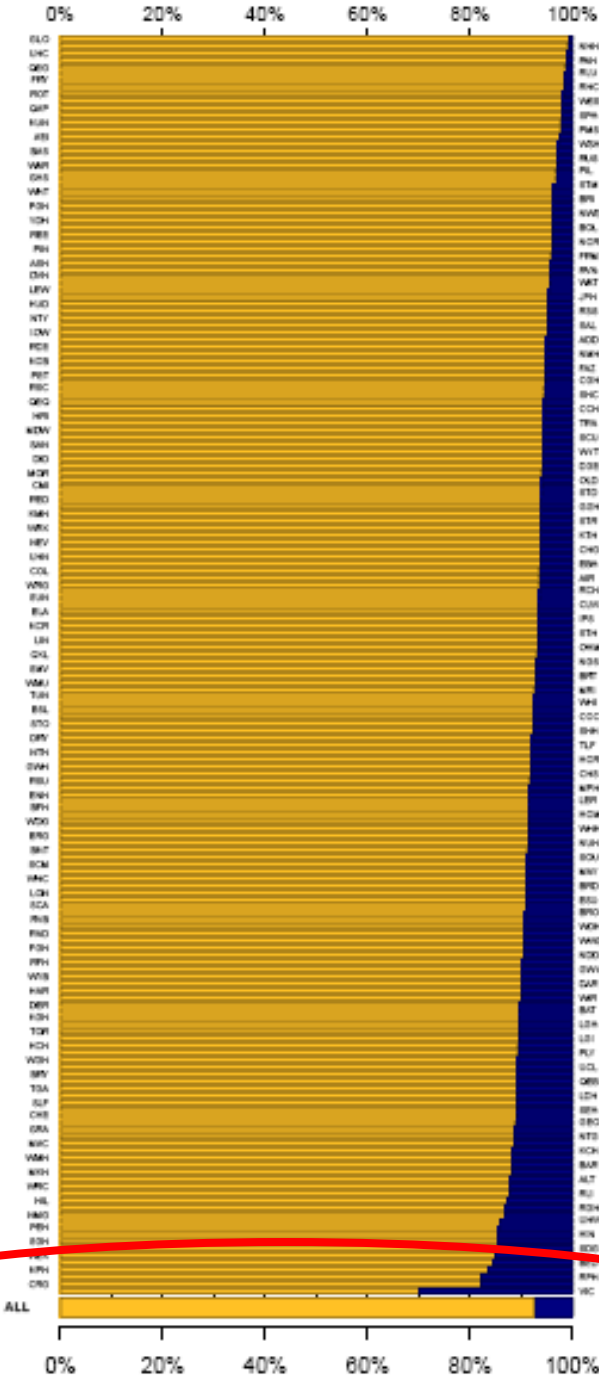
Missing data



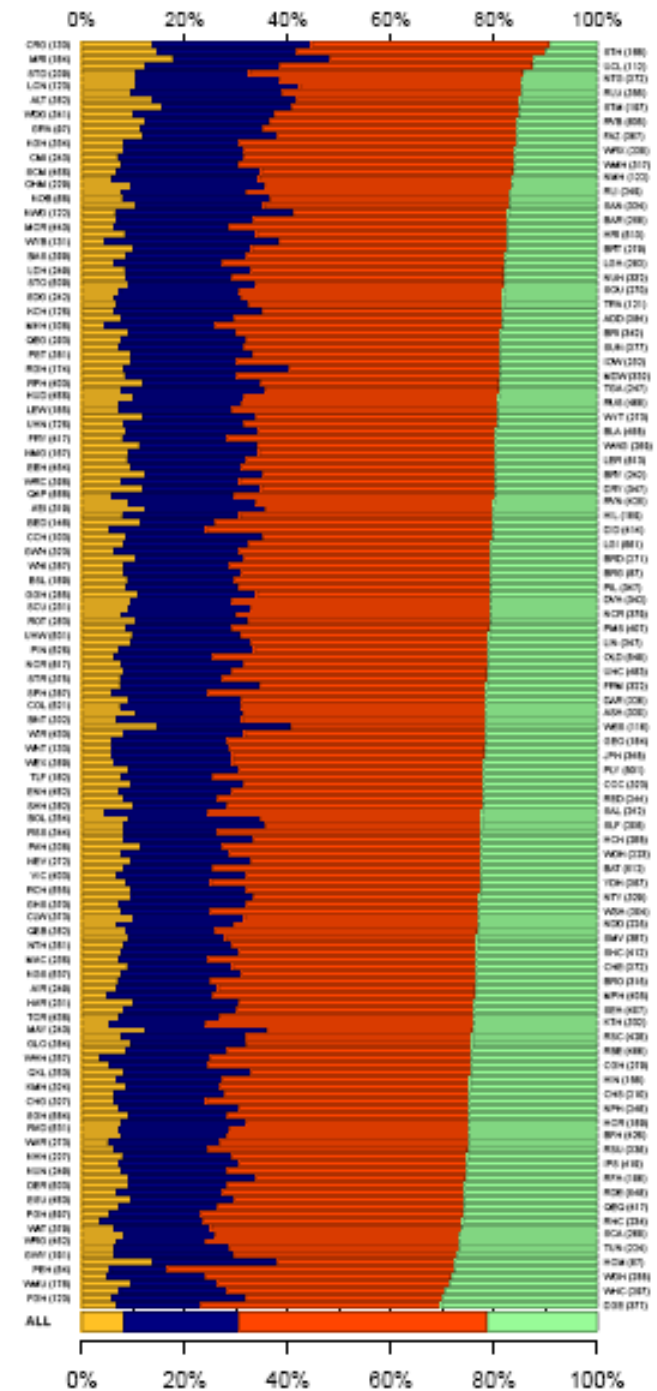
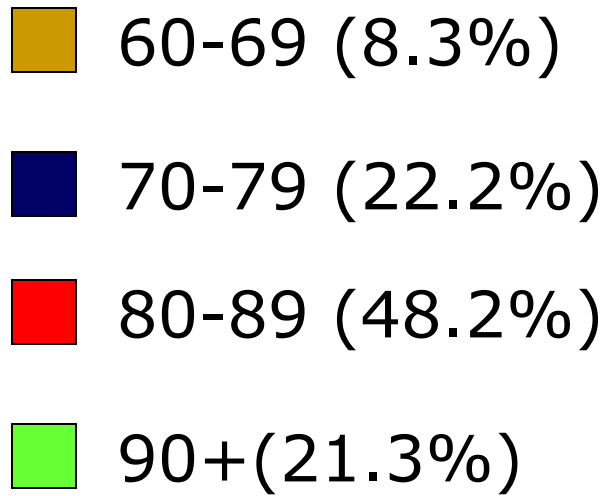
Completeness of data fields

National average
92.6% good data

- Complete data
- Missing data

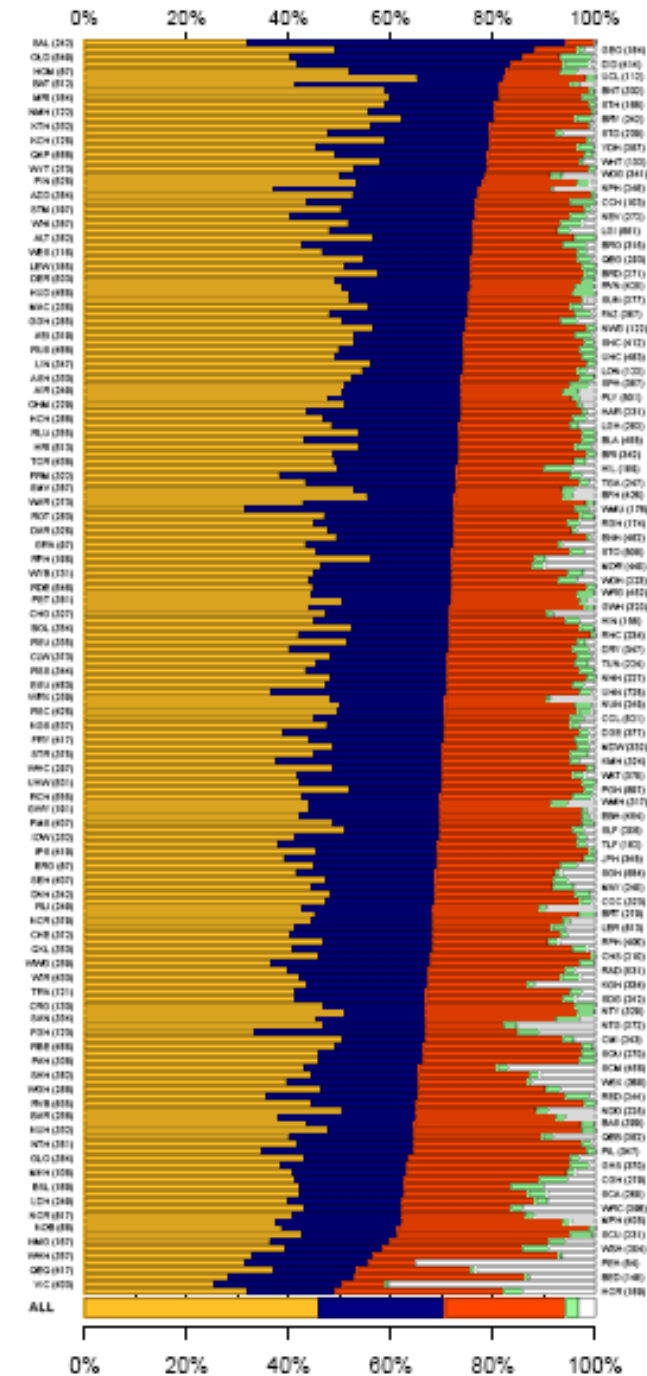


Age









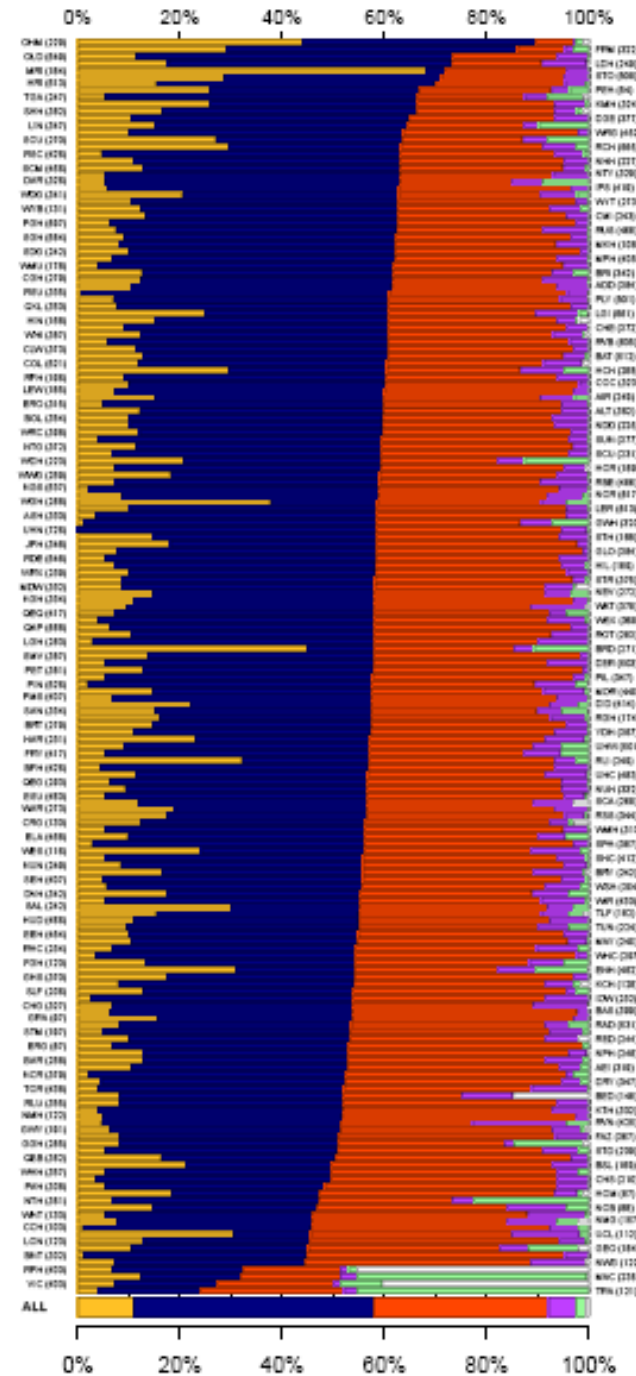
Walking ability

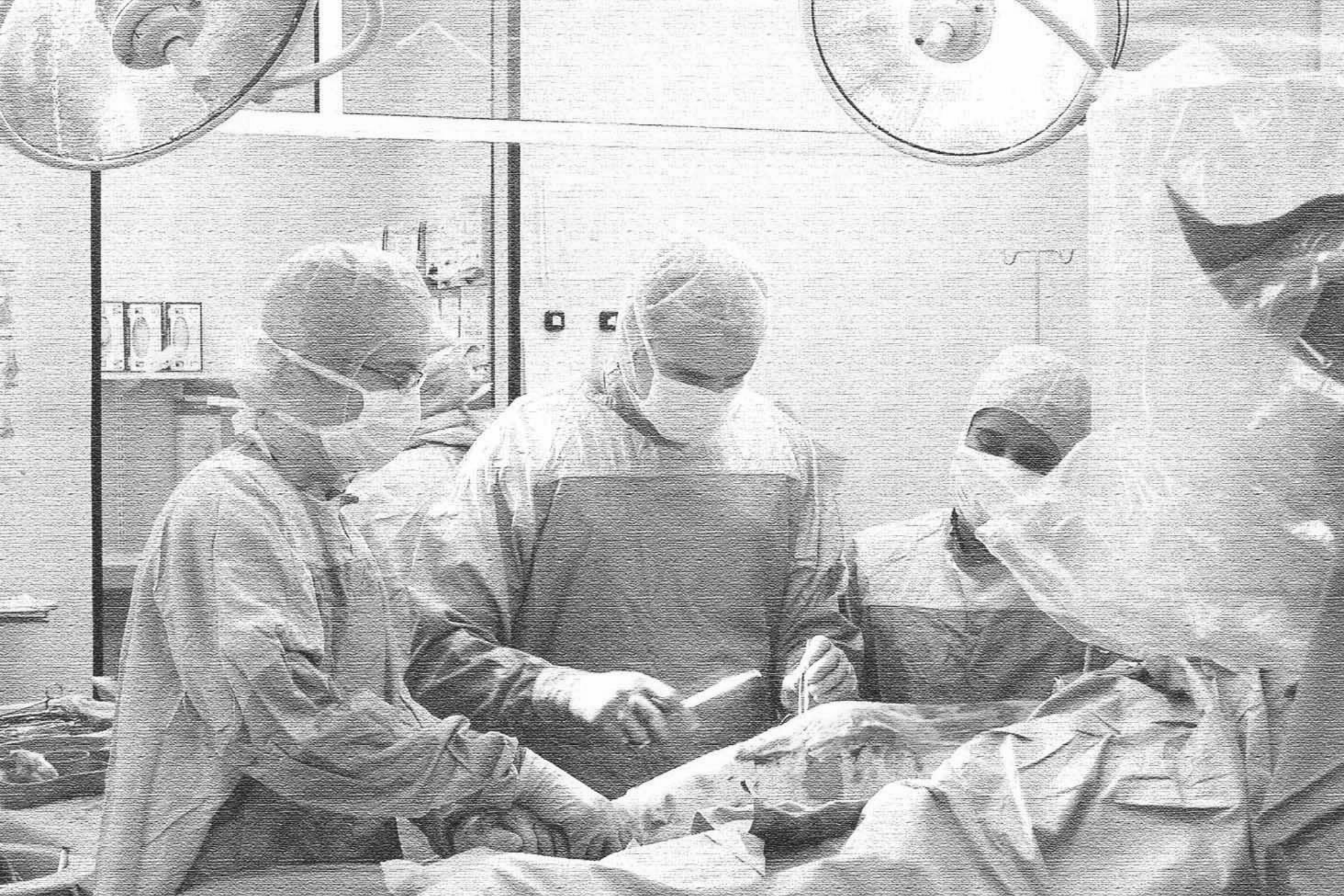
- Without aids (45.8%)
- 1 stick (24.9%)
- 2 sticks / frame (23.7%)
- Wheelchair (2.4%)
- Not recorded (3.2%)



Fracture type

-  Intracapsular undisplaced (10.9%)
-  Intracapsular displaced (46.8%)
-  Intertrochanteric (34.3%)
-  Subtrochanteric (5.4%)
-  Other (1.8%)
-  Not recorded (0.8%)







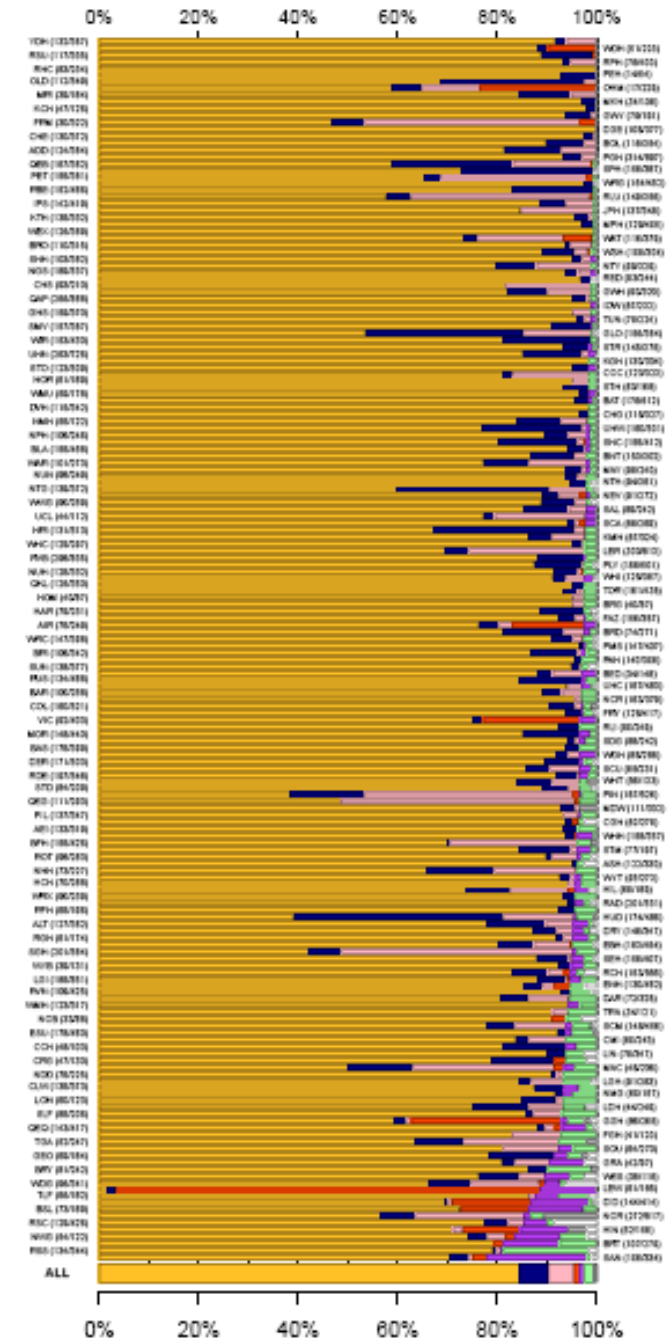
Operations

Intertrochanteric fractures

 Sliding Hip Screw (84.3%)

 IM Nail - long (5.9%)

 IM Nail - short (5.1%)

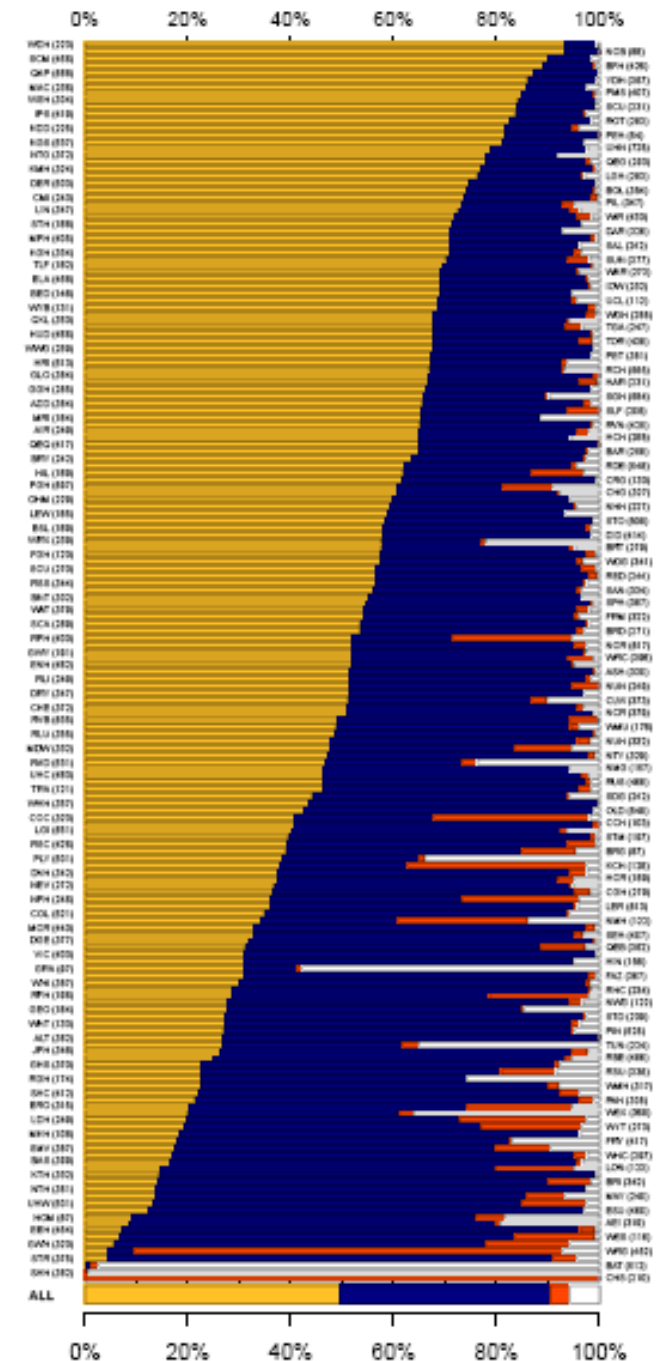


Process of care

ER to Orthopaedic ward < 4 hours

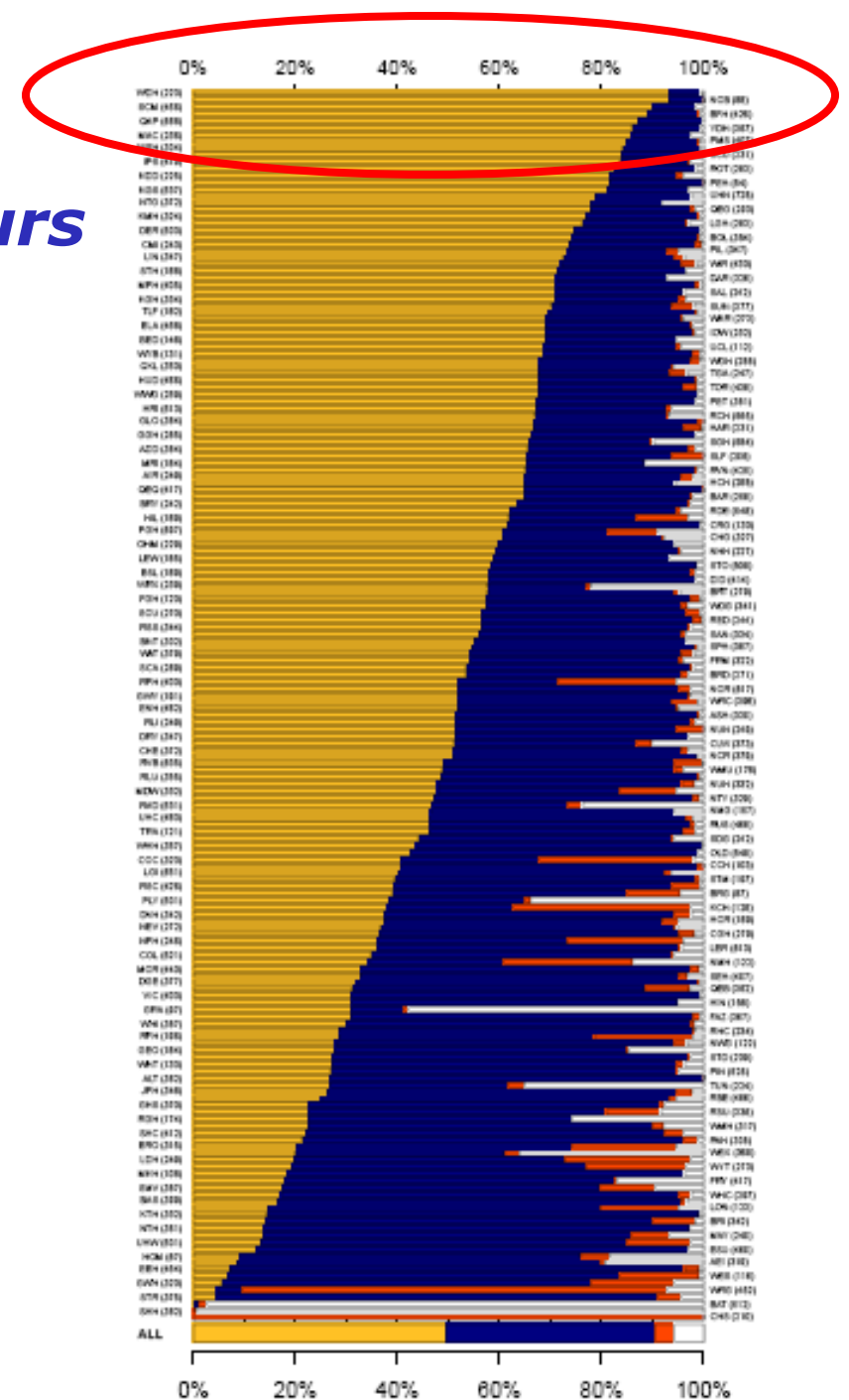
■ > 4 hours (41.1%)

☐ Not recorded (5.7%)



ER to Orthopaedic ward < 4 hours

☐ Not recorded (5.7%)



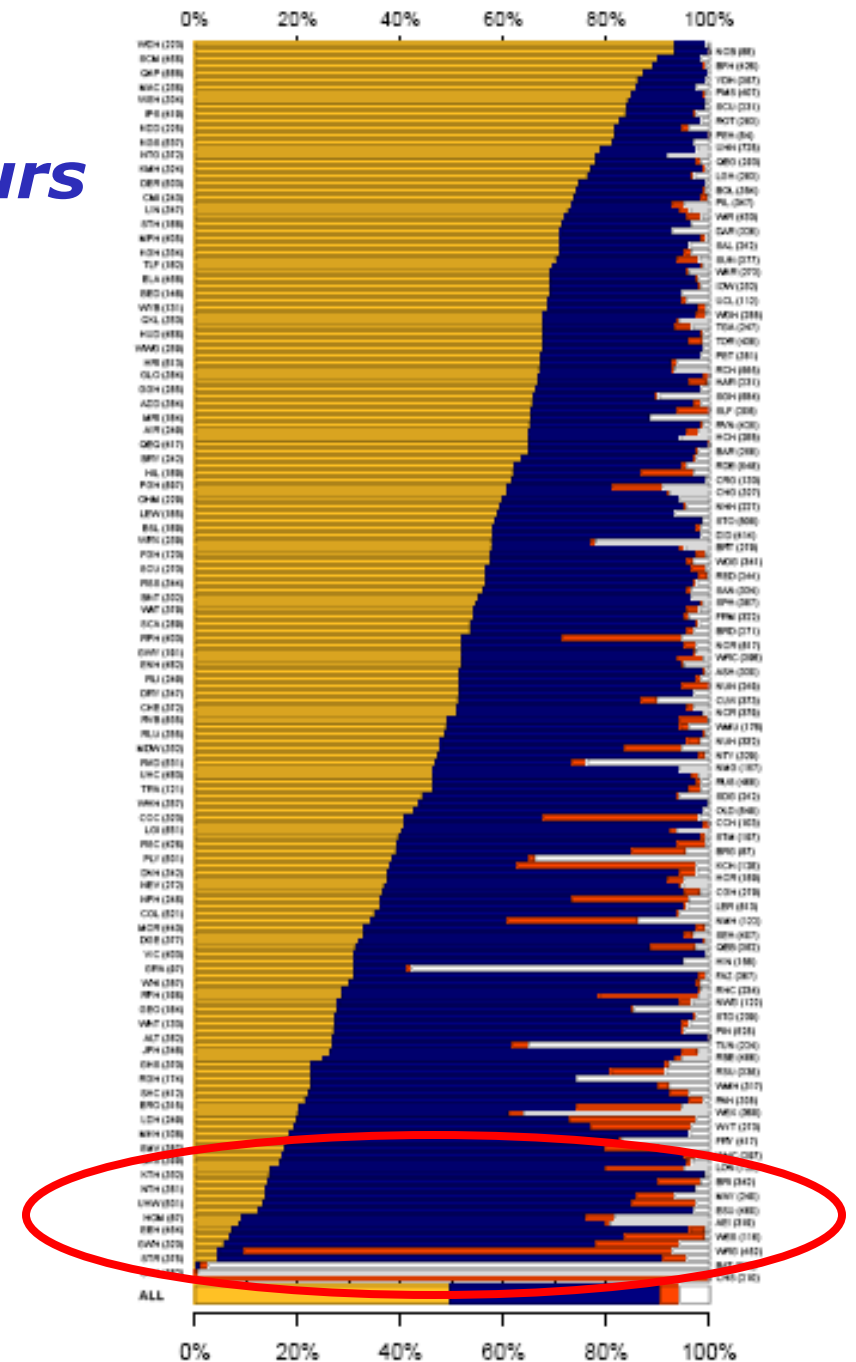
ER to Orthopaedic ward < 4 hours

 < 4 hours (49.4%)

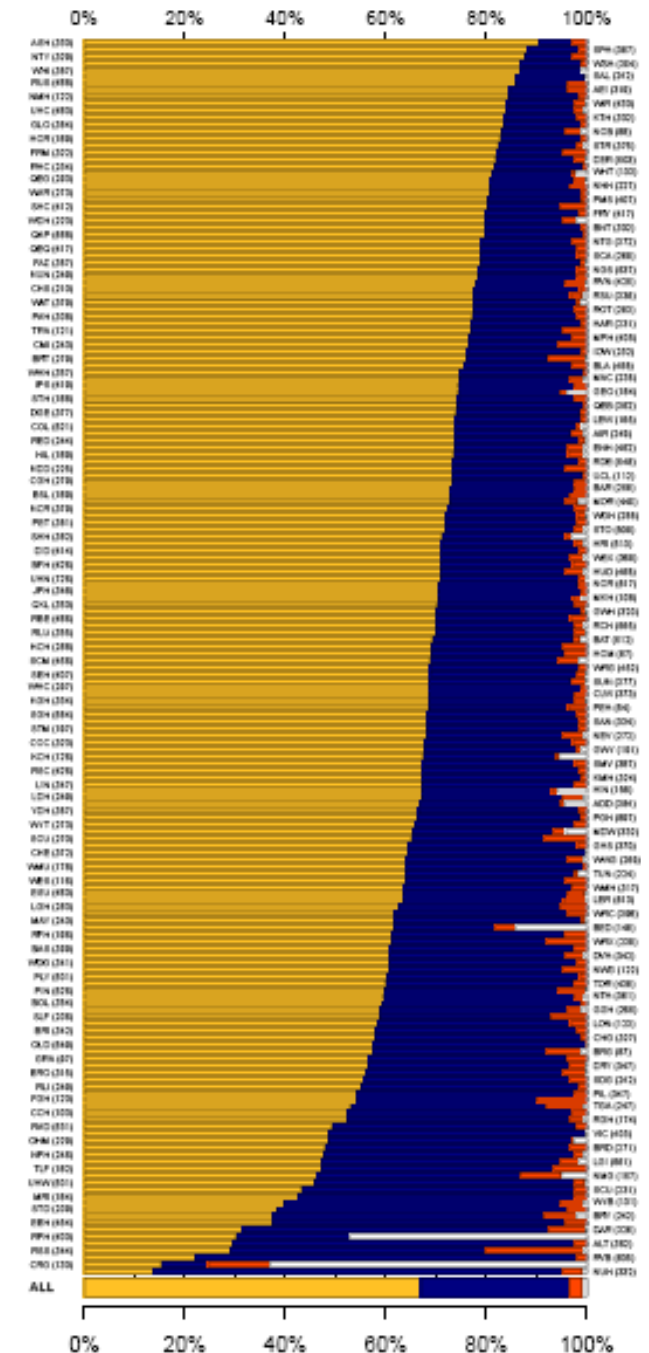
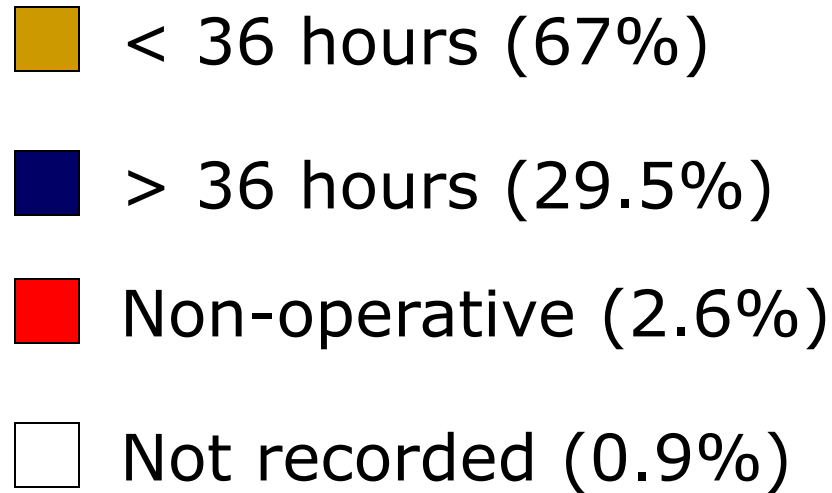
■ > 4 hours (41.1%)

■ Other ward (3.8%)

☐ Not recorded (5.7%)



Surgery within 36 hours



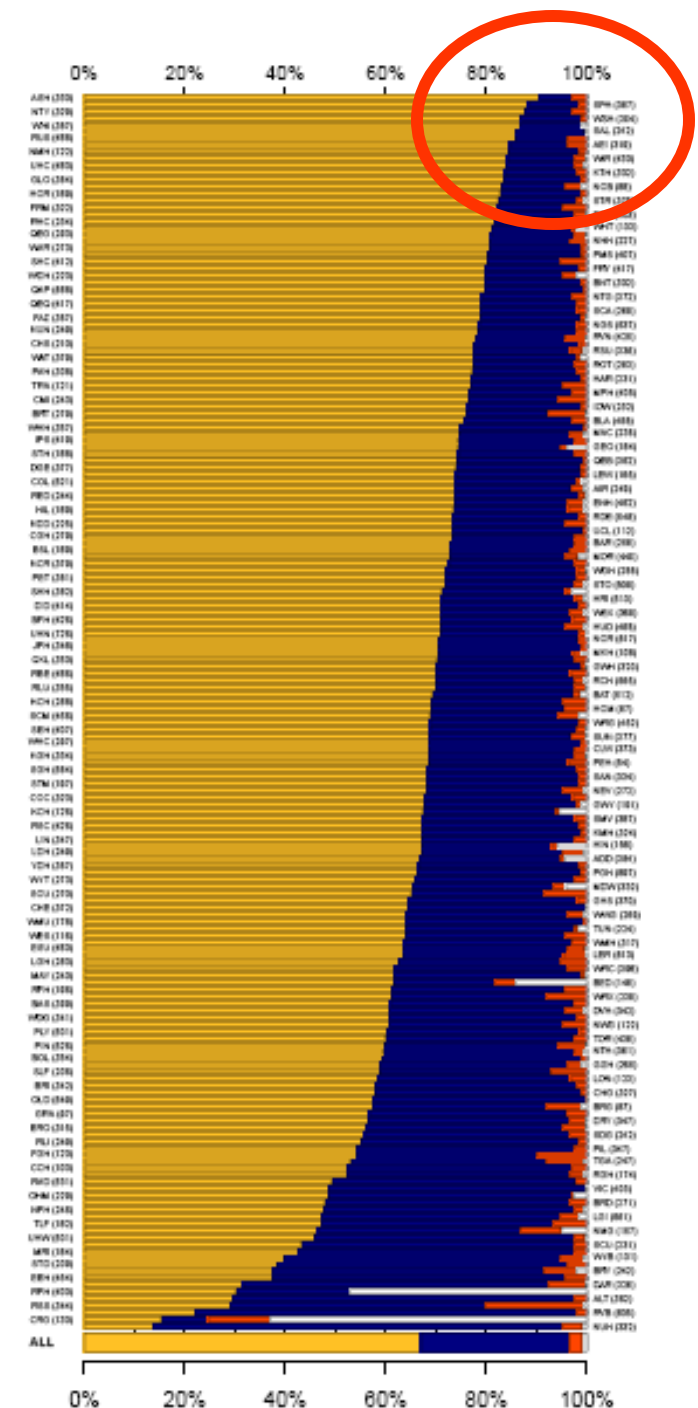
Surgery within 36 hours

 < 36 hours (67%)

■ > 36 hours (29.5%)

■ Non-operative (2.6%)

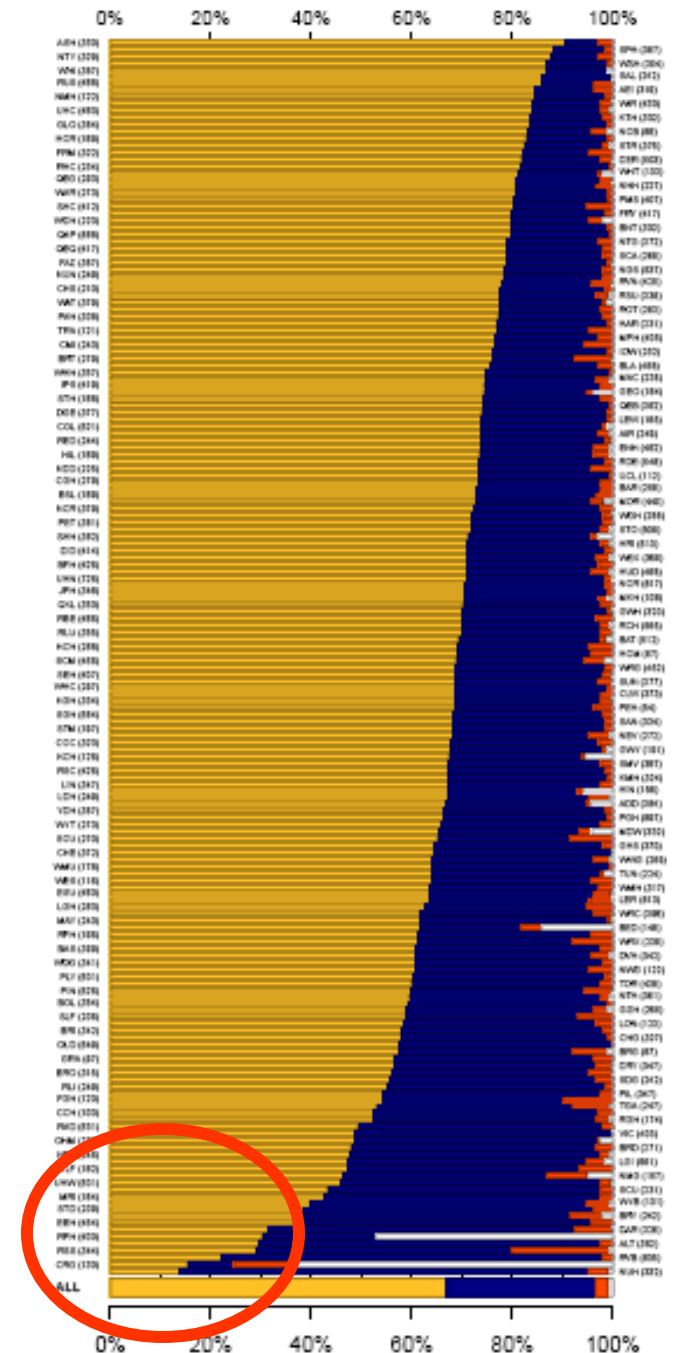
☐ Not recorded (0.9%)



Process of care






Surgery within 36 hours

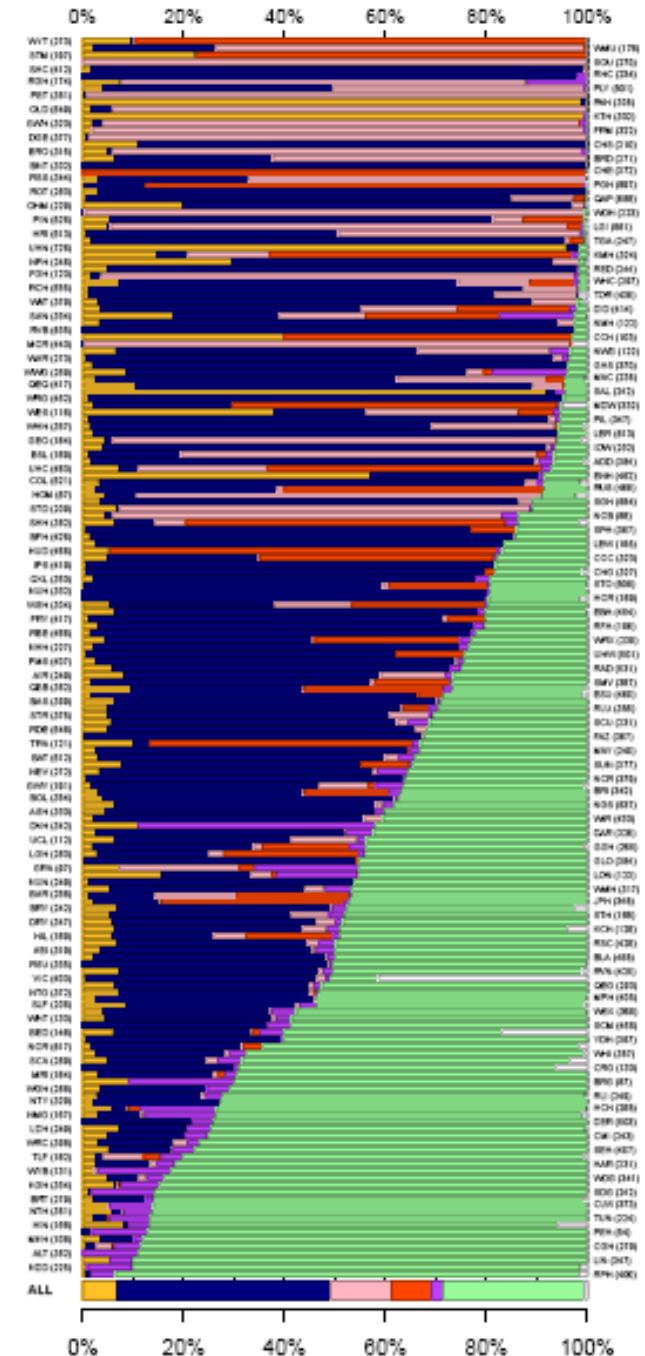
- < 36 hours (67%)
- > 36 hours (29.5%)
- Non-operative (2.6%)
- Not recorded (0.9%)



Process of care

Joint Orthopaedic – Geriatric care

-  Geriatric care (6.7%)
-  Ortho-geriatric (42.5%)
-  Ortho-internal medicine (11.9%)
-  Ortho-geriatric specialist nurse (8.0%)
-  No assessment (28.1%)

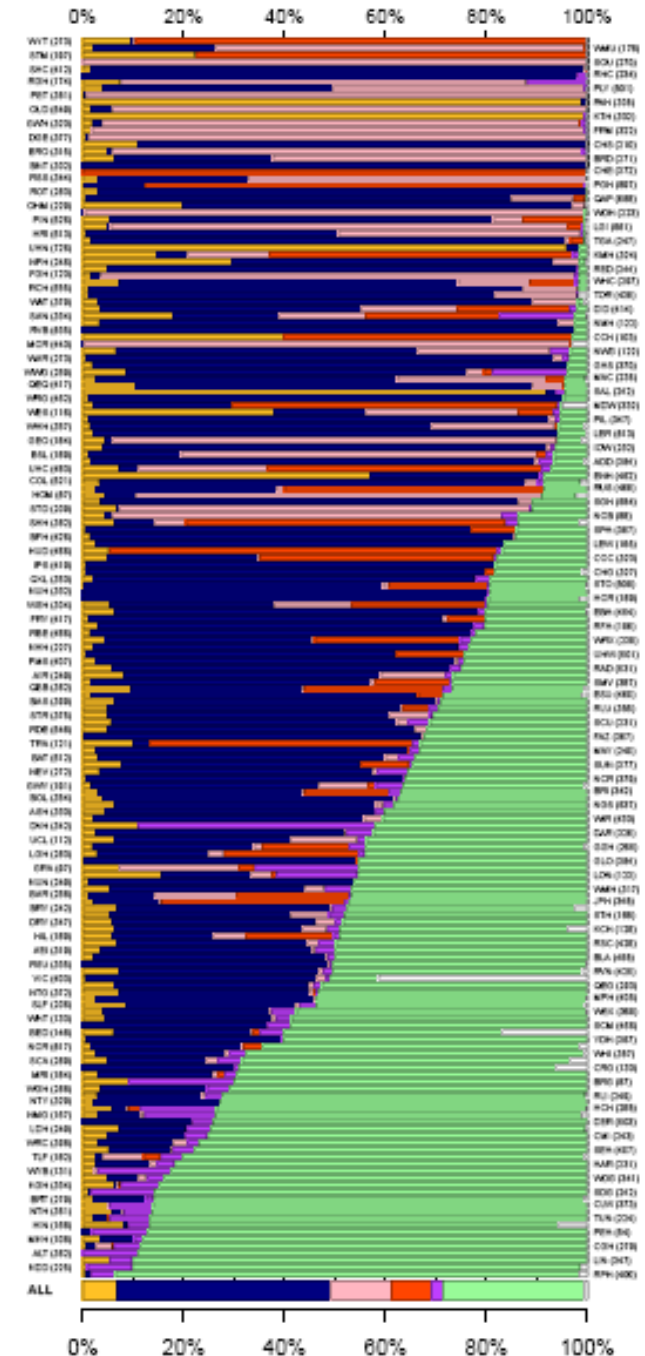


Joint Orthopaedic – Geriatric care

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 No assessment (28.1%)

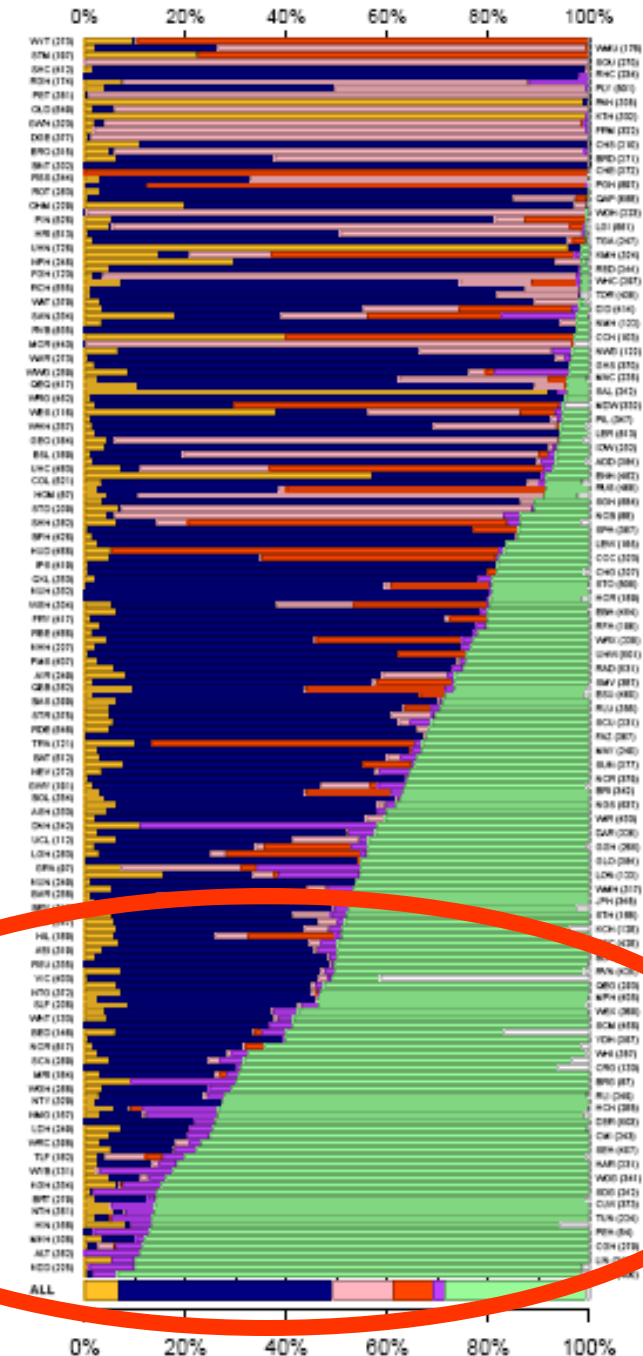


Joint Orthopaedic – Geriatric care

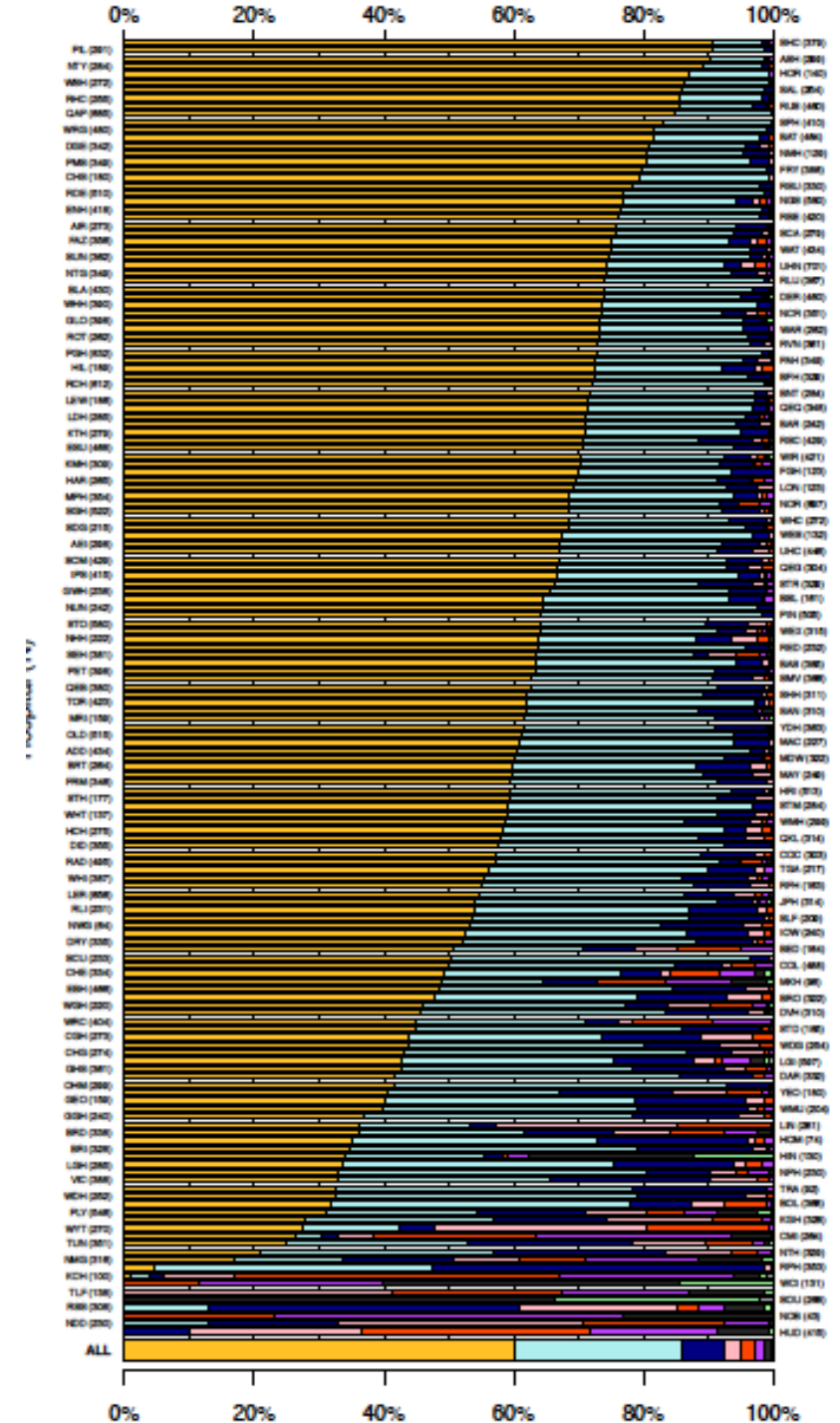
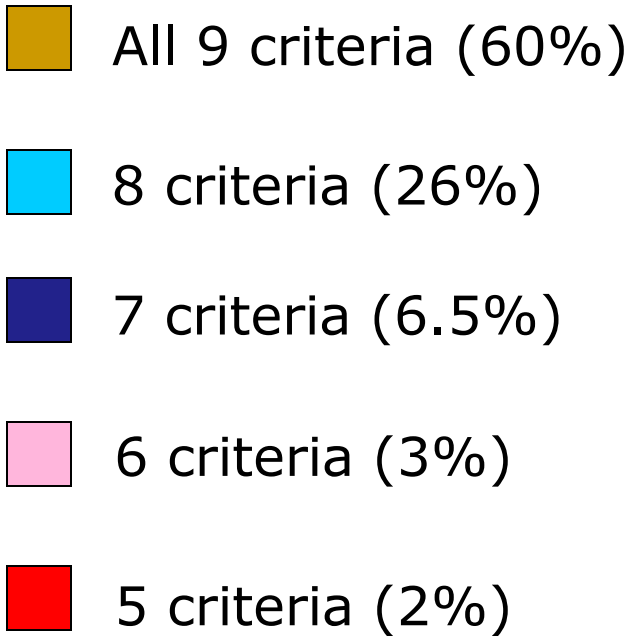
■ Ortho-geriatric (42.5%)

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 No assessment (28.1%)



Best Practice



Best Practice

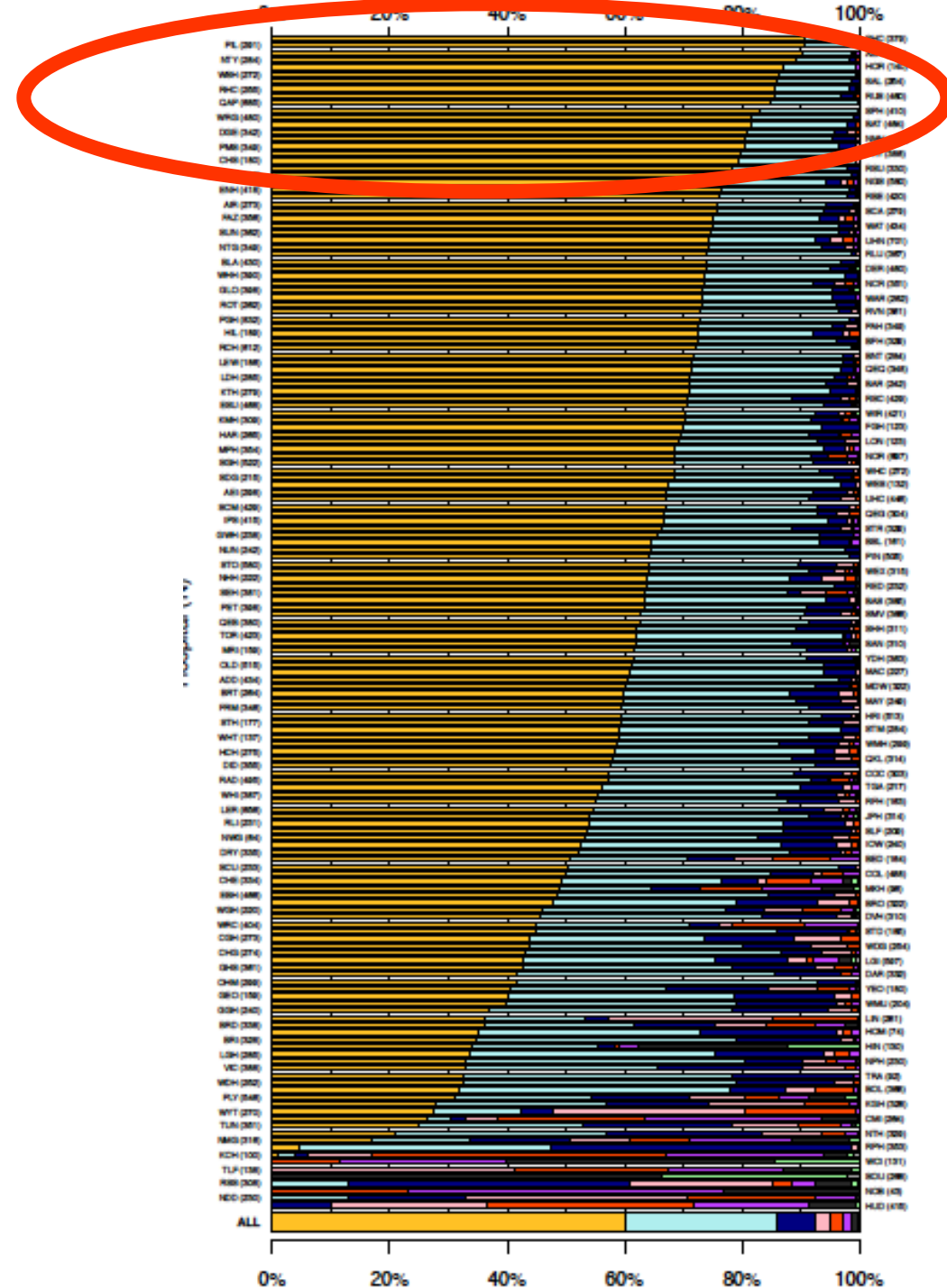
 All 9 criteria (60%)

 8 criteria (26%)

 7 criteria (6.5%)

 6 criteria (3%)

 5 criteria (2%)



Best Practice

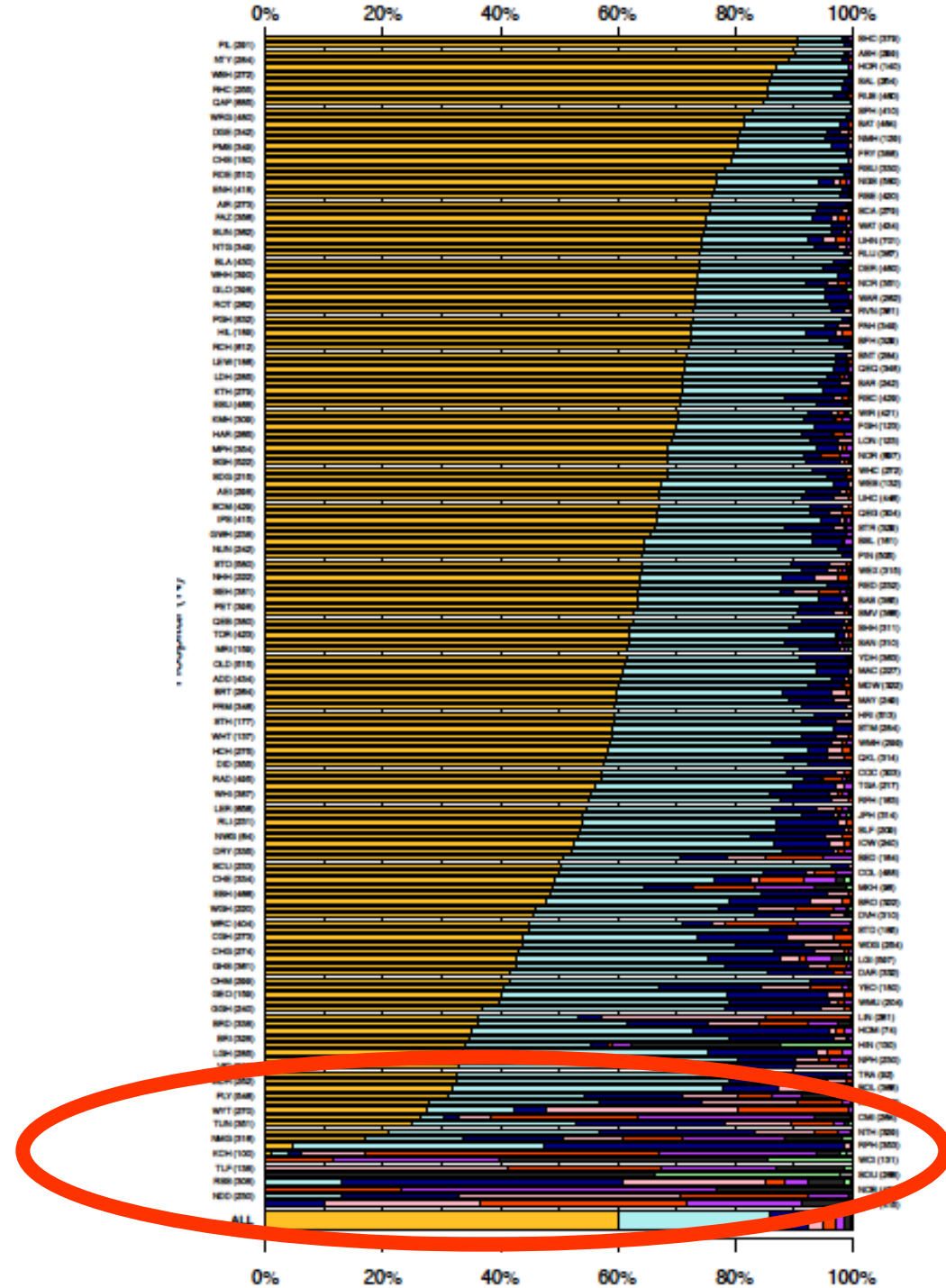
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8 criteria (26%)

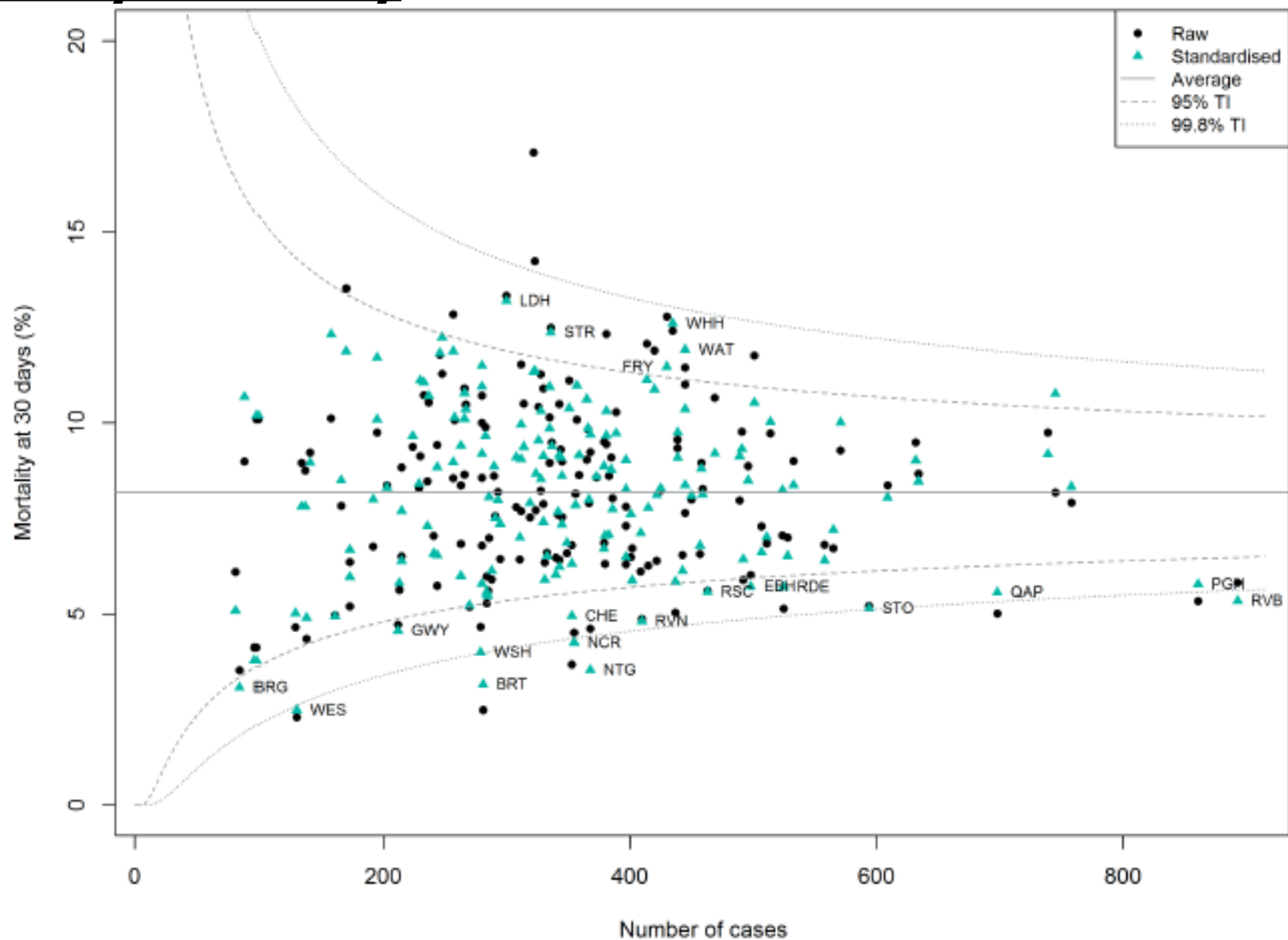
7 criteria (6.5%)

6 criteria (3%)

5 criteria (2%)



30-day mortality



Deadly postcode lottery for hip fracture victims

DEATH rates from hip fracture are six times higher at the worst hospitals than they are at the best, according to a report showing some are providing 'unacceptable' levels of care to frail patients.

Experts said patients were dying because they were not being operated on soon enough, not being seen by specialists and there were not enough nurses. Every year more than 60,000 elderly people are admitted to wards in England because of a hip fracture, of which around 5,000 die within a month.

At the best hospitals only two per

cent die within 30 days of admission, but at the worst the death rate is 13 per cent. Doctors said two units were 'a consistent cause for concern': the Luton and Dunstable Hospital (death rate 13 per cent) and Watford General (12 per cent). Other hospitals with higher rates include Frenchay in Bristol, Norfolk and Norwich and the William Harvey in Ashford, Kent.

Katherine Murphy of the Patients Association said: 'It is unacceptable that this postcode lottery is allowed to happen and further evidence the elderly get neglected and ignored.'



***How do we
reduce variation?***