Reducing waiting time to surgery for patients with peri-prosthetic femoral fractures: a quality improvement project

Joseph Ayathamattam, Vishal Kumar, Nirav Shah
University Hospitals Sussex NHS Foundation Trust

INTRODUCTION

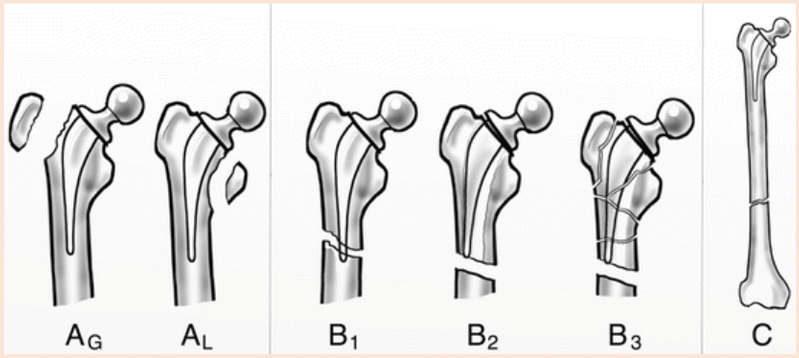
NICE guidelines states that neck of femur fractures (NOF#s) should be fixed operatively 'on the day of or day after admission' as research has shown that patients who suffer these fractures, who are usually frail and multi-morbid, have better long-term outcomes. However, patients with peri-prosthetic femoral fractures (PPF#s) requiring surgery, are not prioritised in the same way. Emerging evidence has shown improved outcomes with early surgery for PPF# also. We compared the waiting time to surgery between these two cohorts.

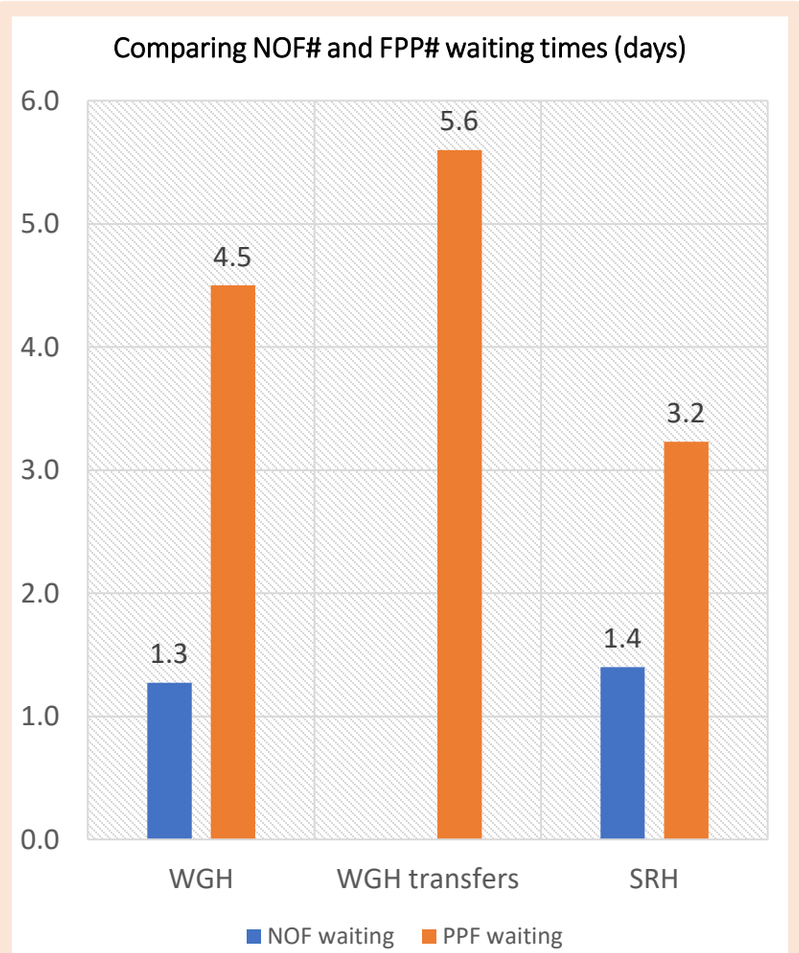
METHODS

We retrospectively analysed the waiting times from diagnosis on xray to surgery for NOF#s and PPF#s between 1/9/20 to 1/4/21 at St. Richard's (SRH) and Worthing General (WGH) Hospitals. Data was collected from all 30 patients with PPF#s admitted during this period and 30 patients selected randomly from the 503 NOF#s admitted during the same period.

RESULTS

Overall, we found an average waiting time of 1.3 days for NOF#s and 4.1 days for PPF#s. Looking more closely at each site, we found that PPF#s had a slightly longer average wait at WGH at 4.5 days compared to 3.2 days at SRH. Patients that had to be transferred from WGH to SRH for their surgery had the longest wait at 5.6 days. In contrast, there was almost no difference in waiting times at the two sites in NOF#s: 1.3 days and WGH and 1.4 days at SRH.





DISCUSSION

This initial data demonstrates the longer waiting times for femoral fixation in the same cohort of patients who are likely to suffer deconditioning with increased bed rest. We identified that key areas where time was lost was during time to CT imaging to evaluate fracture pattern and in time to specialist opinion from a hip surgeon and plan for operative fixation as opposed to conservative management.

CONCLUSION

Based on this initial data, we aim to improve our waiting times for PPF# patients by addressing these key areas. We will then collect a second cycle of data in 6 months time to identify improvements and any further facets for advances in the future.

References:
1.
2.
3.
4.
5.