

# Early Supported Discharge for Fragility Fractures- Collaborative Working to Deliver Responsive



## High Quality Patient-Centred Care. E.K.Davies 1; C.J.Beynon-Howells 2; A.J.Burgess2 A.Mehta1; K.Ng3; E.A. Davies1,2



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**Introduction** During 2022, non-femoral fractures that didn't require operative management had 30 days median inpatient length of stay (LOS) at SBUHB.

Femoral fracture patients >65 years had LOS 36 days (GIRFT average 19 days), with 720 admissions. High local incidence is believed to be contributed by historical failures to identify and treat non-femoral fragility fractures.

A new service was created from a collective effort to do better for our patients and prevent avoidable harm by breaking down barriers between services and promoting effective collaborative working.

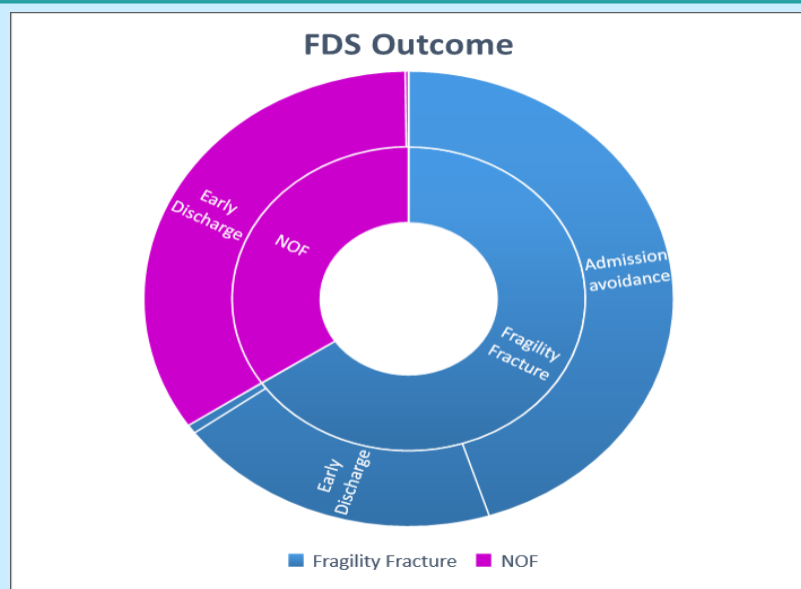
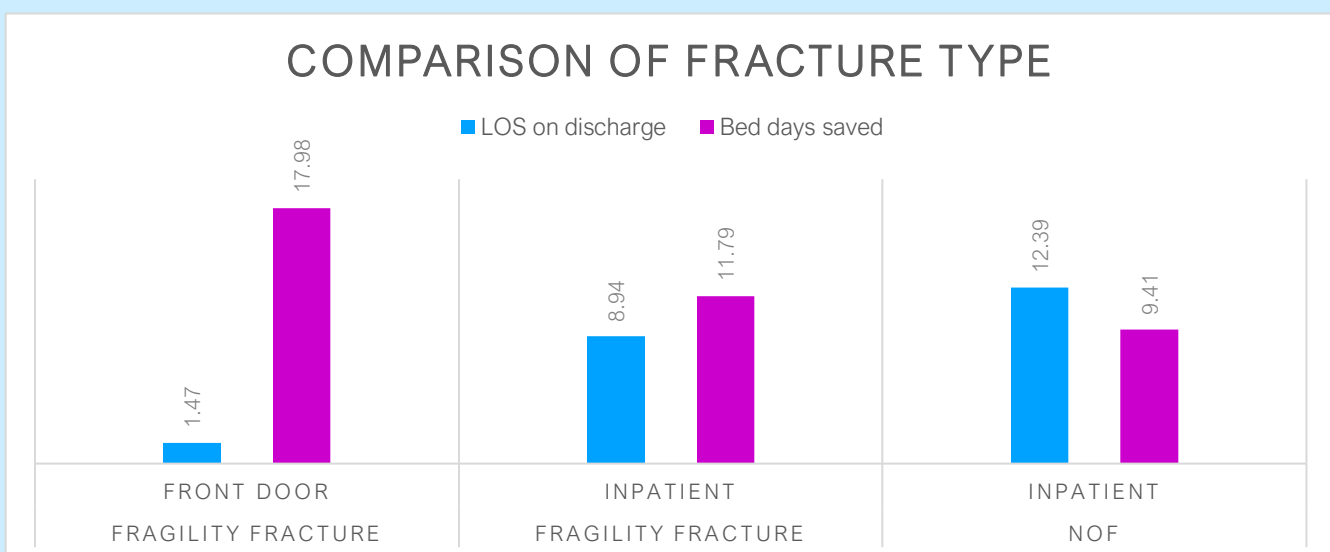
**Results** From March 2023, the service identified 457 patients, 312(68.7%) Female, median age 86 years. 157(34.6%) patients had a femoral fracture and 300(65.4%) were non-femoral fragility fractures, majority identified by OPAS, with 206(68.7%) being discharged same day.

Overall, admission was avoided in 207(45.3%) patients and 247(54.6%) had an early discharge/reduced LOS with 3(0.1%) re-admissions avoided. The mean LOS on discharge is 6.6 days with a calculated monthly bed saving of 13.9 days across the service.

**Methods** A collaboration between the following key services was formed :-

1. Older Persons Assessment Service (OPAS) -identify fragility fractures presenting to ED
2. Orthogeriatrics -identify suitable femoral fracture patients
3. Physiotherapy -early assessment and transfer to reablement into the community.
4. Virtual Wards –ongoing CGA and reablement in the community

Additional resource was secured to provide short-term bridging of care and community therapy input. Data was prospectively collected and included demographics, site of fracture, referrer and LOS.



**Conclusion** Collaborative working has created an early supported discharge pathway. Femoral fracture patients are discharged earlier, some 3 days post-op, with the necessary support to continue reablement at home. Fragility fractures are identified at the front door and offered same-day discharge with ongoing comprehensive geriatric assessment and reablement within the virtual wards with positive feedback from patients and their families.