Understanding the acute hospital care of patients with a diagnosis of a learning disability and hip fracture

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Background:

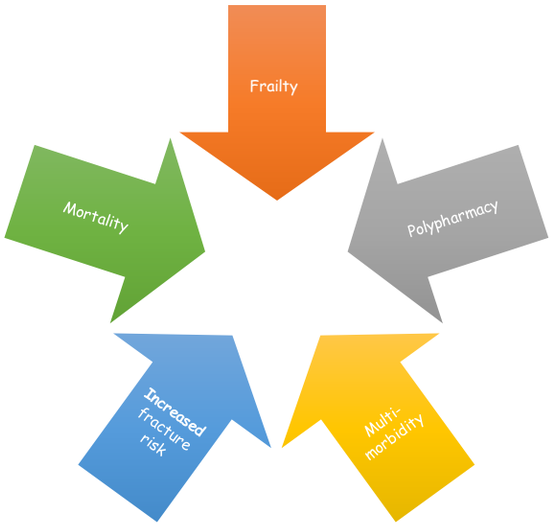

***Figure 1**: Similarities seen in patients with learning disability (at a younger age) and older adults [2,3,4]*

Patients with a diagnosis of learning disability (LD) are often faced with inequalities and inequities in their care [1]. At a younger age they develop frailty, along with other characteristics and conditions commonly seen in older adults [2] (figure 1).

In 2022 The Royal College of Physicians (RCP) published a toolkit supporting the care of patients with LD in acute services [2].

The National Hip Fracture Database (NHFD) includes patients over 60 years old [5] and drives much local service provision. Key performance indicators (KPI) are used nationally to assess care and drive improvement.

There is paucity of information about how a LD affects the quality of care received by those with Fractured Neck of Femur (FNOF). Persons living with a learning disability are not included in the NHFD unless they are over 60 years old [4].

Aims:

- For patients with a diagnosis of a LD and FNOF establish whether care at Sheffield Teaching Hospitals (STH) is in line with the standards described in both the NHFD [4] and RCP acute care toolkit [2]

Method:

- Retrospective review of STH medical notes Jan 2017 – Sept 2022
- Patients with a diagnosis of LD and FNOF
- Patient care compared to NHFD KPI [4] and RCP acute care toolkit [2]
- 68 patients, 22 excluded, 46 proceed to data analysis

Results:

Demographics:

- Median age [range]: 66 years old [43-89]
- 21.7% of patients <60 (excluded by NHFD)
- 50% from own home, 10.9% sheltered accommodation, 39.1% care home

Consent and Capacity:

- 65.2% 'consent form 4' use, 56.7% of these had a capacity assessment
- 39.1% of patients had a DNACPR, 22.2% of these not involved in decision making and no documented rationale

Table 1: Are recommendations seen in the RCP acute tool kit [2] followed for patients with learning disability?

Documentation of usual behaviours	41.3 %
Documentation of distress behaviours	37.0 %
Input received by a specialist LD nurse	0.0%
Documentation of sensory/ communication challenges	39.1 %
Documentation related to severity of LD	37.0%
Specialist pain assessment tool used	0.0 %

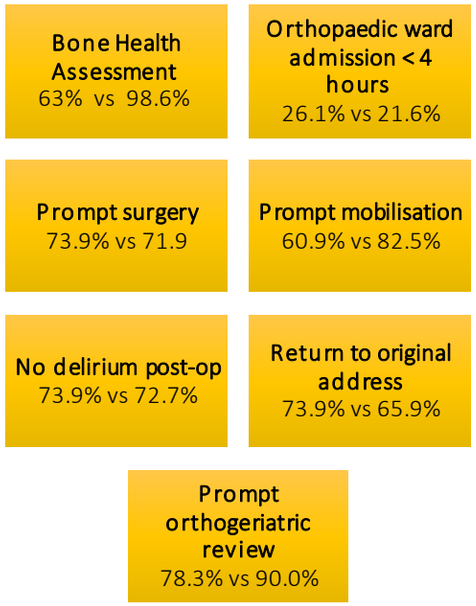

***Figure 2:** LD results vs 5-year average STH NHFD data, criteria based on NHFD KPI [5]*

Outcomes:

- 6.5% inpatient mortality
- 8.7% independently mobile post-operatively compared to 41.3% Independent pre-operatively

Conclusion:

At STH, LD patients were moved promptly to orthopaedic wards and had prompt surgery. They received less good care compared to the overall population in several areas reviewed as part of the NHFD. We believe age should not act as a barrier to quality multi-disciplinary care. They should be reviewed by an ortho-geriatrician in view of their similarities to many older people.

Within STH improvement in our adherence to legal frameworks has been addressed in line with Care Quality Commission recommendations. Newly appointed LD specialist nurses will assist clinicians to provide specialised care to this patient group

We recommend that data collection be incorporated into routine practice for all patients with LD and FNOF to drive improvement; we hope this would reduce healthcare inequalities and inequities.

References: 1) NICE; NICE Impact: People with a learning dissability, 2021. Available from https://www.nice.org.uk/about/what-we-do/into-practice/measuring-the-use-of-nice-guidance/impact-of-our-guidance/nice-impact-people-with-a-learning-disability. 2) Acute care toolkit 16: Acute medical care for people with a learning disability; RCP London. 3) de Leeuw MJ *et al.* Healthy Ageing and Intellectual Disability study: summary of findings and the protocol for the 10 year follow up study. *BMJ Open.* 2022;12(2). Available from: https://bmjopen.bmj.com/content/12/2/e053499 4) Frighi V *et al.* Incidence of fractures in people with intellectual disabilities over the life course: a retrospective matched cohort study. *EClinicalMedicine*. 2022;52. Available from https://ncbi.nlm.nih.gov/pmc/articles/PMC9596306/ 5) The National Hip Fracture Database. Available from: www.nhfd.co.uk

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