

Audit on the Prompt Mobilisation of Patients Following Hip Arthroplasty

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Introduction

- Hip fractures are fractures involving the femoral head, neck or proximal shaft. They most often occur in frail, osteoporotic patients following a fall.
- They are associated with a 30 day mortality rate of 10%² and a 1 year mortality rate of approximately 30%.
- NICE and NHFD advise prompt mobilisation post surgery
 - Nice Guidelines Hip Fracture in Adults; Quality statement 6: Rehabilitation after surgery⁴
 - NHFD KPI 4 – prompt mobilisation after surgery

Aims & Methods

- We wanted to assess patient outcomes in elderly (>65) patients who had undergone hip arthroplasty
- Retrospective data collection
- Patients undergoing hip arthroplasty
- Data collated using Excel Spreadsheet
- Relevant inclusion data including demographics and if mobilised in a day

Results of First Audit Loop

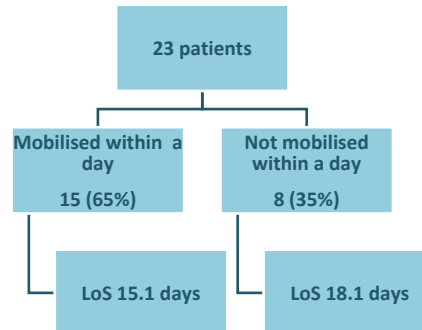
Total number of patients 25

Average age – 85.8 years

20 females (80%) and 5 males (20%)

3/25 patients died within a month (12%).

2/3 patients died within a day of operation – excluded from mobilisation results.



Causes of delayed mobilisation in 8 pts:

System miss – 3

Pain – 3

Vomiting – 1

Patient refusal (?delirious) – 1

Action plan

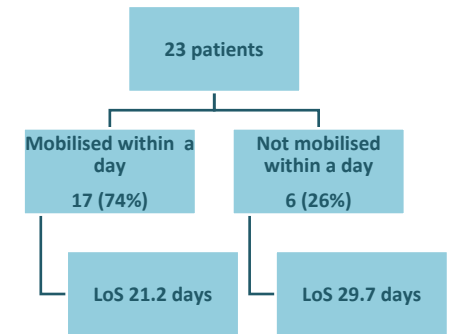
- Prompt physio referral following surgery
- Appropriate analgesia as per pain ladder
- Poster to hang in offices and wards

Results of Second Audit Loop

Total number of patients 24. 1 died post op.

Average age – 79.9 years

16 females (70%) and 7 males (30%)



Causes of delayed mobilisation in 7 pts:

System miss – 2

Pain – 2

Hypotensive – 1

Lethargy – 1

Conclusion

- Patients in whom mobilisation was delayed had longer inpatient stays
- Pain management and controlling for system errors were the biggest factors in improving outcomes
- Limitations include population size