

# Evaluation of anaesthesia services for Fracture Neck of Femur (NOF) patients

## Introduction:

Fractures of neck of femur (NOF) are common causing a great deal of distress to the patients and put a fair amount of burden on NHS.

A Best Practice Tariff (BPT) was introduced in 2010/2011 to improve standards, outcomes, and cost effectiveness.

NOF care is funded by a base rate per case, with an additional bonus paid if the BPT criteria are met. Between Nov '18 and Oct '19, NUH could have earned over £500,000 for meeting the BPT criteria.

## Aims/Standards:

1. Compare performance of the Trust against the Best Practice Tariff (BPT) standards:

1. Theatre within 36 hours
2. Nutrition assessment
3. Pre-op AMTS, and delirium assessment
4. Geriatrician review with 72 hours
5. Physiotherapy assessment Day 1
6. Falls and bone health assessment

2. Assess reasons why the BPT is not being achieved, in particular looking at the performance of theatres/anaesthesia services (*standard 1*)

3. Identify areas for improvement and make recommendations to assist in improving performance.

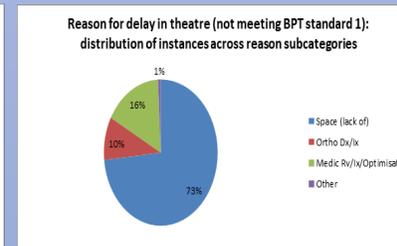
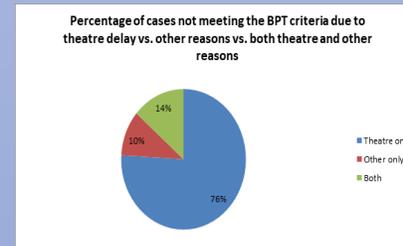
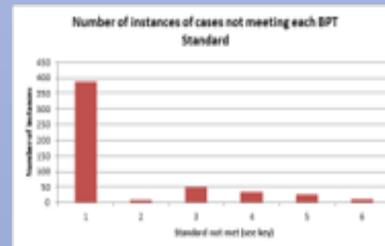
## Method:

Secondary data provided in Excel spreadsheet, with qualitative and quantitative data for BPT standards. This data was then reviewed for cases not meeting BPT standards, and we performed calculation of:

1. number and percentage of cases not meeting BPT criteria, and average time to theatre
2. number of instances of each BPT standard not being met, and percentage of total instances
3. number and percentage of instances for each reason subcategory for theatre delay
4. number and percentage of cases not meeting BPT criteria due theatre, other reasons, or both.

## Results and Discussion:

54% of cases did not meet BPT criteria. 514 instances of missed standards across 432 cases. Average time to theatre was 59.80 hours.



There were 387 instances of theatre time >36h, 8 instances of no nutrition assessment, 49 instances of no delirium assessment, 34 of no geriatrician review, 26 of no day 1 post-op physiotherapy assessment, and 10 instances of no fall assessment or bone health assessment (see *graph 1*).

76% of cases not meeting BPT criteria were due to theatre reasons only (328 cases), a further 14% missed both theatre and non-theatre standards (59 cases), and 10% (45 cases) missed BPT criteria due to non-theatre reasons (*see graph 2*).

The majority (73%) of cases with theatre delay were the result of lack of time and space in theatre, which was mostly due to more urgent emergency trauma cases taking priority over NOF cases. 10% were awaiting orthopaedic diagnosis/investigation, 16% were awaiting medical optimisation.

**Summary:** most cases not meeting BPT standards did not meet standard 1 (Theatre time <36h) due to a lack of theatre space as a result of other trauma cases taking priority.

## Recommendations:

1. Increase the number of orthopaedic/trauma operating theatres
2. Consider designated NOF theatres/lists
3. Consider aide memoire for post-op delirium assessment
4. Expand orthogeriatric service cover
5. Re-audit and reassess performance

## Actions so far:

1. 1.5 extra theatre days per week
2. Designated trauma coordinator to organise lists and ensure patients ready
3. "Golden patient" to start lists: patient ready to go at 07:00 to prevent delays
4. Funding for a clinical fellow to help with running theatre lists efficiently by co-ordinating the functioning across the four trauma theatres.

## References:

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4. NHS England and NHS Improvement. *National Tariff Payment System - A Consultation Notice Annex Dtd: Guidance on Best Practice Tariffs*. NHS Improvement; 2019 p. 7. 5. 5. NHS England and NHS Improvement. *National Tariff Payment System - A Consultation Notice Annex Dtd: Guidance on Best Practice Tariffs*. NHS Improvement; 2019 p. 38-39
6. Royal College of Physicians. *NHFD Dashboard Report for University Hospital Queens Medical Centre (UHN) 2019*. Nhd.co.uk.

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