

REASON WHY?

Patients who present at ED with a suspected Fracture Neck of Femur are required to receive an x-ray within 90 minutes of arrival into ED, and be provided with an assessment within 15 minutes of admission, and appropriate analgesia provided if patient presents with a pain score between 4 and 10. Additionally, pain needs to be re-assessed within 30 minutes of receiving initial dose of analgesia. Currently the data shows that this is not happening consistently.



To improve the assessment and provision of analgesia (where required) for patients presenting in ED with a suspected Neck of Femur Fracture to ensure all patients meet the national standard by 15 December 2023. Additionally, the aim is to improve the percentage of patients who receive an x-ray when presenting to ED with a suspected Neck of Femur Fracture in line with the national standard of 90 minutes by 15 December 2023.

PLAN

After engaging with colleagues in ED, it was agreed to test out the use of a poster to remind on the correct process for treating patients who present into ED with a suspected fracture neck of femur.

The plan was to place the posters by all computers in ED to ensure all Doctors working ED were continually being reminded of the process.



DO

During the test, I gained feedback from all grades of Doctor working in ED to understand whether they noticed the poster and found it helpful in reminding of the process to ensure our patients received the correct level of care that supported in the first instance, treating their pain, as well as ensuring the presenting condition could be diagnosed effectively in a timely manner.

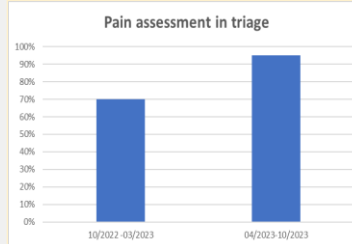
The posters were in ED for at least two months with opportunities for colleagues to provide feedback.

Following this period, a re-audit was conducted to determine whether the poster made the improvement I was seeking as stated in the project aim.



STUDY

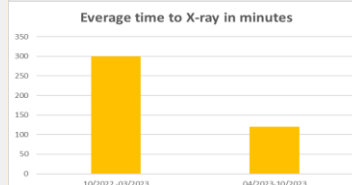
Following an audit after the test of change, the following results were observed:



The evaluation of pain during triage has shown improvement, rising from 70% to 95% of patients. Almost all patients has their pain assessed.



The provision of analgesia has seen a more substantial increase, rising from 60% to 94% of patients.



The time for the patients to get an X-ray done has more than halved from an average of 300 minutes to 120 minutes, which is more than 50% improvement.

ACT

Following the test of change, it has been agreed to keep the posters in the clinical areas to maintain the improvements made. Additionally, it is recommended to look at further improving the time for patients to receive an x-ray, and improve the time for the FIBlock (Fascia Iliaca block (pain relief)) from arrival in ED to ARA (Ambulance Receiving Area)