Gloucestershire Hospitals **NHS**

NHS Foundation Trust



Improving the delivery of prompt and effective analgesia for patients with fractured neck of femur in the Emergency Department

Elsa Brew-Girard, Briana Carney, Mark Williams



Safety Concern

Neck of femur fracture (NOF#) is a common presentation to the ED and accounts for high levels of mortality and morbidity

70% of neck of femur fractures are sustained in those over 80 years old

Morphine side effects are more pronounced in elderly patients and FIBs reduce morphine requirement

The College of Emergency Medicine (2012/13) and the Care Quality Commission (2015) noted significant room for improvement in the delivery of prompt analgesia for NOF #

PDSA cycles

Cycle 5: F1 teaching

Cycle 4: Liaison with radiographers

Cycle 3: F2 teaching

Cycle 2: Posters

Cycle 1: Email sent out to ED doctors encouraging documentation of time of FI block

Interventions

PDSA cycles 1 and 2 focussed on improving documentation to enable audit

PDSA 3 and 5 focussed on empowering junior to perform FIB unsupervised. We ran year wide sessions teaching the theory and procedure

We also liaised with radiography to ensure NOF# patients were being flagged up to clinicians after # identified on XR

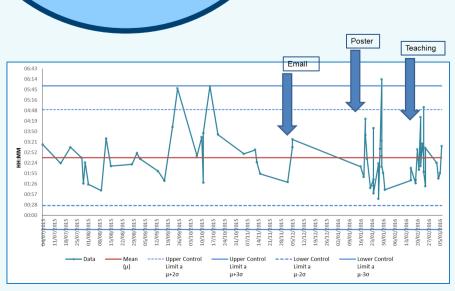
(FIB) within 1hour of admission

by April 2016

Conclusions and Recommendations

We struggled to make an effective intervention on either time to XR or overall time to FIB

Further training of junior medical staff in delivery of FIBs may help to reduce time from XR to FIB. We are currently collaborating with the ED dept to create an online resource for this.



Time from admission to FIB: Effects of interventions

Results

By our third cycle of data we recorded a slight reduction in the mean and median times to FIB from admission, though no significant trend reductions

Perhaps more encouragingly 41% of blocks were delivered within 2 hours

Admission during the evening or night hours was implicated in particularly anomalous delays