



VALUE-BASED HEALTHCARE CONFERENCE 2024 22-23 AUGUST 2024



Sengkang General Hospital SingHealth

The SKH Continuous Hip Fracture Improvement Project

Dr Siow Wei Ming¹, Dr Lim Wan Yen², A/Prof Sharon Ong², Dr Raymond Goh³, Dr Foo Swee Sen³, Wong Yoke Hui⁴, Alex Koh², Tan Hui Cheng⁵, A/Prof Wong Merng Koon¹, Dr Poon Kein Boon¹

¹Dept of Orthopaedic Surgery, ²Dept of Anaesthesiology, ³Dept of Geriatric Medicine, ⁴Div of Nursing & ⁵Office of Value-Based Healthcare

Background / Aim

Early surgery (within 48 hrs) in hip fracture patients confers lower mortality risk, fewer complications and shorter hospital stays.

Causes for delays include:

- Patient conditions 1)
- Surgical/anaesthetic processes 2)
- 3) Available hospital facilities



PDSA Cycle 1

July 2021

PDSA Cycle 2

March 2023

PDSA Cycle 3

July 2023

⁶⁶ CHIP aims to improve key metrics such as inpatient length of stay and time to surgery. **99**



Methods

Results

Detailed analysis for causes of delays in surgery was performed and were found to cluster around specific patient groups and patterns.

improvement of quality series A introduced initiatives by was orthopaedic nursing, surgery, anaesthesiology geriatric and medicine in a coordinated fashion.



The initiatives were conducted over **3 PDSA cycles** from 2021 to 2024.

CHIP #1: Incorporating earlier preoperative anaesthesia assessment into the surgical pathway enabled longer lead times to conduct medical optimisation and specialist review / risk stratifications before surgery.

CHIP #2: Increased situational awareness and sense of urgency was achieved by frequent broadcast of a patient dashboard to all surgeons and stake-holders, detailing individual patient metrics & cohort statistics.

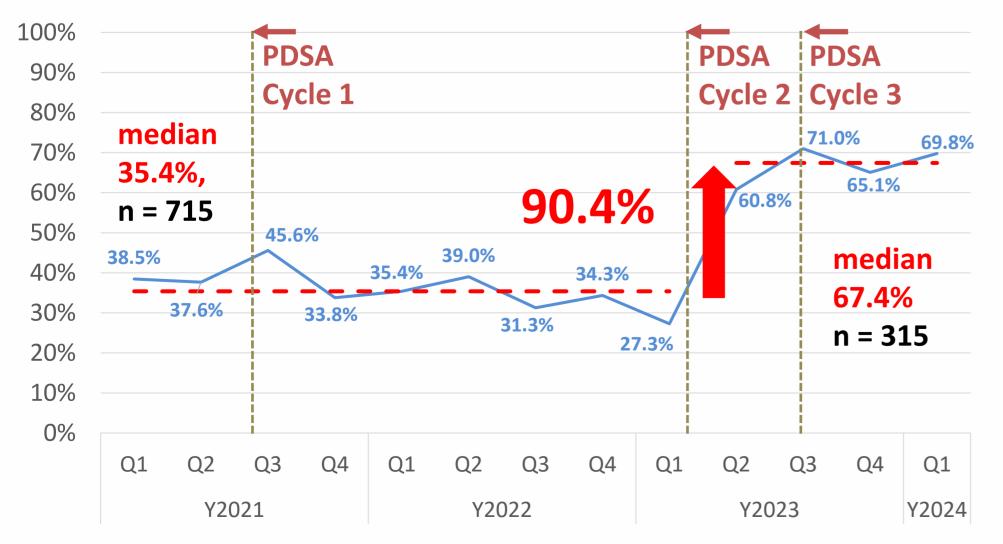
CHIP #3: Physical cohorting of hip fracture patients enabled standardisation, streamlining and colocation of care processes and personnel. This included timely post-operative patient right siting of care.

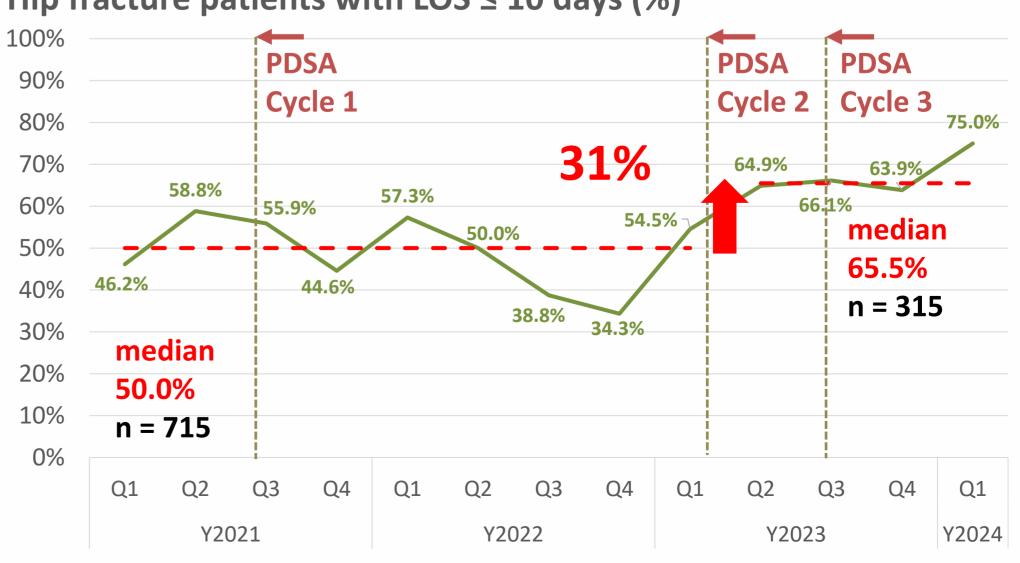
Patients undergoing hip fracture surgeries within 48 hours **improved by 90.4%**, from pre-implementation median of 35.4% to 67.4% post-implementation.

Significant improvement (31%) in the proportion of patients with hospital length of stay of < 10 days was also reported, from preimplementation median of 50% to post-implementation of 65.5%.

Hip fracture patients with LOS \leq 10 days (%)

Hip fracture surgeries performed within 48hrs (%)





Conclusion

Targeted interventions and a **multidisciplinary team approach** to hip fracture management ensures timely surgery, improved perioperative care outcomes, early discharge & lower cost.

