



**Case study: Improving the proportion of patients not delirious after surgery  
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**Background**

We saw that the 2018 annual report showed that 57% of our patients were not delirious after surgery and we believed this was down to problems with the quality of our data collection; for example, paper copies of forms being held on loose sheets being lost. We also believed staff were not always trained in, or aware of, what the NHFD benchmarks or KPIs were and what they meant, beyond the best practice tariff (BPT) criteria.

**Aim**

We wanted to form a Hip Fracture Team, that was fully engaged and took ownership of the data collection, entry and our performance on the NHFD KPIs. We believed that by improving our performance against all benchmarks we would give quality patient care and a great patient experience.

**Process**

We formed a Hip Fracture Team which included: surgeons, our orthogeriatrician, our hip fracture nurse, trauma anaesthetist, our ward manager, lead physiotherapist and occupational therapist for hip fractures and other stakeholders. We also had the support of the department management team and the hospital transformation team.

We started with stakeholder meetings to get everyone familiar with the NHFD BPT criteria, KPIs and benchmarks. We looked at our current performance and set targets for improvement. We sent regular performance measures monthly to the core team and also occasionally presented our performance at department clinical governance meetings.

The first improvement project we did was around data collection and improving data quality, by putting the hip fracture nurse in charge of prospective data collection. We also developed a hip fracture proforma booklet that captures all the relevant clinical documentation and NHFD data in a single bound document. This meant that all data and its collection was standardised, missing data was easily seen for the hip fracture nurse to chase up with the clinical team, and there were no loose sheets of paper to get lost. We also looked closely every month at our NHFD charts to measure performance so we could address dips in performance quickly.

The hip fracture nurse started prospective data collection in November 2017 and after several versions and consensus was achieved the hip fracture proforma booklet was put into clinical practice in May 2018.

## **Outcomes**

Implementing the booklet has led to a noticeable improvement in data quality, giving us better documentation of the work we do and staff seem more aware about what needs to be done for patients. The hip fracture nurse has noticed that collecting data is easier and chasing up the team to complete the notes is easier as omissions in the data are now more obvious to spot. Collecting the data prospectively is key to ensuring we don't miss out.

We've also noticed that patient care is more standardised and streamlined and we think the key to this has been that the clinical team and stakeholders are now more aware of what is required for good patient care throughout the whole pathway, as well as the standards we need to aim for. Everyone has ownership and hopefully engagement.

Engagement of staff is key and it is important to remember that nothing is a quick fix; all these changes came about slowly and while we have seen improvement in some areas this has not extended to all areas of hip fracture patient care. We are continuing to implement improvement projects around hip fracture care in order to drive change and quality of patient care.

It is also key that performance is monitored closely and continuously. For example, we had a recent dip in our performance and made sure we highlighted this to the teams so they continued to keep all these areas of patient care in the forefront of their minds. We have also had to listen and take feedback from all stakeholders and frontline clinicians about the hip fracture booklet and we are due to launch an updated version later in 2019 with changes suggested by clinicians. We only print 6 months worth of booklets at a time so that we can keep up to date with any future NHFD changes in the data set.