

Hip Fracture Pilot Overview

Start Date: 10/1/2019

Objectives:

1. Decrease time between hip fracture diagnosis and surgical intervention to < 24 hours.
2. Decrease post-operative complication rates and length of stay via planned orthopedic surgery and internal medicine co-management.

Rationale: Prolonged time to surgery is associated with significant increases in morbidity, mortality, and hospital complications.

Current State: Average time to surgery for patients with hip fractures at UNM Hospital is ~31.7 hours. Excess time to surgery attributed to (1) delays in determining admitting service and (2) delays in pre-operative risk stratification.

Determination of Admitting Service:

All patients with a hip fracture will be admitted to Orthopedic Surgery, EXCEPT if the patient has ≥ 1 unstable medical conditions (determined by Internal Medicine) that would be best managed by admission to an Internal Medicine service.

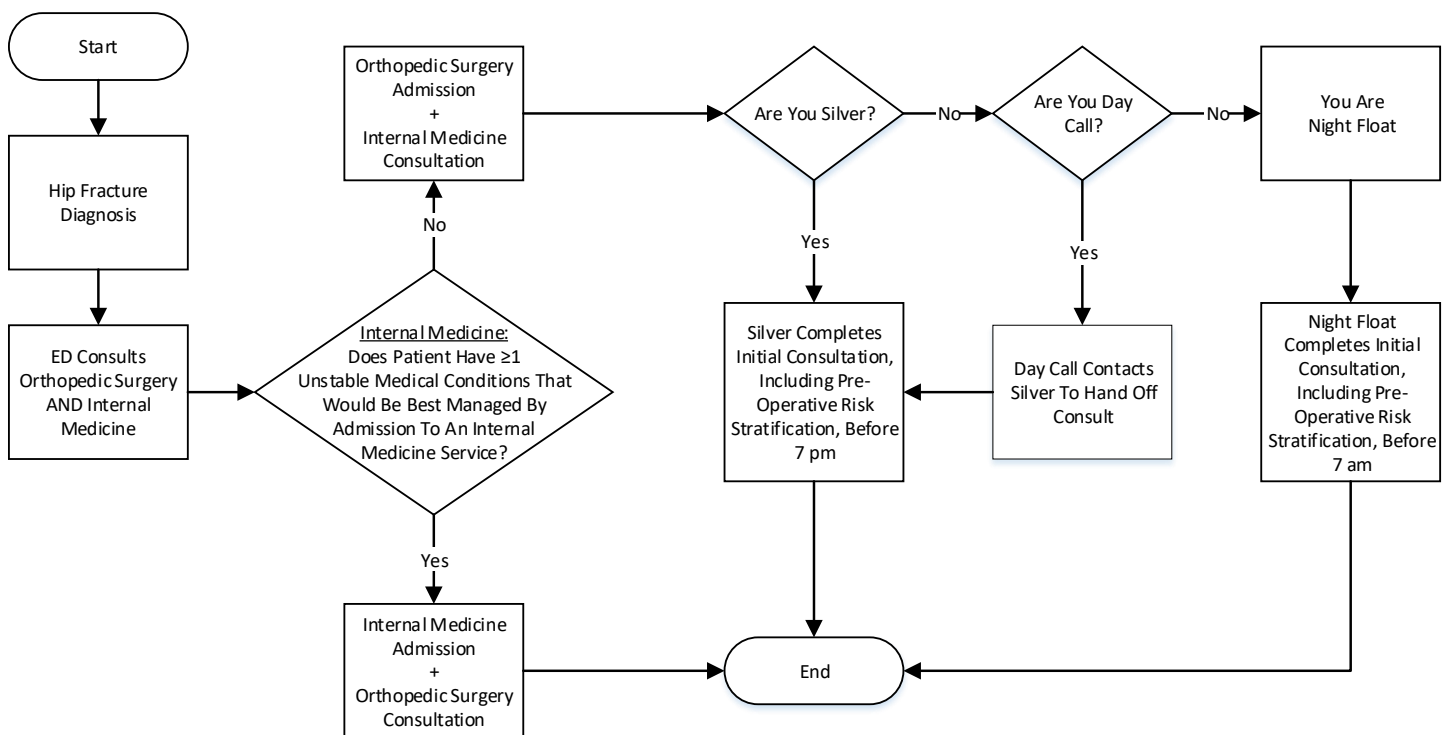
Some examples of unstable medical conditions include, but are not limited to, active myocardial infarction, unstable arrhythmia, decompensated heart failure, acute respiratory distress, gastrointestinal hemorrhage, and severe sepsis.

Please apply a low clinical threshold for admission to Internal Medicine!

Silver (M-F 0700-1200), Day Call (M-F 1200-1900, Sat/Sun 0700-1900), and Night Float (1900-0700) will be responsible for appropriate triage to Orthopedic Surgery and Internal Medicine during their admission shifts.

After initial evaluation, please communicate ASAP with Orthopedic Surgery regarding determination of admitting service.

This change supersedes the 10/19/2011 service agreement.



Initial Consultation For Pre-Operative Risk Stratification:

For ALL hip fracture patients determined stable enough for admission to Orthopedic Surgery, Internal Medicine will complete an expedited consultation that will include pre-operative risk stratification (ex. RCRI). See above algorithm to determine who is responsible for completing this consultation and when it must be completed by. All consults are to be handed off to Silver Medicine for ongoing co-management.

Silver Medicine Co-Management Responsibilities:

In addition to completing an initial consultation for pre-operative risk stratification, Silver Medicine will co-manage all hip fracture patients admitted to Orthopedic Surgery through at least POD 3.

On POD 3, the Silver Medicine team will determine whether continued co-management will meaningfully impact patient care.

Silver Medicine Responsibilities:

- Pre-operative consultation for risk stratification, daily Progress Notes
- Manage fluids and electrolyte abnormalities
- De-escalation of pain regimen starting on POD 1
- Admission and discharge medication reconciliation
- Management of chronic medical comorbidities
- Evaluation and management of post-operative complications

Orthopedic Surgery Responsibilities:

- Bed request and admission orders
- H&P, daily Progress Notes, Discharge Summary
- Order pre-operative labs, ECG, and CXR (as needed)
- Post-operative pain management through POD 0, as well as determination if Acute Pain consultation is necessary
- Rehabilitation orders, including weight bearing status, activity orders, and coordination with PT/OT
- DVT prophylaxis indication, duration, and discontinuation
- Foley catheter indication, duration, and discontinuation
- Facilitate follow up with outpatient Orthopedic Surgery and Primary Care