



THE ASSOCIATION OF ANAESTHETISTS

of Great Britain & Ireland

Professionals are divided over best care for hip fracture patients, latest audit results show

The latest report from the Falls and Fragility Fracture Programme (FFFAP) National Hip Fracture Database (NHFD) shows that just over half of patients are receiving pain relieving anaesthetic (known as a 'nerve block') as part of their care for hip fracture.

The *National Hip Fracture Database Anaesthesia Sprint Audit of Practice (ASAP)* results, published today, show that 56% of hip fracture patients receive a peri-operative nerve block for pain relief and 44% of patients do not. The audit recommends that this type of pain relieving anaesthetic should be offered to all hospital patients who suffer hip fracture.

The Anaesthetic Sprint Audit of Practice (ASAP) was commissioned by the Healthcare Quality Improvement Partnership (HQIP) as part of the National Clinical Audit programme. ASAP marks a successful collaboration between several professional organisations. The NHS Hip Fracture Perioperative Network (HipPen), British Orthopaedic Association (BOA), British Geriatrics Society (BGS), Royal College of Physicians (RCP) and Association of Anaesthetists of Great Britain and Ireland (AAGBI) have worked together to explore anaesthesia within hip fracture care using data collected by members of the HipPen.

Hip fracture is one of the most common reasons for frail, older people to require an operation under anaesthetic. The average age of a patient with a hip fracture is 83 years old. The number of people in the UK aged 85 and over is growing and the number of hip fracture cases continues to rise in line with this expanding group of people.

A nerve block is a form of anaesthetic which numbs the nerve area and is used to provide hip fracture patients with pain relief from the area of the fracture. Used in this way, nerve blocks can also help to minimise the need for, and side effects of, pain killers such as morphine.

With 56% of patients receiving nerve blocks, it indicates a growing adoption of the technique, which NICE recommended for use in 2011. The provision of this form of pain relief is varied across the UK because the preference for using them tends to come down to local standards and the individual clinician's choice.

Dr Richard Griffiths, honorary secretary of the AAGBI said,

"This audit has highlighted considerable variation in the quality of peri-operative care provided to this vulnerable and rapidly growing patient group in the NHS. The fantastic enthusiasm of anaesthetists throughout the UK in trying to address some very important clinical dilemmas has resulted in some important findings that will benefit patient safety and improve care in the future."

Professor Finbarr Martin, programme lead for FFFAP at the Royal College of Physicians said,

“Hip fracture is the most common reason a frail elderly patient will need an anaesthetic and an operation and care of hip fracture requires the collaboration of several specialist teams and departments in the hospital to deliver care to these patients. It is impressive to see that just over half of hospitals have adopted the use of nerve blocks as pain relief for hip fracture patients.”

This audit was undertaken because anaesthesia is a fundamental part of hip fracture care. The aim was to investigate whether current practice accords with the recommendations for best practice in peri-operative care as outlined in NICE guidance¹ and AAGBI guidance². The audit was designed to measure hospitals’ compliance with these standards and to highlight where variation in practice exists.

As well as recommending peri-operative nerve blocks for all patients who suffer hip fracture, the audit makes recommendations including developing evidence-based, standardised approaches to spinal anaesthesia, to reduce inconsistency of anaesthetic choices and protocols to raise awareness of Bone Cement Implantation Syndrome and specific training for its recognition, avoidance and management.

Notes to Editors

For further information or to arrange an interview with an NHF D spokesperson contact Hannah Bristow, Clinical Standards communications officer, Hannah.Bristow@rcplondon.ac.uk 020 3075 1447 or 07584 303 784

The audit was conducted between 1 May 2013 – 31 July 2013 and in the three months 16,904 patients were admitted with hip fracture to the 184 participating hospitals.

Of the 16,904 patients, 97.6% underwent anaesthesia and operation.

Key recommendations

- Peri-operative nerve blocks should be offered to all patients who suffer hip fracture.
- The reduced incidence of hypotension observed with spinal anaesthesia supports the AAGBI recommendation that this approach should be considered for all cases.
- Departments of anaesthesia should develop evidence-based standardised approaches to spinal anaesthesia, to reduce inconsistency in the dose of bupivacaine, and in the administration of sedatives, oxygen and intrathecal opioids.
- Departments of anaesthesia should develop protocols to raise awareness of Bone Cement Implantation Syndrome and specific training for its recognition, avoidance and management.

The NHFD is an NHS success story: more and more patients are having prompt surgery, better access to specialist care for their medical problems, and to further treatment – in the form of medication to strengthen bone, and measures to prevent falls – to reduce the risk of future fractures.

¹ The management of hip fracture in adults. Clinical guideline CG124. NICE, London 2011 (<http://guidance.nice.org.uk/CG124>).

² Association of Anaesthetists of Great Britain and Ireland. Management of Proximal Femoral Fractures 2011. Anaesthesia 2012; 67: 85–98

With more than 250,000 cases now documented, the NHFD is the biggest audit of its kind in the world, and its success has led to its work being replicated in Ireland, which now has an Irish Hip Fracture Database, with similar developments in hand in Australia and New Zealand, Canada, and Hong Kong.

The NHFD, (original founded by the BOA and the BGS) is commissioned by HQIP and managed as part of the FFFAP by the RCP.

The Association of Anaesthetists of Great Britain and Ireland (AAGBI) is the membership body for over 10,500 anaesthetists in the UK and Ireland. The AAGBI promotes patient care, safety and advances anaesthesia through education, publications, research and international work, as well as the professional aspects of the specialty.

The Healthcare Quality Improvement Partnership (HQIP) is led by a consortium of the Academy of Medical Royal Colleges, the Royal College of Nursing and National Voices. Its aim is to promote quality improvement, and in particular to increase the impact that clinical audit has on healthcare quality in England and Wales. HQIP hosts the contract to manage and develop the National Clinical Audit Programme, comprising more than 30 clinical audits that cover care provided to people with a wide range of medical, surgical and mental health conditions. The programme is funded by NHS England, the Welsh Government and, with some individual audits, also funded by the Health Department of the Scottish Government, DHSSPS Northern Ireland and the Channel Islands www.hqip.org.uk