

Implementing Guidelines: What Are the Returns?

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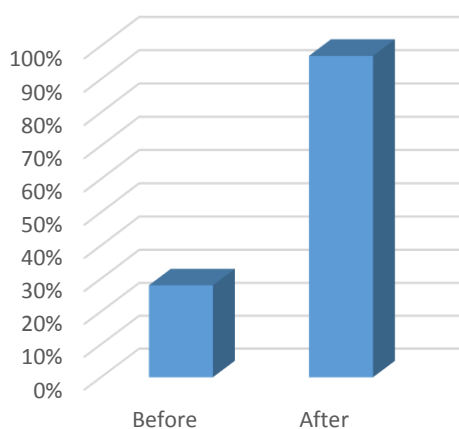
INTRODUCTION

- There is extensive guidance on use of neuroaxial anaesthesia and nerve blocks for hip fracture patients
- 2014 – a group of trauma anaesthetists implemented particular treatment pathways recommending spinal anaesthesia and fascia iliaca blocks for hip fracture patients in order to improve patient care

METHOD

- Devised a standard operating policy proposing the following:
 - Neuraxial anaesthesia combined with regional techniques such as the Fascia-Iliaca Nerve block (FIB)
 - Standardized the dosing regimens of local anaesthetics
- Raised awareness of the AAGBI and NICE guidance of peri-operative management these patients.
- Offered training packages regularly to accident & emergency staff and orthopaedic nurse practitioners (non-exclusive) to improve performance and quality of nerve blocks
- A simple online data collection system was devised enabling all anaesthetists working within the trust to **record patient data, ensuring a complete database.**

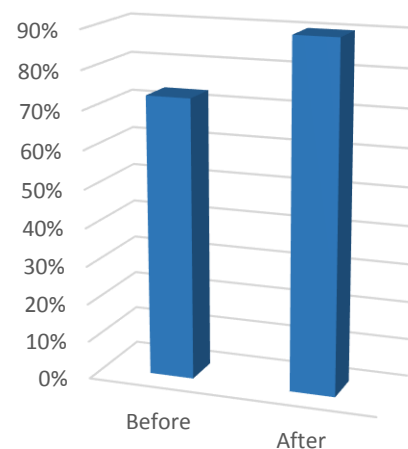
Number of People Receiving Regional Blocks



RESULTS

- 296 patients reviewed over 9 months
- Neuroaxial anaesthesia increased from 73% in 2013 to 90%
- Patients receiving regional blocks rose from 28% to 97%
- Pain scores showed that 94% of patients had NO PAIN in recovery, at 4 hours and at 24 hours
- 70% of all patients mobilised within 12 hours

Number of People Receiving Neuroaxial Anaesthesia



DISCUSSION

We have demonstrated a **simple implementation of national guidance** has resulted in:

- **significant changes in outcomes**
- led to an **improvement in patient satisfaction**
- led to a **reduction in complication rates**

Our findings show that **relatively small investments** in the peri-operative environment can lead to **large returns and improve overall patient care.**

REFERENCES

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