

# EFORT2013 Free Paper Submission

*Nurse*

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## The analysis of hip fracture management after the introduction of “Fast track” scheme

**Have you previously submitted this study for another congress?:** No

**INTRODUCTION:** Previously we audited hip fracture patients management in Lithuania. Conventional care, existing in the country was compared with the care in Sweden where hip fracture care was performed according fast track protocol. Based on our audit results a new hip fracture patients care protocol/fast track was implemented in Lithuanian institution.

**OBJECTIVES:** The aim of our current study was to investigate the effect of a new hip fracture care protocol implementation, comparing care management changes with data before the intervention.

**METHODS:** We investigated 107 hip fracture patients, treated according Fast track protocol from 2011 04 01 to 2012 03 31. The data was compared to 64 hip fracture patients treated in institution from 2009 04 01 to 2010 03 31, before the fast track introduction. We investigated the application of procedures and interventions during patients stay in A&E department and in orthopaedic ward before the surgery. The comparison of following procedures was performed: the use of analgesics, infusion therapy, blood test sampling, ECG registration, fracture immobilization. The intervention/procedures were classified as “generally used” when performed on more than 2/3 of all registered patients, “occasionally used” if performed from 1/3 to 2/3, and “not used” if performed on less than 1/3 of patients for both investigated groups. All hip fracture patients were supposed to be operated within 24 hours after admission. The time period from admission to surgery and mean length of stay was recorded and compared.

**RESULTS:** No infusion therapy, blood sampling and ECG were conducted during patients' stay in AE department before the introduction of fast track. After the intervention the immobilization and blood sampling was performed for all patients. However, pain relief and infusion therapy were performed occasionally. Before the intervention the mean time from admission to surgery was 67 hours (CI 47-87), as compared to 31 (CI 20 – 42) hours, after the intervention ( $p < 0.001$ ). The mean length of stay in the hospital before the intervention was 12.1 (CI 10-14.8), compared to 9.3 (CI 8.3-10.3) days after the fast track introduction.

**CONCLUSION:** After the intervention immobilization, blood sampling were integrated in daily routine and used in majority of the cases. Also the significant reduction of time period before the surgery and length of stay was achieved.

**Keywords:** Fast track, Hip fracture management