British Orthopaedic Association

# Multi-Disciplinary Clinical Service Review: Care of Patients with Non-Ambulatory Fragility Fractures

# Information for Requesting Sites

## Introduction

The British Orthopaedic Association (BOA) has offered a service review for sites caring for older patients with fragility fractures for over a decade.

These patients have complex and sometimes competing care needs, requiring significant input from multiple specialties to optimise their care. This concept is embedded in the data collection for the National Hip Fracture Database (NHFD) and the requirements for Best Practice Tariff for Fragility Hip & Femur Fractures (BPT). Although led by the BOA, the service reviews have taken a multi-disciplinary approach since their inception and they are now formally supported by the Association of Anaesthetists, the British Geriatrics Society and the Society of Orthopaedics & Trauma Nursing.

The reviews are designed as a supportive process to help clinical and operational teams to improve care; they are not an inspection and the review team act as critical friends, not as regulators. It is a significant undertaking to hold an in-depth review of this nature, both for the review panel and the site being reviewed. However, such reviews have an important role to play in helping clinical teams identify areas for improvement and ultimately for patients to benefit. We hope to develop a constructive and supportive relationship with the site throughout the process.

## Patient Group

Originally, the process was labelled as a “hip fracture review” aligning with the NHFD and BPT at that time. However, we have always been clear that this promotes an artificial distinction that is not patient-centred and may be unhelpful; our recommendations have outlined that the principles of care should apply equally to all patients with similar clinical needs. This has been reflected in recent updates to NHFD data collection and BPT, which both now include patients with fragility fractures of the femur as a whole.

We believe that the remit of a clinical service review should be wider and encompass all patients who would benefit from equivalent care and our reviews are now formally targeted at the care of patients with non-ambulatory fragility fractures (NAFFs). This is a broad group of patients, including most elderly and frail patients who are admitted to hospital with lower limb fractures and those with upper limb fractures that disrupt mobility, for example in patients who rely on walking aids.

## Purpose of a Review

The primary aim of the review is to appraise patient care against nationally published standards and guidance for patients with non-ambulatory fragility fractures and to produce recommendations that

will help the clinical and operational teams to drive improvement in the quality of the care they provide.

The full scope of the review will be agreed by the BOA and the site in advance but the following broad objectives are common to all reviews:

- To evaluate the quality of data submitted to the National Hip Fracture Database (NHFD) and to analyse this in the context of the review parameters.
- To assess standards of care, compared to current relevant NICE guidelines, NICE quality standards, BOA standards for trauma, AoA guidance and Best Practice Tariff for fragility hip and femur fractures.
- To assess working practices and multi-disciplinary team function as they relate to the care of patients with non-ambulatory fragility fractures.
- To recommend changes in the pathway of care for patients with non-ambulatory fragility fractures, to empower the team and give guidance on how to develop the service and drive quality improvement.

## Why have a Review?

There are many reasons why a site may wish to have a review. The most common has been when a site has been highlighted as a negative outlier for 30-day mortality in the NHFD. Several reviews also took place as part of the HipQIP "Scaling Up" project. Reviews are not limited to sites with high mortality and we welcome requests from all sites.

Mortality is a crude measure of quality of care and teams usually have a number of concerns that they would like to address. The reviews do not specifically seek to answer the question "why is our mortality high?"; rather we look for areas where care could be delivered more effectively and with greater impact, leading to a reduction in mortality as a secondary outcome.

We strongly recommend that, prior to a review, the team at the site, led by the NHFD clinical leads, interrogates their NHFD data and aims to consolidate any quality improvement initiatives that have already taken place.

Feedback from sites that have had a review has been very positive, including:

*"We think it's a fair and impressively detailed report of our service considering the short time the team had to assess the service. A remarkable piece of work!"*

*"It has already been very useful in influencing necessary changes".*

## Structure of the Review

The review is in three parts:

- Review of care pathways, clinical guidelines and policies in place across the site, which is done in advance of the site visit.
- A two-day site visit, which includes face to face discussions with clinicians and senior leaders from the organisation.
- Production of a report with findings and recommendations.

### Review of current pathways

You will be asked to provide copies of any care pathways, clinical guidelines, policies and other documents relevant to the care of these patient for the review panel to evaluate in advance of the

site visit. These contribute to the panel's understanding of current practice and are used to guide questions at the visit.

It is also helpful for the panel to know about any improvements in care that have already been made and to see any audit data relating to these improvements.

### The site visit

The site visit takes place over two days, with the review team travelling to the site on the first morning, arriving by lunchtime. There are usually seven members on the review panel. It is chaired by an orthopaedic surgeon, with four additional representatives from orthopaedics, anaesthetics, orthogeriatrics and nursing, along with a review manager and a lay representative.

During the afternoon of the first day, the panel have pre-arranged meetings with key individuals from the multi-disciplinary team to discuss current pathways of care, data and any concerns or barriers to improvement that the teams wish to raise. The key staff groups include doctors, nursing, therapy and allied staff from all areas that play a major role in care of this patient group within the hospital

In the evening between the two days, the panel analyse the information gained so that the following morning, they can focus on gaps in information and any concerns raised or issues noted during the first part of the visit.

On the second morning, the panel attend the morning trauma meeting, then divide to visit the Emergency Department, theatres, trauma wards and any other areas highlighted by the site team. The panel follow the patient's journey through the hospital to understand how the pathway and processes work in practice. They speak informally to other members of the team for further feedback, such as junior doctors, radiographers, ward nursing staff and coordinators. If possible, they try to meet patients with fragility fractures or their relatives to gauge a recipients' view of care.

General feedback is provided at lunchtime on the second day. There is an initial informal session with the clinical teams to ensure that no material concerns have been overlooked. This is followed by a more formal feedback session to the senior team, including the commissioning Executive Director. Any significant immediate safety concerns will be reported during this feedback but these are uncommon and usually the feedback at this stage consists of general themes that the teams can begin to investigate further in advance of the report.

### The report and recommendations

The written report describes the panel's findings but is structured to support the main function of the process; to inform and support quality improvement after the review.

A provisional report will be delivered to the Trust within four weeks of the visit with a 14-day period for factual checking by the clinical and operational teams. The final report will be delivered to the commissioning Executive Director from the organisation within a further four weeks.

The report is the property of the requesting organisation and is not shared outside of the review panel and the BOA team.

## Timing of the Review

In general, we aim to complete the site visit within four months of the invoice being paid. However, this may be extended for requests received in spring as we do not usually undertake reviews over the summer months because we have found that annual leave in the organisation being reviewed

means that availability of key members of staff is impossible to coordinate and the quality of the review is consequently less good.

## What does the site need to do for the review?

The review must be commissioned by an Executive Director of the organisation, usually the Chief Executive Officer or Medical Director. Once arrangements for the review have been agreed, the BOA team will liaise with the site contacts to ensure that the process runs smoothly.

The organisation should nominate a lay representative, usually a Non-Executive Director to join the review panel. The lay representative is an integral member of the review panel and is expected to be present for the whole of the site visit, including the evening discussion between the two days of the visit. The lay representative is vitally important to provide a patient-centred view, local context and insight into the culture of the organisation for the external reviewers and Board-level support for implementation of recommendations and change in practice once the review is completed. If a Non-Executive Director is not available, the organisation may suggest an alternative lay representative but will need to outline to the BOA how these three essential roles will be achieved by that individual. Any payment or compensation for the lay representative should be paid directly by your organisation in line with your usual policy.

The organisation must also nominate clinical, operational and financial lead contacts to liaise with the BOA team. The lead contacts are responsible for logistics, administrative and operational management on the days of the site visit, including scheduling meetings, coordination of times with key clinicians and facilitating attendance, meeting room bookings, provision of refreshments, booking of accommodation and dinner for the panel etc.

The lead contacts provide the review team with details of their current infrastructure and facilities, service provision, clinical pathways and guidance in advance of the site visit. A pre-visit questionnaire will be sent to the lead contacts when the review has been confirmed and this should be returned to the BOA a minimum of four weeks before the agreed review date.

The lead contacts should identify the key staff for the meetings on the first afternoon and ensure that they will be available to meet the review panel. The panel meet staff from a wide variety of backgrounds and welcome suggestions from the site for additional individuals who may play a key role on that site. In general, the review team meet with orthopaedic surgeons, anaesthetists, orthogeriatricians, emergency medicine physicians and representatives from nursing teams (such as ward managers, specialist nurses and trauma coordinators), therapy teams, operational managers, data administrators and any other staff groups that the site feel have an important role in care of these patients on their site. This should include the local clinical leads for the NHFD.

Clinical teams are not expected to do any specific preparation for the meetings at the site visit but it is most useful for the people we meet to be directly involved with the care of the patients and running the service so that they are familiar with the processes in place and the data collected.

Initial feedback is given at lunchtime on the second day and it is expected that there will be Executive representation at that feedback session, usually the commissioning director.

The report will be sent to the clinical lead contact for factual checking in the first instance. The final report will be sent after any amendments have been made and should be made widely available to the team.

After the report has been sent, the clinical lead contact will be asked to complete feedback on the review process.

## Cost of a Review

There is a charge of £15,000 (excluding VAT) for the review, plus time and expenses for the review panel members. An invoice for the review fee will be produced once the review has been agreed and must be paid before to a date for the site visit will be agreed.

Hotel bookings and meals for the review panel should be made by the site team and paid directly. In most cases, accommodation is required for a single night. However, additional nights' accommodation may be required if travel times to the site preclude arrival of the review panel by lunchtime on the first day.

We estimate that the total cost of time and travel expenses for the review panel will be in the region of £7,000. Reimbursement of time away from their employing organisations for the clinical members of the review panel will be by direct invoice from their individual employers. Reimbursement of travel and other expenses for the panel members will coordinated by the BOA and is subject to VAT. It is expected that these expenses will be paid to the BOA within one month of submission.

## Requesting a Review

Informal enquiries are welcome; please contact policy@boa.ac.uk and we will be pleased to answer any questions that you have.

Please note that reviews are of a single site. We appreciate that many organisations have several sites and fragility fracture care may take place on more than one site, with quite different challenges on each. If your organisation has multiple sites that you wish to be reviewed, we are happy to explore the feasibility of a bespoke review but please be aware that there will be additional cost.

If you would like to go ahead with a review, please complete the request form on this link and return to policy@boa.ac.uk. It is a requirement that there is approval for the request from the Executive Directors of the organisation so a signature from the Chief Executive Officer or Medical Director, as the Commissioning Executive of the review, is required.

Once the request is received the BOA will contact the clinical and operational lead contacts to agree the scope of the review, after which your organisation will be invoiced for the review fee and will be sent a deed of indemnity for signature. This indemnifies all those involved in the review process for any claim made or action taken as a consequence of the invited review. It is a requirement for any review under principles of the Academy of Medical Royal Colleges (AoMRC), and ensures that the position of any individual or organisation involved in the review are protected from a legal perspective in relation to any action that might arise from the circumstances of the review. It enables all parties to focus on the primary purposes of the invited review; protecting patient safety and improving patient care.

After receipt of the fee and the deed of indemnity, the BOA will organise a review panel, agree a date for the site visit with the clinical and operational leads and liaise with the site team about information required and organisation of the review.