National Quality Improvement Conference

HIP FRACTURE ICP TELECARE GOING BEYOND ACUTE CARE TO COMMUNITY CARE

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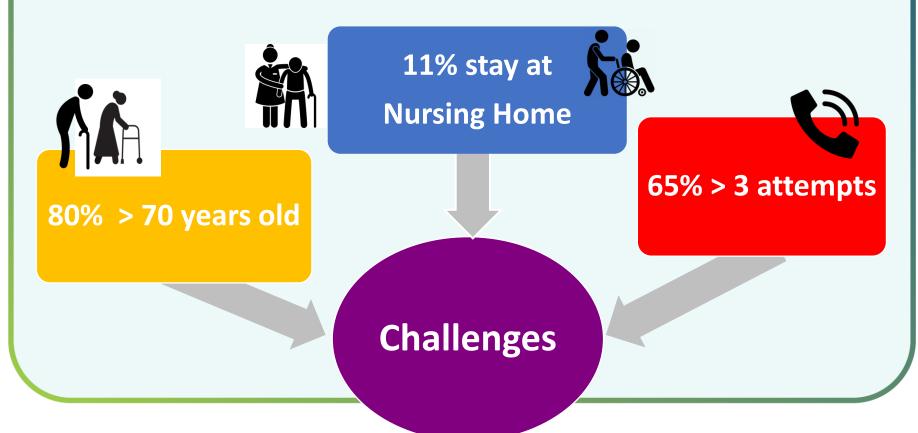


Contact Rate improved from 55% (Pilot) to

≥ 96% with Structured Telecare System

Problem Statement

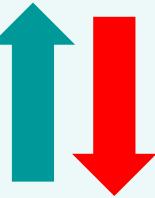
achieving excellent patient and outcomes through Hip Fracture Integrated Clinical Pathway (ICP) Programme with a multidisciplinary team approach, the team is also seeing an opportunity to develop a Structured Telecare through Telephonic Follow-up at 6 & 12 months.



Project Aim

Going beyond the walls of the hospital through Telecare, to follow up on a patient's current conditions, functional status, rehab visit status and compliance to osteoporosis treatment.

- **Activities of Daily Living**
- Day Rehab Uptake Rate
- Osteoporosis Treatment **Uptake Rate**



- Being uncontactable
- No Show Review Visits Incompliance to
- Osteoporosis Treatment

Lessons Learnt



Post Discharge Care

- Enhanced patient outcomes & satisfaction.
- Improved patient awareness about a potential risk of second osteoporotic hip fracture.
- Opportunities to further strengthen care.



Strong leadership and multidisciplinary team approach are essential to the success and sustainability of Hip Fracture ICP Programme.

Potential Solutions STUDY ACT PLAN DO Pilot Phase PDSA Cycles Structured Manpower NGEMR Project Phases **Hip Fracture** resource Challenges Telecare Telephonic Team Improvement Performance Flowsheets. engagement & NGEMR Case in performance Strategy management and decease in Management **Enhancement** planning Methodology & documentation Project variance sustainability Telephonic measurement Workflow Reports 1-2 weeks stay at NTFGH 3 - 4 weeks stay at JCH **Hip Fracture Telecare** (Acute Hospital) (Community Hospital) (Community Care) Day 0 Surgery ≤ 48 Hours Telephonic Follow-up at 6 & 12 months Community Rehabilitation (Day Rehab/ Home Therapy) Admitted to A&E Current conditions Rehab visits Functional status Discharge Home Osteoporosis

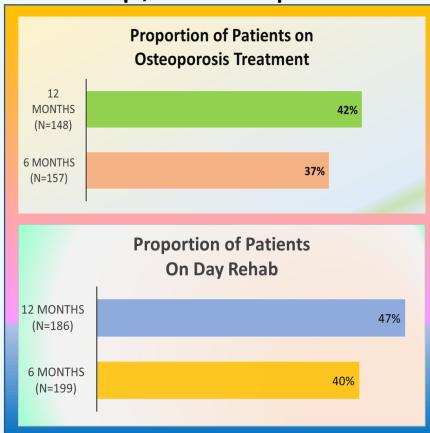
Seamless Integration Care of Hip Fracture ICP Programme

Multidisciplinary Team Approach

Discharged home Timely transfer to JCH

Outcomes & Impacts

5% increased in Osteoporosis Treatment Uptake Rate and 7% improvement in Day Rehab Uptake Rate in 12-month Post-op, as compared to 6-month Post-op.



Thru-train process activated on day of admission

Patient Cohort: Jul 2021 - Mar 2022	6M Post-Op	12M Post-Op	
No of patients contacted	199	186	
Gender	Male: 66 Female: 133	Male: 62 Female: 124	
Average Age	78.8±8.8	78.7±8.8	
Is Patient Contactable?	98%	96%	
Any wound issues?	0%	0%	
Any carer stress?	4%	3%	
Did patient fall after discharged?	10%	19%	
Did patient readmit to an acute hospital (all cause)?	26%	37%	
Is patient staying at home?	87%	87%	
Is Home modification done?	98%	98%	

from JCH

treatment

90% achieved improvement in their Activities of Daily Living (ADL) at 12-month Post-op, as measured by score (≥10 points of improvement from baseline).

