QUALITY STANDARDS

Placemat for Hip Fracture

This document is a resource for health care professionals and summarizes content from the *Hip Fracture* quality standard.

Care Before Surgery

Quality Statement (QS) 1: Emergency Department Management

People with suspected hip fracture are diagnosed within 1 hour of arriving at hospital. Preparation for surgery is initiated, and they are admitted and transferred to a bed in an inpatient ward within 8 hours of arriving at hospital.

If you suspect that a person has a hip fracture, ensure that they are diagnosed, that preparation for surgery is initiated, and that the person is transferred to an inpatient bed within 8 hours.

QS 2: Surgery Within 48 Hours

People with hip fracture receive surgery as soon as possible, within 48 hours of their first arrival at any hospital (including any time spent in a nonsurgical hospital).

If you know that a person has a hip fracture and requires surgery, ensure that they are operated on as soon as possible, no more than 48 hours after arrival at any hospital.

QS 3: Multimodal Analgesia

People with suspected hip fracture have their pain assessed within 30 minutes of arriving at hospital and managed using a multimodal approach, including consideration of nonopioid systemic analgesics and peripheral nerve blocks.

If you suspect that a person has a hip fracture, ensure that their pain is immediately assessed and managed. If they need opioids, consider augmentation with nonopioid systemic analgesics and/or a peripheral nerve block to reduce the opioid dosage needed to manage their pain.

Surgical Care

QS 4: Surgery for Stable Intertrochanteric Fractures

People diagnosed with a stable intertrochanteric fracture are treated surgically with a sliding hip screw or cephalomedullary nail.

If the person you are treating has a stable intertrochanteric fracture, use a sliding hip screw or cephalomedullary nail to treat the fracture.

QS 5: Surgery for Subtrochanteric or Unstable Intertrochanteric Fractures

People diagnosed with a subtrochanteric fracture or unstable intertrochanteric fracture are treated surgically with an intramedullary nail.

If the person you are treating has a subtrochanteric fracture, use an intramedullary nail. If they were ambulatory before their hip fracture and have an unstable intertrochanteric fracture, use an intramedullary nail. If they were not ambulatory before their hip fracture and have an unstable intertrochanteric fracture, use a sliding hip screw.

Ontario Health

QS 6: Surgery for Displaced Intracapsular Fractures

People diagnosed with a displaced intracapsular fracture are treated surgically with arthroplasty.

If the person you are treating has a displaced intracapsular fracture, they should almost always receive arthroplasty (total arthroplasty or hemiarthroplasty).

QS 7: Postoperative Blood Transfusions

People with hip fracture do not receive blood transfusions if they are asymptomatic and have a postoperative hemoglobin level equal to or higher than 80 g/L.

Do not routinely perform postoperative blood transfusions for people with hip fracture if they have a hemoglobin level equal to or higher than 80 g/L.

Postoperative Management

QS 8: Weight-Bearing as Tolerated

People with hip fracture are mobilized to weight-bearing as tolerated within 24 hours following surgery.

Plan surgery with the aim of enabling people to achieve weight-bearing as tolerated within 24 hours following surgery.

QS 9: Daily Mobilization

After surgery, people with hip fracture are mobilized on a daily basis to increase their functional tolerance.

Following surgery, ensure people with hip fracture are mobilized at least once daily by a member of the health care staff. Where possible, family members or care partners should be encouraged to assist with mobilization once the health care team deems it safe and appropriate.

QS 10: Screening for and Managing Delirium

People with hip fracture are screened for delirium using a standardized, validated tool as part of their initial assessment and then at least once every 12 hours while in hospital, after transitions between settings, and after any change in medical status. They receive interventions to prevent delirium and to promote recovery if delirium is present.

Screen the person you are treating for hip fracture for delirium during their initial assessment and before administering pain medication and surgery. Perform delirium screenings at least once every 12 hours while the person is in hospital, after transitions between settings, and upon any change in medical status. Attempt to prevent delirium by orienting the individual to person, place, and time (involving family, care partners, and friends when possible); creating an environment that provides context (e.g., with a window or clock) and contains familiar items, such as pictures or personal belongings; ensuring that people are using their glasses or hearing aids as appropriate; speaking to people in a calm, reassuring voice; and considering alternatives to or the more judicious use of drugs associated with delirium.

QS 11: Postoperative Management

People with hip fracture receive postoperative care from an interprofessional team in accordance with principles of geriatric care.

Following hip fracture surgery, ensure the person you are treating continues to receive care from a surgical–medical partnership that considers the unique needs of older people. While the person is still in hospital recovering from surgery, encourage appropriate nutritional intake and hydration, closely monitor and address their risk of developing pressure injuries, and ensure proper venous thromboembolism prophylaxis.

QS 12: Information for Patients, Families, and Care Partners

People with hip fracture and their families and care partners are given information on patient care that is tailored to meet their needs and delivered at appropriate times in the care continuum.

Provide the person you are treating for hip fracture and their family and care partners with information tailored to meet their learning needs in a format and at times that are most appropriate for them.

QS 13: Rehabilitation

People with hip fracture participate in an interprofessional rehabilitation program (in an inpatient setting, a community setting, or a combination of both) with the goal of returning to their prefracture functional status.

Provide a rehabilitation program to people who have undergone hip fracture surgery that includes therapies to improve independence in self-care, balance and gait assessment and training, nutritional supplementation, education on safety and fall prevention, a restorative and/or maintenance exercise program, environmental modifications, osteoporosis management and education, and medication management.

QS 14: Osteoporosis Management

While in hospital, people with hip fracture undergo a fracture risk assessment from a clinician with osteoporosis expertise and, when appropriate, are offered medications for osteoporosis.

While the person you are treating is still in hospital recovering from surgery, perform a fracture risk assessment. Offer the person osteoporosis medication unless they are already on osteoporosis medication or such medications are contraindicated. For guidance on appropriate osteoporosis medications, refer to Osteoporosis Canada's clinical practice guideline.

QS 15: Follow-Up Care

People with hip fracture are discharged from inpatient care with a scheduled follow-up appointment with a primary care provider within 2 weeks of discharge and a scheduled follow-up appointment with the orthopaedic service within 12 weeks of their surgery.

Contact the primary care provider of the person you are treating before they are discharged to schedule an appointment within 2 weeks to coordinate transfer of accountability. At discharge, send a summary of the person's hospital stay to the primary care provider.

Resources

- *Opioid Prescribing for Acute Pain* quality standard and patient guide
- *Opioid Use Disorder* quality standard and patient guide
- *Surgical Site Infections* quality standard and patient guide
- *Delirium* quality standard and patient guide
- *Medication Safety* quality standard and patient guide
- *Pressure Injuries* quality standard and patient guide
- *Transitions Between Hospital and Home* quality standard and patient guide
- *Clinical Practice Guideline: 2023 Update* (Osteoporosis Canada)
- Fracture Liaison Service (Osteoporosis Canada)
- Health Data Branch Web Portal (Ontario Ministry of Health)
- *National Hip Fracture Toolkit* (Bone and Joint Decade Canada)
- *Quality-Based Procedures: Clinical Handbook for Hip Fracture* (Health Quality Ontario, Ministry of Health and Long-Term Care)

Additional tools and resources are on Quorum.

ISBN 978-1-4868-7738-6 (PDF)