Effective and Timely Analgesia for Patients With a Fractured Hip
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1. Background
Over 65,000 patients with fractured hips present to UK Emergency Departments annually. Prompt and adequate analgesia has been shown to improve wellbeing, reduce the risk of delirium and facilitate a return to mobility and independence, as well as enabling basic nursing care.

2. Aims
1. Analgesia for all patients with moderate to severe pain within an hour of arrival
2. All suitable patients to receive Fascia Iliaca Block (FIB)
3. Reduction in pain so that no patient admitted to the ward with pain greater than 1/3 or ‘mild’

3. Actions
PDSA 1: Fascia Iliaca Block Promotion
- Departmental FIB training for doctors
- Stocking of two FIB equipment boxes
- Increased supply of local anaesthetic
- ‘Top tips’ staff reminders

PDSA 2: Pain Score Recording
- Development of guideline poster for timing of analgesia in response to pain score (Figure 1)
- Online nursing education
- Handover / ‘top tips’ reminders

4. Measures and Outcomes
PDSA 3: Identifying and Highlighting Patients
- Triage note on the computer system
- Relocation of hip fracture paperwork
- Poster reminders for hip fracture care
- FIB promotion back into Top Tips
- FIB training for new doctors

**Time to Emergency Department Analgesia** (Figure 2)
This reduced from 180.5 minutes to 128 minutes after the first PDSA cycle, with a significant reduction in the variability of the data. Second and subsequent PDSA cycles, saw this increase up to a mean of 214 minutes. This was mirrored by Time to Clinician and Time in Department, and likely the result of significant departmental pressures.

**Number of FIBs performed** (Table 1)
Improved from 47% to 79% (peak of 89% after first cycle)

<table>
<thead>
<tr>
<th>Data Set</th>
<th>No. of eligible patients</th>
<th>No. receiving FIB</th>
<th>% receiving FIB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre QIP</td>
<td>17</td>
<td>8</td>
<td>47</td>
</tr>
<tr>
<td>PDSA 1</td>
<td>9</td>
<td>8</td>
<td>89</td>
</tr>
<tr>
<td>PDSA 2</td>
<td>14</td>
<td>10</td>
<td>71</td>
</tr>
<tr>
<td>PDSA 3</td>
<td>14</td>
<td>11</td>
<td>79</td>
</tr>
</tbody>
</table>

**Pain score at time of admission to ward**
Despite some improvement in pain recording throughout this project, it remained poorly done and therefore difficult to comment on how representative the final data actually is.

5. Learning
This process challenged pre-existing biases I had and demonstrated the importance of engaging staff and stakeholders in order to achieve change.