

Hip Fracture

GUIDE for consumers

Clinical Care Standard



What is a hip fracture?

A hip fracture is a break at the top of the thigh bone (femur) near the pelvis usually as the result of a fall. It is a common debilitating injury mostly occurring in people aged over 65 years old.

As we get older, our strength and balance can reduce, and our bones become thinner due to conditions like osteoporosis. This means that we are more likely to fall and even a fall from a standing height can break a bone.

What is the Hip Fracture Care Clinical Care Standard?

The *Hip Fracture Clinical Care Standard* contains seven quality statements describing the care you should be offered if you have a hip fracture. You can use this information to help you and your carer make informed decisions in partnership with your treating team.

This guide explains each quality statement and what it means for you.

For more information or to read the full clinical care standard visit: safetyandquality.gov.au/hipfracture-ccs.

Note: The word 'clinician' is used in this document to refer to all types of healthcare providers who directly provide health care, including paramedics, nurses, doctors, pharmacists, Aboriginal Health Practitioners, psychologists and physiotherapists.

1 Care at presentation



What the standard says

A person presenting to hospital with a suspected hip fracture receives care that is guided by timely assessment and management of medical conditions, including cognition, pain, nutritional status and frailty. Arrangements are made according to a locally endorsed hip fracture pathway.

What this means for you

When you arrive at hospital, the clinical team will assess you to see if you have a hip fracture (broken hip). They will also check any other health conditions so that you can have an operation quickly if you need one. As part of the assessment, you will need an X-ray and blood tests. Your clinician will:

- Check your overall health and ability to function before your injury
- Ask about any existing health conditions you may have
- Ask about any medicines that you are taking that may affect your surgery
- Make sure your pain is controlled
- Talk to you about possible reasons for your fall
- Check for any problems you may be having with your memory, thinking or communication that could mean you are at risk of delirium (a serious condition where there is a change in mental state that alters awareness, such as seeing or hearing things)
- Ask if you identify as Māori or Aboriginal and Torres Strait Islander, or need access to a translator.

Your priorities and choices are important, and your clinical team will support these wherever possible. Let them know if there are family members, friends or carers that you would like to have included in decisions about your care.

2 Pain management



What the standard says

A person with a hip fracture is assessed for pain at the time of presentation to the emergency department and regularly throughout their acute admission. Pain management includes appropriate multimodal analgesia and nerve blocks, unless contraindicated.

What this means for you

If you have a hip fracture and come to the hospital by ambulance, you may be given medicines while in the ambulance to relieve your pain and nausea. As soon as you arrive at the hospital, a doctor, nurse or other clinician will assess your pain and give you suitable medicines to relieve your pain. Your pain will also be assessed and managed throughout your hospital stay. Before surgery, you are likely to be offered an injection in the groin called a 'nerve block'. Nerve blocks can provide pain relief for several hours by numbing the area around your hip and thigh.

If you need to travel to another hospital for surgery, you will be given pain relief before you are transferred, to make you as comfortable as possible.

3 Orthogeriatric model of care



What the standard says

A person with a hip fracture is offered treatment based on an orthogeriatric model of care as defined in the Australian and New Zealand Guideline for Hip Fracture Care. A coordinated multidisciplinary approach is used to identify and address malnutrition, frailty, cognitive impairment and delirium.

What this means for you

If you have a hip fracture, you and your family or carer are involved in important decisions about your care from the time you are admitted to hospital. This includes working out what you would like to achieve from your care, and the best way to achieve it. For example, extra steps may be needed so that it is medically safe for you to have surgery, or there may be different options for your surgery. A team of healthcare professionals will care for you. The team will have different areas of expertise, which may include:

- Care of older people (medical, nursing and allied health professionals)
- Orthopaedic (bone) surgery
- Pain management
- Mobility
- Nutrition
- Rehabilitation.

It is important that all of your health issues, needs and preferences (including cultural and language considerations) are taken into account, to give you the best chance of a full recovery.

Nutrition is very important for your recovery from a hip fracture. You will be assessed early in your admission to see if you are malnourished. You will be offered oral nutritional supplements to help increase your calorie and protein intake. If your clinician thinks you are malnourished, or at risk of malnutrition, they will also discuss with you how to improve your nutrition while considering your needs, culture and preferences.



There is a chance that you may develop a condition called delirium after a hip fracture. Delirium causes mental and physical changes such as confusion, or seeing or hearing things that are not there. Some people may get agitated or distressed, while others become very sleepy. You will be monitored for delirium throughout your hospital stay, and steps should be taken to prevent it. It is important for you and your support people to let your healthcare team know about any changes in your mental awareness, including feeling confused, being disoriented or having memory problems. Dealing with delirium quickly will help your recovery.

4 **Timing of surgery**



What the standard says

A person with a hip fracture receives surgery within 36 hours of their first presentation to hospital.

What this means for you

Your clinicians will discuss with you the treatment options for your hip fracture, including the possible risks and benefits. You should have surgery within 36 hours of arriving to hospital, unless your clinicians say that you should wait. The same time frame applies if you fracture your hip while in hospital. If you are in a remote location, surgery may be delayed while you are transferred to a hospital where the surgery can be done. However, you should still receive surgery as soon as possible.

Without surgery, recovery from a hip fracture is slow and you will be unable to walk, which can cause discomfort and other complications. However, for some people, it is decided that surgery is not the best option. You may not want to have surgery, or your clinicians may advise that it is better for you to not have surgery at all. Your family will also be involved in these decisions.

5 **Mobilisation and weight bearing**



What the standard says

A person with a hip fracture is mobilised without restrictions on weight bearing, starting the day of, or the day after, surgery, and at least once a day thereafter, according to their clinical condition and agreed goals of care.

What this means for you

The aim of hip fracture surgery is to allow you to get up and put weight through your leg straight away. Either the day of your surgery or the day after, you will be encouraged to sit out of bed and start putting as much weight through your leg as is comfortable, unless there are good reasons for you not to. It is common to feel some pain or weakness when you start walking. Starting to move early will prevent you from losing your strength and mobility, and help you regain your independence sooner. It will also help to avoid serious complications such as pneumonia, clots in the legs, pressure injuries to the skin, and delirium.

If you are spending long periods in bed or in a chair without moving, you are at risk of developing a pressure injury (bedsore). Your risk of getting a pressure injury will be assessed regularly and you will be provided with the right kind of equipment (like a mattress and/or cushion) and advice on moving about to relieve the pressure.

6 Minimising risk of another fracture



What the standard says

Before a person leaves hospital after a hip fracture, they receive a falls and bone health assessment and management plan, with appropriate referral for secondary fracture prevention.

What this means for you

As you get older, your bones become weaker and are more likely to break easily. People who have had a hip fracture are more likely to have another fracture in the future. Before you leave hospital, your risk of having another fracture anywhere in your body will be assessed. Your clinician will consider your bone health, and help to identify the possible reasons for your fall and ways to prevent future falls. You may be offered calcium and/or vitamin D supplementation as well as bone protection medicine to improve your bone strength and reduce the chance of another fracture.

You will also be given written information and advice on exercises and may be referred to a physiotherapist or exercise program. A regular exercise program should ideally include exercises to improve both your balance and your strength in a way that is safe for you. It is important that you continue to work on preventing another fracture after you leave hospital. Discuss your care plan with your general practitioner, other regular clinicians, Aboriginal Community Controlled Health Organisation (ACCHO), Māori Organisation or care providers. You may be offered a follow-up appointment at the hospital or with a bone specialist as part of the plan to reduce your risk of another fracture.

The Australian Commission on Safety and Quality in Health Care has produced this clinical care standard to support the delivery of appropriate care for a defined condition. The clinical care standard is based on the best evidence available at the time of development. Healthcare professionals are advised to use clinical discretion and consideration of the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian, when applying information contained within the clinical care standard. Consumers should use the information in the clinical care standard as a guide to inform discussions with their healthcare professional about the applicability of the clinical care standard to their individual condition.

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7 Transition from hospital care



What the standard says

Before a person leaves hospital after a hip fracture, an individualised care plan is developed that describes their goals of care and ongoing care needs. This plan is developed in discussion with the person and their family or support people. The plan includes mobilisation activities and expected function post-injury, wound care, pain management, nutrition, fracture prevention strategies, changed or new medicines, and specific rehabilitation services and equipment. On discharge, this plan is provided to the person and communicated with their general practice and other ongoing clinicians and care providers.

What this means for you

Before you leave hospital, your clinician will talk with you about your recovery and the ongoing care you will need. They will work with you to develop a plan that is in a format you understand. The plan describes:

- Medicines you may need to take
- Information on how to prevent future fractures
- Nutrition care
- Rehabilitation services and equipment you require.

You will get a copy of your plan before you leave hospital. The information in your plan will also be communicated to your general practitioner, ACCHO or Māori Organisation, and other regular clinicians and care providers. Take your plan with you to future appointments, along with any questions you would like to discuss.

Questions?



Find out more about the *Hip Fracture Clinical Care Standard* and other resources. Scan the QR code or use the link: safetyandquality.gov.au/hipfracture-ccs.