

Clinical benchmarking is a tool to improve hip fracture's management : An experiment in 3 French public hospitals (INPECH)

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Objective:

InPEC(H) is a program financed by the French Ministry of Health to test the benefits of benchmarking practices in the management of hip fracture.

Methods:

Three hospitals volunteered to participate in the project: 2 teaching hospitals (Nantes and Rouen) and a big public one (Le Mans). A multidisciplinary team modeled the different steps of the hip fracture management process in each hospital. The 3 teams agreed on a list of about 20 quality indicators including vital and functional status 90 days after discharge. Baseline data were collected on 150 consecutive patients per hospital, aged 65 years and over, who received surgical treatment, between April and December 2003. The teams met to compare their results and initiate a benchmarking process. They developed a specific improvement program from January 2004. A new data collection of the same indicators was achieved from May to December 2004 in the same conditions in order to perform before-after comparisons. We report the changes observed in Nantes teaching hospital.

Results:

Baseline data showed differing management patterns between teams although patient age, autonomy and mobility score were similar. Rate of surgery within 48 hours of admission was 76% in Nantes hospital (87% and 32% in the two other hospitals). The median delay of the first postoperative stand-up was 4 days (2 and 4 days), and 4 days for social worker intervention (3 and 7 days); the median length of hospital stay in the orthopedic unit was 10 days (9 and 14 days). The mean delay to send a discharge letter was 14.7 days (SD:13.1) (2.1 and 1.2 days). During the 3 months following admission, 12% of the patients died (12% and 17% - Not statistically significant). Benchmarking allowed Nantes orthopedic team to pick up a teaching program for nurses being able to initiate an earlier postoperative stand up ; this was the first objective of an improvement program aiming also to reduce the delay of social worker intervention and of sending the discharge letter (these latter objectives being stimulated by the comparison). The before-after comparison showed a significant improvement for the 3 indicators: the first postoperative stand up delay became 3 days, the social worker intervention delay became 2 days and the mean discharge letter delay became 12.2 days (SD:20.4).

Conclusions:

Benchmarking was a mean to improve the internal quality of clinical hip fracture management processes in the teaching hospital of Nantes. Thanks to the motivation of the team, visible improvements were observed and measured. Nurses and practitioners have decided to pursue the work: a workgroup was established to achieve a clinical pathway of hip fracture management process and a geriatrician will be recruited soon to take care of elderly patients.