Innovative ways of tacking Irish hip fracture standards 1

Sandra O’Malley, David Dalton, Keith Synnott

Department Trauma and Orthopaedics, Mater Misericordiae University Hospital, Dublin, Ireland

Background: Patients who wait longer than 4 hours with a hip fracture in the Emergency Department have poorer outcomes than those who get to a bed in less than 4 hours. Nationally, one of the most difficult Irish hip fracture standards to meet is hip fracture standard 1—time to ward <4 hours. The national average in 2019 was 25%.

Methods: Siilo is a secure messenger for medical professionals. It allows medical professionals to connect and securely communicate and collaborate with colleagues about patient care. Siilo was introduced to notify key stakeholders that a patient with a hip fracture was in the Emergency Department, this initiated the hip fracture pathway. Time to ward was recorded and compared with the previous year's timings.

Results: With key stakeholders involved using SIIL0, early results over a 6-month period show 73% of patients in our institution made it to the ward in less than 4 hours, a 55% improvement on the previous year.

Conclusions: Nationally, Irish hip fracture standard 1 has been one of the most difficult standards to improve. A secure and encrypted messaging service opens dialogue amongst key stakeholders as soon as a hip fracture patient enters the hospital and expedites patient care. This concerted effort from all involved ultimately improves patient outcomes and care while meeting National Guidelines.

Keywords: Hip fracture; Irish hip fracture standards; orthopaedics; trauma

Acknowledgments

Funding: None.

Footnote

Conflicts of Interest: All authors have completed the ICMJE uniform disclosure form (available at http://dx.doi.org/10.21037/map-21-ab064). The authors have no conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Open Access Statement: This is an Open Access article distributed in accordance with the Creative Commons Attribution-NonCommercial-NoDerivs 4.0 International License (CC BY-NC-ND 4.0), which permits the non-commercial replication and distribution of the article with the strict proviso that no changes or edits are made and the original work is properly cited (including links to both the formal publication through the relevant DOI and the license). See: https://creativecommons.org/licenses/by-nc-nd/4.0/.

doi: 10.21037/map-21-ab064