Bridging the Gap within Orthopaedic Nursing through ‘Observership’

Norsyahidah Hassan
Assistant Nurse Clinician
Singapore General Hospital

Anita Taylor
Orthopaedic Nurse Practitioner
Royal Adelaide Hospital, CALHN

November 13, 2015
- **Area:** 718.3km²
- **Population:** 5.5 million
- **Ethnicity:** Chinese, Malays, Indians and Eurasians
- **Language:** English, Mandarin, Malay & Tamil
- **Religion:** Christianity, Buddhism, Islam, Hinduism & Sikhism
Singapore General Hospital

- Joint Replacement
- Trauma
- Spine
- Sports Injuries
- Foot & Ankle
- Musculoskeletal Tumor
- Hand Surgery
- Ortho related infections
SGH’s Health Manpower Development Plan

- Embarking clinical attachment to renowned overseas training centers to learn new skills, harness new technology and find new solutions for patients.
Integrated Care Programme for Hip Fracture Patients

Multi-disciplinary team approach- doctors, nurses, allied health & care co-ordinator

**Aim & Objective:**

- To develop protocols, services and review processes for a more integrated care pathway for patients with hip fracture
Demographics

• 562 patients were operated 2013
• Mean age: 76
• Gender: Female > Male
Observership Planning

- Nursing Director & Preceptor
- Logistics:
  - Workload & Planning
  - Supernumerary/observational capacity
- Indemnity
- Visa Requirements
- Cultural Exchange
6th January to 14th February 2014

• Royal Adelaide Hospital
  - Orthopaedic Inpatient Wards
  - Spinal Injury Unit
  - Operating Theatres
  - Outpatient Clinics
  - Joint Replacement Clinic

• Hampstead Rehabilitation Centre
  - Orthopaedic, Amputee and Burns Rehabilitation Unit
  - Spinal Injury Unit
• 8 am: Report to Orthopaedic Nurse Practitioner
• 8.30am: Attend doctors morning trauma round
• 9 am onwards:
  Review: - Newly admitted patients
  - Postoperative reviews
  - ED
• 10 am (Thursdays): Attend weekly discharge planning meeting
Activities

• Shadow the role of shift coordinator
• Morning trauma rounds
• Geriatric rounds
• Rehab rounds at Hampstead rehab centre
• Pre-operative evaluation for joint replacement
• Patient’s journey- OT holding bay-> OT-> recovery room-> ward
<table>
<thead>
<tr>
<th>Nursing Management</th>
<th>RAH</th>
<th>SGH</th>
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</thead>
<tbody>
<tr>
<td><strong>Done in ED:</strong></td>
<td></td>
<td></td>
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<tr>
<td>• Bed &amp; air mattress in ED</td>
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<td></td>
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<tr>
<td>• Oxygen administration</td>
<td></td>
<td></td>
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<tr>
<td>• IDC insertion</td>
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<tr>
<td>• 4-hour admission rule</td>
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<tr>
<td><strong>Done in the ward:</strong></td>
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<tr>
<td>• Patient trolley</td>
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<tr>
<td>• Regular hospital mattress</td>
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<tr>
<td>• Oxygen administration</td>
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<tr>
<td>• Perform bladder scan-&gt; for IDC insertion</td>
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<tr>
<td>• Transfer to ward ASAP</td>
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<td></td>
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<tr>
<td><strong>No traction</strong></td>
<td></td>
<td>Apply Buck’s traction</td>
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<tr>
<td><strong>Pain protocol- Initial opioid dose is based on patient’s age</strong></td>
<td></td>
<td>PO Paracetemol-&gt;escalate as necessary</td>
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<tr>
<td>• MET call</td>
<td></td>
<td>Escalation-&gt; Primary team</td>
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<tr>
<td>• Colour coded observation charts</td>
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<td>RAH</td>
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| **Medical Management** | • Daily geriatric assessment (5/7)  
• Rapid optimisation of fitness for surgery  
• Nerve block  
• VTE Protocol  
• Supportive primary care | • Geriatric assessment twice/week  
• Medical referral  
• VTE Protocol |
| **Time to OT** | Less than 48 hours | • 48 to 72 hours  
• Depending on planned trauma list  
• Surgeon’s load & experience  
• Patient’s medical condition |
<p>| <strong>Ambulation status</strong> | Early ambulation- FWB/ WBAT | • FWB/WBAT |</p>
<table>
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<th>SGH</th>
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<tbody>
<tr>
<td><strong>Hospital Stay</strong></td>
<td>Varies- depending on discharge destination</td>
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<tr>
<td></td>
<td>Varies- depending on discharge destination</td>
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<tr>
<td><strong>Discharge Destination and Planning</strong></td>
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<tr>
<td>• Home</td>
<td>Home</td>
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<tr>
<td>• Step down care e.g. district hospital, rehab centre</td>
<td>Step down care e.g. community hospital, inpatient rehab</td>
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<tr>
<td>• Transtional Care Programme</td>
<td>• Discharge planning is done on admission and follow up by RN in-charge</td>
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<tr>
<td>• Weekly discharge planning meeting</td>
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<td>• Weekly visit by rehab nurse</td>
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Recommendations

**Implemented**
- Multi-disciplinary Team weekly meeting
- Initiate referral to rehab nurse for inpatient rehab on POD 2
- Hip Fracture Patient Information Booklet

**To be implemented**
- Review nutritional assessment
- Review stool chart
- Nurse-led protocol and guidelines on removing short-term IDC
- Fast track admission
- Pain protocol
- Improve Patient and Family Education Booklet on Fall Precaution
Multi-disciplinary Weekly Meeting

- Update on patient progress
- Address any complex issues
- Ensure ‘right siting’ prior to discharge
Learning Point

• Rapid optimisation
• Early surgery followed by early mobilisation
• Facilitate early discharge
• Future plan- Hip Fracture Registry