Adherence to Best Practice Tariffs (BPT) for Neck of Femur (NOF) Fracture Admissions During the COVID-19 Pandemic

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Introduction: For patients with fragility hip fractures, care needs to be promptly organised to undertake a holistic assessment and preparation for surgery. The aim of the Best Practice Tariffs (BPT) is to promote hip fracture programmes that provide best practice in the care and secondary prevention of fragility fractures.

Method:

- Retrospective audit.
- Data retrieved from trauma management and radiology systems.

Results:

- Among 33 patients with mean age of 82, 61 % showed compliance to BPT criteria.
- 39% did not meet the criteria: 33% had delayed surgery >36 hours, 3% had delayed orthogeriatric assessment, and 3% not fit for surgery.
- 33 % delayed surgeries due to requirement for medical optimisation, and further investigation.
- Among COVID patients: 41.6 % mortality rate, of which 40 % were perioperative.
- There was a loss of BPT income (around £17k) during these unprecedented times. However, the provisions of NOF care did not fluctuate despite extreme pressures on our services.

Conclusions:

- Ensuring all members of the MDT have access to clinical management system.
- Implementation of early supported discharge programmes allowed reduction in length of acute hospital stay (from 14.2 in Jan 2020 to 8 in March 2020).
- Improving access to pacemaker check services.