International Partnerships: Advancing Nursing Care of Older Adults with Fragility Hip Fracture.

Anita Meehan, RN-BC, MSN, ONC, FNGNA
Gerontological Clinical Specialist
Cleveland Clinic Akron General
Past President, National Assoc. Ortho. Nurses
ICON Ambassador

Ami Hommel, PhD, RN
Clinical Nurse Specialist, Orthopaedics
President Swedish Society of Nursing
Associate Professor, Malmo University & Skaane University Hospital Sweden
ICON Ambassador

Aims of Presentation

• Discuss the process of creating an international collaboration of orthopaedic nurses
• Share strategies used to develop an internationally supported best practice resource for nurses caring for patients with fragility hip fracture
• Describe how evidence-supported, best practice care of the older adult with fragility hip fracture is operationalized in Sweden

ICON Members 2018

| Asian Association of Dynamic Osteosynthesis (AADO) | Hong Kong Association of Orthopaedic Nurses (HKON) | Association of Maltese Orthopaedic Nurses (AMON) |
| Australia & New Zealand Orthopaedic Nurses Association (ANZONA) | The Association of Portuguese Nurses of Orthopaedics and Traumatology (APNOT) | Canadian Orthopaedic Nursing Association (ICONA) |
| Association of Orthopaedic Nurses in Denmark (FSOS) | The Association of Orthopaedic Nurses of Orthopaedics and Traumatology (APNOT) | Association of Orthopaedic Nurses in Sweden (OSIS) |
| ICN Society of Orthopaedic and Traumatology Nurses (SOTN) | The Norwegian Nurses Organization’s Professional Interest Group of Orthopaedic Nurses (NFSON OSIS) | Irish Nurses and Midwives Organization – Irish Orthopaedic Nurses Section (IONA) |
| Association of Orthopaedic and Traumatology Nurses in Turkey (OTHERS) | The National Association of Orthopaedic Nurses (NAON) USA | Icelandic Orthopaedic Nurses Society |

In the beginning……..

• 2001 Strategic Planning meeting
• Challenge to identify a ’Big Audacious Goal’
• ”Universal Application of the Highest Standards of Orthopaedic Nursing Practice and Care”

Seeds Were Planted……

• Emerging technology
• Leaders of NAON, CONA and SOTN met via e-mail communications
• Recognition of common challenges and practice issues
• Orthopaedic has rich tradition of collaboration

Pioneers of Collaboration

Dame Agnes Hunt
Sir Robert Jones
A Collaborative Legacy

INTERNATIONAL COLLABORATION OF ORTHOPAEDIC NURSING (ICON) was founded for the purpose of advancing the practice of orthopaedic nursing, globally.

Networking and Sharing Knowledge

Global Celebration October 30th

International Orthopaedic Nurses Day

ICON Website and Facebook page

www.orthopaedicnursing.org

Collaborative projects
Forning the Streams of International Orthopaedic and Trauma Care

Needs Identified

- Orthopaedic nurses education/appreciation of the unique care of older adults is often lacking
- Few Geriatric Specialists
  - Nurse
  - Physicians

Goal

Develop Best Practice Resource for care of the older adult with fragility hip fracture

- Evidence based
- Peer reviewed
- Internationally supported

Focus on Nurse Sensitive Indicators

- Pain
- Delirium
- Pressure Injury
- Malnutrition/dehydration
- Constipation
- CAUTI, Pneumonia
- Functional Decline – Immobility

GOAL

- Inform Nurses
- Raise awareness to needs of older adults
- Improve patient, family & nurses experience
- Improve outcomes
Hip Fracture Work Group

Ireland: Louise Brent, MSN, Nursing lead for the Irish Hip Fracture Database

Great Britain: Karen Hertz, MSc, Orthopaedic Nurse Practitioner, Nursing lead for Great Britain National Hip Fracture Database

Sweden: Ann Hommel, PhD, Lead of the Swedish National Rikshoft Registry for hip fracture quality improvement, Chair Swedish Nurses Association, Chair ICON

Canada: Valérie MacDonell, MSN, Chair of and Joint Canada Steering Group, Nursing lead for the British Columbia Hip Fracture Redesign Initiative

Great Britain: Karen Hertz, MSc, Orthopaedic Nurse Practitioner, Nursing lead for Great Britain National Hip Fracture Database

Swedens: Ami Hommel, PhD., Lead of the Swedish National Rikshoft Registry for hip fracture quality improvement; Chair Swedish Nurses Association, Chair ICON

Canada: Valérie MacDonell, MSN, Chair of and Joint Canada Steering Group, Nursing lead for the British Columbia Hip Fracture Redesign Initiative

USA: Ann Maher, MS, Family Nurse Practitioner; Editor emeritus of Orthopaedic Nursing and editor of the seminal orthopaedic nursing text

Denmark: Hanne Mainz, PhD, Nursing lead for hip fracture improvement work in Denmark

USA: Anita Meehan, MSN, Member Nurses Advisory Council National Osteoporosis Foundation; Fellow National Association of Gerontological Nurses; Past President National Association of Orthopaedic Nurses, USA; Co-opted FFN board member to NICHE

Australia: Anita Taylor, MNSc, Orthopaedic Nurse Practitioner and nursing lead for Australia and New Zealand Orthopaedic Nurses Association

www.orthopaedicnursing.org

The Power of SKYPE

Acute Nursing Care of Older Patient with Fragility Hip Fracture: An International Perspective

Included in the document...

• Essential facts relative to the problem are identified and a range of assessment tools and techniques as well as interventions are covered.

• Hyperlinks are embedded in the online document to direct the reader to relevant assessment tools, websites and references.

Access free of charge

• International Journal Orthopaedic and Trauma Nursing

• ICON website
  www.orthopaedicnursing.org

• NICHE website
  www.nicheprogram.org

• ICON member websites
Knowledge Dissemination Process

Presentations at national conferences:
- International Council of Nursing (ICN)
- European Federation of Orthopaedic and Trauma (EFORT)
- Fragility Fracture Network Meeting (FFN)
- Nurses Improving Care of Health system Elders (NICHE)
- National Association of Gerontological Nursing (NGNA)
- All ICON member association annual meetings

Spreading the word

  Boarder Crossings: Advancing orthopaedic and trauma nursing care through international collaboration
  International partnerships: Advancing nursing care of the older adult with fragility hip fracture
  International collaboration of orthopaedic nurses: Advancing nursing through technology.

Partnerships

- NGNA – Webinar Care of Hip Fracture Patient
- Fragility Fracture Network – Nursing Text, educational presentations
- NICHE – Two ‘Need to Know’ educational briefs, Webinar

Book Chapter

- AJN 2016 Book of the Year
  Evidence Based Geriatric Nursing Protocols for Best Practice

What Did We Learn?

- Nurses share a common goal: superior patient care
- Orthopaedic patients have similar problems the world over
- Passion is a powerful motivator
- Technology allows us to collaborate
- Collaboration is empowering
Nursing research & best practice for hip fracture patients, the Swedish way

Area: 449,964 sq. km. (279,655 sq. miles)

Greatest distances - north-south, 1,572 km (980 miles); east-west, 499 km. (311 miles)

Coastline 7,564 km (4701 miles)

Inhabitants 10 milj people

Swedish hip fracture population

- Women 68%
- 84 years
- 10 days LOS
- 30% dementia
- 30% ACS
- Readmission rate 5.3% (4 months)
- Second fracture within 2 years 6%

Method

- A&E – Emergency Room
  - SPMSQ

- Ward – Nursing Unit
  - Day 5 nutritional screening

- Home visits
  - 4 and 12 mounths

SPMSQ – Cognitive Assessment

1. What is the date today?
2. What day of the week is it?
3. What is the name of the place?
4. What is your telephone number alt. street address?
5. How old are you?
6. When were you born?
7. Who is the prime minister now?
8. Who was the prime minister before him?
9. What was your mother's maiden name?
10. Subtract 3 from 20 and keep subtracting 3 from each new number, all the way down.

0-2 errors intact intellectual functioning
3-4 errors mild intellectual impairment
5-7 errors moderate intellectual impairment
8-10 errors severe intellectual impairment

* Source: Pfeiffer, 1975. *
Intervention

- Ambulance
  - administration of oxygen, pain relief and intravenous glucose liquid
- A&E
- X-ray unit
- Orthopaedic department
  - Cubitan

Results

Men / female
- Control Group (CG) 29.5 / 70.5
- Intervention Group (IG) 32.7 / 67.3

- Mean age
  - CG 81.2 (SD 10.6)
  - IG 80.4 (SD 10.2)

- Dementia
  - CG 39 %
  - IG 36 %

Results

- Mortality
  - Administratively delay
  - Pressure ulcers

Results

- Outliers
  - 4 days
  - 14 days

- Complications

[Image of a book and a cartoon scene]
• SOS
  - High priority
• Ambulance
  - Administration of oxygen, pain relief, and intravenous glucose liquid
  - The patient’s identification established, blood samples, and electrocardiography
• A&E
• X-ray unit
  - 8 minutes
• Orthopaedic ward
  - Always a bed, priority to operation

Quality indicators

• Time to surgery (80% within 24h)
• Pressure ulcer
• Pain

The Patient's View of Nursing Care after Hip Fracture

• Aim. The aim of the study is to illuminate the patient's view on nursing care when treated for a hip fracture. Method. Ten patients were interviewed.

• Conclusion. Patients generally felt satisfied with the nursing provided. The staff created a feeling of security and showed interest and empathy for the patient. However, patients experienced stressful waiting for surgery, and patients who developed confusion waited more than 24 hours for surgery. Therefore, waiting time must be decreased. Furthermore, patients described a variety of pain problems; for example, good collaboration between the nurse and physiotherapist is critical for achieving good pain relief before mobilization. Nursing staff need to be attentive and should elicit the patient's feelings through patient-focused communication in order to relieve anxiety about going home.

Causes of Surgical Delay and Demographic Characteristics in Patients with Hip Fracture

- The aim of this study was to identify the causes of surgical delay and demographic characteristics in patients with hip fracture who had delays longer than 24 hours from admission to hospital.

- Conclusion: The main result demonstrated that delays longer than 24 hours were due to lack of theatre facilities. Further research is needed in order to investigate whether lack of theatre facilities is as a result of improper operation planning and/or lack of medical staff.


Older patients' perception of their own capacity to regain pre-fracture function after hip fracture surgery – an explorative qualitative study

- Semi-structured interviews (n = 30) were conducted two to five days after hip fracture surgery. Data were analyzed using manifest inductive content analysis.

- The attitudes of staff at the acute hospital can influence the outcome for hip fracture patients. Patients believe in recovery but do not receive psychological support to regain physical capacity

Gesar et al 2016 IJOTN

"... Here I am like a...... well someone who does what they instruct me to do..., I do not decide anything here. I believe they have taken it from me. I think I will return to earlier function, but now I will...., I will.... you know....I constantly have to ask for support. I would prefer to be independent..." (Woman, 93 years)

"... I do not think it is good for me to stay at the hospital but you have to cope with that. They have their special procedures they have to follow...... I would like to take it easier....not to feel the stress and that you have to cope with certain things that you cannot handle when you have recently undergone an operation...... the hip fracture has made me grow old.....it is like turning a new page in a book...." (Woman, 89 years)

Hip fracture; an interruption that has consequences four months later

**The hip fracture - an interruption that has consequences on everyday life**

- The hip fracture forced the person into a life transition;
- Physical impairments have a psychological effect and conversely
- Psychological effects physical function

Four Subcategories

- The effect of the hip fracture impinge on the physical recovery
- Uncertainty and fear of falling again as well as the loneliness effect psychologically
- Being at a point of decision: To adapt to every life or try to make changes to become independent
- To generate a strong driving force and determination is the ground for recovery after an operation
…"I do not have enough energy….neither do I rely on my capacity anymore because I feel unsteady.
I do not think I can trust this leg yet…… I have to take it well balanced, not fast moving…… I am not as cocky as before, nothing could stop me then…… now I have to prepare everything very carefully but it seldom turns out as I planned…"
(Woman, 96 years)

…"The feeling of not being able to keep things up as before suppresses me…… I thought it would go faster…… I have always tackled myself out of battles successfully. I am now forced to have patience......... I have to put up with some disabilities but I hope gradually to recover. I will not be in a great hurry about it because I am an old person….It is rare, if ever, that I think about the future. If it remains this way…. well, there are several people in this situation…"
(Man, 83 years)

…"I have internal power to become as I was before. I am a realist and I am healthy, without comorbidities that could have made it more complicated. Neither am I confused. What matters is to have the ability to put things in order, I have an independent nature and decide on everyday tasks on my own. I am persistent, goal-oriented. Now I just use one crutch. I am so grateful things have gone so well…"
(Woman, 83 years)

Summary
• Global Community
• Shared interests
• Technology
• Power of Collaboration

International Conferences

Save the Date: ICON 2019 Conference
May 24-25th, 2019 in Kolding, Denmark
www.fsos.dk; ICON2019DK@gmail.com

www.orthopaedicnursing.org

The Future
• Widening Links
  – South America
  – Middle East
  – Asian Countries
• Continue to share ideas in:
  – Orthopaedic nursing research
  – Health promotion
  – Education
  – Clinical practice
  – Leadership development
  – Member Association Visibility
• Collaborative Educational Offerings
• Partnerships with like minded associations