



Video

Evaluating The Completeness Of Post-Operative Care Documentation In Orthopaedic Polytrauma Surgery

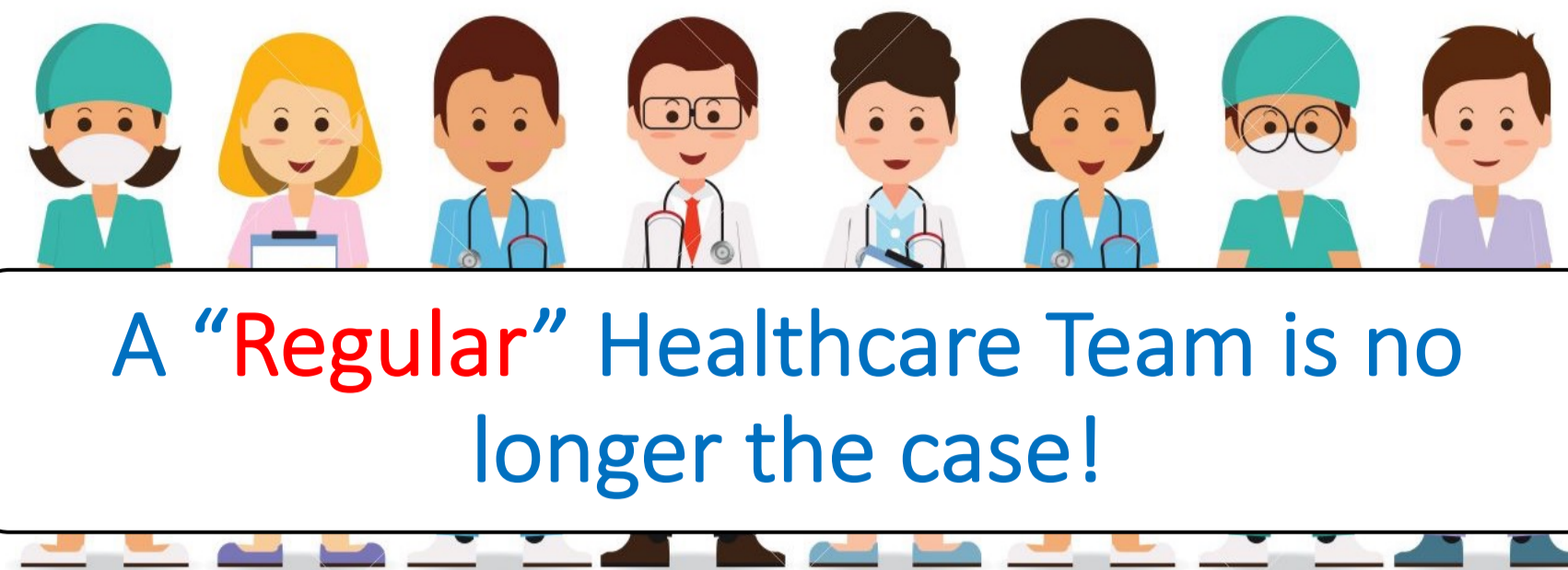
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Full Results

Background and aims



A "Regular" Healthcare Team is no longer the case!

↑ Number of handovers to out of hours teams

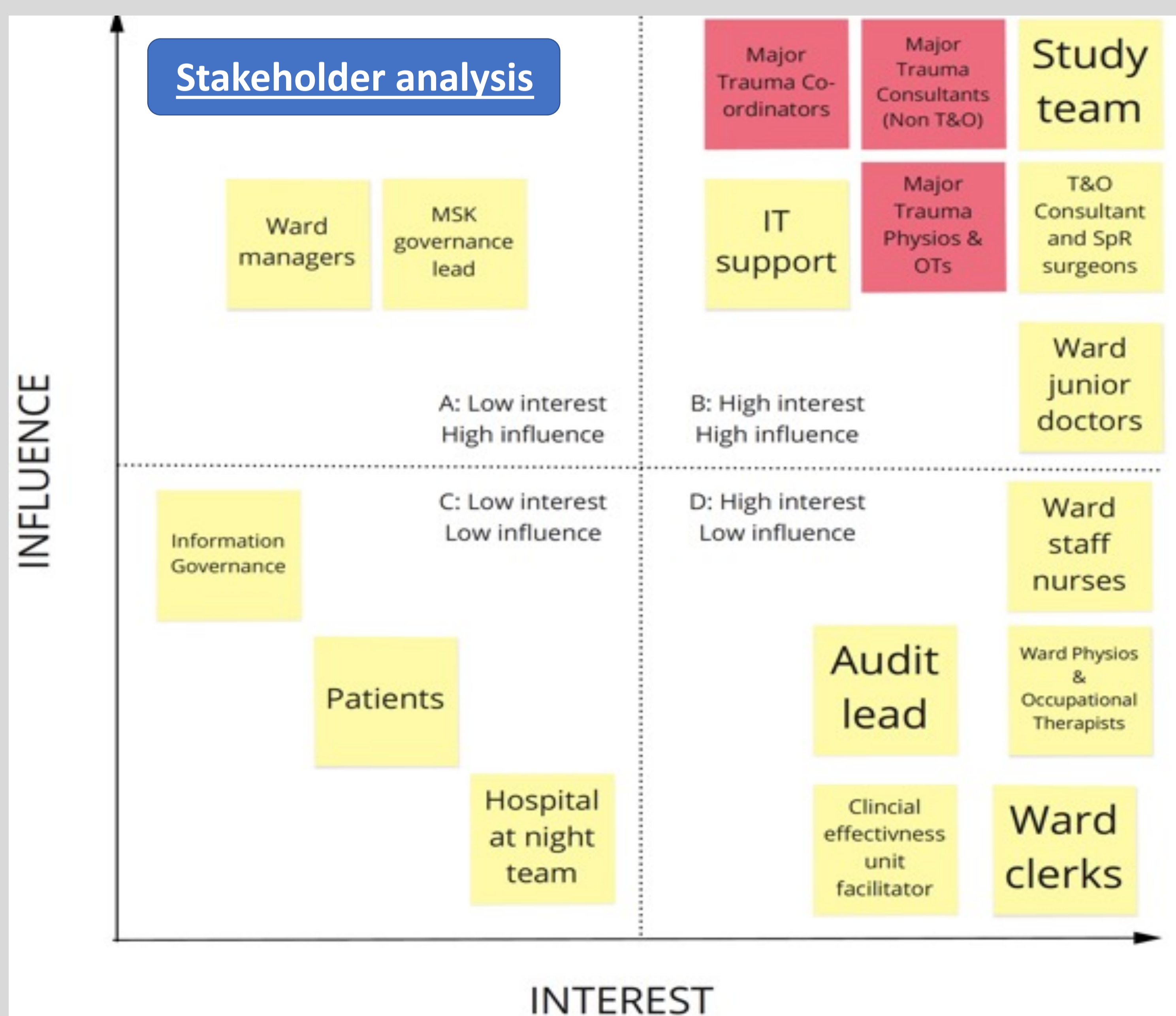
↑ Cross-covering teams of junior doctors, nurses and rehab therapists

No audit standard has been published for post-operative instruction documentation in orthopaedic polytrauma, which is vital for patient safety and early rehabilitation.

- Specific** Standardise post-operative instruction documentation for orthopaedic polytrauma (at least one injury operated).
- Measurable** MDT consensus for evidence based auditable standards, with a baseline audit of current compliance.
- Achievable** Without significant cost, utilising existing IT software and minimum additional paper forms.
- Relevant** Documentation details relevant to those reading and actioning the operation notes.
- Timing** 3 month review of existing practice and plan of the intervention, with long-term live monitoring.

Strategy for change

Focus groups and staff surveys identified the target population for the SMART aims (key stakeholders being highlighted in pink).



MDT consensus to establish an auditable standard of 13 key criteria.

Audit: 50 consecutive polytrauma patients at a single major trauma centre (NGH).

Criteria	Compliance
1. Full operation note on ORMIS	100%
2a. Need for VTE prophylaxis	57%
2b. VTE agent	48%
2c. VTE start	46%
2d. VTE duration	46%
3. Need for post op bloods	50%
4. Need for check xray	69%
5a. Mobilization status for operated ortho injury	91%
5b. Mobilization status for non-operated ortho injury	42%
6a. Need for follow up	60%
6b. Timing of follow up (if documented as needed)	74%
6c. Named consultant/clinic (if documented as needed)	64%
7. Mobilization status for non-operated ortho injury documented on first trauma conference dictation?	35%

Survey: 89 MDT staff involved in the rehabilitation of orthopaedic polytrauma patients completed a questionnaire including PTs, OTs, Junior doctors, T&O consultants and non orthopaedic major trauma consultants.

Outcome: Implementation of a post-operative template at Northern General Hospital for orthopaedic polytrauma.



Key points

Stakeholder analysis & Consensus: Critical for identifying auditable criteria and increase engagement in the QI process.

Audit: highlighted current poor practice with post operative documentation, especially regarding weight-bearing instruction for non-operated injuries and VTE prophylaxis.

Survey: showed large variability in staff confidence level when determining weight-bearing status, if not explicitly documented by the surgeon.

Future direction: Re-audit the population to monitor and identify drops in compliance and revise the template as necessary.