



# 2022 Excellence in Quality Award – Innovation

## Norman Regional Health System

### Reducing Hip Fracture Delirium Complications by Utilizing ED Pain Blocks

#### Team Members



#### Goals

- Reduce hospital acquired delirium in the hip fracture population to <5% by FY 2019, < 2% in FY 2020, and <1% in FY 2021.
- Reduce hospital acquired delirium in the hip fracture population to <2% in FY 2020 and < 1% in FY 2021 and FY 2022.
- Eliminate hospital acquired delirium prior to surgery in the hip fracture population by FY 2020, and maintain thereafter.
- At least 25% of appropriate hip fracture patients will receive an ED pain block by FY 2019.
- At least 50% of appropriate hip fracture patients will receive an ED pain block by FY 2020.
- At least 90% of appropriate hip fracture patients will receive an ED pain block by FY 2021, and maintain this in FY 2022.

#### Interventions

- Created a multi-specialty team.
- Analyzed data utilizing IT performance information, eliminating manual data analysis.
- Trained ED providers and residents to administer ultrasound guided fascia iliac blocks.
- Created a provider scorecard to increase awareness and accountability.

#### Outcomes

- ED pain blocks administered to 96% of hip fracture patients in FY 2021.
- 0% of hip fracture patients who received a pain block in the ED developed delirium prior to surgery or during hospitalization in FY 2021.

#### Challenges

- At the end of FY 2018, hip fracture complications had increased to a 6 year high of 17%.
- Healthgrades star rating for our hip fracture program dropped 5 to 3 stars.
- 25% of hip fracture patient complications were hospital acquired delirium.
- 45% of the patients with delirium developed delirium prior to their surgery.
- During the time between admission and surgery, a high incidence of opioids was noted.

