Fascia Iliaca Blocks in acute hip fracture in the older person

ACI Pain Management Network

The Agency for Clinical Innovation (ACI) works with clinicians, consumers and managers to design and promote better healthcare for NSW. It does this by:

- **Service redesign and evaluation** – applying redesign methodology to assist healthcare providers and consumers to review and improve the quality, effectiveness and efficiency of services
- **Specialist advice on healthcare innovation** – advising on the development, evaluation and adoption of healthcare innovations from optimal use through to disinvestment
- **Initiatives including Guidelines and Models of Care** – developing a range of evidence-based healthcare improvement initiatives to benefit the NSW health system
- **Implementation support** – working with ACI Networks, consumers and healthcare providers to assist delivery of healthcare innovations into practice across metropolitan and rural NSW
- **Knowledge sharing** – partnering with healthcare providers to support collaboration, learning capability and knowledge sharing on healthcare innovation and improvement
- **Continuous capability building** – working with healthcare providers to build capability in redesign, project management and change management through the Centre for Healthcare Redesign.

ACI Clinical Networks, Taskforces and Institutes provide a unique forum for people to collaborate across clinical specialties and regional and service boundaries to develop successful healthcare innovations.

A priority for the ACI is identifying unwarranted variation in clinical practice and working in partnership with healthcare providers to develop mechanisms to improve clinical practice and patient care.

St Vincent’s Hospital Pain in the Elderly Working Party members 2013 and 2014:

Associate Professor Steven Faux, Chair (Director of Rehabilitation & Pain Service)
Dr Andrew Finckh (Staff Specialist, Emergency Department)
Dr Jennifer Stevens (Visiting Anaesthetist)
Dr Elizabeth Harper (Staff Specialist, Geriatric Medicine)
Julie Gawthorne (Clinical Nurse Consultant, Emergency)
Jacqueline Jensen (Registered Nurse, Chronic Pain)
Karon McDonell (Clinical Nurse Consultant, Trauma)
Susan Welch (Pharmacist)
Thomas Jennings (Registered Nurse, Orthopaedics)
Melissa O’Brien (Quality Manager, Clinical Practice Improvement)
Dr Julia Nelson (Orthogeriatric Registrar, 2011).

Fascia Iliaca Blocks (FIB) in Acute Hip Fracture in the Older Person Steering Group committee members:

Dr Phil Corke, Chair of steering group (Anaesthetist, Concord Hospital)
Dr Laura Ahmad (Orthogeriatrician, Royal North Shore Hospital)
Dr Steven Faux (Director Rehabilitation & Pain Service, St Vincents)
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Dr John Mackenzie (ACI Emergency Care Institute)
Glen Pang (Network Manager, Aged Health)
Jenni Johnson (Network Manager, Pain Management).
Introduction

In Australia, there are 17,000 hip fractures each year. These predominantly affect older people. Traditionally, pain relief is in the form of opiates. Use of opiates alone or in high doses is known to have adverse effects, such as delirium. There is therefore a need to improve outcomes. Reduction in opiates by use of Fascia Iliaca Blocks (FIB) has been shown to improve preoperative pain control.

1.1 Fascia Iliaca Blocks (FIB) as a method of pain relief in acute hip fractures of older people

This implementation guide has been developed on the initiative of the St Vincent’s Hospital Acute and Chronic Pain Services and with the guidance of an ACI Steering Group. The objective is to provide a guide and training materials for those centres wishing to pursue FIB as a means of improving pain management in the care of older people with hip fractures. The objective is to minimise the risk of delirium and associated harm related to unmonitored opioid prescription in the ambulance, emergency departments and wards prior to surgery.

1.2 Background

St Vincent’s Hospital Pain Service had begun a process of using FIBs as the preferred method of pain management for older people admitted with suspected or confirmed hip fractures to minimise the incidence of delirium and harm before and after surgery. Many supporting tools and resources were developed as part of this project. St Vincent’s Hospital approached the ACI as it felt that there was relevance to other hospitals wishing to pursue this technique, and duplication of effort would be avoided if the materials were supported through an ACI process.

A Steering Committee was convened and has overseen the development of the resources to ensure alignment with evidence, current practice, variation in service design and staffing, and applicability across the state.

1.3 Objectives

- To provide tools and resources to enable the use of FIB as an option in providing effective pain relief in patients with acute hip fracture.
- To ensure patients with suspected or confirmed acute hip fracture are provided with safe and effective best practice preoperative pain relief. Specifically the documentation refers to ultrasound guided Fascia Iliaca Block (FIB) utilising an out of plane approach.

NB: Other options or techniques for administration of regional analgesia for fractured neck of femur, including in-plane ultrasound guided and blind double-pop Fascia Iliaca Block and femoral nerve blocks, are not addressed in this documentation but may be considered as local governance, clinical preference and proficiency allow.
1.4 Training benefits

The benefits of implementing FIB training include:

- reduction in adverse events or poor patient outcomes
- reduced length of stay and less complications related to delirium
- improved patient experience
- improved skill sets for staff involved in treating patients with hip fractures
- improved staff satisfaction
- improved efficiencies.


1.5 About the implementation toolkit

This implementation toolkit has been developed to support the successful implementation of FIB in NSW health facilities having the appropriate governance. This includes competency, training, staffing, equipment, patient volume, infrastructure and supervision in place. www.anzca.edu.au/resources/professional-documents

The implementation support materials provided by the ACI and St Vincent’s Hospital Chronic Pain Service include:

- implementation guide
- explanatory guide and notes
- video material of how to conduct the procedures
- competency and training materials
- audit tool
- patient and carer information brochure.

The toolkit outlines the following steps to implement FIB in your facility:

- ascertain facility readiness
- plan
- assess
- operationalise
- evaluate.
Section 2

Ascertain facility readiness and capability

A review of local governance and service structure will be necessary to consider whether the service has the capacity to provide adequate clinical competence, supervision and training to safely carry out the procedure on a routine basis.

A review of the volume of patients and outcome presenting with hip fracture attended by the service may be useful to inform the local governance review.
3.1 Allocate an executive sponsor to authorise the work

It is essential to identify a member of the local health district (LHD) executive as the project sponsor. This should preferably be the director of clinical governance.

A clinical lead also needs to be identified. This could be the head of the anaesthetic or emergency department, a nominated anaesthetist, emergency physician or other critical care specialist or a nurse educator.

The role of project sponsor and clinical lead is not just to support the project, but to:

- determine and monitor progress and outcomes
- support and promote cultural change
- provide visible and active leadership and commitment to the project with all levels of staff
- align the goals and objectives of the project at executive and strategic level to the hospital and LHD operational plans
- assess, monitor and manage risks associated with implementation and assist in resolving issues and barriers escalated by the project manager or working group.

3.2 Identify a project lead

It is recommended that for the implementation period, a member of the team is allocated the role of project lead. The project lead will:

- lead the implementation
- facilitate meetings
- effectively communicate with and engage staff and clinicians in the project
- evaluate the process, communicate and monitor outcomes
- escalate ongoing implementation issues to the executive sponsor.

3.3 Establish a working group

It is recommended that the working group is multidisciplinary and represents clinical and non-clinical teams that care for patients undergoing FIB procedures. Where possible, the working group should include membership from affected specialty departments. Representatives should include:

- physicians in emergency medicine
- physicians in geriatric medicine
- pain management specialists
- anaesthetists
- consumers
- nurse educators, clinical nurse consultants or educators
- pharmacists.
In rural areas, representatives can include:

- general practitioners
- nurse managers or nurse educators
- clinical nurse consultant (CNC)
- pharmacists
- consumers
- specialists in fields such as geriatrics, orthopaedics or anaesthetics as available.

Clinical governance professionals and managers should also be involved as appropriate and available. Both nursing and medical staff should be represented.

The role of the working group is to:

- execute the implementation ensuring that agreed actions and project milestones are delivered
- effectively communicate and engage staff and clinicians in the project
- develop local solutions as needed
- monitor and evaluate project outcomes.

### 3.4 Define the goal, objectives and scope

A clear project goal, specific project objectives and a well-defined scope are important to ensure that members of the project team are working towards the same goal. As the project team is likely to include multiple specialty groups, it is important that the project goal, objectives and scope are agreed up-front by all members of the working group.

### 3.5 Communication plan

Well-planned communications with staff and stakeholders within the LHD will be essential to the success of the project. Planning includes:

- developing consistent key messages
- identifying and targeting communications to specific stakeholders
- scheduling communications to align with key time points during your project
- ensuring that feedback loops are in place for all communication.
Section 4

Assess

Purpose

The purpose of the assessment phase is to collect and analyse data about current processes for the provision of FIB.

4.1 Conduct an audit of current practice

Collecting baseline data allows the service to identify the key issues or gaps in current practice. Understanding the current context will allow the service to identify where improvements can be made.

- Determine the service's baseline measures and outcomes pre-implementation; for example, conduct an audit of roughly 20% of the elderly hip fracture population (see Appendix 1 for example of an audit form).
- Identify and prioritise issues raised through the audit and other measures.
- Review local policy and modify to ensure consistency with protocol.
Section 5

Operationalise

5.1 FIB training

Adopt a ‘train the trainer’ approach, using the competency documents, resources, training video and checklists attached as a framework. The working group may wish to modify or add additional items to meet local governance arrangements. Identify key champions such as an emergency department physician, anaesthetist or nurse educator to oversee the training process.

Contact St Vincent’s Hospital Pain Service if there is a need to access training off site.

5.2 Evaluation

The purpose of evaluation is to assess the success of the implementation of the FIB protocol. It is important to measure the outcomes of your project to:

- determine if there has been any improvement in practice
- identify any solutions that are not working and require reassessment
- satisfy accountability requirements
- enable more informed decisions in regards to future improvement planning.

Evaluation measures, such as audits, patient satisfaction and outcome measures should be considered during the project development and aligned to the project aims. They are critical to measuring success. Clear and measurable objectives will help clarify what is to be evaluated.

Reassess your performance

During the baseline assessment phase, data will have been collected through a number of methods. Repeating this assessment after implementation and for the purposes of ongoing monitoring will allow you to measure change or improvements in practice.

Sustainable implementation

Remember that the implementation project end date is not really the end.

The project manager or working group should plan to review the provision of FIB at regular intervals. This may be quarterly, half-yearly or yearly depending on the extent of changes that occurred during the implementation project.

Communicate your success

By this point in the implementation project, many staff and other stakeholders will be familiar with the project and may have contributed to it in some way.

It is important to recognise and celebrate the contribution of the project manager, working group, staff and the stakeholders involved in the implementation at your site. Communicate the outcomes of the reassessment, particularly if there is significant improvement.
Section 6

Further information

6.1 Feedback
If you have feedback about the resources and materials, please provide it via Appendix 4 to aci-web@health.nsw.gov.au

6.2 Redesign methodology
For further information about redesign methodology, see the ACI Centre for Healthcare Redesign www.aci.health.nsw.gov.au/centre-for-healthcare-redesign
The e-Learning platform Gem contains valuable modules on the fundamentals of project management including redesign methodology and accelerating implementation methodology (AIM).

Redesign methodology tools are designed to provide access to flexible learning opportunities. Modules and assessments can be completed at each individual’s own pace and at a time that suits them.

The online e-learning modules are available to all NSW Health employees statewide, who can register themselves at gem.workstar.com.au

6.3 Links to other ACI work
Minimum standards for the management of hip fracture in the older person

Key principles for care of confused hospitalised older persons
The Care of Confused Hospitalised Older Persons Program aims to improve the early identification and management of older people with confusion in hospital. Patients who experience greater pain are at higher risk of delirium and depression. Early identification of confusion, treatment of the underlying cause and management of symptoms can prevent these adverse effects and minimise their duration and severity. www.aci.health.nsw.gov.au/chops
### Section 7

**Acronyms**

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<th>Description</th>
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<td>ACI</td>
<td>Agency for Clinical Innovation</td>
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<td>AIM</td>
<td>accelerating implementation methodology</td>
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<td>ECG</td>
<td>electrocardiogram</td>
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## Appendix 1

### Pain in the elderly with hip fracture – clinical audit tool

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Appendix 2

Elderly trauma pain guidelines – hip fracture

Elderly (>75 years old) Non-intubated patient presents with traumatic injury

Confirm pre-hospital analgesia (type and amount)

Assess pain using:
1. Visual Numerical Rating Scale (VNRS)
2. Algoplus Pain Scale for confused patients

Assess level of sedation using sedation score

Commence elderly traumatic pain guidelines

Reassess and document pain and sedation score

Patient has pain > 7/10 or severe
1. Consider PCA as per policy*
2. Consider referral to acute pain team
3. Consider reapplication of FIB 12 hourly x 2
*Confused pts excluded from PCA

Confirmed or suspected fractures NOF
Suspected must have two or more of the following signs:
1. Groin/hip pain
2. Unable to weightbear
3. Shortening of lower limb
4. External rotation of the lower limbs

1. Administer (if required) once only fentanyl 1mcg increments to a max dose 0.1 mcg/kg until pain score < 3 or mild
2. Accredited MO/CIN insert Fascia Iliaca Block
3. Chart PRN
   Oxycodone 2.5 mg QID, unless reviewed by geriatrician
   PLUS
   Paracetamol 1 g q6h P/O or P/R
   PLUS
   Coloxyl with Senna 2 bd

Other traumatic injury

1. Administer (if required) once only fentanyl 1mcg increments to a max dose 0.1 mcg/kg until pain score < 3 or mild
2. Chart – Regular
   Oxycodone 2.5 mg QID, unless reviewed by a geriatrician
   PLUS
   Paracetamol 1 g q6h P/O or P/R
   PLUS
   Coloxyl with Senna 2 bd
3. Chart PRN pain relief
   Oxycodone 2.5 mg q1h PRN x 3 doses in 4 hours (then Registrar R/V)

Refer to MO if:
1. Patient sedated
2. Patient takes regular Opioid, Naltrexone or Buprenorphine

Confirmed or suspected fractures NOF

Refer to MO if:
1. Patient sedated
2. Patient takes regular Opioid, Naltrexone or Buprenorphine
What is a Fascia Iliaca Block?
This is an injection given near your hip that numbs the nerves in the hip and thigh. If you have a broken hip, it should give you pain relief for up to 12 hours. This injection can be given while you are awake.

How is it given?
A doctor or nurse trained in giving the injection will ask you to lie on your back so that the groin area on the side of your broken hip can be accessed.
The skin on your groin will be cleaned (this may feel a bit cold) and you will then have a small injection to numb the skin.
A deeper second injection will then numb the nerves.

Is it painful?
The first injection to the skin will sting for a few moments but this will make the area numb so that the doctor or nurse can put the second needle in with minimal discomfort.
The whole procedure should not be painful but it can be uncomfortable. If you feel pain, you should let the doctor or nurse know.

How long does it take before the injection starts to work?
It usually takes 30 minutes for the injection to work, but every patient is different.

What are the benefits of a Fascia Iliaca Block?
The block provides pain relief to the area of the fracture, reducing the need for other strong drugs which can have side effects such as sickness, drowsiness and chest problems.
What if I do not want to have the injection?
If you choose not to have the injection, you will be given alternative pain relief for your broken hip until you have surgery.

Are there any side effects with a Fascia Iliaca Block?
Side effects are very rare but may include:
- not enough pain relief – the injection may not work
- temporary leg weakness
- infection
- reaction to the drugs
- bleeding
- nerve damage
- absorption of the anaesthetic into the blood stream, which in turn may cause you to:
  - feel unwell
  - feel light-headed
  - have a tingling or numbness of the lips
  - feel drowsy
  - have fits.

If you get any of the above symptoms, including pain at the site of injection, please let the doctors or nurses know as soon as possible.

Should you have any questions that this leaflet does not answer, please ask your nurse, doctor or any member of the healthcare team.

Important note

If you are taking warfarin or have a known blood clotting disorder, this injection is not suitable for you.

If you have forgotten to let doctors and nurses know, please tell them as soon as possible.

Adapted from NHS Nottingham University Hospital, Fascia iliaca compartment block: alternative pain relief for patients with a hip fracture brochure, 2012.

With thanks to Acute and Chronic Pain Services, Department of Pain Medicine, St Vincent’s Hospital.

Pain Management Network
NSW Agency for Clinical Innovation
Level 4, Sage Building, 67 Albert Ave, Chatswood
Tel 02 9464 4636 | Fax 02 9464 4728
Appendix 4

Fascia Iliaca Blocks for preoperative pain management in the older person with hip fracture

The Agency for Clinical Innovation has worked with expert clinicians in NSW to develop a toolkit and guideline to implement Fascia Iliaca Blocks in acute hip fracture in the older person where appropriate. The objective of the toolkit is to provide guidelines and training materials to implement best practice in the Emergency Department in relation to pain management in the care of the older person with hip fracture, thus minimising the risk of delirium and/or harm related to unmonitored opioid prescription in the ambulance, Emergency Department or ward prior to surgery.

We welcome ongoing feedback on the toolkit using the form below. If you have any questions regarding any of the information, please contact: Jenni Johnson, Network Manager, Chronic Pain, ACI, Ph: 02 9464 4636
Email: Jenni.johnson@health.nsw.gov.au

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General comments: