Service Delivery:
Impact of the Orthopaedic Nurse Practitioner Role on the Care of Hip Fracture Patients: Patient and Economic Outcomes

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Introduction: The role of the Orthopaedic Nurse Practitioner (ONP) was implemented in the acute care environment of a large Western Australian tertiary hospital in 2012. While the ONP role service delivery supports all orthopaedic patients this study evaluates one aspect of the role.

Aim
Evaluates patient and financial outcomes of patients admitted with minimal trauma (low impact) proximal hip fracture before and after commencement of the ONP. The primary outcomes were to compare the Length of hospital stay and economic outcomes. The secondary outcomes were to compare: time to surgery from the Emergency Department admission, post-operative complications and in-hospital mortality.

Method
This was a Retrospective cohort study =/> 65yrs # Hip Pre implementation ONP in 2010 and Post intervention of the ONP in 2013. All patient admitted with Principal diagnosis code S72.0 from TOPAS were included. Patients excluded from the study were those who were transferred to another hospital, died before surgery, or did not undergo surgery.
Data collection was extracted from TOPAS, Theatre Management System and average cost per bed day.
Data was analysed from the sample size, Chi square, t tests, length of stay (LOS) log and linear regression. The economic analysis was determined by the average cost of the bed day for Diagnostic Related Group and the annual cost of the ONP salary

Results
There was a significant difference in LOS between 2010 and 2013. There was no significant difference in secondary outcomes in time to surgery, post-operative complications and in hospital mortality.

Conclusion
There was a significant reduction in length of stay and significant financial savings. There was no evidence in improved mortality.