Teaching the "HECTOR" Approach to Daily Reviews Results in Sustained Improvements in Medical Management of Elderly Trauma Patients

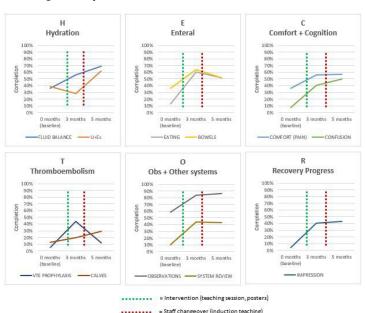
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Purpose: Despite elderly patients making up a significant volume of inpatient trauma workload, there are often limited orthogeriatric resources to review their medical needs. Staff redeployment during the COVID-19 pandemic has stretched resources further. The Heartlands' Elderly Care Trauma & Ongoing Recovery (HECTOR) program recommends a daily review considering hydration, nutrition, bowel care, comfort, confusion, thromboembolism, vitals, systems, and recovery for all elderly trauma patients. This study assessed the sustained impact of introducing a HECTOR daily review of elderly orthopaedic trauma patients on documentation of medical considerations.

Methods: Documentation of HECTOR daily ward round domains formed the compliance standard. This was examined by reviewing daily ward round entries for all orthopaedic trauma patients over 65 years of age within an orthopaedic department. Hip fractures were excluded as they routinely receive geriatric medicine review. Interventions included ward posters, teaching for existing junior staff, and trust induction teaching at staff changeover. Data were collected at baseline, 2 weeks post-intervention, and 4 weeks post-staff changeover.

Results: 104 ward round entries were reviewed over 5 months. Following introduction of the HECTOR concept, documentation sustainably improved in all domains, despite a staff changeover (Fig. 1). The largest percentage increases were in confusion and nutrition (42% and 39%, respectively). The least sustained improvements were seen in thromboembolism and bowels (7% to 16% and 16%, respectively).

Conclusion: Mandatory teaching of a structured approach to daily reviews improves consideration of common medical issues in elderly orthopaedic patients. Introduction of a HECTOR template into documentation should improve and sustain compliance further. Further research should review the impact of HECTOR on patient outcomes.



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