"FIB in Fractures": A PDSA cycle of Fascia Iliaca Blocks in Hip Fracture Patients at KHSC

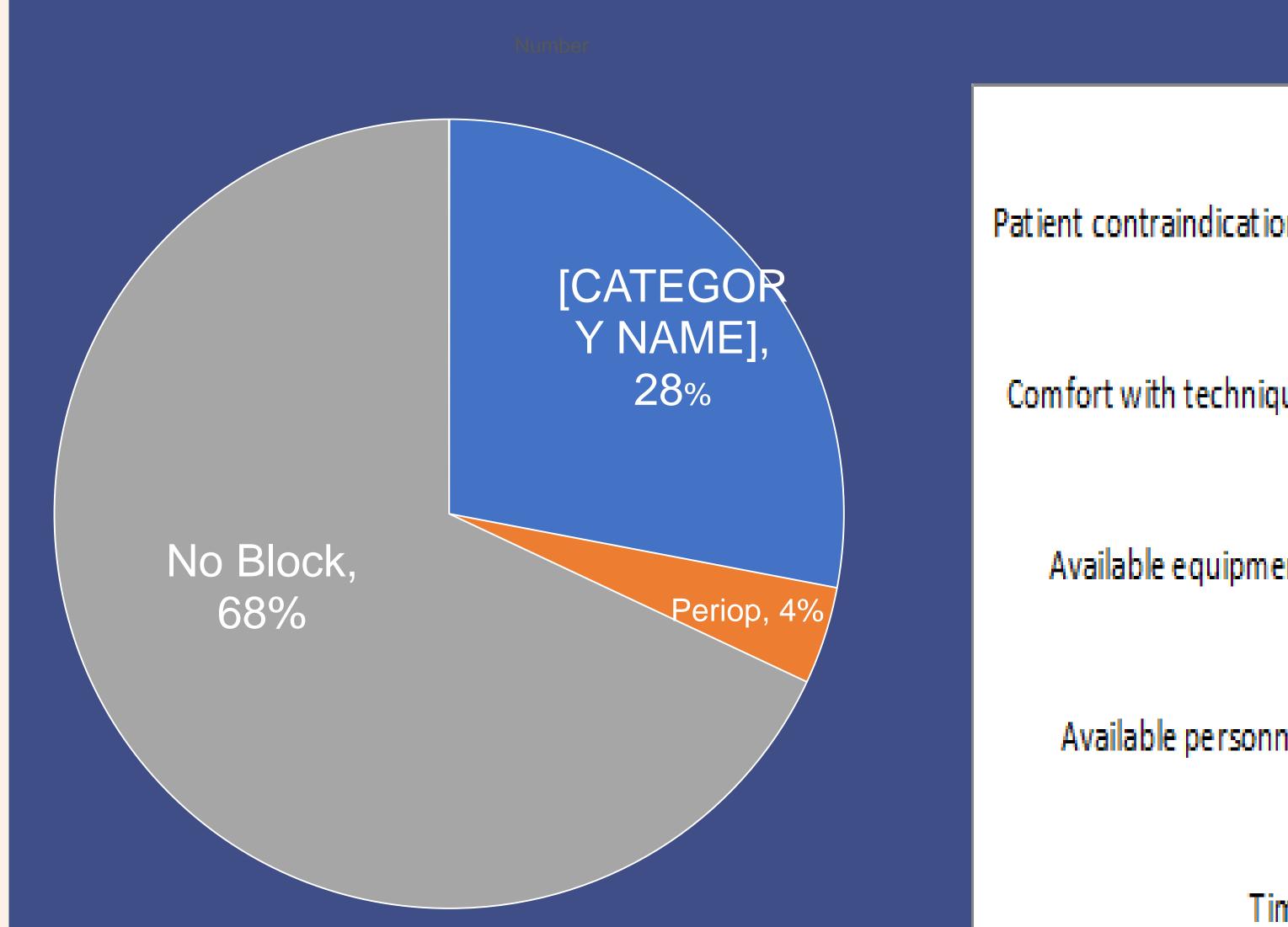
Ashley Furevick, Susan Vasily, Stuart Douglas, and the APMS Team

Queen's University Department of Anesthesiology and Perioperative Medicine

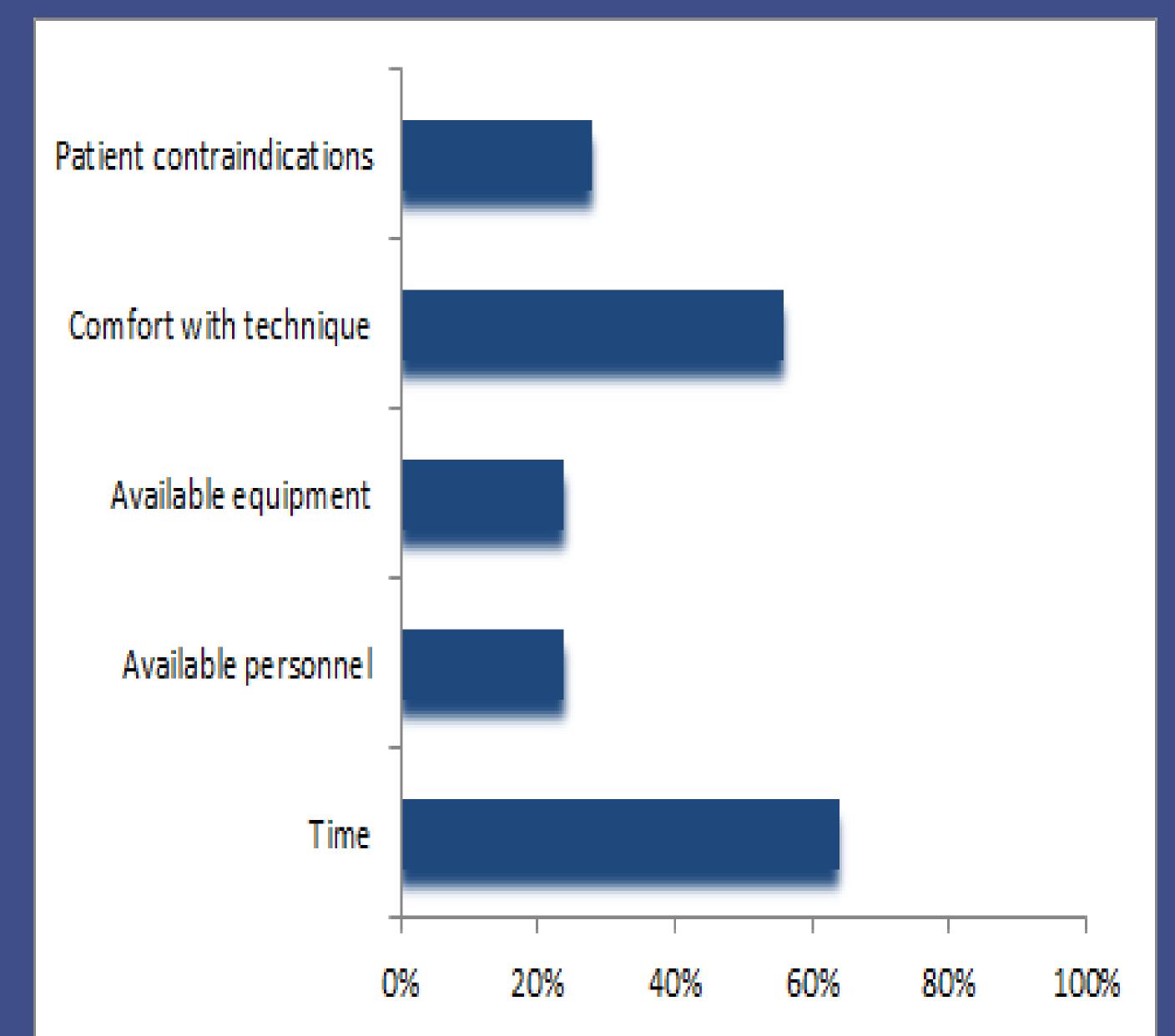
Correspondence: ashley.furevick@kingstonhsc.ca







In patients admitted with hip fracture, a block was placed 32% of the time.



Identified Barriers to Block Placement

Background

- Guidelines recommend the use of the fascia iliaca block for pain management in hip fracture.
- Early evidence suggests
 that only a limited portion of
 patients presenting
 to emergency at KHSC are
 receiving a regional block.

Methods

- Retrospective chart review to determine what proportion received block
- •July to Dec 2019 (n=50)
- Ongoing PDSA Cycle to increase FIB utilization

Results

		%
FIB in ER	10/40	25%
FIB in OR/PACU	2/50	4%
Spinal Anesthetic	13/50	26%
Periarticular Injection	6/50	12%
OR during On-Call Coverage	21/50	42%
Time ER arrival to OR > 1 day	21/50	42%

Next Steps

- Development of a standardized teaching module for block placement.
- Teaching of FIB block to all anesthesia residents to increase providers during on call coverage.
- Address Identified Barriers
- Proactive APMS Consult /Collaboration



Video Demo EIR

Summary of FIB