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

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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

<table>
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<tr>
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<th>%</th>
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<tbody>
<tr>
<td>FIB in ER</td>
<td>10/40</td>
<td>25%</td>
</tr>
<tr>
<td>FIB in OR/PACU</td>
<td>2/50</td>
<td>4%</td>
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<tr>
<td>Spinal Anesthetic</td>
<td>13/50</td>
<td>26%</td>
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<tr>
<td>Periarticular Injection</td>
<td>6/50</td>
<td>12%</td>
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<tr>
<td>OR during On-Call Coverage</td>
<td>21/50</td>
<td>42%</td>
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<tr>
<td>Time ER arrival to OR &gt; 1 day</td>
<td>21/50</td>
<td>42%</td>
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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

Identified Barriers to Block Placement

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