# Biography of Hip Fracture Team West Suffolk Hospital



Kasia Bojarska – our NHFD (and NJR) data collection officer. She has made this team what it is in the 6 years she has been keeping us on the books. Not afraid to correct us with statistical precision, she is the reason we are here.

Mr Konrad Wronka – lead orthopaedic surgeon for hip fractures. Been in post for 18 months, and very enthusiastic in helping the Trust maintain its reputation with hip fractures. Quiet, and fast he is an advocate of leading from the front, letting staff see that he is as hard-working as he is polite.

Dr Mohanraj Suresh – has been our lead orthogeriatric consultant since appointment in 2011. He believes in hitting the ground running, and it has been noticeable how the NHFD figures improved soon after his appointment. Well-known in theatres for chasing up any potential delay with the reputation of a pit-bull with jaws of steel, and a formidable style of doing the job himself.

Dr Jonathan Nicholson – lead anaesthetist with the hip fracture team. He has been doing it for so long now, that even when he felt he should step down to allow young blood in, no-one dared to take on such big shoes. After a couple of bouts of long-term sickness, he is back with us to stay and cement his credentials on the anaesthetic pathways for good.

Helen Dockerill – orthopaedic therapy team leader. She loves to give all patients the opportunity to progress easily with mobility and independence following surgery. She has done a huge amount of work to help sort out our 1st day mobilisation issues.

Sheryl Pidgeon – trauma ward manager. She has been a proud nurse for 12 years. As senior sister in trauma and orthopaedics, she is unflappable in the chaos of a NOF ward, with a passion for patient safety. Known for riding her horse to work with her dogs, on occasion.

Trixie Douglas – trauma nurse practitioner. She trained at the glorious WSH, qualifying in 1985, and has been a trauma practitioner for 11 years now. Well-known for correcting doctors in the vernacular of the West Suffolk Way, she will take no prisoners or cut any corners to get the patients processed efficiently and safely.

Helen Boulton – trauma nurse practitioner. Qualifying 16 years ago in Nottingham, Helen has worked in various hospitals in an acute setting. At the WSH she has left her mark on just about every ward and acute care facility in the hospital, medical and surgical, with significant experience in the field of trauma and orthopaedics. She is enthusiastic, energetic, creative and innovative, with proven leadership ability.  As a country mum, she lives in the house she built, where she loves yoga (and teaches it), dancing, running, music and animals - currently one dog and 3 cats.  She is exhausting to look at….

Abstract

We will be presenting a clinical case as a group, stressing our individual roles in the care of a typical hip fracture patient. Our use of national and local metrics will be discussed through the course of the presentation, with the intention of demonstrating how we work individually and as a group. We will concentrate on the recently published 2019 NHFD figures, the monthly numbers for 2020, and other fresh guidance that has emerged in the last year. Our case is representative of a positive outcome, but where there are discussion points for improving our overall care, and possibly uncovering issues with our systems that could lead to better post-operative outcome metrics. The case was during the second wave of the pandemic, when we had returned to doing some elective work, and had re-structured theatres to treating all emergency and trauma cases as suspected COVID positive. It was over a weekend, when we had started regular all-day Saturday trauma lists, but still had significant staffing problems in theatre due to self-isolation and sickness.