

CONFERENCE ABSTRACT

Development of Recommendations for a Developmental Dysplasia of the Hip screening programme integrated with the implementation of an ultrasound service to support the pathway

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Introduction: Developmental Dysplasia of the Hip (DDH) is an important cause of disability. It affects 1-3% of babies to some degree, with 1-2 in 1,000 babies having a dislocation at birth. If DDH is detected before three months it can be treated with a harness. In most cases the outcomes are good. However, if it is picked up after three months, the child may need more complex treatment, including surgery. There has been a programme in place in Ireland for DDH for years. However, there are concerns about high rates of late diagnosed hips.

Description of policy context and objective: A national multidisciplinary group representing the services involved was established to develop an evidence-based framework for the Irish DDH programme.

The aim was to improve outcomes for children by maximising the number of babies who were in treatment by 3 months by developing national recommendations and implementing an expanded ultrasound service.

Targeted population: This universal service is for all babies born in Ireland. Identifying and treating DDH involves services in the acute sector (maternity, radiology, physiotherapy, orthopaedics), primary care and general practice. This requires integrated working and information collection to ensure DDH is identified early and to quality assure the screening.

Highlights: Detailed recommendations on each stage of the pathway and the responsibilities of professionals were developed. The programme recommendation was for a physical examination of hips at birth and six weeks with early ultrasound for positive cases and supported by an ultrasound at six weeks for babies with normal examination but with either of two specified risk factors.

The group also did a review of DDH information; developed pathway maps; training curriculum; indicators; changes to IT systems; undertaking an audit; made international links; organised a training programme; and established a radiology network.

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Ultrasound is not available in all units. Without it babies have to wait for an X-ray at 4 months. The Integrated Care Programme for Children secured funding to implement additional ultrasound capacity to ensure all maternity units had access to ultrasound and so the work was integrated with the group work. This work is ongoing and supported by the development of clear national recommendations for the whole pathway.

Comments on transferability: Multidisciplinary planning needs commitment from many stakeholders and time for them to contribute. It needs project support to drive it in a timely way. National planning needs recognised national stakeholders to work through but a way to get input from grass roots.

Conclusions: The recommendations are due for presentation to the HSE's Senior Management Team. The Ultrasound project is progressing through a project manager and integrated project team.

It was useful that people agreed that change was needed but it was difficult to get consensus in the detail. Working inside and outside meetings with key champions was useful.

Keywords: paediatrics; developmental dysplasia of the hip; ultrasound
