Hip fracture care clinical care standard indicators: 3a-
Evidence of orthogeriatric (or alternative physician or
medical practitioner) management during an admitted
patient’s hip fracture episode of care

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Hip fracture care clinical care standard indicators: 
3a-Evidence of orthogeriatric (or alternative physician or medical practitioner) management during an admitted patient’s hip fracture episode of care

**Identifying and definitional attributes**

<table>
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<tr>
<th>Metadata item type:</th>
<th>Indicator</th>
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<tr>
<td>Short name:</td>
<td>Indicator 3a-Evidence of orthogeriatric (or alternative physician or medical practitioner) management during an admitted patient’s hip fracture episode of care</td>
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<td>METEOR identifier:</td>
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<td>Registration status:</td>
<td>Health, Standard 12/09/2016</td>
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<tr>
<td>Description:</td>
<td>Evidence of orthogeriatric (or alternative physician or medical practitioner) management during an admitted patient's <a href="https://www.orthogeriatriccare.org">hip fracture</a> episode of care.</td>
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<td>Rationale:</td>
<td>Orthogeriatric care has been shown to reduce in hospital mortality, medical complications, length of stay, and mean time to surgery when compared with non-integrated care (Kammerlander et al. 2010). It may also reduce 30-day mortality (Zeltzer et al. 2014).</td>
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<td>Clinical care standard indicators: hip fracture</td>
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<td></td>
<td>Australian Commission on Safety and Quality in Health Care, Superseded 18/06/2018</td>
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<td>Orthogeriatric model of care</td>
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**Collection and usage attributes**
Computation description: Documented local arrangements for the management of hip fracture patients according to an orthogeriatric (or alternative physician or medical practitioner) model of care. The documentation should be an agreement stating acceptance of a ‘shared care’ model for all hip fracture patients, signed by the heads of both Geriatric Medicine and Orthopaedic Surgery.

Orthogeriatric care is medical care for older patients with orthopaedic disorders that is provided collaboratively by orthopaedic services together with medical aged care and/or rehabilitation services (Mak et al. 2010).

Ideally, it is provided by a geriatrician embedded within an orthopaedic team (an ‘orthogeriatrician’). However, it may also be provided by a geriatrician/geriatric registrar providing a daily consultative service to patients on the orthopaedic ward, from admission through to discharge.

The key features are (ANZHFR Steering Group 2014):

- Regular medical assessment including medication review.
- Managing patient comorbidities.
- Optimisation for surgery.
- Early identification of each patient’s goals and care co-ordination. If appropriate and clinically indicated, provision of multidisciplinary rehabilitation aimed at increasing mobility and independence, and to facilitate return to pre-fracture residence and support long-term wellbeing.
- Early identification of most appropriate service to deliver rehabilitation, if indicated.
- Ongoing orthogeriatric and multidisciplinary review including reassessment of cognition after surgery, and discharge planning liaison with primary care, including falls prevention and secondary fracture prevention.

Computation: Yes/No

Representational attributes

Representation class: Count
Data type: Real
Unit of measure: Service event
Format: Yes/No

Source and reference attributes

Submitting organisation: Australian Commission on Safety and Quality in Health Care

Reference documents:


