

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

Identifying and definitional attributes

Metadata item type:	Indicator
Indicator type:	Indicator
Short name:	Indicator 3a-Evidence of orthogeriatric (or alternative physician or medical practitioner) management during an admitted patient's hip fracture episode of care
METEOR identifier:	628084
Registration status:	<ul style="list-style-type: none">• Health, Standard 12/09/2016
Description:	Evidence of orthogeriatric (or alternative physician or medical practitioner) management during an admitted patient's hip fracture episode of care.
Rationale:	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).
Indicator set:	Clinical care standard indicators: hip fracture Australian Commission on Safety and Quality in Health Care , Superseded 18/06/2018 Health , Standard 12/09/2016
Outcome area:	Orthogeriatric model of care Health , Standard 12/09/2016

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: ANZHFR (Australian and New Zealand Hip Fracture Registry) Steering Group 2014. Australian and New Zealand guideline for hip fracture care: improving outcomes in hip fracture management of adults. Sydney: ANZHFR.

Kammerlander C, Roth T, Friedman SM, Suhm N, Luger TJ, Kammerlander-Knauer U, et al. 2010. Ortho-geriatric service-a literature review comparing different models. Osteoporosis international: a journal established as result of cooperation between the European Foundation for Osteoporosis and the National Osteoporosis Foundation of the USA 21(Suppl 4):S637-46.

Mak J, Wong E & Cameron I 2010. Australian Society for Geriatric Medicine position statement No. 5 Orthogeriatric care. Australian Society for Geriatric Medicine.

Zeltzer J, Mitchell RJ, Toson B, Harris IA, Ahmad L & Close J 2014. Orthogeriatric services associated with lower 30-day mortality for older patients who undergo surgery for hip fracture. The Medical Journal of Australia 201(7):409-11.

