The Role of the Ortho-Geriatrician in the Management of the Patient with Hip Fracture

NHFD Regional Meeting – Manchester
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Before Ortho-geriatrics.....

“The days of entrusting complex medical management to inexperienced and overburdened orthopaedic juniors must be ended”
Separate Specialties

- Highly trained
- Highly specialised
- Clinic / theatre based
- Easy to measure productivity and outcomes

- Generalists with specialty training
- Ward based
- Difficult to measure outcomes and productivity
2007: Specialty of Ortho-geriatrics is born

The BGS has established an exciting new collaboration with the British Orthopaedic Association, with the shared aim of improving the clinical care of patients with fragility fractures and promoting effective secondary prevention to reduce future falls and fractures.
History of Ortho-Geriatrics

- The Geriatric Orthopaedic Unit
  - Bobby Irvine and Devas, JBJS 1963
- Epidemiology of fractured neck of femur
  - Grimley-Evans, Age and Ageing 1979
- ‘Ortho-geriatrics increases length of stay’
  - Gilchrist et al, BMJ, 1988
- ‘Transfer of care increases length of stay’
  - Parker, Age and Ageing, 1998
- Meta-Analysis – no improvement in Length of stay
  - Cameron et al, HTA 2000
Improvements in Quality of Care

• Reducing Delirium after Hip fracture
  – Marcantonio, J Am Geriatric Soc, 2001

• Comprehensive Geriatric Intervention reduces incidence of pressure sores
  – Vidan et al, J Am Geriatric Soc, 2005

• Nutritional support improves outcome
  – Johansen, Age and Ageing 2005
Ortho-geriatric Models of Care

Regular Geriatric Consultant review of patients with medical problems on Orthopaedic wards

Frail Orthopaedic patients transferred routinely to Geriatric Rehabilitation Unit

Geriatric Consultant review of patients referred for rehabilitation

Integrated joint care of patients by Orthopaedic and Geriatric Consultants

Kammerlander et al, Osteoporosis Int 2010, 21(spp4) s637
Best Practice Tariff

- High volume areas
- Significant variation in clinical practice
- Improve both quality and value
- Requires excellent source of clinical data

Best Practice Tariffs
- Stroke
- Cholecystectomy
- Cataract Surgery
- Hip Fracture
Ortho-geriatrician Involvement

1) Admitted under the joint care of a Consultant Geriatrician & a Consultant Orthopaedic Surgeon

2) Admitted using an assessment tool agreed by geriatric medicine, orthopaedic surgery and anaesthesia

3) Assessed by geriatrician in peri-operative period (defined as 72hrs of admission) (Geriatrician defined as Consultant; NCCG or ST3+)

4) Postoperative Geriatrician-directed:
   a. Multiprofessional rehabilitation team
   b. Fracture prevention assessments (falls and bone health)
Increase in Ortho-geriatricians

- 2003
  - Only 4% Trusts had shared care
  - 11% intending to implement
- 2009
  - 20% of Trusts had five or more ward rounds per week
- 2012
  - 50% of Trusts have five or more ward rounds per week
  - 50% patients are seen pre-operatively by orthogeriatrician
Complex management

Nurses
Physiotherapists
Occupational Therapists
Social Services
Gastroenterology
Anaesthetics
Orthopaedics
X-ray
A&E
Ambulance
Theatre staff

Comprehensive Geriatric Assessment
Leadership of MDT
Complex Discharge planning
IMC team
GP

Patient
Geriatrician

Co-ordinate Pre-operative Care
End of Life Planning
Anticipatory Care
Rehabilitation units

Leadership of MDT Complex Discharge planning
Geriatricians role with the patient

- Comprehensive Geriatric Medical Assessment
- Collateral history
- Assessing severity of co-morbidities
- Medication review
- Post-operative care
- Secondary prevention
- Discharge planning
- End of life care
An Age Old Problem
A review of the care received by elderly patients undergoing surgery

Doing simple things well
Pre-operative Assessment

• Clarify and define co-morbidities
  – To manage co-morbidity
  – To aid risk assessment

• Medication review
  – Review antihypertensives / renotoxic
  – Stop unnecessary / harmful medication

• Prevent medical delays to theatre
  – Warfarin / Clopidogrel / Aortic stenosis
Standardise Approach to Analgesia

- Nerve blocks
- Oral / iv paracetamol
- Oramorph
- Butrans patches

- Avoid opiates / NSAIDs

- Regular review
Assess Nutrition / Skin Integrity

- Pre-operative carbohydrate loading
- High calorie drinks
- Red trays
- MUST (malnutrition universal screening tool)
- Pressure sore prevention
- Waterlow score
Reducing delirium after hip fracture: a randomized trial

Marcantonio ER, Flacker JM, Wright RJ, Resnick NM.

Bowel and Bladder Care

- Regular laxatives
- Bristol stool chart
- Remove catheter
- Flip-flow valve
Geriatricians role with families / carers

- Good communication
- Set expectations
- Discharge planning from point of admission
- Complex discharge planning
- End of life care
Geriatrician’s role in the MDT

• Leadership
• Senior decision maker
• Accountability
• Education and training
Geriatrician’s role with junior doctors

• Senior medical presence on orthopaedic wards
• Educational supervision
• Clinical supervision
• Help with acute medical complications
• Teach basic geriatric medicine principles
Further Development

• Involvement in Falls and Bone Health SIG of BGS
• Development of Regional Ortho-geriatric networks
• Development of Ortho-geriatric training programme / accreditation
Any Questions?