

Orthogeriatrics Service Development —Northern General Hospital, Sheffield

A report for the National Hip Fracture Database
2007/2008

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Summary:

This paper provides a summary of how Orthogeriatric services across Orthopaedic and Acute Medicine directorates are being developed in Sheffield to provide improved quality of care for frail older orthopaedic patients.

Step 1: Collect background information

Step 2: Orthogeriatric service framework

Step 3: Business case

Appendix 1: Hip fracture pathway

Step 1: Collect Background information

- a. Define the optimum hip fracture management pathway [help from Blue Book]
- b. Define the challenges of delivering integrated care to frail older orthopaedic patients [i.e demographic changes, long-term complex needs, multi-agency partnership approaches and cost containment]
- c. Identify the problem in Sheffield and comparing it with centres nationally—using audit data, National Hip fracture database data and Dr Foster's data
- d. Identifying the needs of this group of patients and the role of orthogeriatric team [use references from National Institute of Improvement and Innovation; BGS document-November 2007; BOA Blue book and for financial benefits—Personal Social Services Research Unit, October 2007]
- e. Define pathway entry and exit strategies [aim to reduce readmissions, reduce length of stay; primarily to benefit patients with secondary benefits to health and social care in the long run].
- f. Form a multidisciplinary group that looks into improving services, initially it is helpful if these are cost neutral – e.g. can we reduce paperwork so that nurses can deliver more hands on care (The Productive Ward); can the teams have a rolling training program in dementia, nutrition, early warning scores, end of life etc..
- g. Visit centres of excellence to understand how they have achieved successful services.

Step 2: Orthogeriatric service framework

- a. Define the organisational structure for orthogeriatrics—who will be the named clinical director, manager, who will be doing their appraisal etc..
- b. Define the interface between orthopaedic surgeons and orthogeriatricians---i.e define responsibilities, communications systems, shared care etc...
- c. Define the clinical governance structure e.g —for care directly related to surgery, the surgeon's carry responsibility and for ward care it will be the orthogeriatrician's responsibility; they both will be reporting to a named Clinical governance lead.
- d. Acquire a medical workforce for orthogeriatrics—clearly defining their responsibilities — this could include orthogeriatric consultants, psychogeriatricians, case managers, orthogeriatric SpRs and junior doctors
- e. Clearly define duties and responsibilities of the orthogeriatric team [BGS Nov 2007 guidelines]
- f. Performance management by a predefined dataset—i.e report data to the National Hip fracture database

- g. Produce a training and appraisal structure

Step 3: Business case

- a. Obtain all the facts clearly documented above in a “business case format”—why is it needed, how will it be funded, what are the expected outcomes, what will be materially different once this service is in place?
- b. Clearly define your proposal, citing evidence from similar schemes nationally
- c. Define the financial model accurately—calculate the expenditure, potential income and cost reduction schemes. Calculate and compare the cost of various options, potential impact on loss of current income and finally overall financial impact of the scheme on the Trust. Lost opportunity costs, indirect costs and new income opportunities under HRG need to be considered.
- d. Job plan the new posts – including gaining internal and Royal college approval
- e. Recommendations of what the directorate is seeking will require Trust approval
- f. Produce a portfolio of evidence to support the proposed service development.
- g. Meet up with the individual clinicians in the Trust Business management team to get support for the proposal before the official ‘sign-off’ meeting. Canvass support from ‘influential clinicians and managers’. Undertake trials or pilots if appropriate to provide evidence of the potential impact.

Good luck!