Guidance for Elderly Patients with Hip Fractures

Expectations of Elderly Orthopaedic Patients who have broken their hip

There are now over 68,416 elderly patients who break their hips in England every year. A number will be unable to return to their home following their stay in hospital. It is therefore very important that these patients are treated quickly and appropriately.

In addition to the Expectations & Responsibilities listed in other documents on the BOA Patient Liaison web site (www.boa.ac.uk) as an Elderly Patient the following points are relevant following a hip bone break (fracture):

1. That on arrival at a Hospital I am admitted to an appropriate ward within four hours.

2. That I am assessed by a senior doctor and his team before surgery.

3. That I am assessed by an orthogeriatric specialist as soon as possible and certainly within 72 hours from admission.

4. That the underlying cause of the trauma is identified and I am assessed for possible medical causes for my fall.

5. That I have my operation carried out by an appropriately skilled surgical and anaesthetic team within 36 hours, if appropriate to my medical condition.

6. That my mental and physical needs, including pain relief, fluid balance and nutritional status, are addressed immediately and with attention to my dignity in an appropriate environment.

7. That I am respected as an individual and communicated with in a way that I and my family fully understand.

8. That I am treated in a single sex ward on an orthopaedic or orthogeriatric unit.
9. That after surgery I have full access to rehabilitation therapy that is delivered in a sympathetic way.

10. That I am assessed and cared for so that my risk of developing blood clots and pressure sores is minimised.

11. That there is an agreed Patient Journey Plan that includes my admission, my hospital treatment and my return into the community with the necessary support. It should also include:

   i. That my dietary, ethnic, religious and privacy needs are catered for.

   ii. That my nutritional needs are dealt with on a personal basis

   iii. That I have an appropriate, timely and controlled departure from Hospital

   iv. That I am told about and placed on Osteoporosis Management and Falls Prevention Programmes as appropriate

**Osteoporosis Management and Fragility Fracture Prevention Programmes**

Prevention is better than cure and therefore I, as a patient, should expect to be entered onto an Osteoporosis Management or Fragility Fracture Prevention Programme with the aim of avoiding bone fracture and hospitalisation.

Whilst acknowledging my own responsibility to follow any advice I would expect:

1. That the Blue Book is adhered to

2. That training in Falls Prevention is carried out by a NHS Primary Care Team in both community and home settings, e.g. regular exercises to reduce risk of injury from falls, including exercises that maintain or improve balance
3. That risk factors such as osteoporosis and life style are identified and addressed

4. That I will be entered into a local Falls Registry Programme run by the local NHS Primary Care Trust

5. That I have regular medicines review

6. That I have yearly eye examinations

7. Continued pharmaceutical treatment of any osteoporosis I may have and my other conditions. To help facilitate this I would expect there to be:

   - Clinicians with training in orthogeriatrics in all Hospital Trusts dealing with Trauma patients with the aim of delivering a high quality of fracture care.

   - A Quality and Outcomes Framework (QOF) measure that includes Falls Prevention training to all female patients over the age of 60 with osteoporosis prevention as one of its measures.

   - A consistency of delivery across the NHS including oral bisphosphonates prescribed in an appropriate manner.

   - Co-ordination between Primary Care, Secondary Care, Social Services and the Community Pharmacist to create a clear agreed plan which is understood and accepted by I, the patient and my family/carers.

   - Access and enrolment onto a nationally agreed audit such as the National Hip Fracture Database