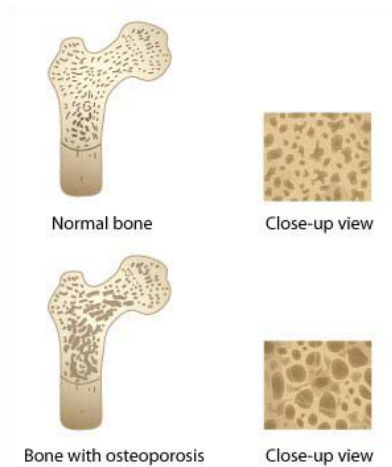


Orthogeriatric Care

Unpacking the Black Box



Orthogeriatric care

- Originated in 1950s – Hasting, UK
 - “bed rest is rehabilitation for the coffin” M Devas
- Recognition that many older people have needs that extend beyond a broken bone
- Service model has evolved over time
- Now a recognised sub-speciality in geriatric medicine
- Still means different things to different people across the world
- Focus on hip fracture

What is orthogeriatric care

- **Orthogeriatric care involves an integrated and multidisciplinary approach to care that comprehensively assesses and manages the patients' needs and maximises the chance of a meaningful functional recovery.**
- **Geriatricians and orthopaedic surgeons jointly apply their respective skills and the involvement of nursing and allied health (physiotherapy and occupational therapy in particular) is an integral part of an orthogeriatric service.**

Evidence

Australian and New Zealand Guideline for Hip Fracture Care

Improving Outcomes in
Hip Fracture Management of Adults

September 2014

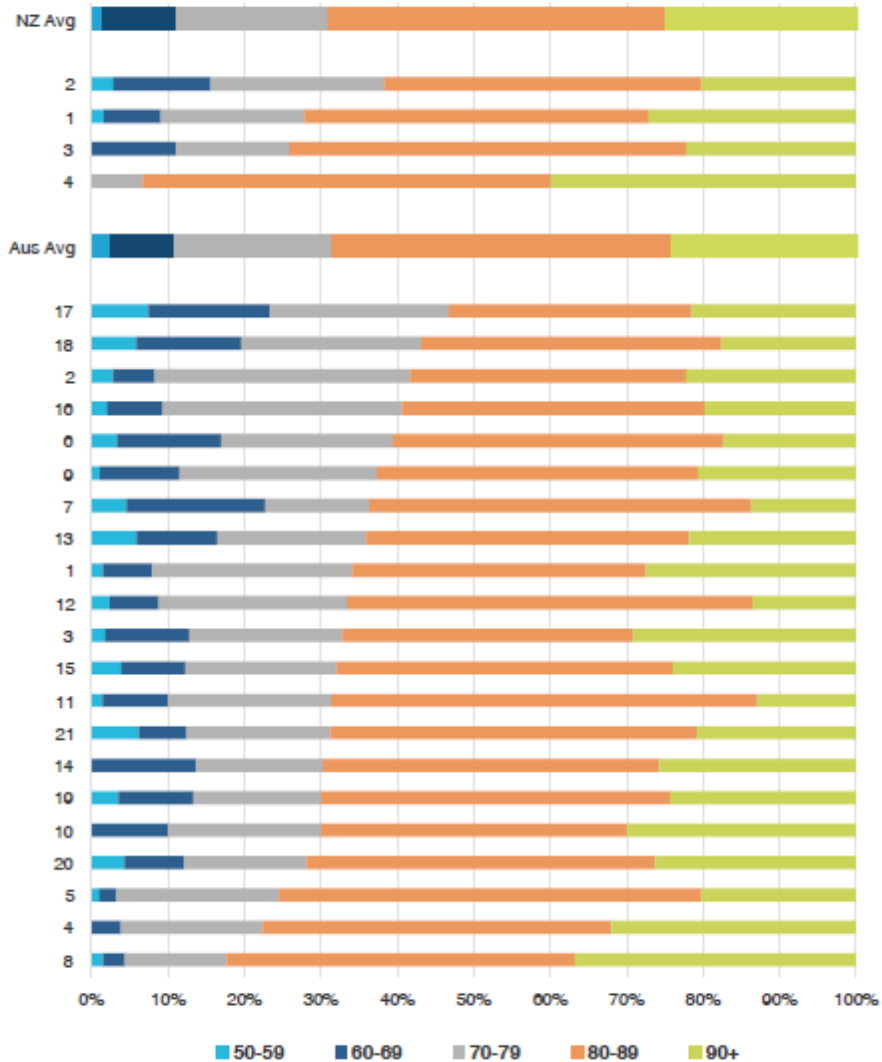


Principles of Orthogeriatric Care

- The needs of older fracture patients extend beyond the broken bone
- Care should be delivered by specialities and disciplines with the appropriate level of expertise
- One discipline or speciality doesn't "own" a patient or a problem and working collaboratively and in partnership ultimately achieves a better outcome for the older person
- Longer term needs including future falls and fracture prevention should be considered at the time of the acute admission

Age at Admission

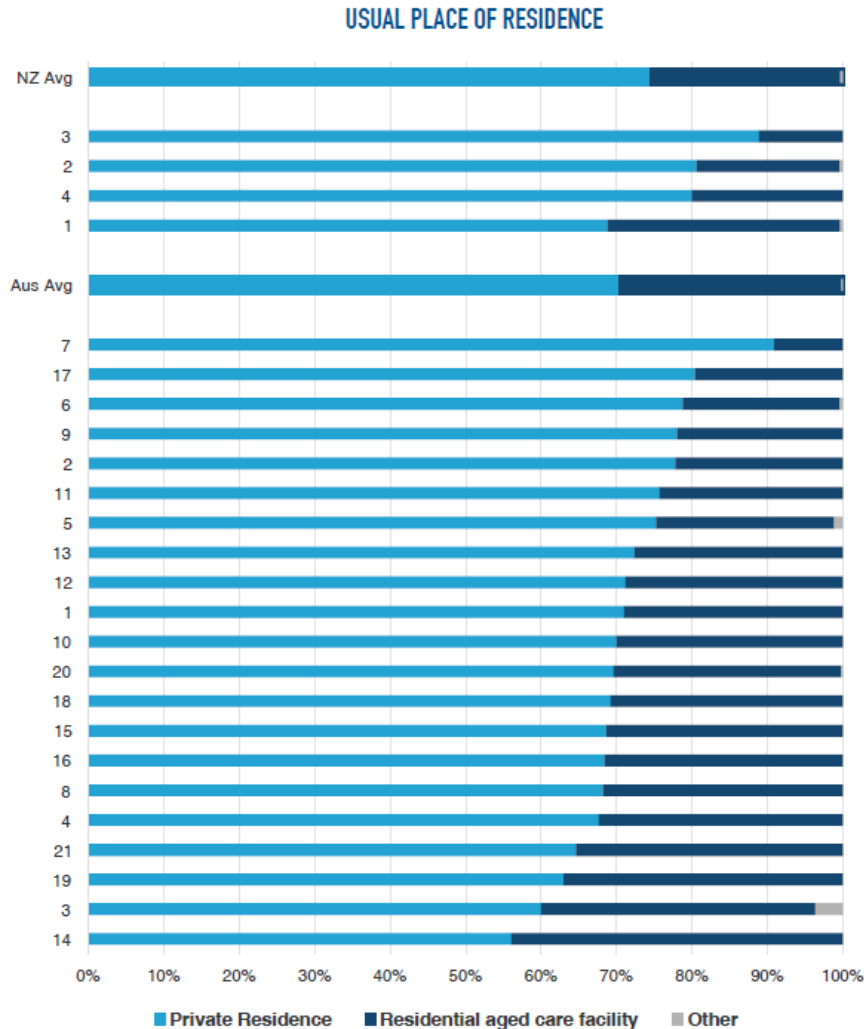
AGE AT ADMISSION



Average age – 82 yrs

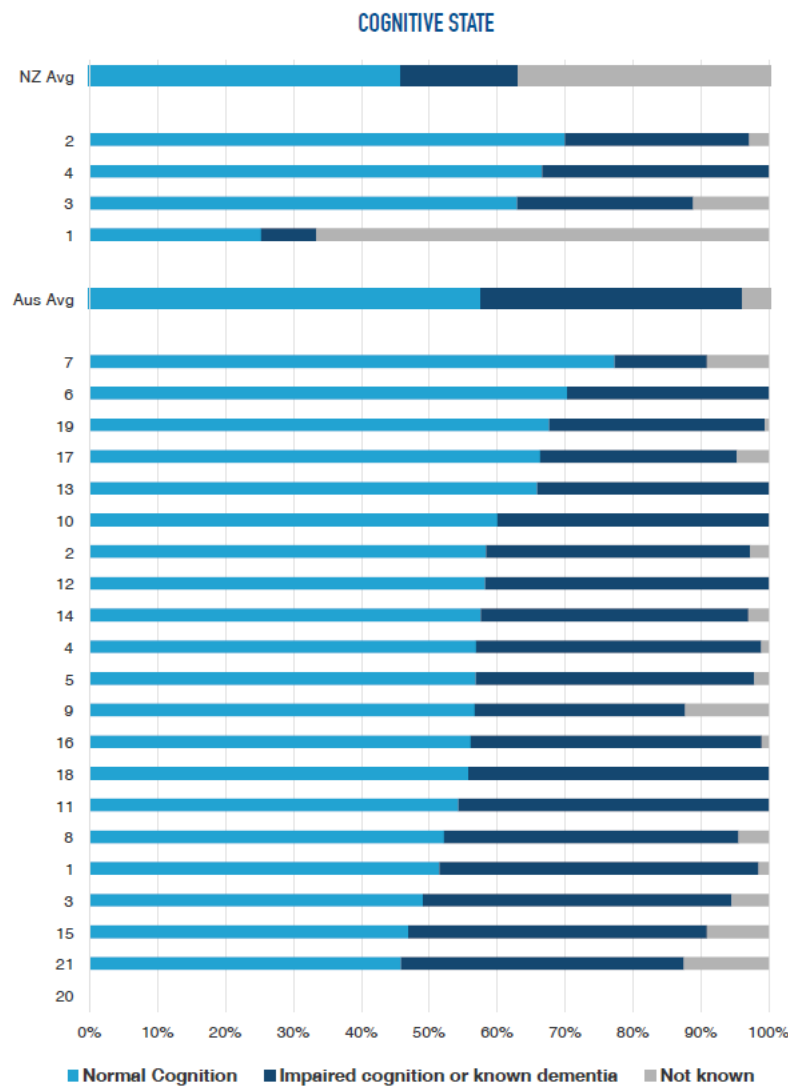
People aged 90 years and older make up 24% of hip fractures

Usual place of residence



75% of New Zealand and 71% of Australian hip fracture patients come from home

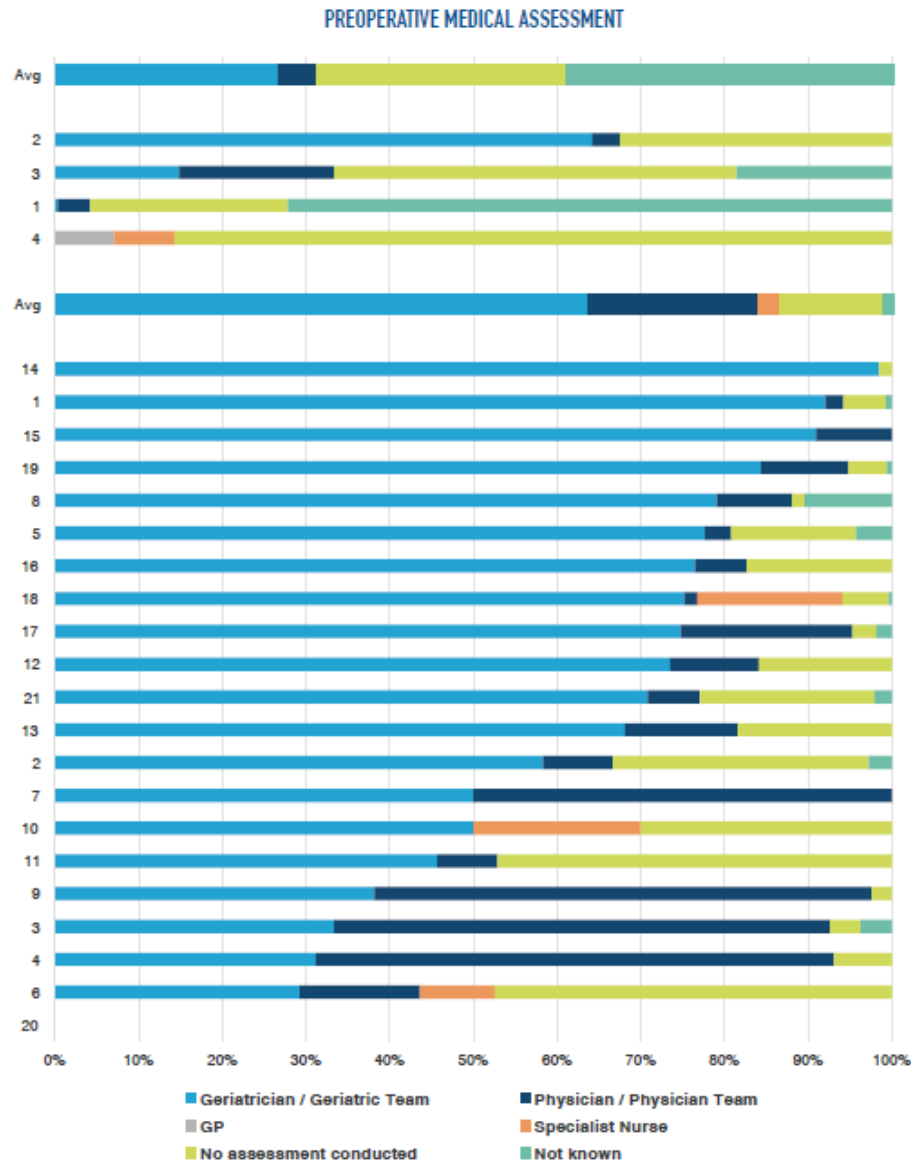
Cognitive Status at Admission



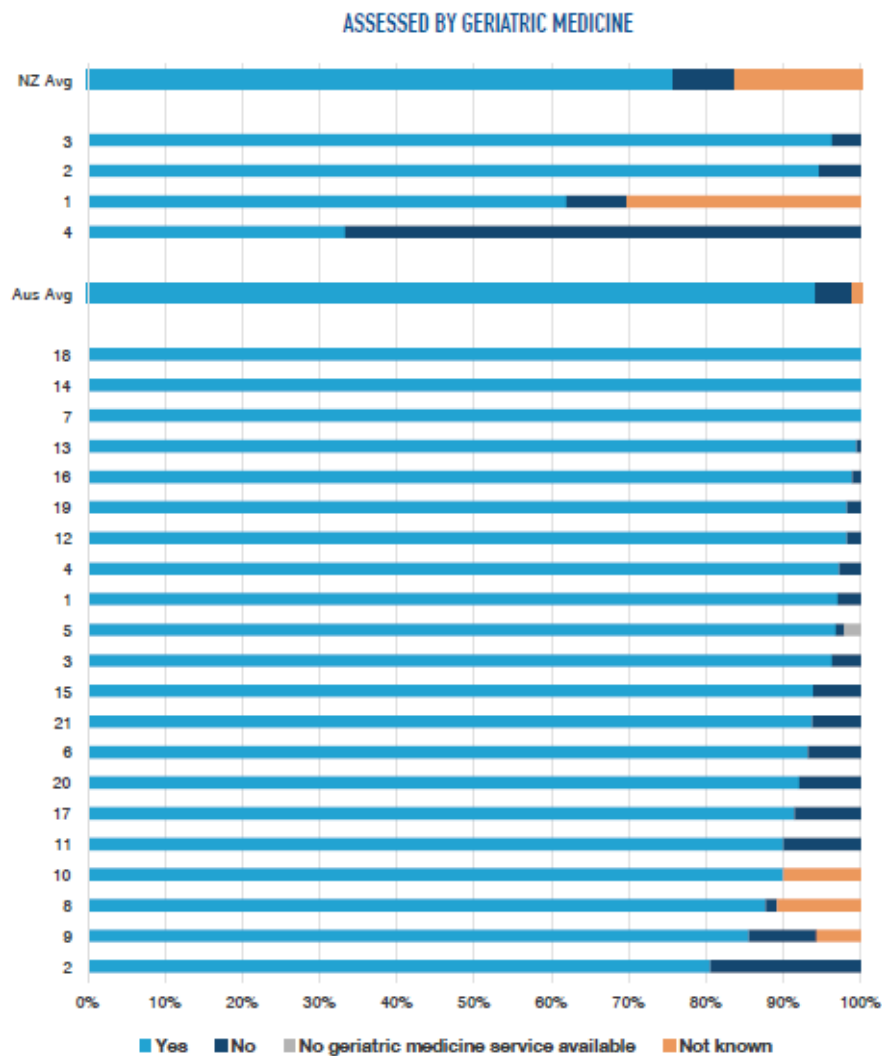
58% of hip fracture patients admitted to an Australian hospital were believed to be cognitively intact prior to admission

	Phases of care			
Components of care	Diagnosis and pre-operative care	Peri-operative care and surgery	Post-operative care and rehabilitation	Preventing the next fracture
	Pain management	Pain management	Pain management	Pain management
	High quality imaging	Approach to anaesthesia	Early mobilisation	Treating osteoporosis
	Establishing goals and limits of therapy	Nerve blocks	Bowel, bladder and skin care	Falls prevention
	Cognitive assessment	Operative intervention	Hydration and nutrition	
	Medical optimisation		Monitoring of cognition	
	Bowel, bladder and skin care		Assessment of rehabilitation goals	
	Nutrition	Nutrition & fasting	Nutrition	Nutrition
	Care coordination	Care coordination	Care coordination	Care coordination
	Communication and provision of information	Communication and provision of information	Communication and provision of information	Communication and provision of information

Pre-operative medical assessment



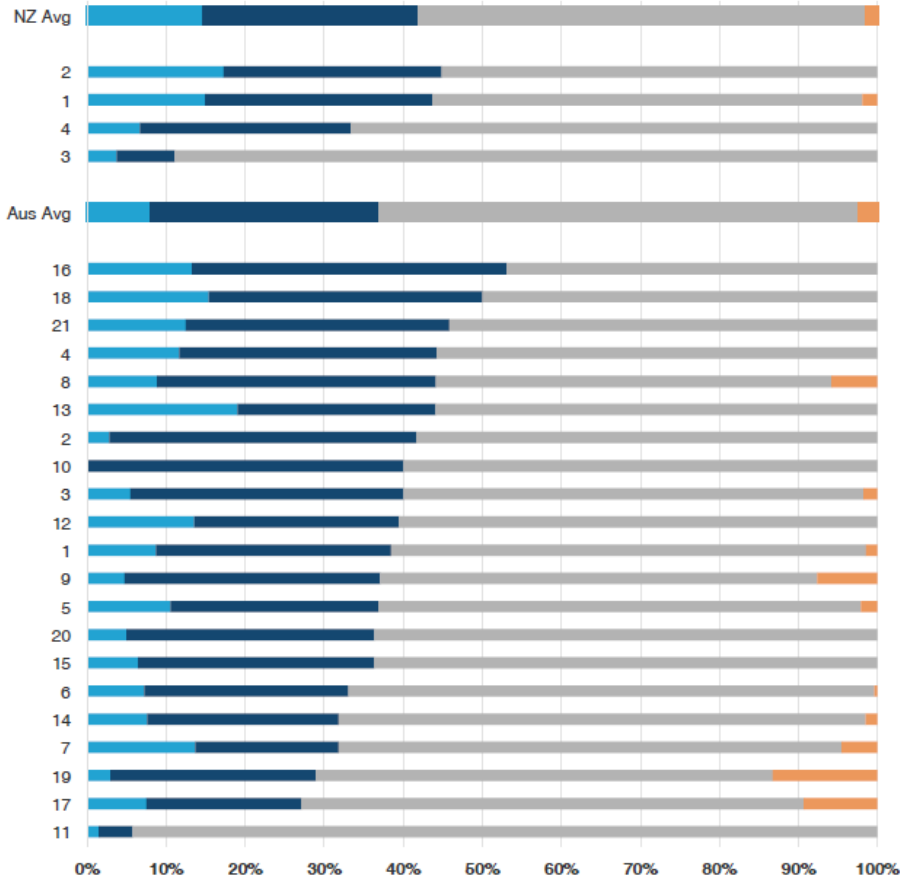
Assessment by a Geriatrician



In NZ and Aus 76% & 95% of hip fracture patients respectively see a geriatrician at some stage in their acute hospital stay.

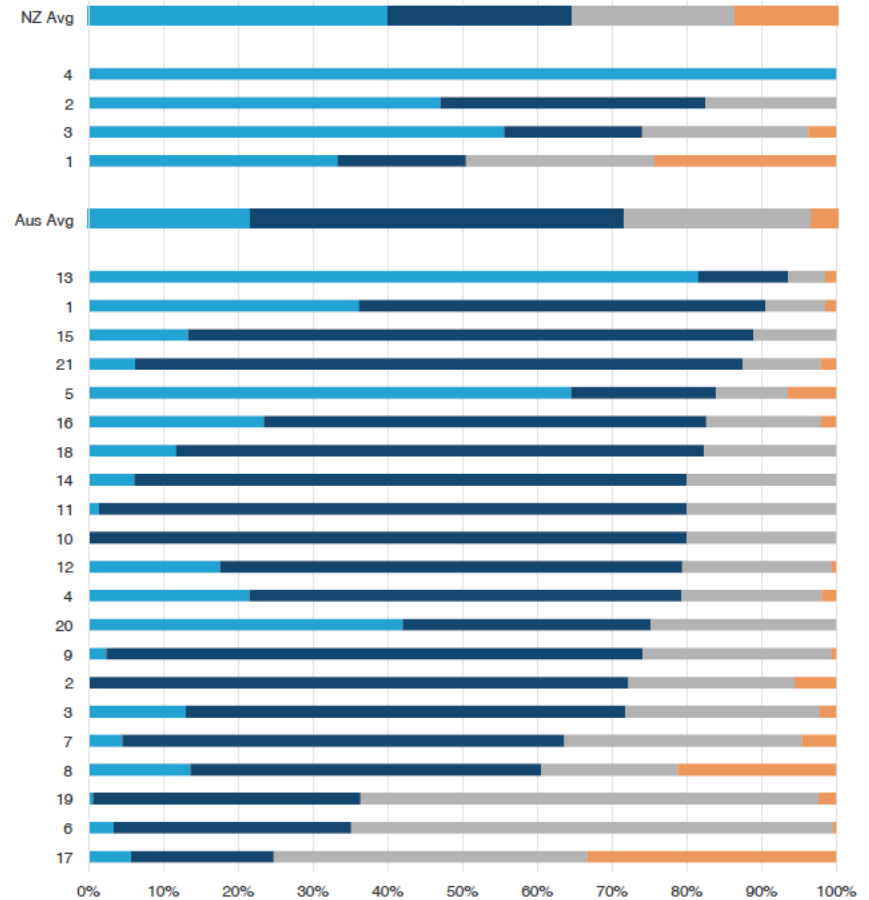
Preventing the Next Fracture

BONE PROTECTION MEDICATION ON ADMISSION



■ Yes - Bisphosphonates, strontium, denosumab or teriparotide
■ Yes - Calcium and/or vitamin D only
■ No bone protection medication
■ Not known

BONE PROTECTION MEDICATION ON DISCHARGE

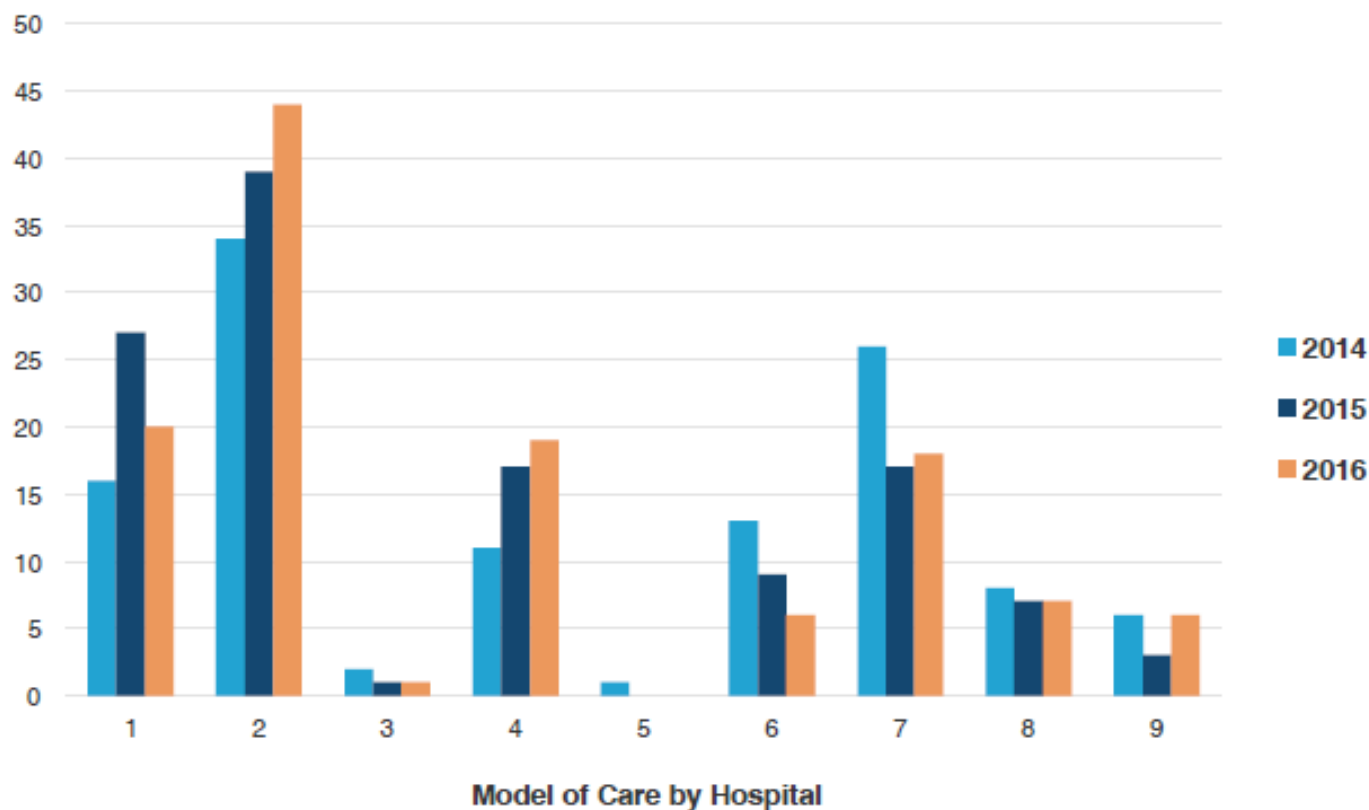


■ Yes - Bisphosphonates, strontium, denosumab or teriparotide
■ Yes - Calcium and/or vitamin D only
■ No bone protection medication
■ Not known

Common service models

- **A shared care arrangement - joint responsibility**
- **A liaison service where geriatric medicine provides daily review of all older hip fracture patients**
- **An liaison service where geriatric medicine provides intermittent review of all older hip fracture patients**
- **An orthogeriatric liaison service where a consult system determines which patients are reviewed**
- **No service**

MODEL OF CARE FOR OLDER HIP FRACTURE PATIENTS, 2014-2016



1. A shared care arrangement where there is joint responsibility for the patient from admission between orthopaedics and geriatric medicine for all older hip fracture patients
2. An orthogeriatric liaison service where geriatric medicine provides regular review of all older hip fracture patients (daily during working week)
3. A medical liaison service where a general physician or GP provides regular review of all older hip fracture patients (daily during working week)
4. An orthogeriatric liaison service where geriatric medicine provides intermittent review of all older hip fracture patients (2-3 times weekly)
5. A medical liaison service where a general physician or GP provides intermittent review of hip fracture patients (2-3 times weekly)
6. An orthogeriatric liaison service (2014) / geriatric service (2015/6) where a consult system determines which patients are reviewed
7. A medical liaison service (2014) / medical service (2015/6) where a consult system determines which patients are reviewed
8. No formal service exists
9. Other

Questions

- **Do you have to be a geriatrician to do orthogeriatrics**
- **Are there professional boundary issues with anaesthetists**
- **Should hip fracture patients be admitted under a geriatrician and not a surgeon**
- **The role of geriatric medicine in older surgical patients in the future**