

REDUCE Orthopaedic Checklist

The REDUCE Study (REducing unwarranted variation in the Delivery of high qUality hip fraCture services in England and Wales) research programme identified a number of factors associated with patient outcomes post hip fracture. These research findings have directly informed the development of this evidence-based checklist. Audit standards should reflect the content of this checklist.

1. Provide surgery to repair hip fracture within 36 hours of admission

Target: >80% of patients with hip fracture receive surgery within 36 hours of admission

2. Prioritisation of theatre time for hip fracture surgery

Potential initiatives:

- Provide planned trauma lists for hip fracture patients 7 days a week, with every list staffed by a senior (consultant or experienced associate specialist/staff grade) orthopaedic surgeon and anaesthetist, and an experienced theatre team
- Publish theatre lists early
- Start each day with a 'golden' hip fracture patient prepared the day before
- Include an extra Friday hip list

3. Provide sliding hip screws to A1/A2 hip fractures

Target: >90% of A1/A2 hip fractures should receive a sliding hip screw

4. Provide THR to eligible patients

Target: >40% of those eligible should receive THR

5. Organise daily trauma meetings to allow orthogeriatrician attendance/liaison over specific hip fracture cases at a specific mutually agreed time (e.g. always discuss hip fracture cases first to allow orthogeriatricians to then leave and begin ward rounds)

6. Agree within the hip fracture MDT that patients listed for theatre should not be cancelled by any single member of the MDT, but only after consultation with at least one other senior member of the MDT (e.g. orthopaedic surgeon, orthogeriatrician, anaesthetist)

7. Set up a system to audit re-operations in those undergoing primary hip fracture repair

Target: establish system of routine hospital data surveillance to enable quarterly audit of re-operations performed within a year of primary hip fracture surgery; review data at established orthopaedic clinical governance meetings