

REDUCE Orthogeriatric 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.

Short term

1. Assessment by an orthogeriatrician (consultant or specialist registrar) of all hip fractures within 72 hours of admission
Target: 100%
2. Assessment of bone health in all hip fracture admissions
Target: 100%
3. Routine assessment of delirium in all hip fracture admissions
Target: 100%
4. 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)
Once organisation agreed, attendance/liaison target: 100% Monday to Friday
5. Ensure the orthogeriatric lead for the NHTD has this role reflected in their job plan
6. Ensure the orthogeriatric lead attends monthly hip fracture team clinical governance meetings, and feeds back minutes and discussion to the hip fracture team

Medium-longer term

1. Secure clinical support for the consultant orthogeriatrician through specialist nurse and/or staff grade/associate specialist roles
2. Ensure the hospital has a fracture liaison service in place
See: [FLS Implementation Toolkit | ROS \(theros.org.uk\)](https://theros.org.uk)¹

¹ <https://theros.org.uk/healthcare-professionals/fracture-liaison-services/implementation-toolkit/>