



REDUCE Rehabilitation 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. Promptly mobilise patients post-operatively on the day of, or day after, surgery

Target: >90% promptly mobilised

2. Provide physiotherapy on Saturdays and/or Sundays

Final target: >90% mobilised on Saturdays and/or Sundays

Stepped approach to achievement:

Step 1: All day 1 post op. patients mobilised on Saturdays and Sundays

Step 2: Step 1 plus >90% of prioritised patients* mobilised on Saturdays and Sundays

Step 3: >90% of patients mobilised on Saturdays and/or Sundays

*Where prioritised patients are those who are:

- Scheduled for discharge and need prior mobility review
- Previously failed an attempt at mobilising from bed
- Day 2 post op.
- Requiring assistance of 2 people to mobilise (particularly if independent or assistance of 1 pre-fracture)
- At risk of transitioning to care home

3. Ensure the physiotherapy and occupational therapy inpatient teams have knowledge of the number of days between patient discharge and start of community therapy (if indicated)

4. A physiotherapist and an occupational therapist should attend monthly hip fracture team clinical governance meetings, and feed back minutes and discussion to the physiotherapy team and occupational therapy team