

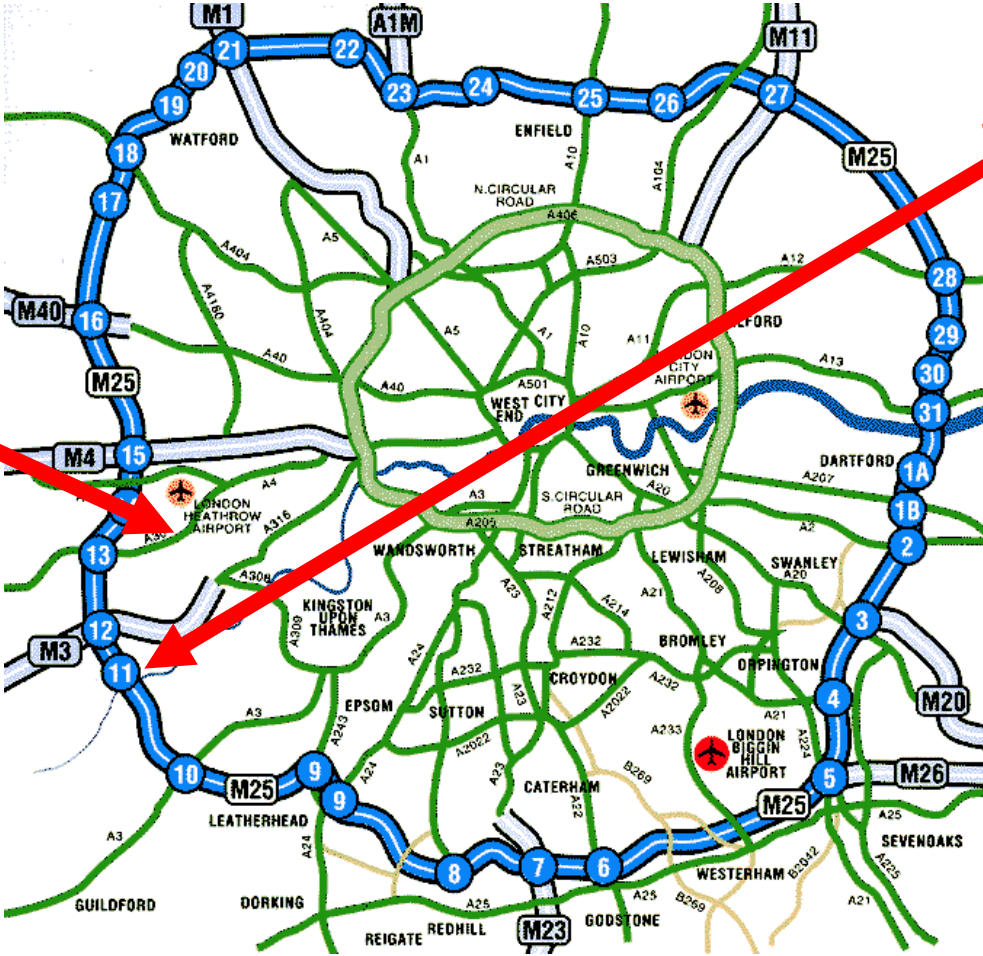
Consultants of the Week Model in Orthogeriatric Care

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Location

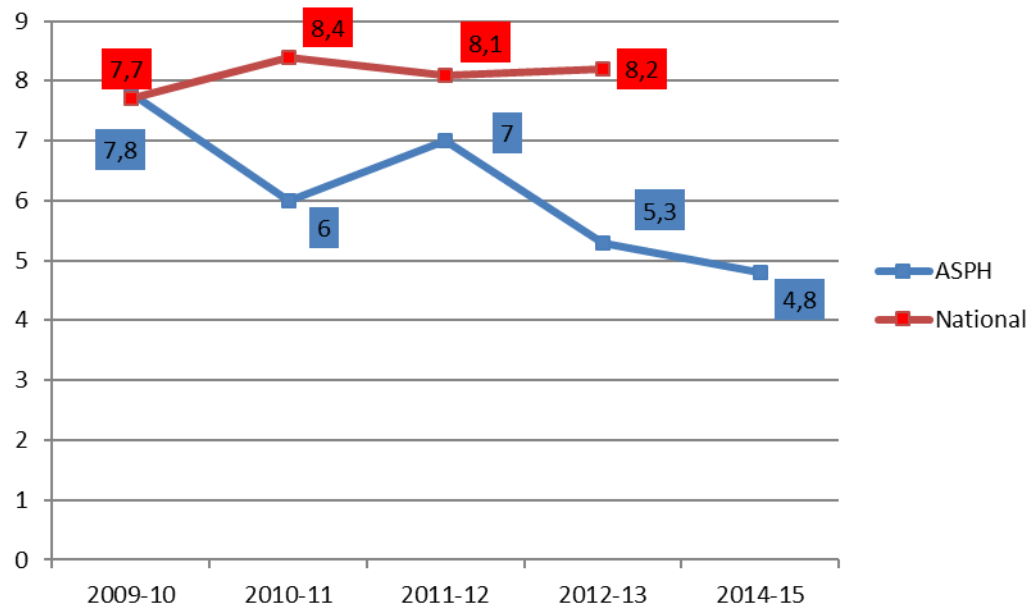
Ashford Hospital

St Peter's Hospital



Average life expectancy

- In the 20th century, the average lifespan of a male in the UK has risen from 45-75 and females from 49-80.



Mortality from hip fractures ASPH vs national



1 in 3
babies

born in the UK
in 2013



are expected to celebrate their

100th
birthday

Thought-provoking discussion from the
Royal Geographical Society (with IBG)
www.21stcenturychallenges.org

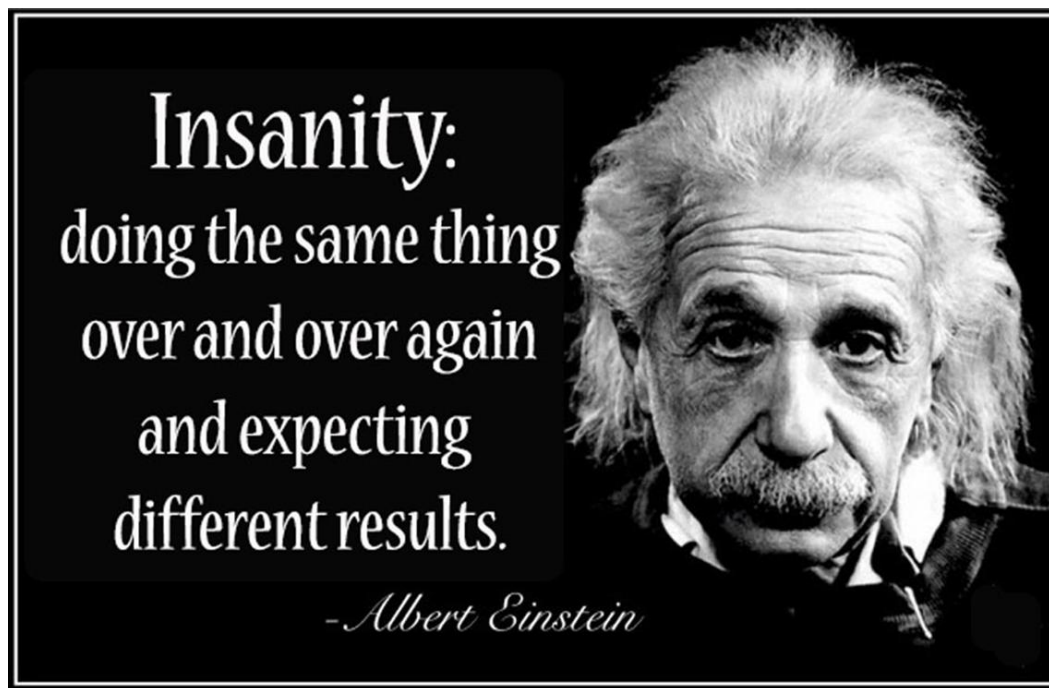
Source: Office for National Statistics, 2013

Ashford & St. Peter's - Demography

Percentage of hospital admissions from A&E by age group – NHS Benchmarking Report 2017

Group	Your position	Average position
Age 0 to 64	46.51	51.15
Age 65 to 74	12.37	13.99
Age 75 to 84	20.02	17.61
Age 85 plus	21.10	15.12

- We can no longer afford to be caring for older people the same way we have been doing for many years



Orthogeriatric Team

- 2 Orthogeriatricians
- 17 orthopaedic surgeons
- 16 junior doctors
- Trauma coordinator
- Dedicated physios
- OTs

- 400 hip fractures annually



Orthogeriatric Models of Care

- Traditional model
- Newer models of orthogeriatric care
 - Routine orthogeriatrics review
 - Admitted under geriatricians
- Shared care model
 - patients are managed throughout their stay by
 - named orthopaedic surgeon
 - named orthogeriatrician within a defined orthogeriatric team

Ward Rounds

- Daily attendance at Trauma Meetings (0800-0830hrs)
 - Pre op review of # NOF fractures (0830-0900hrs)
 - **Ward Rounds (0900-1115hrs)** NOFs
 1. **Dr Yeong – Mondays and Fridays and alt. Weds**
 2. **Dr Lisk – Tuesdays and Thursdays and alternate Wed**
- Board Round all patients MDT (1130hrs – 1200hrs) DAILY**

Drivers for change

- The orthogeriatrician focused on the hip fracture patients (NoFs) whereas the orthopaedic surgeon focused on the other trauma patients.
- Trauma patients frail with fragility fractures and medical needs not addressed
- Orthopaedic needs of hip fractures were delayed
- Poor GMC trainee report – only 68.3% satisfied in 2016

Innovative Model of Care

- The Consultants of the Week Model (CoW)
- X1 Trauma ward (30 beds)
- The same orthopaedic surgeon and orthogeriatrician see patients on the ward round. (trainees designated to each half)
 - Mondays, Tuesdays – all patients;
 - Wednesdays, Thursdays – half the ward (trainees focus)
 - Fridays – all patients seen with handover to another orthopaedic surgeon who will be CoW next week

Results

- Before the CoW model (July – Oct 2016), the LOS for NoFs was 13.13 days and after the CoW model (Nov – Feb 2017), the LOS was 13.33 days.
- Trauma patients, before CoW (same period), LOS was 7.77 days and after **CoW 6.49 days.**
- Readmissions NOFs: 16.0% before CoW and **13.1%** after CoW.
 - LOS on readmission before CoW 13.05 days
 - LOS on readmission after CoW **7.81 days.**

Results

- Midnight bed occupancy: 26.77 before CoW and 24.44 after CoW.
- We receive 1291 other traumas annually; approximate saving over £400K
 - 1.28 day reduction for other traumas
 - £275/bed
- Further cost saving in NOFs as less readmissions and reduced LOS for readmissions
- GMC trainee report – 80.46% satisfied in 2017 (best ever result)

Conclusion

- Fragility fractures are a significant cost burden and as our population is increasingly ageing, so too will be the incidence of this injury.
- This model of care addresses the needs of this older population with frailty and complex co-morbidities whereby continuity and working together achieves cost savings.