Appendix 3: Description of changes to orthogeriatric and FLS models of care as previously identified and described from a regional clinical audit of service delivery

Hospital	Date	Change	Description
2	May 2005	Appointment of Orthogeriatrician	Provided a liaison service. Orthogeriatrician responsible for case finding, assessment and treatment initiation.
	Aug 2007	Appointment of Orthogeriatrician	Became clinical lead/osteoporosis 'Champion'. Allowed a full time consultant to be present in orthogeriatrics throughout the year. Majority of patients seen pre-operatively and in theatre quicker and in better condition. Orthogeriatrician also involved in post-operative care, early identification and treatment of complications. Began doing falls assessments on ward
4	Oct 2006	Appointment of Orthogeriatrician	Attends daily trauma meetings and conducts daily ward round
	May 2009	Appointment of Osteoporosis Nurse Specialist	Assesses all inpatient hip fractures, assesses for falls risk (with referral to falls service if required), osteoporosis risk factors, and refers for DXA and blood tests. Makes treatment recommendations and a follow-up plan. Attends daily trauma meetings, screens inpatients. Responsible for case-finding.
6	Nov 2005	Appointment of Orthogeriatrician	Carries out the initial assessment, pre-operative and post-operative care and secondary fracture prevention assessment: attends trauma meetings, case finds, does falls and osteoporosis assessment, supports discharge planning, sets rehabilitation goals, reviews complex cases and does ward round
5	Sept 2009	Appointment of Orthogeriatrician	Brought extra support for orthogeriatrician already in post. Allowed weekend orthogeriatric cover and was responsible for case finding. Assessment of all hip fracture patients for osteoporosis risk factors, lifestyle factors, nutrition, treatment compliance and falls risk, and also initiate treatment. They coordinate multi-disciplinary team meetings, attend trauma meetings, conduct pre- and post-operative assessments, and conducts a 4-6 week post-discharge follow-up if required.
7	July 2004	Appointment of Geriatrician to hip fracture ward	Increased number of orthogeriatric sessions from 1 to 3 per week. Introduced service which sees all patients pre-operatively and post-operatively, including falls and osteoporosis assessments, and discharge planning (increasing intensity over time). A dedicated hip fracture ward was opened at the same time.
	June 2007	Appointment of Trauma Specialty Nurse	Additional support for orthogeriatric team and management of bone health
8	March 2009	Appointment of Orthogeriatrician	Became clinical lead. Introduced daily trauma rounds and 6 consultant ward rounds per week (four per week prior to this). Began assessing younger patients (prior to this those under 70 would not be seen). 90% patients seen pre-operatively by consultant to optimise them for surgery. Standardised falls assessment and gait and balance assessments, with referral to community falls assessment if required.
9	April 2005	Appointment of Osteoporosis Nurse Specialist	Runs the day-to-day osteoporosis clinic (outpatient). Conducts 15 min appointment for osteoporosis assessment and conducts blood test and medication assessment at 6 months follow-up
10	May 2006	Appointment of Osteoporosis Nurse Specialist	Osteoporosis and Fracture Liaison Nurse (0.5 whole time equivalent). Extra support for pre-existing FLS model where patients received osteoporosis assessment with recommendation made and letter to GP. Not all hip fracture patients seen.
	May 2008	Appointment of Osteoporosis Nurse Specialist	Both an Osteoporosis & Fracture Liaison Clinical Nurse Specialist and a Specialist Practitioner - Osteoporosis Fracture Liaison Nurse Specialist appointed. Co-ordination of in-patient care of all incident hip fracture patients. Consultant rheumatologist also appointed as osteoporosis 'Champion'. A new computer system put in place aided identification of hip fracture patients
	Nov 2009	Appointment of Orthogeriatrician	Re-wrote admission paperwork and streamlined NOF pathway. Abnormal blood results were hence picked up by doctors rather than nurses