

OCCUPATIONAL THERAPY ASSESSMENT AND TREATMENT GUIDELINE FOR PATIENTS WITH A FRACTURED NECK OF FEMUR

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

INTRODUCTION

This Occupational Therapy (OT) guideline has been agreed with the OT manager for the acute Hospitals NHS Trust in Worcestershire to be used with patients following a fractured neck of femur

THIS GUIDELINE IS FOR USE BY THE FOLLOWING STAFF GROUPS :

All qualified and unqualified Occupational Therapy staff working in trauma and orthopaedics

Lead Clinician(s)

Beverley Phillips	Occupational Therapy Clinical Team Lead, WRH
Karen Grinsted	Occupational Therapy Clinical Specialist, Alex
Laurence Ely	Occupational Therapy Clinical Specialist, WRH

Approved by Occupational Therapy Team Leads
Clinical Governance Meeting on: 5th May 2021

Review Date: 13th December 2024
This is the most current document and is to be used until a revised version is available:

Key amendments to this guideline

Date	Amendment	Approved by:
<u>02/06/13</u>	To complete AMT in neck of femur pathway for all patients	OT Trauma and Orthopaedic Clinical Governance Group
<u>10/6/15</u>	Identify cause of fall and discuss with MDT, issue home safety check booklet, referral to patient flow for support/rehab, patients are now seen on bank holidays, patients from residential homes are now seen routinely.	OT Trauma and Orthopaedic Clinical Governance Group
August 2017	Document extended for 6 months as per TMC paper approved 22 nd July 2015	TMC
December 2017	Sentence added in at the request of the Coroner	
December 2017	Document extended for 3 months as per TLG recommendation	TLG
March 2018	Document extended for 3 months as approved by TLG	TLG
June 2018	Document extended for 3 months as per TLG recommendation	TLG
August 2018	Document extended for 6 months as per email from Julie Elliot while new manager is in place and document new key document page approved	Julie Elliot
August 2018	Removal of hip precautions for hemi arthroplasty OT protocol amended.	OT Trauma and Orthopaedic Clinical Governance Group and OT clinical governance group Therapy management clinical governance group
November 2021	Document extended for 6 months as per email from Beverley Phillips.	Beverley Phillips
April 2021	Document extended for 3 months whilst under review	Beverley Phillips/ Dominique Thorn
May 2021	Change of job title/lead clinicians Additional references. Document reviewed and approved for 3 years	OT and Therapy governance group
June 2024	Document extended for 6 months whilst document under review	Beverley Phillips

INTRODUCTION:

All OT staff working in an Orthopaedic area should be aware of the existence of the guideline and the location of where a copy is kept. All intervention should be clearly documented and signed in the neck of femur pathway in the medical notes.

Patients are referred to occupational therapy because they are experiencing some degree of limitation in their occupational performance (self care, transfers, domestic tasks and cognition) following their surgery.

All neck of femur patients are routinely assessed other than those from care home environments. These patients need to be referred on an individual basis depending on the need for Occupational Therapy intervention..

**OCCUPATIONAL THERAPY ASSESSMENT AND TREATMENT
PROTOCOL FOR PATIENTS WITH A FRACTURED NECK OF FEMUR
(NOF)**

Pre-op:

- Screening assessment of patients occupational performance and environment if the patient consents to intervention or contact next of kin if patient lacks capacity.
- Establish Occupational Therapy intervention plan to facilitate discharge..
- Issue height measurement sheet (HMS) if required.

Post –op:

(Day 1 = the first day after the operation date)

Day 1

- Check consultants post operative management plan
- If the patient has had a hemiarthroplasty recommend patients to avoid any extreme movement or positions that may cause undue discomfort.
- Complete post op AMT and 4AT with consent.
- Screening assessment of patient’s occupational performance and environment. if the patient consents to intervention or contact next of kin if patient lacks mental capacity, if not already completed.
- Establish Occupational Therapy intervention plan to facilitate discharge if not already completed..
- Issue height measurement sheet (HMS) if required if not already issued.
- Identify cause of fall and if appropriate discuss with the orthogeriatrician /MDT .
- Assess daily living tasks as appropriate in line with the occupational therapy intervention plan.

Day 2 onwards

Assess daily living tasks as appropriate in line with the occupational therapy intervention plan.

Consider the provision of short term loan equipment for discharge to the home environment to facilitate independence.

In consultation with patient, MDT and family refer on to PW1(or equivalent if out of area) for assistance with ongoing rehab/package of care at home if required.

For those patients who are unable to complete the OT intervention plan in the acute setting they will require referral for PW2 ongoing in patient rehab in consultation with patient, MDT and family if appropriate.

Discharge Criteria

To be discharged from occupational therapy once the occupational therapy intervention plan is complete.

MONITORING TOOL

- How will monitoring be carried out?
Audit of OT notes
- Who will monitor compliance with the guideline?
Band 8a/7 Occupational therapist

Item	%	Exceptions
# NOF patients will be screened within 2 working days of referral date.	95%	Patient Medically-unwell

REFERENCES

- In-patient Occupational Therapy Assessment and Treatment procedure - WAHNNHST
- Fractured neck of femur care pathway – WAHNNHST
- Hip fractures:management NICE guideline[CG124] updated 10 May 2017
www.nice.org.uk/guidance/cg124
- Hip fractures in adults NICE guideline[QS16] updated 10 May 2017
www.nice.org.uk/guidance/qs16

CONTRIBUTION LIST

Key individuals involved in developing the document

Name	Designation
Beverley Phillips	Occupational Therapy Clinical Lead, WRH
Karen Grinsted	Occupational Therapy Clinical Specialist, Alex

Circulated to the following individuals for comments

Name	Designation
Helen Savory	Band6
Laurence Ely	Band 7
Sarah Williams	Band6
Jeanette Mulkerins	Band6
Claire Moore	Band6
Rachel Chapman	Band7

Circulated to the following CD's/Heads of dept for comments from their directorates / departments

Name	Directorate / Department
Julie Elliott	OT Manager
Charlotte Jack	OT Manager from 2019
Charles Docker	Clinical lead consultant T&O

Circulated to the following committee's / groups for comments

Committee / Group
Occupational Therapy Clinical Governance Group
Therapies Clinical Governance Group
Occupational Therapy Trauma and Orthopaedic Clinical Governance Group

Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.



Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form
Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	x	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	BEVERLEY PHILLIPS
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Details of individuals completing this assessment	<table border="1"> <thead> <tr> <th>Name</th> <th>Job title</th> <th>e-mail contact</th> </tr> </thead> <tbody> <tr> <td>Beverley Phillips</td> <td>Clinical Lead OT</td> <td>Beverley.phillips6@nhs.net</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Name	Job title	e-mail contact	Beverley Phillips	Clinical Lead OT	Beverley.phillips6@nhs.net			
	Name	Job title	e-mail contact									
	Beverley Phillips	Clinical Lead OT	Beverley.phillips6@nhs.net									
Date assessment completed	19/5/21											

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	<p>Title: Occupational Therapy trauma and orthopaedic guideline WAHT-OCT-010</p> <p>Occupational Therapy assessment and treatment for patients with fractured neck of femur</p>
What is the aim, purpose and/or intended outcomes of	Review of the guidelines as the date for review has expired during COVID pandemic. To establish any amendments/updates and see if

this Activity?	it is still relevant to current practice.
Who will be affected by the development & implementation of this activity?	<input type="checkbox"/> Service User <input checked="" type="checkbox"/> Patient <input type="checkbox"/> Carers <input type="checkbox"/> Visitors <input checked="" type="checkbox"/> Staff <input type="checkbox"/> Communities <input type="checkbox"/> Other _____
Is this:	<input checked="" type="checkbox"/> Review of an existing activity <input type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.)	NICE guidelines RCOT specialist section Clinical specialist OT s in trauma and orthopaedics WAHT OT clinical governance group
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	OT manager OT clinical governance group
Summary of relevant findings	Minimal changes to staff job titles and added new updated NICE guidelines.

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age		✓		
Disability		✓		
Gender Reassignment		✓		
Marriage & Civil Partnerships		✓		
Pregnancy & Maternity		✓		
Race including Traveling Communities		✓		
Religion & Belief		✓		

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Sex		✓		
Sexual Orientation		✓		
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		✓		
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		✓		

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
	None identified			
How will you monitor these actions?	Clinical lead to oversee implementation of guideline for OT staff involved with this patient group			
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)	At the next trauma OT service review			

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer’s etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	B.Phillips
Date signed	19/5/21
Comments:	
Signature of person the Leader Person for this activity	
Date signed	
Comments:	



Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval