

Orthogeriatrician survey: Structured questionnaire regarding access to community rehabilitation services following hip fracture in 2011-12

Hospital name:.....

Consultant name: Date:/...../.....

Regarding the financial year **April 2011 – March 2012**

1. What best described your orthogeriatric (OG) model of care during this period:
 - No formal OG input for patients with #NOF
 - Liaison OG input for patients with #NOF
 - Formal joint care of patients with #NOF between OG and T&O

2. What was the average number of consultant PAs spent looking after patients with #NOF each week?

3. Did one of your geriatric registrars have a timetabled commitment to orthogeriatrics during this period? Yes / No If yes how many times per week?

4. Other than consultants and trainee registrars, did you have any other **medical** doctors providing OG input to patients with #NOF? Yes / No
If yes, please give details:

5. Please list the community hospitals / residential intermediate care facilities to which your trust discharges patients and their corresponding PCT:

Name of community hospital / residential intermediate care facility	Name of PCT

6. Do you retain ongoing clinical/managerial responsibility for rehabilitation in the community hospitals to which you discharge patients?

Yes / No

If yes please give details:

7. Please list the PCTs from which your trust admits patients and for each PCT please list all the community / intermediate care services available (e.g. re-ablement services, community physiotherapy)

Name of PCT	Details regarding community / intermediate care services

8. Please describe any early support discharge programs which run (and state PCT)

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9. Are there any further details you wish to add, e.g. variation in access to intermediate care services?

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