

(63.9% vs. 66%); orthogeriatric assessment within 72 hours (32.6% vs. 91.9%); falls risk assessment (76.7% vs. 99.6%); bone health review (41.9% vs. 99.7%); nutritional assessment (55.8% vs. 99.6%); physiotherapy review (97.7% vs. 98.9%). The group also had worse outcomes for average length of stay (19 days vs. 14 days) and 30 day mortality (9.3% vs. 8.6%).

**Discussion:** Our study showed a discrepancy in care received by elderly patients with femoral fractures other than neck of femur. We will introduce a proforma for all femoral fractures, present our findings to orthogeriatric, bone health and physiotherapy teams to involve them in the care of such patients and re-audit following these recommendations.

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### An audit of elderly patients with a femoral fracture: is the quality of care received by patients affected by where in the femur the fracture occurs?

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**Introduction:** Elderly patients with femoral fractures are often frail and require a multidisciplinary approach to optimise medical care, rehabilitation and prevention of further injury. Previously, neck of femur fracture patients were the focus of such an approach, but NICE and BOAST guidelines emphasise extending this care to other elderly trauma patients.

**Methods:** A retrospective analysis of 43 patients over 60 years old at Gloucestershire Hospitals NHS Foundation Trust in 2019 with a femoral fracture other than a neck of femur fracture. BOAST guideline standards were surgery within 36 hours, orthogeriatric assessment within 72 hours, a documented ceiling of treatment, falls risk assessment, bone health review, nutritional assessment and physiotherapy review.

**Results:** Our study showed worse outcomes in all standards for patients with femoral shaft, distal femur and periprosthetic femur fractures compared to neck of femur fractures: surgery within 36 hours