Improving Complex Patient Journey; Rescuing the Stranded Hip Fracture Patient

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Introduction
Hip fracture predicts morbidity and mortality

- 7-10% Inpatient 30 day mortality
- 12-37% 1yr mortality
- 50% Reduction in functional performance

The Prince Charles Hip Fracture unit was established in April 2010. It is a single site co-located partnership between Orthopaedic Surgery and Geriatric Medicine. The unit services the Metro North Hospital and Health Service. Model of care comprises of a multidisciplinary rehabilitation model of care.

Hip fracture is associated with significant morbidity and mortality. The Prince Charles Hip Fracture Unit was established in April 2010 as a single site, co-located partnership between Orthopaedic Surgery and Geriatric Medicine.

Aim
Evaluation of a new model of care targeting a coordinated, multidisciplinary approach to the management of acute hip fracture inpatients from admission to discharge.

Method
Table 1 provides details of the new model of care. A prospective, consecutive audit dataset with ethics approval over a 12 month period (Nov 2010- October 2011 n=327) was interrogated.

1 yr mortality follow up data was obtained using electronic and manual searches of the Qld register of mortality data and the Qld Health client registry.

Results
Data demonstrates significant reductions in median time to surgery. Benefits include low inpatient mortality (6%), falls incidence (8%), and pressure injuries (6%) despite a high malnutrition prevalence and acute delirium (57%). More than 80% of patients admitted from the community were discharged directly home or to ongoing rehabilitation. Overall 12 month mortality was 24% which is below international benchmarks (Table 2).

Conclusions
Multidisciplinary care of the stranded hip fracture patient not only improves acute morbidity and mortality but also improves functional outcomes and 1 year mortality in this frail elderly population.

This integrated model of care should be considered for all hip fracture patients to achieve improved outcomes.

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References
ANZSGM Position Statement Orthogeriatrics
