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Project title

Does Standardized Rehabilitation and Discharge Planning Improved Functional Outcome and efficiency of care in Geriatric Hip Fractures ?

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Introduction

Hip fractures represent one of the most commonest cause for admission for elderly and result in morbidity and mortality . As the population ages , the burden of geriatric hip fractures is increase substantially . From an outcome and increasing service demand perspective, an integrated model of care promote optimal rehabilitation care and efficient flow of patients across the health care continuum is designed and implemented in our department since 2010 .

Objectives

The primary objective is to determine whether implementation of an early , standardized rehabilitation and proactive discharge planning as part of evidence based care pathway for geriatric hip fractures , improved functional outcome and decrease institutionalization . The secondary objective was to determine if care pathway implementation alter Length of stay (LOS) and process capability .

Methodology

Patients with hip fracture 65 years and older admitted to Tai Po Hospital between 2010 and 2015 were included in this study. Different functional scores carried out by Physiotherapy (EMS and MFAC) and Occupational Therapy department (MBI) were collected at admission and discharge. LOS and institutional rate was also collected. Process capability index (Cpk) were calculated using 7 and 42 weeks as the upper and lower specification limits respectively, and compared the Cpk values across different kinds of data stratifications.

Result

4047 hospitalized patients were collected, of which 71.2% were female. Mean age was 83.2 over the 5 years. Functional scores recorded showed significant improvements after rehabilitation (admission vs. discharge, $p < 0.01$ in all scores). Mean length of stay was 21.8 days and 67.0% of patients stayed fewer than 21 days in year 2015 .There were significantly more patients originally stayed at home returned to their houses after discharge (2011 vs. 2015 = 57.7% vs. 62.7%), (All: $p < 0.01$). Cpk values were increasing (improving) over the 5 years, particularly in female patients and patients with age between 75 and 84. The findings of our study add to the body of evidence that Standardized Rehabilitation and Discharge Planning as part of clinical pathway have positive impacts on functional outcome and subsequent living arrangement without negative impact on LOS and even improve the process capacity which will help facing the service demand in future .