



Service Priorities and Programmes Electronic Presentations

Convention ID: 1002

Submitting author: Dr Brian Au

Post title: Senior Occupational Therapist, Tai Po Hospital, NULL

Coping The Dilemma Between Early and Safe Discharge For Patient With Post-Operative Fractured Hip (POFH) By Therapeutic Patient Educational Class (TPEC)

Au KMB, Poon MYC, Li PMC, Ng HWS, Wong KMS, Chan WKH, Chang WKP, Chan TYY

Occupational Therapy Department, Tai Po Hospital

Keywords:

Occupational Therapy

Patient Education

Fractured hip

Outcome

Introduction

Hip fracture is a major diagnostic group which entails occupational therapy service. As length of stay has been shortening for the sake of coping with an ever-increasing demand from the aging population, boosting up the functional improvement of patients within a finite hospital stay becomes paramount for safe discharge. Although TPEC was found effective in chronic disease management, surprisingly not much study was conducted on its effectiveness in patient with POFH.

Objectives

This study was to investigate the effectiveness of TPEC in patient with POFH.

Methodology

It was a retrospective study by comparing the outcomes, which included functional gain (MBI change); efficiency of functional gain (MBI change per day) and discharge placement, between the patients with POFH who have and have not attended TPEC. Patients were randomly recruited to TPEC with inclusion criteria of MMSE>10 and MBI> 10. To make the control group comparable, same inclusion criteria were applied to them for data selection. One-way ANOVA was used for testing the hypotheses. All patients with POFH admitted from July to Dec 2015 and fulfilled the inclusion criteria would be selected for analyses. The content of TPEC was designed to bolster the imperative knowledge and skills for patients with POFH to gear towards safe discharge. For example, specific and intensive skill practices in ADL as well as use of assistive devices if indicated with the guidance by an occupational therapist. The class size was about five in average and each participant would attend one to two sessions with about 40 minutes each.

Result

40 and 140 subjects from TPEC and control group during the defined period were recruited respectively for data analysis in accordance with the inclusion criteria. The

participants attended $1.58 + 0.49$ sessions in the class. TPEC ($20.45+14.32$) showed greater MBI gain than the control group ($15.21+13.15$), $F(1, 178)= 4.751$, $p= 0.031$. However, no any group effect was found in the efficiency of MBI gain, $F(1, 178)= 3.042$, $p= 0.083$ and discharge placement, $F(1, 178)= 0.064$, $p=0.801$. The solitary effect of TPEC in MBI gain was further supported by eliminating other potential biasing variables between groups such as Age, $F(1, 178)=0.022$, $p=0.882$; LOS, $F(1, 178)= 0.282$, $p=0.596$; MMSE, $F(1, 178)= 2.527$, $p=0.114$; and MBI at admission, $F(1, 178)= 2.347$, $p=0.127$. The results demonstrate that TPEC is beneficial to augment the MBI gain of the patients with POFH.