



Service Priorities and Programmes

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Submitting author: Dr Y C HSU

Post title: Associate Consultant, United Christian Hospital, KEC

15 Years of Evolution in Hip Fracture Services in United Christian Hospital – its Effects on Clinical Outcomes and the Way Forward

Hsu YC (1), Yim TK (2), Yiu WY (1), Wong PW (3), Wong MF (4), Hui YK (4), Lau SW (5), Lau WH (6), Brake TJ (7), Leung MF (2), Chan CW (1)

(1) Orthopaedics & Traumatology, United Christian Hospital (2) Medicine & Geriatrics, United Christian Hospital (3) Physiotherapy, United Christian Hospital (4) Occupational Therapy, United Christian Hospital (5) Prosthetics & Orthotics, United Christian Hospital (6) Medical Social Services, United Christian Hospital (7) Anaesthesiology, Pain Medicine & Operating Services, United Christian Hospital

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Introduction

United Christian Hospital has undergone a long way in developing its multidisciplinary hip fracture services. Since the beginning of orthopaedic-geriatric collaboration in mid-1990s, we have strived for continual improvements in our multidisciplinary care model to hip fracture patients throughout years, and therefore better clinical results.

Objectives

To describe the improvements in our multidisciplinary hip fracture services since the set-up of trauma list in 2000 to our current new dedicated geriatric orthopaedic team and ward, and to evaluate the improvement in clinical outcomes in relation to the changes of services.

Methodology

All patients over 60 years old admitted in United Christian Hospital from 2000 to 2015 were included through CDARS. Their pre-operative length of stay, total length of stay, mortality and functional outcomes were reviewed. The various development milestones in our multidisciplinary hip fracture services were also described.

Result

With the ever aging population, number of hip fracture admissions has been increasing steadily. The number of hip fracture operations has increased from 486 in 2010 to 618 in year 2015. The average age of patients has also slightly increased from 79.6 to 82.2. However, through our multidisciplinary approach, the set-up of trauma list in 2000, the “Evergreen” project in 2006, the set-up of “Key Performance Index” by Hospital Authority in 2009, the renewal of clinical pathway in 2010 and 2015, the starting of fragility doctor and nurse clinic, geriatric bone clinic and Saturday therapy program in 2014, our results has been improving despite of tremendous

increase in workload. While in 2000, only 40% of our patients had operation done within 2 days of admission, we now achieved 77% of early operation within 2 days. The length of stay had decreased from an average of 17 days to 10 days now. The 1-year mortality, unexpected readmission rate, change of accommodation from home to care-home, and the loss of ambulation have all shown improvement. In the end of 2015, we set up a new dedicated ward and multidisciplinary team for geriatric orthopaedic services, which we believe would bring further benefits for our hip fracture patients.