Poster # 37

Title of poster: Impact of Hospitalist-Geriatric Co-management on Orthopaedic Patients with Hip Fractures

Abstract

Background
Hip fractures in the elderly are a common problem associated with morbidity, mortality and increased health care costs. The hip fracture patients on the orthopedic service at Mount Sinai Hospital are complex and pose challenges to the surgical team to coordinate and manage their acute medical issues. The literature suggests that a co-management model with hospitalists or geriatricians may improve staff satisfaction and reduce costs. Therefore, a co-management clinical service was established to address gaps in care for the hip fracture patients. The objective of this study is to examine the effects of the hip fracture co-management service on patient outcomes, quality indicators and appropriate resource utilization.

Methods
Setting
Mount Sinai Hospital, an academic medical centre with orthopaedic inpatient units
Population
Geriatric patients admitted to MSH with hip fractures after 2011 with appropriate historical controls

Study design
Retrospective, before-and-after cohort study

Data collection
Covariate and outcome measures collected through electronic and paper chart reviews

Results
Preliminary data analysis demonstrates a positive impact on outcome measures of the co-management service. The average length of hospital stay for hip fracture patients decreased by 20% following the implementation of the co-management model of care. There was also a reduction in the in-hospital mortality rate and hospital acquired infection rate. The post-operative delirium rate was the same for both conditions.
Preliminary analysis demonstrates a reduction in the time required for patients to get to the operating room and higher rates of osteoporosis treatment initiation post hip fracture.
Important predictors of negative outcomes among elderly patients with hip fractures include advanced age, male gender, and comorbid diseases. In this study, male patients had a longer hospital stay than female patients. Patients with increased co-morbidities and advanced age have a decreased chance of 10 year survival and a longer length of stay. A functional status score of 4

or below, which is indicative of moderate to severe functional impairment, correlates with increased length of stay.

Conclusions

The preliminary results of the study are encouraging and suggest the intervention may improve patient outcomes and reduce post-operative complications. This novel model of care can have significant impact on improving health care efficiency and the quality of care of hip fracture patients. Implementation of this model has potential to improve coordination of care among health care professionals and may be generalizable to other patient populations undergoing urgent procedures or surgeries.