

Orthogeriatric Comanagement for Hip Fractures: Can Small Changes Make a Big Difference?

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Purpose: Hip fractures are a major socioeconomic burden and occur mainly in geriatric patients. High mortality and complication rates are reported and many patients lose their mobility and independence. To reduce the mortality and morbidity of these patients, comanagement with geriatricians has been recommended. The focus of most studies is on rather comprehensive care models, which are difficult to implement without major changes in the clinical practice. Models with small changes have not been extensively evaluated.

Methods: We included in our study all patients ≥ 70 years operated in our institution due to an isolated hip fracture from May 2018 to October 2019. In the first 9 months the patients were treated without (control group) and in the second 9 months with our interdisciplinary care model (intervention group). In the control group, the patients were visited daily by an orthopaedic surgeon. In the comanagement group, we added: (1) one interdisciplinary ward round/week and (2) reserved one “elective” operation slot/day for hip fractures. Baseline characteristics and outcome measures of the hospital stay were extracted from the electronic health record and a 3-month follow-up by phone was done. Statistical analysis was performed with SPSS 26.

Results: 103 patients were included in the control group and 104 in the intervention group. A structured phone interview could not be performed in 30.9% of the cases because of death or change of telephone number. Baseline characteristics (age, sex, Charlson Comorbidity Index) were comparable for both groups ($P > 0.05$). The mean age of the patients was 84.46 ± 7.14 years and 70% were women. The length of hospital stay was shorter in our intervention cohort (9.08 ± 4.53 vs 7.81 ± 4.29 ; $P = 0.022$). In addition, we reduced the waiting time for surgery by more than 10 hours (35.78 ± 34.12 vs 25.44 ± 24.45 ; $P = 0.013$). The overall dissatisfaction rate has halved (32.4% vs 12.9%, $P = 0.008$). On the other hand, the perioperative complication (24.3% vs 25.0%; $P > 0.9999$) and mortality rate (3.9% vs 4.8%; $P > 0.9999$) did not change significantly. The same applied for the 3-month follow-up (complications: 17.6% vs 20.3%, $P = 0.831$; mortality: 15.0% vs 18.2%, $P = 0.573$). The quality of life measured with the EQ-5D-3L (EuroQol-5 Dimensions-3 Levels) index value slightly improved in the 3-month follow-up (0.41 ± 0.3 vs 0.46 ± 0.3 ; $P = 0.38$).

Conclusion: These findings show that small changes in the hip fracture regimen can significantly improve the overall satisfaction rate, reducing the length of stay and waiting time for surgery. In contrast to the current literature no significant improvements in complication and mortality rates have been detected. More comprehensive models may further help improve the outcome, but more resources will be needed.