

Co-Management and Collaboration to Enhance Outcomes of the Geriatric Patient With a Fragility Hip Fracture

Long Island Jewish Medical Center

Joan Madalone MS, RN, NE-BC, CCRN-K
AnnaMarie Hernandez BSN, RN, RNC

Introduction

- Northwell Health has partnered with American Geriatrics Society (AGS) to implement the AGS CoCare: Ortho™ program
- The program, supported by grant funding from The John A. Hartford Foundation, incorporates geriatric professionals to co-manage an older patient with a fragility hip fracture as soon as he/she enters the hospital.

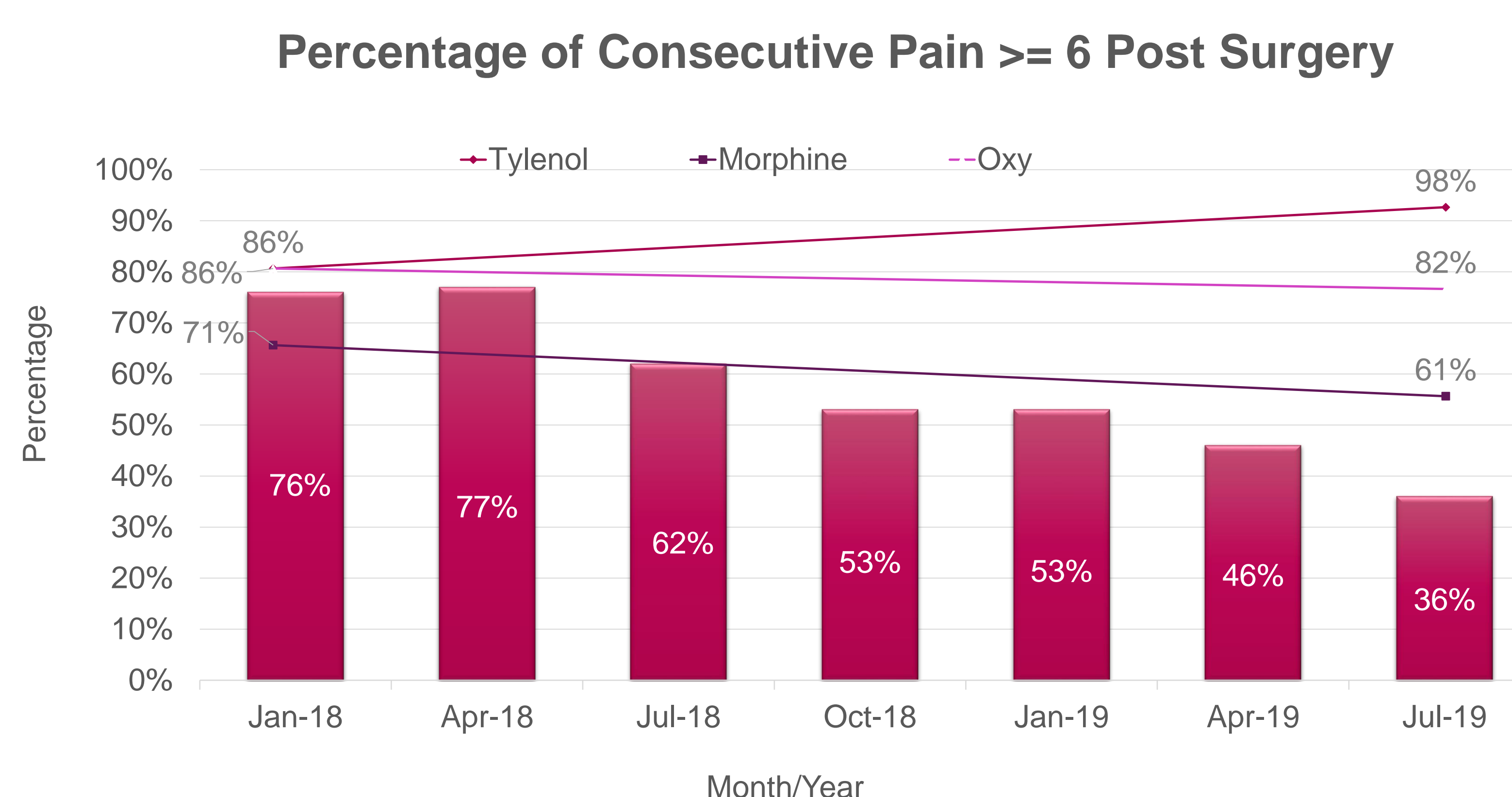
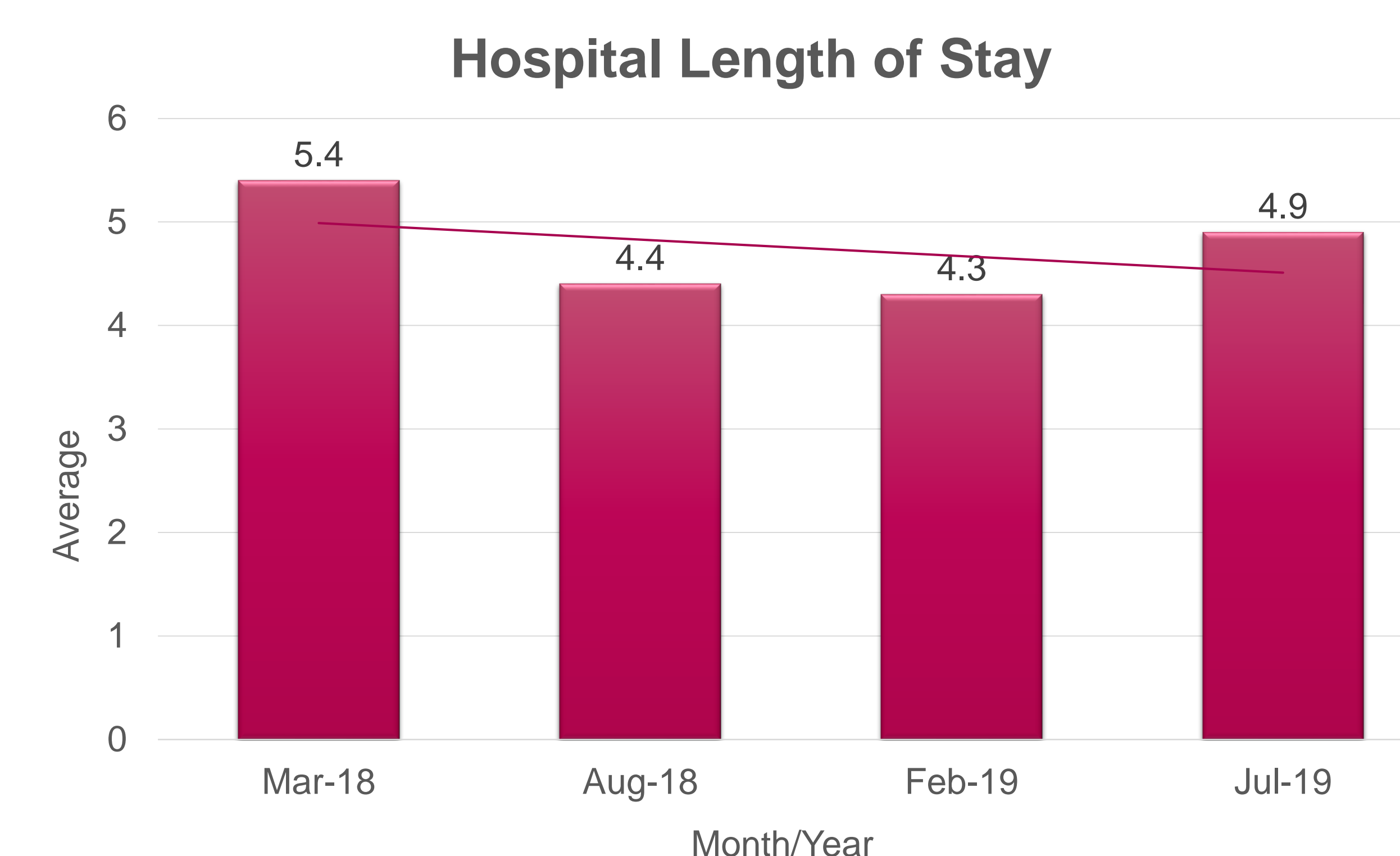
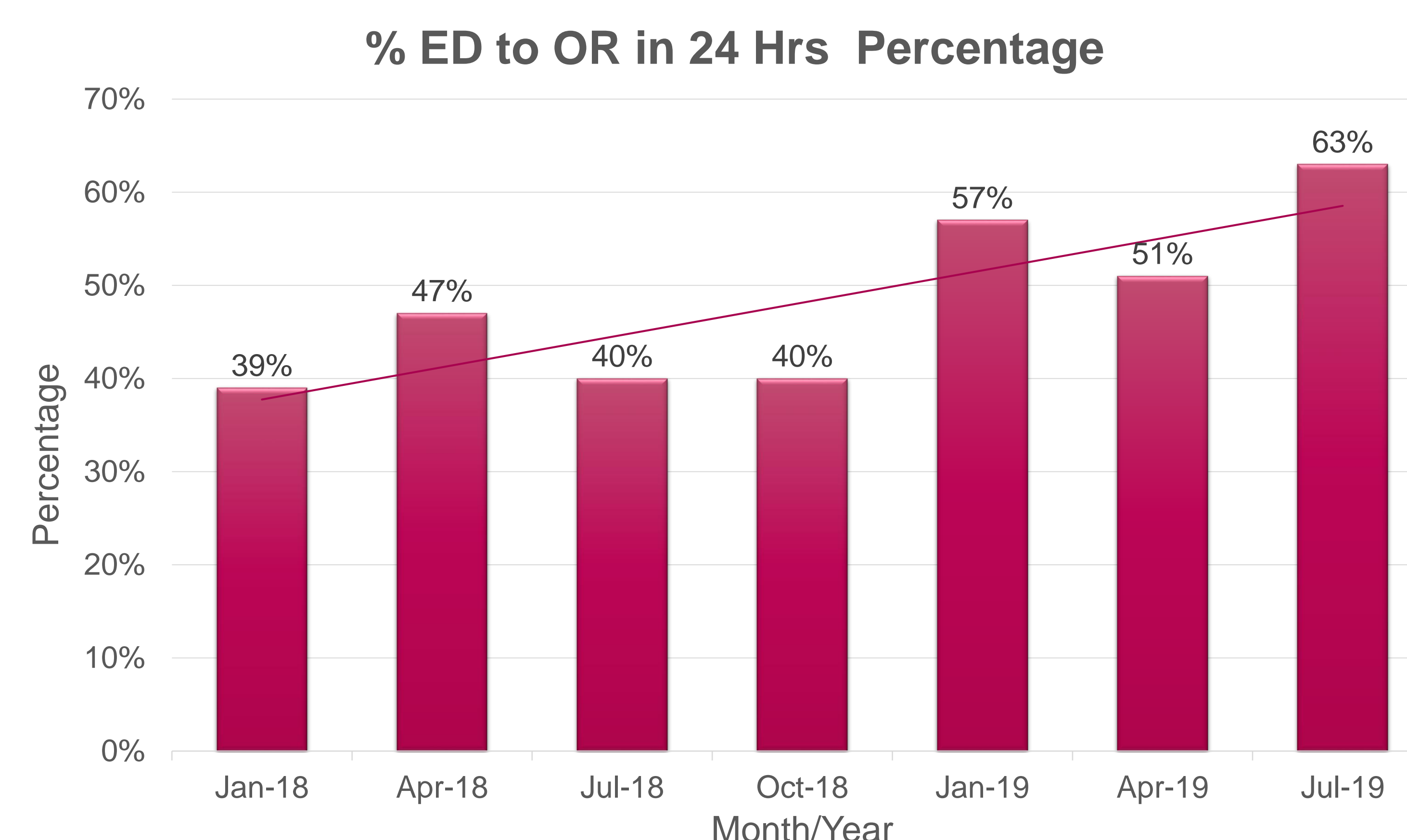
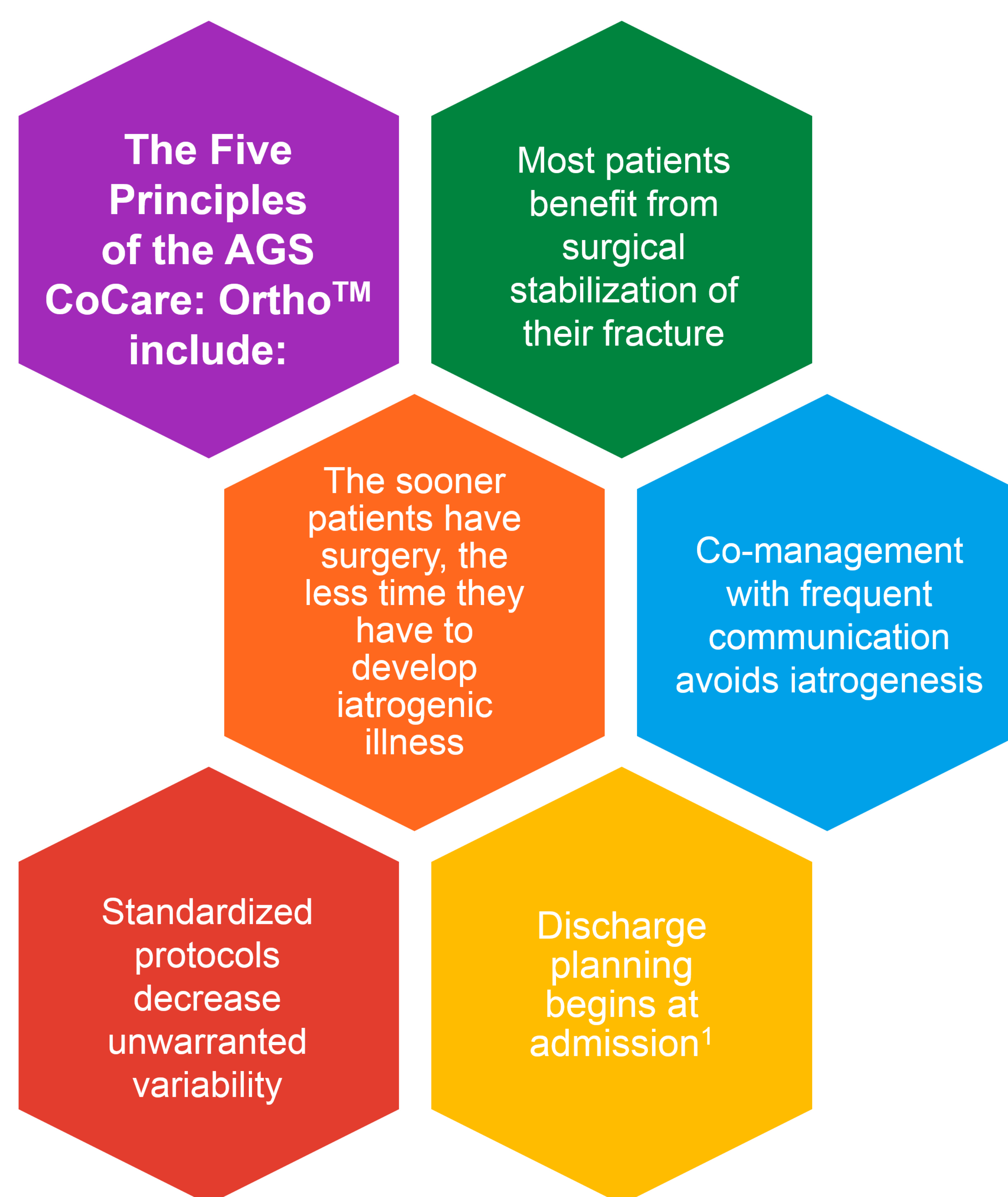
Relevance

- Fragility hip fractures represent more than 300,000 unplanned orthopedic admissions annually in the United States.²
- Over 90% of hip fracture patients are older than 65 and have pre-existing medical conditions.
- One out of five will have a significant adverse postoperative event
- Long term outcomes are poor and because our population is aging, fragility fractures are an increased financial burden on our healthcare system.³
- A co-management model, with a geriatrician expert and Orthopedics has been shown to decrease the risk of harmful events, as well as to decrease length of stay and readmissions.⁴

Project Implementation

- ❖ The program was launched in March 2018
- ❖ Six months prior to launch, Steering Committee of Stakeholders including Geriatrics, Orthopedic Surgery, Anesthesia, Informatics, Quality and Nursing was formed to determine the best approach to implementation
- ❖ Some key metrics that were identified as priorities for measurement included:
 - ED to Operating Room within 24 hours for Surgery
 - Decreasing use of high risk medications for geriatric patients while Improving pain management
 - Decreasing length of stay
- ❖ Changes to the management of this population that were implemented include:
 - Orthopedic Surgery and hospitalist is notified when a patient with a fragility hip fracture arrives to the Emergency Department
 - Fragility hip fractures are now cohorted on the Orthopedic Surgical Unit to promote consistent coordination of care
 - Standardized Order Sets were developed to avoid high risk medications for the geriatric population including anti-histamines, benzodiazepines and high dose and/or long acting opiates
 - Key nursing assessments that have been incorporated into the care of the fragility hip fracture patient includes delirium and mobility assessments.
- ❖ Education regarding the program was completed prior to launch
- ❖ A bi-weekly newsletter with updates to the program is sent out to staff
- ❖ Staff have direct links to education modules related to topics of interest.
- ❖ A dashboard to track progress, success and challenges of program was developed and updated monthly

Outcomes



Conclusions

- Outcomes have demonstrated a trend toward improvement of patient from the ED to Operating Room within 24 hours.
- Development of order sets reduced the use of high risk medications, including narcotics and there has been a decreased perception of pain.
- Utilization of Order sets is at 90.5% in the last 6 months.
- The average length of stay has gone from 5.4 days to 4.9 days.
- AGS CoCare: Ortho™ has been introduced to a second site

References

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2. Zywiell, M. et al. Health economic implications of perioperative delirium in older patients after surgery for a fragility hip fracture. *J Bone Joint Surg Am.* 97: 829-836, 2015.
3. Auais, M. et al. Changes in frailty related characteristics of the hip fracture population and their implications for healthcare services: evidence from Quebec, Canada. *Osteoporosis Int.* 24: 2713-2724, 2013.
4. Della Rocca, G.J., et al. Comanagement of geriatric patients with hip fractures: A retrospective, controlled, cohort study. *Geriatric Orthopedic Surgery and Rehabilitation*, 4, 10-15. 2013