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DEFINING SUCCESS IN PERIOPERATIVE CARE PATHWAYS FOR HIP FRACTURE PATIENTS

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PURPOSE: Hip fracture is an increasingly common cause of morbidity and mortality in the aging U.S. population. Multiple studies have shown that patients who undergo surgical repair within 48 hours of the initial injury have better outcomes. The use of a perioperative care pathway (PCP) for hip fracture patients combines prompt surgical repair with dedicated medical services tailored to patients' specific comorbidities.

METHODS: Our level 1 trauma center implemented a PCP in October 2015, requiring only anesthesia (not hospital medicine) clearance prior to surgery. We identified all hip fracture patients who presented to our level 1 hospital for one year prior to, and one year following, implementation of the pathway. We then performed a comprehensive clinical chart review to collect demographic data, past medical history, and perioperative factors. We performed statistical analyses to evaluate whether using the pathway improved patient outcomes.

RESULTS: Preliminary analyses were performed on a series of patients pre- (n=96) and post-pathway (n=100). We summarized patient characteristics and reported these according to participation in the pathway. Distributions were evaluated for normality and to evaluate for outliers. Proportions were reported for categorical variables and assessed for differences using the chi-square test, and continuous data were summarized by means and standard deviations and assessed for differences using the t-test. We found that patients in the pathway worked with physical therapy (PT) an average of 16.8 hours earlier (p=0.013).

CONCLUSION: The use of PCPs represents an emerging approach to hip fracture management, but a widely generalizable PCP has yet to be definitively described. Our patients' decrease in time to PT may be attributable to better postoperative optimization by hospitalist medicine. We anticipate that multivariate analyses will reveal additional gains. Ultimately, our experience may yield implications for the safe, cost- and time-effective surgical care of hip fracture patients nationally.

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