

Hip Fracture Care: A Step in the Right Direction

A quality-improvement intervention was associated with outcome successes.

Fragility hip fractures, often caused by a fall from standing height, portend substantial morbidity and mortality. Yale researchers implemented a multidisciplinary, multicomponent intervention designed to improve hip-fracture outcomes. The intervention involved preoperative, intraoperative, and postoperative standardized care processes: In addition to standardized order sets, unique aspects included preoperative femoral nerve block, a geriatric pain management protocol, perioperative tranexamic acid infusion (to limit postoperative blood loss), restrictive blood transfusion postoperatively, a nutrition optimization plan, and early mobilization.

Outcomes were compared between 275 hip-fracture patients who received care in the 12-month preintervention period (2015) and 434 patients who received care in the 12-month postintervention period (2018). Compared with preintervention patients, postintervention patients were significantly more likely to get to the operating room (OR) within 24 hours (42% vs. 55%), were significantly less likely to receive blood transfusions (47% vs. 28%) or have adverse drug effects (4% vs. 0%), and had significantly lower unexpected returns to the OR (5% vs. 0%), hospital length of stay (5.1 vs. 4.5 days), and 30-day mortality (8% vs. 3%).

COMMENT

These results are pre–post observational data from a single institution, and many aspects of this intervention have become standards of care (e.g., early mobilization). However, the multidisciplinary approach, incorporating physician and nursing engagement, evidence-based protocols, and active data tracking with feedback, led to outcome improvements that could be transportable to other healthcare systems. — **Daniel D. Dressler, MD, MSc, SFHM, FACP**

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