Geriatric Hip Fracture Assessment

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The project is to design and implement a Geriatric Hip Fracture Program for Cedar Crest and Muhlenberg locations for Fiscal Year 2015-2016, to improve clinical outcomes. The ultimate goal is to focus on Lehigh Valley Health Network’s (LVHN) Triple Aim: better health; better costs; and better care. In the following, the Triple Aim, LVHN could standardize hospital care, reduce length of stay, minimize complications and readmission rates, improve patient and staff education for pre and post-operative phases, decrease costs for the network and patients, provide better healthcare, and improve health.

**Lehigh Valley Health Network**

- In the United States, about 250,000 geriatric hip fractures are performed annually.
- Second leading cause for hospitalization for geriatric patients are hip fractures.
- The frequency of hip fractures at age 50 per 100,000 cases are on average 23 and by age 80 they go up to 630.2-1285.3 per 100,000.
- Most patients arrive to the hospital with co-morbidities (chronic heart failure, chronic obstructive pulmonary disease, and dementia, etc.)
- Hip Fractures are a result of osteoporosis, which causes bones to weaken over time.
- Women are at a significantly higher risk (70%) after menopause, hormonal deficits results in weakened bones.

**Background**

- Lehigh Valley Health Network noticed problems associated with Geriatric Hip Fractures, decided to bring in Accelero Health Partners to figure out the problems.
- LVHN offers two different locations for hip fracture patients, the main location being Cedar Crest hospitals, and then Muhlenberg hospital as well.
- Accelero gathered data and benchmarked it with The Orthoval Database to create charts of how LVHN compares.

**Implementation of Geriatric Hip Fracture Program**

**Accelero Geriatric Hip Fracture Assessment**

**The Assessment Process**

1. Accelero Health Partners Hip Fracture Assessment is to compare and benchmark data from LVHN to their Orthoval Database.
2. Accelero then interviews stakeholders, all the interviews are listed to the right, there are representatives who focus specifically on the care continuum side.
3. There are three process flow mapping sessions which include an hour by hour process of what happens to the patient from admittance to the ED to OR to Discharge.
4. Representatives spend four days doing Perioperative Observations while the care continuum interviews are being conducted.

**RESULTS**

**Strengths**
- Service line structure is clear: LVHN has everything they need to build a better system for GHF
- Full care continuum offerings (clinics, doctors, staff, resources, etc.)
- Caring staff, which makes change easier
- Strategic priority within the organization
- Multidisciplinary collaboration
- EPIC implementation
- Care management services

**Opportunities**
- Clarity of who owns the hip fracture patient
- Ortho Trauma Medicine
- Difficulties in medical clearances
- Education for patient and staff regarding care of the hip fracture patient

**Physician input**
- Physicians think the geriatric hip fracture patients should be taken care of by medical and surgical providers
- Pre-operative readiness needs to be clarified prior to patient is actually ready for surgery
- When scheduling, put all the hip fracture patients together
- Anesthesia should be involved from the beginning of the admission
- Enhance rehabilitation therapies involvement specifically for geriatrics
- Focus on education

**Perioperative-Scheduling**

- Cedar Crest: Schedule changes cause more confusion in surgery
- Difficulties in medical clearances
- Cath lab and operating room are not in any type of order
- Scheduling before ticket is filled out

- Muhlenberg: Schedule changes cause more confusion in surgery
- Difficulties in medical clearances
- Anesthesia using unnecessary resources for patients
- Scheduling before ticket is filled out

**Perioperative-DOS**

- Cedar Crest: The ticket to the operating room needs to be completely filled out before scheduling an event occurs, which is not always the case
- Availability of OR and resources messes up changing levels

- Muhlenberg: The ticket to the operating room needs to be completely filled out before scheduling an event occurs, which is not always the case
- Availability of OR and resources messes up changing levels
- Don’t have their own high/low beds, need to rent them from the beginning of the process.

**Lehigh Valley Health Network**

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