Admission Floor and its Relation to Length of Stay in Patients with Hip Fracture

Jacob Rust  
Jacob.Rust@lvhn.org

Thomas Kwarcinski  
USF MCOM-LVHN Campus, thomas.kwarcinski@lvhn.org

Cathyann Feher RN,MSN  
Lehigh Valley Health Network, Cathyann.Feher@lvhn.org

Michael D. Pasquale MD, FACS, FCCM  
Lehigh Valley Health Network, michael.pasquale@lvhn.org

Follow this and additional works at: https://scholarlyworks.lvhn.org/select-program

Part of the Medical Education Commons

Published In/Presented At  

This Poster is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact LibraryServices@lvhn.org.
INTRODUCTION

With the geriatric population set to double by 2030 and life expectancy continuing to increase, prevalence of hip fractures will rise.1,2

30% of geriatric patients die within one year following their hip fracture, likely due to associated comorbidities.3

Hip fractures represent 14% of geriatric fractures but account for 72% of total costs of geriatric orthopedic care.4

Due to economic burden and poor patient prognoses, orthogeriatric models of co-care and hip fracture pathways were developed.5

Previous studies have identified various factors that contribute to increasing morbidity, mortality, and economic burden.1,2,3

Length of stay (LOS) is directly correlated with cost in the hip fracture population.4

There is increased interest in identifying factors that contribute to increased LOS and addressing these issues earlier during hospitalization to decrease LOS.

Through optimizing the care models and hip fracture pathways of healthcare systems, patient outcomes can be improved and hospitalization cost can be reduced.

METHODS

- Performed literature review with LVHN Library Services researching how admission floor for patients with hip fx relates to outcomes, costs, length of stay, and other factors.
- 470 cases were identified. 118 met inclusion criteria for this study.
- Specific data pertaining to our query was extracted from Epic EHMR.
- 470 cases were identified. 118 met inclusion criteria for this study.
- Specific data pertaining to our query was extracted from Epic EHMR.
- 470 cases were identified. 118 met inclusion criteria for this study.
- Specific data pertaining to our query was extracted from Epic EHMR.
- 470 cases were identified. 118 met inclusion criteria for this study.
- Specific data pertaining to our query was extracted from Epic EHMR.
- There is increased interest in identifying factors that contribute to increased LOS and addressing these issues earlier during hospitalization to decrease LOS.
- Through optimizing the care models and hip fracture pathways of healthcare systems, patient outcomes can be improved and hospitalization cost can be reduced.

ACKNOWLEDGEMENTS

I would like to thank the following people for assistance on this project: Dr. Michael Pasquale, Thomas Fawcett, Cathy Feher, Cateleen Webber, Susan Gross, Dr. Robert Berraco, Kristine Pathe, LVHN Department of Surgery.

REFERENCES

3. Jacob Rust, Thomas Kwarcinski, Cathy Feher, RN, MSN, Michael Pasquale, M.D. Hip Fracture and its Relation to Length of Stay in Patients with Hip Fracture. University of South Florida Morsani College of Medicine/Lehigh Valley Health Network
9. Jacob Rust, Thomas Kwarcinski, Cathy Feher, RN, MSN, Michael Pasquale, M.D. Hip Fracture and its Relation to Length of Stay in Patients with Hip Fracture. University of South Florida Morsani College of Medicine/Lehigh Valley Health Network
10. Jacob Rust, Thomas Kwarcinski, Cathy Feher, RN, MSN, Michael Pasquale, M.D. Hip Fracture and its Relation to Length of Stay in Patients with Hip Fracture. University of South Florida Morsani College of Medicine/Lehigh Valley Health Network