



Difficulties in life after hip fracture and expected hospital supports for patients and their families

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 Rehabilitation;
 Long-term care;
 Gerontology;
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Summary

Aim: To describe difficulties experienced by patients with hip fracture after subacute care, and support wanted from the hospital following surgery.

Methods: This was a survey study of two community general hospitals in Japan. A questionnaire was sent to patients and/or their family members. Data were collected from 2010 to 2012. This study used both statistical and qualitative content analysis.

Results: The mean number of days since surgery was 613.6 (range 126–1247) days. Four categories of difficulties were formulated: 'difficulties in activities in daily living (ADL)', 'physical symptoms', 'reduced social activities' and 'anxiety'. 'Difficulties in ADL' included movement, standing/sitting, instrumental ADL and self-care. The most common difficulties in ADL involved walking. 'Physical symptoms' included pain, cognitive impairment, oedema and tiredness. 'Anxiety' included anxiety about recovering ambulatory ability and anxiety about the future. The most common support wanted was continuous rehabilitation at the same hospital.

Conclusions: The greatest difficulties experienced by patients with hip fracture after subacute care were pain and ambulatory problems. The most common support wanted was continuous rehabilitation at the same hospital. Therefore, more pain control care and continuous rehabilitation at the hospital performing surgery is necessary.

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Editor's comment

For many who sustain a proximal hip fracture their future becomes uncertain. For the medical team and nursing staff the challenge is ensuring such patients are fit for early surgery whilst planning their discharge and home care. For the patient their priorities are likely to include immediate concerns, such as pain control and comfort, but also a number of long term issues relating to mobility, caring for themselves and being a burden to others. Exploring Japan's experiences of proximal fractured femur this study adds to the growing evidence of patient experiences following orthopaedic surgery.

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Introduction

Hip fracture is one of the most common and potentially devastating injuries among elderly people, and causes socio-economic problems in developed countries. The risk of institutionalisation following hip fracture among community-dwelling individuals is five times higher in men and three times higher in women compared with those without hip fracture (Morin et al., 2012). The survival rate is significantly decreased 2 years after hip fracture compared with the general population without hip fracture, and the risk is even higher 10 years after hip fracture (Robbins et al., 2006; Tsuboi et al., 2007).

Many developed countries have reduced the length of stay (LOS) in their hospitals to reduce medical costs. In the USA, diagnostic-related groups were introduced in 1983 to limit costs due to over-utilisation of health services. Average LOS for patients undergoing hip fracture surgery is approximately 1 week in the USA, but the mortality risk is significantly higher soon after hospital discharge compared with Japanese patients (Kondo et al., 2010), possibly because patients are discharged too early.

The Japanese Government has tried to reduce LOS to reduce medical costs by instituting a type of fixed payment plan called the 'diagnosis procedure combination' (DPC), and by separating the care provided in rehabilitation hospitals from that provided in acute care settings. DPC was initially introduced in 82 acute care hospitals such as university hospitals in 2003 (Okamura et al., 2005). The average LOS for general wards in Japan was 27 days in 1999, and decreased to 18 days in 2010 (Ministry of Health Labour and Welfare, 2010). In Japan, hospitals that have introduced DPC usually discharge patients with hip fracture to another rehabilitation hospital 2 weeks after surgery, but

the timing is dependent on the patient's condition and the rehabilitation hospital. A clinical pathway is used to transfer patients smoothly between acute care hospitals and rehabilitation hospitals. However, patients discharged within 2 weeks of surgery had a significantly higher risk of mortality after discharge compared with patients who stayed in hospital for ≥ 40 days, after adjusting for patient condition, treatment and hospital (Kondo et al., 2010). More patients who were discharged from the hospital with shorter LOS had been admitted to another acute care hospital 3 months after surgery compared with those who had a longer initial LOS (Kondo et al., 2009). The number of hospitals that have introduced DPC is increasing every year, and the number was 1496 in 2013 (Ministry of Health Labour and Welfare, 2013). Patients may experience more difficulties in daily life since introduction of the DPC, but there is little information about how patients with hip fracture cope after discharge in Japan.

Archibald (2003) reported patient experiences of hip fracture based on five patients aged >65 years. He collected data from patients with subacute care needs, and described their experiences of recovering from a hip fracture. These included injury, pain, recovery and disability. However, little is known regarding the experience of patients with hip fracture following subacute care. This study focused on difficulties in daily life experienced by patients with hip fracture following subacute care for up to 3.5 years following surgery.

The aims of this study were: (1) to provide information on the needs of patients with hip fracture following subacute hospital care; (2) to offer guidance to orthopaedic administrators on what they could do to enhance the quality of follow-up care for patients with hip fracture; and (3) to compare the difficulties experienced and support wanted by patients before and after introduction of the DPC.

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