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# Identifying outcomes associated with co-managed care models for patients who have sustained a hip fracture: an integrative literature review

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## KEYWORDS

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Hip fracture;  
Fragility fracture;  
Co-managed;  
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Multidisciplinary care;  
Orthogeriatric care

**Abstract Aims and objectives:** The aim of this integrative literature review is to identify themes associated with improved patient outcomes related to orthogeriatric co-managed inpatient unit models of care for patients who had sustained a hip fracture.

**Approach:** An integrative literature review was undertaken from 2002–July 2013 using electronic databases with specific search terms.

**Methods:** The theoretical framework of Whittemore and Knafl was used to guide the review. This framework was chosen as it allows for the inclusion of varied methodologies and has the capability to increase informed evidence-based nursing practice.

**Results:** Five distinct themes relating to outcomes emerged from the analysis, which were: time from admission to surgery; complications; length of stay; mortality and initiation of osteoporosis treatment.

**Conclusion:** The analysis of this integrative literature review clearly indicates the need for national and international sets of agreed outcome measures to be adopted to facilitate the comparison of models of care. This would significantly improve the way in which outcomes and costs are reported, further enhancing international partnerships as the health care team strive to achieve overall improvements in the management of older people presenting to hospital with hip fracture.

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## Editor's comment

The International Journal of Orthopaedic and Trauma Nursing encourages the submission of literature reviews that use a systematic approach such as this one. Not only is the evidence-based discussion found here of use to practitioners but the process of literature review described demonstrates how such an evidence base can be summarised to facilitate application to practice.

JS-T

## Introduction

Hip fracture is a serious and common health problem and the incidence dramatically increases with age. The majority of hip fractures occur in people aged 65 years and older (Brauer et al., 2009). This injury is a common cause of morbidity and mortality and presents complex challenges that require a specialised approach to patient care (Davoli et al., 2011).

The notion of orthopaedic surgeons and geriatricians sharing management of hip fracture patients originated in the United Kingdom (UK). During the 1940s surgeon Lionel Cosin recognised the need for early and appropriate intervention and initiated multi-disciplinary patient assessment and early rehabilitation with the support of physiotherapists (Barton and Mulley, 2003). In 1957 in Hastings, England, Orthopaedic Michael Devas and his geriatrician colleague Bobby Irvine collaborated to create an orthogeriatric model of care. (Barton and Mulley, 2003). This was the first collaborative approach to the care of the frail, older person with hip fracture. The term "orthogeriatric care" was formally introduced in the late 1970s and published data relating to patient outcomes appeared in the literature in the mid-nineteen (Heyburn et al., 2004). Prior to this the traditional model of care for this patient group was, and still remains in many healthcare facilities, admission to an orthopaedic or trauma ward where the orthopaedic surgeon is responsible for not only the surgical fixation of the fracture but also the medical management of the patient. Contemporary Australian evidence suggests that an orthogeriatric model of care reduces length of stay (LOS) and can lead to a 45% decrease in the probability of complications such as delirium, congestive cardiac failure (CCF), pneumonia, deep vein thrombosis (DVT), pulmonary embolism (PE), pressure ulcers, arrhythmias, myocardial infarction and mortality. Conversely and Tha et al. (2009) argue that the best design and setting for comprehensive hip fracture management in the elderly is unknown. The mainstay of treatment remains surgical repair and a multidisciplinary, co-managed approach to maximise patient recovery (Hung et al., 2012).

In the last decade several models of care have been adopted worldwide in caring for this patient population and these models have generally been based on integration of the two disciplines of orthopaedic surgery and geriatric medicine (Davoli et al., 2011). In a literature review undertaken by Kammerlander et al. (2010) the observation was made that whilst it is unclear what the best model of care for hip fracture patients is, there is a trend towards models that use an integrated approach to patient care. This specifically incorporated all the suggested positive features of the various models of care such as a multidisciplinary team approach to care, prioritising the patient from admission to discharge, incorporation of a geriatrician in the trauma unit and the development of guidelines to direct treatment. A multidisciplinary team (MDT) within the context of orthopaedic care is made up of members from different healthcare professions with specialised skills and expertise that includes physiotherapists, occupational therapists, orthopaedic nurses and dietitians. The members collaborate together to make recommendations that facilitate quality patient care (Department of Health, Western Australia, 2013).

The establishment of hip fracture registries is becoming more common internationally. The Australia and New Zealand Hip Fracture Registry (ANZHFR) (Close et al., 2012) has recently been established. Hip fracture registries aid in the establishment of guidelines, the definition of standards of care and measurable quality indicators. Ultimately registries allow for comparison of meaningful data which in turn may be used to understand and improve practice.

## Models of care

A model of care is a multifaceted concept, which largely defines the way health services are delivered. A robust model should be underpinned by the best available evidence and be informed by sound conceptual and theoretical principles (Davidson et al., 2006). Over several decades, models of care for the management of the older hip fracture patient have

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