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Nursing intervention in discharge planning for elderly patients with hip fractures

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KEYWORDS

Hip fracture; Elderly patient; Discharge planning; Rehabilitation; Complex health needs Abstract Hip fractures are most common in older patients and can be associated with high mortality and morbidity rates. This incidence usually results in a loss of function of the individuals, which causes a major burden on health and social care resources. Elderly patients with a hip fracture may present with a complexity of other problems, such as comorbidities or physiological and social factors, which could be challenging to both them and their carers. Identifying these complex health needs and associated risk factors can reduce morbidity and prolonged hospitalization.

The aim of this paper is to examine studies on discharge planning for elderly patients with hip fractures and related practice, taking into consideration the complexity of health needs of these patients and the effect on the progress of their treatment intervention. In addition, the review will consider the contribution of the advanced practice nurse in improving the quality of care for elderly patients with complex health needs. This review shows the potential benefits of discharge planning management in improving the health of older patients with hip fractures. © 2013 Elsevier Ltd. All rights reserved.

Introduction

Hip fracture in the elderly carries a high risk of morbidity and mortality. Increasing life expectancy is leading to a rising incidence of hip fractures (Vestergaard et al., 2007). Abrahamsen et al. (2009) suggested that approximately 1.5 million hip fractures occur worldwide each year and this is expected to increase up to 2.6 million by 2025.

In the United Kingdom there are about 70,000 cases of hip fracture yearly (National Hip Fracture Database, 2011). Older patients with hip fractures may present with complex needs. Whilst associated to 50% of hospital admissions related to the injury they account for 66% of bed days for elderly patients (DH, 2007).

The aim of this paper is to determine the effectiveness of nursing intervention in discharge planning after hip fracture in elderly patients in terms of improving their physical and psychosocial functioning. The process of discharge planning involves assessing the patients' needs during hospitalisation

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in order to continue their care after discharge (Watts and Gandner, 2005). This process may involve physical and psychosocial assessment, education and counselling of patients and family, referrals, coordination with other healthcare workers, together with follow-up and evaluation of the effectiveness of discharge planning (Bauer et al., 2009; Nosbusch et al., 2011).

Several researchers have investigated the possibility of improving long-term health outcomes following hip fracture in terms of mortality, mobility and quality of life (Benetos et al., 2007; LeBlanc et al., 2011; Kagaya et al., 2005). Despite improvements in healthcare technology and rehabilitation programmes, the impact of hip fracture upon functional activity is considerable (Pereira et al., 2010). Around 25% of elderly patients suffering hip fracture die within one year (Haentjens et al., 2010). Hip fracture may lead to disability or loss of an individual's ability to live independently (Johnell and Kanis, 2004).

Elderly patients with hip fracture may present with a complexity of other problems, such as comorbidities, or physiological and social factors which may be challenging to themselves and their attendants. Identifying these complex health needs and risk factors can reduce morbidity and prolong hospitalization.

The older age group has complex health needs and may present with chronic co morbidities. Advanced nurse practitioners need to understand these complex health needs so that they can implement effective improvements in the care of elderly patients with hip fractures. Several studies highlight that physical, psychological and societal factors receive considerable attention from health professionals (Haleem et al., 2008; Huang and Acton, 2009). Kopp et al. (2009) suggest that hip fracture related to old age, multiple morbidity, poor activity before fracture and general complications constitute factors increasing the risk of death.

Healthcare professionals may improve the effectiveness of their care for these patients by considering the complexity of individual's different needs. Ziden et al. (2008) examined the experiences of 18 patients with hip fracture after discharge from hospital. These patients reported loss of confidence in their body, feelings of betrayal and becoming humble, but also being close to death. This shows that multidimensional changes affect the psychological, social and physical health of patients.

This review will identify how nursing interventions concerning discharge plans can improve the physical and psychosocial recovery of elderly patients with fracture of the hip, taking into consideration the complex health needs of these

patients. In addition, the review will consider the important role of the advanced practice nurse in improving the quality of care for elders with complex health needs.

Literature review

A literature review focuses upon gathering information about one particular research topic. Polit and Beck (2009) suggest that a literature review is a critical summary of publications on a relevant topic that contains information regarding the research problem. A critical review will determine the consistencies and inconsistencies of the literature about the topic, and will evaluate the studies to identify the applicability of their findings to nursing practice.

This paper will review a number of studies identifying appropriate interventions to help manage complex health needs for elderly patients with hip fracture, in terms of discharge planning. Along with this advanced nurse practitioners need to demonstrate the effectiveness in utilising appropriate resources, thus reducing healthcare costs whilst improving patient outcomes (Brooten et al., 2012).

Search strategy

The nursing intervention of discharge planning in elderly patients with hip fracture was searched exploiting the following databases: CINAHL, AMED, Pub Med, Cochrane Library, MEDLINE, and British Nursing Index. The key search terms used included: fracture hip, recovery of fracture hip, hip fracture rehabilitation, complex needs for elderly, discharge plan, and discharge for hip fracture patients. Additionally backward chaining was used in the search for articles. The time limit was set to six years 2005-2012. Only papers published in English were used. Initially there were 200 hits; this was narrowed by identifying the individual research papers. Two research papers were excluded because the researcher included vounger patients aged below 60 years. However, the inclusion criterion was elderly patients only (above 60 years). Studies which did not concern the follow up of patients after discharge were excluded. Three randomised controlled trials were published more than once, in different journals, and were excluded (Olsson et al., 2006; Shyu et al., 2008, 2010a). The latest publications of these studies were, however, included (Olsson et al., 2007; Shyu et al., 2010b).

The primary objective was to find out if nursing interventions in discharge planning processes for

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