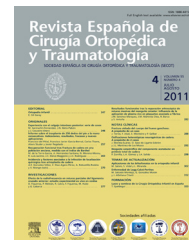




Revista Española de Cirugía Ortopédica y Traumatología

www.elsevier.es/rot



ORIGINAL ARTICLE

Initial experiences of an orthogeriatric unit[☆]



M.P. Mesa-Lampré^a, V. Canales-Cortés^{b,*}, M.E. Castro-Vilela^c, M. Clerencia-Sierra^d

^a Servicio de Geriatria, Unidad de Orto geriatria, Hospital Nuestra Señora de Gracia, Zaragoza, Spain

^b Servicio de Cirugía Ortopédica y Traumatología, Sector Zaragoza 1, Unidad de Orto geriatria, Hospitales Royo Villanova y Nuestra Señora de Gracia, Zaragoza, Spain

^c Servicio de Geriatria, Hospital San Juan de Dios, Zaragoza, Spain

^d Unidad de Valoración Sociosanitaria, Hospital Universitario Miguel Servet, Zaragoza, Spain

Received 22 October 2014; accepted 25 February 2015

KEYWORDS

Interdisciplinary management;
Hip fracture;
Orthogeriatrics

Abstract

Objective: To report the design and outcomes obtained during the first operational years of the Orthogeriatric Unit (OGU) established in the Zaragoza-1 (Spain) Health-Sector.

Materials and methods: A total of 494 patients >70 years old treated in the OGU from February 2009 to December 2012. An analysis was performed using the following variables: demography, previous functional level, comorbidities, surgical delay, fracture type and surgical technique, complications, hospital stay, functional outcomes, destination after hospital discharge, and short- and long-term mortality.

Results: Mean age 85.22 years. High incidence of comorbidities (Charlson Index): 24.3%. Dementia: 38.5%. Surgical delay: 2.57 days. Mean hospital stay between admission and discharge/transfer to convalescence unit, 20.9 days (Traumatology 6.45 + OGU 14.49). More than a third (34.6%) of patients suffered from delirium. Mean functional improvement (Barthel index at hospital discharge–Barthel index at hospital admission): 27.25 points. Montebello index: 0.49. In-hospital mortality: 6.9%.

Conclusion: Hip fracture is such a frequent and disabling pathology among the geriatric population that its treatment requires an interdisciplinary approach. This must be managed by the geriatrician, who has to assure the continuity and integration of the diverse treatment and care schedules, with the participation of the entire professional team in the decision-making process. We are very satisfied with the creation of our interdisciplinary Unit that enables us to report competitive outcomes. We believe that the progression of this Unit from providing subacute to acute care will improve the general outcomes in the future.

© 2014 SECOT. Published by Elsevier España, S.L.U. All rights reserved.

[☆] Please cite this article as: Mesa-Lampré MP, Canales-Cortés V, Castro-Vilela ME, Clerencia-Sierra M. Puesta en marcha de una unidad de ortogeriatría. Rev Esp Cir Ortop Traumatol. 2015;59:429–438.

* Corresponding author.

E-mail addresses: vcanalesc@telefonica.net, vcanales@salud.aragon.es (V. Canales-Cortés).

PALABRAS CLAVE

Atención
interdisciplinaria;
Fractura cadera;
Ortogeriatría

Puesta en marcha de una unidad de ortogeriatría**Resumen**

Objetivo: Presentar el diseño y los resultados de los primeros años de funcionamiento de la unidad de ortogeriatría (UOG) constituida en el Sector Sanitario Zaragoza I para atender a los pacientes ancianos con fractura de cadera.

Material y métodos: Cuatrocientos noventa y cuatro pacientes mayores de 70 años ingresados en la UOG de 2009 a 2012. Se estudiaron datos demográficos, funcionales, comorbilidad, demora quirúrgica, tipo de fractura y técnica quirúrgica utilizada, complicaciones, estancia hospitalaria, resultados funcionales, destino al alta y mortalidad a corto y a largo plazo.

Resultados: Edad media 85,22 años. Comorbilidad alta según el índice de Charlson: 24,3%. Demencia: 38,5%. Demora quirúrgica: 2,57 días. Estancia media del proceso agudo: 20,9 días (traumatología 6,45 + UOG 14,49). Presentó delirium el 34,6%. Ganancia funcional media (índice de Barthel al alta-índice de Barthel al ingreso): 27,25 puntos. Índice de Montebello: 0,49, mortalidad intrahospitalaria: 6,9%.

Conclusión: La fractura proximal de fémur es una enfermedad tan frecuente e incapacitante en la población geriátrica que es indiscutible un abordaje interdisciplinario en el que el geriatra gestione la continuidad y la integración asistencial, con la participación del resto de profesionales en la toma de decisiones. Estamos muy satisfechos de haber podido crear nuestra Unidad de trabajo interdisciplinario y de mostrar unos resultados bastante competitivos. Creemos que la evolución de dicha unidad desde la atención subaguda a la aguda mejorará dichos resultados en el futuro.

© 2014 SECOT. Publicado por Elsevier España, S.L.U. Todos los derechos reservados.

Introduction

Traumas that affect the elderly patient are extensive and varied. The most representative is the fracture of the proximal end of the femur, incorrectly called a "hip fracture". It is the most important complication in osteoporosis, both for the morbidity and mortality it involves and for the costs it generates.^{1,2} Its incidence in Spain ranges between 500 and 600 cases per 100,000 elderly people and year. These figures jump up to 700 cases per 100,000 and year for women and drop to some 300 cases per 100,000 and year for men.^{3,4} Some authors speak of a decrease in fracture risk adjusted to age.^{5,6} Even so, the forecast is for significant increase (even doubling) in the coming decades. The figures related to mortality are alarmingly high in all the stages of the process, remaining around 5% during hospital stay, 15% at 3 months and 25–30% at 1 year.^{7,8} How easy it is for these fractures and their treatment to cause dependency is also extremely well known.⁹ Insofar as the economic cost, in the words of Dr Mesa Ramos¹⁰ (speaking about the year 2009), "Spain labours under one of the highest hospital costs per hip fracture, with 9936 euros per admission related to this pathology" (sic.). And this is not even counting the costs derived from complications and their consequent functional losses.

The traditional model for treating this illness was based on direct attention from traumatologists and occasional later support from specialists in internal medicine and in rehabilitation. The appearance, over the last few decades, of new models based on comprehensive interdisciplinary attention in what are known as orthogeriatric units has modified the previous model. These units (or

better said, the work model that inspires them) were described in Great Britain in the 1960s and 1970s.^{11–13} Their spread in Spain has been progressive, heterogeneous and conditioned by hospital resources. Many studies have shown their efficacy: improved diagnostic precision, reduced complications and mortality, shortened surgical delay and hospital stay, increased functional improvement and reduced institutionalisation.^{14,15}

Our objective was to present the design of and the results from the first years of operation of the Orthogeriatric Unit (OGU) set up in the Zaragoza-I Healthcare Sector (Spain) to attend elderly patients with hip fractures. Our intention is not to compare our system with any of the other orthogeriatric units in the country, but rather to describe the specific features of our model and to show the first results.

Materials and methods

The OGU for the Zaragoza-I Sector opened in February 2009 with 8 beds. It is located in the Geriatrics Service at the Nuestra Señora de Gracia Hospital. The traumatology service is located in another Zaragoza hospital (Hospital Royo Villanova). Consequently, the OGU arose as a subacute unit, receiving patients older than 70 years old at 48–72 h after surgical intervention of proximal femur fractures. Although with unstoppable progression, we can say that the traumatology service has attended a mean of about 150 patients aged over 70 years with hip fractures in the years analysed; this represents almost 1% of the population of this age covered by the hospital (15,764 people as estimated on 1 October 2013).

Download English Version:

<https://daneshyari.com/en/article/4087095>

Download Persian Version:

<https://daneshyari.com/article/4087095>

[Daneshyari.com](https://daneshyari.com)