ABSTRACT

Objectives:
Are to identify the current practices and care gaps for patients admitted following an osteoporotic-hip fracture, and describe their’ needs over a one year period.

Methods:
A two parts process: 1) a chart review of 81 randomly selected charts from patients (≥ 65 years) with hip fracture to identify gaps and provide insight for part 2 of the study. 2) A Longitudinal study of 70 community-dwelling participants with osteoporotic hip fracture are being recruited and evaluated at 6 weeks,3,6 and 12 months post-discharge.

Results:
Based on the chart review, there was no evidence that a fall-risk assessment was carried-out; patients’ walking capacity was not recorded and osteoporosis-medication were rarely prescribed. To date, 40 patients have participated in the longitudinal study. Preliminary results show that Geriatrics, OT, or Nutrition were consulted in <40% of the cases and about half of patients had an inadequate osteoporosis investigation. At 6 weeks post-discharge a major functional decline in basic daily activities was evident; only 50% of patients could put-on their shoes or do light home-chores without difficulty. At 3 months post-fracture 88% had difficulty with stairs. The health priorities and perceptions of patients driven by the impact of their hip fracture changed dramatically over the period of recovery.

Conclusion: Despite the plethora of evidence-based guidelines for osteoporosis care following hip fractures, osteoporosis is still under-diagnosed and treated. Gap between pre-and post-fracture functional status remain substantial. A Care-path for hip fracture patients may be warranted, and patients’ perspectives of health priorities need to be considered in care plans.