

Geriatric fracture program reduces length of hospital stay

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Patients who were cared for within in the Geriatric Fracture Program at Cedars-Sinai were hospitalized for less time and at a lower cost than those whose physicians did not participate in the program, according to a

study by Cedars-Sinai investigators.

The results are published in a special issue of *Health Services Research* devoted to age-friendly [health](#) systems.

"These findings confirm that in addition to providing older adults with the care they need to recover from a catastrophic fracture, this program is an effective model that can be replicated in other health systems," said Sonja Rosen, MD, associate professor of medicine at Cedars-Sinai and senior author of the study.

As people get older, their bones become weaker. At the same time, risk of falling increases as balance and agility are affected by aging. More than one in four people age 65 years or older fall each year, according to the National Institute on Aging.

The resulting injuries can be serious and lead to hospitalization, chronic [pain](#), even death. Yet studies have found that most older people who experience a fracture are not subsequently assessed for [bone health](#).

In 2018, the Department of Orthopedics and Geriatric Section at Cedars-Sinai developed the Geriatric Fracture Program to reduce the risk for [fractures](#) in older people. The program reaches patients who are hospitalized, as well as those seen by physicians in clinics within the Cedars-Sinai network.

The Geriatric Fracture Program was an integral part of Cedars-Sinai earning its designation as an Age-Friendly Health System in 2021. This distinction is part of an initiative of The John A. Hartford Foundation and the Institute for Healthcare Improvement in partnership with the American Hospital Association and the Catholic Health Association of the United States.

Physicians caring for [older patients](#) perform bone strength assessments, and if needed, prescribe medications to improve bone health. For patients who are hospitalized, orthopedic nurse practitioners regularly check in with them and coordinate their care with other clinicians. Inpatients, for example, are screened for delirium, a common symptom among older people who are hospitalized. After the hospitalization, patients receive a follow-up appointment with a geriatrician in the Cedars-Sinai Geriatrics Program, where they are evaluated for [bone](#) health and fall prevention. This includes integrating the "4Ms" of care that are part of the Age-Friendly Health System designation: reviewing medications, mobility, mentation and what matters most to patients.

The program was implemented under the direction of Mark Vrahas, MD, chair of Cedars-Sinai Orthopaedics. [A study](#) by Cedars-Sinai investigators published in 2021 reported that the program has helped reduce the time it takes for patients to undergo surgery after a serious fracture and shorten hospital stays.

The current study included 746 patients age 65 and older who were cared for by physicians participating in the Geriatric Fracture Program and 852 patients who were cared for by physicians not participating in the program. The investigators found that patients in the Geriatric Fracture Program had hospital stays that were 2.12 days shorter than patients not in the program. In addition, hospital-related costs were \$5,316 lower among patients in the Geriatric Fracture Program than those not in it.

There were no differences in time to surgery, 30-day readmission or one-year mortality rates between the two groups.

"Future program evaluations will need to include a larger sample size to really tease out the differences in outcomes between the Geriatric Fracture Program and standard of care," said Kathleen Breda, MSN, NP,

manager of the Geriatric Fracture Program at Cedars-Sinai, and first author of the study. "We'd also like to assess additions to the program, such as an improved care plan for [patients](#) with delirium or dementia."

Other Cedars-Sinai investigators who worked on the study include Michelle S. Keller, Ph.D., MPH; Hiroshi Gotanda, MD, Ph.D.; Karma McKelvey, Ph.D., MPH; and Carol Lin, MD.

More information: Kathleen Breda et al, Geriatric fracture program centering age-friendly care associated with lower length of stay and lower direct costs, *Health Services Research* (2022). [DOI: 10.1111/1475-6773.14052](#)

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