

Best practices missing during management of hip fracture in older adults

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New Delhi: Hip fracture in older adults is a significant public health issue requiring multidisciplinary care. Evidence suggests that adopting best practice guidelines can reduce mortality, improve quality of life and decrease the cost of care.

In this regard, the study by Dr Lalit Yadav, Research Fellow, The George Institute for Global Health, India sought to document current practices, identify barriers and facilitators for adopting best practice guidelines and recommended improvements in the management of hip fractures in Delhi, India.

This mixed methods observational study collected quantitative and qualitative data concurrently from healthcare providers (HCPs), patients', carers and medical records from three major public tertiary

care hospitals in Delhi, India. All patients aged \geq 50 years who had an X-ray confirmed hip fracture and were admitted to the orthopaedic ward at the selected hospitals were recruited and 30-day post injury follow-up was conducted. 11 key informant interviews and 4 focus group discussions with HCPs were conducted. Descriptive statistics for key quantitative variables were determined. The qualitative data were analysed and interpreted using behaviour change wheel framework.

A total of 136 patients, 74 (54 percent) men and 62 (46 percent) women, with hip fracture were identified in the three participating hospitals. Of these, 85 patients (63 percent of the total), were admitted into the hospital. Only 28 percent received surgery within 48 hours of hospital admission. According to the HCPs, inadequate staff, insufficient beds, dedicated operation theatre time and overcrowding affects caring to the needs of the patients. All the participants unanimously felt the need to develop guideline for hip fracture management and establish standardized care protocols in India.

The study revealed delays in admission to hospital and further delays in receiving surgery. Overcrowding, inadequate staff and limited surgical facility at the district-level referring hospitals were identified as barriers to best practices. Lack of community awareness on health in general including common age related co morbidity and knowledge of healthcare services often contributes to delays in receiving care. Analyzing the HCPs perspective on ways to improve practices in the management of older adults with hip fractures, the study identified six intervention functions and five policy categories to enable development of contextually appropriate areas for implementing best practices.

To date there is limited published information on the care pathways for the management of older people with hip fractures in India. Therefore, this study identified important evidence practice gap in the management of older people with hip fractures in three major tertiary care hospitals in Delhi.