
POSTER ABSTRACT

Research during Integrated Care: Acute Hospital to the Community Hospital to Home for Hip Fracture Patients in Singapore

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Introduction: Hip fracture is a global health issue, with significant morbidity and ongoing long-term care costs.

Since 2016, care-coordinators (CC, nurses who support discharge into the community) from National University Hospital (NUH) and St Luke's Hospital (SLH), with therapists, integrated their work processes to provide holistic patient support. NUH CCs would review the patient's premorbid function, social support, and caregiver stress scores while in NUH. This information is shared with SLH's CC and therapists, who continue to follow up on patients to 100 days post-discharge and intervene as needed.

We conducted a 9-month retrospective review on 34 hip fracture patients who were admitted to NUH, then SLH and back into the community.

Results: The mean age was 79. 64.7% (22) were female. 1.3% (4) were known to have dementia. 11 of 34 (32.4%) had an AMT ≤ 7 . The mean Charlson Comorbidity Index was 4.4. 97.1% (33) had surgery, and were allowed to full weight-bear. Mean length of stay in NUH and SLH were 8.47 and 35.6 days respectively.

Mean premorbid MBI was 93.3. Mean post-fracture MBI improved from 57.1 to 80.2 at 100 days. Number of caregivers with Zarit > 8 decreased from 3 to 2 at 100 days. 79.4% (27) patients were independent pre-fracture. At 100 days, 32.4% (11) patients were independent. Of which, 29.4% (10) were cared for by a domestic helper and 26.5% (9) by family. 1 patient went to a nursing home. 2 patients were admitted to an acute hospital, and 1 died.

Discussions, conclusions: There was good functional recovery and reduction of caregiver stress from the acute setting to rehabilitation to home (100-days). There was loss of functional independence post hip fracture, resulting in a need for a caregiver. In Singapore's context, this was a domestic helper or a family member.

Lessons learnt: Hip fracture has significant long-term functional and social implications in Singapore. There needs to be better integration of care/support from acute, to rehabilitation hospitals, and into community, to optimise functional recovery, reduce acute hospital length of stay, and reduce caregiver stress.

Limitations: The study was limited by patient numbers.

Suggestions: Larger and further studies are needed to drive effective integrated care for hip fracture across settings, and also into the community. Predictive factors are needed to allocate resources efficiently.

Keywords: hip fracture; rehabilitation; transitional care
