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## Outcome after implementation of Acute Geriatric Hip Fracture: Fast Track in Siriraj

Unchana Sura-amonrattana\*, Varalak Srinonprasert\*, Aasis Unnanuntana\*\*, Direk Tantigate\*\*,  
Theerawoot Tharmviboonsri\*\*

\*Department of Medicine, Faculty of Medicine Siriraj Hospital, Mahidol University, Bangkok, Thailand

\*\*Department of Orthopedic Surgery, Faculty of Medicine Siriraj Hospital, Mahidol University, Bangkok, Thailand

**Objectives:** “Acute Geriatric Hip Fracture: Fast Track in Siriraj” was designed to facilitate the care process for older people admitted with hip fracture. This study was conducted to evaluate the effectiveness of the program after the implementation.

**Materials and Methods:** A retrospective cohort study was carried out to compare outcomes of hip fracture patients aged 65 or older who were admitted at Siriraj hospital PRE- and POST- implementation of the fast-track program. The primary outcome was the occurrence of medical complications. The secondary outcomes were; time to surgery, factors related to the occurrence of various complications, hospital mortality and mortality at 3, 6, 12 months.

**Results:** A total of 302 patients; 151 in each group with mean age of 80 years, were analyzed. Most clinical parameters of the 2 groups were similar except the POST-fast track group had more patients with dementia (23.8% VS 37.1%,  $p = 0.012$ ). In the POST-fast track group, significant higher proportion of patients underwent surgery prior to 72-hour (44.7% VS 80.3%,  $p < 0.001$ ) and the length of stay was significantly shorter (13(9-18) VS 11(8-17),  $p = 0.017$ ). There were no significant differences in all medical complications and mortality. Mortality rates for 3, 6, 12 months in POST- fast track group were 6%, 10.6%, 13.6%. However, stratified analysis according to dementia status showed a trend in reducing delirium in both demented and non-demented groups and in reducing pressure injury among patients with dementia after implementing the program.

**Conclusions:** The system provided the patients with faster surgery as intended which shortens the length of stay. There is a trend for reducing delirium in stratified analysis but the difference did not reach statistical significant probably due to small sample size.

**Keywords:** hip fracture, orthogeriatrics, elderly, dementia, delirium, time to surgery, complications, length of stay, adverse outcomes