

# Orthogeriatric Multidisciplinary Care for Hip Fractures in the

## Emergency Department Reduces Length of Stay: A

### Retrospective Cohort Study

#### INTRODUCTION



Geriatric hip fractures in the ED → Frequent, high morbidity & mortality



**Multidisciplinary care team**  
Anesthesia, EM, Orthopedics



**Better outcomes**

Mortality, time to surgery, hospital LOS



**Effect on**



ED LOS



Analgesia efficiency

Time to imaging and to surgery

Complications at 72 hours

30-day mortality

#### METHODOLOGY



- > 65y
- Confirmed hip fracture
- Monotrauma

**Analgesia efficiency measures:**

- NRS reduction
- Cumulative opioid consumption (*morphine equivalent*)



- Contraindication/refusal of regional anesthesia
- Polytrauma
- Inability to consent

#### RESULTS

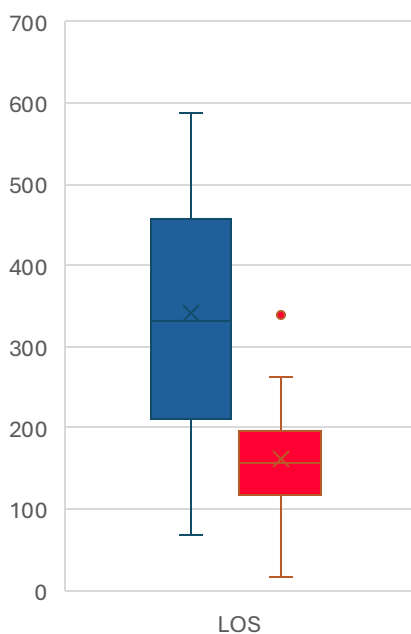
Pre-intervention group (n=87)

Post-intervention group (n=65)

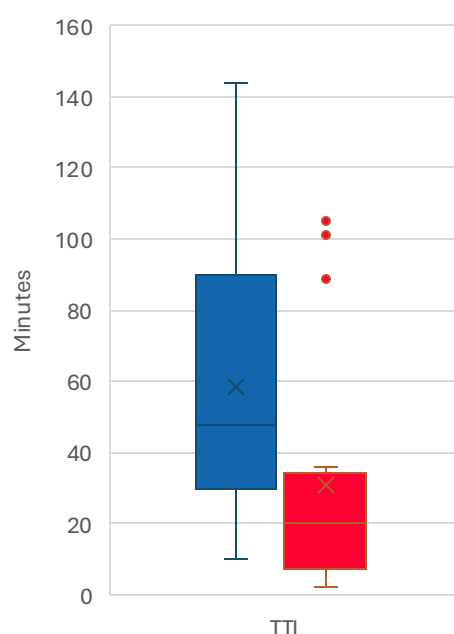
P > 0.05

Time to surgery  
Opioid Consumption

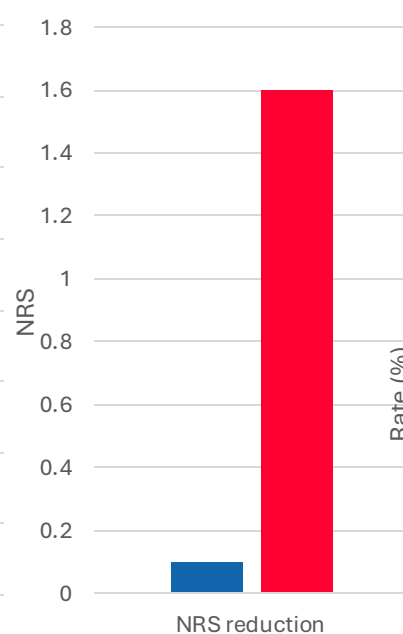
Length of stay in ED



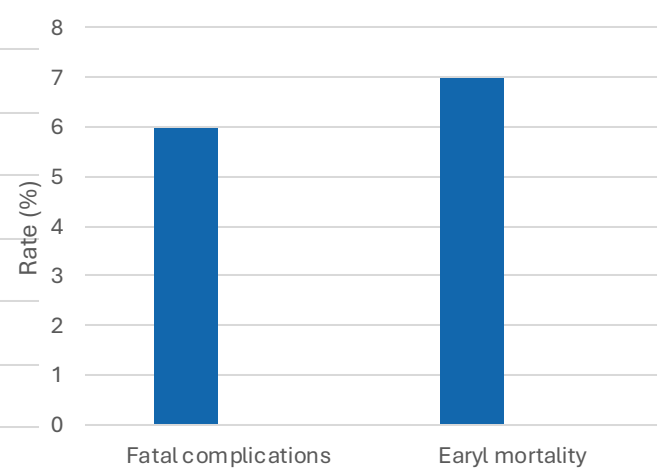
Time to imaging



Analgesia efficiency



72h Fatal complication  
30 day mortality rate



■ Control ■ Intervention

■ Control ■ Intervention

■ Control

■ Control ■ Intervention

#### CONCLUSION

- ✓ Shorter ED stay
- ✓ Better pain control, but no opioid sparing
- ✓ Lower peri-operative mortality