

Patients with acute hip fractures; motivation, effectiveness and costs in two different care systems

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This thesis is based on the following papers:

- I. Admitted with a hip fracture: patient perceptions of rehabilitation**
Olsson L-E, Nyström AEM, Karlsson J, Ekman I
Journal of Clinical Nursing
Accepted for publication, 2006
- II. The integrated care pathway reduced the number of hospital days by half: a prospective comparative study of patients with acute hip fracture**
Olsson L-E, Karlsson J, Ekman I
Journal of Orthopaedic Surgery and Research
Accepted for publication, 2006
- III. Prospective comparative study of the effects of nursing interventions within an integrated care pathway**
Olsson L-E, Karlsson J, Ekman I
Journal of Advanced Nursing
Submitted, 2006
- IV. Cost of care and health consequences for two different treatments of hip fractures - a cost-effectiveness study**
Olsson L-E, Hansson KE, Ekman I, Karlsson J
Manuscript



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motivation, effectiveness and costs in two different care systems**

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Abstract

The care of patients with a hip fracture in Sweden varies a lot in terms of length of hospital stay and these patients are often subjected to multiple transferrals for other than medical reasons. How this affects the rehabilitation result is largely unknown but it is probably not in the best interest of the patients.

The overall aim was to investigate the hospital care for patients with acute hip fractures - their own perceptions of their situation and comparison of effectiveness and costs using two different care systems. A qualitative method was used to describe the patients' perceptions of their situation after hip fracture surgery. A quasi-experimental design was used to compare the Integrated Care Pathway (ICP) intervention group to a comparison group and a cost-effectiveness method was used for the economic evaluation.

The patients in the qualitative study varied greatly in their engagement in the rehabilitation process but common traits among all the patients were: the need for more information, strong worry for future physical ability and a very strong zest for life.

The ICP included a patient-motivated accelerated training programme based on the individual patients' own perceptions and motivation for rehabilitation. The ICP intervention group had a significantly shorter length of hospital stay (12.2 vs. 26.3 days; $p < 0.000$) the rehabilitation was more successful (36 patients vs. 27 were discharged as low dependent) ($p = 0.003$). Moreover, there was a 40% reduction of the average total cost in the intervention group ($p = 0.000$).

The results suggest that differences in patients' perspectives on the rehabilitation process need to be taken into account to enhance outcomes. It was found to be important to obtain good knowledge about patients' prerequisites and subject them to an accelerated rehabilitation in accordance with their personal ability. The transition theory was intertwined within the ICP providing help for caregivers when assisting the patients to develop new knowledge and skills. The use of an ICP was cost-effective and the cost for developing the ICP was accrued already after three patients.

Key words: Phenomenography, elderly, cost-effectiveness, and nursing