

Home Care Lowers Deaths after Hip Surgery: Study

TORONTO — Elderly patients given formal home care after a hip replacement due to a fall have a lower risk of dying within a few months after leaving hospital compared to those who don't get such follow-up services, a study suggests.

Researchers at McGill University in Montreal found the death rate among Quebec patients provided home care after emergency hip replacement was 43 per cent lower than for those sent home without a program in place.

Lead author Elham Rahme, an associate professor of biostatistics and epidemiology, said elderly patients who can be discharged home -- as opposed to being sent to a nursing home or another hospital -- often have difficulties with mobility and need monitoring and rehabilitation.

"They need somebody to care for them, and most of the time the person they live with is as old as they are and they cannot provide sufficient care," she said Monday from Montreal.

The study, published in the Canadian Medical Association Journal, looked at hospital and other administrative records for more than 11,300 patients who had a single hip replacement, most as the result of a fall that caused a hip fracture.

Almost one-third of the patients were discharged home without follow-up services, said Rahme, noting that only six per cent were sent home with services in place to provide rehabilitation and other therapy to prevent complications and promote recovery.

That meant only 16 per cent of all those able to return to their own residences had follow-up home care, she said. Rahme said home-care programs in Quebec are insufficient to meet patient needs, but she suspects there may also be shortfalls in other provinces.

Home-care services across the country will need to be beefed up to meet the needs of an aging population subject to osteoporosis and therefore at risk for hip fractures, she said.

Dr. Alan Forster, medical director of the Ottawa Hospital Center for Patient Safety, agreed that visits by a home-care team that might include a nurse, rehabilitation therapists and nutritionist are valuable in getting a patient back on his or her feet.

But Forster, who was not involved in the study, questioned the high impact on death rates from home care that the researchers found. He suggested that following actual patients after their surgery -- instead of using only hospital and other records -- may produce more scientifically "robust" results.

In fact, the McGill research team is in the midst of enrolling patients for such a study, Rahme said.