

# Older patients admitted with a Fragility Fracture – a Review of Discharge Summary Documentation in accordance with HIQA National Standards.



Tallaght University Hospital

Ospidéal Ollscoile Thamhlachta

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## Background

Fragility fractures, defined as fractures resulting from low energy trauma<sup>1</sup>, are consistent with a diagnosis of osteoporosis. When a patient is discharged from hospital, guidelines recommend principal and additional diagnoses, relevant co-morbidities contributing to primary diagnosis, medications and relevant investigations are recorded<sup>2</sup>.

## Methods

- This audit reviewed discharge summaries of all patients discharged from a rehabilitation unit over two months, in accordance with the Health Information and Quality Authority's (HIQA) National Standard for Patient Discharge Summary Information<sup>2</sup> (Figure 1).
- Patients with fragility fractures were identified through medical record review.
- Principal and additional diagnoses were reviewed, with cause and mechanism of falls considered relevant comorbidities.
- Discharge prescriptions for anti-resorptive medications were noted.
- Dual-energy x-ray absorptiometry (DXA) was recorded as a relevant investigation<sup>3</sup>.

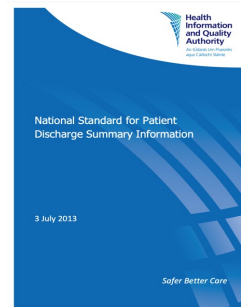


Figure 1

## Results

49 patients were discharged from the unit over this period. Those who were transferred to another ward or unit, those who died and those whose discharge summaries were not completed were excluded from the audit.

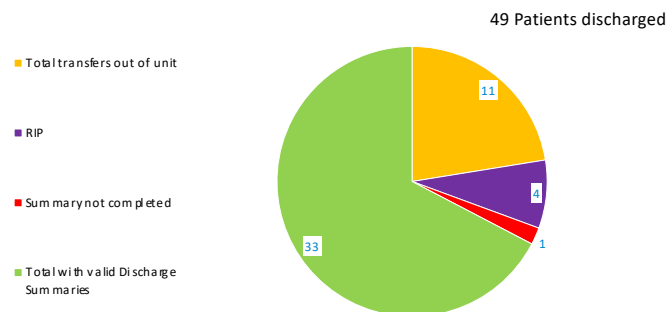


Figure 2: Inclusion Criteria

33 discharge summaries met inclusion criteria. 12 patients were admitted with fragility fractures with a mean age of 81 years (69-90). 83.3% (n=10) were female.

Osteoporosis was mentioned in 50% (n=6) of discharge summaries of patients with fragility fractures. On review of relevant co-morbidities, likely cause of the fall was documented in 58.3% (n=7) and mechanism in 50.0% (n=6) excluding those reported as unwitnessed (n=3). Bone protection was planned in 83.3% (n=10). Plan for DXA was documented in 8.3% (n=1)

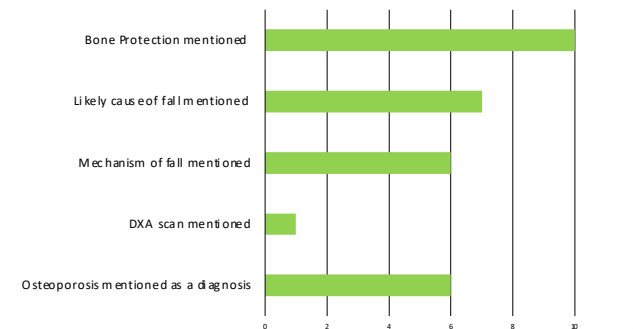


Figure 3: Results from a review of Discharge Summary Documentation in accordance with HIQA National Standards.

## Conclusion

This audit demonstrates suboptimal communication between hospital and community teams, despite chronic disease being predominantly managed in the community. In Europe, Ireland has one of the largest disease burdens relating to osteoporosis and the largest increase predicted in the next ten years<sup>4</sup>. It is of utmost importance we improve communication to minimise disease burden.

## References

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