

## Optimizing Rehabilitation Transitions: Delays, Determinants, and Outcomes in Hip Fracture Patients

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**Abstract :** Introduction: Hip fractures are a major health concern due to their impact on disability, independence, and mortality. Timely rehabilitation is crucial for improving patient outcomes and reducing healthcare costs, yet delays in rehabilitation, often due to challenges in discharge processes, can lead to adverse events and increased healthcare burdens. Aim: The study aimed to investigate two primary aspects related to hip fracture older adults patients: firstly, identifying subgroups more prone to delayed discharge for further rehabilitation; and secondly, exploring the consequences of this delay on short-term outcomes and the incidence of adverse events. Methods: Conducting a retrospective analysis, we examined the medical records of 474 patients aged 65 and older, hospitalized for hip fractures between 2018 and 2022 in a major hospital in the north-central region of Israel. All patients were eligible for further rehabilitation, including options for in-patient or home-based care. Results: Of the studied patients, 61.4% experienced delayed discharge, with an average waiting period of 3.5 days. Factors such as older age, prolonged hospital stay, and the need for in-patient rehabilitation were associated with a higher likelihood of delayed discharge. Those promptly discharged demonstrated lower rates of infections, falls, and mortality. Furthermore, delayed discharge to further rehabilitation correlated with elevated hospitalization costs. Notably, no significant differences were observed in re-hospitalization or repeat surgery rates. Conclusion: This study underscores the pressing need for efficient strategies to ensure timely rehabilitation, particularly for older adults. Implementing such strategies can optimize outcomes, mitigate adverse events, and contribute to a reduction in healthcare costs.

**Keywords :** hip fracture rehabilitation, delayed discharge, older adults, healthcare coordination, adverse events

**Conference Title :** ICN 2025 : International Conference on Nursing

**Conference Location :** Tokyo, Japan

**Conference Dates :** January 09-10, 2025