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Advanced care planning in elderly patients admitted with neck of femur fractures - are standards being met?

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Background: A fractured neck of femur is the leading cause of injury-related mortality in elderly patients, with around one third of patients dying within 1 year. The Gold Standards Framework recommend that advance care planning (ACP) should be carried out for patients with general frailty and co-existing conditions that mean they are expected to die within 12 months.

Methodology: We assessed the standards of ACP in patients over 65 admitted to a surgical rehabilitation ward with neck of femur fractures over a 3-month period. 57 patients were included in this study. Patient notes were analyzed for documentation of a discussion regarding patient wishes, resuscitation status including ceilings of care and communication of advanced care plans in discharge summaries. In order to identify those patients most in need of ACP, frailty scores were calculated using the Rockwood frailty score.

Results: Out of 57 patients, 30 were classified as frail and 9 as severely frail. 33 patients had a documented resuscitation


status, of who three were for full escalation. 77% of patients with DNAR decisions had further ceilings of care documented and 30% had ACP discussions. Of those without recorded resuscitation statuses, 40% were classified as frail and 78% had more than 3 comorbidities. Only 2 patients in this cohort had ACP. Of those patients that did have ACP, 63% received inpatient palliative. 81% of the patients who had ACP subsequently had this documented on their discharge summary.

Conclusions: Complete ACP is only being undertaken in 11% of patients in a cohort with an expected 1-year mortality of 30%. Frail patients at increased risk of mortality did not have resuscitation decisions documented. On admission with a neck of femur fracture, frail multimorbid patients should be recognized and this injury act as a prompt for ACP in the elderly.

Speaker Biography

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