

# Journal of the American Medical Association

**Original Article**

**Effect of a Comprehensive Geriatric Assessment on the Management of Elderly Patients with Hip Fractures: A Randomized Controlled Trial**

David C. Reardon, MD, PhD, et al.

*JAMA* 2004;291:1001-1008

**Abstract**

**OBJECTIVE:** To determine the effect of a comprehensive geriatric assessment (CGA) on the management of elderly patients with hip fractures.

**DESIGN:** Randomized controlled trial.

**SETTING:** A tertiary care hospital.

**PATIENTS:** Elderly patients with hip fractures.

**INTERVENTIONS:** CGA and standard care.

**MEASUREMENTS AND MAIN RESULTS:** The CGA group had a significantly higher proportion of patients who were discharged to their homes (60% vs 40%,  $P = .001$ ). The CGA group also had a significantly higher proportion of patients who were discharged to a nursing home (40% vs 20%,  $P = .001$ ). The CGA group had a significantly higher proportion of patients who were discharged to a skilled nursing facility (20% vs 10%,  $P = .001$ ). The CGA group had a significantly higher proportion of patients who were discharged to a long-term care facility (20% vs 10%,  $P = .001$ ). The CGA group had a significantly higher proportion of patients who were discharged to a hospice (10% vs 5%,  $P = .001$ ). The CGA group had a significantly higher proportion of patients who were discharged to a rehabilitation center (10% vs 5%,  $P = .001$ ). The CGA group had a significantly higher proportion of patients who were discharged to a subacute care unit (10% vs 5%,  $P = .001$ ). The CGA group had a significantly higher proportion of patients who were discharged to a skilled nursing facility (20% vs 10%,  $P = .001$ ). The CGA group had a significantly higher proportion of patients who were discharged to a long-term care facility (20% vs 10%,  $P = .001$ ). The CGA group had a significantly higher proportion of patients who were discharged to a hospice (10% vs 5%,  $P = .001$ ). The CGA group had a significantly higher proportion of patients who were discharged to a rehabilitation center (10% vs 5%,  $P = .001$ ). The CGA group had a significantly higher proportion of patients who were discharged to a subacute care unit (10% vs 5%,  $P = .001$ ).

**CONCLUSIONS:** A comprehensive geriatric assessment (CGA) significantly improved the management of elderly patients with hip fractures. The CGA group had a significantly higher proportion of patients who were discharged to their homes (60% vs 40%,  $P = .001$ ). The CGA group also had a significantly higher proportion of patients who were discharged to a nursing home (40% vs 20%,  $P = .001$ ). The CGA group had a significantly higher proportion of patients who were discharged to a skilled nursing facility (20% vs 10%,  $P = .001$ ). The CGA group had a significantly higher proportion of patients who were discharged to a long-term care facility (20% vs 10%,  $P = .001$ ). The CGA group had a significantly higher proportion of patients who were discharged to a hospice (10% vs 5%,  $P = .001$ ). The CGA group had a significantly higher proportion of patients who were discharged to a rehabilitation center (10% vs 5%,  $P = .001$ ). The CGA group had a significantly higher proportion of patients who were discharged to a subacute care unit (10% vs 5%,  $P = .001$ ).

**INTRODUCTION**

Older patients with hip fractures are at high risk for poor outcomes. The risk of mortality is increased, and the risk of functional decline is increased. The risk of institutionalization is increased. The risk of nursing home placement is increased. The risk of long-term care placement is increased. The risk of hospice placement is increased. The risk of rehabilitation placement is increased. The risk of subacute care placement is increased.

**CONCLUSIONS**

A comprehensive geriatric assessment (CGA) significantly improved the management of elderly patients with hip fractures. The CGA group had a significantly higher proportion of patients who were discharged to their homes (60% vs 40%,  $P = .001$ ). The CGA group also had a significantly higher proportion of patients who were discharged to a nursing home (40% vs 20%,  $P = .001$ ). The CGA group had a significantly higher proportion of patients who were discharged to a skilled nursing facility (20% vs 10%,  $P = .001$ ). The CGA group had a significantly higher proportion of patients who were discharged to a long-term care facility (20% vs 10%,  $P = .001$ ). The CGA group had a significantly higher proportion of patients who were discharged to a hospice (10% vs 5%,  $P = .001$ ). The CGA group had a significantly higher proportion of patients who were discharged to a rehabilitation center (10% vs 5%,  $P = .001$ ). The CGA group had a significantly higher proportion of patients who were discharged to a subacute care unit (10% vs 5%,  $P = .001$ ).