

Targets or Tariffs, or Something Else? A 16-Year Experience with Hip Fractures from a Regional Trauma Center

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Purpose: In the United Kingdom, national guidelines recommend surgery for hip fractures on the day of admission or the following day, with some regions receiving financial incentives for related targets. The Royal Victoria Hospital's 30-day mortality rates have been recognized as among the best in the National Hip Fracture Database, reducing from 7.5% in 2000 to 4.4% in 2014, despite fewer financial incentives and greater waiting times than many other units. The aim was to identify possible factors contributing to the low 30-day mortality rates in this unit.

Methods: Data for all hip fracture admissions from January 2000 to December 2015 were retrieved from the hospital inpatient database. All surviving patients had telephone follow-up up to 1 year.

Results: The database identified 15,345 patients (865 to 1066 annually). By 2015, mean age had risen to 80 years, and 24.7% of operated patients were American Society of Anesthesiologists (ASA) grade 4 or 5, compared to 7.4% in 2000. During this period there was rationalization of treatment towards evidence-based guidance, with increased rates of more complex procedures (eg, total hip arthroplasty and cephalomedullary nailing). Despite improvements in waiting times, most patients received surgery over 36 hours post-injury. Between 2011 and 2015, it was observed that patients who underwent surgery after 36 hours had significantly better 30-day survival than those operated on within 36 hours, especially among ASA 3 and 4 patients, even if delays were due to resource limitations. This finding was contrary to the national recommendation for surgical waiting times for optimized survival. As the operative plan was unaffected by waiting time, it appears that the high level of ward-level medical care is a key factor, as this unit has a dedicated consultant orthophysician-led on-site medical team.

Conclusion: We believe that our early mortality results are attributable to compliance with evidence-based guidance and the high-intensity orthophysician input available. The disparity between waiting time and early mortality results suggests that the current focus on operative waiting times may not be the most relevant parameter in determining early postoperative outcomes after hip fracture.