

8. QUALITY OF CARE

Waiting times for hip fracture surgery

The main risk factors for hip fracture are associated with ageing – an increased risk of falling and loss of skeletal strength from osteoporosis. With increasing life expectancy across most OECD countries, it is anticipated that hip fracture will become a more significant public health issue in coming years.

In most instances following hip fracture, surgical intervention is required to repair or replace the hip joint. There is general consensus that early surgical intervention maximises patient outcomes and minimises the risk of complications. General agreement is that surgery should occur within two days (48 hours) of hospitalisation. Guidelines in some countries call for even earlier intervention. For example, the National Institute for Health and Care Excellence (NICE) clinical guidelines recommend hip fracture surgery to be performed on the day of hospital admission or the next day (National Institute for Health and Care Excellence, 2014).

This is the first time *Health at a Glance* is reporting on the time taken to initiate hip fracture surgery after hospital admission. Timely surgery can be considered an indicator of the quality of acute care received by patients with hip fracture.

In 2013, on average across the OECD over 80% of patients admitted for hip fracture underwent surgery within two days (Figure 8.14). In Denmark, Iceland and the Netherlands, the proportion was greater than 95%. Countries with the lowest proportion of patients operated on within two days of admission were Spain (43%), Italy (45%) and Portugal (45%). Many patients were treated sooner than two days following admission. In the Netherlands and the Czech Republic, for example, over 40% of patients admitted for hip fracture underwent surgery on the day of admission.

Figure 8.15 shows the proportion of hip-fracture repairs occurring within two days of admission in OECD countries between 2003 and 2013. The OECD average increased from 76% to 81% over that time. The greatest improvement was observed in Italy, where the proportion increased from 28% in 2008 to 45% in 2013, and in Israel, where it increased from 70% in 2003 to 85% in 2013. A policy of comparative public reporting of hospital indicators, including time to surgery following hip fracture, implemented by Italian authorities may partly explain the improvement observed in that

country. In Canada, the percentage of patients operated on within the two day benchmark increased from 87% in 2008 to 92% in 2013, but there is considerable variation in this indicator between provinces and hospitals (CIHI, 2015). Portugal saw a decline of hip fracture repair within two days of admission from 57% in 2008 to 45% in 2013.

Time to surgery for hip fracture patients is influenced by many factors, including hospitals' surgical theatre capacity, flow and access. Improvement in timely surgery for patients with a particular diagnosis or injury (e.g. hip fracture) may be achieved at the expense of timeliness in others (e.g. hip or knee replacements).

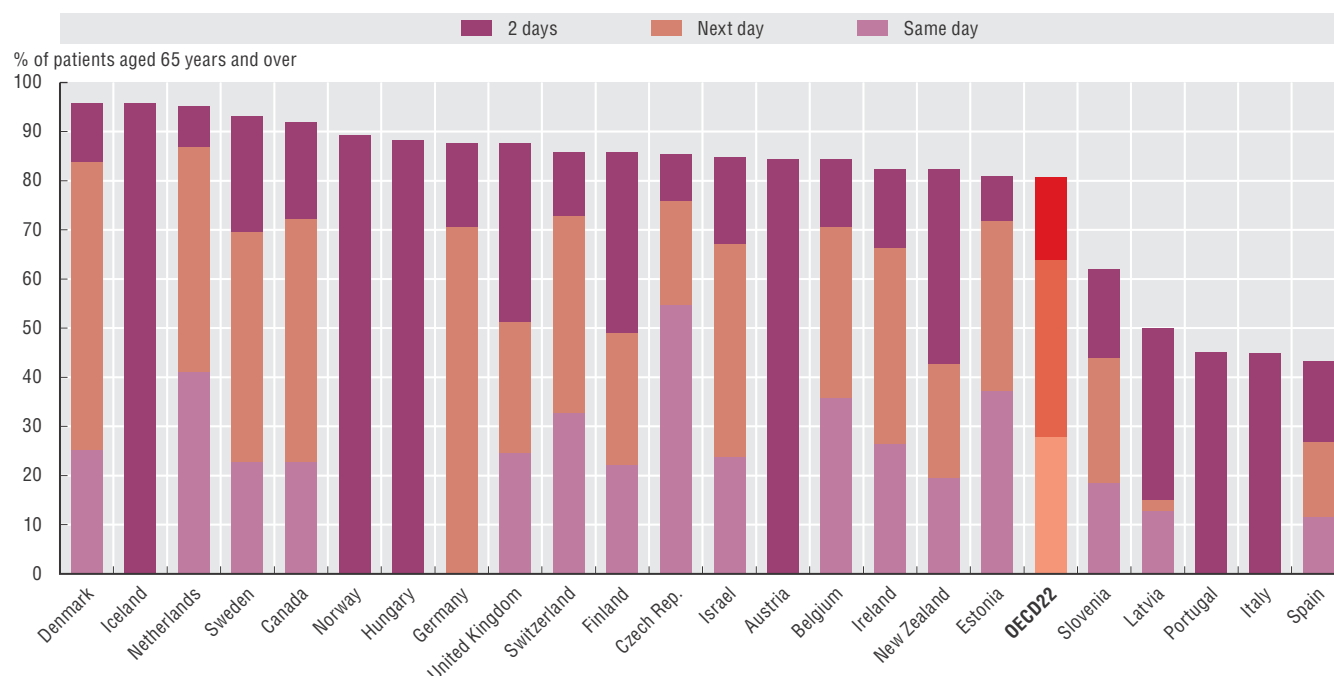
Definition and comparability

This indicator is defined as the proportion of patients aged 65 years and over admitted to hospital in a specified year with a diagnosis of upper femur fracture, who had surgery initiated within two calendar days of their admission to hospital. Data are also provided for the proportion of those patients who had surgery within one day of their admission to hospital, and for patients who had surgery on the same day as their hospital admission. While the capacity to capture time of admission and surgery in hospital administrative data varies across countries, most countries are able to distinguish between patients who stay overnight and have surgery within 24 hours from patients who have surgery on the day of admission. Some countries supplied results for surgery within two calendar days only.

References

- CIHI – Canadian Institute for Health Information (2015), *Wait Times for Priority Procedures in Canada*, Ottawa.
- National Institute for Health and Care Excellence (2014), “Hip Fracture: The Management of Hip Fracture in Adults”, NICE Clinical Guideline No. 124, issued June 2011, last modified March 2014.

8.14. Hip fracture surgery initiation after admission to hospital, 2013 (or nearest year)

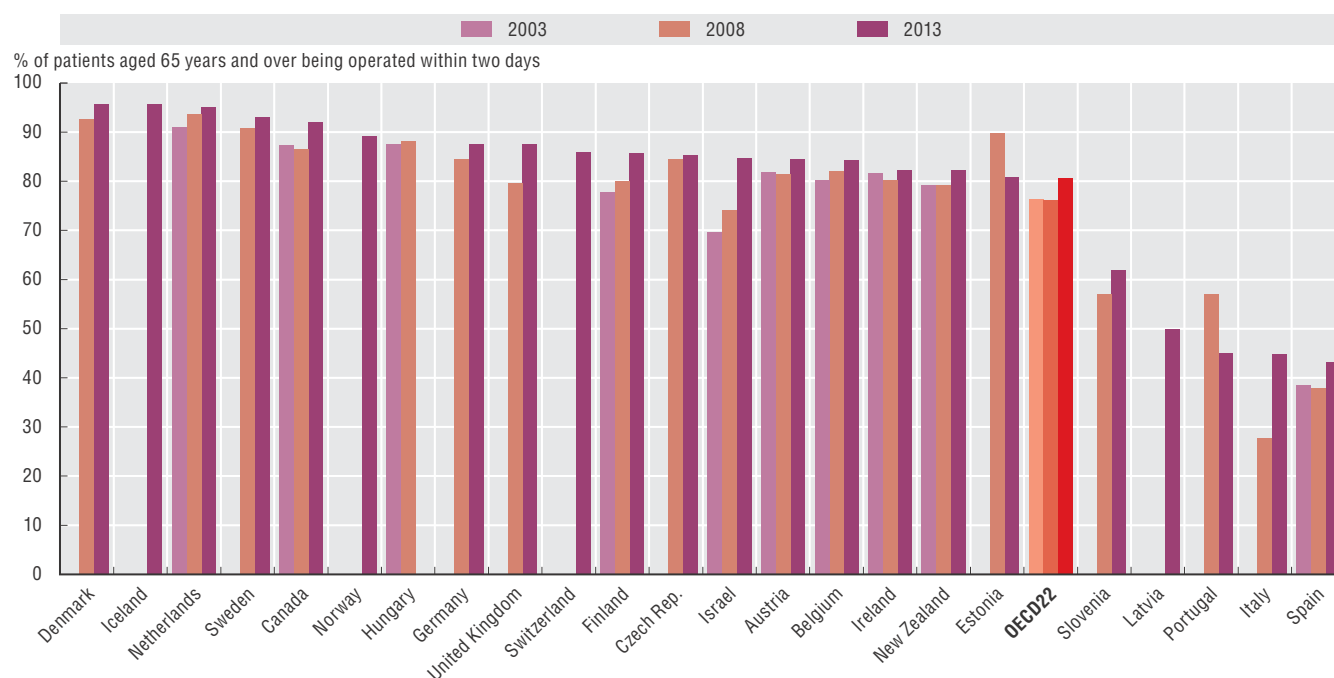


Note: Three-year average for Iceland.

Source: OECD Health Statistics 2015, <http://dx.doi.org/10.1787/health-data-en>.

StatLink <http://dx.doi.org/10.1787/888933281152>

8.15. Hip fracture surgery initiation after admission to hospital, 2003 to 2013 (or nearest years)

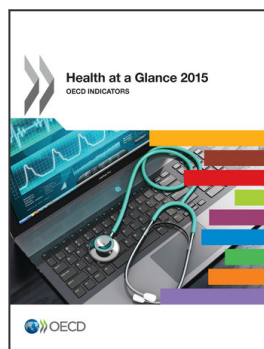


Note: Three-year average for Iceland.

Source: OECD Health Statistics 2015, <http://dx.doi.org/10.1787/health-data-en>.

StatLink <http://dx.doi.org/10.1787/888933281152>

Information on data for Israel: <http://oe.cd/israel-disclaimer>



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