

WAITING TIMES FOR HIP FRACTURE SURGERY

The main risk factors for hip fractures are associated with ageing, including an increased risk of falling and loss of skeletal strength from osteoporosis. With increasing life expectancy, it is anticipated that hip fractures will become an even greater public health issue in the coming years.

In nearly all instances following a hip fracture, surgical intervention is required to repair or replace the hip joint. There is general agreement that early surgical intervention maximises patient outcomes and minimises the risk of complications, and that surgery should occur within two days (48 hours) of hospitalisation. The guidelines in some countries stipulate even more rapid intervention. For example, in the United Kingdom, 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 (NICE, 2017).

On average across EU countries, more than three quarters (77%) of patients aged 65 and over admitted for a hip fracture were operated within two days in 2015, with most of them being treated in fact either on the same day of their admission or the next day (Figure 6.14). In Denmark and the Netherlands, the proportion of patients operated within two days was greater than 95%. By contrast, only about half of patients aged 65 and over were operated within two days following their admission for a hip fracture in Latvia, Portugal, Spain and Italy in 2015.

However, substantial progress has been achieved over the past 10 years in Italy and Spain in meeting the recommended clinical guideline of operating patients within two days following a hip fracture (Figure 6.15). In Italy, this proportion nearly doubled from 28% in 2005 to 53% in 2015, whereas it increased from 36% to 48% in Spain. Remarkable improvement also occurred in Switzerland, where the proportion doubled from 46% to 91%.

In Italy, the progress in providing more rapid surgical treatment for patients admitted with a hip fracture was mainly achieved by reducing the waiting time in those regions and hospitals that were lagging behind a decade ago. Italian authorities implemented a policy of public reporting of hospital performance indicators that included the waiting time for surgery for patients admitted with a hip fracture, which helped to identify those regions and hospitals that were falling short of meeting the recommended target (OECD, 2014).

In Portugal, the proportion of patients operated within two days after a hip fracture has decreased from 57% in 2008 to 47% in 2015, despite greater efforts to monitor this performance target at the hospital level and the provision of financial incentives to achieve more timely hip fracture repairs (OECD, 2015).

The waiting time for surgery after a hip fracture is influenced by many factors, including hospitals' surgical theatre capacity and flow, and targeted policy interventions, including public reporting and monitoring of performance (Siciliani et al., 2013).

Definition and comparability

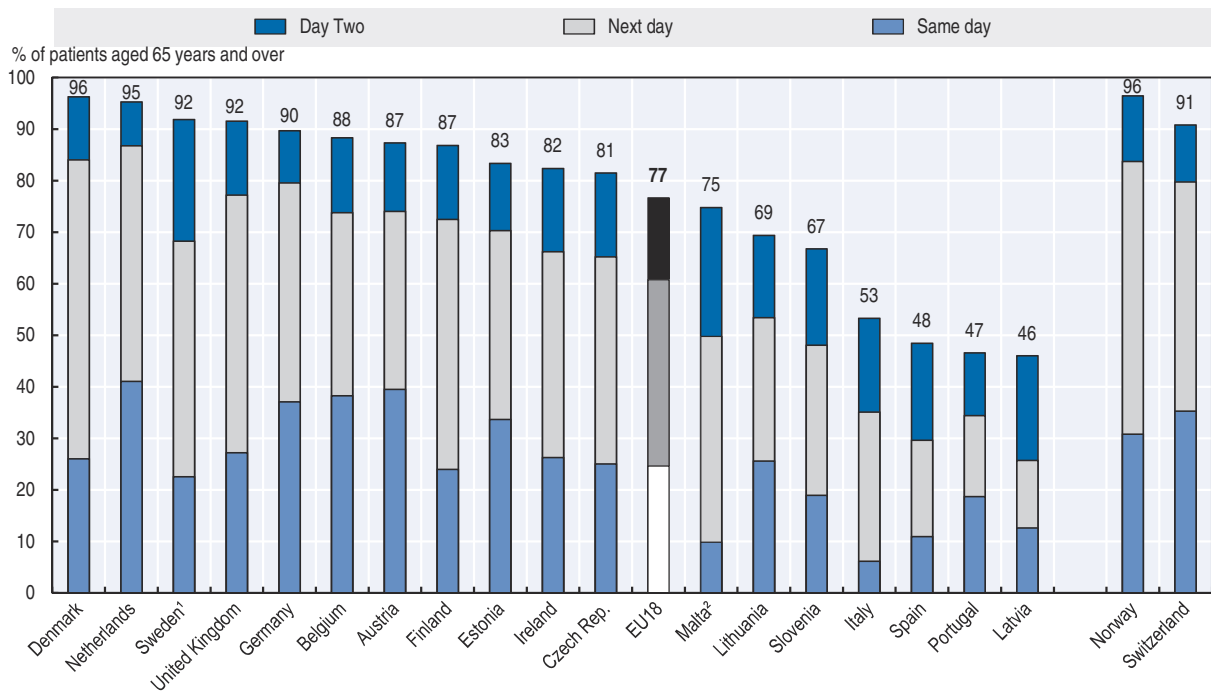
This indicator is defined as the proportion of patients aged 65 years and over admitted to hospital for an upper femur fracture, who had surgery initiated within two calendar days of their admission. Data are also provided for the proportion of patients who had surgery within one day of their admission to hospital, and for patients who had surgery on the same day as their admission.

The capacity to capture time of admission and surgery in hospital administrative data varies across countries, resulting in the inability to precisely record surgery within 48 hours. Recent research and development data indicate that the impact of measuring days rather than hours may result in marginally higher rates.

References

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6.14. Hip fracture surgery initiation after admission to the hospital, 2015 (or nearest year)



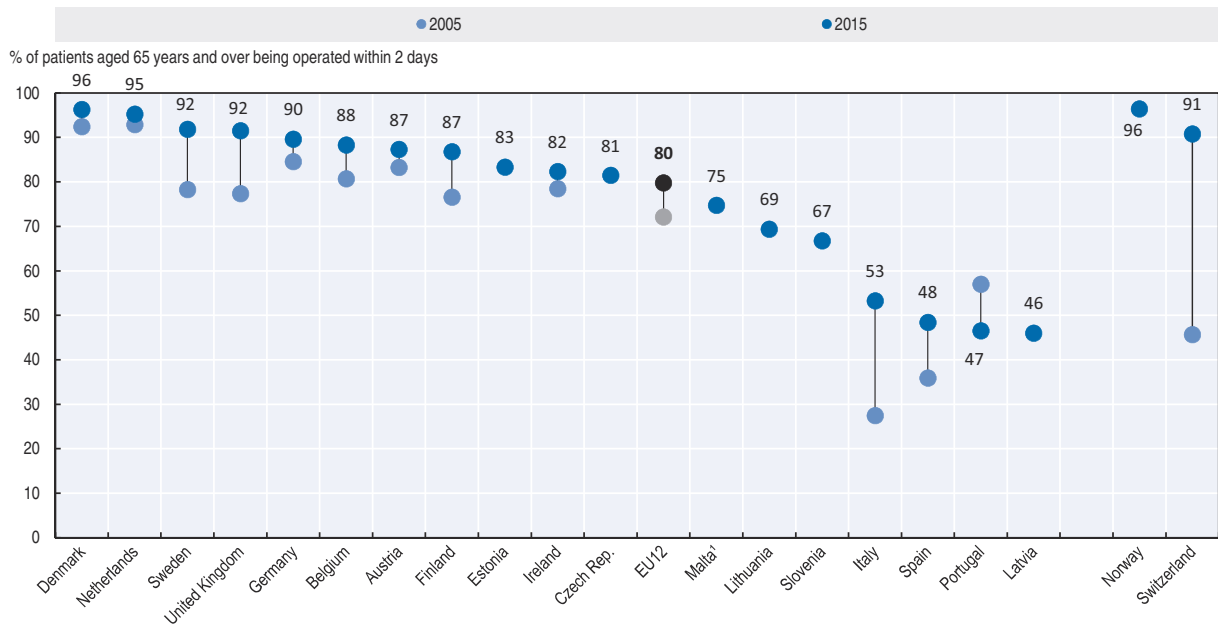
1. Sweden provided data within 12, 24 and 48 hours.
2. Three-year average.

Note: The EU average is unweighted.

Source: OECD Health Statistics 2018, <https://doi.org/10.1787/health-data-en>.

StatLink <http://dx.doi.org/10.1787/888933835877>

6.15. Hip fracture surgery initiation after admission to hospital, 2005 and 2015 (or nearest year)



1. Three-year average.

Note: The EU average is unweighted and only includes countries with data covering the whole time period.

Source: OECD Health Statistics 2018, <https://doi.org/10.1787/health-data-en>.

StatLink <http://dx.doi.org/10.1787/888933835896>



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