

AB116. 162. Mortality post fragility hip fracture in Tallaght Hospital—a 4-year review

Downey Colum, Quinlan John

Department of Trauma and Orthopaedics, Tallaght Hospital, Dublin, Ireland

Background: Hip fracture is a leading cause of mortality in our older patients. The existing literature reports high mortality rates in the first year post fragility hip fracture. Currently, standards exist regarding the optimal management of hip fractures and data is collected for regular submission to the Irish Hip Fracture Database (IHFD) to aid the optimisation of outcomes. To this date, annual mortality rates have not routinely been included in IHFD submitted data.

Methods: The local hospital data collected for submission to the IHFD over the years 2013–2016 was analysed. Access to the Irish death events registry was granted by the Department of the Public Expenditure and Reform. This registry was used to search for death events recorded for the 2013–2016 cohorts. Deaths whilst an inpatient, at 30-day and 1 year were recorded.

Results: Six hundred and ninety-one patients were admitted

with fragility hip fracture (aged >60) over the period 2013–2016. Six hundred and sixty-nine (96.8%) patients received surgery. The inpatient mortality rates for the years 2013–2015 were 5.1%, 3.8% and 5.6% respectively. The 30-day mortality rates were 5.1%, 1.3% and 3.9%. The 1 year mortality rates were 14.3%, 24.4% and 18.9%. The median length of stays were 15-, 14.5-, 14- and 14-day (national average 2016 was 12-day). The number of patients discharged to their home has increased year on year. In 2016, there was a significant decrease in nursing home discharges.

Conclusions: We investigated the mortality rates in 691 fragility hip fractures over 4 years (I) whilst an inpatient, (II) at 30-day and (III) at 1 year using local hospital data and the Irish death events registry. These results were in line with international standards. Mortality is an important performance outcome measure and may be an effective addition to the annual data submission to the IHFD to monitor the national standard in fragility hip fracture care.

Keywords: Hip fracture; mortality; registries; databases

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