



AB079. SOH23ABS_048. Impact of adherence to Irish Hip Fracture Standards on mortality after hip fractures

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Background: Hip fractures are increasing in incidence due to increasing life expectancy. Mortality continues to improve but it is important to explore which factors are responsible for driving improvements.

Methods: A cohort of hip fracture patients predating severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) was examined to determine the predictors of adherence to the six Irish Hip Fracture Standards (IHFS) and the impact of adherence to IHFS on short- (30 days) and long-term (1 year) mortality.

Results: Across 962 patients, over 5 years, the factors which were associated with adherence to IHFS were female gender, increasing American Society of Anaesthetics (ASA) grade and being nursed on an orthopaedic ward. Admission to the ward within 4 hours was the standard least commonly achieved. If the patient was not nursed on an orthopaedic ward all IHFS were less likely to be met. At 30 days IHFS 4–6 were associated with a statistically significant odds ratio (OR) of being alive, while at 1 year IHFS 1, 5 and 6 were associated with a statistically significant OR of being alive. There was an increase in the magnitude of the OR when IHFS 4–6 were analysed together for 30 days OR 40.8 [95% confidence interval (CI): 8.64–215.5] and 1 year 5.6 OR

(95% CI: 1.24–28.9).

Conclusions: This study identified that improved adherence to hip fracture standards are associated with improved mortality at 30 days and 1 year. Patients are living longer, the higher ASA grade patients are taking longer to get to theatre and these all represent avenues of opportunity for future focus.

Keywords: Fracture; hip; improvement; morbidity; orthopaedic

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Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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