

Hip fractures are common health problems and causes of hospitalisation among older people, often related to falls and the loss of skeletal strength from osteoporosis. With increasing life expectancy, hip fractures will likely have an even greater public health impact 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 improves patient outcomes and minimises the risk of complications, and that surgery should normally 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 that hip fracture surgery be performed on the day of hospital admission or the next day (NICE, 2017).

On average across EU countries, more than three quarters (76%) of patients aged 65 and over admitted for a hip fracture were operated within two days in 2017, with most of them being treated either on the same day of admission or the next day (Figure 6.18). In Denmark and the Netherlands, the proportion of patients operated within two days reached more than 95%. By contrast, less than half of patients aged 65 and over were operated within two days following their admission for a hip fracture in Latvia and Portugal.

Between 2012 and 2017, there has been a slight increase in the share of patients operated within two days on average across EU countries, from 73% to 76% (Figure 6.19). Substantial progress has been achieved in Italy and Spain in meeting the recommended clinical guideline of operating patients within two days, although both countries still remain far from achieving their target. Over the same time period, Latvia, Lithuania and Portugal moved away from this target, having registered a slight decrease in the share of hip-fractured patients undergoing surgery within two days of admission.

In Italy, progress achieved in providing surgical treatment within 48 hours of admission to a larger share of hip-fractured patients was mainly achieved by regularly monitoring and reporting waiting times at the hospital level and reducing waiting times in those regions and hospitals that were lagging behind (OECD, 2015a).

In Portugal, the proportion of patients operated within two days after a hip fracture has decreased from 47% in 2011 to 44% in 2017, 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, 2015b).

Waiting times for surgery in general are influenced by many factors, including hospitals' surgical theatre capacity and the management of demand for different surgical procedures (OECD, 2020).

Definition and comparability

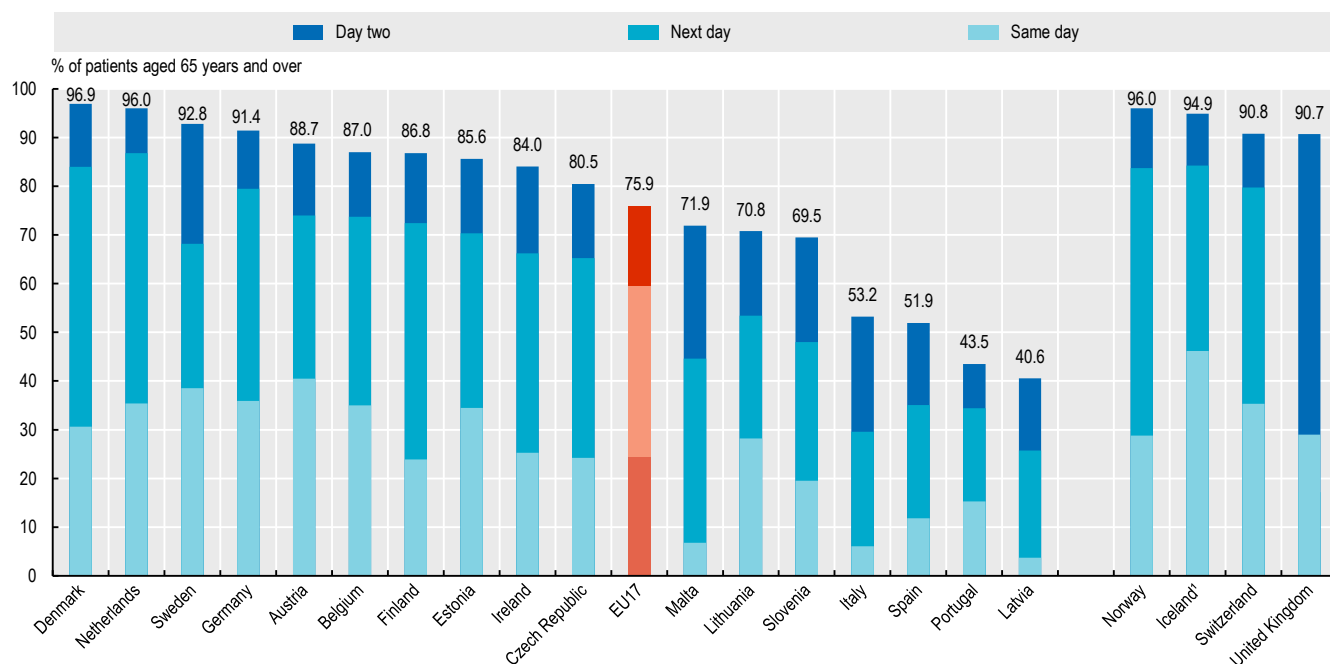
The indicator of waiting times for surgery following admission for a hip fracture is defined as the proportion of patients aged 65 years and over admitted to hospital with a diagnosis of upper femur fracture who had surgery within two calendar days of their admission. The capacity to capture time of admission and surgery in hospital administrative data varies across countries, resulting in the inability to precisely record surgery within 48 hours in some countries.

While cases where the hip fractures occurred during the admission to hospital should be excluded, not all countries have a 'present on admission' flag in their datasets to enable them to identify such cases accurately.

References

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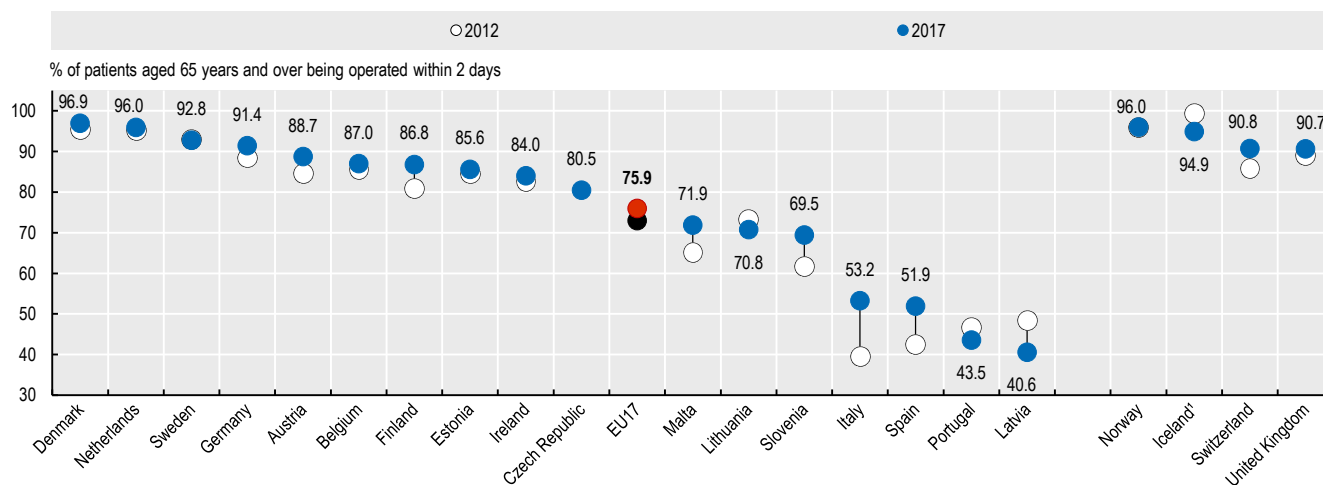
Figure 6.18. Hip fracture surgery initiation after admission to the hospital, 2017 (or nearest year)



Note: The EU average is unweighted. Sweden provided data within 12, 24 and 48 hours. 1. Three-year average.
Source: OECD Health Statistics 2020.

StatLink <https://stat.link/8ldikc>

Figure 6.19. Hip fracture surgery initiation within two days after admission to the hospital, 2012 and 2017 (or nearest years)



Note: The EU average is unweighted. 1. Three-year average.
Source: OECD Health Statistics 2020.

StatLink <https://stat.link/9k602d>



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