Hip fracture surgery within 48 hours
Data collection 2013:

- **Hip fracture surgery initiated within 48 hours after admission to the hospital**
- **Coverage:** Patients aged 65 and older (5 year age group)
- **Numerator:** Number of patients admitted to the hospital in a specified year with a diagnosis of upper femur fracture with surgery initiated within 2 days or 48 hours of admission.
- **[Hip fracture diagnostic codes: ICD-10 S72.0, S72.1, S72.2 or ICD-9 820]**
- **Denominator:** Number of patients admitted to the hospital with a diagnosis of upper femur fracture and operated on for hip fracture in the specified year.
Importance of the indicator

• Sufficient evidence for validity and importance (several studies and reviews)
• Lifetime risk of hip fracture is 18% in women and 6% in men
• 1 in 5 die within one year, 4 require long-term care.
• Several countries use the indicator in national reports
• Indicator is also used by healthcare inspectorates to assess possible flaws in the quality of care in hospitals
• Indicator is ‘actionable’
Problems with measuring time

• Days vs hours
• Two calendar days: a part is excluded that is operated on within 48 hours (underestimation)
• Three calendar days: a part is included that was operated between 48 and 72 hours (overestimation)
• Possible practical solution: average of 2 and 3 days?
Advice for data collection

• Collect data on:
  – Operated within 48 hours
  – Operated on day 0
  – Operated on day 1
  – Operated on day 2
  – Operated on day 3

• Identify breaks in time series
Other issues

• Which procedure codes were used?
• Exclusion of conservatively treated patients
• Exclusion of elective procedures
• Exclusion of hip fractures that occur within hospitals
Extra

• Possible to break down by calendar days?