



REducing unwarranted variation in the Delivery of high qUality hip fraCture services in England and Wales

16th Core Investigators' Meeting was held on Tuesday 10th October 2023

Next Core Investigators' Meeting will be on Wednesday 10th January 2024

Mobility and residence paper published in BMC Geriatrics

[Patients' recovery of mobility and return to original residence after hip fracture are associated with multiple modifiable components of hospital service organisation: the REDUCE record-linkage cohort study in England and Wales](#) was published online on 27th July. The study identifies hospital organisational factors that are associated with patients achieving a return to pre-fracture mobility and returning home following treatment for hip fracture.

Many potentially modifiable factors were identified. Attendance at clinical governance meetings by certain key members of the multidisciplinary fracture care team was associated with patients returning home upon discharge from hospital.

Patients were more likely to be home by 120 days where hospitals had a dedicated hip fracture ward, and if treatment plans were proactively discussed with patients and families on admission.

More patients re-attained their pre-fracture mobility by 120 days in hospitals where care involved an orthogeriatrician, general anaesthesia was usually accompanied by a nerve block and bedside haemoglobin testing was routine in theatre recovery.

These factors, if causal, should be targeted by service improvement initiatives to reduce variability, improve hospital hip fracture care, and maximise patient independence.



Health economics paper published in The Lancet Healthy Longevity



[Organisational factors associated with hospital costs and patient mortality in the 365 days following hip fracture in England and Wales \(REDUCE\): a record-linkage cohort study](#) was published online on 10th July, and shows marked variations in healthcare spending and care delivery across NHS hospitals in England and Wales following hip fracture.

The research analysed data from national databases for 178,757 hip fracture patients aged 60 years and above in England and Wales, who broke their hip between 2016 and 2019, followed up to just before the pandemic. More than one in four patients died within a year of their hip fracture.

Patients spent an average of 32 days in hospital in the year following a hip fracture, resulting in high inpatient costs of on average £14,642 per patient. But this cost varied substantially between hospitals, with more than a two-fold difference in spending, ranging from £10,867 to £23,188 per patient, between 172 NHS hospitals studied in England and Wales.

The study highlights the importance of addressing the way hospitals deliver hip fracture care to improve the effectiveness and efficiency of hip fracture services, and the need to develop evidence-based quality improvement strategies across the UK, to achieve financial savings while also improving patient outcomes.

By prioritising orthogeriatrician assessment, getting patients out of bed promptly after surgery, providing seven-day physiotherapy, reducing delirium risk for patients, and holding monthly multidisciplinary clinical governance meetings, hospitals stand to improve patient outcomes and reduce their healthcare spending.

Read full press release here: [July: Hip fracture health costs and care | News and features | University of Bristol](#)

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