

# Clinical audit on time to admission and surgery for geriatric hip fracture patients

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## ABSTRACT

**Introduction:** Surgical delays in elderly hip fracture patients are associated with poorer outcomes for morbidity, mortality, length of hospital stay and return to mobility. Therefore, it is important to audit the time to admission and surgery so that shortfalls in quality can be identified and measures taken to improve the process to avoid unnecessary delays. **Methods:** This clinical audit was conducted based on data from the geriatric department's hip fracture registry. A total of 34 cases were audited for time to ward admission and time to surgery from an initial presentation at the emergency department. Criteria against which the cases were audited were based on British Geriatric Association guidelines: 1) Proportion of elderly hip fracture patients ( $\geq 60$  years old) admitted to the ward within 6 hours; 2) Proportion of elderly hip fracture patients having surgical intervention within 48 hours. The standard set by the geriatric department was  $\geq 50\%$  for both criteria. Potential factors for delay were identified. **Results:** Only 20.5% of patients achieved admission to the ward within 6 hours and 5.9% had surgical intervention within 48 hours. Identified key factors for delay include the need for medical optimisation before surgery (33.3%), lack of inpatient or ICU bed (16.7%), insufficient operating theatre time (13.3%) and pending further investigations (10.0%). Other factors (26.7%) were not documented. **Conclusion:** Planned improvements for expediting admission and surgery include having clear standard operating procedures for admissions and better multidisciplinary communication and agreement on emergency surgery for elderly hip fracture patients. Staff education on the importance of achieving standards to improve patient outcomes is also important.