

Short hospital stay linked to increased risk of death following hip fracture

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Older patients are more likely to die following a short hospital stay for a hip fracture, finds research published in *The BMJ* today.

Hip fractures in the elderly are a major cause of disability and associated with an increased risk of death. The growth of the elderly population along with rising healthcare costs has placed considerable strain on hospitals.

Consequently [hospital](#) bed shortages are now common across Europe and length of stay in hospitals has generally decreased. Previous research has shown mixed results on patient outcomes of shorter length of hospital stay.

A team of researchers, led by Peter Nordström at Umeå University, Sweden, examined the effect of the length of stay in hospital on the risk of death following a [hip fracture](#) among older persons.

They looked at 116,111 Swedish residents, aged 50 years and over, who had been admitted to a hospital with a hip fracture between 2006 and 2012.

Length of hospital stay and deaths during and after [hospital admission](#) were analysed.

Other factors were accounted for including health conditions, medications, socioeconomic status, type of hip fracture and surgery.

Results showed that the average length of stay in hospital decreased from 14.2 days in 2006 to 11.6 days in 2012. Patients had an average age of 82.2 years.

Patients who stayed in hospital for up to 5 days had twice the risk of death compared with patients staying 15 days or more.

"Our results suggest that the continuous efforts to decrease length of stay after major surgery is associated with higher mortality after hospital discharge," write the authors.

Groups at higher risk of death included men, and patients with pre-existing lung, kidney, and heart disease.

Age was found to be the strongest predictor of risk of death within one year of hospital admission.

Overall, 5,863 (5.0%) patients died during hospital stay, 6,377 (5.5%) people died within 30 days of hospital discharge and 30,053 (25.9%) people died within one year after fracture.

This is an observational study so no definitive conclusions can be drawn about cause and effect.

But a shorter hospital stay may reduce opportunities for rehabilitation to get patients back on their feet, for example, and may limit access to medical staff, further assessment and appropriate care, explain the authors.

In a linked editorial, experts from the University of Toronto explain that "healthcare systems around the world are constantly urged to do more with less" and rapid discharge should be carefully considered for each patient.

Some patients may benefit from early discharge while others may not - it will depend on each patient's condition, they argue.

Otherwise, cutting hospital stays too short may not result in the desired benefits for hospitals or clinicians because of the risk of certain patients developing complications, which may increase readmissions, and as this study shows, death, they add.

More information: www.bmj.com/cgi/doi/10.1136/bmj.h823

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