

Reporting and evaluating wait times for urgent hip fracture surgery in Ontario, Canada

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About two-thirds of patients admitted to hospital in Ontario for hip fracture did not receive surgery during the recommended time window of 24 hours, according to a new study in *CMAJ (Canadian Medical Association Journal)*.

Hip fracture is the most common reason for urgent [surgery](#) in Canada, and numbers are increasing, with more than 30 000 procedures performed annually.

"We found whether patients receive surgery on time is arbitrary, and mostly depends on which [hospital](#) they are taken to, indicating that efforts to improve wait times in Ontario should focus on improving performance at the hospital level," says Dr. Daniel Pincus, Institute for Clinical Evaluative Sciences, Toronto, Ontario.

The study includes data on 42 230 patients aged 45 years or older who had [hip fracture](#) surgery between April 2009 and March 2014. They were treated by 522 surgeons and 963 anesthesiologists from 72 hospitals across Ontario, Canada's largest province. The mean age was 80 years and most patients were female.

"Wait times varied significantly depending on where patients were treated, with more than half of hospitals (51%) showing significant difference in the likelihood of delayed surgery for hip fracture that was

not attributable to patient or physician factors," write the authors.

Factors that led to delayed surgery include transferring patients to another hospital for surgery, preoperative consultations from internal medicine and anesthesia, and performing echocardiograms.

"Wait time initiatives have previously focused on the time spent waiting for specialist consultation, [elective surgery](#) and assessment in the emergency department," adds Pincus. "Canadians may be surprised to learn that wait times in our system also exist for [patients](#) requiring urgent and emergency procedures, now that accurate wait times can be measured for these types of procedures using techniques from the paper."

The authors make several suggestions to improve wait times, including performing elective surgeries later in the day and introducing policies to address delays around patient transfer from smaller hospitals.

"Policy that guarantees elective cases would be completed later in the day, even if non-elective cases are prioritized before them, may improve wait times for urgent procedures without the need to increase capacity in operating rooms," write the authors.

More information: "Reporting and evaluating wait times for urgent hip fracture surgery in Ontario, Canada" is published June 11, 2018. www.cmaj.ca/lookup/doi/10.1503/cmaj.170830

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