



## Audit on the Impact of Theatre Time Available on Time to Surgery for Hip Fracture Patients

**Hamza Sheikh**  
Ealing Hospital, UK

### Abstract:

This report must be sent to [lnwh-tr.clinicalaudit@nhs.net](mailto:lnwh-tr.clinicalaudit@nhs.net) and also to the Specialty Audit Lead / Service Lead e.g. consultant/service lead responsible for the audit programme.

### Introduction

Hip fractures are a major public health problem. In United Kingdom 76,000 people are hospitalised with hip fractures every year [1]. Mortality is high, 6.2% mortality in first 30 days in UK [2] and 22% mortality rate during the first year globally. [3] Delaying surgery is associated with increased mortality and morbidity and surgery performed on the day of or after admission (or within 36 hours) is associated with improved outcome [4,5]. NICE recommends that the surgery should be performed on the day of or the day after admission for better pain control, earlier mobilisation, improved morbidity and likely reduced mortality [6] and BPT recommends that the fracture should be operated within 36 hours [7]. Several factors can result in inappropriate delay to surgery like lack of available theatre space, administrative delays, medical reasons etc. We are doing this audit to find the compliance of our hospital to NICE/BPT guidelines and to measure if increase in theatre availability had any impact on improving our time to surgery and whether we need more theatre time in future,

### Conclusion

When we were provided 2 full day theatres it only gave us additional 8 hours of theatre time every week but even this modest increase has led to much improvement in results with respect to hip fracture management as well as other



fracture managements. We noticed 35% increase in our capacity to treat the patients within 36 hours and it was statistically significant ( $p = 0.03$ ). The average time to surgery also decreased by 20%. There was also a 24% decrease in patients facing delays in surgery and a 50% decrease in the number of patients who were delayed partly or completely because of theatre non-availability (from 38 to 19). We also noted changes in one year mortality which was reduced by 25%. We conclude that among all the factors leading to delay in surgery of the hip fracture patients, the availability of the theatre is the biggest one and increase in theatre time has a significant positive effect on patient safety and treatment. Getting full day theatres has certainly improved patient care for hip fracture patients but there is still room for improvement. Although an increase in the number of patients treated according to the guidelines is seen, it is still not adequate according to both NICE and BPT guidelines and serious changes need to be made in our handling of hip fractures.

### Biography

Hamza Sheikh is working at Ealing Hospital, UK.

[Webinar on Surgery; Berlin, Germany; November 19, 2020](#)

**Citation:** Hamza Sheikh: Audit on the Impact of Theatre Time Available on Time to Surgery for Hip Fracture Patients; Webinar on Surgery; Berlin, Germany; November 19, 2020