

QUALITY STANDARDS

Hip Fracture

A guide for people having surgery
for a fragility hip fracture

2024 UPDATE

Ontario Health is committed to improving the quality of health care in the province in partnership with patients, health care professionals, and other organizations.

To do that, Ontario Health develops quality standards. These are documents that outline what high-quality care looks like for conditions or processes where there are large differences in how care is delivered, or where there are gaps between the care provided in Ontario and the care patients should receive. These quality standards set out important steps to improve care. They are based on current evidence and input from an expert committee that includes patients, care partners, health care professionals, and researchers.

This patient guide accompanies the quality standard on [hip fracture](#). It outlines the top 15 areas where providers can take steps to improve care for people having surgery for a fragility hip fracture. The patient guide also includes suggestions on what to discuss with your health care professionals, as well as links to helpful resources.

Patients, families, and health care professionals partnered together on this guide to define what the best care should look like for people with hip fracture. The information in this guide has been created to help patients, families, and care partners know what to ask for when receiving treatment in hospital and after discharge. It is based on the best available research and is designed to help ensure the highest-quality care possible.

If you or a person you care for is being treated for hip fracture...

You can use this guide to help you and your health care professionals develop a care plan that works for you. You should use this information to become aware of what high-quality care looks like and to ask informed questions about your care. Care plans can be very different for each person, so it is important to work closely with your health care professionals to make a care plan that works for you.

Here are some things to consider if you or a person you care for is being treated for hip fracture.

Everybody is different, and some options may not apply in your situation. If you have questions about your care, **it is important to speak with your health care professional.**

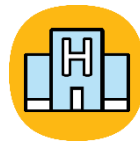
Summary of the top 15 areas to improve care for people with hip fracture

Quality Statement 1: Emergency Department Management



What the standard says

People with suspected hip fracture are diagnosed within 1 hour of arriving at hospital. Preparation for surgery is initiated, and they are admitted and transferred to a bed in an inpatient ward within 8 hours of arriving at hospital.



What this means for you

You should be seen by a doctor within 1 hour of arriving at the hospital so you can be diagnosed and receive treatment as quickly as possible. You should be transferred to an inpatient bed within 8 hours of arriving at the hospital.

Quality Statement 2: Surgery Within 48 Hours



What the standard says

People with hip fracture receive surgery as soon as possible, within 48 hours of their first arrival at any hospital (including any time spent in a nonsurgical hospital).



What this means for you

You should have surgery on your hip fracture within 48 hours of arriving at the hospital, even if you need to be transferred to a different hospital to have your surgery.

Quality Statement 3: Multimodal Analgesia



What the standard says

People with suspected hip fracture have their pain assessed within 30 minutes of arriving at hospital and managed using a multimodal approach, including consideration of nonopioid systemic analgesics and peripheral nerve blocks.



What this means for you

Your pain should be assessed and treated promptly upon arriving at the emergency department. Various pain relief treatments should be considered, including nonopioid treatments.

What is multimodal analgesia?

“Multimodal analgesia” means using a combination of different ways to relieve pain. This can include different types of medications (for example, opioids and nonopioids) as well as treatments that do not involve medication.

Treatments that do not involve medication are called “interventional pain management techniques.” These include different types of minimally invasive surgical procedures to help with pain. One example is a nerve block. Your health care team will talk with you about this if they think this is a type of treatment that may help you.

What are nonopioid medications?

Opioid medications are effective at relieving pain, but they can cause some unwanted side effects. Therefore, your health care team may prescribe you nonopioid medications. One example is acetaminophen. Another example is nonsteroidal anti-inflammatory drugs, or NSAIDs. A commonly used NSAID is ibuprofen.

Quality Statements 4, 5, and 6: Surgical Options



What the standard says

- **Quality Statement 4:** People diagnosed with a **stable intertrochanteric fracture** are treated surgically with a sliding hip screw or cephalomedullary nail.
- **Quality Statement 5:** People diagnosed with a **subtrochanteric fracture or unstable intertrochanteric fracture** are treated surgically with an intramedullary nail.
- **Quality Statement 6:** People diagnosed with a **displaced intracapsular fracture** are treated surgically with arthroplasty.

What this means for you

Your surgeon should explain which type of surgery is most appropriate for your type of hip fracture. The type of surgery depends on where you broke your hip.

Types of hip fracture

- **Intertrochanteric fracture:** A fracture near the top of the thighbone. In a *stable* intertrochanteric fracture, the broken parts of the bone are still in alignment. In an *unstable* intertrochanteric fracture, the broken parts of the bone are more displaced, making the hip joint unstable
- **Subtrochanteric fracture:** A fracture just below the bony bumps near the top of the thighbone
- **Displaced intracapsular fracture:** A fracture in the hip joint itself

Quality Statement 7: Postoperative Blood Transfusions



What the standard says

People with hip fracture do not receive blood transfusions if they are asymptomatic and have a postoperative hemoglobin level equal to or higher than 80 g/L.



What this means for you

You should receive a blood transfusion after hip fracture surgery only if your hemoglobin is very low (below 80 g/L).

What is hemoglobin?

Hemoglobin is a protein in red blood cells that carries oxygen throughout your body. Some people with hip fracture may need to be given more blood after surgery – a blood transfusion – but only if their hemoglobin is very low.

Quality Statement 8: Weight-Bearing as Tolerated



What the standard says

People with hip fracture are mobilized to weight-bearing as tolerated within 24 hours following surgery.



What this means for you

You should be able to put as much weight as is comfortable on the leg that is on the same side as your injured hip within 24 hours after your surgery.

Weight-bearing

It is important to be able to put some weight on the leg that is on the same side as your injured hip as soon as it is safe for you to do so after surgery. This will help you start moving again and help you recover more quickly. Your health care team should help you with this in the hospital before you go home.

Quality Statement 9: Daily Mobilization



What the standard says

After surgery, people with hip fracture are mobilized on a daily basis to increase their functional tolerance.



What this means for you

You should receive help to stand and move the day after your surgery and every day after that while you're in the hospital. If you have family members or care partners helping you, your health care team may also show them how to help you with this. Moving every day will help you recover more quickly.

Mobilization

Mobilization is a gradual progression of movements designed to help you return to the level of mobility you had before your hip fracture. It involves:

1. Sitting at your bedside
2. Transferring from your bed to a chair with assistance
3. Transferring from your bed to a chair by yourself
4. Walking with assistance, for example with a walker or crutches

Quality Statement 10: Screening for and Managing Delirium



What the standard says

People with hip fracture are screened for delirium using a standardized, validated tool as part of their initial assessment and then at least once every 12 hours while in hospital, after transitions between settings, and after any change in medical status. They receive interventions to prevent delirium and to promote recovery if delirium is present.



What this means for you

You should be assessed for delirium (confused thinking and reduced awareness) while you're in the emergency department and then twice a day while you're in the hospital, after any move to a new medical setting, and if there is a change in your medical status.

Risk factors for delirium

Some people have a higher risk of developing delirium, including those who:

- Are 65 years old or older
- Already have problems with memory or understanding
- Already have dementia (loss of memory, language, and thinking abilities)
- Have a serious illness that is getting worse or is at risk of getting worse
- Have had delirium before
- Have significant alcohol or substance use

Quality Statement 11: Postoperative Management



What the standard says

People with hip fracture receive postoperative care from an interprofessional team in accordance with principles of geriatric care.



What this means for you

You should receive care from a team of health care professionals who understand the health needs of older adults.

Key steps for recovering from hip fracture surgery

After your surgery, it is important to take care of many aspects of your health, including:

- **Eating well:** It is important to eat a healthy diet. Your health care team should help you understand what to eat while you are recovering. This includes foods that are high in protein and may include high-energy supplements
- **Staying hydrated:** Drinking enough fluids is important for your health and can help prevent you from becoming confused or developing delirium. Your health care team should tell you how much you should be drinking each day
- **Preventing pressure injuries:** Pressure injuries – also known as pressure ulcers or bed sores – can occur if you are in bed for a long time without moving. Therefore, it is important to move and adjust your position regularly as you are recovering
- **Preventing blood clots:** Blood clots are clumps of blood that form in the veins and arteries and can cause health problems. To reduce your risk of developing blood clots after surgery, you may be prescribed a type of medication called a blood thinner. If you can't take a blood thinner, your health care team should provide you with another option to reduce your risk of developing blood clots
- **Avoiding falls:** It is very important to prevent falls. Your health care team should work with you to understand what you can do to stay safe and reduce your risk of falling once you return home
- **Taking medications properly:** Your health care team should review with you all the medications you are taking, how to take them, and when to take them. If you have family members or care partners helping you, they should also be involved in this discussion

Quality Statement 12: Information for Patients, Families, and Care Partners



What the standard says

People with hip fracture and their families and care partners are given information on patient care that is tailored to meet their needs and delivered at appropriate times in the care continuum.



What this means for you

Throughout your care journey, you and your family and care partners should be given information about your care. This information should be offered to you verbally and either written down or in a video.

Information about your care

Your health care team should give you information about:

- **Your diagnosis:** What type of hip fracture you have and what may have caused it
- **Your care plan:** The plan for your care while you are in the hospital, including the type of surgery you're having, medications you may be prescribed, and any other treatments you may receive
- **Anaesthesia:** The type of anaesthesia you will have for your surgery, its benefits and risks, and how you will recover from it after surgery
- **Possible complications of surgery:** The risks and potential complications of hip fracture surgery
- **Your medications:** What medications you need to take, why you're taking them, and how to take them
- **Your discharge plan:** The plan for your recovery once you leave the hospital, including medications you need to take, tests and appointments you may need to have, assistive devices you may need (for example, crutches or a walker), rehabilitation programs available to you, and how to care for yourself once you go home
- **Potential long-term outcomes:** How you can expect to recover over time

Quality Statement 13: Rehabilitation



What the standard says

People with hip fracture participate in an interprofessional rehabilitation program (in an inpatient setting, a community setting, or a combination of both) with the goal of returning to their prefracture functional status.



What this means for you

When you leave the hospital, you should be offered a rehabilitation program to help get you back to the activities you were able to do before your fracture.

Quality Statement 14: Osteoporosis Management



What the standard says

While in hospital, people with hip fracture undergo a fracture risk assessment from a clinician with osteoporosis expertise and, when appropriate, are offered medications for osteoporosis.



What this means for you

A condition called osteoporosis causes bones to become brittle, and people who have osteoporosis are at a higher risk of having a hip fracture. While you are in the hospital, a health care professional should assess you for osteoporosis and offer you the appropriate medication to help reduce your risk of having another fracture in the future.

Quality Statement 15: Follow-Up Care



What the standard says

People with hip fracture are discharged from inpatient care with a scheduled follow-up appointment with a primary care provider within 2 weeks of discharge and a scheduled follow-up appointment with the orthopaedic service within 12 weeks of their surgery.



What this means for you

You should have an appointment with a primary care provider within 2 weeks of returning home from the hospital, as well as a follow-up appointment with the hospital's orthopaedic service within 12 weeks of your surgery.

What is an orthopaedic service?

An orthopaedic service at a hospital consists of a team of different types of health care professionals that help people with bone injuries.

Why follow-up appointments are important

At your primary care follow-up appointment, your primary care provider (a family physician or nurse practitioner) should check that you are recovering well and that any other health issues you may have – including osteoporosis – are being well managed.

At your orthopaedic service follow-up, a health care professional with expertise in hip fracture will assess the outcome of your surgery and help you with anything that may help you recover more quickly.

Suggestions on what to discuss with your health care providers

Ask the care team:

- Where did I break my hip?
- What can I expect in my recovery?
- How will I manage pain?
- Do I need to take any medications? If so, how and when should I take them?
- Will I need any devices like a walker or crutches to help me walk?
- How can I make my home safer to prevent falls?
- When can I return to activities like bathing, dressing, and cooking by myself?
- What activities are off limits for now?
- What signs or symptoms could mean I'm experiencing a complication of surgery? What should I do if I experience a complication?
- What can I do to strengthen my bones?
- How can I improve my balance and mobility?
- How might this surgery and recovery affect my mental health?
- Are there support groups or counselling services available for people with hip fracture?
- If I have questions about my surgery or recovery, who can I call?

Share with the care team:

- Any concerns you have about your condition or medications (for example, if your recovery is not going as planned or you are in a lot of pain)
- If you notice any side effects to your medications
- If you do not understand why you are taking a medication or how to take it
- If there are things that make it hard to take your medication, such as the cost or difficulty taking it
- If you need help at home with things like bathing, dressing, cooking, or cleaning

If you are a care partner:

You might have your own questions. It can help to identify yourself as the patient's care partner to their health care team. This will make sure they know and respect your questions and concerns.

- Let them know what your role will be in helping the patient manage their condition
- Let them know if you need help

Learn more

[Broken Hip](#), from the National Health Service in the United Kingdom, describes how you can tell if you have broken your hip and describes treatment and recovery.

[OrthoInfo](#), a website of the American Academy of Orthopaedic Surgeons, provides helpful information about what is involved in a hip fracture.

The Mayo Clinic provides a [hip fracture guide](#), which describes symptoms, causes, risk factors, complications, and prevention.

[Johns Hopkins Medicine](#) provides helpful information about what is involved in a hip fracture, including diagnosis and recovery.

Need more information?

If you have any questions or feedback about this guide, please contact us at QualityStandards@OntarioHealth.ca or 1-877-280-8538 (TTY: 1-800-855-0511).

ISBN 978-1-4868-7736-2 (PDF)
© King's Printer for Ontario, 2024