

coronavirus and our department's response on 30-day mortality for patients admitted with NOF fractures.

**Method:** Data from 65 fractured NOF admissions (22<sup>nd</sup> March - 24<sup>th</sup> May 2020) was compared with 62 patients from the same period in 2019. Binary logistic regression was used to explore 30-day mortality; accounting for differences in ASA, anaesthetic type, anticoagulation status, surgery type, age, time to surgery and year of admission.

**Results:** The odds of 30-day mortality was statistically significantly higher in patients who were suspected/confirmed COVID-19 positive (n = 10), (OR 2.39, 95%CI (1.60-74.13)). In COVID-19 negative patients (n = 55), the odds of 30-day mortality was lower in 2020, and approached statistical significance (0.232, 95%CI (0.053-1.02)), compared to the same period in 2019. Median length of stay (LOS) in patients who survived was 11 days in 2020 and 15.5 days in 2019 (p = 0.003).

**Conclusions:** The results suggest that a COVID-19 diagnosis significantly increases the 30-day mortality in patients with a fractured NOF. The changes implemented in service delivery have shortened LOS and appeared to improve 30-day mortality for those without COVID-19.

### 816 The Effect Of COVID-19 And Service Delivery Changes On 30-Day Mortality in Fractured Neck of Femur Patients: A Case-Control Study

A. Winarski, L. Williams, H. Ingoe  
Royal Victoria Infirmary, Newcastle, United Kingdom

**Introduction:** The majority of neck of femur (NOF) fractures occur within the home, therefore admissions were not expected to change during the COVID-19 pandemic<sup>(1)</sup>. This study investigates the effect of