

441 Management of Intracapsular Hip Fractures During Unprecedented COVID Times In A DGH

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Aim: NICE published eligibility criteria for Total Hip Replacement (THR) vs Hemiarthroplasty for intracapsular hip fractures. COVID-19 resulted in the BOA publishing emergency guidelines regarding management of patients eligible for THR. If the available surgeon does not routinely perform hip arthroplasty, the patient should undergo a hemiarthroplasty to maximise theatre efficiency and minimise hospital stay. This project will compare Kings Mill Hospitals compliance with these new guidelines.

Method: Retrospective data was collected over a two-month period (24/03/20 – 22/05/20) from patients with intracapsular hip fractures. Notes and records allowed us to determine suitability for THR using NICE guidelines. National statistics were taken from the National Hip Fracture Database. The standards for this project consist of the NICE guidelines for Hip Fracture management and the BOA standards for Trauma and Orthopaedics - *Management of patients with urgent orthopaedic conditions and trauma during the coronavirus pandemic*.

Results: 51 patients were included in this audit. THR compliance dropped during the peak months of COVID 35% to 21.4%. Length of acute admissions stay decreased from 10 days to 8 days. Compared to the national averages, Kings Mills THR compliance rate was 27.3% vs 18.3%. 54.5% of eligible patients were operated on by THR performing consultants but received Hemiarthroplasty's

Conclusions: Some patients were eligible for THR according to the BOA guidelines ⁽¹⁾ however received Hemiarthroplasty's. Better identification may increase guideline compliance. Introduction of a new table in the clerking booklet will be implemented and Re-audited to evaluate effectiveness.