

QUALITY STANDARDS

Hip Fracture

Technical Specifications

2024 UPDATE

Table of Contents

How to Use the Technical Specifications	3
Measurement to Support Improvement	4
Equity Considerations	4
Quality Standard Scope	4
Cohort Identification	4
<i>Cohort Identification Using Administrative Data.....</i>	<i>5</i>
Overarching Indicators That Can Be Measured Using Provincial Data	7
<i>Indicator 1: Percentage of people who undergo hip fracture surgery who die within 30 days or within 90 days of surgery.....</i>	<i>7</i>
<i>Indicator 2: Percentage of people who undergo hip fracture surgery who are readmitted to hospital within 30 days or within 90 days of surgery</i>	<i>9</i>
<i>Indicator 3: Percentage of previously community-dwelling people who undergo hip fracture surgery who return to the community.....</i>	<i>11</i>
Overarching Indicators That Can Be Measured Using Only Local Data	13
Statement-Specific Indicators	14

How to Use the Technical Specifications

This document provides technical specifications to support the implementation of the [Hip Fracture](#) quality standard. There is considerable variation in the quality of care that people with hip fracture receive in Ontario. Recognizing this, Ontario Health released the quality standard to identify opportunities that have a high potential for quality improvement.

This document is intended for use by those looking to implement the *Hip Fracture* quality standard, including organizations providing direct care and health care leaders working in local or regional roles.

This document has dedicated sections to describe the following:

- Indicators that can be used to measure progress toward the overarching goals of the quality standard as a whole
- Statement-specific indicators that can be used to measure improvement for each quality statement within the quality standard

Indicators may be provincially or locally measurable:

- Provincially measurable indicators: how we can monitor the progress being made to improve care at the provincial level using provincial data sources
- Locally measurable indicators: what you can do to assess the quality of care that you provide locally

The following tools and resources are provided as suggestions to assist in the implementation of the *Hip Fracture* quality standard:

- The [Getting Started Guide](#) outlines the process for using quality standards as a resource to deliver high-quality care; it contains evidence-based approaches, as well as useful tools and templates to implement change ideas at the practice level
- Our [Spotlight Report](#) highlights examples from the field to help you understand what successful quality standard implementation looks like
- The [Health Data Branch Web Portal](#), maintained by the Ontario Ministry of Health, provides annually updated data related to the indicators in the [Quality-Based Procedures: Clinical Handbook for Hip Fracture](#)

Measurement to Support Improvement

This document accompanies Ontario Health's *Hip Fracture* quality standard. The *Hip Fracture* Quality Standard Working Group identified 5 overarching indicators to monitor the progress being made to improve care for people with hip fracture in Ontario. Some overarching indicators are provincially measurable (well defined or validated data sources are available), and some are measurable only locally (the indicators are not well defined, and data sources do not currently exist to measure them consistently across providers and at the system level).

The *Hip Fracture* quality standard also includes numerous statement-specific indicators that can be used to measure improvement for each quality statement within the quality standard.

Additional information on measuring indicators can be found in the [Quality Standards Measurement Guide](#). The measurement guide also includes descriptions of data sources that can be used to support quality standard indicators that are measured consistently across providers, health care sectors, and the province.

Equity Considerations

Ontario Health is committed to promoting health equity and reducing disparities, and encourages collecting data and measuring indicators using equity stratifications that are relevant and appropriate for your population, such as patient socioeconomic and demographic characteristics. These may include age, income, region/geography, education, language, race and ethnicity, gender, and sex. Please refer to *Appendix 3, Values and Guiding Principles*, in the quality standard for additional equity considerations.

Quality Standard Scope

This quality standard focuses on adults aged 50 years and older undergoing surgery for fragility hip fractures and the care delivered from the point at which they present to the emergency department until 3 months following surgery. Fragility hip fractures are fractures of the femur caused by low-energy trauma, such as falls from a standing height. This quality standard does not apply to people with hip fractures resulting from high-energy trauma or people with fragility fractures who are not candidates for surgery.

This quality standard includes 15 quality statements addressing areas identified by Ontario Health's Hip Fracture Quality Standard Advisory Committee as having high potential for improving the quality of care in Ontario for people with hip fracture.

Cohort Identification

For measurement at the provincial level, people with hip fracture can be identified using administrative data. For local measurement, people with hip fracture can be identified using local data sources (such as electronic medical records or clinical patient records).

Cohort Identification Using Administrative Data

To identify people with hip fracture for the provincially measurable indicators in this quality standard, the Discharge Abstract Database (DAD) can be used. Please refer to the [Measurement Guide](#) for more information on these databases.

Cohort Definition

Diagnosis Codes

To identify people who had a diagnosis of hip fracture during a hospitalization, records from the DAD can be used. The following are the inclusions from the *International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Canada* (ICD-10-CA):

- S72.01: Fracture of base of femoral neck (cervicotrochanteric)
- S72.08: Other fracture of femoral neck (includes intracapsular and subcapital fracture of femur)
- S72.09: Unspecified fracture of neck of femur (includes transcervical fracture of femur)
- S72.10: Intertrochanteric fracture
- S72.19: Unspecified trochanteric fracture
- S72.2: Subtrochanteric fracture

The following code is excluded from this cohort:

- S72.00: Fracture of upper femoral epiphysis (separation)

Diagnosis Types

The hip fracture diagnostic codes (see list above) used for the acute inpatient hospitalizations included in the cohort must have at least 1 of the following diagnostic types:

- M: Most responsible diagnosis
- 1: Pre-admit comorbidity
- 2: Post-admit comorbidity
- 5: Admitting diagnosis
- W/X/Y: Service transfer diagnosis

The cohort does not include hospitalizations for which the ICD-10-CA hip fracture code is present only as a *secondary diagnosis*. Detailed diagnosis type definitions can be found in the [Indicator Library](#) of the Canadian Institute for Health Information.

Health Intervention Codes

To identify people who had hip fracture surgery during a hospitalization, records from the DAD can be used. The following are the inclusions from the *Canadian Classification of Health Interventions* (CCI):

- 1VA53: Implantation of internal device, hip joint
- 1VA74: Fixation, hip joint

- 1VC74: Fixation, femur
- 1SQ53: Implantation of internal device, pelvis

Interventions that were abandoned or performed outside of a hospital are excluded.

Age Range

The cohort includes people aged 50 years and older to align with the scope of the *Hip Fracture* quality standard.

Overarching Indicators That Can Be Measured Using Provincial Data

Indicator 1: Percentage of people who undergo hip fracture surgery who die within 30 days or within 90 days of surgery

Description

Indicator name: Percentage of people who undergo hip fracture surgery who die within 30 days or within 90 days of surgery

Directionality: Lower is better

Measurability: Measurable at the provincial level

Dimensions of quality: safe, effective, patient-centred

Quality statement alignment:

- All quality statements

Calculation

Denominator

Total number of adults admitted to hospital with a primary diagnosis of fragility hip fracture who undergo hip fracture surgery

Inclusions

- Records that fulfill all criteria listed in the “Cohort Definition” section above
- Admission category recorded as urgent or elective

Exclusions

- Records for which health card province is not Ontario or health card number is invalid
- Records with missing sex or age, or age ≥ 105 years

Numerator

Number of people in the denominator who die after hospital admission (includes in-hospital deaths)

Stratification

All-cause mortality within 30 days or within 90 days of hospital admission date

Method

Numerator ÷ Denominator × 100%

Data sources

DAD, Registered Persons Database (RPDB)

Limitations

Dependent on coding accuracy (e.g., ICD-10-CA codes, CCI codes)

Comments

All-cause mortality includes causes of death related and unrelated to hip fracture.

Indicator 2: Percentage of people who undergo hip fracture surgery who are readmitted to hospital within 30 days or within 90 days of surgery

Description

Indicator name: Percentage of people who undergo hip fracture surgery who are readmitted to hospital within 30 days or within 90 days of surgery

Directionality: Lower is better

Measurability: Measurable at the provincial level

Dimensions of quality: safe, patient-centred, effective, timely

Quality statement alignment:

- All quality statements

Calculation

Denominator

Total number of adults admitted to hospital with a primary diagnosis of fragility hip fracture who undergo hip fracture surgery

Inclusions

- Records that fulfill all criteria listed in the “Cohort Definition” section above
- Admission category recorded as urgent or elective

Exclusions

- Same exclusions as for Indicator 1
- People who died at the index hospitalization
- People who died after being discharged from the index hospitalization and before being readmitted

Numerator

Number of people in the denominator with nonelective readmissions following discharge. Stratify by:

- Nonelective readmissions within 30 days of discharge from the index hospitalization
- Nonelective readmissions within 90 days of discharge from the index hospitalization

Inclusions

- Admit category recorded as urgent
- All-cause readmissions

Method

Numerator ÷ Denominator × 100

Data source

DAD

Limitations

A person can have more than 1 readmission following the index hospitalization. Unlike the readmission rate, this indicator underreports the number of times a person is readmitted since only the earliest readmission is counted.

Comments

Although uncommon, it is possible for a person to have multiple hospitalizations for hip fracture surgery in a given year and/or multiple readmissions within 30 days or within 90 days following discharge from the index hospitalization. For a simplified calculation, include only the earliest hospitalization for hip fracture surgery in the year and the earliest readmissions within 30 days or within 90 days following discharge. For a complete calculation, include all instances of hospitalization for hip fracture surgery and the earliest readmissions within 30 days or within 90 days following discharge.

Indicator 3: Percentage of previously community-dwelling people who undergo hip fracture surgery who return to the community

Description

Indicator name: Percentage of previously community-dwelling people who undergo hip fracture surgery who return to the community

Directionality: Higher is better

Measurability: Measurable at the provincial level

Dimensions of quality: effective, efficient, patient-centred

Quality statement alignment:

- All quality statements

Calculation

Denominator

Total number of adults admitted to hospital from the community with a primary diagnosis of fragility hip fracture who undergo hip fracture surgery

Inclusions

- Records that fulfill all criteria listed in the “Cohort Definition” section above
- Admission category recorded as urgent or elective
- Records with 1 of following “institution from” types:
 - 0: Community-based clinic
 - 8: Home care program
 - G: Group living/supportive housing
 - H: Transitional housing
 - Missing value: no patient transfer

Exclusions

- Same exclusions as for Indicator 1
- Records transferred or admitted to hospital from long-term care (with “institution from” type 4: long-term care)

Numerator

Number of people in the denominator who return to the community within 90 days following hospital admission

Exclusions

- People who died, were hospitalized, or in a long-term care home or complex continuing care unit within 90 days of admission for hip fracture surgery

Method

Numerator ÷ Denominator × 100%

Data sources

Continuing Care Reporting System (CCRS), DAD, National Rehabilitation Reporting System (NRS), RPDB

Limitations

Community-dwelling status 90 days post-admission is determined based on a lack of records in the long-term care (LTC), complex continuing care (CCC), inpatient rehabilitation, inpatient hospital, and mortality databases within that time period. Because patient care settings may be inadequately determined in administrative databases, comprehensive patient tracking requires information from a variety of sources, including chart review and local data exchange.

Comments

This indicator measures whether people with hip fracture who resided in the community before being admitted to hospital were able to return to the community within 90 days following admission. It evaluates the effectiveness of the “home to home in 90 days” objective of the [Quality-Based Procedures: Clinical Handbook for Hip Fracture](#).

Specifically, the definition assesses whether previously community-dwelling people returned to the community after hospitalization for hip fracture surgery versus moving to an institutional setting or being readmitted to hospital. The assessment requires excluding from the numerator people with LTC, CCC, inpatient rehabilitation, or inpatient hospital data at the 90-day mark, then inferring that people without such data who have not died are therefore living in the community. In the case of LTC and CCC, any admissions to those settings within 90 days of the index hip fracture hospitalization are considered not to have returned to the community because they represent more complex cases requiring a higher level of care; work is underway in the *Quality-Based Procedures* methodology to further understand this patient group. While not all previously community-dwelling people will be able to return to the community following hip fracture surgery, aiming for a higher rate on this indicator aligns with the objective of providing more effective, more integrated care for people with hip fracture.

Overarching Indicators That Can Be Measured Using Only Local Data

You might want to assess the quality of care you provide to people with hip fracture. You might also want to monitor your own quality improvement efforts. It could be possible to do this using your own clinical records, or you might need to collect additional data. We recommend the following potential indicators, which cannot be measured provincially using currently available data:

- Percentage of people who undergo hip fracture surgery who achieve weight-bearing as tolerated within 24 hours of surgery
 - Dimensions of quality: safe, effective
 - Denominator: total number of adults admitted to hospital with a primary diagnosis of fragility hip fracture who undergo hip fracture surgery
 - Numerator: number of people in the denominator who report achieving weight-bearing as tolerated within 24 hours of surgery
 - Exclusion: fracture of upper femoral epiphysis
 - Potential data sources: local data collection, chart review/DAD (for the denominator)
- Percentage of people who undergo hip fracture surgery who return to their prefracture functional status within 90 days or within 6 months of surgery
 - Dimensions of quality: safe, effective, patient-centred
 - Denominator: total number of adults admitted to hospital with a primary diagnosis of fragility hip fracture who undergo hip fracture surgery
 - Numerator: number of people in the denominator who report returning to their prefracture functional status following surgery
 - Stratification: prefracture functional status within 90 days or within 6 months of surgery
 - Exclusion: fracture of upper femoral epiphysis
 - Potential data sources: local data collection, chart review, DAD (for the denominator), NRS (for people who receive inpatient rehabilitation before being discharged)

Statement-Specific Indicators

The *Hip Fracture* quality standard includes statement-specific indicators that are provided as examples; you may wish to create your own quality improvement indicators based on the needs of your population. We recommend that you identify areas to focus on in the quality standard and then use one or more of the associated indicators to guide and evaluate your quality improvement efforts.

Quality Statement 1: Emergency Department Management

Percentage of people with suspected hip fracture who have imaging (typically x-ray) and who are seen by a physician within 1 hour of arrival at hospital

- Denominator: total number of adults presenting to hospital with suspected hip fracture
- Numerator: number of people in the denominator who have imaging (x-ray, computerized tomography [CT] scan, or magnetic resonance imaging [MRI]) and who are seen by a physician within 1 hour of arrival at hospital
- Data sources: local data collection, DAD, National Ambulatory Care Reporting System (NACRS; for the denominator)

Percentage of people with a confirmed hip fracture who are transferred to an inpatient bed within 8 hours of arrival at hospital

- Denominator: total number of adults presenting to hospital with a primary diagnosis of fragility hip fracture
- Numerator: number of people in the denominator who are transferred to an inpatient bed within 8 hours of arrival at hospital
- Data sources: local data collection, DAD, NACRS (for the denominator)

Percentage of people with hip fracture who receive initial preparation for surgery within 8 hours of arrival at hospital

- Denominator: total number of adults admitted to hospital with a primary diagnosis of fragility hip fracture
- Numerator: number of people in the denominator who receive bloodwork, consultations (e.g., orthopaedic surgery, anaesthesia), electrocardiogram (ECG), and medication adjustment or discontinuation as needed within 8 hours of arrival at hospital
- Data sources: local data collection, DAD, NACRS (for the denominator)

Percentage of surgical hospitals that have a protocol, including a standardized order set, to prioritize the admission process for people with hip fracture such that they are admitted and transferred to an inpatient bed within 8 hours of arrival at hospital

- Data source: regional and/or provincial data collection method would need to be developed

Quality Statement 2: Surgery Within 48 Hours

Percentage of people who undergo hip fracture surgery who had surgery within 48 hours of first arrival at any hospital

- Denominator: total number of adults admitted to hospital with a primary diagnosis of fragility hip fracture who undergo hip fracture surgery
- Numerator: number of people in the denominator who had surgery within 48 hours of first arrival at any hospital
- Data sources: DAD, NACRS

Median and 90th percentile number of hours people wait to receive hip fracture surgery following first arrival at any hospital

- Denominator: total number of adults admitted to hospital with a primary diagnosis of fragility hip fracture who undergo hip fracture surgery
- Definition: number of hours between arrival at hospital and hip fracture surgery (median and 90th percentile)
- Data sources: DAD, NACRS

Quality Statement 3: Multimodal Analgesia

Percentage of people with suspected hip fracture whose pain is assessed within 30 minutes of arrival at hospital

- Denominator: total number of adults presenting to hospital with suspected hip fracture
- Numerator: number of people in the denominator whose pain is assessed within 30 minutes of arrival at hospital
- Data sources: DAD, NACRS, (for the denominator), local data collection

Percentage of people with hip fracture who have an order for opioids who do not also receive nonopioid systemic analgesia or a nerve block

- Denominator: total number of adults admitted to hospital with a primary diagnosis of fragility hip fracture who have an order for opioids
- Numerator: number of people in the denominator who do not receive nonopioid systemic analgesia or a nerve block
- Data sources: local data collection, DAD (for the denominator)

Quality Statement 4: Surgery for Stable Intertrochanteric Fractures

Percentage of people diagnosed with a stable intertrochanteric fracture who are treated surgically with a sliding hip screw or cephalomedullary nail

- Denominator: total number of adults diagnosed with a stable intertrochanteric fracture who undergo surgery
- Numerator: number of people in the denominator who receive a sliding hip screw or cephalomedullary nail
- Data sources: local data collection, DAD

Quality Statement 5: Surgery for Subtrochanteric or Unstable Intertrochanteric Fractures

Percentage of people diagnosed with a subtrochanteric or unstable intertrochanteric fracture who are treated with intramedullary nails

- Denominator: total number of adults diagnosed with a subtrochanteric or unstable intertrochanteric fracture who undergo surgery
- Numerator: number of people in the denominator who receive intramedullary nails
- Data sources: local data collection, DAD

Quality Statement 6: Surgery for Displaced Intracapsular Fractures

Percentage of people diagnosed with a displaced intracapsular fracture who undergo arthroplasty (total arthroplasty or hemiarthroplasty)

- Denominator: total number of adults diagnosed with a displaced intracapsular fracture who undergo surgery
- Numerator: number of people in the denominator who undergo arthroplasty (total arthroplasty or hemiarthroplasty)
- Data sources: local data collection, DAD

Quality Statement 7: Postoperative Blood Transfusions

Percentage of people who undergo hip fracture surgery with a postoperative hemoglobin level equal to or higher than 80 g/L who receive a blood transfusion

- Denominator: total number of adults with a primary diagnosis of fragility hip fracture who undergo hip fracture surgery and have a postoperative hemoglobin level equal to or higher than 80 g/L
- Numerator: number of people in the denominator who receive a blood transfusion
- Data source: local data collection

Quality Statement 8: Weight-Bearing as Tolerated

Percentage of people with hip fracture who achieve weight-bearing as tolerated within 24 hours following surgery

- Denominator: total number of adults admitted to hospital with a primary diagnosis of fragility hip fracture who undergo hip fracture surgery
- Numerator: number of people in the denominator who report achieving weight-bearing as tolerated within 24 hours of surgery
- Data source: local data collection

Quality Statement 9: Daily Mobilization

Percentage of people who undergo hip fracture surgery who are mobilized at least once daily postoperatively while in hospital

- Denominator: total number of adults admitted to hospital with a primary diagnosis of fragility hip fracture who undergo hip fracture surgery
- Numerator: number of people in the denominator who are mobilized daily postoperatively while in hospital
- Data source: local data collection

Quality Statement 10: Screening for and Managing Delirium

Percentage of people with hip fracture who are assessed for delirium with a standardized, validated tool within 8 hours of arrival at hospital

- Denominator: total number of adults admitted to hospital with a primary diagnosis of fragility hip fracture
- Numerator: number of people in the denominator who are assessed for delirium with a standardized, validated tool within 8 hours of first arrival at any hospital
- Data source: local data collection

Percentage of people with hip fracture who are assessed for delirium with a standardized, validated tool every 12 hours while in hospital

- Denominator: total number of adults admitted to hospital with a primary diagnosis of fragility hip fracture
- Numerator: number of people in the denominator who are assessed for delirium with a standardized, validated tool every 12 hours while in hospital
- Data source: local data collection

Percentage of people with hip fracture who are assessed for delirium with a standardized, validated tool after transitioning to a new medical setting

- Denominator: total number of adults admitted to hospital with a primary diagnosis of fragility hip fracture who are transitioned to a new medical setting
- Numerator: number of people in the denominator who are assessed for delirium with a standardized, validated tool after transitioning to the new setting
- Data source: local data collection

Percentage of people with hip fracture who are assessed for delirium with a standardized, validated tool after a change in medical status

- Denominator: total number of adults admitted to hospital with a primary diagnosis of fragility hip fracture who experience a change in medical status
- Numerator: number of people in the denominator who are assessed for delirium with a standardized, validated tool after experiencing their change in medical status
- Data source: local data collection

Percentage of hospitals that have a policy or protocol in place to prevent and manage delirium

- Data source: regional and/or provincial data collection method would need to be developed

Quality Statement 11: Postoperative Management

Percentage of people who undergo hip fracture surgery who are managed by both an orthopaedic surgeon and a clinician with geriatric expertise

- Denominator: total number of adults admitted to hospital with a primary diagnosis of fragility hip fracture who undergo hip fracture surgery
- Numerator: number of people in the denominator who are seen by an orthopaedic surgeon and a clinician with geriatric expertise
- Data source: local data collection

Percentage of people who undergo hip fracture surgery who receive venous thromboembolism prophylaxis while in hospital

- Denominator: total number of adults admitted to hospital with a primary diagnosis of fragility hip fracture who undergo hip fracture surgery
- Numerator: number of people in the denominator who receive venous thromboembolism prophylaxis while in hospital
- Data source: local data collection

Percentage of people who undergo hip fracture surgery who receive an indwelling catheter postoperatively

- Denominator: total number of adults admitted to hospital with a primary diagnosis of fragility hip fracture who undergo hip fracture surgery
- Numerator: number of people in the denominator who receive an indwelling catheter postoperatively
- Data source: local data collection

Percentage of hospitals with access to a clinician with geriatric expertise

- Data source: regional and/or provincial data collection method would need to be developed

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

Percentage of hospitals that have educational resources on hip fracture care available for people with hip fracture and their families and care partners (see definition of “information on patient care” on p. 33)

- Data source: regional and/or provincial data collection method would need to be developed

Quality Statement 13: Rehabilitation

Percentage of people who undergo hip fracture surgery who participate in a postoperative interprofessional rehabilitation program

- Denominator: total number of adults admitted to hospital with a primary diagnosis of fragility hip fracture who undergo hip fracture surgery
- Numerator: number of people in the denominator who participate in a postoperative interprofessional rehabilitation program
- Data sources: local data collection, CCRS, DAD, Home Care Database (HCD), NRS

Median number of days after surgery that people with hip fracture begin a rehabilitation program

- Data sources: local data collection, CCRS, DAD, HCD, NRS

Quality Statement 14: Osteoporosis Management

Percentage of people with hip fracture who receive an osteoporosis assessment from a clinician with osteoporosis expertise

- Denominator: total number of adults admitted to hospital with a primary diagnosis of fragility hip fracture who undergo hip fracture surgery
- Numerator: number of people in the denominator who receive an osteoporosis assessment from a clinician with osteoporosis expertise

- Exclusion: people with a fragility hip fracture who are already on an osteoporosis medication, people for whom osteoporosis medications are contraindicated
- Data source: local data collection

Percentage of people with hip fracture and diagnosed with osteoporosis who are started on an osteoporosis medication while in hospital

- Denominator: total number of adults admitted to hospital with a primary diagnosis of fragility hip fracture who undergo hip fracture surgery and who are diagnosed with osteoporosis
- Numerator: number of people in the denominator who are started on an osteoporosis medication while in hospital
- Exclusion: people for whom osteoporosis medications are contraindicated
- Data source: local data collection

Quality Statement 15: Follow-Up Care

Percentage of people who undergo hip fracture surgery whose primary care provider is contacted before discharge to schedule a follow-up appointment (includes primary care providers for long-term care homes)

- Denominator: total number of adults admitted to hospital with a primary diagnosis of fragility hip fracture who undergo hip fracture surgery
- Numerator: number of people in the denominator whose primary care provider is contacted before being discharged home to schedule a follow-up appointment
- Exclusion: people who are transferred to another inpatient, emergency, or ambulatory facility
- Note: includes discharges to residential care settings such as long-term care, rehabilitation, and group living facilities, as well as private homes
- Data source: local data collection

Percentage of people who undergo hip fracture surgery whose primary care provider receives a discharge summary prior to or at the primary care follow-up appointment (includes primary care providers for long-term care homes)

- Denominator: total number of adults admitted to hospital with a primary diagnosis of fragility hip fracture who undergo hip fracture surgery
- Numerator: number of people in the denominator whose primary care providers receive a discharge summary prior to or at their primary care follow-up appointments
- Note: includes discharges to residential care settings such as long-term care, rehabilitation, and group living facilities, as well as private homes
- Data source: local data collection

Percentage of people who undergo hip fracture surgery who are seen by a primary care provider within 2 weeks of discharge

- Denominator: total number of adults admitted to hospital with a primary diagnosis of fragility hip fracture who undergo hip fracture surgery
- Numerator: number of people in the denominator who are seen by a primary care provider within 2 weeks of being discharged home
- Exclusion: people who are transferred to another inpatient, emergency, or ambulatory facility
- Note: includes discharges to residential care settings such as long-term care, rehabilitation, and group living facilities, as well as private homes
- Data sources: DAD, Ontario Health Insurance Plan (OHIP) claims database

Percentage of people who undergo hip fracture surgery who are seen by the hospital's orthopaedic service within 12 weeks of discharge

- Denominator: total number of adults admitted to hospital with a primary diagnosis of fragility hip fracture who undergo hip fracture surgery
- Numerator: number of people in the denominator who are seen by the hospital's orthopaedic service within 12 weeks of discharge
- Data sources: local data collection, DAD, OHIP claims database

Looking for More Information?

Visit [hqontario.ca](https://www.hqontario.ca) or contact us at QualityStandards@OntarioHealth.ca if you have any questions or feedback about this quality standard.

Ontario Health
500–525 University Avenue
Toronto, Ontario
M5G 2L3

Toll Free: 1-877-280-8538
TTY: 1-800-855-0511
Email: QualityStandards@OntarioHealth.ca
Website: [hqontario.ca](https://www.hqontario.ca)

ISBN 978-1-4868-7740-9 (PDF)
© King's Printer for Ontario, 2024