

10<sup>th</sup> January 2022

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Dear colleagues

## Care of hip fracture patients during the COVID-19 pandemic: advice to Health Boards in Scotland ; Updated January 2022

Research conducted in Scotland has found that acute hip fracture patients in Scottish hospitals who contract COVID-19 have greatly increased mortality rates<sup>i</sup>. Pre-pandemic 30-day mortality for hip fracture patients in Scotland was 7%. Hip fracture patients with COVID-19 have a 30-day mortality rate of 35%, and also survivors have worse longer-term outcomes. **Importantly, the research indicates that around half of cases of COVID-19 in hip fracture patients were because of hospital-acquired infection.**

These findings have critical implications for service provision. Given the current surge in omicron variant COVID-19, and the changes in service provision arrangements that this may cause, the Scottish Hip Fracture Audit Steering Group in conjunction with the Scottish Committee for Orthopaedics and Trauma (SCOT) now issues these recommendations to Health Boards:

1. Good care as per the Scottish Standards of Care for Hip Fracture Patients must be maintained, with no or minimal redeployment of staff to other areas. Known disruption to services in early waves of the pandemic may have contributed to reduced quality of care and worse outcomes<sup>ii</sup>.
2. In addition to front-door screening, inpatient COVID testing (PCR or Lumira if appropriate) should be utilised to facilitate prompt diagnosis, risk stratification, and safe management.
3. Older hip fracture patients with COVID-19 may present with atypical symptoms (e.g. delirium), or be asymptomatic. A high index of suspicion for COVID-19 and early testing is necessary. Do not use 'typical' symptoms alone when deciding if a test should be carried out. Maintain high standards of infection protection to reduce the risk of nosocomial spread among individuals.
4. Do not delay surgery to await a COVID-19 test result.
5. Aim for discharge home as soon as possible with appropriate community support, preferably without transfer to downstream beds if possible. NB post-admission COVID-19 infections are often contracted in downstream beds.
6. As far as possible reduce the risk of hospital-acquired COVID-19 through avoiding intra-hospital boarding; note that boarding likely increases risk of exposure as well as increasing length of stay.

Yours Sincerely,

Prof. A. MacLulich,  
Chair, Scottish Hip Fracture Audit.

Mr A. Murray  
Chair, Scottish Committee for Orthopaedic Trauma

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<sup>i</sup> Hall AJ, Clement ND, MacLulich AMJ, White TO, Duckworth AD. IMPACT-Scot 2 report on COVID-19 in hip fracture patients. Bone Joint J. 2021 May;103-B(5):888-897.

<sup>ii</sup> Hall AJ, Clement ND, MacLulich AMJ, Ojeda-Thies C, Hoefler C, Brent L, White TO, Duckworth AD. IMPACT of COVID-19 on hip fracture services: A global survey by the International Multicentre Project Auditing COVID-19 in Trauma & Orthopaedics. Surgeon. 2021 May 24:S1479- 666X(21)00092-5.