

ANESTHESIOLOGY

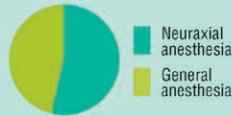


Searching for Quality Hip Fractures and Type of Anesthesia

Mclsaac et al.¹ analyzed hip fracture outcomes from **107,317 patients**.



80 hospitals in Ontario were included.



53% of patients had neuraxial anesthesia.



Hospital-level neuraxial utilization varied between **0%** and **100%**.

30-day mortality was evaluated at a hospital level after controlling for:



Patient age • Sex
Medications
Comorbidities
Income • Residence



Teaching hospital
Surgical volume
Year of surgery



Anesthesiologist age
Gender • Clinical load
Years in practice
Year of surgery



Fixation & implant type
Type of anesthesia • Arterial line
Weekend surgery
Preop length of stay



8.5%
overall

Hospitals with the highest neuraxial utilization had the lowest mortality rates:

HR 1.22

(95% CI, 1.06 to 1.39, highest vs. lowest quintile for neuraxial utilization)

The improvement was **not due to neuraxial anesthesia itself**, but a marker for possible other factors:

- Preop risk stratification
- Culture of care
- OR staff experience
- Avoiding preventable complications
- Provider skill level

High-quality evidence is needed to evaluate patient-level quality measures before adoption. This should include study designs that account for hospital quality differences across sites.

HR = hazard ratio; OR = operating room; preop = preoperative.

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1. Mclsaac DI, Wijeyesundera DN, Huang A, Bryson GL, van Walraven C: Association of hospital-level neuraxial anesthesia use for hip fracture surgery with outcomes: A population-based cohort study. *ANESTHESIOLOGY* 2018; 128:480-91