**DISCHARGE LOCATION AFTER HIP FRACTURE - THE EFFECT OF POSTOPERATIVE COMPLICATIONS**

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**Introduction:** Femoral neck fractures represent a large proportion of inpatient hospital days in the older population with many patients experiencing a change in the level of care that they need to function. This results in many patients being discharged to an alternative location, albeit not on a permanent basis. There is often delay in discharge due to recognising and arranging the changes needed. This results in longer length of stay. Scores have been developed to try to predict discharge to alternative location (DAL). None of these have so far taken into account the effect of post-operative complications on DAL.

**Method:** Our study looked at 3843 patients admitted with fractured neck of femur over a five year period (2009-2013). The mean rate of DAL over these five years was 40.33% which was consistent with the previously recorded rate by Deakin et al in 2008.

**Results:** In our study the DAL group had statistically more complications (45.35% vs 34.29%), than non DAL ($p < 0.001$). Analysis of patient factors and complications using multivariate Cox Regression revealed that age, living alone, AMT, COAD pre op, Chest infection, SWI, Deep Infection, Urinary Tract Infection, Renal Failure and Periprosthetic Fracture were all found to be significantly associated with DAL ($p < 0.05$).

A ROC analysis of this group suggests that there is no relationship between increased number of complications per patient and the incidence of DAL.

**Conclusion:** In an environment of increased financial pressure on healthcare providers, the early prediction of patients requiring additional support on discharge could reduce healthcare costs and improve quality of outcomes. Our results suggest that post-operative infective complications should trigger a review of discharge planning as soon as they occur.