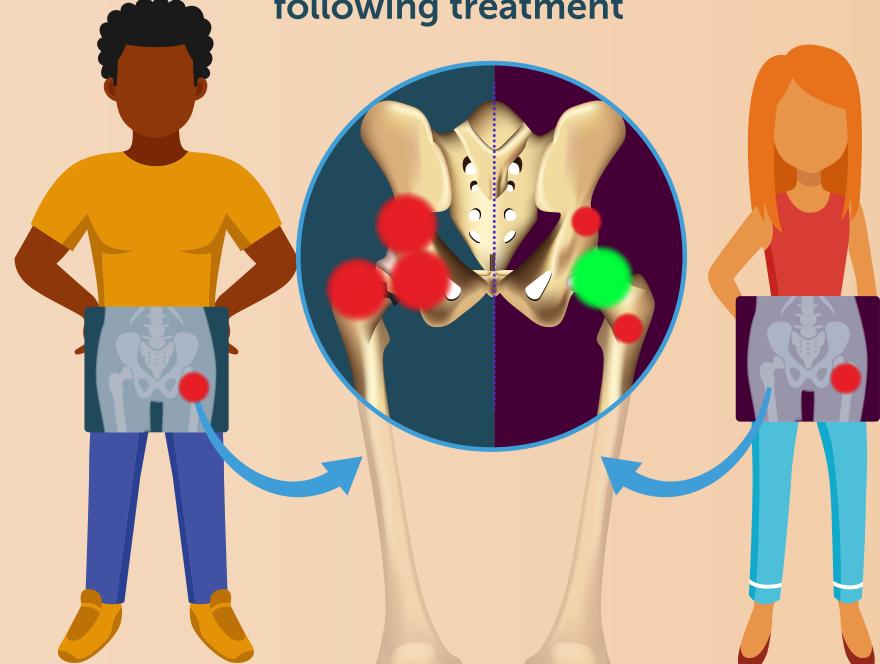
Racial Disparities in the Timing of Hip Fracture Radiographic Assessment and Surgical Treatment

hospitals

Hip fractures are associated with high 1-year mortality rates (19%-33%), and nonwhite patients are more likely to die or lose their mobility following treatment



The causes for these differences, and when during care delivery the differences arise, are not well defined

Do racial disparities exist in the timing of radiographic assessment and surgical treatment of patients with hip fractures?

Retrospective study of 1535 patients with hip fractures aged ≥60 years



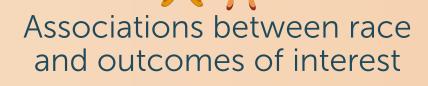
hospitals



Time to radiographic

evaluation





- Time to radiographic evaluation
- Time to surgery
- Length of hospital stay
- 30-day hospital readmission rates



Black patients



4.2 hours







White patients



1.2 hours



No race-based differences in the length of hospital stay or 30-day hospital readmission rates

- After adjusting for patient characteristics, black patients experienced longer wait times to radiographic evaluation and surgical fixation than white patients
- Hospitals should consider evaluating racial disparities in the timing of hip fracture care
- Raising awareness of these disparities, implementing unconscious bias training for healthcare providers, and employing standardized care pathways may, help mitigate racial disparities in the care of patients with hip fractures



Time to surgery

Racial Disparities are Present in the Timing of Radiographic Assessment and Surgical **Treatment of Hip Fractures**