

**Dr. Prism Schneider**

*"Timely Hip Fracture Care Pathway Implementation: A Feasibility Study"*

Canada's healthcare system sees approximately 30,000 hip fractures annually and up to 40% of these patients receive oral anticoagulants (OAC) to prevent blood clots. With an aging population, the number of Canadians who take chronic OAC is increasing due to a higher prevalence of conditions (ie. atrial fibrillation and venous thromboembolism (VTE)) and expanding indications for their use. While current guidelines recommend time-to-surgery (TTS) **within 48 hours of injury**, previous research has shown that hip fracture patients on OAC experience significant delays and have an increased risk of post-surgical complications as well as higher rates of death. Therefore, decreasing the TTS for these patients may decrease the overall mortality rate. However, **expedited surgery must be balanced with the risk of increased bleeding during and after surgery**. Unfortunately, no guidelines exist outlining safe and timely hip fracture care for patients on OAC before their injury. Our study aims to address this care gap by studying the **feasibility of implementing a standardized, patient-centred hip fracture perioperative care pathway**. Our goal is to conduct a **pilot study** implementing novel guidelines informed by a multi-disciplinary team to surgically manage hip fracture patients receiving OAC in a safe and timely manner. This will be a **multi-centre** study and patients enrolled in this research will follow our evidence-based care pathway to receive urgent hip fracture surgery within 48 hours of their ED admission. Our research team will follow patients from time of informed consent to 90-days following their hip fracture surgery. We aim to gain evidence for decreased surgical complications, including cardiovascular complications, bleeding, and death, and a reduction in healthcare costs associated with long hospital stays. This research will generate **new knowledge** about optimal surgical timing for hip fracture patients receiving OACs and is important for patients, healthcare providers, researchers, and health policy administrators who are informing optimal clinical practice and financial recommendations.