Hip Fracture Time To Surgery And In-Hospital Mortality Between 27 Hospitals In Six Countries.

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In hospital mortality varied from 2.9% to 7.1%. The odds ratios for in-hospital death relative to the reference category, adjusted for age and sex, were highest in Denmark and lowest in USA. Odds for in-hospital death varied from 0.48 (95% CI 0.35 to 0.62) to 2.27 (95% CI 1.73 to 2.98) between USA and Denmark. USA, Norway and Denrep had the longest post-operative length of stay and the greatest difference in reporting of complications (Table 2). There are no differences between countries in in-hospital mortality, but some differences in practice between country, and the importance of Elixhauser score to mortality was demonstrated in all countries.

The incidence of death was higher in patients with multiple comorbidities and Elixhauser score tertile. The Elixhauser score was used as a measure of co-morbidity, but other measures that were not adjusted for comorbidities could be used. However, it is important to note that the Elixhauser score is a tool that is primarily used to predict mortality. The results of this study suggest that in-hospital mortality is influenced by multiple factors, including age, sex, and the presence of comorbidities. Furthermore, the results also suggest that in-hospital mortality is affected by differences in practice between countries, which may be due to differences in healthcare systems and resources. Overall, the results of this study suggest that in-hospital mortality is a complex issue that is influenced by multiple factors, and further research is needed to better understand these factors and develop strategies to improve in-hospital mortality.