THE VALUE OF THE IRISH HIP FRACTURE DATABASE IN ENHANCING PERFORMANCE OF TRAUMA AND ORTHOPAEDIC SERVICES

Mr Paddy Kenny
Joint National Clinical Lead
Programme in Trauma & Orthopaedic Surgery
IRISH HIP FRACTURE DATABASE

• The Irish Hip Fracture Database is a clinically-led, quality improvement initiative which has been recording data on hip fractures in Irish Hospitals since 2012.

• The purpose of the IHFD is to drive improvement in the quality and effectiveness of patient care.
Timeline of the IHFD

- **2008**: IITOS & IGS collaborate to improve hip fracture care
- **2011**: Health care quality indicators published by HSE
- **2012**: HSE & Quality & Patients Safety Directorate support
- **2013**: Collaboration with National Office of Clinical Audit (NOCA)
- **2014**: Preliminary IHFD Report
- **2015**: IHFD National Reports 2013 & 2014
1\textsuperscript{st} National Report 2013: \textbf{1950 cases}

12 hospitals

\textbf{2\textsuperscript{nd} National Report 2014: 2664 cases}

14 hospitals

3\textsuperscript{rd} National Report 2015: \textbf{2962 cases}

16 hospitals

4\textsuperscript{th} National Report 2016: \textbf{3159 cases}

16 hospitals
Data entry progress

- 2013: 1950, 62%
- 2014: 2664, 80%
- 2015: 2962, 82%
- 2016: 3159, 86%
2016 16 hospitals 86%  3,159 cases
Blue Book Standards

1. All patients with hip fracture should be admitted to an acute orthopaedic ward within 4 hours of presentation.

2. All patients with hip fracture who are medically fit should have surgery within 48 hours of admission, and during normal working hours.

3. All patients with hip fracture should be assessed and cared for with a view to minimising their risk of developing a pressure ulcer.

4. All patients presenting with a fragility fracture should be managed on an orthopaedic ward with routine access to acute orthogeriatric medical support from the time of admission.

5. All patients presenting with fragility fracture should be assessed to determine their need for antiresorptive therapy to prevent future osteoporotic fractures.

6. All patients presenting with a fragility fracture following a fall should be offered multidisciplinary assessment and intervention to prevent future falls.
Blue Book Standards

- Blue Book Standard 1: Percentage admitted within 4 hours to orthopaedic ward - 14%
- Blue Book Standard 2: Percentage who had surgery within 48 hours and during normal working hours - 73%
- Blue Book Standard 3: Percentage of patients who developed a new pressure ulcer - 5%
- Blue Book Standard 4: Percentage seen at any time during admission by a geriatrician - 56%
- Blue Book Standard 5: Percentage of patients who were discharged on bone protection medication - 57%
- Blue Book Standard 6: Percentage of patients who received specialist falls assessment - 54%
Differences from 2015 Report

- Increase in 4% of patients admitted to orthopaedic ward within 4 hours
- 77% of patients were mobilised on the day of or day after surgery
- More patients received a bone health (57%) & falls (54%) assessments
- Coverage of hip fracture cases has increased to 86%
- Increase percentage of patients having surgery within 48 hours (73%)
- Increase in percentage of patients seen by a Geriatrician (56%)
- Median length of stay has reduced by 1 day to 12 days
- Completeness of data has increased to 98%
National HIP Fracture Database. UK NFHD (2009-2014)

Combining evidence-based care standards with audit, drives measurable improvements in hip fracture outcomes including mortality and reduction in cost of care
SAVING LIVES

In 2015 an evaluation of the introduction of the NHFD (UK) on care and mortality after hip fracture was carried out by Neuburger et al, (2015)

1,000 fewer people a year died within 30 days of hospital admission for hip fracture after the introduction of the NHFD in 2007, than would have been expected if pre-2007 trends had continued.

In Ireland would be 50 less hospital deaths every year after a hip fracture.
HIP FRACTURES

- 2014: 3,428
- 2015: 3,519
- 2016: 3,629 people aged 60 years and over were hospitalised with a hip fracture in the Republic of Ireland
- The number is predicted to double by 2026 (Mulhall et al 2009).
National Model of Care for Trauma and Orthopaedic Surgery

Published 15th July 2015
Launched by Minister for Health

Minister for Health Leo Varadkar TD:
“This Model of Care is a significant milestone for trauma and orthopaedic surgery. The new document provides the basis for a world-class trauma and orthopaedic service. It gives clinicians, managers and healthcare workers clear guidelines on how to deliver best practice care to trauma and orthopaedic patients. The HSE and the Hospital Groups must now work together on implementing the Model of Care, so that it leads to real improvements.”
Key elements of good care include:

- where a hip fracture is suspected by ambulance/paramedic, the patient should be transferred directly to the nearest trauma hospital that definitively treats hip fracture patients
- prompt admission to orthopaedic care
- many emergency departments have fast-tracking policies for hip fracture, in order to speed the patient’s progress through the department. Admission is inevitable, and unnecessary delay will simply increase the risk of pressure ulcers, confusion and pain
2015 IHFD NATIONAL REPORT

KEY RECOMMENDATIONS

- All suspected hip fracture patients should be brought directly to the trauma operating hospital.
- Hospitals should submit 100% of their data and provide protected time for data collection.
- All 16 hospitals should establish a hip fracture working group, to review and utilise the IHFD data locally to improve patient care.
2016 IHFD NATIONAL REPORT
KEY RECOMMENDATIONS

Every hospital participating in the IHFD should have a hip fracture committee to ensure that the data from the IHFD is being used to drive continuous quality improvement in hip fracture care. IHFD audit reports should also be made available to the Hospital and Hospital Group Quality and Safety Committee.

Each hospital participating in the IHFD should provide an a multidisciplinary orthogeriatric service.

Each hospital providing hip fracture surgery should be resourced to provide a seven day a week service to trauma patients- including prompt access to theatre, medical support and early mobilisation by a physiotherapist.

NOCA will provide guidance and support to all of the local hip fracture committees.

NOCA will continue to work with hospitals directly to put processes in place to support the current dataset and new data points to assure data quality and thereby supporting the provision of high quality reporting.
Planning the Future of Trauma Services in Ireland
Emergency Department with Trauma

Emergency Department

LGH
SGH
MGH
UGH
KGH
CUH
MUH
UHW
Luke’s, Kilkenny
Naas General
OLOL Drogheda
Cavan General Hospital
TGH, Clonmel
MRH, Tullamore
MRH, Portlaoise
Portiuncula
UGH
UHL
MRH, Mullingar
Beaumont
Connolly
MMUH
SVUH
STJ
Tallahgth Hospital
Naas General
MRH, Portlaoise
WGH
Luke’s, Kilkenny
TGH, Clonmel
MUH
CUH
UHW
Emergency Department with
Trauma orthopaedic surgery services
16

OLOL Drogheda
Beaumont Connolly
MMUH SVUH
SJH Tallaght
MRH, Tullamore
LGH
SGH
MGH
UCHG
KGH
CUH
UHL
UHW
SJH
UHW
MRH, Tullamore
# Hip Fracture Bypass

<table>
<thead>
<tr>
<th>HOSP</th>
<th>IHFD - All Age 60+</th>
<th>IHFD Adm Not Via ED</th>
<th>%</th>
<th>IHFD Adm Not Via ED and Not In-patient fall</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waterford</td>
<td>315</td>
<td>193</td>
<td>61.3%</td>
<td>191</td>
<td>60.6%</td>
</tr>
<tr>
<td>Galway</td>
<td>247</td>
<td>24</td>
<td>9.7%</td>
<td>19</td>
<td>7.7%</td>
</tr>
<tr>
<td>SJH</td>
<td>156</td>
<td>15</td>
<td>9.6%</td>
<td>3</td>
<td>1.9%</td>
</tr>
<tr>
<td>SVUH</td>
<td>293</td>
<td>16</td>
<td>5.5%</td>
<td>7</td>
<td>2.4%</td>
</tr>
<tr>
<td>Connolly</td>
<td>159</td>
<td>8</td>
<td>5.0%</td>
<td>3</td>
<td>1.9%</td>
</tr>
<tr>
<td>Tallaght</td>
<td>150</td>
<td>6</td>
<td>4.0%</td>
<td>4</td>
<td>2.7%</td>
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<tr>
<td>CUH</td>
<td>230</td>
<td>9</td>
<td>3.9%</td>
<td>5</td>
<td>2.2%</td>
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<tr>
<td>Beaumont</td>
<td>167</td>
<td>5</td>
<td>3.0%</td>
<td>3</td>
<td>1.8%</td>
</tr>
<tr>
<td>Sligo</td>
<td>127</td>
<td>3</td>
<td>2.4%</td>
<td>1</td>
<td>0.8%</td>
</tr>
<tr>
<td>Limerick</td>
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<td>5</td>
<td>1.8%</td>
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<tr>
<td>Mater</td>
<td>141</td>
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<td>1.4%</td>
<td>1</td>
<td>0.7%</td>
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<tr>
<td>Tullamore</td>
<td>219</td>
<td>3</td>
<td>1.4%</td>
<td>2</td>
<td>0.9%</td>
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<tr>
<td>Drogheda</td>
<td>258</td>
<td>3</td>
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<td>0.8%</td>
</tr>
<tr>
<td>Kerry</td>
<td>121</td>
<td>1</td>
<td>0.8%</td>
<td>1</td>
<td>0.8%</td>
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<tr>
<td>Letterkenny</td>
<td>133</td>
<td>1</td>
<td>0.8%</td>
<td>1</td>
<td>0.8%</td>
</tr>
<tr>
<td>Mayo</td>
<td>18</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3016</strong></td>
<td><strong>295</strong></td>
<td><strong>9.8%</strong></td>
<td><strong>248</strong></td>
<td><strong>8.2%</strong></td>
</tr>
</tbody>
</table>
South-East

3 hospitals: 60% hip fractures to Waterford

Transfer time: 16 h 22 mins

223 extra ambulance journeys

Time to surgery in UHW in 2015 of 56h 20 mins

417 additional bed days at a cost of €339,021.
In 2017 the Acute Hospital Division took action

Hip fractures from Cavan now go direct to Connolly and are repatriated

Hip fracture patients in the South-East began bypass February 2017
CRITERIA FOR BYPASS

i) Hip pain
ii) History of a fall
iii) Inability to weight bear
iv) Painful limb is externally rotated and shortened.
Phase 1: 35% of eligible patients were bypassed according to the protocol.

Phase 2: 75% of eligible patients were bypassed according to the protocol.
ACTIVITY BASED FUNDING

BEST PRACTICE TARIFF
The common characteristics of successful best-practice pricing initiatives are:

Clinically relevant and built on an evidence base
Uncomplicated and focused on outcomes of care
Based on reliable and timely data that is trusted by clinicians
Aimed at discrete clinical interventions
Rewards or incentives are reinvested at the clinical level
Aligned with other quality improvement initiatives and broader policy objectives.
Clinician-led, with support provided to change behaviour.
Best Practice Tariff

Ms Maureen Cronin Head of the Healthcare Pricing Office, has secured a defined sum of money for this initiative to commence in 2018

Payment based on reliable and timely data, which is validated and can be audited.

Data completeness > 90%

All six Blue Book standards must be met for the tariff to be paid

The hospital must have a functioning Hip Fracture Committee
# Meeting Blue Book Standards

<table>
<thead>
<tr>
<th></th>
<th>2013 IHFD</th>
<th>2014 IHFD</th>
<th>2015 IHFD</th>
<th>2016 IHFD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meeting all 6 criteria</td>
<td>16</td>
<td>5</td>
<td>16</td>
<td>20</td>
</tr>
<tr>
<td>Meeting at least 5 criteria</td>
<td>216</td>
<td>102</td>
<td>227</td>
<td>282</td>
</tr>
<tr>
<td>Meeting at least 4 criteria</td>
<td>691</td>
<td>672</td>
<td>1020</td>
<td>1179</td>
</tr>
</tbody>
</table>
International Meeting

Irish Hip Fracture Database
BIDDING BOOK
7th Fragility Fracture Global Congress 2018

DUBLIN

FFN
Fragility Fracture Network
of the Bone and Joint Decade
Integrated Care Pathway
For Hip Fracture

The following criteria must be met for this ICP to be appropriate for a patient:
- Definite diagnosis of a proximal femoral fracture
- All members of the multidisciplinary team sign into care pathway
- Do not leave blank spaces—write N/A, facts or information if appropriate

This ICP was developed by: National ICP Working Group 2015

“From Broken Bone to Walking Home”
## Database Coverage

<table>
<thead>
<tr>
<th>Discharge Year</th>
<th>Fractures in HIPE*</th>
<th>Fractures in Database</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>3,243</td>
<td>2,024</td>
<td>62%</td>
</tr>
<tr>
<td>2014</td>
<td>3,428</td>
<td>2,740</td>
<td>80%</td>
</tr>
<tr>
<td>2015</td>
<td>3,591</td>
<td>3,054</td>
<td>82.8%</td>
</tr>
<tr>
<td>2016</td>
<td>3,629</td>
<td>3,159</td>
<td>86%</td>
</tr>
</tbody>
</table>
Numbers Meeting the Standards

<table>
<thead>
<tr>
<th>HIP Fractures (Principal or Secondary)</th>
<th>2013 FHD</th>
<th>%</th>
<th>2014 FHD</th>
<th>%</th>
<th>2015 FHD</th>
<th>%</th>
<th>2016 FHD</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meeting all 6 criteria</td>
<td>16</td>
<td>0.80%</td>
<td>5</td>
<td>0.20%</td>
<td>16</td>
<td>0.50%</td>
<td>20</td>
<td>0.64%</td>
</tr>
<tr>
<td>Meeting at least 5 criteria</td>
<td>216</td>
<td>10.70%</td>
<td>102</td>
<td>3.70%</td>
<td>227</td>
<td>7.60%</td>
<td>282</td>
<td>9.02%</td>
</tr>
<tr>
<td>Meeting at least 4 criteria</td>
<td>691</td>
<td>34.10%</td>
<td>672</td>
<td>24.40%</td>
<td>1,020</td>
<td>34.29%</td>
<td>1,178</td>
<td>37.70%</td>
</tr>
</tbody>
</table>
Blue Book Standards

1. All patients with hip fracture should be admitted to an acute orthopaedic ward within 4 hours of presentation.

2. All patients with hip fracture who are medically fit should have surgery within 48 hours of admission, and during normal working hours.

3. All patients with hip fracture should be assessed and cared for with a view to minimising their risk of developing a pressure ulcer.

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6. All patients presenting with a fragility fracture following a fall should be offered multidisciplinary assessment and intervention to prevent future falls.
Blue Book Standards

**Blue Book Standard 1**: Percentage admitted within 4 hours to orthopaedic ward - 14%

**Blue Book Standard 2**: Percentage who had surgery within 48 hours and during normal working hours - 73%

**Blue Book Standard 3**: Percentage of patients who developed a new pressure ulcer - 5%

**Blue Book Standard 4**: Percentage seen at any time during admission by a geriatrician - 56%

**Blue Book Standard 5**: Percentage of patients who were discharged on bone protection medication - 57%

**Blue Book Standard 6**: Percentage of patients who received specialist falls assessment - 54%
Differences from 2015 Report

- Increase in 4% of patients admitted to orthopaedic ward within 4 hours
- 77% of patients were mobilised on the day of or day after surgery
- More patients received a bone health (57%) & falls (54%) assessments
- Coverage of hip fracture cases has increased to 86%
- Increase in percentage of patients having surgery within 48 hours (75%)
- Increase in percentage of patients seen by a Geriatrician (56%)
- Median length of stay has reduced by 1 day to 12 days
- Completeness of data has increased to 98%
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<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Standard 1</strong></td>
<td>Admission to orthopaedic ward within 4 hours</td>
<td>Percentage admitted within 4 hours to Orthopaedic Ward*</td>
<td>9%</td>
<td>10%</td>
</tr>
<tr>
<td><strong>Standard 2</strong></td>
<td>All patients who are medically fit should have surgery within 48 hours of admission and during normal working hours</td>
<td>Patients who had surgery within 48 hours and during working hours</td>
<td>69%</td>
<td>72%</td>
</tr>
<tr>
<td><strong>Standard 3</strong></td>
<td>All patients with HIP Fracture should be assessed and cared for with a view to minimising their risk of developing a pressure ulcer</td>
<td>% of patients who developed a new pressure ulcer new (Grade 2 or higher)</td>
<td>5%</td>
<td>4%</td>
</tr>
<tr>
<td><strong>Standard 4</strong></td>
<td>All patients presenting with fragility fracture should be assessed to determine their need for therapy to prevent future osteoporotic fractures</td>
<td>% seen at any time during admission by a geriatrician</td>
<td>20%</td>
<td>54%</td>
</tr>
<tr>
<td><strong>Standard 5</strong></td>
<td>All patients presenting with fragility fracture should be assessed to determine their need for therapy to prevent future osteoporotic fractures</td>
<td>% of patients who were discharged on bone protection medication (In 2018 this will include all patient who had a bone health assessment )</td>
<td>42%</td>
<td>47%</td>
</tr>
<tr>
<td><strong>Standard 6</strong></td>
<td>All patients presenting with a fragility fracture following a fall should be offered multidisciplinary assessment and intervention to prevent future falls</td>
<td>% of patients who received specialist falls assessment</td>
<td>54%</td>
<td>49%</td>
</tr>
</tbody>
</table>
### IHFD Facilities Audit 2016

<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>Your information</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trauma catchment population</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of hip fracture cases each year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Competence of data entry for 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trauma/hip fracture service description</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of trauma beds/wards</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have any dedicated hip beds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute admission to elderly A wards</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hip fracture pathway</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fast track policy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hours of designated trauma list per week</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there a dedicated trauma theatre at weekends</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of WTE orthopaedic consultants: SCH’s &amp; NCHD’s</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of hours per week orthopaedic input and grades of staff: SCH’s &amp; NCHD’s</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Facilities Audit & Report

- Size of the unit: catchment area, no. of orthopaedic beds
- Number of hip #’s
- Coverage of IHFD data
- Number of orthopaedic/geriatric doctors, nurses, HSPC’s
- Geriatrician hours
- Pathways/policies for hip #’s
- Theatre access
- Nurse/patient ratio
- No. of CNS
- Data coordinator resources
Integrated Care Pathway
For Hip Fracture

The following criteria must be met for this ICP to be appropriate for a patient:
- Definite diagnosis of a proximal femoral fracture
- Admission of the multisystemic nature of the care pathway
- Do not leave blank spaces—write N/A if no information is appropriate

This ICP was developed by: National ICP Working Group 2014

General guidelines exist in all areas when using this document. Please refer to the general guidelines.

“From Broken Bone to Walking Home”
Approved TARN Submissions

*ISS 1-15*  *ISS > 15*
AMBULANCE BYPASS OF HOSPITALS WITHOUT ORTHOPAEDIC SURGEONS ON SITE

- Naas - Tallaght
- Portlaoise – Tullamore
- Cavan – Blanchardstown
- Mullingar – Tullamore
- Portiuncula - Galway
- Mercy - CUH
- St Lukes - WRH
- Wexford - WRH
- Clonmel - WRH
Numbers Meeting the Standards

<table>
<thead>
<tr>
<th>HIP Fractures (Principal or Secondary FHD)</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
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<tbody>
<tr>
<td></td>
<td>FHD</td>
<td>%</td>
<td>FHD</td>
<td>%</td>
</tr>
<tr>
<td>Meeting all 6 criteria</td>
<td>16</td>
<td>0.80%</td>
<td>5</td>
<td>0.20%</td>
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NHFD Trend data: 2008-2011


Data taken from 30,022 patients from 28 hospitals with good data completion and case ascertainment over the period 1st April 2008- 31st March 2011
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<td></td>
</tr>
<tr>
<td>% Compliance of data entry for 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trauma/hip fracture service description (including the ward, the surgical team, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of trauma beds/wards</td>
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<td></td>
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<td>Do you have any dedicated hip beds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute admission to A&amp;E (Yes/No)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Geriatric A&amp;E (Yes/No)</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blue Book Standard</td>
<td>IHFD Measurement of Compliance with Blue Book Standard</td>
<td>IFHD N=2,664</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td><strong>Standard 1</strong> Admission to orthopaedic ward within 4 hours</td>
<td>Percentage admitted within 4 hours to Orthopaedic Ward*</td>
<td>9%</td>
</tr>
<tr>
<td><strong>Standard 2</strong> All patients who are medically fit should have surgery within 48 hours of admission and during normal working hours</td>
<td>Patients who had surgery within 48 hours and during working hours</td>
<td>69%</td>
</tr>
<tr>
<td><strong>Standard 3</strong> All patients with HIP Fracture should be assessed and cared for with a view to minimising their risk of developing a pressure ulcer</td>
<td>% of patients who developed a new pressure ulcer new (Grade 2 or higher)</td>
<td>5%</td>
</tr>
<tr>
<td><strong>Standard 4</strong> All patients presenting with fragility fracture should be assessed to determine their need for therapy to prevent future osteoporotic fractures</td>
<td>% seen at any time during admission by a geriatrician</td>
<td>20%</td>
</tr>
<tr>
<td><strong>Standard 5</strong> All patients presenting with fragility fracture should be assessed to determine their need for therapy to prevent future osteoporotic fractures</td>
<td>% of patients who were discharged on bone protection medication (In 2018 this will include all patient who had a bone health assessment )</td>
<td>42%</td>
</tr>
<tr>
<td><strong>Standard 6</strong> All patients presenting with a fragility fracture following a fall should be offered multidisciplinary assessment and intervention to prevent future falls</td>
<td>% of patients who received specialist falls assessment</td>
<td>54%</td>
</tr>
</tbody>
</table>
Timeline of the IHFD

- 2008: IITOS & IGS collaborate to improve hip fracture care
- 2011: Healthcare quality indicators published by HSE
- 2012: HSE & Quality & Patients Safety Directorate support
- 2013: Collaboration with National Office of Clinical Audit (NOCA)
- 2014: Preliminary IHFD Report
- 2016: IHFD National Reports 2016 & 2017
# Database Coverage

<table>
<thead>
<tr>
<th>Discharge Year</th>
<th>Fractures in HIPE*</th>
<th>Fractures in Database</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>3,243</td>
<td>2,024</td>
<td>62%</td>
</tr>
<tr>
<td>2014</td>
<td>3,428</td>
<td>2,740</td>
<td>80%</td>
</tr>
<tr>
<td>2015</td>
<td>3,591</td>
<td>3,054</td>
<td>82.8%</td>
</tr>
<tr>
<td>2016</td>
<td>3,629</td>
<td>3,159</td>
<td>86%</td>
</tr>
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</table>
Facilities audit (16 hospitals)

**Table 5: Summary of Facilities Audit**

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<thead>
<tr>
<th>Anonymised Hospital No.</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
<th>14</th>
<th>15</th>
<th>16</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Trauma Service Description</strong></td>
<td>Primary</td>
<td>Primary</td>
<td>Primary</td>
<td>Primary</td>
<td>Primary</td>
<td>Primary</td>
<td>Primary</td>
<td>Primary</td>
<td>Both</td>
<td>Both</td>
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<td>Primary</td>
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<td>Primary</td>
<td>Primary</td>
<td>Primary</td>
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<tr>
<td>Dedicated Hip Bed</td>
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<td>No</td>
<td>No</td>
<td>No</td>
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<tr>
<td>Hours of designated trauma / week</td>
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<td>40</td>
<td>40</td>
<td>56</td>
<td>20</td>
<td>40</td>
<td>52</td>
<td>44</td>
<td>40</td>
<td>60</td>
<td>48</td>
<td>56</td>
<td>0</td>
<td>80</td>
<td>96</td>
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<td>No. of WTE orthopaedic consultants</td>
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<td>4</td>
<td>6</td>
<td>6</td>
<td>4</td>
<td>4</td>
<td>6</td>
<td>3</td>
<td>6</td>
<td>8</td>
<td>8</td>
<td>10</td>
<td>4</td>
<td>5</td>
<td>8</td>
<td>3</td>
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<tr>
<td>No. of WTE orthopaedic middle grades (Reg/SHO)</td>
<td>4 Reg 2 SHO</td>
<td>2 Reg 6 SHO</td>
<td>5 Reg 5 SHO</td>
<td>5 Reg 4 SHO</td>
<td>5 Reg 6 SHO</td>
<td>5 Reg 1 SHO</td>
<td>5 Reg 3 SHO</td>
<td>4 Reg 6 SHO</td>
<td>4 Reg 4 SHO</td>
<td>6 Reg 8 SHO</td>
<td>9 Reg 8 SHO</td>
<td>10 Reg 10 SHO</td>
<td>4 Reg 6 SHO</td>
<td>6 Reg 8 SHO</td>
<td>8 Reg 3 SHO</td>
<td>3 Reg 3 SHO</td>
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<tr>
<td>Orthoplastic team hours/week</td>
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<td>0</td>
<td>20 (Registrar)</td>
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<td>10.5</td>
<td>4</td>
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<td>0</td>
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<td>39</td>
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<tr>
<td>No. of WTE fragility fracture nurses</td>
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<td>0</td>
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<tr>
<td>No. of WTE fracture liaison nurses</td>
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<td>0.5</td>
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<td>0.5</td>
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<tr>
<td>Specific clerking proforma</td>
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<td>DXA on-site facility</td>
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<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Onsite/offsite rehabilitation</td>
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<td>Offsite</td>
<td>Offsite</td>
<td>Offsite</td>
<td>Offsite</td>
<td>Onsite</td>
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<td>Offsite</td>
<td>Offsite</td>
<td>Offsite</td>
<td>Offsite</td>
<td>Onsite</td>
<td>Onsite</td>
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</tr>
<tr>
<td>Data collected by</td>
<td>Nurse</td>
<td>Nurse</td>
<td>Registrar</td>
<td>Nurse</td>
<td>Nurse</td>
<td>Nurse</td>
<td>Nurse</td>
<td>Nurse</td>
<td>Nurse</td>
<td>Nurse</td>
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<td>Nurse</td>
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<td>Nurse</td>
<td>Nurse</td>
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<td>Protected time for IHFD</td>
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<tr>
<td>Hip fracture group</td>
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</tr>
</tbody>
</table>

**Legend:**

A. **Both:** Hospital which provides specialist hip fracture care to a number of surrounding tertiary hospitals where an appropriate orthopaedic service does not exist;  
   **Primary:** Hospital which provides specialist hip fracture care within a geographical area; tertiary hospital

B. **WTE:** whole-time equivalent