# IRISH HIP FRACTURE DATABASE SUMMARY REPORT 2018

The Irish Hip Fracture Database (IHFD) was set up to measure the care for all patients over the age of 60 who suffer a hip fracture. There are 16 hospitals who operate on hip fracture patients.

WHAT IS A HIP FRACTURE?

A hip fracture is any break in the upper portion of the thigh bone (femur) where the bone meets the pelvis.

Pelvis

Socket

Ball

Thigh bone (femur)

Intracapsular

Trochanteric

Subtrochanteric

WHAT CAUSES A HIP FRACTURE?

One in three people over the age of 65 fall each year[1]. As we age, our bones can become weaker (osteoporosis). This means that a fall from a standing height or less can result in the bone breaking easily. A number of factors influence this increased risk of fracture as we age. The leading cause of hip fractures are falls.
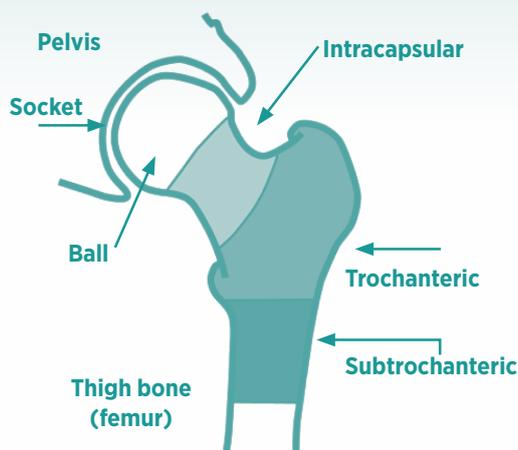
Here is what you need to know about the hip:

The hip joint is made up of a ball and socket joint. The ball (head of the femur) is located on top of the thigh bone and the socket sits within the pelvis. The hip joint is contained within a fibrous capsule and much of head of the femur receives its blood supply through blood vessels in the capsule.

IRISH HIP FRACTURE STANDARDS (IHFS)

The Irish Hip Fracture Database measures key clinical steps in the care of hip fracture patients.

IHFS 1:
Be admitted to an orthopaedic ward within 4 hours

IHFS 2:
Receive surgery withing 48 hours

IHFS 3:
Not develop a pressure ulcer

Pressure Ulcers to Zero

IHFS 4:
Be seen by a geriatrician

IHFS 5:
Receive a bone health assessment

IHFS 6:
Receive a specialist falls assessment

The Irish Hip Fracture Database National Report 2018 shows that:

3,751 PATIENTS RECORDED IN 2018
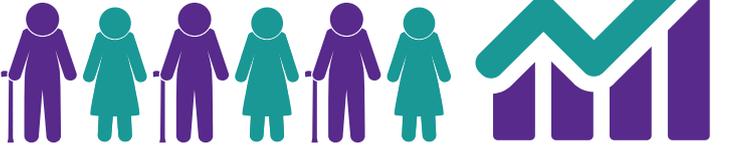
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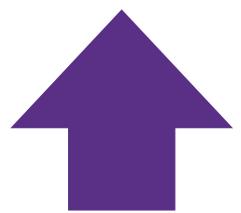
an increase from 95% in 2017

16 OPERATING HOSPITALS

HIP FRACTURE PATIENT PROFILE

31%

69%

THE AVERAGE AGE OF A PERSON WHO BREAKS THEIR HIP IS 81

25% OF PATIENTS HAVE COGNITIVE IMPAIRMENT

83% of hip fracture patients were admitted from home

10% were admitted from a nursing home or other long stay facility

6% of patients were transferred from another acute hospital

17%
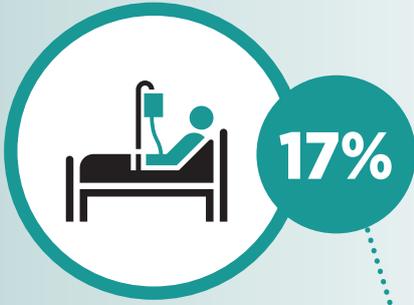
17% of patients admitted to an orthopaedic ward within four hours. IHFS 1

72%
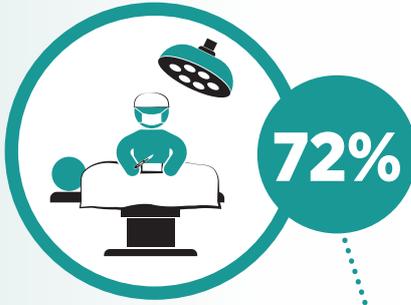
72% of patients received surgery within 48 hours. IHFS 2

3%

Pressure Ulcers to Zero

3% of patients developed a pressure ulcer after admission. IHFS 3

69%

69% of patients seen by a geriatrician. IHFS 4

84%

84% of patients received a bone health assessment. IHFS 5

70%

70% of patients had a specialist falls assessment. IHFS 6

82%

82% of patients had a physiotherapy assessment on the day of or day after surgery

12

The median length of stay for all patients was 12 days

20%

20% of patients were discharged directly home

2018 KEY RECOMMENDATIONS

IHFD Strategic Focus

- The IHFD team will align our focus to the Sláintecare programme to improve the quality of hip fracture care and achieve the "Right care, Right place, Right time, Right team[2]".
- The IHFD team will continue improve our publications to keep patients informed.

Hospital governance

- Each hospital will use their data and reports to focus on quality improvement and improve the compliance with the national hip fracture standards.

Clinical care

Hospitals will focus on:

- Getting more patients promptly admitted through the emergency department and to an orthopaedic ward within the four hour target.
- Developing multidisciplinary orthogeriatric services.
- Increasing the number of patients being assessed and mobilised early by a physiotherapist.
- Promoting a culture of activity and physical independence for patients and carers.
- Increasing the number of patients going back to their home after their hip fracture.

Data quality

- Hospitals will continue to collect data on time so timely reports can be provided.
- NOCA will continue to work with hospitals to improve the accuracy of the data.

IHFD Development

- NOCA will progress the development of the audit to collect information to understand how patients are recovering after they have been discharged from hospital.
- NOCA should increase the level of patient and public involvement in the development and progress of the IHFD.

> "Beyond the competition between hospitals in achieving all standards set by this audit and obtaining the financial rewards associated with best practice, what matters most for public & patients is the healthcare professional's efforts, determination & commitment towards delivering "the right care, in the right place, at the right time by the right team[2]".
>
> *Bibiana Savin - Sage Advocacy, IHFD Public and Patient Interest (PPI) Representative*

REFERENCES

1. Health Service Executive, National Council on Ageing and Older People, and Department of Health and Children (2008). Strategy to Prevent Falls and Fractures in Ireland's Ageing Population. [Online]. Available from: http://www.lenus.ie/hse/bitstream/10147/46105/4/HSEStrategyFalls.pdf [Accessed 18/07/2018].

2. Department of Health (2018) *Sláintecare Implementation Strategy*. Dublin: Department of Health. Available from: http://hdl.handle.net/10147/623830 [Accessed 30 July 2019].

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