



# IRISH HIP FRACTURE DATABASE SUMMARY REPORT 2021

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. The Irish Hip Fracture Standards (IHFS) measure the key clinical steps in the care of hip fracture patients.

# WHAT IS A HIP FRACTURE AND HOW CAN IT BE PREVENTED?

A hip fracture is any break in the upper portion of the thigh bone (femur) where the bone meets the pelvis. Falls are the main cause of hip fractures. As we age, our bones can become weaker (osteoporosis) and therefore a fall can result in the bone breaking easily. The majority of hip fractures were caused by falls at home. This home safety checklist can be used to make your home as safe as possible.

# BE ACTIVE AT HOME

https://www.noca.ie/ news/irish-hip-fracturemeeting-2021-placesimportance-on-beingactive-at-home

# HOME SAFETY CHECKLIST FOR FALLS PREVENTION



## IS THE ENTRANCE TO THE HOME SAFE?

✓ YES: NO ACTION.

X NO: If the footpath is uneven or slippery, or has loose paving stones or trip hazards, it should be fixed or removed.



## CAN YOU WALK AROUND THE HOME EASILY?

✓ YES: NO ACTION.

X NO: Ask someone to move furniture or clutter in order to make the rooms/walkways accessible and safe.



## ARE THERE RUGS OR TRIP HAZARDS?

X NO: NO ACTION.

✓ YES: Remove rugs or use double-sided tape to make them safe; remove trip hazards.



# IS THERE ADEQUATE LIGHTING IN THE WALKWAYS AND ROOMS?

✓ YES: NO ACTION.

X NO: Replace bulbs; suggest placing a lamp in darker areas in order to increase brightness.



### ARE THE STAIRS OR STEPS SAFE?

✓ YES: NO ACTION.

X NO: Remove any items on stairs/steps; make sure handrails are safe; fix any loose steps or loose carpet; and make sure lighting is adequate on the stairs.



# IS THE KITCHEN SAFE?

✓ YES: NO ACTION.

X NO: Make sure key items are within easy reach; if using a step, make sure that it is in good working order.



#### IS THE BATHROOM SAFE?

✓ YES: NO ACTION.

X NO: Make sure non-slip mats are available in the bath or shower. If there is difficulty getting into the bath/shower, ensure that grab rails are placed where appropriate.



#### **IS THE BEDROOM SAFE?**

✓ YES: NO ACTION.

X NO: Ensure that a lamp or light is within easy reach of the bed. Ensure that the route to the bathroom is clear and easily visible. Remove clutter. Ensure that a walking aid is within easy reach if required.





### ARE THERE PETS IN THE HOUSE?

X NO: NO ACTION.

✓ YES: Make sure the pet has a bell on its collar, so as to ensure that its whereabouts are known at all times.

# **KEY HIGHLIGHTS 2021**

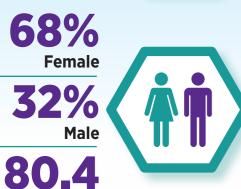
99% **Data coverage** of 99%



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



30% **30% of patients** were discharged directly home



**76%** IHFS 2: 76% of patients received surgery within 48 hours



83%

63%

63% of patients

risk assessment

received a nutritional

IHFS 4: 83% of patients were seen by a geriatrician or advanced nurse practitioner



66,647 66,647 acute hospital bed days for hip fracture patients



**Median length** of stay: 12 days

84% 84% of patients were admitted from home

**Mean Age** 



**75%** 75% of patients received a pre-operative nerve block for pain



92%

IHFS 5: 92% of patients received a bone health assessment



23%

23% of patients achieved independent mobility prior to discharge from hospital

94% 94% of patients are brought direct to

operating hospital



26% IHFS 1: 26% of patients were admitted to an orthopaedic ward or went to theatre within four hours



85% IHFS 6: 85% of patients received a specialist falls assessment



82%

IHFD 7: 82% of patients were mobilised by a physiotherapist on the day of or after surgery

# **KEY RECOMMENDATIONS 2022**

#### RECOMMENDATIONS FOR THE NATIONAL OFFICE OF CLINICAL AUDIT

- The National Office of Clinical Audit (NOCA) will continue to work with the Health Service
   Executive (HSE) to develop a strategy for sustainable support for clinical audit in the participating
   hospitals.
- continue to support the participating hospitals to enter high-quality data and commence the collection of longer-term outcome data
- continue to support the participating hospitals to increase the proportion of patients meeting the Best Practice Tariff
- encourage the training of hip fracture governance committees (HFGCs) in each hospital for clinical audit and quality improvement
- continue to support the IHFD Orthogeriatric Network and the IHFD Physiotherapy Network.

#### RECOMMENDATIONS FOR THE HEALTH SERVICE EXECUTIVE

- The National office for Trauma Services will continue to use the data from the IHFD to
  - support trauma care organisation and service planning for older patients
  - monitor the effect of changes in the trauma system as it evolves.
- continue to support the establishment and resourcing of orthogeriatric services in the 16 hospitals involved in the IHFD.

#### RECOMMENDATIONS FOR HOSPITAL MANAGERS, CLINICIANS AND AUDIT COORDINATORS

- Each hospital should support clinical leads and audit coordinators from the IHFD to complete the National Centre for Clinical Audit's (NCCA's) clinical audit and quality improvement training modules from HSEland.
- · Each hospital should
  - use the information from this report to review its pathway of care
  - learn from other sites that are performing well in achieving the IHFS standards



#### A MESSAGE FROM OUR PATIENT AND PUBLIC INTEREST REPRESENTATIVES

This report highlights the improvements achieved over a period of five years in the quality of care for hip fracture patients and identifies recommendations that pave the way for future quality improvement initiatives. It is evident that the relevant teams in the acute hospitals included in this report recognise the value added by the yearly clinical audits. The data coverage remained consistently high since 2018. Also, since the introduction of the best practice tariffs, more and more patients were treated in compliance with high-quality standards and more hospitals benefited from reinvesting these funds in providing the right hip fracture care at the right time and in the right place. The complexities encountered since the midpoint of the period under review due to the pandemic and the cyberattack on the public healthcare sector didn't seem to impact negatively on the drive towards quality improvement for hip fracture patients.

It is envisaged that the recent introduction of the requirement to collect longer-term outcome data will provide invaluable insights not only into the treatment and care of patients with hip fractures during their stay in the acute care settings but also into how the patients' lives changed after hip fracture surgery and what services should be put in place to better support these patients.

Bibiana Savin, Patient and Public Representative, Irish Hip Fracture Database. 2021.



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