National Office of Clinical Audit

Irish Hip Fracture Database IHFD

IRISH HIP FRACTURE DATABASE

NATIONAL REPORT 2025 - *APENDICES*



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APPENDIX 1: GLOSSARY OF TERMS, ACRONYMS AND INITIALISMS

ABBREVIATION	DEFINITION
4AT	4 'A's Test - a rapid clinical test for delirium
AMRIC	Antimicrobial Resistance and Infection Control
ANP	Advanced nurse practitioner
ASA	American Society of Anesthesiologists
BPT	Best Practice Tariff
cANP	candidate Advanced Nurse Practitioner
CAS	Cumulated Ambulation Score
CFS	Clinical Frailty Scale
CHG	chlorhexidine gluconate
DXA	dual-energy X-ray absorptiometry
DHS	dynamic hip screw
ECDC	European Centre for Disease Prevention and Control
ED	emergency department
EQ-5D-5L	Descriptive system of five health dimensions
FFN	Fragility Fracture Network
GA	general anaesthetic
HipFORESST	Hip Fracture Outcome Recording – Empowering, Supporting and Sustaining Teams
HIPE	Hospital In-Patient Enquiry
HPO	Healthcare Pricing Office
HRB	Health Research Board
HSE	Health Service Executive
IHFD	Irish Hip Fracture Database
IHFS	Irish Hip Fracture Standards
IM	intramedullary
IQR	interquartile range
MDT	multidisciplinary team
MRSA	methicillin-resistant Staphylococcus aureus
MSSA	methicillin-susceptible Staphylococcus aureus
NHSN	National Healthcare Safety Network
NMS	New Mobility Score
NOCA	National Office of Clinical Audit
PPI	Public and Patient Interest
QI	quality improvement
RCSI	Royal College of Surgeons in Ireland
SA	spinal anaesthetic
SAP	surgical antibiotic prophylaxis
SHO	Senior House Officer
SpR	Specialist Registrar
SSI	surgical site infection
THR	total hip replacement

APPENDIX 2: HOSPITALS AND PEOPLE THAT WE WORK WITH

Hospital	Clinical Lead(s) in 2025/2026	Audit Coordinator(s) in 2025/ 2026
Midland Regional Hospital Tullamore	Ms Dorothy Niall Dr John Doherty Mr Robert Kenyon	Orla Morris Allison Burke
St James's Hospital	Prof. C. Geraldine McMahon Mr Joe Queally Mr Tom Mc Carthy Mr Andrew Hughes	Abigail Mendoza Ethel Tighe
Tallaght University Hospital	Prof. Tara Coughlan Mr Niall Mc Goldrick	Ann Dwyer
Mater Misericordiae University Hospital	Mr Sven Ó hEireamhóin Prof Joe Duggan	Mary Mullen Yomi Waya
St Vincent's University Hospital	Mr Conor Hurson Dr Rachael Doyle	Premalatha Subbaiah John Paulo Reyes Ursula Kelleher Erin Murphy O'Connor
Connolly Hospital	Mr Paddy Kenny	Sandra Connelly Karen Gantley
Our Lady of Lourdes Hospital Drogheda	Dr Helen O'Brien Dr James Murphy Mr Aaron Glynn Mr Alan Walsh	Orla Cooney Niamh Greene
Beaumont Hospital	Dr Linda Brewer Mr Denis Collins	Anthony O'Loughlin Ruth Kavanagh
Letterkenny University Hospital	Mr Tony Shaju	Carole Mc Fadden
Sligo University Hospital	Dr Grainne O'Malley Mr William Gaine Mr Barry O'Neill Dr Mohammed Qotb	Regina Mitchell Michelle Gilroy
University Hospital Galway	Mr Colin Murphy Dr Ruairi Waters Dr Michelle Canavan	Catherine Armstrong
Mayo University Hospital	Mr Derek Bennett Dr Colm Keane	Ciara Griffin
University Hospital Waterford	Mr Terence Murphy Dr Niamh O'Regan	Martina Walsh Gavin Egan
Cork University Hospital	Prof. Emer Ahern Mr Shane Russell Mr Shane Guerin	Toni O'Keeffe
University Hospital Kerry	Mr John Rice Ms Eimear Conroy Dr Susana Lippo	Esther O'Mahony
University Hospital Limerick	Mr Matthew Nagel Dr Aoife Leahy	Sarah Maher Elaine Lyons

APPENDIX 3: DATA COLLECTION CALENDAR 2025

Data collection period (date of discharge)	Closure date for data entry	Date data was received	Date data was reported
01/01/2025-31/03/2025	30/06/2025	7th July 2025	15th July 2025 Q1
01/04/2025-30/06/2025	30/09/2025	9th October 2025	21st October 2025 Q2
01/07/2025-30/09/2025	31/12/2025 Extended by 3 weeks due to HIPE coding until 21st Jan 2026	14th February 2026 (Extended from previous month)	19th Feb 2026 Q3 2025 (Extended from previous month)
01/10/2025-31/12/2025	31/03/2026 Retrospectively extended until following month due to HIPE closure extension	16th April 2026 (Final data received 3rd May 2026)	22nd April 2026 Q4 2025 Amendments if applicable notified 27th May 2026

APPENDIX 4: IHFD DATASET – HIP FRACTURE ADMISSION

HIPE Portal Data Entry / Hip Fracture Admission (V13.0.1) 01 Jan 2025				
Question	Options	Short Name	Mand	Show / Hide
1. Date of trauma causing hip fracture		Trauma Date	No	
1A. Time of trauma causing hip fracture		Trauma Time	No	
2. Type of trauma	1 High energy trauma, 2 Low energy trauma 8 Unknown, 9 Not documented	Trauma Type	No	
3. Place of injury	1 Home, 2 Public area or road 3 Institution (nursing home) 4 Farm, 5 Industrial; 8 Other	Place	No	
3A. Place of injury, other (please specify)		Place Other	No	
4. Date of arrival at first presenting hospital		Pres Arr Date	No	
4A. Time of arrival at first presenting hospital		Pres Arr Time	No	
5. Admission via ED in operating hospital	1 Yes, 2 No	Adm Via ED	Yes	
5A. Date of arrival in ED of operating hospital		AE Adm Date	Yes	Adm Via ED = 1 Yes
5B. Time of arrival in ED of operating hospital		AE Adm Time	Yes	Adm Via ED = 1 Yes
5C. Date left ED in operating hospital		AE Dis Date	No	Adm Via ED = 1 Yes
5D. Time left ED in operating hospital		AE Dis Time	No	Adm Via ED = 1 Yes
5E. Did patient go directly to theatre from ED	1 Yes, 2 No	Theatre Direct	No	Adm Via ED = 1 Yes
5F. Date seen by orthopaedic team in operating hospital (if not admitted via ED)		Trauma Team Date	Yes	Adm Via ED = 2 No
5G. Time seen by orthopaedic team in operating hospital (if not admitted via ED)		Trauma Team Time	Yes	Adm Via ED = 2 No
5H. Did patient fall during an existing inpatient admission in operating hospital	1 Yes, 2 No	Hosp Fall	No	Adm Via ED = 2 No
6. Type of ward admitted to in operating hospital	1 Orthopaedic Ward 2 Never Admitted to Orthopaedic Ward 9 Not Documented	Ward Type	Yes	
6A. Date of admission to orthopaedic ward		Ward Adm Date	Yes	Ward Type = 1 Orthopaedic Ward
6B. Time of admission to orthopaedic ward		Ward Adm Time	Yes	Ward Type = 1 Orthopaedic Ward
7. Is pre-fracture mobility documented?	1 Yes, 2 No	Pre Fx	No	
7A. Pre-fracture Indoor Walking	0 Unable 1 Assistance of one person 2 With an aid 3 Independent	Pre Fx Indoor	No	Pre Fx = 1 Yes
7B. Pre-fracture Outdoor Walking	0 Unable 1 Assistance of one person 2 With an aid 3 Independent	Pre Fx Outdoor	No	Pre Fx = 1 Yes
7C. Pre-fracture Shopping	0 Unable 1 Assistance of one person 2 With an aid 3 Independent	Pre Fx Shopping	No	Pre Fx = 1 Yes
7D. Pre-fracture New Mobility Score (Sum A+B+C)		Pre Fx Total	No	Pre Fx = 1 Yes
8A. Delirium assessment 4AT Day 1 (day of admission)	1 Yes, 2 No 3 Unable to score / advanced dementia 9 Not Documented	4AT D1	No	AMT Per = 1 Yes
8A2. If yes, enter score	00 - 12	4AT D1S	No	4AT D1 = 1 Yes
8B. Delirium assessment 4AT Day 3	1 Yes, 2 No	4AT D3	No	AMT Per = 1 Yes
8B2. If yes, enter score	00 - 12	4AT D3S	No	4AT D3 = 1 Yes
8C. Delirium assessment 4AT any other time	1 Yes, 2 No	4AT DX	No	AMT Per = 1 Yes
8C2. If yes, enter score	00 - 12	4AT DXS	No	4AT DX = 1 Yes
9. Side of fracture	1 Left, 2 Right, 3 Both	Side	No	
9A. Type of fracture	**1** Intracapsular - displaced **2** Intracapsular - undisplaced **3** Intertrochanteric **4** Subtrochanteric **5** Periprosthetic **8** Other **9** Not documented	Fracture	No	
9B. Type of fracture (Other, please specify)		Fx Other	No	Fracture = 8 Other
9C. Type of fracture (Right)	See QA	Fracture 2	No	Side = 3 Both
9D. Type of fracture (Right, Other, please specify)		Fx Other 2	No	Fracture 2 = 8 Other
10. Pathological	1 Atypical, 2 Malignancy 3 No, 9 Not documented	Pathological	No	

11. History of previous fragility fracture(s)	1 Yes, 2 No, 9 Not documented	Fragility	No	
12. Pre-op medical assessment	1 Routine by geriatrician 2 Routine by medical physician 6 None 7 Ger review following request 8 Med physician review following request 9 Not documented	PreOp Assess	Yes	
12A. Assessed by Geriatrician during this acute admission	1 Yes, 2 No, 9 Not documented	Acute Assess	No	
12B. Geriatrician Assessment Date		Ger Date	No	
12C. Geriatrician Assessment Time		Ger Time	No	
12D. Geriatrician Grade	1 Consultant 2 SpR 3 Registrar 8 Other 9 Not documented	Ger Grade	No	
12E. Assessed by a cANP/ANP gerontology/orthopaedics	1 Yes, 2 No, 9 Not documented	Assess ANP	No	
13. Nutritional risk assessment performed on admission	0 No 1 Indicates malnourished 2 Indicates risk of malnutrition 3 Indicates normal	Nut Risk	No	
14. Nerve block in ED or ward before arrival in theatre suite	1 Yes, 2 No, 9 Not documented	Nerve Block	No	
15. Operation	00 no oper. performed 01 int fix DHS 02 int fix Screws 03 int fix IM nail long 04 int fix IM nail short 05 art uni-p hemi uncem uncoated 06 art uni-p hemi uncem coated 07 art uni-p hemi cem. 08 art bi-p hemi uncem uncoated 09 art bi-p hemi uncem coated 10 art bi-p hemi cem. 11 art THR uncem uncoated 12 art THR uncem coated 13 art THR cem. 88 other 99 not documented	Operation	No	
15A. ASA Grade	**1** Normal healthy individual **2** Mild systemic disease that does not limit activity **3** Severe systemic disease that limits activity but is not incapacitating **4** Incapacitating systemic disease which is constantly life-threatening **5** Moribund - not expected to survive 24 hours with or without surgery 9 Not documented	ASA Grade	No	Operation = 01 - 88
15B. Type of Anaesthesia	**1** GA only **2** GA + nerve block **3** GA + spinal anaesthesia **4** GA + epidural anaesthesia **5** SA only **6** SA + nerve block **7** SA + epidural (CSE) A SA + sedation **8** Other **9** Not documented	Anaesthesia	No	Operation = 01 - 88
15C. Surgeon Grade	**1** Consultant **2** Specialist Registrar **3** Registrar **4** SHO 8 Other 9 Not documented	Surgeon	No	Operation = 01 - 88
15C2. Was consultant orthopaedic surgeon present in the operating room	1 Yes 2 No 9 Not documented	Surgeon Present	No	Surgeon Grade Not Consultant
15D. Anaesthetist Grade	1 Consultant 2 Specialist Registrar 3 Registrar 4 SHO 8 Other 9 Not documented	Anaesthetist	No	Operation = 01 - 88
15D2. Was consultant anaesthetist present in the operating room	1 Yes 2 No 9 Not documented	Anaesthetist Present	No	Anaesthetist Grade Not Consultant

15E. Date of primary surgery (induction of anaesthesia)		Prim Surg Date	Yes	Operation = 01 - 88
15F. Time of primary surgery (induction of anaesthesia)		Prim Surg Time	Yes	Operation = 01 - 88
15F1. Time of knife to skin		Knife Time	No	Operation = 01 - 88
15F2. Date surgery finished		Surg End Date	No	Operation = 01 - 88
15F3. Time surgery finished		Surg End Time	No	Operation = 01 - 88
15G1. Skin preparation used in theatre	0 None 1 Iodine with alcohol 3 Iodine without alcohol 2 Chlorhexidine/Alc.(chloroprep) 7 Unknown 8 Other 9 Not documented	Skin Prep	No	Operation = 01 - 88
15G2. Skin preparation used in theatre (Other)		Skin Prep Other	No	Skin Prep = 8 Other
15G3. Wound contamination classification	1 Clean 2 Clean-contaminated 3 Contaminated 4 Dirty/Infected 7 Unknown 9 Not documented	Wound Cont	No	Operation = 01 - 88
15H. Reason if delay >48 hours	**0** No delay - surgery < 48 hours **1** Awaiting orthopaedic diagnosis or investigation **2** Awaiting medical review investigation or stabilisation **3** Awaiting inpatient or high dependency bed **4** Awaiting space on theatre list **5** Problem with theatre/equipment **6** Problem with theatre/surgical/anaesthetic staff cover **7** Cancelled due to list over-run **8** Other **9** Not documented A Issues due to anticoagulation	Surg Delay	No	Operation = 01 - 88
15H2. Other Reason if delay >48 hours		Surg Delay Other	No	Reason if delay = <u>Not</u> 0 No Delay
15I1. Were prophylactic antibiotics administered	1 Yes 2 No 7 Unknown 9 Not documented	Prophylactic Antib	No	Operation = 01 - 88
15I2. If yes, which prophylactic antibiotics were administered	1 Cefuroxime (Zinacef) 2 Teicolplanin 3 Co-amoxiclav (Augmentin) 8 Other 9 Not documented	Prophylactic Antib List	No	Prophylactic Antib = 1 Yes
15I2b. Prophylactic antibiotics administered (other, please specify)		Prophylactic Antib Desc	No	Prophylactic Antib List = 8 Other
15I3. Is the patient currently receiving antibiotics for another reason	1 Yes 2 No 7 Unknown 9 Not documented	Other Antib	No	Operation = 01 - 88
15I4. If yes, which antibiotics	**1** Nitrofurantoin (Macrodantin) **2** Trimethoprim **3** Co-amoxiclav (Augmentin) **4** Cefuroxime (Zinacef); **5** Piperacillin-Tazobactam (Tazocin) **8** Other **9** Not Documented	Other Antib List	No	Other Antib = 1 Yes
15I4b. If yes, which antibiotics (other, please specify)		Other Antib Desc	No	Other Antib List = 8 Other
15I5. Surgical Skin Closure type	**1** Sutures **2** Staples (Clips) **3** Glue **6** Combination of above **7** Unknown **8** Other **9** Not documented	Skin Closure	No	Operation = 01 - 88
15I6. Surgical Skin Closure type (Other)		Skin Close Other	No	Skin Closure = 8 Other

15I7. Dressing type applied	00 No dressing applied 01 Aquacel 02 Dry Dressing (ie mepore) 03 Jubilee method 04 Mepilex 05 Opsite 06 Pressure Dressing 07 Negative Pressure Dressing 88 Other 99 Not documented	Dressing Type List	No	Operation = 01 - 88
15I7b. Dressing type applied (other, please specify)		Dressing Type Other	No	Dressing Type List = 8 Other
15J. Mobilised on day of, or day after surgery	1 Yes, 2 No, 9 Not documented	Mobilised	No	Operation = 01 - 88
15J2. Mobilised by	1 Physiotherapist 8 Other, 9 Not documented	Mobilised By	No	Mobilised = 1 Yes
15J3. If no, reason why	**1** Pain **2** Confusion/agitation/delirium **3** Patient declined **4** Medically not fit **5** Not mobile pre-fracture **6** Physio staffing issues **7** Other staffing **8** Other **9** Not documented	Mobilised No	No	Mobilised = 2 No
15J4. If no, reason why (other, please specify)		Mob No Other	No	Mobilised = 2 No
15K. Physiotherapy Assessment on day of, or day after surgery	**1** Yes, 2 No, 9 Not documented	Physio Assess	No	Operation = 01 - 88
15L. Cumulated Ambulatory Score - day after surgery (0 - 6)		Amb Score PostOp	No	Operation = 01 - 88
15L2. Cumulated Ambulatory Score - Not Documented	9 Not Documented	Amb Score Not Doc	No	Operation = 01 - 88
15M. Re-operation within 30 days	**0** None **1** Reduction of dislocated prosthesis **2** Washout or debridement **3** Implant removal **4** Revision of internal fixation **5** Conversion to Hemiarthroplasty **6** Conversion to THR **7** Girdlestone/excision arthroplasty **8** Surgery for periprosthetic fracture **9** Not documented	ReOp 30	No	Operation = 01 - 88
16. Operation (Right)	See Q12	Operation 2	No	Side = 3 Both
17. Pressure ulcers	1 Yes, 2 No, 9 Not documented	Ulcers	No	
18. Specialist Falls Assessment	0 No, 1 Yes - performed on this admission 2 Yes - awaits further out-patient assessment	Falls Assess	No	
19. Bone protection medication	**0** No assessment **1** Started on this admission **2** Continued from pre-admission **3** Awaits DXA scan **4** Awaits out-patient assessment **5** Assessed - no bone protection medication needed/appropriate	Bone Med	No	
19A. If medication type changed during admission please document	**1** Yes, 2 No, 9 Not documented	Bone Med Change	No	Bone protection medication = 2 Continued from pre-admission
19B. Type of bone protection medication prescribed		Bone Med Presc	No	Bone protection medication = 1 Started on this admission, OR 2 Continued from pre-admission
20. Multidisciplinary rehabilitation team assessment	1 Yes, 2 No, 9 Not documented	Rehab Assess	No	
21. Did patient have an occupational therapy assessment during admission	1 Yes, 2 No, 9 Not documented	Occ Therapy	No	
22. Cumulated Ambulatory Score - day of acute hospital discharge (0 - 6)		Amb Score Dis	No	
22B. Cumulated Ambulatory Score - day of acute hospital discharge - Not Documented	9 Not Documented	Amb Score Dis Not Doc	No	

23. Where was the patient discharged to following the acute hospital spell?	**0** Home with early supported discharge **1** Home **2** On-site rehab unit **3** Off-site rehab unit **4** Convalescence care **5** New adm to nursing home or long-stay care **6** Return adm to nursing home or long-stay care 8 Other 9 Step down to model 2/3 hospital	Dis To	No	
23A. Discharged to (Other, please specify)		Dis Other	No	Dis To = 8 Other
24. Surgical site infection diagnosis documented	1 Yes 2 No 7 Unknown	Site Infect Dx	No	
24A. Date Surgical Site Infection diagnosis first documented		Date Infect Dx Doc	No	Site Infect Dx = 1 Yes
24B. Type of Surgical Site Infection	1 Superficial 2 Deep 3 Organ space	Surg Infect Type	No	Site Infect Dx = 1 Yes
24C. Was a swab / sample taken for culture	1 Yes 2 No 7 Unknown 9 Not documented	Culture Sample	No	Site Infect Dx = 1 Yes
24D. Is a swab / sample result available	1 Yes 2 No 7 Unknown 9 Not documented	Sample Res Av	No	Site Infect Dx = 1 Yes
24D2. If yes, swab / sample result (free text)		Sample Res Txt	No	Site Infect Dx = 1 Yes Sample Res Av = 1 Yes
24E. Was the patient treated with antibiotics specifically for an SSI	1 Yes 2 No 7 Unknown 9 Not documented	Antib SSI	No	Site Infect Dx = 1 Yes
24E2. If yes, which type of antibiotic was given (free text)		Antib SSI Txt	No	Site Infect Dx = 1 Yes Antib SSI = 1 Yes
24F. Type of wound treatment	**1** Primary Dressing **2** Antimicrobial Dressing **3** PICO Negative pressure dressing **4** Vac Dressing **5** Surgical Intervention 8 Other 9 Not documented	Type Wound Treat	No	Site Infect Dx = 1 Yes
24F2. Type of wound treatment (Other)		Type Wound Treat Other	No	Site Infect Dx = 1 Yes Type Wound Treat = 8 Other
24G. Was Normothermia Maintained 1 hr post primary surgery	1 Yes 2 No 7 Unknown 9 Not documented	Normothermia	No	Site Infect Dx = 1 Yes
24H. Date of last inpatient hip fracture surgery wound review		Inp Wound Rev	No	Site Infect Dx = 1 Yes
25. Is admission data entry complete for this episode?	1 Yes, 2 No	Complete	No	

APPENDIX 5: IHFD DATASET – HIP FRACTURE FOLLOW-UP

HIPE Portal Data Entry / Hip Fracture Follow-Up (V3.0.1) 01 Jan 2025	
Question	Options
1. Date of 30 day follow-up	
2. Data reported by	1 patient-reported 2 proxy-reported 3 retrieved from records
3. Residential status at 30 days	**0** Inpatient **1** Home **2** On-site rehab unit **3** Off-site rehab unit **4** Convalescence **5** New adm NH or LTC **6** Return adm NH or LTC **7** Other **8** Died
3A. Date of first discharge to home	
3B Date of Death	
4. New Mobility Score 30 Day Indoor walking	0 Unable 1 Assistance of one person 2 With an aid 3 Independent
4A. 30 Day Outdoor walking	0 Unable 1 Assistance of one person 2 With an aid 3 Independent
4B. 30 Day Shopping	0 Unable 1 Assistance of one person 2 With an aid 3 Independent
4C. 30 days New Mobility Score (Sum A+B+C)	
5. Hip related readmission within 30 days	1 Yes 2 No
6. Re-operation within 30 days of admission	**0** None **1** Reduction of dislocated prosthesis **2** Washout and debridement **3** Implant removal **4** Revision of internal fixation **5** Conversion to hemiarthroplasty **6** Conversion to THR **7** Girdlestone/excision arthroplasty **8** Surg for periprosthetic fracture **9** Not documented
7. Diagnosed with surgical site infection (within 30 days)	1 Yes 2 No 9 Not documented
7A. Date Surgical site infection diagnosed (within 30 days)	
7B. Type of Surgical site infection diagnosed (within 30 days)	1 Superficial 2 Deep 3 Organ/Space
8. Bone protection 30 days	1 Yes 2 No 9 Unknown
9A to F	(EQ-5D-5 L components at 30 days recorded separately)
10. Date of 120 day follow-up	
11. Data reported by	1 patient-reported 2 proxy-reported 3 retrieved from records
12. Residential status at 120 days	**0** Inpatient **1** Home **2** On-site rehab unit **3** Off-site rehab unit **4** Convalescence **5** New adm NH or LTC **6** Return adm NH or LTC **7** Other, 8 Died
12A. Date of first discharge to home if since 30 days	

12B. Date of Death	
13. New Mobility Score 120-day Indoor walking	0 Unable 1 Assistance of one person 2 With an aid 3 Independent
13A. 120-day Outdoor walking	0 Unable 1 Assistance of one person 2 With an aid 3 Independent
13B. 120-day Shopping	0 Unable 1 Assistance of one person 2 With an aid 3 Independent
13C. 120 days New Mobility Score (Sum A+B+C)	
14. Hip related readmission within 120 days	1 Yes 2 No
15. Re-operation within 120 days of admission	**0** None **1** Reduction of dislocated prosthesis **2** Washout and debridement **3** Implant removal **4** Revision of internal fixation **5** Conversion to hemiarthroplasty **6** Conversion to THR **7** Girdlestone/excision arthroplasty **8** Surg for periprosthetic fx Not documented
16. Diagnosed with surgical site infection (within 90 days of surgery)*	1 Yes 2 No 9 Not documented
16A. Date Surgical site infection diagnosed (within 90 days of surgery)*	
16B. Type of Surgical site infection diagnosed (within 90 days of surgery)*	1 Superficial 2 Deep 3 Organ/Space
17. Bone protection 120 days	1 Yes 2 No 9 Unknown
18A to F	(EQ-5D-5L components at 120 days recorded separately)
19. Date of 1 year follow-up	
20. Data reported by	1 patient-reported 2 proxy-reported 3 retrieved from records
21. Residential status at 1 year	**1** Home **2** On-site rehab unit **3** Off-site rehab unit **4** Convalescence **5** New adm NH or LTC **6** Return adm NH or LTC **7** Other **8** Died
21A. Date of first discharge to home if since 120 days	
21B. Date of Death	
22. Indoor Walking at 1 year	0 Unable 1 Assistance of one person 2 With an aid 3 Independent
22A. Outdoor Walking at 1 year	0 Unable 1 Assistance of one person 2 With an aid 3 Independent
22B. Shopping at 1 year	0 Unable 1 Assistance of one person 2 With an aid 3 Independent
22C. 1-year New Mobility Score (Sum A+B+C)	
23. Hip related readmission within 1 Year	1 Yes 2 No
24. Re-operation within 1 Year of admission	**0** None **1** Reduction of dislocated prosthesis **2** Washout and debridement

	3 Implant removal **4** Revision of internal fixation **5** Conversion to hemiarthroplasty **6** Conversion to THR **7** Girdlestone/excision arthroplasty **8** Surg for periprosthetic fracture **9** Not documented
26. Bone protection medication at 1 year	1 Yes 2 No 9 Unknown
27A to F	(EQ-5D-5L components at 1 year recorded separately)

* Data of SSI for implant surgery can be recorded up to 90 days after surgery on implant insertion. Superficial infections should only be recorded up to 30 days post operatively. Deep and Organ/Space infections when an implant is in-situ should be recorded up to 90 days post operatively.

APPENDIX 6: RELEVANT IHFD FREQUENTLY ASKED QUESTIONS

Question	Answer
What if the patient is transferred from another hospital?	Document the hospital the patient first presents at, for example if the patient presents at a hospital with no orthopaedic service and has to be transferred to an operating hospital. The clock starts ticking from the time of presentation at the first ED; or, if it is a transfer from within a hospital with no orthopaedic service to an operating hospital, enter the date and time the patient was seen by an orthopaedic team, as this was the most likely time the diagnosis was made. In most cases, the first presenting hospital will be the same as the operating hospital. This should still be documented.
What constitutes admission to orthopaedic ward?	Includes dedicated orthopaedic/trauma wards or dedicated geriatrician-staffed hip fracture wards. Enter 'orthopaedic ward' if the patient was an inpatient on an orthopaedic ward at any time during the acute hip fracture spell.
What is the 4AT?	The 4AT is a simple, quick (<2 minutes) and effective bedside tool which helps practitioners to detect delirium in their day-to-day practice. You can download the app here: https://www.the4at.com/
What fracture type is classed as intertrochanteric?	Basal and basicervical fractures are to be classed as intertrochanteric.
What fracture types are recorded in the IHFD?	Hip fracture cases either identified as a HIPE Injury Diagnosis Code S72.00 to S72.2 OR with a specified type of fracture (e.g. intracapsular – displaced, intracapsular – undisplaced, intertrochanteric, or subtrochanteric) are recorded in the IHFD.
What is arthroplasty?	Any replacement of the upper femur, including unipolar and bipolar hemiarthroplasties and total hip replacements.
What is a pathological fracture?	A broken bone, caused not by trauma alone, but so weakened by disease as to break with abnormal ease. Pathological fractures are characteristic of primary and metastatic malignant disease and myeloma. Answer 'malignancy' only if a primary or secondary malignancy is present at the fracture site.
What is an atypical fracture?	Atypical fractures are transverse femoral fractures with an unusual cortical spike medially which occur in the subtrochanteric and shaft regions (you should only enter subtrochanteric fractures to the database). They follow low-trauma injuries and patients may report pre-injury pain.
What are normal working hours?	Normal working hours are defined as 8.00am to 5.59pm Monday to Sunday.
When is considered the time of primary surgery?	The time of primary surgery is taken from the time of induction of anaesthesia. The time is shown in hours to two decimal places, e.g. 1.25 = 1 hour 15 minutes, 3.50 = 3 hours 30 minutes, and 2.67 = 2 hours 40 minutes.
When does the clock start ticking?	As soon as the patient arrives in the first presenting ED. If it is an inpatient fall, it is when the patient is seen by the orthopaedic team in the operating hospital.
What is an ASA grade?	The American Society of Anesthesiologists (ASA) devised a pre-operative risk grade based on the presence of comorbidities at the time of surgery. The ASA's (Dripps, 1963) physical status classification is: 1. Healthy person. 2. Mild systemic disease. 3. Severe systemic disease. 4. Severe systemic disease that is a constant threat to life. 5. A moribund person who is not expected to survive with or without the operation. This grading does not take into account acute illness, hence a patient can be ASA 1 and 'unfit'.
Reasons for delay to surgery	Please document only the main reason for delay. Options are: • Medically unfit – awaiting orthopaedic diagnosis/investigation: this means waiting for a magnetic resonance imaging scan or other confirmation of diagnosis. • Medically unfit – awaiting medical review, investigation or stability: this means waiting for a medical review, as the patient remains medically unfit for surgery/anaesthetic. (If this option is selected, a free text box will appear on the database to be populated with a brief description of the medical issues.) • Administrative/logistic – awaiting inpatient or high-dependency bed. • Administrative/logistic – awaiting space on theatre list. • Administrative/logistic – problem with theatre/equipment. • Administrative/logistic – problem with theatre/surgical/anaesthetic staff cover. • Cancelled due to theatre overrun: this option is to be used when the patient has been allocated a theatre slot, but for some reason the list has overrun. • Issues due to anticoagulation • Other: any reason other than those given in the list above. If you select 'Other', an empty box will appear so you can populate it with the reason for delay.

<table>
<tr><th>Question</th><th>Answer</th></tr>
<tr><td></td><td>• No operation performed.</td></tr>
<tr><td>What definition of pressure ulcer is used for the IHFD?</td><td>Did the patient acquire a new pressure ulcer (Grade 2 or above) during the acute admission?
• This should be answered as 'yes' only if the patient has developed a Grade 2 pressure ulcer or above during their acute orthopaedic admission.
• Ignore ulcers acquired during an acute stay but which were acquired more than 120 days after admission.
• If nothing is documented and the patient has left the hospital, 'not documented' must be recorded.</td></tr>
<tr><td>What is the definition of mobilised?</td><td>Mobilised means that, at a minimum, the patient has stood up from the bed. To meet IHFS 7, mobilisation must be completed by a physiotherapist on the day of or the day after surgery.</td></tr>
<tr><td>What is a specialist falls assessment?</td><td>A systematic assessment by a suitably trained person, e.g. a geriatrician or a specialist assessment trained nurse, which must cover the following domains:
• falls history (noting previous falls)
• cause of index fall (including medication review)
• risk factors for falling and injury (including fracture)
• medication review.
From this information, the assessor must formulate and document a plan of action to prevent further falls.</td></tr>
<tr><td>What drugs constitute bone protection therapy?</td><td>Calcium and vitamin D alone <u>do not</u> constitute bone protection therapy
<table><tr><td>1. Bisphosphonates (oral, combined with calcium/vitamin D, intravenously)
• Etidronate
• Alendronate
• Risedronate
• Ibandronate
• Zoledronate
• Pamidronate</td><td>4. Parathyroid hormone
• PTH 1-34
• PTH 1-84</td></tr><tr><td>2. Denosumab</td><td>5. Strontium
• Strontium ranelate</td></tr><tr><td>3. HRT and SERMS
• HRT (various)
• Tibolone
• Raloxifene</td><td>6. Calcium and vitamin D
• Calcitriol
• Calcium and vitamin D – various
• Alpha-calcidol (or One alpha)</td></tr><tr><td></td><td>7. Calcitonin</td></tr></table></td></tr>
<tr><td>What is the minimum age?</td><td>We collect data on all patients aged 18 years and over, but to date, we only report on those aged 60 years and over in the national report.</td></tr>
<tr><td>In relation to the CAS, what happens if the patient is discharged at the weekend and there are no physiotherapists on duty?</td><td>Retrospectively fill it in on the following Monday based on the nursing note on the day of discharge, or the last physiotherapist's note if it was recent.</td></tr>
<tr><td>What is required for Q23 – where was the patient discharged to following the acute hospital spell?</td><td>Fill in the option which represents the reason/intent for the patient's initial care after being discharged to a location other than home.</td></tr>
<tr><td>The next section relates to SSI.</td><td>Additional information and resources can be found in the Framework link: https://www.hpsc.ie/a-z/microbiologyantimicrobialresistance/infectioncontrolandhai/Guidelines</td></tr>
<tr><td>Was skin preparation performed pre-op?</td><td>Skin prep is defined as the cleaning of the skin prior to incision. All incision sites should be prepared with an alcohol-based solution to reduce the risk of contaminationRemoving microorganisms that normally colonise on the skin reduces risk of contamination.</td></tr>
<tr><td>Skin preparation used</td><td>Is defined as the solution used to clean the skin prior to skin incision.</td></tr>
<tr><td>Wound classification:
• Clean
• Contaminated
• Dirty</td><td>The degree of risk is also associated with area prior to incision and can be classified into
• Clean wounds. These are not inflamed or contaminated and do not involve operating on an internal organ.
• Clean-contaminated wounds. These have no evidence of infection at the time of surgery, but do involve operating on an internal organ.
• Contaminated wounds. These involve operating on an internal organ with a spilling of</td></tr>
</table>

Question	Answer
	contents from the organ into the wound. • Dirty wounds. These are wounds in which a known infection is present at the time of the surgery. • Note that no spillage, urine, etc. before closure.
Was antibiotic prophylaxis administered to reduce the risk of SSI?	These are antibiotics prophylactically administered to prevent the multiplication of micro-organisms at the operative site, which are given AT INDUCTION (WITHIN 60 MINUTES BEFORE SKIN INCISION). In surgery where a tourniquet is to be applied, a 15 minute period is required between the end of antibiotic administration, and tourniquet application. https://www.hse.ie/eng/services/list/2/gp/antibiotic-prescribing/hospital-related-guidelines/antibiotic-prophylaxis-in-surgery.html
What antibiotic prophylaxis was administered to reduce the risk of SSI?	Examples provided by AMRIC: • Cefuroxime • Co-amoxiclav • Flucloxacillin • Teicoplanin • Vancomycin • Gentamicin
Skin closure type	Skin closure type is defined as the method used to complete primary closure of the skin level during the original surgery, regardless of the presence of wires, wicks, drains, or other devices or objects extruding through the incision.
Wound dressing applied	Defined as the dressing applied in the operating room to cover the surgical incision.
Finish time	The time when surgery ends is when all instruments and sponges are counted and verified as correct. Post-operative radiological studies to be done in the operating room are completed. All drains and dressings are secured. The surgeons have completed all surgical related procedures on the patient.
What is a surgical site diagnosis?	Surgical site infection is a diagnosis made by a clinician under the following criteria of superficial, deep and organ space. For more information on surgical site infection surveillance follow the Framework: https://www.hpsc.ie/a-z/microbiologyantimicrobialresistance/infectioncontrolandhai/guidelines/
What normothermia maintained?	Within 1 hour of the end of an operation, a patient's temperature is between 35.5° and 37.5° non-rectal; between 36° and 38° for a rectal measurement. Temperature should be recorded in the recovery room.
Date of hip fracture wound dressing check	The last documented wound review before discharge.
Can I enter SSI data after the patient has been discharged?	Yes. Although not mandatory, data of SSI for implant surgery can be recorded up to 90 days after surgery on implant insertion. Superficial infections should only be recorded up to 30 days post operatively. Deep and Organ/Space infections when an implant is in-situ should be recorded up to 90 days post operatively.

APPENDIX 7: FREQUENCY TABLES

FIGURE 1.1: NUMBER OF HIP FRACTURE CASES PER HOSPITAL RECORDED ON THE HOSPITAL IN-PATIENT ENQUIRY SYSTEM IN 2025 (N=4412) AND HOSPITAL IN-PATIENT ENQUIRY CASES WITH IRISH HIP FRACTURE DATABASE DATA (N=4307)

Hospital	IHFD	HIPE	Coverage
	n	N	%
National	4307	4412	97.6%
Cork	485	486	99.8%
Waterford	433	456	95.0%
St Vincent's	376	395	95.2%
Limerick	344	344	100.0%
Connolly	289	291	99.3%
Tallaght	287	313	91.7%
Tullamore	286	290	98.6%
Beaumont	283	290	97.6%
Drogheda	278	280	99.3%
Galway	237	251	94.4%
St James's	198	198	100.0%
Mayo	186	187	99.5%
Letterkenny	167	167	100.0%
Mater	157	157	100.0%
Kerry	153	158	96.8%
Sligo	148	149	99.3%

FIGURE 2.1: PERCENTAGE OF PATIENTS NATIONALLY WHO MET EACH IRISH HIP FRACTURE STANDARD, 2024 (N=4294) AND 2025 (N=4356)

Standard	2024			2025		
	n	N	%	n	N	%
IHFS1	1566	4294	36%	1712	4356	39%
IHFS2	3189	4124	77%	3310	4181	79%
IHFS3	150	4112	4%	120	4171	3%
IHFS4	3705	4294	86%	3815	4356	88%
IHFS5	3692	4112	90%	3850	4171	92%
IHFS6	3586	4112	87%	3755	4171	90%
IHFS7	3520	4124	85%	3672	4181	88%

FIGURE 2.2: IRISH HIP FRACTURE STANDARD 1: PERCENTAGE OF PATIENTS ADMITTED TO AN ORTHOPAEDIC WARD WITHIN 4 HOURS OF FIRST PRESENTATION OR ADMITTED TO OPERATING THEATRE FROM THE EMERGENCY DEPARTMENT WITHIN 4 HOURS OF FIRST PRESENTATION, BY INDIVIDUAL HOSPITAL, 2024 (N=4294) AND 2025 (N=4356)

Hospital	2024			2025		
	n	N	%	n	N	%
National	1566	4294	36%	1712	4356	39%
St James's	157	230	68%	153	206	74%
Kerry	108	167	65%	90	153	59%
Sligo	22	104	21%	81	148	55%
Tullamore	143	315	45%	155	286	54%
Drogheda	159	287	55%	147	289	51%
Tallaght	143	273	52%	145	287	51%
Waterford	168	452	37%	212	436	49%
Connolly	74	261	28%	135	290	47%
Beaumont	94	268	35%	131	283	46%
Mater	104	192	54%	56	157	36%
Cork	154	531	29%	160	500	32%
Limerick	127	323	39%	95	346	27%
St Vincent's	83	363	23%	93	377	25%
Mayo	12	98	12%	31	190	16%
Galway	14	253	6%	21	237	9%
Letterkenny	4	177	2%	7	171	4%

As coverage for Sligo University Hospital and Mayo University Hospital was less than 80% for 2024, the 2025 results are not comparable.

FIGURE 2.3: IRISH HIP FRACTURE STANDARD 2: PERCENTAGE OF PATIENTS RECEIVING SURGERY WITHIN 48 HOURS OF FIRST PRESENTATION (AND WITHIN NORMAL WORKING HOURS) BY INDIVIDUAL HOSPITAL, 2024 (n=4124) AND 2025 (N=4181)

Hospital	2024			2025		
	n	N	%	n	N	%
National	3189	4124	77%	3310	4181	79%
Galway	206	240	86%	203	224	91%
Tallaght	226	257	88%	236	268	88%
Sligo	87	102	85%	125	142	88%
St Vincent's	317	359	88%	320	366	87%
Waterford	348	436	80%	358	422	85%
St James's	170	219	78%	167	203	82%
Mater	156	176	89%	117	144	81%
Mayo	84	96	88%	150	186	81%
Cork	383	522	73%	398	495	80%
Connolly	192	250	77%	217	279	78%
Drogheda	193	276	70%	206	273	75%
Kerry	114	154	74%	103	143	72%
Letterkenny	109	172	63%	119	166	72%
Beaumont	180	253	71%	194	273	71%
Tullamore	205	297	69%	183	262	70%
Limerick	219	315	70%	214	335	64%

As coverage for Sligo University Hospital and Mayo University Hospital was less than 80% for 2024, the 2025 results are not comparable.
Patients who did not have surgery have been excluded.

FIGURE 2.4: IRISH HIP FRACTURE STANDARD 3: PERCENTAGE OF PATIENTS WHO DEVELOPED PRESSURE ULCERS FOLLOWING ADMISSION, BY INDIVIDUAL HOSPITAL, 2024 (N=4112) AND 2025 (N=4171)

Hospital	2024			2025		
	n	N	%	n	N	%
National	150	4112	4%	120	4171	3%
Tallaght	26	260	10%	19	269	7%
Galway	17	232	7%	14	231	6%
Waterford	16	439	4%	22	411	5%
Mayo	~	96	*	9	184	5%
Mater	9	182	5%	6	148	4%
St James's	10	214	5%	7	196	4%
Letterkenny	~	170	*	~	160	*
Limerick	7	313	2%	10	333	3%
Beaumont	12	247	5%	6	272	2%
Connolly	6	255	2%	~	275	*
Drogheda	~	277	*	~	277	*
Cork	16	506	3%	7	483	1%
Sligo	~	103	*	~	146	*
Tullamore	8	302	3%	~	273	*
St Vincent's	~	354	*	~	363	*
Kerry	~	162	*	~	150	*

As coverage for Sligo University Hospital and Mayo University Hospital was less than 80% for 2024, the 2025 results are not comparable.
~ Denotes five cases or fewer.
* Further suppression required to prevent disclosure of five cases or fewer.

FIGURE 2.5: IRISH HIP FRACTURE STANDARD 4: PERCENTAGE OF PATIENTS SEEN BY A GERIATRICIAN OR ADVANCED NURSE PRACTITIONER AT ANY POINT DURING ADMISSION, BY INDIVIDUAL HOSPITAL, 2024 (N=4294) AND 2025 (N=4356)

Hospital	2024			2025		
	n	N	%	n	N	%
National	3705	4294	86%	3815	4356	88%
Mater	190	192	99%	157	157	100%
St Vincent's	352	363	97%	375	377	99%
St James's	223	230	97%	201	206	98%
Tallaght	261	273	96%	276	287	96%
Beaumont	244	268	91%	271	283	96%
Waterford	423	452	94%	412	436	94%
Galway	233	253	92%	222	237	94%
Tullamore	263	315	83%	256	286	90%
Cork	516	531	97%	447	500	89%
Drogheda	268	287	93%	234	289	81%
Mayo	64	98	65%	153	190	81%
Letterkenny	135	177	76%	136	171	80%
Sligo	73	104	70%	116	148	78%
Limerick	97	323	30%	271	346	78%
Kerry	118	167	71%	118	153	77%
Connolly	245	261	94%	170	290	59%

As coverage for Sligo University Hospital and Mayo University Hospital was less than 80% for 2024, the 2025 results are not comparable.

FIGURE 2.6: IRISH HIP FRACTURE STANDARD 5: PERCENTAGE OF PATIENTS RECEIVING A BONE HEALTH ASSESSMENT, BY INDIVIDUAL HOSPITAL, 2024 (n=4112) AND 2025 (n=4171)

Hospital	2024			2025		
	n	N	%	n	N	%
National	3692	4112	90%	3850	4171	92%
St James's	212	214	99%	196	196	100%
St Vincent's	346	354	98%	361	363	99%
Cork	503	506	99%	476	483	99%
Beaumont	228	247	92%	263	272	97%
Mater	164	182	90%	143	148	97%
Letterkenny	167	170	98%	154	160	96%
Tallaght	245	260	94%	258	269	96%
Kerry	133	162	82%	142	150	95%
Galway	221	232	95%	218	231	94%
Waterford	412	439	94%	387	411	94%
Mayo	77	96	80%	170	184	92%
Sligo	96	103	93%	134	146	92%
Tullamore	275	302	91%	245	273	90%
Limerick	110	313	35%	276	333	83%
Drogheda	259	277	94%	221	277	80%
Connolly	244	255	96%	206	275	75%

Patients who died have been excluded; As coverage for Sligo University Hospital and Mayo University Hospital was less than 80% for 2024, the 2025 results are not comparable.

FIGURE 2.7: IRISH HIP FRACTURE STANDARD 6: PERCENTAGE OF PATIENTS RECEIVING A SPECIALIST FALLS ASSESSMENT, BY INDIVIDUAL HOSPITAL, 2024 (n=4112) AND 2025 (n=4171)

Hospital	2024			2025		
	n	N	%	n	N	%
National	3586	4112	87%	3755	4171	90%
Mater	179	182	98%	148	148	100%
St Vincent's	345	354	97%	362	363	100%
St James's	211	214	99%	195	196	99%
Kerry	150	162	93%	148	150	99%
Beaumont	225	247	91%	261	272	96%
Galway	216	232	93%	219	231	95%
Tallaght	244	260	94%	254	269	94%
Waterford	408	439	93%	388	411	94%
Cork	497	506	98%	451	483	93%
Tullamore	277	302	92%	245	273	90%
Letterkenny	121	170	71%	135	160	84%
Mayo	61	96	64%	154	184	84%
Drogheda	260	277	94%	224	277	81%
Connolly	238	255	93%	220	275	80%
Sligo	67	103	65%	111	146	76%
Limerick	87	313	28%	240	333	72%

Patients who died have been excluded; As coverage for Sligo University Hospital and Mayo University Hospital was less than 80% for 2024, the 2025 results are not comparable.

FIGURE 2.8: IRISH HIP FRACTURE STANDARD 7: PERCENTAGE OF PATIENTS MOBILISED BY A PHYSIOTHERAPIST ON THE DAY OF SURGERY OR THE DAY AFTER SURGERY, BY INDIVIDUAL HOSPITAL 2024 (n=4124) AND 2025 (n=4181)

Hospital	2024			2025		
	n	N	%	n	N	%
National	3520	4124	85%	3672	4181	88%
Sligo	91	102	89%	136	142	96%
Connolly	227	250	91%	267	279	96%
Galway	215	240	90%	211	224	94%
Cork	498	522	95%	461	495	93%
St James's	192	219	88%	186	203	92%
Tullamore	273	297	92%	240	262	92%
Drogheda	229	276	83%	243	273	89%
Tallaght	217	257	84%	237	268	88%
Limerick	258	315	82%	296	335	88%
Mayo	84	96	88%	160	186	86%
Mater	153	176	87%	123	144	85%
St Vincent's	283	359	79%	306	366	84%
Waterford	359	436	82%	352	422	83%
Letterkenny	136	172	79%	137	166	83%
Kerry	119	154	77%	110	143	77%
Beaumont	186	253	74%	207	273	76%

Patients who did not have surgery have been excluded; As coverage for Sligo University Hospital and Mayo University Hospital was less than 80% for 2024, the 2025 results are not comparable.

FIGURE 2.10: TOTAL BEST PRACTICE TARIFF PAYMENTS, BY INDIVIDUAL HOSPITAL, 2025

Hospital	BPT
Waterford	€153,000
St James's	€113,000
Tallaght	€108,000
Cork	€108,000
Tullamore	€83,000
Drogheda	€75,000
Connolly	€73,000
St Vincent's	€73,000
Beaumont	€72,000
Sligo	€48,000
Limerick	€47,000
Kerry	€43,000
Mater	€40,000
Mayo	€21,000
Galway	€11,000
Letterkenny	€3,000
National	€1,071,000

FIGURE 0.1: CUMULATIVE TIME TO SURGERY, 2025 (N=4181)

TIME TO SURGERY (in hours)	n	%
<12	285	**7%**
<24	1944	**46%**
<36	2663	**64%**
<48	3344	**80%**
<60	3587	**86%**
<72	3838	**92%**
<84	3917	**94%**
<96	3991	**95%**
<108	4023	**96%**
<120	4060	**97%**
≥120	4163	**100%**

FIGURE 4.2: PERCENTAGE OF PATIENTS WHO RECEIVED A NERVE BLOCK PRE-OPERATIVELY, BY INDIVIDUAL HOSPITAL, 2025 (N=4181)

Hospital	Nerve block		No nerve block		Not known		Total
	n	%	n	%	n	%	
National	3605	86%	416	10%	160	4%	4181
Cork	487	98%	8	2%	~	*	495
Limerick	318	95%	9	3%	8	2%	335
Tullamore	247	94%	15	6%	~	*	262
Tallaght	249	93%	19	7%	~	*	268
Galway	207	92%	16	7%	~	*	224
Drogheda	249	91%	24	9%	~	*	273
Connolly	247	89%	9	3%	23	8%	279
Beaumont	240	88%	17	6%	16	6%	273
Mater	126	88%	10	7%	8	6%	144
St Vincent's	310	85%	16	4%	40	11%	366
Kerry	119	83%	16	11%	8	6%	143
Sligo	117	82%	22	15%	~	*	142
St James's	160	79%	43	21%	~	*	203
Letterkenny	125	75%	15	9%	26	16%	166
Waterford	292	69%	105	25%	25	6%	422
Mayo	112	60%	72	39%	~	*	186

Patients who did not have surgery have been excluded; As coverage for Sligo University Hospital and Mayo University Hospital was less than 80% for 2024, the 2025 results are not comparable.
~ Denotes five cases or fewer.
* Further suppression required to prevent disclosure of five cases or fewer.

FIGURE 4.3: PERCENTAGE OF PATIENTS BY NUTRITIONAL RISK ASSESSMENT RESULTS, BY INDIVIDUAL HOSPITAL, 2025 (N=4356)

Hospital	Indicates normal		Indicates malnourished		Indicates risk of malnutrition		No assessment performed		Total
	n	%	n	%	n	%	n	%	
National	2618	60%	79	2%	558	13%	1101	25%	4356
Cork	413	83%	~	*	84	17%	~	*	500
Drogheda	269	93%	~	*	16	6%	~	*	289
Kerry	81	53%	~	*	70	46%	~	*	153
Sligo	127	86%	~	*	16	11%	~	*	148
Waterford	364	83%	14	3%	41	9%	17	4%	436
Mayo	160	84%	~	*	22	12%	8	4%	190
St James's	153	74%	~	*	31	15%	22	11%	206
Letterkenny	96	56%	~	*	55	32%	20	12%	171
Beaumont	224	79%	~	*	24	8%	35	12%	283
Limerick	240	69%	9	3%	43	12%	54	16%	346
Mater	52	33%	17	11%	63	40%	25	16%	157
Galway	96	41%	6	3%	41	17%	94	40%	237
Connolly	122	42%	~	*	11	4%	153	53%	290
St Vincent's	128	34%	14	4%	25	7%	210	56%	377
Tallaght	92	32%	6	2%	14	5%	175	61%	287
Tullamore	~	*	~	*	~	*	282	99%	286

As coverage for Sligo University Hospital and Mayo University Hospital was less than 80% for 2024, the 2025 results are not comparable.
~ Denotes five cases or fewer.
* Further suppression required to prevent disclosure of five cases or fewer.

FIGURE 4.4: PERCENTAGE OF PATIENTS RECORDED AS HAVING A 4AT DELIRIUM ASSESSMENT ON DAY 1 OF ADMISSION, BY INDIVIDUAL HOSPITAL, 2025 (N=4356)

Hospital	Yes		No		Unable		Not documented		Total
	n	%	n	%	n	%	n	%	
National	2661	61%	1197	27%	117	3%	381	9%	4356
Drogheda	285	99%	~	*	~	*	~	*	289
Mayo	182	96%	~	*	~	*	~	*	190
St Vincent's	340	90%	23	6%	12	3%	~	*	377
Kerry	135	88%	12	8%	~	*	~	*	153
Tallaght	248	86%	34	12%	~	*	~	*	287
Connolly	227	78%	60	21%	~	*	~	*	290
Cork	370	74%	~	*	~	*	128	26%	500
Letterkenny	124	73%	27	16%	20	12%	~	*	171
Galway	158	67%	46	19%	6	3%	27	11%	237
Mater	84	54%	29	18%	19	12%	25	16%	157
Waterford	231	53%	166	38%	~	*	35	8%	436
Sligo	74	50%	16	11%	6	4%	52	35%	148
Limerick	151	44%	142	41%	39	11%	14	4%	346
Beaumont	40	14%	243	86%	~	*	~	*	283
St James's	8	4%	197	96%	~	*	~	*	206
Tullamore	~	*	195	68%	~	*	87	30%	286

As coverage for Sligo University Hospital and Mayo University Hospital was less than 80% for 2024, the 2025 results are not comparable.
~ Denotes five cases or fewer.
* Further suppression required to prevent disclosure of five cases or fewer.

FIGURE 4.5: PERCENTAGE OF PATIENTS RECORDED AS HAVING A 4AT DELIRIUM ASSESSMENT ON DAY 3 OF ADMISSION, BY INDIVIDUAL HOSPITAL, 2025 (N=4356)

Hospital	Yes		No		Unable		Not documented		Total
	n	%	n	%	n	%	n	%	
National	**2058**	**47%**	**1666**	**38%**	**121**	**3%**	**511**	**12%**	**4356**
Drogheda	235	81%	49	17%	~	*	~	*	289
Kerry	121	79%	22	14%	~	*	9	6%	153
Tallaght	225	78%	56	20%	~	*	~	*	287
Cork	370	74%	~	*	~	*	129	26%	500
Letterkenny	115	67%	35	20%	20	12%	~	*	171
Galway	154	65%	43	18%	7	3%	33	14%	237
Waterford	271	62%	134	31%	8	2%	23	5%	436
St Vincent's	207	55%	147	39%	12	3%	11	3%	377
Mater	82	52%	26	17%	19	12%	30	19%	157
Limerick	106	31%	143	41%	40	12%	57	16%	346
St James's	59	29%	146	71%	~	*	~	*	206
Beaumont	45	16%	238	84%	~	*	~	*	283
Mayo	26	14%	160	84%	~	*	~	*	190
Sligo	13	9%	8	5%	~	*	126	85%	148
Connolly	21	7%	266	92%	~	*	~	*	290
Tullamore	8	3%	192	67%	~	*	86	30%	286

As coverage for Sligo University Hospital and Mayo University Hospital was less than 80% for 2024, the 2025 results are not comparable.
~ Denotes five cases or fewer.
* Further suppression required to prevent disclosure of five cases or fewer.

FIGURE 4.6: PERCENTAGE OF PATIENTS RECORDED AS HAVING A 4AT DELIRIUM ASSESSMENT AT ANY OTHER TIME POINT DURING ADMISSION, BY INDIVIDUAL HOSPITAL 2025 (N=4356)

Hospital	Yes		No		Unable		Not documented		Total
	n	%	n	%	n	%	n	%	
National	2026	47%	1417	33%	110	3%	803	18%	4356
Kerry	128	84%	16	10%	~	*	8	5%	153
Cork	370	74%	~	*	~	*	129	26%	500
Letterkenny	110	64%	40	23%	20	12%	~	*	171
St Vincent's	232	62%	120	32%	12	3%	13	3%	377
Beaumont	174	61%	109	39%	~	*	~	*	283
Mayo	106	56%	78	41%	~	*	~	*	190
Drogheda	151	52%	134	46%	~	*	~	*	289
Mater	82	52%	18	11%	21	13%	36	23%	157
St James's	94	46%	112	54%	~	*	~	*	206
Tallaght	119	41%	162	56%	~	*	~	*	287
Galway	96	41%	60	25%	9	4%	72	30%	237
Connolly	93	32%	194	67%	~	*	~	*	290
Limerick	86	25%	160	46%	27	8%	73	21%	346
Waterford	108	25%	44	10%	~	*	279	64%	436
Sligo	30	20%	8	5%	~	*	109	74%	148
Tullamore	47	16%	161	56%	~	*	77	27%	286

As coverage for Sligo University Hospital and Mayo University Hospital was less than 80% for 2024, the 2025 results are not comparable.
~ Denotes five cases or fewer.
* Further suppression required to prevent disclosure of five cases or fewer.

FIGURE 4.7: PERCENTAGE OF PATIENTS GROUPED BY 4AT SCORE ON DAY 1 OF ADMISSION (N=2681), DAY 3 OF ADMISSION (N=2068) AND AT ANY OTHER TIME DURING ADMISSION (N=2024), 2025

Results	2025					
	At day 1		At day 3		Any other time	
	n	%	n	%	n	%
Positive delirium screen	352	13%	435	21%	385	19%
Possible delirium	494	18%	410	20%	381	19%
Delirium unlikely	1835	68%	1223	59%	1258	62%
Total	**2681**	**100%**	**2068**	**100%**	**2024**	**100%**

Minor differences between the number of patients recorded as having received a 4AT assessment and the denominator used for 4AT score distributions reflect data-recording variations. In a small number of cases, a 4AT score was recorded where the corresponding screening field was incomplete or recorded differently.

FIGURE 4.8: TYPE OF SURGERY, 2025 (N=4181)

Type of Surgery	2025	
	n	%
Arthroplasty hemi cemented	1730	41%
Internal fixation intramedullary (IM) nail (short)	827	20%
Internal fixation intramedullary (IM) nail (long)	639	15%
Arthroplasty hemi uncemented	431	10%
Internal fixation Dynamic Hip Screw (DHS)	286	7%
Other	96	2%
Arthroplasty Total Hip Replacement (THR) uncemented	76	2%
Arthroplasty Total Hip Replacement (THR) cemented	62	1%
Internal fixation screws	34	1%
Total	4181	100%

Patients who did not have surgery have been excluded.

FIGURE 4.9: PERCENTAGE OF PATIENTS WITH A HIP FRACTURE WITH CEMENTED AND UNCEMENTED ARTHROPLASTIES, BY INDIVIDUAL HOSPITAL, 2025 (N=2299)

Hospital	2025				
	Cemented		Uncemented		Total
	n	%	n	%	
National	1792	78%	507	22%	2299
Connolly	162	99%	~	*	163
Cork	278	99%	~	*	280
Mater	69	99%	~	*	70
St James's	103	98%	~	*	105
Letterkenny	94	98%	~	*	96
Limerick	187	98%	~	*	191
Kerry	83	98%	~	*	85
Tallaght	126	96%	~	*	131
Beaumont	119	92%	11	8%	130
Mayo	103	90%	12	10%	115
Waterford	210	89%	25	11%	235
Drogheda	91	66%	46	34%	137
Tullamore	98	60%	64	40%	162
Sligo	31	39%	48	61%	79
St Vincent's	33	17%	164	83%	197
Galway	~	*	118	96%	123

As coverage for Sligo University Hospital and Mayo University Hospital was less than 80% for 2024, the 2025 results are not comparable.
~ Denotes five cases or fewer.
* Further suppression required to prevent disclosure of five cases or fewer.

FIGURE 4.10: PERCENTAGE OF PATIENTS WITH A HIP FRACTURE WHO RECEIVED OCCUPATIONAL THERAPY ASSESSMENT, BY HOSPITAL, 2025 (N=4356)

Hospital	2025						
	Yes		No		Not documented		Total
	n	%	n	%	n	%	
National	3057	70%	1248	29%	51	1%	4356
Beaumont	276	98%	6	2%	~	*	283
St James's	199	97%	7	3%	~	*	206
Galway	226	95%	10	4%	~	*	237
Mater	143	91%	~	*	11	7%	157
Kerry	135	88%	14	9%	~	*	153
Drogheda	251	87%	38	13%	~	*	289
Letterkenny	148	87%	23	13%	~	*	171
Limerick	292	84%	44	13%	10	3%	346
Connolly	227	78%	63	22%	~	*	290
Sligo	114	77%	28	19%	6	4%	148
Waterford	326	75%	107	25%	~	*	436
Tullamore	210	73%	75	26%	~	*	286
St Vincent's	211	56%	166	44%	~	*	377
Tallaght	156	54%	130	45%	~	*	287
Cork	110	22%	379	76%	11	2%	500
Mayo	33	17%	155	82%	~	*	190

As coverage for Sligo University Hospital and Mayo University Hospital was less than 80% for 2024, the 2025 results are not comparable.
~ Denotes five cases or fewer.
* Further suppression required to prevent disclosure of five cases or fewer.

FIGURE 0.1: EQ-5D-5L RESULTS AT 30 DAYS POST-HIP FRACTURE, BY REPORTED SEVERITY LEVEL ACROSS THE FIVE DIMENSIONS (ST JAMES'S HOSPITAL) (N=141)

	2025								
	No problems		Slight		Moderate		Severe Extreme Unable		Total known
	n	%	n	%	n	%	n	%	
Mobility	34	25%	67	49%	24	17%	13	9%	138
Self-care	44	32%	58	42%	23	17%	13	9%	138
Activities	37	27%	56	41%	26	19%	19	14%	138
Anxiety/ Depression	87	62%	33	23%	17	12%	~	*	141
Pain	67	48%	57	40%	15	11%	~	*	141

Denominator does not include reported deaths.
~ Denotes five cases or fewer.
* Further suppression required to prevent disclosure of five cases or fewer.

FIGURE 5.3: PERCENTAGE OF PATIENTS NATIONALLY WHO MET IHFD SURGICAL SITE INFECTION INDICATORS IN 2024 (n=3602) AND 2025 (n=3686)

	2024			2025		
	n	N	%	n	N	%
Indicator 1	3526	3602	98%	3465	3686	94%
Indicator 2	3521	3602	98%	3629	3686	98%
Indicator 3	3453	3602	96%	3682	3686	100%
Indicator 4	2367	3602	66%	3020	3686	82%
Indicator 5	30	3602	1%	21	3686	1%
Indicator 6	22	30	73%	15	21	71%

Excludes patients that did not receive surgery
Excludes Cork University Hospital for both years as they are not entering data
Indicators 5 and 6 are presented in this frequency table but not in main figure as they involve small numbers

APPENDIX 8: SPECIFICATIONS FOR COMPOSITE VARIABLES

See Appendix 4: IHFD Dataset for question references.

FIGURE 2.2: ADMISSION TO ORTHOPAEDIC WARD OR THEATRE WITHIN 4 HOURS FROM EMERGENCY DEPARTMENT

2.2.1. Composite variable based on Q5–Q5B, Q5F–Q5H and Q6–Q6B as follows:

Category*	Specification
Admitted to orthopaedic ward	If Q6=1
– Admitted within 4 hours	If Q6=1 and time interval is calculated as within 4 hours
– Admitted after 4 hours	If Q6=1 and time interval is calculated as more than 4 hours
– Time interval not known	If Q6=1 and time interval is not known
Patient admitted directly to theatre within 4 hours	If Q5E=1 and time to surgery is calculated as within 4 hours
Never admitted to orthopaedic ward	If Q6=2
Not known	If Q6=9

* If patients go to theatre directly from ED, and within 4 hours of first presentation, they are included.

2.2.2. Time interval determination for patients admitted to orthopaedic ward (Q6=1):

(a) If admitted via ED (Q5=1), then the time interval is calculated from the date and time of arrival at the first presenting hospital (Q4–Q4A) or from the date and time of arrival at the ED of the operating hospital (Q5A–Q5B), whichever is earlier, to the date and time admitted to an orthopaedic ward (Q6A–Q6B).

(b) If not admitted via ED (Q5=2), then: (i) for inpatient fall cases (Q5H=1), the time interval is calculated from the date and time seen by an orthopaedic team in the operating hospital (Q5F–Q5G) to the date and time admitted to an orthopaedic ward (Q6A–Q6B); (ii) for other cases, the time interval is calculated from the date and time of arrival at either the first presenting hospital (Q4–Q4A) or from the date and time seen by an orthopaedic team (Q5F–Q5G), whichever is earlier, to the date and time admitted to an orthopaedic ward (Q6A–Q6B); and if the date and time of arrival at the first presenting hospital (Q4–Q4A) is not recorded, and the date and time seen by an orthopaedic team (Q5F–Q5G) postdates the date and time admitted to an orthopaedic ward (Q6A–Q6B), then the time interval is set at 0 minutes.

2.2.3. Determination of time interval categories

Category	Specification
Within 4 hours	If interval range is 0–240 minutes
After 4 hours	If interval range is 241–525,600 minutes
Not known	If relevant dates and times are missing; or the interval range is invalid, i.e. <0 minutes; or the interval is implausible, i.e. >525,600 minutes (1 year)

FIGURE 2.3: TIME TO SURGERY – 48 HOURS/ NORMAL WORKING HOURS

23.1. Composite variable based on Q4–Q5B, Q5F–Q5G, Q6–Q6B, Q15 and Q15E–Q15F, as follows:

Category	Specification
Within 48 hours and working hours (Monday–Sunday, 8.00am–5.59pm)	If Q15=01–88, and time interval is calculated as within 48 hours, and time of surgery is within specified working hours
Within 48 hours but out of hours (Monday–Sunday, 6.00pm–7.59am)	If Q15=01–88, and time interval is calculated as within 48 hours, and time of surgery is outside specified working hours
After 48 hours	If Q15=01–88, and time interval is calculated as more than 48 hours
Not known	If Q15=01–88, and time interval is not known

2.3.2. Time interval determination for patients who had surgery (Q15=1–88):

(a) If admitted via ED (Q5=1), then the time interval is calculated from the date and time of arrival at the first presenting hospital (Q4–Q4A), or from the date and time of arrival at the ED of the operating hospital (Q5A–Q5B), whichever is earlier, to the date and time of surgery (Q15E–Q15F). If Q4–Q4A and Q5A–Q5B are missing and the patient was admitted to an orthopaedic ward (Q6=1), then the time interval is estimated by using the date and time admitted to an orthopaedic ward (Q6A–Q6B) as its starting point.

(b) If not admitted via ED (Q5=2), then: (i) for inpatient fall cases (Q5H=1), the time interval is calculated from the date and time seen by an orthopaedic team in the operating hospital (Q5F–Q5G) to the date and time of surgery (Q15E–Q15F); (ii) for other cases, the time interval is calculated from the date and time of arrival at either the first presenting hospital (Q4–Q4A) or from the date and time seen by an orthopaedic team (Q5F–Q5G), whichever is earlier, to the date and time of surgery (Q15E–Q15F); (iii) if the date and time of arrival at the first presenting hospital (Q4–Q4A) is not recorded, and the date and time seen by an orthopaedic team (Q5F–Q5G) postdates the date and time admitted to an orthopaedic ward (Q6A–Q6B), then the time interval is calculated from the date and time of admission to an orthopaedic ward to the date and time of surgery (Q15E–Q15F); and (iv) if Q4–Q4A and Q5A–Q5B are missing and the patient was admitted to an orthopaedic ward (Q6=1), then the time interval is estimated by using the date and time admitted to an orthopaedic ward (Q6A–Q6B) as its starting point.

2.3.3. Determination of time interval and working hours categories:

Category	Specification
Within 48 hours and working hours (Monday–Sunday, 8.00am–5.59pm)	If interval range is 0–2,880 minutes; and time of surgery (Q15F) range is 8.00am–5.59pm
Within 48 hours but out of hours (Monday–Sunday, 6.00pm–7.59am)	If interval range is 0–2,880 minutes; and time of surgery (Q15F) range is 6.00pm–7.59am
After 48 hours	If interval range is 2,881–525,600 minutes (1 year)
Not known	If relevant dates and times are missing; or interval is invalid, i.e. <0 minutes; or interval is implausible, i.e. >525,600 minutes (1 year)

FIGURE 2.5: PERCENTAGE OF PATIENTS REVIEWED BY A GERIATRICIAN OR ADVANCED NURSE PRACTITIONER AT ANY POINT DURING ADMISSION

2.5.1. Composite variable based on Q12A/Q12E:

Category	Specification
Assessed by a geriatrician during this acute admission	If Q12A=1
Assessed by a cANP/ANP gerontology/orthopaedics	If Q12E=1

APPENDIX 9: ADDITIONAL INFORMATION

	n	%*
PLACE OF INJURY*		
Home	2863	66%
Institution	627	14%
Public Area	627	14%
Farm or Industrial	34	1%
Other	118	3%
Unknown	15	0%
In-hospital fall	72	2%
Total	4356	100%
REASONS FOR DELAY IN TRANSFER TO AN ORTHOPAEDIC WARD		
No bed available	462	17%
Other	367	14%
Awaiting orthopaedic diagnosis or investigation	205	8%
Medically unwell	163	6%
Polytrauma	16	1%
Not documented	1431	54%
Total	2644	100%
REASON FOR DELAY TO SURGERY		
Awaiting inpatient or high-dependency bed	3	0%
Awaiting medical review, investigation or stabilisation	187	21%
Awaiting orthopaedic diagnosis or investigation	32	4%
Awaiting space on theatre list	133	15%
Cancelled due to list over-run	29	3%
Issues due to anticoagulation	160	18%
Problem with theatre/equipment	6	1%
Problem with theatre/surgical/anaesthetic staff cover	5	1%
Other	106	12%
No delay (surgery <48 hours)	105	12%
Not known	105	12%
Total	871	100%
OPERATING SURGEON GRADE		
Consultant	2399	57%
SpR	1366	33%
Reg	374	9%
SHO	42	1%
Not documented	-	0%
Total	4181	100%

IHFS 4 BREAKDOWN OF GERIATRICIAN GRADE AT TIME OF ASSESSMENT		
Seen by a Consultant geriatrician	2410	63%
Seen by an SPR/ Registrar geriatrician	873	23%
Seen by ANP or cANP only	483	13%
Seen by ANP or cANP and geriatrician	580	15%
Seen by other geriatrician	19	0%
Unknown	30	1%
Total (achieved IHFS 4)	3815	100%
PRE-OP MEDICAL ASSESSMENT		
None	2096	50%
Routine by geriatrician	1281	31%
Routine by medical physician	457	11%
Ger review following request	62	1%
Med physician review following request	275	7%
Not documented	10	0%
Total (receiving surgery)	4181	100%
BONE HEALTH ASSESSMENT DETAIL FOR PATIENTS MEETING IHFS 5		
Started On This Admission	2240	58%
Continued From pre-admission	654	17%
Awaits outpatient assessment	295	8%
Assessed - no bone protection medication	361	9%
Awaits dual-energy X-ray absorptiometry scan	300	8%
Total	3850	100%
REASON FOR NOT MOBILISING		
Medically not fit	231	47%
Confusion/agitation/delirium	87	18%
Other	41	8%
Pain	34	7%
Patient declined	34	7%
Staffing issues	31	6%
Not documented	24	5%
Not mobile pre-fracture	11	2%
Total	493	100%
MODE OF ADMISSION		
Directly to ED in an operating hospital	4131	95%
Seen by an orthopaedic team	201	5%
Unknown	24	1%
Total	4356	100%
TYPE OF ANAESTHESIA		
Spinal anaesthesia	2924	70%
General anaesthesia	1153	28%
Both	78	2%
Other	26	1%
Total	4181	100%

DISCHARGE DESTINATION		
Off-site rehab unit	1501	36%
Home	942	22%
Return admission to nursing home or long-stay care	504	12%
Convalescence care	347	8%
On-site rehab unit	248	7%
Step down to model 2/3 hospital	205	7%
Other	247	6%
Died	185	4%
New admission to nursing home or long-stay care	107	3%
Home with early supported discharge	56	2%
Not Known	14	1%
Total	4356	100%

PERCENTAGE OF PATIENTS BY FUNCTIONAL OUTCOMES: CAS***

Score	Day after surgery		Day of discharge	
	n	%	n	%
0	134	6%	37	2%
1	106	5%	29	2%
2	265	12%	75	4%
3	1540	69%	954	43%
4	90	4%	243	11%
5	53	3%	357	16%
6	30	2%	523	27%
Total	2218	100%	2218	100%

* Percentages may not add to 100% due to rounding
**No other place reported if fall was in-hospital.
~ Denotes five cases or fewer.
***Only includes patients with CAS score recorded at both time-points

APPENDIX 10: IHFD GOVERNANCE COMMITTEE MEETING ATTENDEES, 2025

IHFD Governance Committee Attendance 2025					
Representative	Name	27.02.25	26.06.25	25.09.25	27.11.25
IHFD Clinical Geriatrician Lead	Professor Tara Coughlan	✓	Chair	Chair	✓
IHFD Clinical Orthopaedic Lead	Mr Terence Murphy	Chair	✓	✓	Chair
Programme Manager Trauma and Surgery Audits	Pamela Hickey	✓	✓	✓	✓
Programme Manager Trauma and Surgery Audits (Research representative until July 2025)	Dr Mary Walsh, PhD	✓	✓	✓	✓
NOCA Head of Audit Management	Louise Brent	✓	✓	x	✓
IHFD Orthogeriatric Network Lead	Dr Niamh O'Regan	✓	x	✓	✓
Health and Social Care Professions (Physiotherapists)	Shanice Vallely	✓	✓	L	L
Health and Social Care Professions (Physiotherapists)	Sarah McShane	n/a	✓	✓	x
Health and Social Care Professions (Dietitians)	Naomi Bates	✓	x	✓	✓
Research Representative	Dr Niamh Merriman, PhD	n/a	n/a	n/a	✓
IHFD Audit Coordinators Representative	Ursula Kelleher	✓	✓	✓	R
IHFD Audit Coordinators Representative	Orla Cooney	n/a	n/a	n/a	✓
Specialist in Public Health Medicine	Dr Helena Ferris	✓	✓	✓	✓
Public/Patient Involvement Representative	Anne O'Shea Clarke	✓	x	x	x
National Clinical Programme for Trauma and Orthopaedics	Ruth Kiely	x	x	R	
National Clinical Programme for Trauma and Orthopaedics	Míchéal Bailey	n/a	n/a	✓	✓
Healthcare Pricing Office	Brian Donovan	R			
Healthcare Pricing Office	Fiachra Bane	n/a	n/a	n/a	x
Clinical Pharmacy Representative	Niamh McMahon	✓	✓	x	x
Emergency Medicine Representative	Professor Geraldine McMahon	✓	x	✓	✓
IITOS representative 21.11.22	Mr Conor Hurson	x	x	x	x
Senior Healthcare Management	John Kelly	x	R		
Anaesthesia representative	Dr Patrick Higgins	x	R		

✓ = Attended
x = Did not attend
n/a = Not Applicable
R = Retired
L= Leave

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