NOCA National Office of Clinical Audit

Irish Hip Fracture Database IHFD

IRISH HIP FRACTURE DATABASE SUMMARY REPORT 2024

The Irish Hip Fracture Database (IHFD) has been collecting data on the care delivered in 16 acute hospitals in Ireland that treat hip fractures since 2012. This is the 12th published report from the IHFD. The IHFD measures the care hospitals provide as well as their compliance with the Irish Hip Fracture Standards (IHFS), along with key clinical steps that can improve the patient journey. It also provides a platform for hospitals to share and learn from each other's success in quality improvement measures in order to improve outcomes.

WHAT IS HIP FRACTURE AND WHY IS GOOD CARE IMPORTANT?

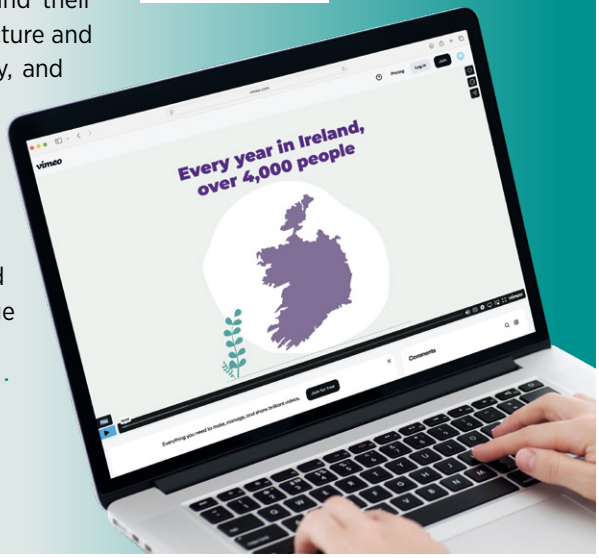
A hip fracture is any break in the upper portion of the thigh bone (femur) where the bone meets the pelvis. Every year in Ireland, around 4,000 people experience a hip fracture, usually caused by a simple trip or fall. These injuries can happen to anyone but are often a sign of osteoporosis, a condition that weakens bones. While a hip fracture can be life-changing, good recovery is possible with the right care. In Ireland, hospitals are held to national standards for hip fracture care, and these are recorded in the IHFD as presented in this report. These standards include early surgery to repair the hip, as well as treatment to aid recovery and prevent it happening again. International research shows that achievement of standards like these can improve a patient's quality of life and recovery after a hip fracture.

PATIENT AND PUBLIC INTEREST

In 2025, a key focus of our work has been on enhancing awareness of the patient experience following hip fracture, with a particular emphasis on communication, empowerment and inclusion. Central to this effort was the development of a new animated video aimed at patients and their families. The video provides viewers a basic explanation of hip fracture and osteoporosis, outlines what to expect around the time of surgery, and provides practical advice on early mobilisation of the patient, fall prevention, and the emotional aspects of recovery. Importantly, the video reassures patients that recovery is a personal journey, and that progress may vary from person to person. The video was co-designed with input from patients, family members, older adults, and representatives from Sage Advocacy, Age & Opportunity, and NOCA, and was coordinated by physiotherapists in University College Dublin and funded by the Health Research Board.

THE FINAL VIDEO CAN BE WATCHED AT
https://vimeo.com/noca/hipfracturepatientvideo
OR CAN BE ACCESSED BY SCANNING THE QR CODE ABOVE.

SCAN THE QR CODE TO VIEW THE VIDEO



KEY HIGHLIGHTS 2024

95%

95% of patients who broke their hip had their information collected in the IHFD.

94%

94% of patients were brought straight to the operating hospital.

36%

IHFS 1: 36% of patients were admitted to an orthopaedic ward or went to the operating theatre within 4 hours of presentation.

84%

84% of patients received a nerve block injection for pain relief before surgery.

71%

71% of patients received an assessment of their overall nutritional health.

4%

IHFS 3: 4% of patients developed a pressure ulcer after admission.

Pressure Ulcers to Zero

77%

IHFS 2: 77% of patients received surgery within 48 hours of admission.

54%

54% of patients received a screening to assess for delirium/acute confusion, on the first day of their admisison.

86%

IHFS 4: 86% of patients were seen by a Geriatrician or advanced nurse practitioner who specialises in older adult medicine.

90%

IHFS 5: 90% of patients received a bone health assessment.

87%

IHFS 6: 87% of patients received a specialist falls assessment.

85%

IHFS 7: 85% of patients were stood up out of bed by a physiotherapist on the day of or the day after surgery.

10

10 out of 16 hospitals collect longer-term recovery information, including walking independence between 1 and 4 months after fracture and survival at 1 year.

<1%

15 out of 16 hospitals are collecting information on infections that happen around the site of infection (surgical site infection) during the hospital stay. Less than 1% of patients experienced these infections.

36%

36% of patients were transferred to a rehabilitation unit within or outside the hospital.

22%

22% of patients were discharged directly home.

KEY RECOMMENDATIONS 2024

RECOMMENDATIONS FROM NATIONAL OFFICE OF CLINICAL AUDIT		
1	**We recommend that hospital managers support their staff to improve education around risk-assessment, prevention, identification and review of pressure ulcers in patients with hip fracture.**	Pressure Ulcers to Zero
2	**We recommend that hospital managers support their staff to continue or to begin to record follow-up data after hip fracture as part of routine care processes.**	
3	**The National Office of Clinical Audit (NOCA) should explore whether combining 3 of the Irish Hip Fracture Standards (IHFS 4–6) would appropriately measure best practice orthogeriatric care.**	

A MESSAGE FROM OUR PATIENT AND PUBLIC INTEREST REPRESENTATIVE

I am honoured to be involved with NOCA as a patient representative for the IHFD for the third year running. I have seen first-hand the commitment and dedication from all involved to ensuring that high-quality, person-centred care is delivered.

The statistics in this report are very encouraging. In particular, I was inspired to see how over 85% of patients are receiving prompt physiotherapy and review from professionals specialised in the care of older people. I am also delighted to see the focus on the longer-term recovery phase for patients with hip fracture, with 10 of 16 participating hospitals recording information about patients' independence and quality of life at 1–4 months after the injury.

Finally, it was a joy to be involved in developing the patient video this year. It is a valuable resource that offers patients with a hip fracture practical information and emotional reassurance. It will go a long way in supporting people to feel more in control during what can be a confusing and overwhelming time, and in helping them understand that recovery is possible, and personal, for everyone.

Anne O'Shea Clarke, Public and Patient Interest Representative, Irish Hip Fracture Database

NOCA National Office of Clinical Audit

4TH FLOOR, 118 ST STEPHEN'S GREEN, DUBLIN 2, D02 X0N1

Tel: +353 1 402 8577

IF YOU WISH TO READ THE FULL REPORT LOG ONTO

www.noca.ie

IF YOU HAVE ANY QUERIES OR COMMENTS PLEASE FEEL FREE TO EMAIL

ihfd@noca.ie

FOLLOW US ON OUR SOCIALS