

Irish Hip Fracture Database summary report 2018

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IRISH HIP FRACTURE DATABASE SUMMARY REPORT 2018

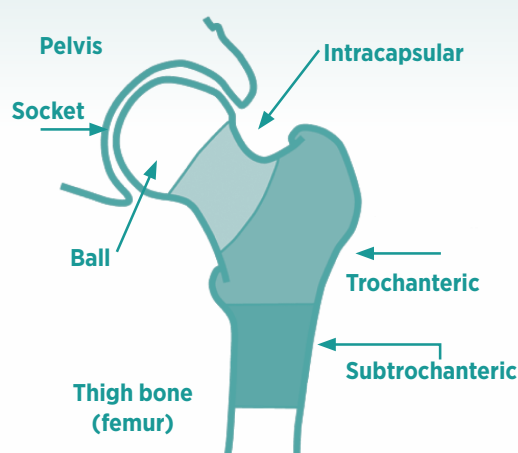
The Irish Hip Fracture Database (IHFD) was set up to measure the care for all patients over the age of 60 who suffer a hip fracture. There are 16 hospitals who operate on hip fracture patients.

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.

WHAT CAUSES A HIP FRACTURE?

One in three people over the age of 65 fall each year¹. 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 within 48 hours



Pressure
Ulcers
to Zero

IHFS 3:

Not develop a pressure ulcer



IHFS 4:

Be seen by a geriatrician



IHFS 5:

Receive a bone health assessment



IHFS 6:

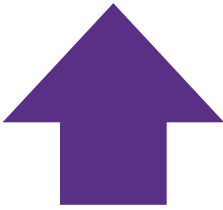
Receive a specialist falls assessment

The Irish Hip Fracture Database National Report 2018 shows that:

3,751 PATIENTS
RECORDED
IN 2018



99%
COVERAGE


an increase
from 95%
in 2017




HIP FRACTURE PATIENT PROFILE





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

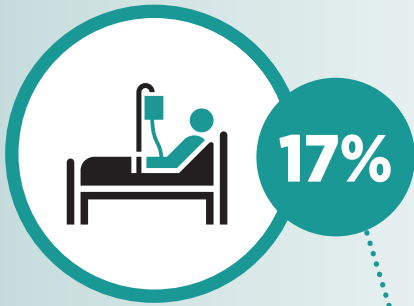
25%
OF PATIENTS
HAVE
COGNITIVE
IMPAIRMENT



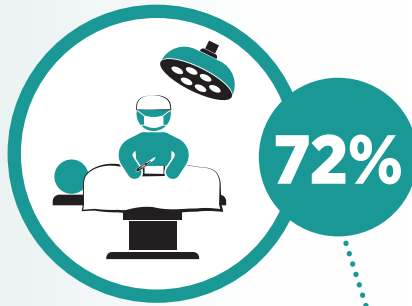

83%
of hip fracture
patients were
admitted from home


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

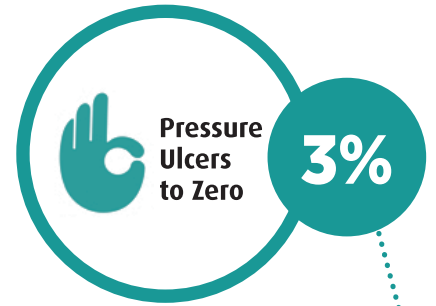

6%
of patients were
transferred from another
acute hospital



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



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



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



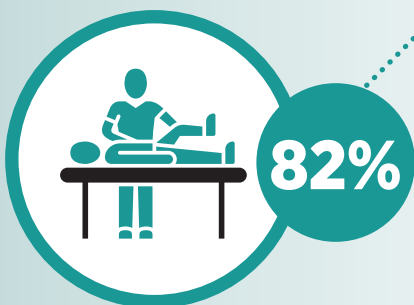
69% of patients seen by a geriatrician. IHFS 4



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



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



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



The median length of stay for all patients was 12 days



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 team²”.
- 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 team²”.

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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