

# IRISH HIP FRACTURE DATABASE SUMMARY REPORT 2017

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 year<sup>1</sup>. 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.

## IRISH HIP FRACTURE STANDARDS (IHFS)

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

**Be admitted to an orthopaedic ward or go directly to theatre within 4 hours of admission to the Emergency Department (ED)**

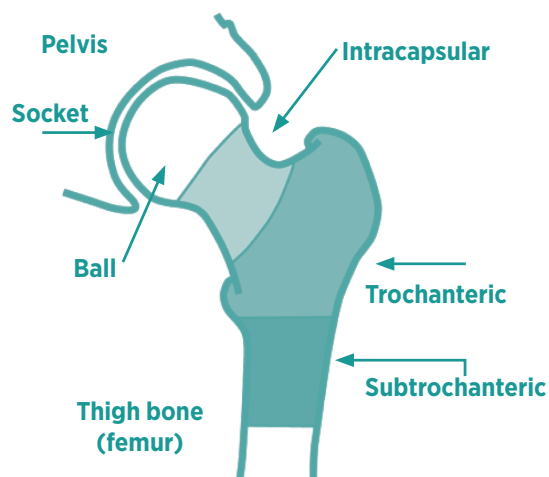
**Receive surgery within 48 hours**

**Not develop a pressure ulcer**

**Be seen by a Geriatrician**

**Receive a bone health assessment**

**Receive a specialist falls assessment**



### 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.



**ONE IN  
THREE  
OVER 65'S  
FALL ANNUALLY**

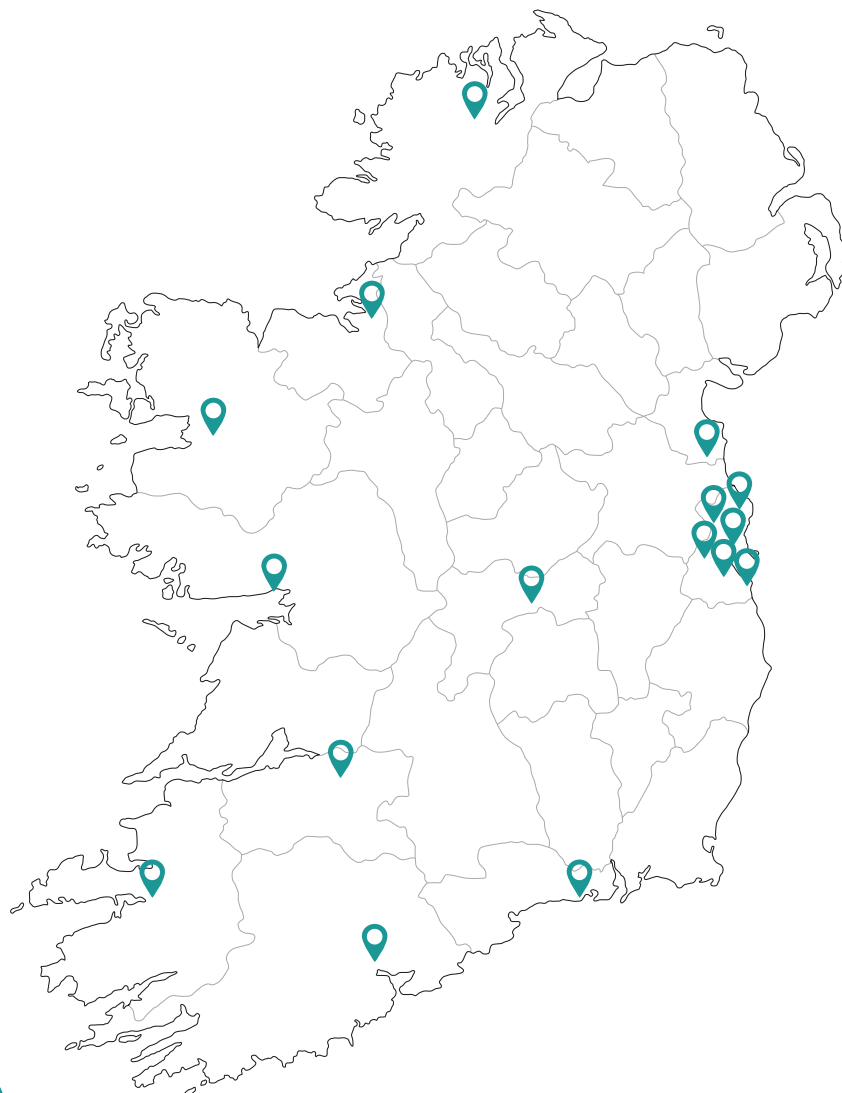
# The Irish Hip Fracture Database National Report 2017 shows that:

**16 OPERATING HOSPITALS**



**3,497 PATIENTS RECORDED IN 2017**

**= 95% COVERAGE**



**THE AVERAGE AGE OF A PERSON WHO BREAKS THEIR HIP IS 80**



**82%**

**of hip fracture patients were admitted from home**



**10%**

**were admitted from a nursing home or other long stay facility**



**8%**

**of patients were transferred from another acute hospital**



92% OF PATIENTS  
BROUGHT DIRECT TO  
THE OPERATING  
HOSPITAL

**92%**

11% OF PATIENTS  
ADMITTED TO AN  
ORTHOPAEDIC WARD WITHIN  
FOUR HOURS **IHFS 1**

**11%**



69% OF PATIENTS  
RECEIVED SURGERY WITHIN  
48 HOURS **IHFS 2**

**69%**

14 HOSPITALS REDUCED  
THEIR PRESSURE ULCER  
INCIDENCE **IHFS 3**

**14**



Pressure  
Ulcers  
to Zero



50% OF PATIENTS  
REVIEWED BY A  
GERIATRICIAN **IHFS 4**

**50%**

73% OF PATIENTS  
RECEIVED A BONE HEALTH  
ASSESSMENT **IHFS 5**

**73%**

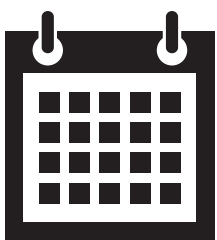


47% OF PATIENTS HAD  
A SPECIALIST FALLS  
ASSESSMENT **IHFS 6**

**47%**

77% OF PATIENTS WERE  
MOBILISED DAY OF OR DAY  
AFTER SURGERY

**77%**



THE MEDIAN LENGTH OF  
STAY FOR ALL PATIENTS  
WAS 13 DAYS

**13**

22% OF PATIENTS  
WERE DISCHARGED  
DIRECTLY HOME

**22%**



# 2017 IHFD NATIONAL REPORT

## KEY RECOMMENDATIONS



### Hospital governance

- Development of a Hip Fracture Governance Committee (HFGC) in each hospital supported by the guidance issued by the National Office of Clinical Audit (NOCA).
- The HFGC to have a clear focus on quality improvement to reduce variability in the standards of care.



### Clinical care

- HFGC to standardise pathways of care for hip fracture patients to ensure timely access to orthopaedic ward or theatre.
- Hospitals to provide surgery and early mobilisation to patients with hip fractures seven days per week.
- Hospitals to provide an orthogeriatric service for all hip fracture patients.



### Data quality

- Hospitals to submit data in a timely manner to achieve above 90% data coverage quarterly and annually.
- NOCA in collaboration with the Healthcare Pricing Office (HPO) continue to enhance the functionality of the IHFD Portal to include additional data quality checks and reporting.



### IHFD Development

- NOCA will progress the development of long-term outcome measures for the IHFD.

“As the public and patient interest (PPI) representative on the IHFD Governance Committee, my role compliments the mix of knowledge and expertise feeding into the audit. The role of PPI is essential for capturing the patient’s voice and ultimately ensuring that the patient experience remains a central focus for the audit.”

*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 18/07/2017].

**NOCA** National Office of  
Clinical Audit

2ND FLOOR, BLOCK B, ARDILAUN, 111 ST STEPHENS GREEN, DUBLIN 2, D02 VN51

**Tel: +353 1 402 8577**

IF YOU WISH TO READ THE  
FULL REPORT LOG ONTO

**[www.noca.ie](http://www.noca.ie)**

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

**[ihfd@nocai.ie](mailto:ihfd@nocai.ie)**

FOLLOW US  
ON TWITTER

**[@nocai\\_irl](https://twitter.com/noca_irl)**