Hip Fracture Database

Clayton Hotel Silver Springs, Co. Cork
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Clinical audit: IHFD & MTA
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CLINICAL LEAD MTA
History of the IHFD

The IHFD was established in 2012. It is a clinically led web-based database focusing on clinical standards and outcomes.

Best practice tariff was introduced in 2018. Meet all six clinical standards and two data quality standards and hospitals receive extra €1000 per case.

5 reports published
17,500 cases reported
94% caused by low-energy falls
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

**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

Only 16% admitted on bone protection
IHFD data entry

17,983 cases overall
IHFS standards 2013-2018

2015 Hospital Level Reporting
2018 BPT
IHFD 2013-2018 Outcomes
Hip fracture bypass
Bypass

Year | Percentage
--- | ---
2013 | 76%
2014 | 84%
2015 | 86%
2016 | 87%
2017 | 92%
2018 | 92%
Orthogeriatric service development

7 hospitals in 2016, 10 in 2017 and 15 in 2018
Subgroup analysis

- Younger (by an average of 8 years)
- Lower ASA Grade
- Higher prefracture functional level
- Received surgery within 48 hours (10% more)
Local QI

In the 2018 IHPD report, University Hospital Waterford (UHW) was identified as having the highest incidence of pressure ulcers in patients, and therefore prompt action was taken.

The reduction of pressure ulcer development in patients in the orthopaedic wards with fractured neck of femur has to be attributed to the hard work and dedication of the multidisciplinary team. This work included the ED carrying out early assessment of patients for mattress requirements if there was any delay in providing access to a ward for those patients. The PUTZ Collaborative commenced in March 2017 as part of a quality improvement initiative. Development of clusters of patients with pressure ulcers facilitated in the ED and the orthopaedic wards resulted in more timely action to prevent pressure ulcers.

The roll-out of the PUTZ on the ward involved the adoption of a holistic care and, as a team, we raised awareness and required assistance in order to implement care plans for patients. Improvement in feedback from team meetings and the completion of data collection documents showed an improvement in care for patients.

The orthogeriatric service at Beaumont Hospital was established in July 2005, at which point the Department of Geriatric Medicine supported one of their registrars to the orthopaedic ward. This registrar provided a daily presence on the ward, with duties including early review of all newly admitted patients, especially those with a fragility fracture, and were reviewed during this ward round. At Beaumont Hospital, all patients with hip fracture are prioritised for prompt admission to the orthopaedic ward and are reviewed by the consultant geriatrician on the weekly ward round. They are assessed with regard to mobility, medications, and any acute medical problems.
Introduction of Best Practice Tariff

National Clinical Programme for Trauma and Orthopaedics

Healthcare Pricing Office

National Office of Clinical Audit

Dr. Colm Henry: National Clinical Advisor and Group Lead – Acute Hospitals
Best Practice Tariff 2018

Meet all 8 standards = €1000 extra per case
Does a financial incentive improve care?
Coverage

![Graph showing percentage coverage over years, with values: 78%, 84%, 81%, 86%, 95%, 99%]
Governance committees

NO. OF HOSPITALS

<table>
<thead>
<tr>
<th>Quarter</th>
<th>No. of Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1 2018</td>
<td></td>
</tr>
<tr>
<td>Q2 2018</td>
<td></td>
</tr>
<tr>
<td>Q3 2018</td>
<td></td>
</tr>
<tr>
<td>Q4 2018</td>
<td></td>
</tr>
</tbody>
</table>

No. of hospitals
Irish Hip Fracture Standards
Better reporting
KEY HIGHLIGHTS 2018

Data coverage of 99%

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

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

Median length of stay: 12 days

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

Pressure Ulcers to Zero

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

IHFS 1: 17% of patients admitted to an orthopaedic ward/theatre within four hours

IHFS 4: 69% of patients seen by a geriatrician

IHFS 6: 70% of patients received a specialist falls assessment

70,231 acute bed days for hip fracture patients
Impact of IHFD

**NATIONAL**
- Increase in IHFS 1,2,4,5,6
- IHFS 3 static @3%

**LOCAL**
- Hospital QI showcased at national conference
- QIT co-design workshop May
- QI Collaborative Sept

**SYSTEM**
- National bypass
- Orthogeriatric services
- BPT
- Trauma system reconfiguration
- KPI

**PUBLIC**
- Summary reports
- Social media presence
- Resources on website
Major trauma no longer a young man’s disease
Major Trauma Audit

The MTA was established in 2013. Using the internationally recognised TARN methodology and focuses on the care and outcomes of major trauma patients.

3 reports published (4 years)
15,500 + cases reported

1st National Clinical Audit to receive NCEC accreditation and endorsement from the Minister for Health.
90’s

• Median age 36.1 yrs
• 0-24yrs = 40%
• 60% RTA
• 5% ‘low falls’

Now

• Median age 61 yrs
• >65 yrs = 44%
• 17% RTA
• 57% ‘low falls’
Who are the injured?

<table>
<thead>
<tr>
<th>AGE GROUP</th>
<th>MALE (n)</th>
<th>FEMALE (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;15</td>
<td>148</td>
<td>78</td>
</tr>
<tr>
<td>15-24</td>
<td>333</td>
<td>77</td>
</tr>
<tr>
<td>25-34</td>
<td>306</td>
<td>83</td>
</tr>
<tr>
<td>35-44</td>
<td>359</td>
<td>95</td>
</tr>
<tr>
<td>45-54</td>
<td>394</td>
<td>167</td>
</tr>
<tr>
<td>55-64</td>
<td>413</td>
<td>375</td>
</tr>
<tr>
<td>65-74</td>
<td>395</td>
<td>296</td>
</tr>
<tr>
<td>75-84</td>
<td>378</td>
<td>516</td>
</tr>
<tr>
<td>85+</td>
<td>215</td>
<td>433</td>
</tr>
</tbody>
</table>

- **Percentage by Age Group**: 44%
- **Gender Distribution**: 58% male, 42% female

**Note**: The image includes a bar graph and an arrow indicating '44%'.
How were they injured?

- The most common ways in which patients were injured:
  - 57% of patients suffered a ‘low fall’ (less than 2 metres)
  - 17% of patients suffered road trauma
  - 11% of patients suffered a fall of greater than 2 metres

Age Band:
- Blows
- Falls more than 2m
- Falls less than 2m
- Road trauma
- Other

Percentage by Age Band:
- <15: 12%
- 15-24: 28%
- 25-34: 26%
- 35-44: 19%
- 45-54: 9%
- 55-64: 6%
- 65-74: 3%
- 75-84: 1%
- 85+: 0%

- 20% 35% 34% 32% 22% 13% 11% 7% 4%
Where were they injured?
What did they injure?

<table>
<thead>
<tr>
<th>NUMBER OF BODY REGIONS INJURED</th>
<th>NUMBER OF PATIENTS</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>3420</td>
<td>68%</td>
</tr>
<tr>
<td>2</td>
<td>1133</td>
<td>22%</td>
</tr>
<tr>
<td>3</td>
<td>315</td>
<td>6%</td>
</tr>
<tr>
<td>4</td>
<td>133</td>
<td>3%</td>
</tr>
<tr>
<td>5</td>
<td>43</td>
<td>1%</td>
</tr>
<tr>
<td>6</td>
<td>16</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>7</td>
<td>&lt;5</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Total</td>
<td>5061</td>
<td>100%</td>
</tr>
</tbody>
</table>
2017 MTA Report Highlights

- 22% of patients had to be transferred to another hospital for ongoing care.
- Only 11% of patients were received by a trauma team on arrival at hospital.
- Of those who required surgery, 69% of surgeries were performed on a limb or limbs.
- 60% of major trauma patients were discharged home directly following their hospital admission.
- 95% of major trauma patients survived.
- The median length of stay in hospital for major trauma patients was 9 days.
- Low falls are the most common mechanism of injury for patients aged 45 years and older and for children. Among patients aged 15-44 years, the most common mechanism of injury is road trauma.
MAJOR TRAUMA REPORT 2017

KEY RECOMMENDATIONS

Ireland does not have a coordinated trauma system. The MTA Governance Committee welcomes *A Trauma System for Ireland: Report of the Trauma Steering Group*, that was published in February 2018 and urges its prioritised implementation.

A multi-agency, multidisciplinary response is required to develop a strategy to prevent the most common mechanism of injury in Ireland: low falls. Lessons learned from policy changes in road safety, offer a model that could be applied to home safety, where the majority of low falls occur.

To address the variation across the audit, each participating hospital should support the actions recommended by its local MTA governance committee.

NOCA will support hospitals to enhance and where required re-establish their local MTA governance committees.

The MTA recommends stakeholder collaboration to define the composition of a trauma team and activation criteria. Similarly, defining rehabilitation assessment and prescription is important so that standards of care can be benchmarked.
Bright future

• In 2018 the DOH published the Trauma System for Ireland Report.

• Two Major Trauma Centres supported by Trauma Units.

• 45 key recommendations including clinical audit, orthogeriatrics, FLS, falls prevention.
Holy grail

PROMS
- Residential status
- NMS
- Bone protection
- Readmission
- Reoperation
- Barthel
- EQ5D
The most important people!!!!
SAVE THE DATE! NOV 12

IRISH HIP FRACTURE MEETING 2019

DATE: 12th November 2019
LOCATION: O’Flanagan Lecture Theatre, RCSI, 123 St Stephen’s Green

#IHFD2019

CALL FOR ABSTRACTS
We are pleased to open our Call for Abstracts. Closing date for abstract submission is midnight on Friday 30th August and must be sent to ihfd@noca.ie. Guidance for abstract submission can be found at www.noca.ie

Registration Now Open