National Hip Fracture Database
NHFD South West Regional Meeting

Follow Up Data
&
Patient Experience

Wednesday 15th January 2014
Dr Rachel Bradley UBHT
The Importance of NHFD Data

- Quality of care
- Patient outcomes
- Develop & improve services
- Benchmark performance of services

Data accuracy is key
- ASA & Mobility status will influence case mix adjusted NHFD Mortality & Home from Home

Additional fields
- Focused audits & Enhanced Recovery data
- FLS Bone Health data capture
NHFD Follow up data at UBHT

- Data completeness **99%** (NHFD 94%)
- Follow up 30 days **99%** (37%) & 120 days **96%** (26%)

How do we achieve this?

- **MDT Clerking Proforma**
  - Standardises data entry
  - ED, T&O, OGL, PT, OT, Anaes, Op note, Post Op reviews 72hrs

- **Prospective data collection by Hip# SpN**
  - Paper record NHFD data set, additional fields & any issues
  - 2 sessions per week for data & follow up calls

- **Support from Audit nurse**
  - Some data entry
  - Primarily does SSI follow up, but efficient use of time to do both on telephone FU
UBHT data collection considered important & regularly fed back to key stakeholders in patient pathway by NHFD Clinical Lead

Displays, MDT Teaching sessions, e-shots, Bimonthly reports ETSG, audit/ M&M meetings & study reports
NHFD 30/90/365day Follow Up phone calls by Hip# SpN or Audit Nurse

- Diary of future dates for FU calls compiled on admission
- Mortality checked first on Medway IT system
- Up to 3 phone calls
- 5-10mins per patient, Carer or CH nursing staff
- 20-25 patients per week = 4hrs (UBHT 400 Hip#/year)
- Paper records used as prompt for NHFD & any issues
- Live data entry onto NHFD database
- Copy of OG Consultant Clinic letters sent to SpN
UBHT & National NHFD Follow Up Data

• **30 day average Mortality**
  - 385 cases
  - 8.9% adjusted (8.4% raw)
  - National 8.2% adjusted

• **Home from Home**
  - Number of cases eligible 272
  - 49.2% adjusted (53.3% raw)
  - National 46.2% adjusted
Patients Experience –
Issues Raised as an In-Patient

- **Pain** – Fascial blocks
- **Bladder & Bowel function** – Clinical Guidelines, catheter out by day 3
- **Time to Theatre** – Theatre Coordinator & Hip# SpN manage expectations
- **LOS** – Multidisciplinary 7day *fast track* pathway, main & slow stream
- **Loss of independence & Rehabilitation** – Physio & OT entry on DC summaries

- **Patient/Staff feedback & local studies**
  have changed clinical practice

- **Patient & Carer Information Pack**
  - Hip Fracture booklet – includes info about NHFD & FU calls
  - NOS leaflet – An introduction to Osteoporosis
  - Age UK Staying Steady – advice on how to reduce risk of falling
  - Monitoring Surgical Wounds for Infection Information – PHE SSI
Residential Status Post DC

- About 50% return to own home by 120 days
- 5.9-12.8% increase in NH
- $\frac{1}{3}$rd Dead at 1 yr
Patients Experience – Post Discharge Issues:
(Based on telephone survey of 50 follow up consultations Dec 2013)

• Poor recollection of inpatient experience & no issues raised in 27%

• Bone Health Related Issues (30%)
  – Lower patient priority, ‘completed course of treatment’
  – Unable to take in all information as inpatient
  – Opportunity for nurse to discuss Osteoporosis, Vit D & DXAs (esp at 30day FU)
  – Sign post back to GP, DXA appointments chased, referred to FLS SpN for iv/sc treatments or FAFF Clinic to see Consultant

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<thead>
<tr>
<th>UBHT NHFD Bone Protection Medication</th>
<th>1st April 2012- 30th Sept 2013</th>
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<tr>
<th>Number of Hip Fracture Patients</th>
<th>Inpatient</th>
<th>30 day FU</th>
<th>120 day FU</th>
<th>365 Day FU</th>
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<tbody>
<tr>
<td>Total Number analysed</td>
<td>574</td>
<td>519</td>
<td>447</td>
<td>202</td>
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<tr>
<td>YES on Treatment</td>
<td>325 (56.6%)</td>
<td>298 (57.4%)</td>
<td>257 (57.4%)</td>
<td>116 (57.4%)</td>
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<tr>
<td>NO not on treatment</td>
<td>242 (42.1%)</td>
<td>209 (40.2%)</td>
<td>151 (33.7%)</td>
<td>57 (28.2%)</td>
</tr>
<tr>
<td>Unknown</td>
<td>7 (1.2%)</td>
<td>12 (2.3%)</td>
<td>39 (8.7%)</td>
<td>29 (14.3%)</td>
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Patients Experience – Post Discharge Issues:
(Based on telephone survey of 50 follow up consultations Dec 2013)

• **Lack of Confidence & Fear of Falling (13%)**
  – Info on DC Summary helpful for SpN & able to refer to physio if necessary
  – Referral on to Falls & Balance group may be offered
  – Reassurance++ especially at 30 & 120 day FU

• **Other issues** — mobility, hip precautions, clexane, ongoing pain, wound Infection, discussion with NH/Rehab staff

• **The Telephone Follow Up Calls are valued by patients, but not essential for the BPT or a Trust Priority**

• **The Majority of these Hip Fracture patients do not need follow up in clinic as issues managed by the Nurse**
The Secret to Successful NHFD Data Collection

• Clear documentation from admission
• Clinical staff collecting data
• Regular data analysis & feedback to key stakeholders
• Multi-professional Teamwork
• Clinical lead for NHFD

With many thanks to:
My right hand woman Ginny Crosskey (Hip# SpN), Kate Turkentine (Audit Nurse) and all the Champions along the Hip Fracture Pathway (there are too many to mention)