

# The National Hip Fracture Database

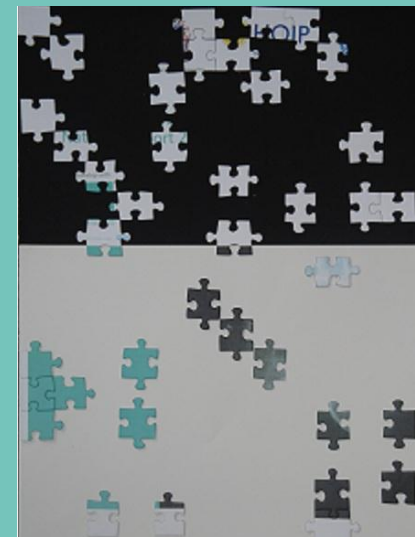
## The NHFD 2011 National Report

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NHFD Implementation Group  
London 29 September 2011



# The National Hip Fracture Database

- First website data entry 2007
- **First Preliminary National Report 2009**
- Approximately 19% of cases in England, Wales and Northern Ireland



# The National Hip Fracture Database

- First website data entry 2007
- **National Report 2010**
- Approximately 54% of cases in England, Wales and Northern Ireland



# The National Hip Fracture Database

- First website data entry 2007
- **National Report 2011**
- Approximately 76% of cases in England, Wales and Northern Ireland



# National Report 2011

- More than 53,000 cases
- 176/191 hospitals in England, Wales and Northern Ireland
  - Casemix
  - Process
  - Outcome



Standards and audit  
producing improvement



# National Report 2011

Field completion 92.3% **998,435/1,081,670**

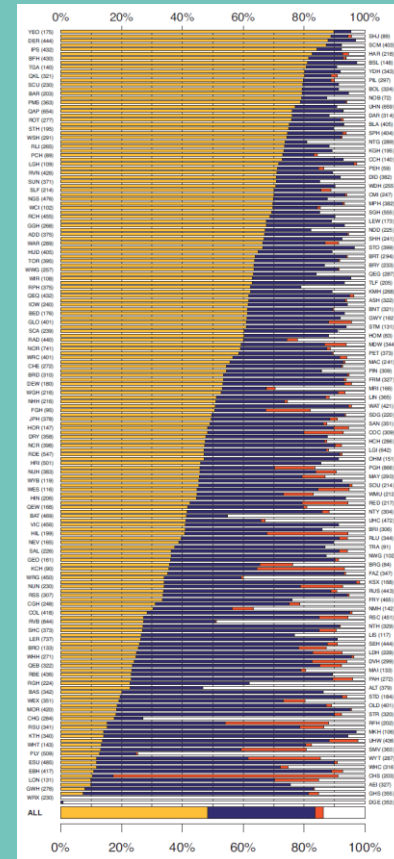
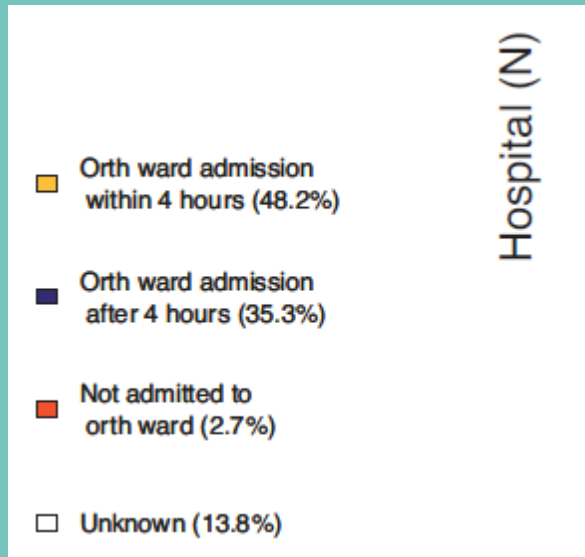
## Casemix

- Age, Gender, ASA grade and walking ability and fracture type essentially unchanged
- Only 'admitted from' has changed with 74% coming from their own homes compared with 78% in 2010



# National Report 2011 Blue book standards

## A&E to orthopaedic ward in 4 hours



# National Report 2011 Blue book standards

CHART	Unknowns
Age	0%
Gender	0%
Admitted from	0.4%
Fracture type	0.6%
<b>Preoperative assessment</b>	<b>0.7%</b>
<b>Surgery within 48 hrs</b>	<b>0.9%</b>
<b>Bone health assessment</b>	<b>2.0%</b>
Walking ability	3.8%
<b>Falls assessment</b>	<b>4.7%</b>
Pressure ulcers	9.3%
ASA	12.7%
Ortho ward <4 hrs	13.8%

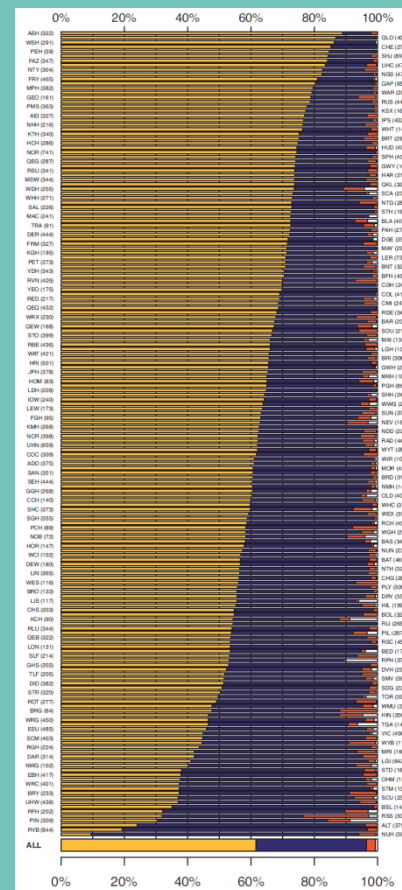
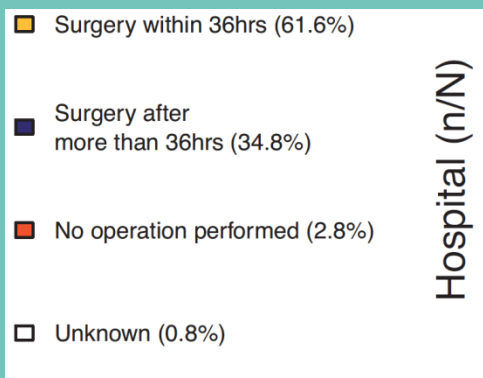




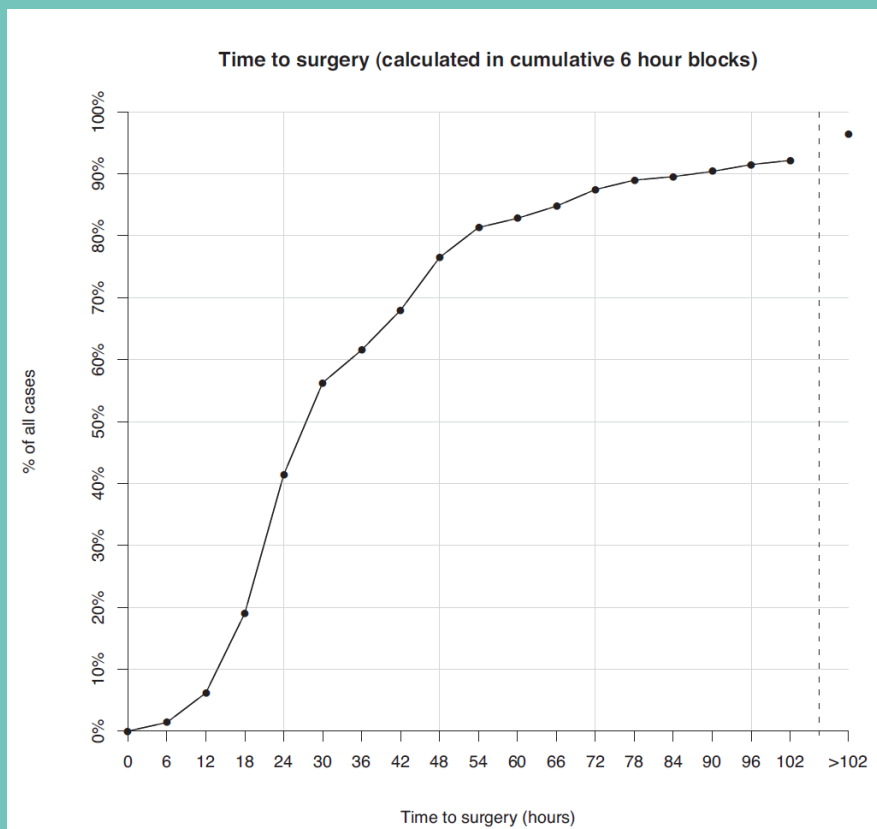
# National Report 2011

## Surgery within 36hrs

- Average 62%
- Range from 9 -88%



# National Report 2011



Time to surgery	Cumulative % of cases
< 6 hours	1.41
< 12 hours	6.17
< 18 hours	19.04
< 24 hours	41.43
< 30 hours	56.27
< 36 hours	61.55
< 42 hours	67.98
< 48 hours	76.49
< 54 hours	81.33
< 60 hours	82.82
< 66 hours	84.78
< 72 hours	87.46
< 84 hours	89.55
< 90 hours	90.39
< 96 hours	91.49
< 102 hours	92.17
< 102 hours	96.39

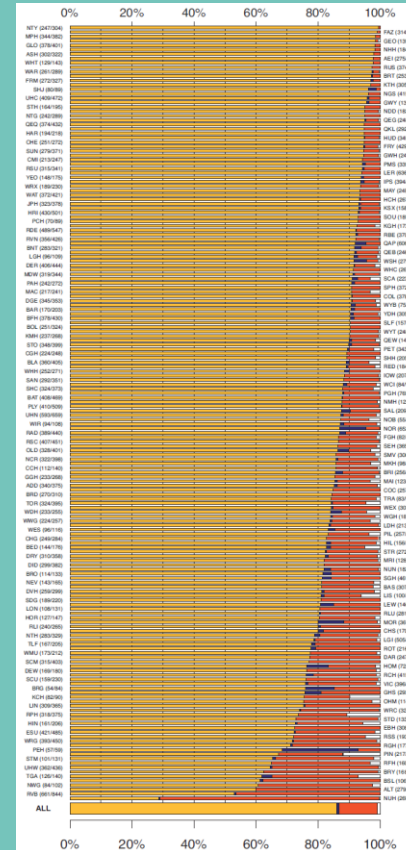


# National Report 2011 Blue book standards

## Surgery within 48 hours

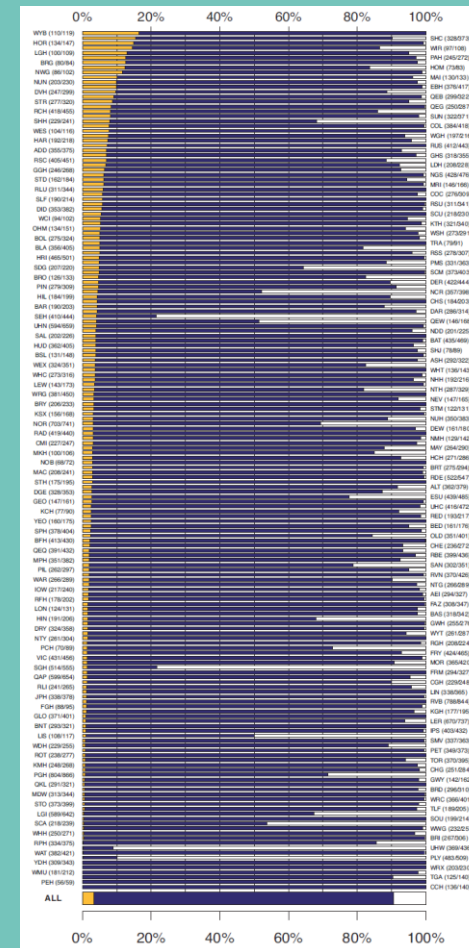
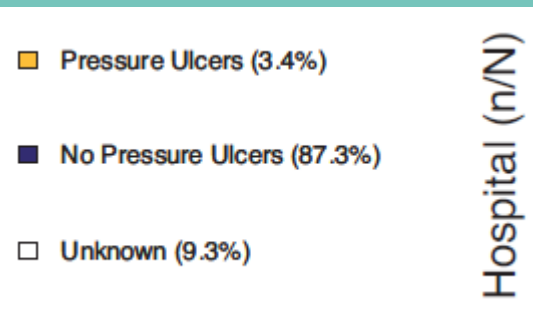
- Surgery in 48 hours & working hours (86%)
- Surgery in 48 hours but not within working hours (0.8%)
- Surgery not within 48 hours (12.3%)
- Unknown (0.9%)

Hospital (n/N)



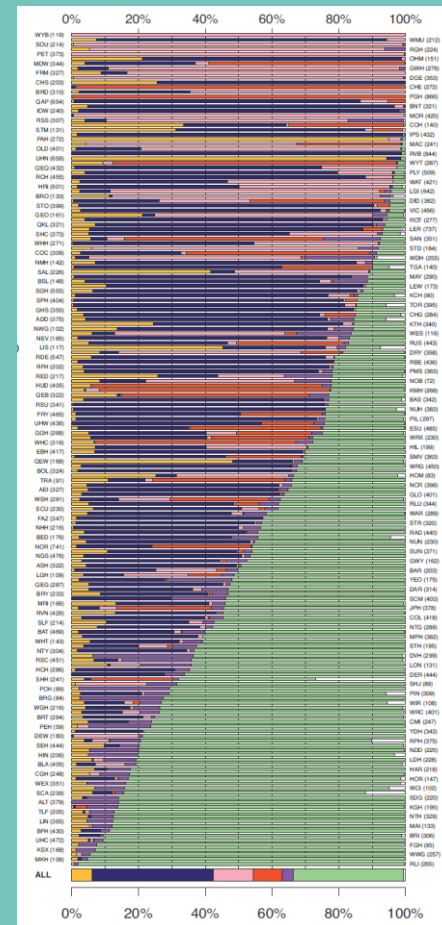
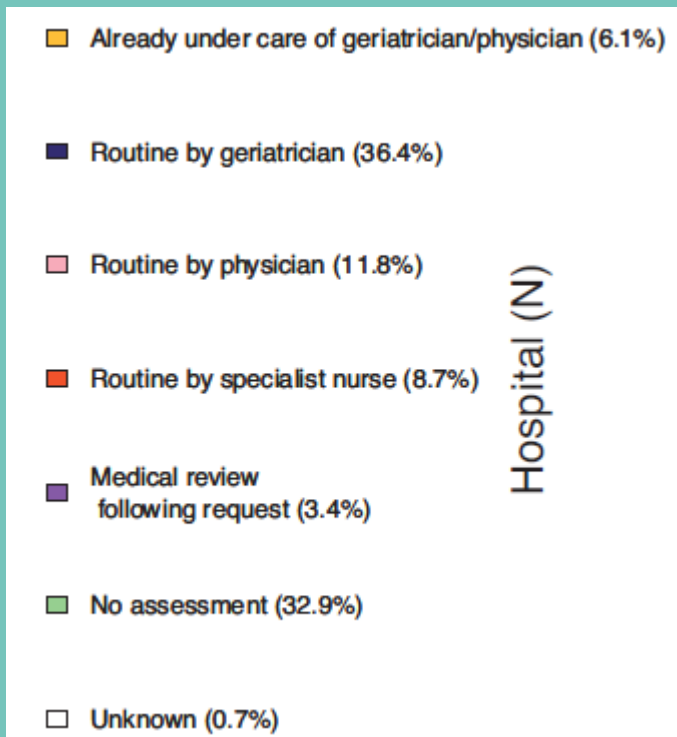
# National Report 2011 Blue book standards

## Development of pressure ulcers



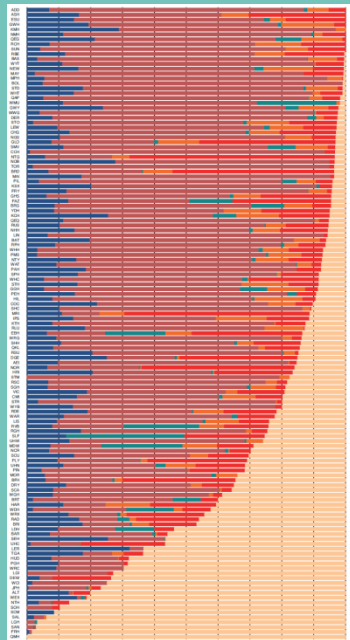
# National Report 2011 Blue book standards

## Preoperative medical assessments



# National Report 2011 Blue book standards

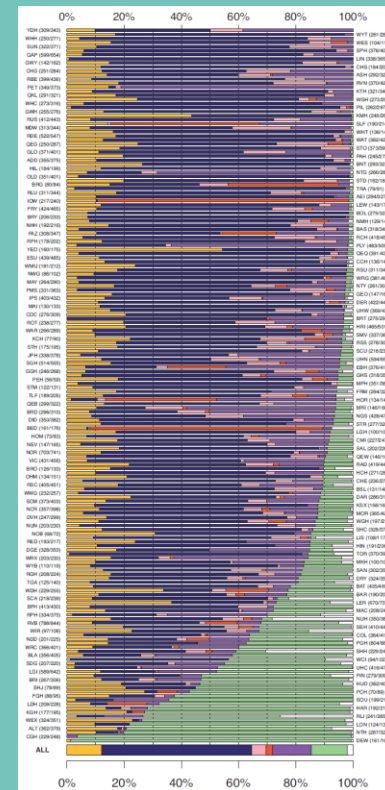
## Bone health assessment and treatment at discharge



2010

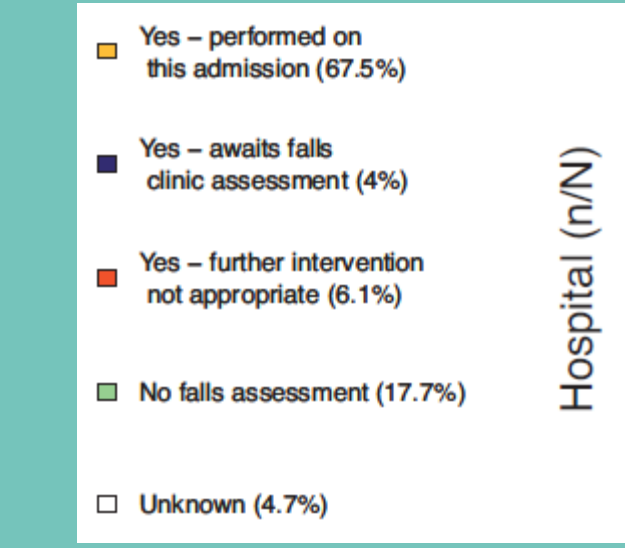
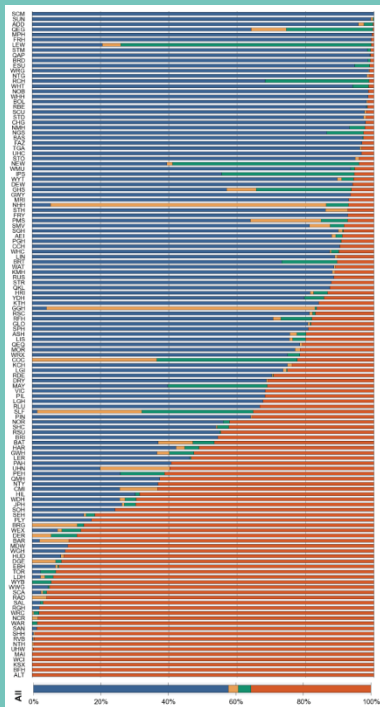
- Continued from pre-admission (12%)
- Started on this admission (52.5%)
- Awaits DXA Scan (5%)
- Awaits bone clinic assessment (2.4%)
- Assessed – no bone protection medication needed/appropriate (13.5%)
- No assessment (12.6%)
- Unknown (2%)

Hospital (n/N)

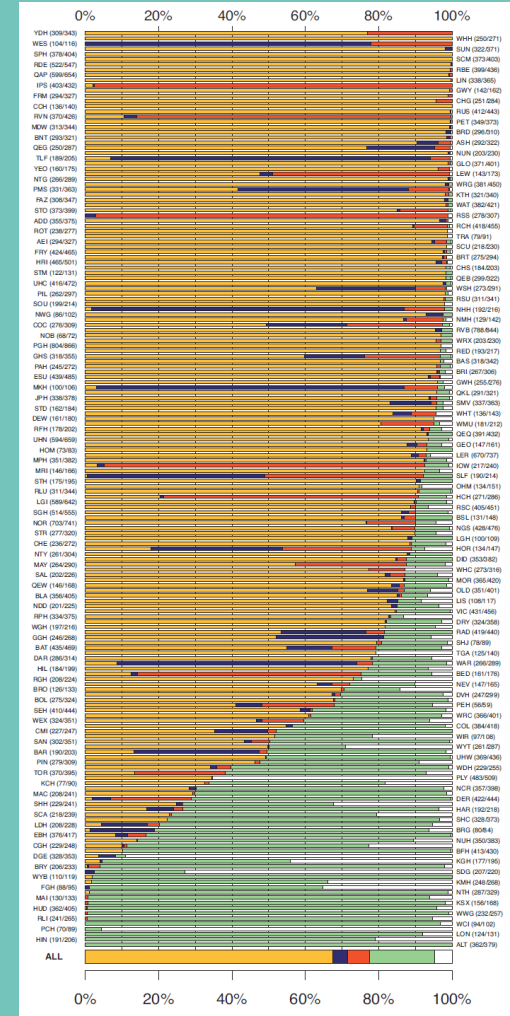


# National Report 2011 Blue book standards

## Specialist falls assessment



2010



# National Report 2011 Blue book standards

- All of the Blue Book standards have seen some improvement

Standard	2009	2010	2011
1. Admission to orthopaedic ward within 4 hours	N/A	55%	58%
2. Surgery within 48 hours	75%	80%	87%
3. Patients developing pressure ulcers	N/A	6%	3%
4. Pre-operation assessment by an ortho-geriatrician	24%	31%	37%
5. Discharged on bone protection medication	N/A	57%	66%
6. Receiving a falls assessment prior to discharge	44%	63%	81%

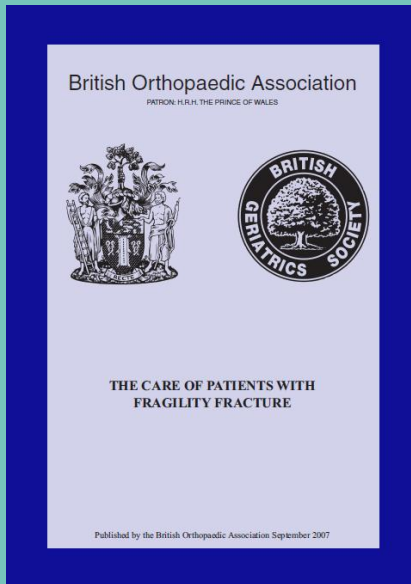




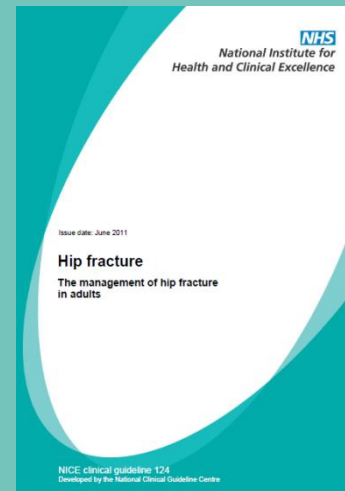
# Evidence based surgical practice

- 2007

Arthroplasties should usually be cemented



- 2011



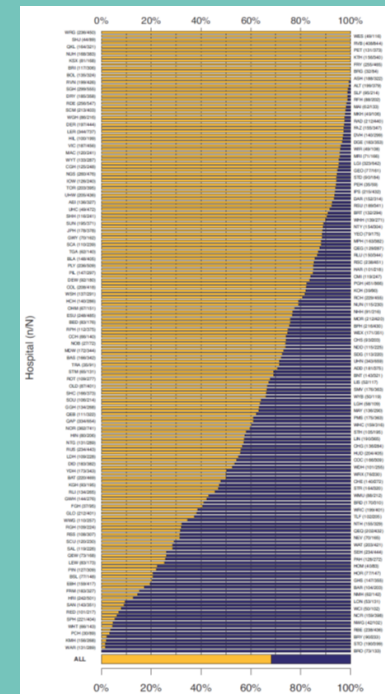
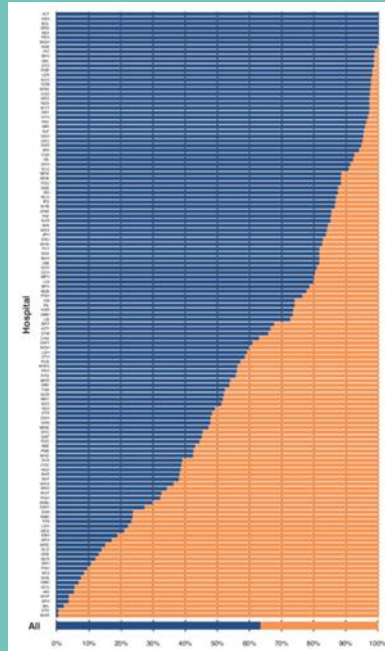
1.6.5 Use cemented implants in patients undergoing surgery with arthroplasty.



# Evidence based surgical practice

## Cementing of arthroplasties

- 2010
- 63% of arthroplasties cemented
- 2011
- 68% of arthroplasties cemented



# Evidence based surgical practice

## **Rapid Response Report NPSA/2009/RRR001: Mitigating surgical risk in patients undergoing hip arthroplasty for fractures of the proximal femur**

March 2009

The NPSA has identified a number of deaths and cases of serious harm relating to patients undergoing hip surgery where cement has been used. The vast majority of these relate to patients undergoing emergency hemiarthroplasty following hip fracture.



# National Report 2011

## Mortality

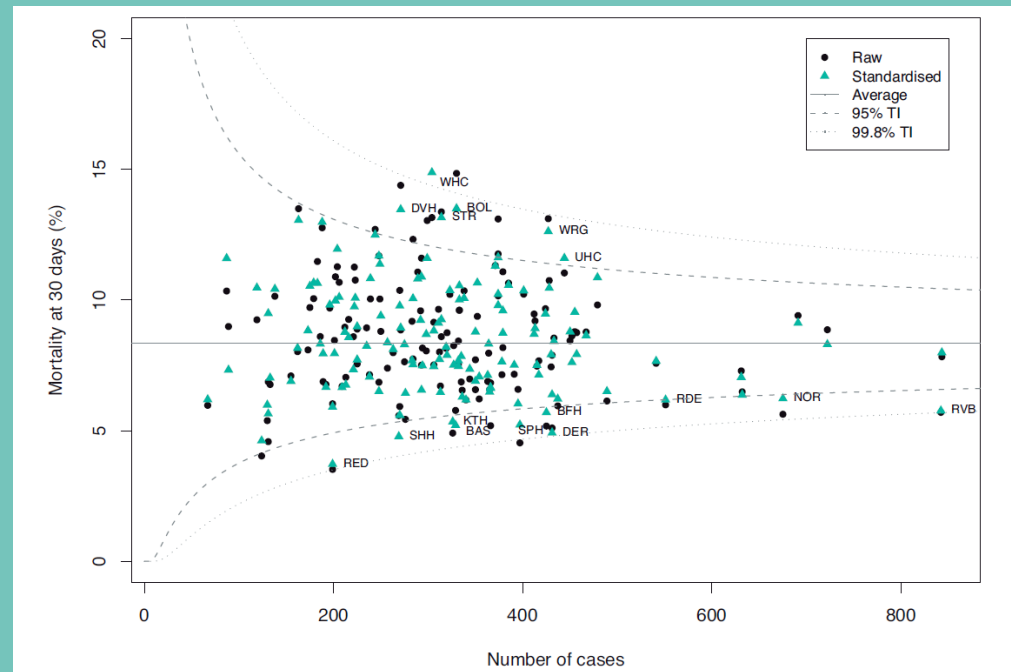
- 37 hospitals excluded
  - 2 low numbers
  - 5 poor linkage
  - 30 case ascertainment <80%



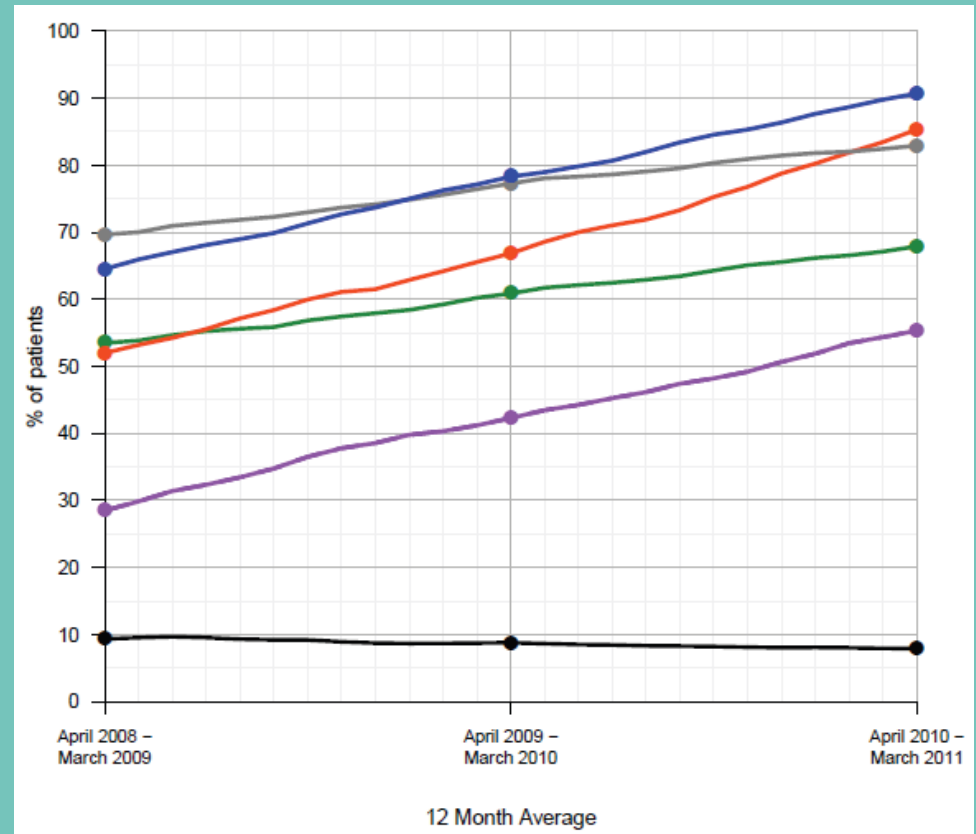
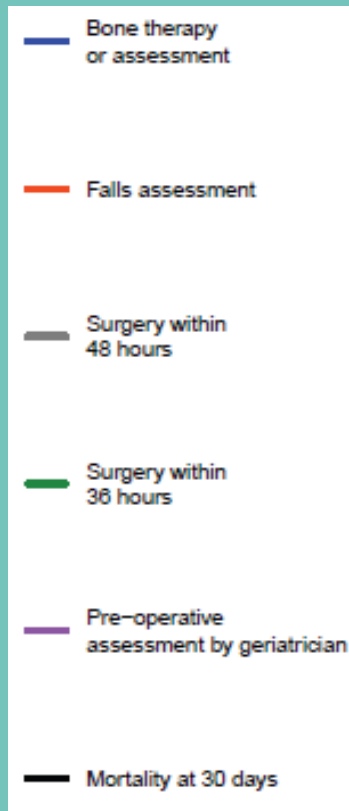
# National Report 2011

## Mortality

- 85% of cases
- 6 'outliers' with an excess mortality of between 2 and 8 deaths



# Hip fracture treatment: trends over time April 2008 – March 2011



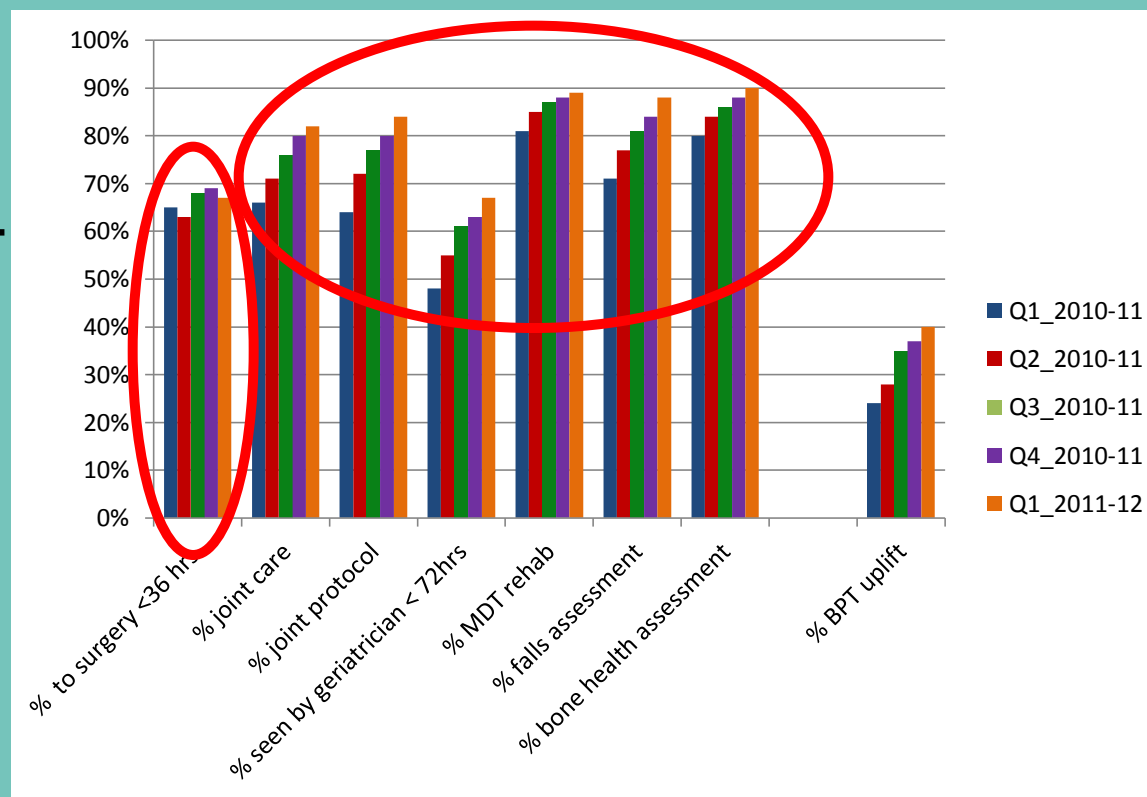
28 high ascertainment hospitals - 30,000 patients  
2008/09 -2010-11 99% confidence interval for change p- values <0.001



# Trend in BPT uptake Q1:2010 –Q1:2011

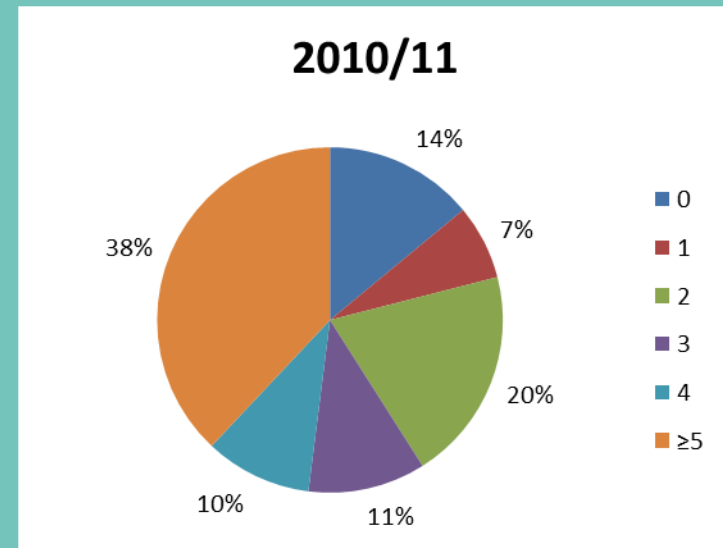
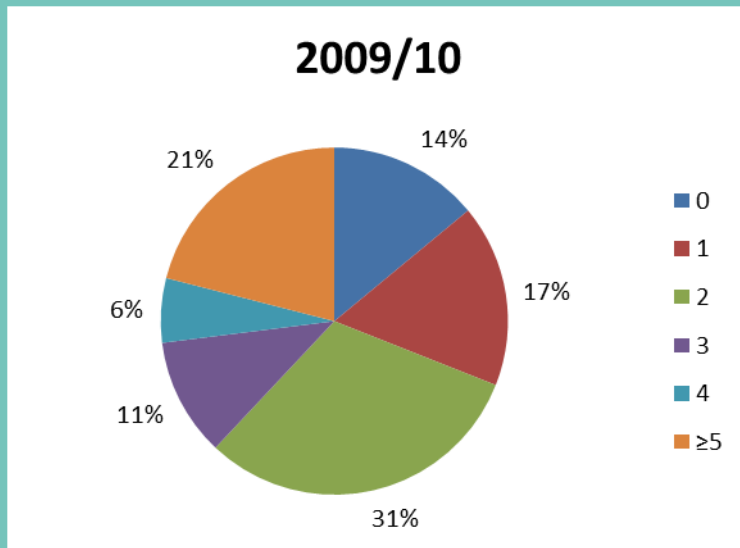
Percentage of NHFD patients from hospitals in England due BPT

- Q1 – 24%
- Q2 – 28%
- Q3 – 35%
- Q4 – 37%
- Q1 – 40%



# Increase in orthogeriatric provision

- In 2009/10, 62% of hospitals had 2 or less OG ward rounds a week
- In 2010/11, 59% of hospitals had 3 or more OG ward rounds a week





# What can we do better?

## The T-34 tank

“The best tank in the world” von Rundstedt

Its success was based  
on its simplicity  
and  
continuous evolutionary  
development



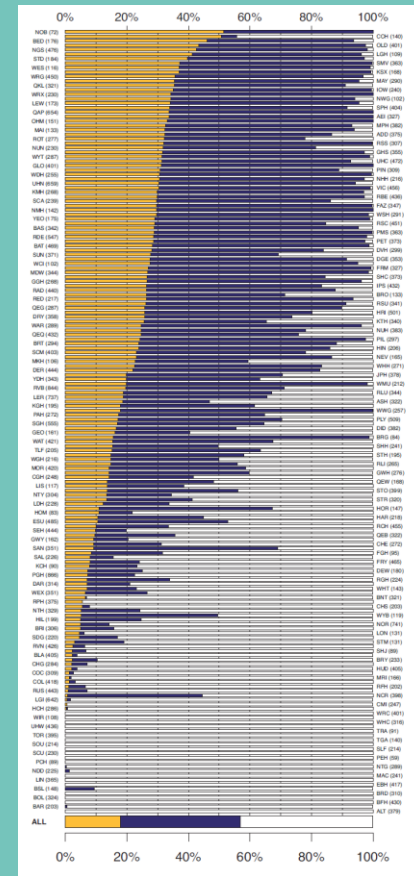
# What can we do better?

## AMTS Score

- 0-6 (17.8%)
- 7-10 (39.1%)
- Unknown (43.1%)

Hospital (N)

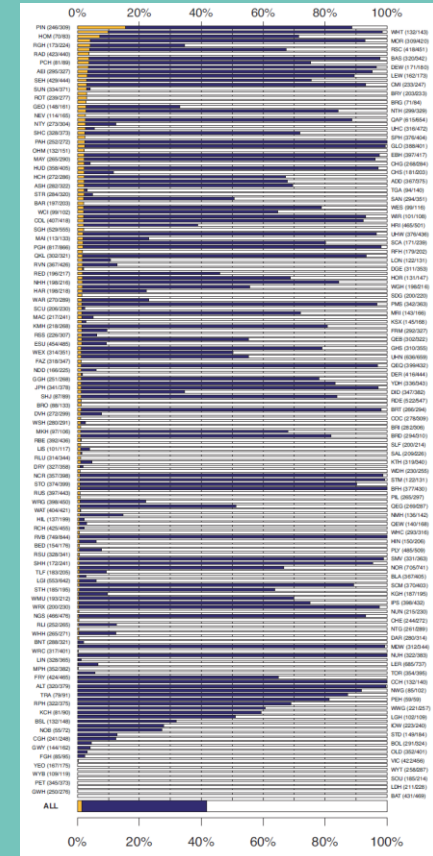
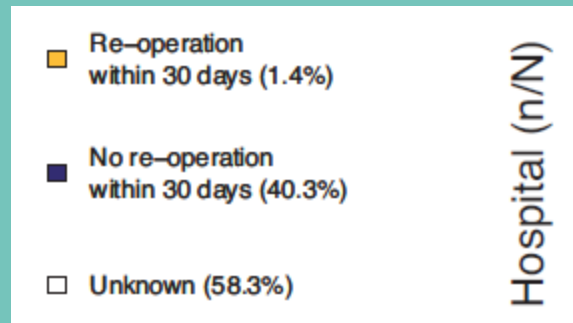
**National Audit of Dementia  
(Care in General Hospitals) 2010**



# What can we do better?

## Re-operation within 30 days

- Was the treatment given a success?
- A very significant indicator of quality
- Very poor data completion



# What can we do better?

- **Operations for undisplaced intracapsular fractures**



- **Operations for intertrochanteric fractures**



# Summary

- The National Hip Fracture Database has developed considerably over the past three years
- Future developments depend on improving case ascertainment and data quality
- There is no substitute for the champion who wants to make a difference

# THANK YOU

