The National Hip Fracture Database

NHFD Update
Rob Wakeman
Chester, 3 February 2010





NHFD Update - Why a National Hip Fracture Database?

• 1989 RCP report



'In each Health District someone should be made responsible for reviewing local services for hip fracture, for producing a strategy, and for monitoring standards of care and outcome. Each District should review case fatality rates and, although difficult to achieve, morbidity from hip fracture annually to assess quality of care.'





And then?

- 1995 Audit commission 'United they stand'
- 2005 Dr Foster 'The hospital guide'
- guides on management
- HES based reports on variation







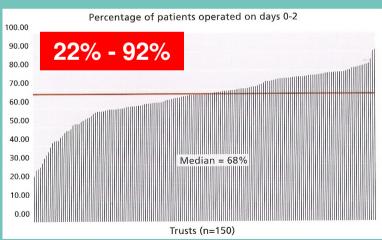


2006

 NHS Institute report: 'focus on fractured neck of femur'

'Good quality care costs less than sub-optimal care, as length of stay and complication rates are decreased'









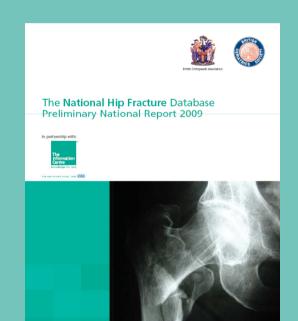
NHFD Update

• The purpose of the NHFD...

Set up in order to improve hip fracture care and secondary prevention

Report published in May 2009

- 12,983 cases
- 64 hospitals
- Oct 07 Sept 08
- The largest audit of hip fractures to date
 With many non HES based metrics





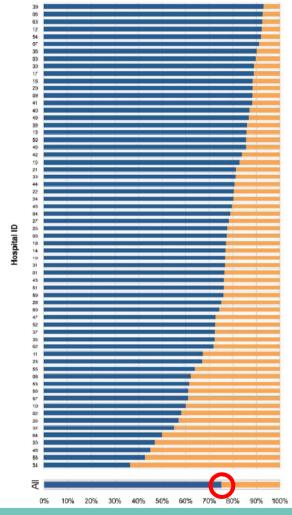


Main findings

- Surgery within 48 hours and during normal working hours
- 1995 Audit Commission: 18% waited >48 hrs for surgery.
- Using the same filter this audit shows: 31% waited >48 hrs (<10% - >60%)

In 'tertiary' units:39.9% waited >48hrs

GETTING WORSE







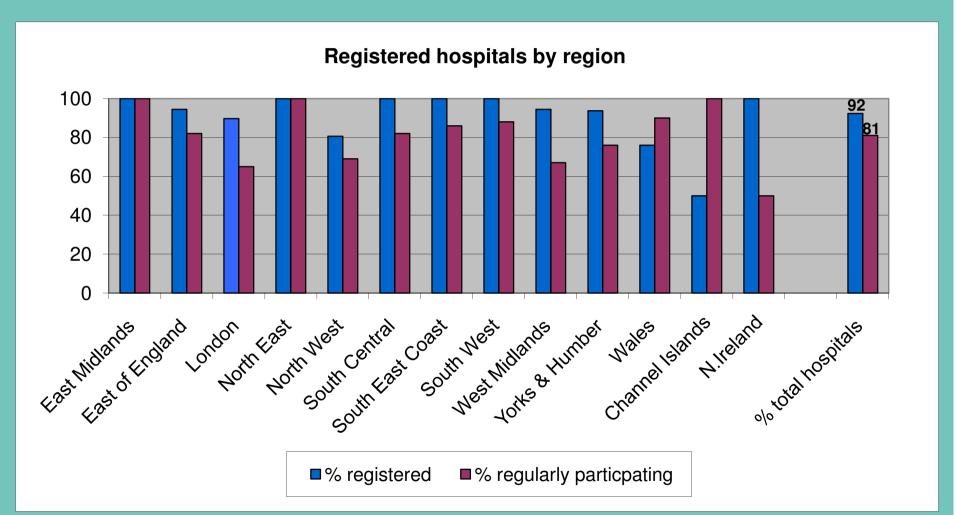
NHFD Update – improving coverage:

- 180/195 (92%) of eligible hospitals registered
- 146/180 (81%) submitted data in the last 3 months
- 75% of all eligible hospitals regularly entering data
- 58,275 records in total
- 9,000 additional records a quarter
- c. 50% of all eligible case





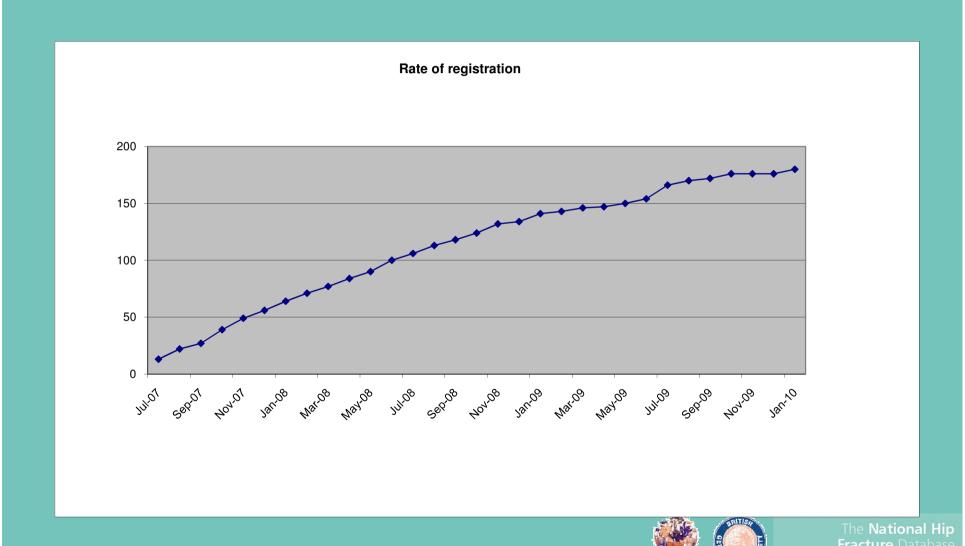
Registered & participating hospitals



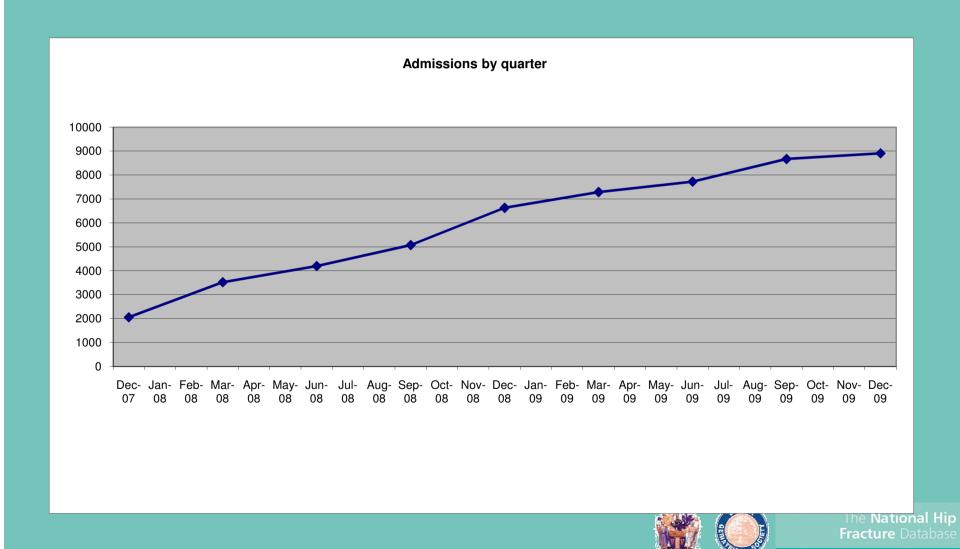




Rate of registration



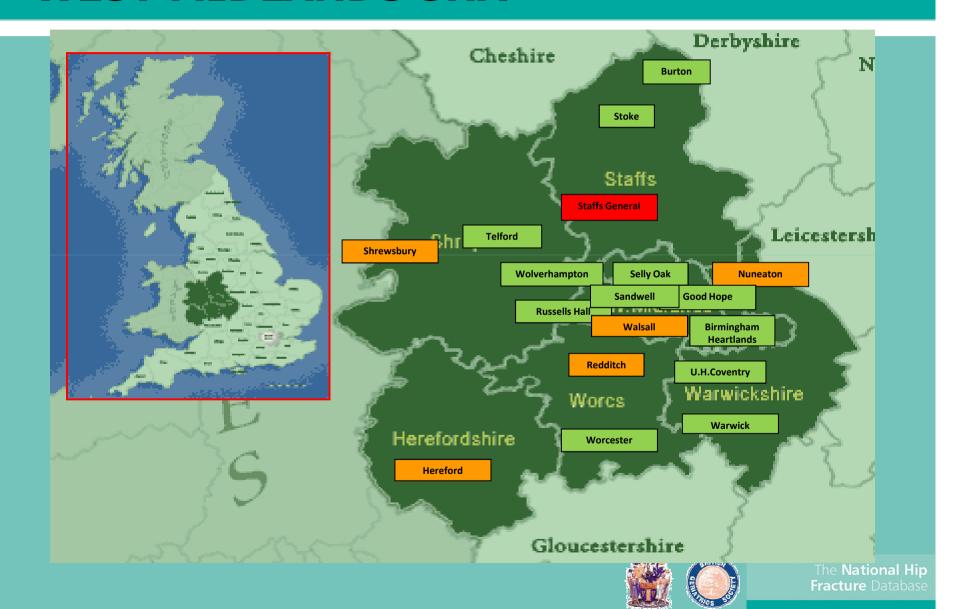
Admissions entered by quarter



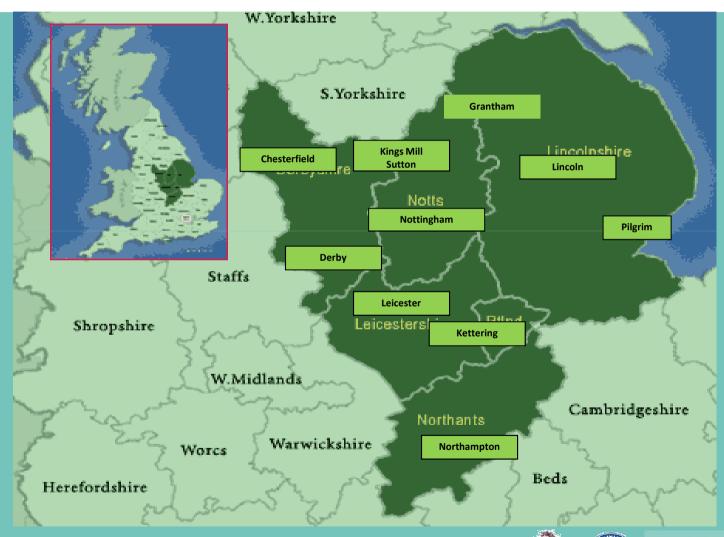
NORTH-WEST ENGLAND SHA



WEST MIDLANDS SHA



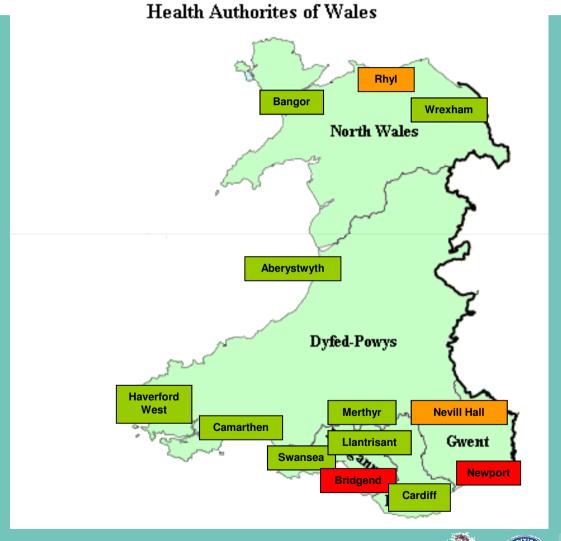
EAST MIDLANDS SHA







WALES







NHFD Update – improving data quality

- Improved dataset April 2009 (easier to do the right thing)
- Improved website data entry (harder to do the wrong thing)
- Educational tools / meetings (everyone doing the same thing)
- Central support for hospitals exhibiting 'odd behaviour'
- Multicenter audit requires conscientious data collection and input
 - Individual hospitals <u>MUST</u> be responsible for producing high quality data
 - Look at your own data
 - Are they as accurate as they could be?
 - Would you be happy to defend them in court?





NHFD Update - Developments

PbR BPT – no NHFD, no money!

Eire – developing international audit

HES linkage – developing 'superspells'

NHS Choices – informing a wider public





NHFD Update - Does audit work?

What has the NHFD ever done for Basildon?





 National improvement in OG indicators mirrored at a local level.

	National			Basildon		
	2007	2008	2009	2007	2008	2009
records	4129	16635	27111	324	341	376
to ward in <4hrs	75%	70%	63%	53%	50%	54%
to theatre in <24 hrs	30%	36%	37%	37%	33%	26%
to theatre in <48 hrs	61%	70%	71%	67%	71%	66%
pressure ulcers	2.80%	4.60%	3.90%	4.30%	6.50%	4.80%
routine preop geriatrician assess.	24%	34%	43%	53%	66%	83%
anti resorptive assessment	61%	90%	98%	65%	98%	99%
falls assessments	35%	46%	55%	43%	84%	96%





No change in time to theatre!

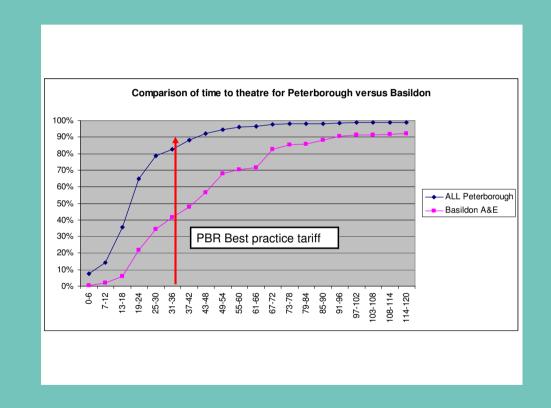
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So are we ready for PbR BPT?

Not really!

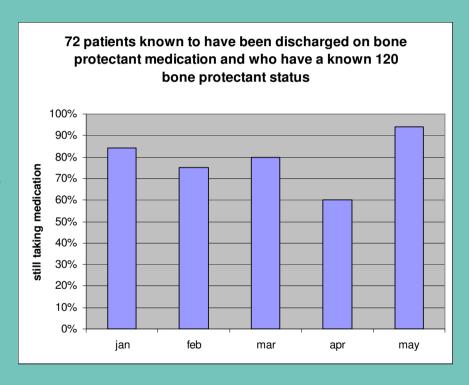






Using NHFD data -Antiresorptive treatment

- In the National Report we had 54% of patients continuing treatment at 4 months.
- In March / April we moved from a surgical discharge summary to a medical discharge summary.
- In October we audited our continuation figure, which was 81% for 2009 with 94% in May admissions.







- In hospital mortality dropped from 18% 8% after change in Orthogeriatric model!
- LOS fell from 21 days to 19 days over the same period







National Report 2010

- The next report
- 100 hospitals contributing more than 100 patients each
- Identifiable!
- Check your data!!!

