THE NATIONAL HIP FRACTURE DATABASE

Data Quality & NHFD Website

Regional Meeting
Chester 2010
Stewart Fleming





What is Problem Data?

Patients

- Born in 207 (over 1800 years old)
- having surgery before being admitted
- having a length of stay > 300 days

Centres

- 100% preoperative medical assessment
- unlikely proportion of surgical procedures





Report Problems

- Unfair comparisons
- Skewed charts
- Unrealistic percentages
- Unhelpful conclusions



What are the data challenges?

- Accuracy Has the data been entered accurately from the source?
- Completeness Is all the data in for all patients?
- Correctness Is the data entered actually correct?



Improving Accuracy

- Validation of date fields
- Sense checks on timelines
- Validation of NHS numbers
- Re-entry of data



Improving Correctness

- Derived validation checks
 - Unlikely Surgery / Fracture combinations
- Exception reports
 - Time to Ward > 500 hours
 - Time to Theatre > 450 hours
 - Time to Discharge > 200 days



Improving Completeness

- Draft mode for mandatory fields.
- Completeness report for all relevant fields.
- Validation of patient numbers via monthly report.
- Monthly report and SHA comparison to encourage full completeness
- Faster/Easier to use web site.





New Website Design & Features

- Better access to high-use functions
- Increased speed of regular views
- Up to date NHFD News
- Monthly National/SHA/Local report
- Access to E-learning module
- PBR reports to help with compliance





New Home Page

The NHFD

Home Data Reports Resources More



Welcome: News Archive

3 New Hospitals join NHFD

Welcome to the newest members of the NHFD family - Nevill Hall, Walsall Manor and Frimley Park.

19/01/2010

NHFD registration over 90%

91% of eligible hospitals in England, Wales, Channel Isles and Northern Ireland have now registered with NHFD.

16/01/2010

Welcome to the National Hip Fracture Database (NHFD).

The NHFD is a joint venture of the British Geriatrics Society and the British Orthopaedic Association, and is designed to facilitate improvements in the quality and cost effectiveness of hip fracture care.

It allows care to be audited against the six evidence-based standards set out in the BOA/BGS Blue Book on the care of patients with fragility fracture; and enables local health economies to benchmark their performance in hip fracture care against national

We hope participation will stimulate your organisation to improve both the acute hip fracture pathway of care and subsequent falls prevention and bone health management; with direct benefits to patient care and outcomes, and eventual reductions in fracture incidence too.



Finbarr Martin Consultant Geriatrician - Guys & St Thomas's NHS Trust Professor of Clinical Orthopaedics - UCL Co-chair NHFD Executive



Co-chair NHFD Executive

Patient Data



New Patient Live Data Upload Data Export Data

Reports



National Map **Participation BB2 Indicators** Exceptions

Resources



Welcome Pack Blue Book FAQs **Best Practice**

Downloads

More Information



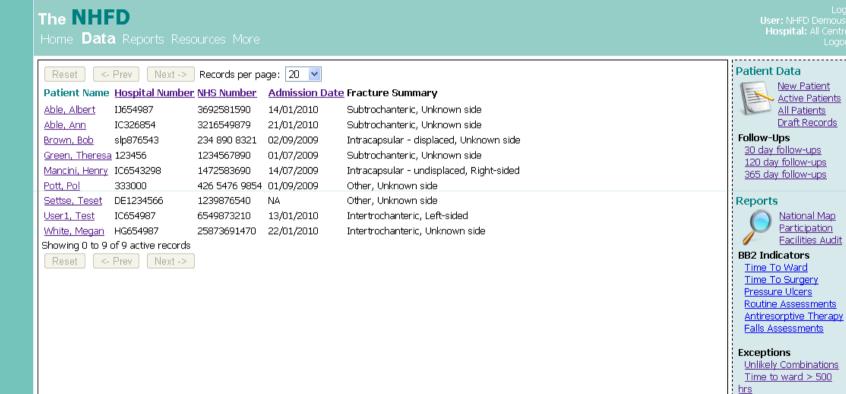
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New Active Patient view



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Time to surgery > 450

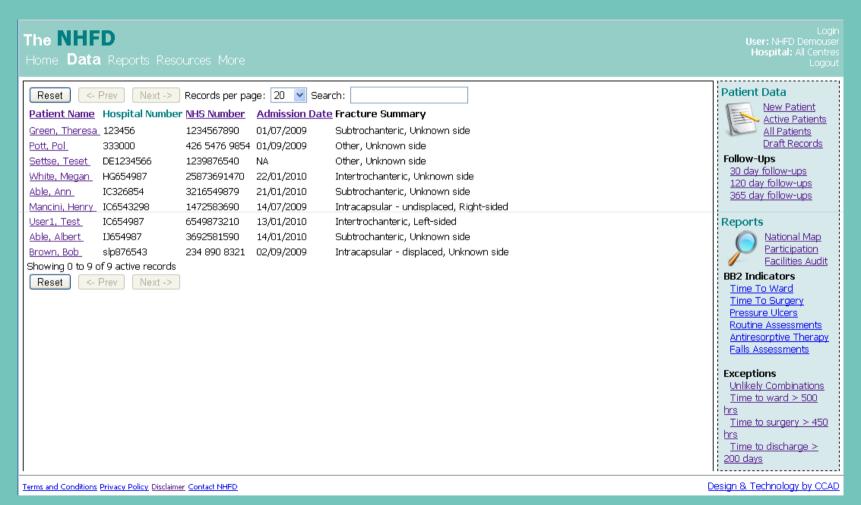
Time to discharge >

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hrs

200 days

Sort & Search







NHFD News

The NHFD

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NHFD registration over 90%

91% of eligible hospitals in England, Wales, Channel Isles and Northern Ireland have now registered with NHFD.

16/01/2010

Regional Meetings Spring 2010

NHFD Regional meetings are taking place in Chester and London early February.

15/01/2010

2000 Litaratura Panietry

91% Registered

There are now 91% of eligible hospitals in England, Wales, Channel Isles and Northern Ireland registered with the NHFD.

Well done everyone - the more complete data we have the more meaningful the database becomes.



With good quality data we can prove that we are giving good quality care and also highlight where we need to improve the care of hip fracture patients.

When we have 100% registration and 100% of all hip fracture records on the database we will be able to show a true picture of what is going on with our patients

Patient Data



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National Map Participation BB2 Indicators Exceptions

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Welcome Pack. Blue Book FAQs **Best Practice** Downloads

More Information



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Fracture Database

E-Learning Module

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Improving data quality

As an audit that covers almost. two hundred hospitals, NHFD relies on many people to enter data accurately. For some, the data may be collected from areas of clinical practice in which At the point of data entry they do not have training or expertise.

At other times it may be that ambiguity exists with terminoloay.

A 'fair' audit is one in which there is consistency in data entry. This is more important than 'being right' in the sense of entering data in a way that is locally considered to be more precise than that which is used nationally.

there is help in the form of 'hover buttons'

and an area of Frequently Asked Ouestions.

Database Records → FAQs → Best Practice →

These links look at a limited number of fields in greater depth, in order to help the 'non - expert' enter data confidently.

Further help can be obtained from the helpdesk: helpdesk@nhfd.co.uk

ELearning



Home

ASA Grade Bone Protection Medication Fracture Types Operation Performed

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User: NHFD Demouse **Hospital:** All Centre: Logoui

ASA Grade

ASA grading is best considered a measure of a person's overall health, rather than a fitness for anaesthesia.

Currently, the ASA grade is included in less than 50% of submitted records. There is no definitive guide to grading but for the purpose of NHFD data collection:

- 1. A grading recorded on the anaesthetic record of the initial hip fracture operation should be assumed to be correct. Sometimes the number is supplemented with an 'E' to indicate an emergency procedure.
- If there is no recorded grade, one can often be derived from the case notes.
 The grading refers to 'systemic disease', chiefly cardiovascular and respiratory disease, along with poor kidney and liver function.

It does not take into account neurological disease, musculoskeletal disease or obesity.

As grading does not take into account acute illness, a patient can be ASA grade1 and still be 'unfit', due to a chest infection.

3. Remember, an ASA grade is still a useful factor in assessing casemix, even if the patient does not have an operation.

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ASA Grade 1 ASA Grade 2 ASA Grade 3 ASA Grade 4 ASA Grade 5

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Displaced Intracapsular

Fractures that occur within the joint, with movement between the fragments are termed 'displaced intracapsular'.

These may be treated by internal fixation, but as this may result in complications needing further surgery, some form of arthroplasty is more common.



These account for 41% of the total number of hip fractures.

ELearning



Fracture Types

Undisplaced Intracapsular Displaced Intracapsular Intertrochanteric Subtrochanteric

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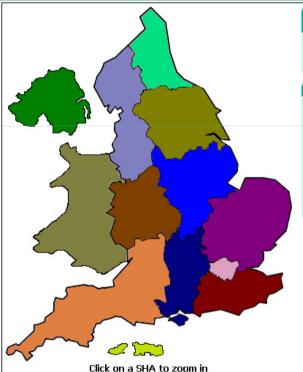




Monthly National/SHA/Local report

The NHFD

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National Summary Figures Report run date: 18/01/2010

Records created in the last 12 months 14291 Records created in the last month 143 Draft records for the last 12 months 2557

Bone Protection Medication

Specialist Falls Assessment

National Blue Book Indicators		
	National	
Time to Ward	8.01 hrs	
Time to Theatre	46.31 hrs	
Length of Stay	20.24 dys	
	National	
Pressure Ulcers	3.79 %	
Preoperative Assessment	52.45 %	

53.36 %

49.87 %

Figures Options

Bluebook Indicators Operations Performed

Patient Data



Follow-Ups

30 day follow-ups 120 day follow-ups 365 day follow-ups

Reports



National Map Participation Facilities Audit

BB2 Indicators

Time To Ward Time To Surgery Pressure Ulcers Routine Assessments Antiresorptive Therapy Falls Assessments

Exceptions

Unlikely Combinations Time to ward > 500 hrs Time to surgery > 450 hrs Time to discharge > 200

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Fracture Database

Monthly National/SHA/Local report

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Hospital Report - BAS. Basildon Hospital Report run date: 15/01/2010

Report Options Summary

BlueBook Indicators Exceptions Data Completeness Admitted From ASA Grades Age At Event Walking Ability Fracture Type Operation Performed

East of England National Figures

December 2010 Last 12 Months			
Local	SHA	National	
365	2767	30465	
15	472	5713	
1	333	4298	
20	245	2642	
2	0	0	
	365 15 1 20	Local SHA 365 2767 15 472 1 333 20 245	

Patient Data



New Patient Active Patients All Patients All draft records

Follow-Ups

30 day follow-ups 120 day follow-ups 365 day follow-ups

Reports



National Map <u>Participation</u> Facilities Audit

BB2 Indicators

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PBR reports

- Quarterly
 - Admitted using assessment tool under the joint care of a Consultant Geriatrician & a Consultant Orthopaedic Surgeon
 - Time to Theatre < 36 hours
 - Geriatrician assessment < 72 hours
 - Falls and bone health assessments

