**My hip fracture care**

**one approach to collecting 120 day**

**follow-up data for the NHFD**

NICE CG124 specifically recommended that Hip Fracture Programmes should have responsibility for the whole pathway of patients’ recovery.

No unit can be confident of its performance unless it follows up its patients after discharge. Patients place great emphasis on the importance of returning home and this is why the NHFD has developed “Return to original residence by 120 days” as a key performance indicator – KPI6.

Poor performance will be seen in acute units which transfer a significant proportion of patients to rehabilitation closer to home or in another trust, but which do not follow them up to see if they return to their original residence from there; or whether they are at home at the time of 120-day follow-up.

Such units can improve their understanding of their patients’ outcome by routinely enquiring about their progress after transfer to rehabilitation. These results can be recorded in the 120-day follow-up section on the database and later updated with the results of 120-day follow-up.

Many units have yet to establish 120-day follow-up and in this document we present a template that they might consider. The simple postal approach has been used in one unit and if sent with a covering letter from the hip fracture nurse who knew the patient on the ward it receives a reply from more than half of patients.

While this approach cannot replace the information collected by follow-up in clinic or by telephone, we suggest that local NHFD teams which have no such structure consider adapting this Word document to their own needs.

**Sheet 1**

Sent to all patients

**How are you doing?**

We would like to know how you are getting on after your fracture, to help us improve the care we offer to future patients

***1. Have you been back into hospital since then for any reason?***

No ☐ Yes ☐ (*if ‘Yes’ then please give details*)

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***2. How do you usually get around now?***

☐Freely mobile without any aids

☐Mobile outdoors with one aid (stick or crutch)

 ☐ Mobile outdoors with two aids or frame

 ☐ Some indoor mobility but don’t go out without help

 ☐ Unable to mobilise except with a wheelchair

***3. Where are you now living?***

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***4. Will this be your permanent address?***

Yes ☐ No ☐ (*if ‘No’ then please give details*)

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**5. Were you satisfied with the care you received in hospital?**

Yes ☐ No ☐ (*if ‘No’ then please give details*)

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***6. Is there anything you would like us to change?***

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Patient Name: Hospital No:

**Sheet 2**

Only sent to patients who were started

on oral bone protection medication

**Bone strengthening**

When you were with us after your recent fracture we recommended you to take Alendronate.

We give this weekly tablet first thing after getting up on a Sunday morning, washed down with a glass of tap water, but with no other food or drink or medication for at least half an hour afterwards

We enclose an information sheet explaining about this treatment

As part of routine follow-up we would just like to check:

***1. Are you still taking this weekly tablet, which we would recommend continues for the next five years?***

 Yes ☐ No ☐

***2. Have you had any problems in taking this treatment?***

No ☐ Yes ☐ (*if ‘Yes’ then please give details*)

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**We also recommended that you take supplements of vitamin D (colecalciferol), sometimes in a tablet combined with calcium?**

***3. Are you still taking these?***

 Yes ☐ No ☐

***4. Have you had any problems obtaining a repeat prescription for either of these treatments?***

No ☐ Yes ☐ (*if ‘Yes’ then please give details*)

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***5. If you’ve had to stop taking these treatments, or are concerned about possible side-effects, would you like to be seen in our bone clinic to discuss other osteoporosis treatment options?***

 No ☐ Yes ☐

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Patient Name: Hospital No: