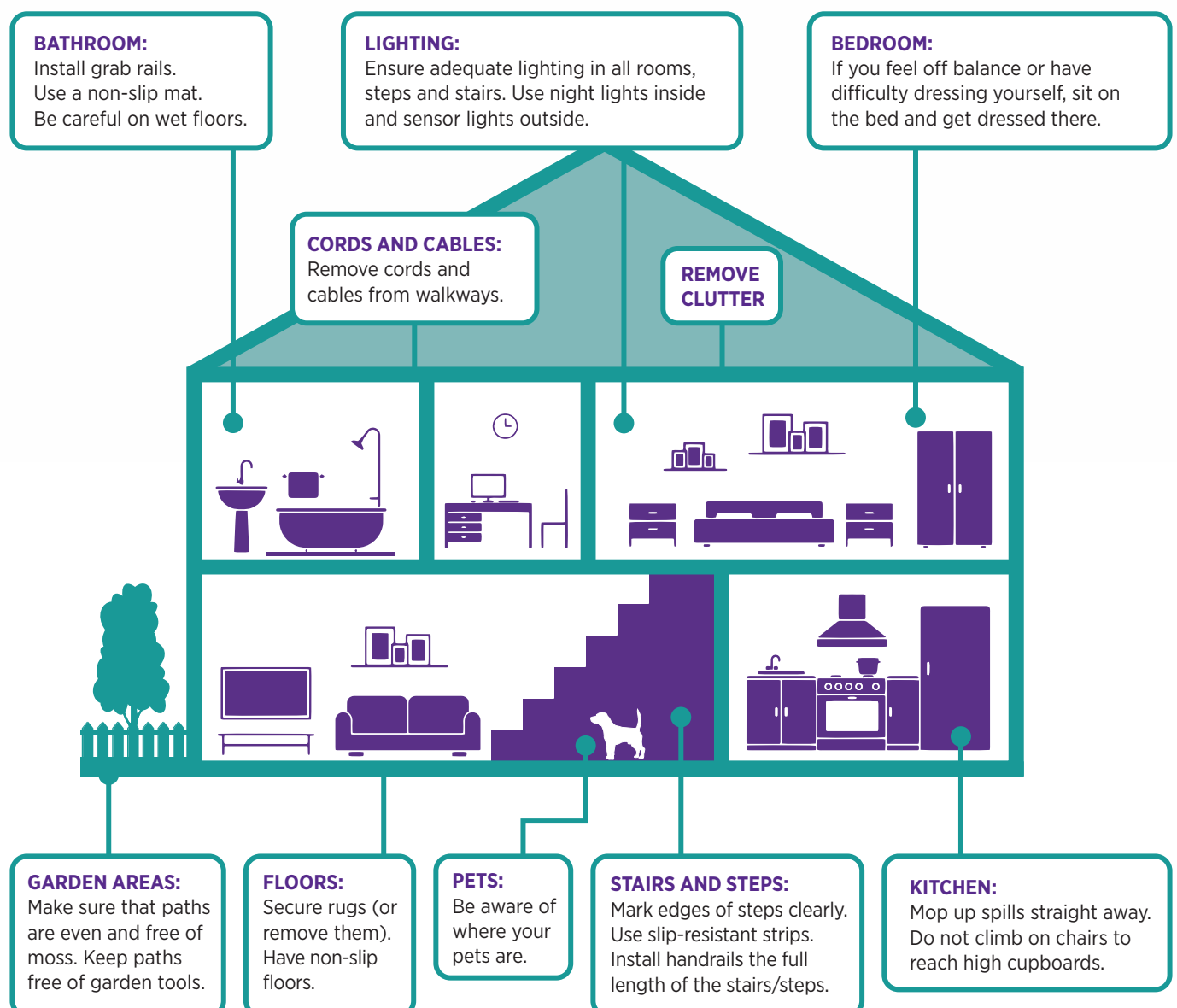


IRISH HIP FRACTURE DATABASE SUMMARY REPORT 2019

The Irish Hip Fracture Database (IHFD) was set up to measure the care for all patients over the age of 60 who suffer a hip fracture. There are 16 hospitals who operate on hip fracture patients.

WHAT IS A HIP FRACTURE AND HOW CAN IT HAPPEN?

A hip fracture is any break in the upper portion of the thigh bone (femur) where the bone meets the pelvis. Falls are the main cause of hip fractures. As we age, our bones can become weaker (osteoporosis) and therefore a fall can result in the bone breaking easily. The majority of hip fractures were caused by falls at home. Attention to the following details can help people stay safe and active at home.



The Irish Hip Fracture Database National Report 2019 shows that:

3,701

**PATIENTS
RECORDED
IN 2019**



**16
OPERATING
HOSPITALS**



72,314

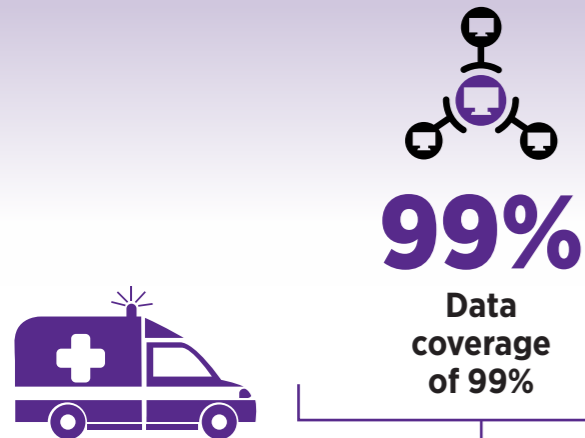
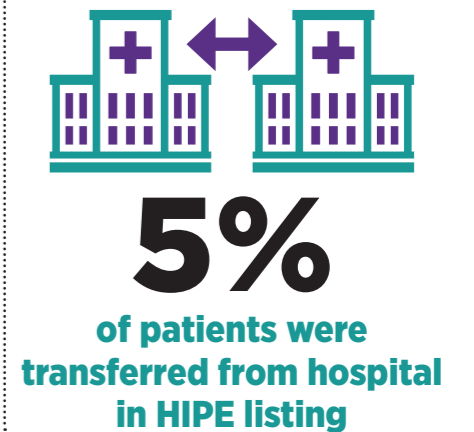
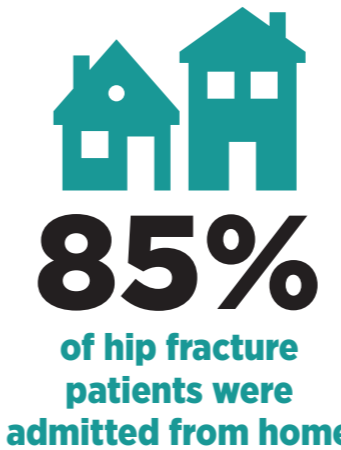
**ACUTE BEDS
FOR HIP
FRACTURE
PATIENTS**



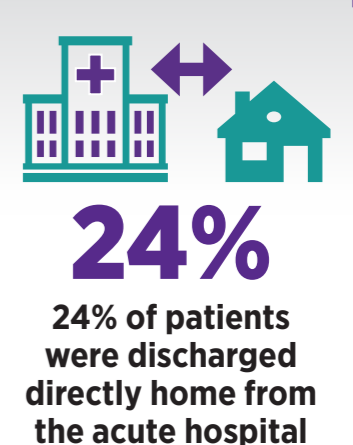
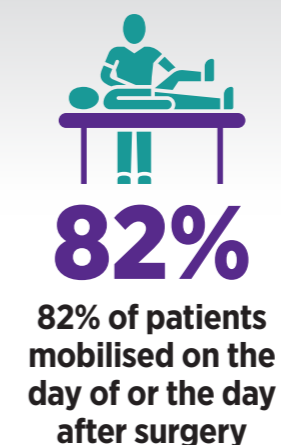
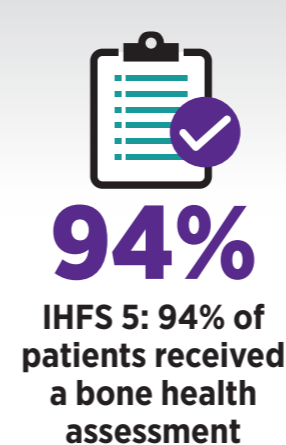
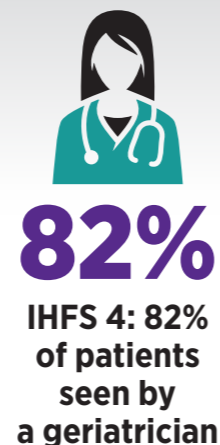
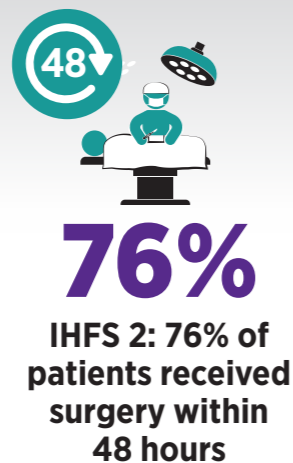
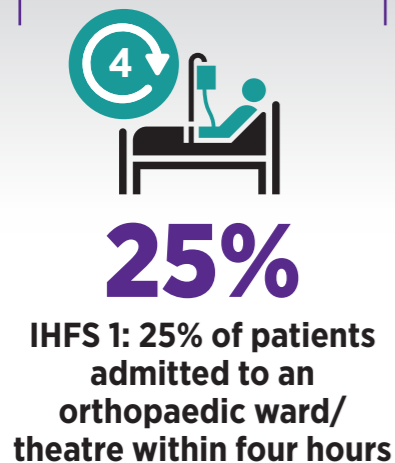
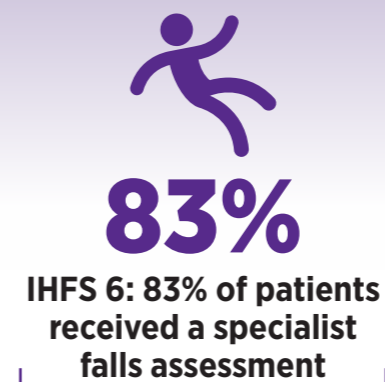
**THE AVERAGE
AGE OF A
PERSON
WHO BREAKS
THEIR HIP IS**
81















**25%
OF PATIENTS HAVE
COGNITIVE IMPAIRMENT**



**Pressure
Ulcers
to Zero**
3%
IHFS 3: 3% of patients developed a pressure ulcer after admission



2019 KEY RECOMMENDATIONS

1.	Introduce a new IHFS for early mobilisation – measuring how many patients were mobilised by a physiotherapist on the day after their surgery.		7.	Increase engagement with PPI representatives to: <ul style="list-style-type: none"> raise awareness of topics such as falls prevention and frailty create resources for patients create opportunities for engagement around patient issues 	
2.	Develop workshops to create a learning culture for quality improvement using the audit data.		8.	The Health Service Executive (HSE), National Office for Trauma Services in collaboration with the Clinical Programme for Trauma and Orthopaedic Surgery, will: <ul style="list-style-type: none"> continue to implement a national hip fracture bypass for all hospitals improve patient care pathways for hip fracture 	
3.	Support hospitals to collect high levels of data until at least 2022, as they recover from COVID-19.		9.	Hospital Hip Fracture Governance Committees should continue to meet regularly and use the audit data to measure and improve their service	
4.	Implement processes for the collection of data of the patient's recovery after they leave hospital.		10.	Focus on increasing compliance with the IHFS to attain the BPT.	
5.	Develop a research group for the IHFD, including Public and Patient Interest (PPI) representatives.		11.	Develop and resource a multidisciplinary orthogeriatric service	
6.	Conduct an organisational audit to look at resources, governance and quality improvement at hospital level in 2020.		12.	Prioritise the discharge of patients directly home from hospital where possible.	

“I have learned that a hip fracture patient's episode of care does not necessarily start from the time a hospital number is attached to it, and it most certainly does not end once the patient is discharged from hospital. Issues such as falls prevention, protocols for check-up after a fall, understanding the importance of attending the right hospital in time, the benefits of early mobilisation, and how the care systems should work together to support each patient's recovery and discharge to the patient's preferred location are all important and should be part of the discourse in providing care to hip fracture patients.”

Bibiana Savin - Sage Advocacy, IHFD Patient and Public Interest (PPI) Representative

NOCA National Office of
Clinical Audit

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