

# IRISH HIP FRACTURE DATABASE SUMMARY REPORT 2020

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. The Irish Hip Fracture Standards (IHFS) measure the key clinical steps in the care of hip fracture patients.

## WHAT IS A HIP FRACTURE AND HOW CAN IT BE PREVENTED?

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. Across are some helpful tips to keep active at home.

### SAFETY IS IMPORTANT

<https://bit.ly/38Klycu>

## BE ACTIVE AT HOME

### STEP 1

Break up periods of sitting by standing up from your chair at least once an hour. Regular movement helps to keep your mind and body feeling well



### STEP 2

Include stretches in your daily routine to help improve posture and mobility



### STEP 3

Keep your bones and muscles strong with activities that require a bit of effort such as pushing, pulling, lifting or lowering activities. Climbing the stairs and doing housework also help keep you strong

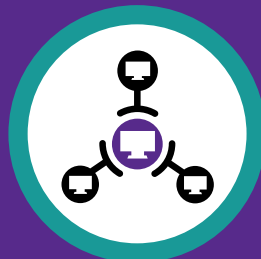


# KEY HIGHLIGHTS 2020

**16**  
participating  
hospitals



**99%**  
3666 patients  
recorded in 2020  
- 99% coverage



**67%**  
FEMALE  
**33%**  
MALE



**81**  
The average  
age of a person  
who breaks  
their hip is 81



**69%**  
69% of patients  
received a  
pre-operative  
nerve block  
for pain



**33%**  
IHFS 1: 33% of  
patients were  
admitted to an  
orthopaedic ward  
or went to theatre  
within four hours



**94%**  
94% of patients  
were brought  
direct to  
operating  
hospital



**85%**  
85% of patients  
admitted  
from home



**75%**  
IHFS 2: 75%  
of patients  
received surgery  
within 48 hours



**3%**  
IHFS 3: 3% of  
patients developed  
a pressure ulcer  
after admission



**56%**  
56% of patients received  
a nutritional risk  
assessment to identify  
risk of malnutrition.  
Malnutrition happens  
when your diet does  
not contain the right  
amount of nutrients



**82%**  
IHFS 4: 82% of  
patients were seen  
by a geriatrician



**28%**  
28% of patients  
were discharged  
directly home



**11**  
Median\* length  
of stay: 11 days



**78%**  
IHFD 7: 78% of  
patients were  
mobilised by a  
physiotherapist on  
the day of or day  
after surgery



**85%**  
IHFS 6: 85% of  
patients received  
a specialist falls  
assessment



**91%**  
IHFS 5: 91% of  
patients received  
a bone health  
assessment



\* The **median** is the middle number in list of numbers

# 2020 KEY RECOMMENDATIONS

## RECOMMENDATIONS FOR THE NATIONAL OFFICE OF CLINICAL AUDIT

- Implement the introduction of IHFS 7 for early mobilisation by a physiotherapist to the Best Practice Tariff (BPT) for 2021.
- Continue to progress virtual working to fully support hospitals to participate in the audit and facilitate virtual workshops.
- Progress the development of longer term outcomes measures for hip fracture through research.



## RECOMMENDATIONS FOR THE HEALTH SERVICE EXECUTIVE

The National Office for Trauma Services, HSE, in collaboration with the Clinical Programme for Trauma and Orthopaedic Surgery, will:

- Promote and develop, in conjunction with the IHFD, bundles of care
- Advocate that no patient should be fasted repeatedly
- Promote malnutrition and delirium screening for all patients
- Promote community pathways to enable early supported discharges.



## RECOMMENDATIONS FOR HOSPITAL MANAGERS, CLINICIANS AND AUDIT COORDINATORS

- Hospital Hip Fracture Governance Committees should continue to meet regularly to review the data and engage in quality improvement using the data.
- Focus on increasing compliance with the IHFS to attain the BPT, which includes a new IHFS for early mobilization from 1st January 2021.
- Evaluate local processes/ protocols for pre-operative fasting, delirium screening and malnutrition screening.



## A MESSAGE FROM OUR PATIENT AND PUBLIC INTEREST REPRESENTATIVES

Facing ongoing public health concerns during the COVID-19 pandemic made 2020 a year like no other. COVID-19 didn't appear to have had a hugely detrimental effect on the standards of care in the acute hospitals. However, more hip fracture patients were admitted from the long-term care sector and the percentage of new admissions to nursing home stayed the same. For patients, the transfer between the hospital and nursing home, along with their experience as in-patients and post discharge, most certainly posed additional challenges during the pandemic: new visiting restrictions, lack of direct interaction with friends and relatives, lack of accompaniment during transfer, limited supports to facilitate rehabilitation, strange interaction with others through personal protective equipment, adjusting to new protocols and unprecedented generalised isolation.

Although, more patients returned back home rather than being transferred into a long-term care setting, they all had to face further challenges post discharge from hospital following the hip surgery. The imposed isolation, lack of supports and fear of getting sick or die, on the general backdrop of public health restrictions and advice to remain at home, have been part of the public discourse since March 2020. The wider impact of the pandemic on the patients and the general public is yet to be determined. Nevertheless, the professionalism and dedication of the personnel in the acute hospitals across Ireland committed to provide a high standard of care to patients was evident even during the very challenging circumstances of a pandemic.

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