
CONFERENCE ABSTRACT

Improving integration and care through clinical audit: The Irish Hip Fracture Database

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Background: Hip fractures are an increasing socio-economic burden. They are the leading cause for surgery in hospitalised older adults (typically aged 80 and older) and cause high levels of disability and mortality. The Irish Hip Fracture Database (IHFD) collects data in all 16 trauma units in Ireland to measure the care we deliver to hip fracture patients against defined care standards. There is good evidence to show that the combination of care standards, clinical audit and feedback can significantly improve the outcomes of hip fracture patients. Each year our national report informs policymakers, hospital management and a wide range of healthcare professionals about how well hip fracture care is delivered in Irish hospitals. It also, importantly, informs patients about what standard of care to expect when they are hospitalised with a broken hip.

To date three national reports have been published by the IHFD including data on a total of 7,576 hip fracture patients. In 2015 the IHFD captured clinical audit data for 81% (2962) of all hip fracture cases nationally. With an ageing population the IHFD is the catalyst towards addressing what is a significantly growing healthcare and societal challenge. Using this data at a local level each hospital can improve the quality of care they deliver by improving the integration between specialities such as orthopaedics, geriatrics, emergency medicine, anaesthesia, nursing and allied health professionals. Nationally this data enables strategic planning for the future development of care for older people in Ireland. The mission statement of the IHFD is to optimise the surgical, medical, nursing, rehabilitation and secondary prevention care for all hip fracture patients.

Results: In the 2015 IHFD Report we show that 70% of hip fracture patients are female and over 55% of patients are 80 years and older, 83% are admitted from home and 48% can mobilise unaided pre-fracture, 57% have significant co-morbidities. The dominant fracture types are intracapsular displaced and intertrochanteric. Only 10% of patients are being admitted to a specialist orthopaedic ward within 4 hours however 9% of patients went directly from the emergency department to theatre, 74% patients are receiving surgery within 48 hours, 15% patients were seen pre-operatively by a geriatrician, 73% being mobilised the day of or after surgery, 4% developed a pressure ulcer, and less than half of patient's are receiving

secondary prevention for osteoporosis and falls. Patients who do not present directly to the ED in the operating hospital spend an average of two days longer in hospitals than those patients who present directly. We are recommending that all suspected hip fracture patients should be brought directly to the trauma operating hospital. The mean length of stay is 20 days in the acute hospital and only 30% patients are discharged directly home.

With the support and endorsement of the National Office of Clinical audit (NOCA) the IHFD enables integrated and quality improvement in care and outcomes for hip fracture patients.

Keywords: hip fracture; older person; surgery; outcomes; audit
