

### National Hip Fracture Database lay info RE public data:

Hip fracture is the most common serious injury in older people. It is also the most common reason for older people to need emergency anaesthesia and surgery, and the commonest cause of death following an accident. The National Hip Fracture Database (NHFD) is a clinically led web-based audit of hip fracture care and secondary prevention in England, Wales and Northern Ireland. It collects data on all patients admitted to hospital with hip and femur fractures and improves their care through auditing which is fed back to hospitals through targeted reports. Launched in 2007, the NHFD improves quality of care for hip and femoral fracture, particularly collaborative care. Now patients are far more likely to have both medical and surgical needs addressed early and effectively. As a result, patients proceed promptly to surgery; and the early identification and treatment of medical problems allows earlier rehabilitation, which promotes independence and an earlier return home. The publication of the NHFD annual report is now moving into its seventeenth year of documenting casemix, care and outcomes of over 65,000 cases from all eligible acute hospitals each year. With over a million records, it is the most extensive hip fracture audit in the world.

The information collected in the NHFD is primarily based on National Institute for Health and Care Excellence (NICE) recommendations. The audit also collects data on Best Practice Tariff, applicable in England only, which contains multiple metrics and whether sites have performed to a set standard on these.

In most years, the audit also reviewed hospitals' policies, procedures and staffing. You will find information such as whether the organisation has regular MDT meetings which discuss NHFD data and whether the hospital has a dedicated hip fracture ward. The patient and organisational information collected is publicly available [here](#). FFFAP and NHFD encourage the use of the publicly available data for research and also NHS service improvement work. If you have any questions, or want more information, please contact [NHFD@rcp.ac.uk](mailto:NHFD@rcp.ac.uk)

## **Data available for the NHFD at data.gov**

- Facilities audit data (the data available depends on the metrics collected which are usually different each year)
- List of participating hospitals for that year, their database codes, geographical regions, ICB codes and ICB names
- Data analysed for that calendar year, for the annual report.

Metrics include:

Site code

Site name

Nation

Number of cases

Surgery on day of, or day after, admission

Surgery supervised by consultant surgeon and anaesthetist

General anaesthetic

General anaesthetic and nerve block (of all GA)

Spinal anaesthetic

Spinal anaesthetic and nerve block

Proportion of arthroplasties which are cemented

Eligible displaced intracapsular fractures treated with THR

Intertrochanteric fractures (excl. reverse oblique) treated with SHS

Subtrochanteric fractures treated with an IM nail

NICE compliant surgery

Admitted to orthopaedic ward within 4 hours

Mental test score recorded on admission

Perioperative medical assessment

Physiotherapy assessment by the day after surgery

Mobilised out of bed by the day after surgery

Nutritional risk assessment

Delirium assessment

Not delirious when tested post-op.

Received falls assessment

Received bone health assessment

Met best practice criteria

Case ascertainment

Acute length of stay (days)

Overall hospital length of stay (days)

Documented final discharge destination

Discharge to original residence within 120 days

Hip fractures which were sustained as an inpatient

Documented not to have developed a pressure ulcer

Documented not to have had a reoperation within 120 days

120 day follow up

Crude 30 day mortality rate

Case-mix adjusted 30 day mortality rate