

National Hip Fracture Database - Dataset specification v13.0 (2020)

(Applicable to patients admitted with any form of hip/femoral fracture admitted from 1 Jan 2020)

		Patient ID / Hospital number	
1. Patient information			
First name	Surname	NHS / CHI number	K B M
Date of birth	Sex	Patient's post code	M
__ / __ / ____	<input type="checkbox"/> Male <input type="checkbox"/> Female		

2. Admission

	Residence before this hospital admission	M
	<input type="checkbox"/> Own home/sheltered housing <input type="checkbox"/> Residential care <input type="checkbox"/> Nursing care	
Presentation with a hip/femoral fracture via A&E	M	Is this hip/femoral fracture due to an inpatient fall?
<input type="checkbox"/> Yes <input type="checkbox"/> No – already inpatient on this hospital site <input type="checkbox"/> No – already inpatient in another hospital site of this Trust <input type="checkbox"/> No – already inpatient in another Trust		<input type="checkbox"/> Yes – fracture is due to an inpatient fall <input type="checkbox"/> No – no fall known to have occurred <input type="checkbox"/> Not applicable
Date and time of the inpatient fall which caused hip/femoral fracture		The Trust or Local Health Board in which this fall resulting in hip/femoral fracture happened
__ / __ / ____ :__		
Date & time of presentation to A&E or Trauma Team	B	Admission date/time to orthopaedic/orthogeriatric ward
__ / __ / ____ :__		__ / __ / ____ :__ <input type="checkbox"/> Never admitted to orthopaedic/orthogeriatric ward
Nerve block in A&E or the ward before arrival in theatre suite	M?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		

3. Assessment

Side of fracture	K	Pre-fracture mobility	M
<input type="checkbox"/> Left <input type="checkbox"/> Right		<input type="checkbox"/> Freely mobile without aids <input type="checkbox"/> Mobile outdoors with one aid <input type="checkbox"/> Mobile outdoors with two aids or frame <input type="checkbox"/> Some indoor mobility but never goes outside without help <input type="checkbox"/> No functional mobility (using lower limbs) <input type="checkbox"/> Unknown	
Abbreviated Mental Test Score (AMTS) – pre op	B	Nutritional risk assessment performed on admission	B M
_____ / 10 <input type="checkbox"/> Not done/patient refused		<input type="checkbox"/> Yes – assessment indicates malnourished <input type="checkbox"/> Yes – assessment indicates at risk of malnutrition <input type="checkbox"/> Yes – assessment indicates normal <input type="checkbox"/> No	

4. Surgery. Use NHFD Operating Theatre Data Collection Sheet.

5. Post surgery / further assessments (where applicable)

Delirium assessment					B M
<input type="checkbox"/> Assessed by the 3rd day after surgery, as required for KPI5 (care will be eligible for BPT) <input type="checkbox"/> Assessed after the 3rd day but before the 7th day after surgery (care will be eligible for BPT) <input type="checkbox"/> Not done by the 7th day after surgery (care will <u>not</u> be eligible for BPT)					
					<i>Score / Total</i>
Alertness	0 (Normal)	4 (Abnormal)			/ 4
AMT4	0 (No mistakes)	1 (One mistake)	2 (Two mistakes)		/ 2
Attention	0 (No mistakes)	1 (One mistake)	2 (Two mistakes)		/ 2
Acute change	0 (No change)	4 (Change)			/ 4
				<hr style="width: 100px; margin-left: auto; margin-right: 0;"/>	
<input type="checkbox"/> Not done / patient refused				Total	/ 12
Assessed by physiotherapist on the day of or day after surgery			Mobilised on day of or day following surgery		
B M			M?		
			<i>Select one option that describes the main reason for this patient</i>		
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes - physiotherapist <input type="checkbox"/> Yes - other ward staff <input type="checkbox"/> No - inadequate post-op. pain control <input type="checkbox"/> No - symptomatic hypotension <input type="checkbox"/> No - patient too agitated or confused <input type="checkbox"/> No - other documented clinical contraindication <input type="checkbox"/> No - lack of staff or other resources <input type="checkbox"/> No - other		

Geriatrician grade <i>BPT and for KPI1 both require assessment by a consultant, associate specialist, staff-grade/specialty doctor or a registrar at grade ST3 or above</i> B M	Date & time assessed by geriatrician B M?
<input type="checkbox"/> Consultant <input type="checkbox"/> Associate specialist <input type="checkbox"/> Staff-grade/specialty doctor <input type="checkbox"/> ST3+ <input type="checkbox"/> Below ST3 <input type="checkbox"/> Unknown <input type="checkbox"/> Not seen	___ / ___ / _____ : ___
Specialist falls assessment B M	Pressure ulcers M
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Bone protection being taken prior to hip/femoral fracture M	Bone protection medication plan after hip/femoral fracture B M
<input type="checkbox"/> Alendronate <input type="checkbox"/> Risedronate <input type="checkbox"/> Ibandronate <input type="checkbox"/> Zoledronate <input type="checkbox"/> Teriparatide <input type="checkbox"/> Denosumab <input type="checkbox"/> Alfacalcidol or Calcitriol <input type="checkbox"/> Not taking any of the above bone treatments	<input type="checkbox"/> Alendronate <input type="checkbox"/> Risedronate <input type="checkbox"/> Ibandronate <input type="checkbox"/> Zoledronate <input type="checkbox"/> Teriparatide <input type="checkbox"/> Denosumab <input type="checkbox"/> Alfacalcidol or Calcitriol <input type="checkbox"/> Assessed – no bone protection medication needed/appropriate <input type="checkbox"/> Informed decline – patient decided not to take offered treatment <input type="checkbox"/> On no treatment – pending DXA scan or bone clinic assessment <input type="checkbox"/> No assessment or action taken

6. Discharge

If the patient was admitted to an orthopaedic/orthogeriatric ward, then please complete the ward discharge section....

Date of discharge from acute orthopaedic ward M?	Discharge destination from acute orthopaedic ward M?
___ / ___ / _____	<input type="checkbox"/> Own home/sheltered housing <input type="checkbox"/> Residential care <input type="checkbox"/> Nursing care <input type="checkbox"/> Rehabilitation unit – hospital bed in this Trust <input type="checkbox"/> Rehabilitation unit – hospital bed in another Trust <input type="checkbox"/> Rehabilitation unit – NHS funded care home bed <input type="checkbox"/> Acute hospital <input type="checkbox"/> Dead (please complete section 6a) <input type="checkbox"/> Other
Date of final discharge from Trust M	Discharge destination from Trust M
___ / ___ / _____	<input type="checkbox"/> Own home/sheltered housing <input type="checkbox"/> Residential care <input type="checkbox"/> Nursing care <input type="checkbox"/> Rehabilitation unit – hospital bed in another Trust <input type="checkbox"/> Rehabilitation unit – NHS funded care home bed <input type="checkbox"/> Acute hospital <input type="checkbox"/> Dead (please complete section 6a) <input type="checkbox"/> Other <input type="checkbox"/> Unknown

6a. Death in hospital

If the patient died while in hospital, either on the ward or in the care of the Trust, please complete this section...

Death during hospital admission	M?
<input type="checkbox"/> Died in spite of ongoing treatment, including unsuccessful cardiopulmonary resuscitation <input type="checkbox"/> Died following documented discussion of priorities for end of life care with the patient and those important to them, with 'anticipatory medication' for pain and nausea prescribed on the drug chart <input type="checkbox"/> Other	

7. Follow-up at 120 days

Date patient contacted	___ / ___ / _____ or <input type="checkbox"/> Patient could not be contacted
Residential status	<input type="checkbox"/> Own home/sheltered housing <input type="checkbox"/> Residential care <input type="checkbox"/> Nursing care <input type="checkbox"/> Rehabilitation unit – hospital bed in this Trust <input type="checkbox"/> Rehabilitation unit – hospital bed in another Trust <input type="checkbox"/> Rehabilitation unit – NHS funded care home bed <input type="checkbox"/> Acute hospital <input type="checkbox"/> Dead <input type="checkbox"/> Other <input type="checkbox"/> Unknown
Post fracture mobility	<input type="checkbox"/> Freely mobile without aids <input type="checkbox"/> Mobile outdoors with one aid <input type="checkbox"/> Mobile outdoors with two aids or frame <input type="checkbox"/> Some indoor mobility but never goes outside without help <input type="checkbox"/> No functional mobility (using lower limbs) <input type="checkbox"/> Unknown
Bone protection medication	<input type="checkbox"/> Yes - continues recommended bone therapy <input type="checkbox"/> Yes - switched to another bone therapy <input type="checkbox"/> No longer appropriate (stopped by clinician) <input type="checkbox"/> No longer taking therapy (stopped by patient) <input type="checkbox"/> No bone therapy started
Reoperation within 120 days of admission to A&E Note: Tick all which apply	<input type="checkbox"/> Reduction of dislocated prosthesis <input type="checkbox"/> Washout or debridement <input type="checkbox"/> Implant removal <input type="checkbox"/> Revision of internal fixation <input type="checkbox"/> Revision of arthroplasty <input type="checkbox"/> Conversion to Hemiarthroplasty <input type="checkbox"/> Conversion to THR <input type="checkbox"/> Girdlestone/excision arthroplasty <input type="checkbox"/> Surgery for periprosthetic fracture <input type="checkbox"/> None <input type="checkbox"/> Unknown Were any of the above for infection? <input type="checkbox"/> Yes <input type="checkbox"/> No

K = Key field. If missing or invalid data is entered, the record will be rejected.

B = Required for Best Practice Tariff. If missing or invalid data is entered, then record will not be counted for BPT.

M = Mandatory field. If missing or invalid data is entered, the record will remain in **draft** form.

M? = Becomes mandatory if applicable. For example: Surgery date becomes mandatory, if surgery is performed.

All data must be submitted electronically at: www.nhfd.co.uk

Users wishing to import data should refer to the import notes and specifications available on the website.

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Dataset V13 User notes

Inclusion and exclusion criteria

Inclusion criteria:

All patients aged 60 and over with a fracture involving the hip, femoral shaft or distal femur should be included.

All patients with a pathological hip, femoral shaft or distal femur fracture should be included.

Exclusion criteria:

Patients who present late with hip/femoral fracture (eg at an outpatient appointment) should not be included.

Patients with an incidental finding of hip/femoral fracture (old undiagnosed fracture) should not be included.

Failed conservative management - Patients who require surgery due to failed conservative management of hip/femoral fracture should not be entered a second time at the time of surgery, but their NHFD data should be recorded under their original presentation.

Poly trauma and high impact hip fracture - patients who sustain a high impact hip/femoral fracture in the context of poly-trauma such as an RTA need not be included, unless the hip fracture is the primary focus of medical and surgical care. Such patients should be registered on the Trauma Audit and Research Network (TARN) database at <https://www.tarn.ac.uk/>

Bilateral hip/femoral fracture – make a duplicate entry for each hip/femoral fracture; one for the left side and one for the right side. If the patient dies remember to record the patient's death on both records. Similarly when the patient is discharged remember to record the discharge details on both records.

Simultaneous multiple fractures – when a patient suffers simultaneous fractures at more than one site within the same femur the care given in respect of the hip fracture should take precedence, and other fractures need not be recorded (just as second fractures, such as of the wrist are ignored when entering data on a hip fracture).

Duplicate entries – other than for bilateral hip/femoral fracture patients your data should not contain any duplicate records. If the patient dies after discharge the death could be recorded twice against your hospital.

Data quality audit – we recommend the NHFD Lead Clinician audits all records entered into the NHFD. Poor data quality may significantly exacerbate random fluctuations in hip fracture mortality triggering a false positive mortality alert or alarm of your site as an outlier for mortality. Data quality is your responsibility.

Thank you for your continuing support of the National Hip Fracture Database.