NHFD facilities audit 2020

To be completed and entered in the webtool by ***2 March 2020.*** *Please note if you need an extension to competing data entry for the facilities audit, contact the audit team on nhfd@rpclondon.ac.uk* ***by 21 February****.*

Hospital name

Form submitted by (name and job title)

The data in this form should be completed at a multidisciplinary team meeting with input from professionals across the pathway. Please indicate below that the lead orthopaedic and orthogeriatric consultants for the hip fracture unit have agreed that the data herein are correct.

Orthopaedic clinical lead (name and email address)

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Anaesthetic clinical lead (name and email address)

Orthogeriatric clinical lead (name and email address)

The role of Clinical Lead includes responsibility for checking the accuracy of the data provided to the NHFD, as the quality of your data will affect your unit's Key Performance Indicators and the usefulness of Run-charts, Benchmarking Tables and Dashboards in supporting local QI work.

The need to capture data on other types of femoral fracture and the operations performed for these will be an additional issue with the extension of BPT in 2020.

Lead clinician sign off (name)

NHFD data entry

How much WTE clerical support is available to support NHFD ……….. WTE

Who is responsible for completing your NHFD theatre data sheet?
(The Theatre data sheet is particularly important as the completeness and accuracy of ASA data directly affect your unit's case-mix adjustment for the 30-day mortality outlier analysis)

	Senior or operating surgeon	Senior anaesthetist	Theatre staff	Other or unknown
Fracture and operation data				
ASA grade and anaesthetic data				

Orthogeriatric care in 2019

a. In 2019 the following types of patients could usually expect to have been reviewed by a senior (ST3+) orthogeriatrician

	hip fracture	**peri-prosthetic femur**	**shaft or distal femur**	**all older trauma**	**all fragility fracture**
before surgery					
within 72 hour of admission					
on weekly ward rounds					
only in response to referral/request					

b. In 2019 the following types of patients could expect to have been admitted directly from A&E to an orthogeriatrician-led ward

	hip fracture	**peri-prosthetic femur**	**shaft or distal femur**	**all older trauma**	**all fragility fracture**
usually					
occasionally					

c. Describe the staffing of this orthogeriatrician-led ward today – *ie.* on a typical week day *(If you have more than one ward then please provide the following figures for the main/largest of these)*

Total occupied beds today .....

We do not have such a ward [ ]

How many trained nursing staff are present on the ward?

	10am	**2pm**	**2am**
Permanent			
Agency			

How many HCAs are present on the ward

	10am	**2pm**	**2am**
Permanent			
Agency			

Other staff present on the ward? *(please adjust figures for the number of therapist actually present, to take account of the number of wards they are covering)*

Specialist nurses			
	Trained	**Students**	**Assistants**
Occupational therapists			
Physiotherapists			

Is this level of physiotherapy provided…

	5 days/week	**6 days/week**	**7 days/week**

<u>**Planning for the 2020 extension of BPT to new types of fracture**</u>

How many consultant orthopaedic surgeons are there on your trauma rota?	N
How many of these surgeons would lead/supervise surgery on the following operations?	N
Hemiarthroplasty	
Total hip replacement	
DHS for trochanteric fracture	
IM nail for trochanteric fracture	
Fixation of a subtrochanteric/femoral shaft fracture	
Fixation of an atypical femoral fracture	
Fixation of an extra-articular distal femoral fracture	
Fixation of an intra-articular distal femoral fracture	
Revision arthroplasty for a peri-prosthetic proximal femoral fracture	
Fixation of a peri-prosthetic proximal femoral fracture	
Revision arthroplasty for a peri-prosthetic distal femoral fracture	
Fixation of a peri-prosthetic distal femoral fracture	

Rehabilitation and return home

To how many different community rehabilitation services do you commonly discharge patients? ……..

Thinking about the one community service to which your patients are most commonly discharged, would they usually:

- be seen at home on the day of discharge
- be seen within 72 hours of discharge (CSP hip fracture standard 4)
- be given a specific date to be seen, beyond 72 hours
- just be placed on a waiting list to be seen at home
- don't know

Does your department attempt to routinely follow-up patients at 120 days?
(tick one option only):

- routine orthopaedic outpatient follow-up of most patients
- routine orthogeriatric outpatient follow-up of most patients
- follow-up by telephone
- follow-up by letter
- follow-up by a combination of letter or telephone call
- follow-up is routine, but at another time point within 6 months
- not undertaken for most patients

Does this 120 day follow-up process aim to support persistence with bone protection?

Yes No

Does this 120 day follow-up process seek feedback on their experience that will be discussed in monthly governance meetings?

Yes No

Support for patients and carers

Does your department routinely provide ALL patients with an information leaflet?

Yes No

Has this leaflet been developed locally in association with patient and carer representatives?

Yes No

What does this explain? *(tick all that apply):*

- what a hip fracture is
- the different types of operation
- the different types of anaesthetic
- the possible complications of surgery/anaesthesia
- the risk, nature and management of delirium
- the therapy and care offered after operation
- the usual pathways for rehabilitation

Do you make any use of the NHFD's current "12 questions" document?

Yes No

To help you understand and support people with dementia or cognitive impairment, do you routinely use any of the following tools *(tick one option only):*

- 'Butterfly scheme'
- 'Read about me'
- 'This is me'
- 'Forget me not'
- Other

Support for informal/unpaid carers of people presenting with hip fracture

(Definition: an adult who provides or intends to provide care for someone, but who is not contracted to provide care or providing the care as formal voluntary work)

a. Do you routinely identify the patient's unpaid/informal carer?

Yes No

b. Do you provide such carers with provide written information and advice to support them in their caring role?

Yes No

c. Do you routinely make carers aware of their entitlement to a carer's assessment and how to go about requesting one?

Yes No

Management protocols

a. A patient presenting to your ED with hip fracture is anticoagulated with warfarin for atrial fibrillation.

What would your unit's written warfarin protocol direct you to do?
(tick one option only)

- give vitamin K immediately, before the INR is known
- give vitamin K once INR is known, if it is above a defined level
- no departmental agreement/policy

b. A patient presenting to your ED with hip fracture is anticoagulated with apixaban for AF, with a creatinine clearance of >30mL/min, and no pointer to acute kidney injury, liver failure or coagulopathy.

What would your unit's written DOAC protocol direct you to do?
(tick one option only)

- operate without delay
- operate >24 hours after the last dose of apixaban
- operate >36 hours after the last dose of apixaban
- operate >48 hours after the last dose of apixaban
- operate after an interval greater that 48 hours
- operate at a time directed by an individual surgeon/anaesthetist
- no departmental agreement/policy

c. Routine nutritional screening of a patient presenting with hip fracture identifies that they are at 'high risk' / 'malnourished'

Which of the following interventions would be provided to this patient in your unit?

- Nutritional supplements would already be prescribed, even before this screening
- 'Nutrition care plan'
- 'Red tray'
- 1:1 assistance with eating from a member of the nursing/healthcare team available
- 1:1 assistance with eating from a dedicated ward based dietetic/nutrition assistant
- Provision of additional snacks between meals