FFN HIP FRACTURE AUDIT SIG
NEWSLETTER

Number 2 February 2025

Hundreds of members of the FFN have already registered their interest in hip fracture audit.

This second newsletter aims to share information about new and established audits, recent reports, and collaborative research directly relevant to audit.

Please send any suggestions for future newsletters to the SIG Chair Antony Johansen.

NEWS

Porto Global Congress 2025

The SIG are running a half-day Hip Fracture Audit symposium on the afternoon of Pre-Congress day (1st October 2025) of the Porto Global Congress.

This is designed as an opportunity for everyone involved in local or national audit to share ideas and network with those in other countries.

We would like a speaker from each existing, or emerging, National Audit to talk briefly about progress, achievements and challenges.
Please contact Antony Johansen if you are attending and would like to do this.

New FFN Hip Fracture 'Sprint Audit Tool'

The scale and success of National Registries and Audits may appear intimidating to people who have not tried to audit hip fracture care and outcomes in their hospital.

The Hip Fracture Audit SIG has developed a free-to-access Excel-based tool to help teams take a first step and run a short 'Sprint Audit' by collecting the core fields of the FFN's minimum common dataset in their hospital.

The tool automatically calculates summary figures from your data. A 'Benchmarking table' then lets you look at how performance compares with other countries, and provides results to impress potential funders of larger scale audit work.

If you, or a trainee, would like to try out this tool as a pilot audit project in your own hospital then have a look at this Introductory YouTube Video, and please let Antony Johansen know how you get on.

RESEARCH PUBLICATIONS

- Hip fracture survival has improved in Australia in recent years, but it is unknown whether national clinical care standards have contributed to this. Work in New South Wales using the Australian registry has shown two-thirds of people who had surgery between 2015 and 2018 met five of six acute care quality indicators, with lower short- and long- term mortality associated with this. But hip fracture services still need to improve, since one-third of people did not receive such high-quality care.

- Work using the Spanish National Hip Fracture Registry (SNHFR) has demonstrated weak associations between time to surgery and 30-day mortality. Surgery performed within 2 days was associated with remobilization on the day after the hip fracture, fewer postoperative pressure ulcers and shorter hospital stays.

- Irewin Tabu introduces the HIPCARE multi-national trial: looking after patients with hip fracture in low- and middle-income countries. Multidisciplinary care teams are known to reduce mortality and improve quality of life in high-income countries, but is this true in low- and middle-income countries? The HIPCARE trial is designed to answer this question in countries in South and SE Asia.

- Work using the NHFD has analysed the impact of ethnicity on care and outcome after hip fracture in England and Wales. After adjustment for their very complex differences in demographic profiles and comorbidities, different ethnic groups had similar inpatient and 30-day mortality, but surprisingly different 1-year outcomes.

- Hip fracture audit can extend to injuries at other sites, as is shown by the first two years of NHFD data for patients with periprosthetic femoral fractures in the UK.

- A cohort study across 36 hospitals from the Acute Rehabilitation Sprint Audit run by the Australian and New Zealand Hip Fracture Registries examined the impact of prompt, frequent and mobilisation-focused physio on discharge outcomes. Patients who walked earlier, were more active on the

first postoperative day, and/or received a higher number of physio sessions were more likely to return home after a shorter length of stay.

- Modelling work by the Scottish Hip Fracture Audit team has shown that hip fracture burden and incidence will increase annually driven by an ageing population, with substantial implications for health and social care services. Not to be outdone (though published a bit later!), data for the rest of the UK, from the NHFD, has been used in projections indicating that ageing of the population alone will lead to a doubling of numbers by the year 2060.

- The scope for national registries as a platform for embedded research is discussed in a paper looking at the NHFD. As an example, work on measurements during hemiarthroplasty in WHiTE5 identified two potential periods for haemodynamic instability: the first within five minutes of cementing the canal and the second after final reduction of the prosthesis, with modest falls in systolic BP in 15% of patients in the cemented group and 5% in the uncemented group.

View the webpage of the FFN Hip Fracture Audit SIG

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