FFN
Fragility Fracture Network

FFN HIP FRACTURE AUDIT SIG
NEWSLETTER

Number 3 December 2025

Hundreds of members of the FFN have registered their interest in hip fracture audit. This third 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 Co-Chairs Louise Brent and Antony Johansen.

NEWS

Porto Global Congress 2025

The SIG ran a half-day Hip Fracture Audit symposium on the afternoon of Pre-Congress day (1st October 2025) of the Porto Global Congress. This was designed as an opportunity for everyone involved in local or national audit to share ideas and network with those in other countries.

At the workshop, **17 separate national hip fracture audits** presented. Each presentation described:

- Country population
- Estimated number of hip fractures annually
- Estimated 30-day mortality following hip fracture
- Estimated 1-year mortality following hip fracture
- Year registry commenced
- Proportion of hip fractures captured in the Registry
- Does the Registry produce a report annually?
- Does the Registry provide real time data?
- List up to 5 challenges you have faced or are facing
- List up to 5 top achievements
- List priorities for the next 5 years



Click here to view all presentations

Key discussion points from the workshop included:

- Significant challenges in ensuring sustainable funding for audit. As a collective we may continue to discuss how we can show the value and cost-effectiveness of hip fracture audit. Perhaps the name of audits needs to be reflective of their purpose for improvement of care: e.g. “improvement programmes” rather than “audit”.
- A need to understand the very different mortality rates across the various countries, in particular Korea and Japan who have demonstrably lower mortality rates overall.
- Alasdair MacLullich made a strong case that all audits should incorporate the 4AT: a 2 minute delirium detection validated in 30+ studies.
- Not all national audits collect data on non-operatively treated patients. Discussion suggested this group should be captured to ensure comparability of audit results.
- There is a need for pre-defined palliative care protocols to offer patients at the end of life.
- Colleagues in ANZHFR are developing structures for federated analysis of data from multiple hip fracture audits. Anyone interested in participating should contact Lara Harvey.
- There was interest in exploring the adoption of the SIMPLER six: a nutrition project that was widely presented at the conference.
- Longer term data collection is growing within various hip fracture audits.
- Incentives for best practice including financial payments and awards namely “The Golden Hip Award” have become features in a number of audits.
- Discussion of inequality by fracture type: hip fracture pathways are well established but how do we standardise and improve care of other fractures – pelvic, humeral etc.

Other key topics discussed at the congress were:

- 'Weight-bearing as tolerated' for all fragility fracture patients from the earliest opportunity
- Management of pelvic fractures

- Fracture Liaison Services
- Anticoagulation
- Falls prevention
- Palliative care
- Pain management
- Longer term outcomes
- The work of Jack Bell and Ólöf Guðný Geirsdóttir on the SIMPLER project to improve nutrition and the way we think about nutrition was a particular highlight.
- Peri-operative care of hip fractures by Antony Johansen – with the mnemonic "HIP" to highlight Haemorrhage, Immobility and Pain as key priorities for peri-op care.
- Delirium, Dementia and Depression
- Dr Julie Santy-Tomlinson received the FFN lifetime achievement award.
- There was a session on non-operative management of hip fracture that was very thought provoking and demonstrated huge international variation in attitudes and practice. To develop a consensus, Rebecca Mitchell has taken a lead in setting up a Delphi process. To opt-in to participate as an expert panellist, click here.

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.

RECENTLY PUBLISHED NATIONAL AUDIT REPORTS

- **England, Wales and Northern Ireland**:This year's report on 2024 identifies progress, with the majority of UK patients now receiving bone protection before leaving hospital. But the report challenges units with high rates of non-operative management, or poor performance in terms of prompt ward admission, pressure ulcer prevention and poor rates (or documentation) of

unrestricted weight-bearing after surgery. It also announces extension of the NHFD's work to include all patients with pelvic fractures.

- **ANZHFR**
- **Scotland**
- **Ireland**
- **Sweden** *(Page 14-18 deals with hip fractures)*
- **Greece**
- **Netherlands**

View more recent research publications here

Visit the FFN Audit SIG webpage

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