



NHFD Facilities Survey 2021

To be completed and entered in the webtool by **29 October 2021**. Please note if you need an extension to complete data entry for the facilities audit, contact the audit team on nhfd@rcp.ac.uk by **20 October 2021**

Hospital name
Region <i>e.g. South West England</i>
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.

1.1 Lead orthopaedic clinician (name and email address)
1.2 Lead anaesthetic clinician (name and email address)
1.3 Lead orthogeriatric clinician (name and email address)
1.4 Medical Director (name and email address)
1.5 Chief Executive (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.

1.6 Clinical Lead name
Clinical Lead specialty
Signature

Patients

In 2022 the NHFD are introducing new Key Performance Indicators (KPIs) looking at the initial care patients receive, and at how well patients are supported to continue on bone protection after a hip fracture. The following two questions are designed to inform these KPIs.

2.1 When patients present to your ED with a new hip fracture, what type of ward would they normally be placed on until they go to theatre for their hip operation?

Choose the one option which most typically describes your unit's normal pathway

- Emergency department
- Orthopaedic/trauma ward
- Shared-care orthopaedic/orthogeriatric ward
- Orthogeriatric/geriatric ward
- A more general ward designed to accept all types of acute surgical patients
- Another type of ward

2.2 If patients with hip fracture have been started on oral osteoporosis treatment during their admission, how do you support them, so that you know they are able to continue this after discharge?

Choose the one option which most typically describes your unit's normal pathway

- They are routinely contacted by phone to check/support persistence
- They are routinely contacted by letter to check/support persistence
- They are routinely reviewed in an orthogeriatric or bone clinic (or similar)
- They are routinely followed-up through an arrangement with our local FLS
- The GP is routinely asked to provide such support
- Not done

Data submission and orthogeriatric care

The facilities survey this year focusses on the management of patients sustaining peri-prosthetic femoral fractures (PPFF). The NHFD definition of a PPFF includes fractures (of the femur only) sustained around any orthopaedic device or implant (THR, TKR, hemiarthroplasty, unicondylar knee replacement, intramedullary nail, plate or screw). We ask you to please consider the following questions in the context of your normal practice or standard policy.

Data submission

3.1 Are you aware of the requirement to record Peri-Prosthetic Femoral Fracture (PPFF) in the mandatory national audit (NHFD)? Yes no

3.2 Do you routinely input details of patients sustaining PPF into the NHFD? Yes no

3.3 If no, why not?

Orthogeriatric care

4.1 In your hospital, will a senior (ST3+) orthogeriatrician routinely try to review all patients admitted with a PPF? Yes no

Surgical capability

5.1 How many consultant orthopaedic surgeons or SAS grade surgeons are there within in your hospital who operate on trauma patients when required?

5.2 How many consultant orthopaedic surgeons or SAS grade surgeons within your hospital would feel comfortable performing/supervising both a revision and fixation of a PPF?

a. Around a THR

b. Around a TKR

5.3 Do you have a formal process whereby a specialist hip and/or knee surgeon is available to operate on/supervise a PPF at least every other weekday (Monday to Friday) such as a PPF rota?

a. Around a THR

Yes no

b. Around a TKR

Yes no

5.4 Do you have at least one nominated, dedicated theatre list for urgent primary, urgent revision or periprosthetic fractures each week?

a. Around a THR

Yes no

b. Around a TKR

Yes no

Transfer to and from other units/specialist centres

6. Do you transfer patients from your department to another T&O department at another site/hospital/Trust for definitive surgery?

6.1 PPF around a THR Yes no

a. How frequently do you do this?

Exclusively

Occasionally

Never

b. Why?

c. Are patients transferred directly from your Emergency Department? Yes no

d. Which hospital do you transfer these patients to?

6.2 PPF around a TKR Yes no

a. How frequently do you do this?

Exclusively Occasionally Never

b. Why?

c. Are patients transferred directly from your Emergency Department? Yes no

d. Which hospital do you transfer these patients to?

6.3 Patients with Hip Fracture (not PPF) Yes no

a. How frequently do you do this?

Exclusively Occasionally Never

b. Why?

c. Are patients transferred directly from your Emergency Department? Yes no

d. Which hospital do you transfer these patients to?

7. Do you receive transfers from a T&O department at another site/hospital/Trust for definitive surgery?

7.1 Patients with a PPF around a THR Yes no

a. Does this follow a formalised process/policy or on an ad hoc basis? <select one>

b. Where do you receive them from?

7.2 Patients with a PPF around a TKR Yes no

a. Does this follow a formalised process/policy or on an ad hoc basis? <select one>

b. Where do you receive them from?

7.3 Patients with Hip Fracture (not PPF)

a. Does this follow a formalised process/policy or on an ad hoc basis? <select one>

b. Where do you receive them from?

Surgical decision making

8.1 Do you have a local revision MDT (within hospital) for revision arthroplasty (all revisions and not just PPFF)?

- a. THR Yes no
- b. TKR Yes no

8.2 Do you participate in a regional revision MDT (outside your hospital) for revision arthroplasty (all revisions and not just PPFF)?

- a. THR Yes no
- b. TKR Yes no

8.3 Do you routinely discuss all PPFF with other sub-specialty surgeons in your hospital either in your local MDT or by other means (formally or informally)?

- a. Hip: All cases pre-operatively (surgical planning) Post-operatively (XR review)
- b. Knee: All cases pre-operatively (surgical planning) Post-operatively (XR review)

8.4 Do you routinely discuss all PPFF in your regional revision MDT (if you have one)?

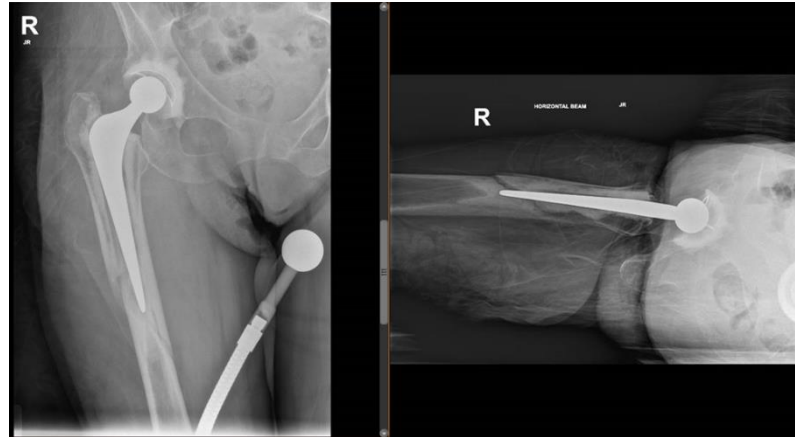
- a. Hip: All cases pre-operatively (surgical planning) Post-operatively (XR review)
- b. Knee: All cases pre-operatively (surgical planning) Post-operatively (XR review)

8.5 Data in the NHFD 2020 annual report suggest that theatre within 36 hours was not achieved for most PPFF. In your hospital, how would you rank the following contributing factors as reasons for delay (1-4 or NA; 1 being the most frequent cause for delay).

- Surgeon availability
- Theatre availability
- Kit availability (such as loan kit)
- Patient optimisation

Case scenario

This 82-year-old lady presents to your emergency department following a fall at home after tripping over a rug. She lives alone in a bungalow, with carers twice a day and walks with the aid of one stick indoors and out. She walks approximately 150m a day to buy a newspaper from the shop at the end of her road. The original operation was performed 12 years ago and to date, has been pain free with no previous problems with her hip replacement. She is on medication for hypertension and does not take any anticoagulants.



Assuming this patient will be managed with surgery, the fracture is reducible, and the cement is well fixed to the bone, please consider what your unit consensus is on the management of this patient?

9.1 How would you manage this patient (please select one)?

- Revision surgery
- Open reduction and internal fixation with existing stem
- A combination of both revision and fixation

9.2 If you selected revision surgery (or a combination) what type of implant would you use (please select one).

- An uncemented, tapered fluted modular cementless prosthesis
- A long stemmed, distally locked prosthesis
- Long stem cemented prosthesis

9.3 Do you have the system selected above “on the shelf” or would you require loan kit?

- On the shelf
- Loan kit from company
- Loan from other local hospital

9.4 If you selected open reduction and internal fixation (or a combination), what type of plate would you use (brand and name)?

9.5 Do you have the system selected above “on the shelf” or would you require loan kit?

- On the shelf Loan kit from company Loan from other local hospital

9.6 Would you permit the patient to weight bear the day after surgery (please select one)?

- Yes, fully weight bearing Partial weight bearing Non-weight bearing

9.7 Would the operation be performed in your own hospital?

- Yes, the one the same site
- Yes, but would require transfer to a different site
- No, would be transferred to a local specialist centre

9.8 Would this operation be performed by (select one)

- General on call T&O surgeon Hip specialist with revision practice

9.9 Would you routinely aspirate prior to revision or fixation to exclude infection? Yes no