

National Hip Fracture Database - Dataset specification v14a (2023)

(Applicable to patients with any form of hip/femoral fracture admitted from 1 January 2023)

All fields on this form must be completed.

1. Patient information

1.1 NHS / CHI number	1.2 Patient ID / Hospital number
1.3 First name	1.4 Surname
COVID-19 status	1.5 Date of birth
<input type="checkbox"/> Positive on admission <input type="checkbox"/> Became positive before operation <input type="checkbox"/> Became positive after operation <input type="checkbox"/> Not positive at any time	___ / ___ / _____ 1.6 Sex <i>Note: for those whose gender is different from their sex registered at birth, this answer does not need to be the same as their birth certificate.</i> <input type="checkbox"/> Male <input type="checkbox"/> Female
	1.7 Patient's post code

2. Admission

The whole of a patient's NHFD data entry is the responsibility of the operating/treating hospital	
3 letter NHFD code of the operating hospital	2.1 Date and time of first presentation to A&E or Trauma Team in this <u>operating</u> hospital
___ __ _	___ / ___ / _____ :__ _

Teams in a small number of hospitals have specialist pathways, accepting patients referred on from other NHFD hospitals <i>(you should not complete this section for referrals from community hospitals, psychiatric hospitals, non-trauma hospitals in your local area)</i>	
2.2 Was the patient transferred to this operating hospital from the trauma team in another <u>NHFD</u> hospital?	<input type="checkbox"/> No <input type="checkbox"/> Yes
2.2a If yes, 3 letter code of the <u>referring</u> hospital	2.2b If yes, date and time of first presentation to the A&E or Trauma Team in <u>referring</u> hospital
___ __ _ <i>(If the referring hospital doesn't have a 3 letter NHFD code then you do not need to collect this data for it)</i>	___ / ___ / _____ :__ _
2.3 Residence before this hospital admission	<input type="checkbox"/> Own home/sheltered housing <input type="checkbox"/> Residential care <input type="checkbox"/> Nursing care

NHFD also seeks to identify whether hip fractures are due to inpatient falls in any hospital so that these can be flagged to the National Audit of Inpatient Falls (NAIF) to help local teams learn from them	
2.4 Was patient's initial presentation with a hip/femoral fracture via A&E, as opposed to possibly having arisen while they were an inpatient?	2.5 Date/time of admission to an orthopaedic or orthogeriatric ward <i>Note: the NHFD definition of the type of ward in this question does <u>not</u> include admission to a more general ward designed to accept all types of acute surgical patients</i>
<input type="checkbox"/> Yes – this patient sustained their hip fracture outside hospital <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"/> Never admitted to orthopaedic/orthogeriatric ward
2.6 Nerve block in A&E or the ward before arrival in theatre suite (record the first nerve block if more than one)	
<input type="checkbox"/> Yes – by ambulance staff <input type="checkbox"/> Yes – in Emergency Department <input type="checkbox"/> Yes – in ward before going to theatre <input type="checkbox"/> No – offered but patient refused	<input type="checkbox"/> No – systemic contraindication (e.g. anticoagulation, local anaesthetic allergy) <input type="checkbox"/> No – local contraindication (e.g. previous femoral bypass graft, hernia, skin infection) <input type="checkbox"/> Not done/not documented/unknown

3. Assessment

3.1 Pre-fracture mobility	3.2 Abbreviated Mental Test Score (AMTS) – pre op
<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	_____ / 10 o Not done/patient refused 3.3 ASA grade <input type="checkbox"/> 1. A normal healthy patient <input type="checkbox"/> 2. A patient with mild systemic disease <input type="checkbox"/> 3. A patient with severe systemic disease <input type="checkbox"/> 4. A patient with severe systemic disease that is a constant threat to life <input type="checkbox"/> 5. A moribund patient who is not expected to survive without the operation <input type="checkbox"/> Unknown
3.4 Nutritional risk assessment performed on admission	3.5 Bone protection being taken prior to the hip/femoral fracture (if more than one type has been taken then record the most recent treatment)
<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	<input type="checkbox"/> Alendronate <input type="checkbox"/> Teriparatide <input type="checkbox"/> Risedronate <input type="checkbox"/> Denosumab <input type="checkbox"/> Ibandronate <input type="checkbox"/> Alfacalcidol or Calcitriol <input type="checkbox"/> Zoledronate <input type="checkbox"/> Romosozumab <input type="checkbox"/> Not taking any of the above bone treatments

4. Fracture

4.1 Side of fracture	
<input type="checkbox"/> Left <input type="checkbox"/> Right	
4.2 Type of fracture	
Fracture location: <input type="checkbox"/> Hip fracture <input type="checkbox"/> Femoral shaft fracture <input type="checkbox"/> Distal femoral fracture <input type="checkbox"/> Peri-prosthetic femoral fracture	Fracture type: <input type="checkbox"/> Intracapsular – displaced <input type="checkbox"/> Intracapsular - undisplaced <input type="checkbox"/> Trochanteric - grade A1/A2 <input type="checkbox"/> Trochanteric - grade A3 <input type="checkbox"/> Subtrochanteric <input type="checkbox"/> Femoral shaft fracture <input type="checkbox"/> Distal femoral fracture - extra-articular <input type="checkbox"/> Distal femoral fracture - intra-articular <input type="checkbox"/> Peri-prosthetic around a hip replacement - A (trochanteric) <input type="checkbox"/> Peri-prosthetic around a hip replacement - B (around the stem) <input type="checkbox"/> Peri-prosthetic around a hip replacement - C (distal to stem/cement)
<input type="checkbox"/> Peri-prosthetic around a knee replacement - A (epicondyles) <input type="checkbox"/> Peri-prosthetic around a knee replacement - B (involving implant/cement) <input type="checkbox"/> Peri-prosthetic around a knee replacement - C (proximal to implant/cement) <input type="checkbox"/> Peri-prosthetic between a THR and a TKR - D (inter-prosthetic) <input type="checkbox"/> Peri-prosthetic around previous fixation device – plate/screws <input type="checkbox"/> Peri-prosthetic around previous fixation device – nail	
4.3 Pathological	
<input type="checkbox"/> Atypical bisphosphonate type subtrochanteric fracture <input type="checkbox"/> Malignancy	
<input type="checkbox"/> No <input type="checkbox"/> Unknown	

5. Surgery

5.1 was an operation performed	
<input type="checkbox"/> yes (<i>please complete theatre data form</i>) <input type="checkbox"/> No - Surgery not indicated for this fracture (<i>e.g. fracture impacted, already healed/healing</i>)	
<input type="checkbox"/> No - Surgery not possible for this patient (<i>e.g. patient too unwell, patient refused</i>) <input type="checkbox"/> No - Surgery was planned, but patient died before it could take place	

6. Post surgery

6.1 Assessed by physiotherapist on the day of or day after surgery	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.2 'Out of bed' on day of or day following surgery	
<i>Was the patient helped or hoisted to stand or sit out of bed by the day after operation; if not then select one option that describes the main reason why not</i>	
<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	
6.3 If assessed by a geriatrician, what was their grade	<input type="checkbox"/> Consultant <input type="checkbox"/> Associate specialist <input type="checkbox"/> Staff-grade/specialty doctor <input type="checkbox"/> ST3+
<i>BPT and KPI1 both require assessment by a consultant, associate specialist, staff-grade/specialty doctor or a registrar at grade ST3 or above</i>	<input type="checkbox"/> Below ST3 <input type="checkbox"/> Unknown <input type="checkbox"/> Not seen
6.3a Date & time assessed by geriatrician	
<i>For patients referred from one NHFD hospital for surgery in another this date/time is when which they were first seen by an orthogeriatrician in <u>the second, operating/treating hospital</u></i>	___ / ___ / ___ : ___
6.4 Specialist falls assessment	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.5 Did patient acquire a new pressure ulcer (of Grade 2 or above) during the acute admission?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

6.6 Bone protection medication plan after hip/femoral fracture

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> Alendronate | <input type="checkbox"/> Teriparatide | <input type="checkbox"/> Assessed – no bone protection medication needed/appropriate |
| <input type="checkbox"/> Risedronate | <input type="checkbox"/> Denosumab | <input type="checkbox"/> Informed decline – patient decided not to take offered treatment |
| <input type="checkbox"/> Ibandronate | <input type="checkbox"/> Alfacalcidol or Calcitriol | <input type="checkbox"/> On no treatment – pending DXA scan or bone clinic assessment |
| <input type="checkbox"/> Zoledronate | <input type="checkbox"/> Romosozumab | <input type="checkbox"/> No assessment or action taken |

7. Delirium assessment

7.1 Delirium assessment

- Assessed by the 3rd day after surgery, as required for KPI5 (care will be eligible for BPT)
- Assessed after the 3rd day but before the 7th day after surgery (care will be eligible for BPT)
- Not done by the 7th day after surgery (care will not be eligible for BPT)
- Not done/patient refused

				Score / Total
a. Alertness	0 (Normal)	4 (Abnormal)		/ 4
b. AMT4	0 (No mistakes)	1 (One mistake)	2 (Two mistakes)	/ 2
c. Attention	0 (No mistakes)	1 (One mistake)	2 (Two mistakes)	/ 2
d. Acute change or fluctuating course	0 (No change)	4 (Change)		/ 4
Total				/ 12

8. Discharge

8.1 Date of discharge from acute orthopaedic ward	8.3 Date of final discharge from Trust
_ _ / _ _ / _ _ _ _	_ _ / _ _ / _ _ _ _
8.2 Discharge destination from acute orthopaedic ward	8.4 Discharge destination from Trust
<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 8.5) <input type="checkbox"/> Other	<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 8.5) <input type="checkbox"/> Other <input type="checkbox"/> Unknown
8.5 Death during hospital admission	
<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	

9. Re-operations

9.1 Reoperation within 120 days of admission to A&E <i>Note: Tick all which apply</i>	
<input type="checkbox"/> None <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"/> Unknown
9.1a Was this operation due to infection?	<input type="checkbox"/> Yes - infection suspected and proven by deep samples at time of operation <input type="checkbox"/> Yes - infection suspected but not proven by deep samples at time of operation <input type="checkbox"/> No

10. Follow-up at 120 days

10.1 Date patient contacted (successfully or unsuccessfully)	___ / ___ / _____ or <input type="checkbox"/> Patient could not be contacted	
10.2 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
10.3 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	
10.4 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	

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 V14a 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 aged 60 and over 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, 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.