National Hip Fracture Database - Dataset specification v15a (2024)

(Applicable to patients with any form of hip/femoral fracture admitted from 1 April 2024)

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**
1.5 Date of birth	
__ __ / __ __ /__ __	
1.6 Sex *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.*	**1.7 Patient's post code**
☐ Male ☐ Female	

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 ED or trauma team in this operating hospital**
__ __ __	__ __ /__ __ / __ __ __ __ __ __ : __ __

Teams in a small number of hospitals have specialist pathways, accepting patients referred on from other NHFD hospitals *(you should not complete this section for referrals from community hospitals, psychiatric hospitals, non-trauma hospitals in your local area)*	
2.2 Was the patient transferred to this operating hospital from the trauma team in another NHFD hospital?	☐ No ☐ Yes
2.2a If yes, 3 letter code of the referring hospital	**2.2b If yes, date and time of first presentation to the ED or trauma team in referring hospital**
__ __ __ (*If the referring hospital doesn't have a 3 letter NHFD code then you do not need to collect this data for it)*	__ __ / __ __ / __ __ __ __ __ __ : __ __
2.3 Residence before this hospital admission	☐ Own home/sheltered housing ☐ Residential care ☐ 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 ED, as opposed to possibly having arisen while they were an inpatient?	**2.5 Date/time of admission to an orthopaedic or orthogeriatric ward** *Note: the NHFD definition of the type of ward in this question does not include admission to a more general ward designed to accept all types of acute surgical patients*
☐ Yes – this patient sustained their hip fracture outside hospital ☐ No – already inpatient on this hospital site ☐ No – already inpatient in another hospital site of this Trust/HB ☐ No – already inpatient in another Trust/HB	__ __ / __ __ / __ __ __ __ __ __ : __ __ ☐ Never admitted to orthopaedic/orthogeriatric ward

2.6 Nerve block in ED or the ward before arrival in theatre suite (record the first nerve block if more than one)	
☐ Yes – by ambulance staff ☐ Yes – in Emergency Department ☐ Yes – in ward before going to theatre ☐ No – offered but patient refused	☐ No – systemic contraindication *(an issue with the patient e.g local anaesthetic allergy, too agitated)* ☐ No – local contraindication *(an issue at the injection site e.g. previous femoral bypass graft, hernia, skin infection)* ☐ Not done/not documented/unknown

3. Assessment

3.1 Pre-fracture mobility	
☐ Freely mobile without aids ☐ Mobile outdoors with one aid ☐ Mobile outdoors with two aids or frame	☐ Some indoor mobility but never goes outside without help ☐ No functional mobility (using lower limbs) ☐ Unknown

3.2 Pre-operative 4AT *BPT now requires 4AT to be completed pre-operatively.*

☐ 4AT assessment prior to operation
☐ 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

3.3 ASA grade	**3.4 Nutritional risk assessment performed on admission**
☐ 1. A normal healthy patient ☐ 2. A patient with mild systemic disease ☐ 3. A patient with severe systemic disease ☐ 4. patient with severe systemic disease that is a constant threat to life ☐ 5. A moribund patient who is not expected to survive without the operation ☐ Unknown	☐ Yes – assessment indicates malnourished ☐ Yes – assessment indicates at risk of malnutrition ☐ Yes – assessment indicates normal ☐ No

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)*

- ☐ Alfacalcidol or Calcitriol
- ☐ Alendronate
- ☐ Denosumab
- ☐ Ibandronate
- ☐ Risedronate
- ☐ Romosozumab
- ☐ Teriparatide
- ☐ Zoledronate
- ☐ Not taking any of these bone treatments

4. Fracture

4.1 Side of fracture

☐ Left ☐ Right

4.2 Type of fracture

Fracture location:

- ☐ Hip fracture
- ☐ Femoral shaft fracture
- ☐ Distal femoral fracture
- ☐ Peri-prosthetic femoral fracture

Fracture type:

- ☐ Intracapsular – displaced
- ☐ Intracapsular - undisplaced
- ☐ Trochanteric
- ☐ Intertrochanteric / Reverse oblique
- ☐ Subtrochanteric
- ☐ Femoral shaft fracture
- ☐ Distal femoral fracture – extra articular
- ☐ Distal femoral fracture –-partial articular
- ☐ Distal femoral fracture - complete articular
- ☐ Peri-prosthetic around a hip replacement - A (apophyseal)
- ☐ Peri-prosthetic around a hip replacement - B (around the stem)
- ☐ Peri-prosthetic around a hip replacement - C (distal to stem/cement)
- ☐ Peri-prosthetic around a knee replacement - A (epicondyles)
- ☐ Peri-prosthetic around a knee replacement - B (involving implant/cement)
- ☐ Peri-prosthetic around a knee replacement - C (proximal to implant/cement)
- ☐ Peri-prosthetic between a THR and a TKR - D (inter- prosthetic)
- ☐ Peri-prosthetic around previous fixation device – plate/screws
- ☐ Peri-prosthetic around previous fixation device – nail

4.3 Pathological

- ☐ No
- ☐ Malignancy
- ☐ Atypical bisphosphonate type fracture (any site)

5. Surgery

5.1 was an operation performed

- ☐ Yes ***(please complete theatre data form)***
- ☐ No - Surgery not indicated for this fracture *(e.g. fracture impacted, already healed/healing)*
- ☐ No - Surgery not possible for this patient *(e.g. patient too unwell, patient refused)*
- ☐ No - patient died before surgery could take place

6. Post surgery

6.1 Assessed by physiotherapist on the day of or day after surgery	☐ Yes ☐ No
6.2 'Out of bed' on day of or day following surgery *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*	
☐ Yes - physiotherapist ☐ Yes - other ward staff ☐ No - inadequate post-op. pain control ☐ No - symptomatic hypotension	☐ No - patient too agitated or confused ☐ No - other documented clinical contraindication ☐ No - lack of staff or other resources ☐ No - other
6.3 If assessed by a geriatrician, what was their grade *BPT and KPI1 both require assessment by a consultant, specialist/associate specialist, specialty doctor/staff-grade, or registrar at grade ST3 or above*	☐ Consultant ☐ Below ST3 ☐ Specialist/associate specialist ☐ Specialty doctor/staff-grade ☐ Unknown ☐ ST3+ ☐ Not seen
6.3a Date and time assessed by geriatrician *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 the second, operating/treating hospital*	__ __ / __ __ / __ __ __ __ __ __ : __ __
6.4 Specialist falls assessment	☐ Yes ☐ No
6.5 Did patient acquire a new pressure ulcer (of Grade 2 or above) during the acute admission?	☐ No ☐ Yes ☐ Unknown

6.6 Bone protection medication plan after hip/femoral fracture

☐ Alfacalcidol or Calcitriol ☐ Alendronate ☐ Denosumab ☐ Ibandronate	☐ Risedronate ☐ Romosozumab ☐ Teriparatide ☐ Zoledronate	☐ Assessed – no bone protection medication needed/appropriate ☐ Informed decline – patient decided not to take offered treatment ☐ On no treatment – pending DXA scan or bone clinic assessment ☐ No assessment or action taken

7. Post-operative 4AT

7.1 Repeat 4AT after operation

☐ 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
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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/Health Board
__ __ / __ __ / __ __ __ __	__ __ / __ __ / __ __ __ __
8.2 Discharge destination from acute orthopaedic ward	**8.4 Discharge destination from Trust/Health Board**
☐ Own home/sheltered housing ☐ Residential care ☐ Nursing care ☐ Rehabilitation unit – hospital bed in this Trust/HB ☐ Rehabilitation unit – hospital bed in another Trust/HB ☐ Rehabilitation unit – NHS funded care home bed ☐ Acute hospital ☐ Dead (please complete section 8.5) ☐ Other	☐ Own home/sheltered housing ☐ Residential care ☐ Nursing care ☐ Rehabilitation unit – hospital bed in another Trust/HB ☐ Rehabilitation unit – NHS funded care home bed ☐ Acute hospital ☐ Dead ☐ Other ☐ Unknown

9. Re-operations

9.1 Reoperation within 120 days of admission to the ED *Note: Tick all which apply*	
☐ None	
☐ Reduction of dislocated prosthesis	☐ Conversion to Hemiarthroplasty
☐ Washout or debridement	☐ Conversion to THR
☐ Implant removal	☐ Girdlestone/excision arthroplasty
☐ Revision of internal fixation	☐ Surgery for periprosthetic fracture
☐ Revision of arthroplasty	☐ Unknown
9.1a Was this operation due to infection?	☐ Yes - infection suspected and proven by deep samples at time of operation ☐ Yes - infection suspected but not proven by deep samples at time of operation ☐ No

10. Follow-up at 120 days

10.1 Date patient contacted (successfully or unsuccessfully)	__ __ / __ __ / __ __ __ __ or ☐ Patient could not be contacted	
10.2 Residential status	☐ Own home/sheltered housing ☐ Residential care ☐ Nursing care ☐ Rehabilitation unit – hospital bed in this Trust/Health Board ☐ Rehabilitation unit – hospital bed in another Trust/Health Board	☐ Rehabilitation unit – NHS funded care home bed ☐ Acute hospital ☐ Dead ☐ Other ☐ Unknown
10.3 Post fracture mobility	☐ Freely mobile without aids ☐ Mobile outdoors with one aid ☐ Mobile outdoors with two aids or frame ☐ Some indoor mobility but never goes outside without help ☐ No functional mobility (using lower limbs) ☐ Unknown	
10.4 Bone protection medication	☐ Yes -- continues on the same bone therapy as was recommended at discharge ☐ Yes – continues on another bone therapy, started after discharge ☐ No longer appropriate (stopped by clinician) ☐ No longer taking therapy (stopped by patient) ☐ 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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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 RTC need not be included, unless the hip fracture is the primary focus of medical and surgical care.

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.