**My hip fracture care**

**Collecting 120 day follow-up NHFD data**

NICE CG124 recommended that Hip Fracture Programmes should have responsibility for the whole pathway of patients’ recovery. No unit can be confident of its performance unless it follows up its patients after discharge.

**KPI6** of the NHFD’s key performance indicators reports ***“Return to original residence by 120 days”***, since patients place great emphasis on the importance of returning home and

Poor performance will be seen if acute units transfer significant numbers of patients to rehabilitation closer to home or in another trust, but don’t follow them up to see if they return home from there; or whether they are at home at the time of 120-day follow-up.

Such units can improve their understanding of outcome by routinely enquiring about patients’ progress after transfer to rehabilitation. These results can be recorded in the 120-day follow-up section on website and then updated after 120-day follow-up.

**KPI7** asks ***“Will I stay on bone treatment to prevent another fracture?”*** since unless they are helped to continue with effective bone strengthening treatment one in twenty people who break their hip will come back with a second hip fracture.

Contacting patients at 120-days provides an ideal opportunity to examine how many patients are still on treatment and to offer support to those who are having problems.

Many units have yet to establish 120-day follow-up and in this document we present a template including the NHS “Friends and Family Test” on which they might like to build.

If sent with a covering letter from someone who knew the patient on the ward this postal questionnaire should receive a reply from more than half of patients.

While this approach cannot replace the information collected by follow-up in clinic or by telephone, we suggest that local NHFD teams which have no such structure consider adapting this Word document to their own needs.

**Sheet 1**

Sent to all patients

**How are you doing?**

We would like to know how you are getting on after your fracture, to help us improve the care we offer to future patients

***1. Have you been back into hospital since then for any reason?***

No ☐ Yes ☐ (*if ‘Yes’ then please give details*)

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***2. How do you usually get around now?***

☐Freely mobile without any aids

☐Mobile outdoors with one aid (stick or crutch)

 ☐ Mobile outdoors with two aids or frame

 ☐ Some indoor mobility but don’t go out without help

 ☐ Unable to mobilise except with a wheelchair

***3. Where are you now living?***

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***4. Will this be your permanent address?***

Yes ☐ No ☐ (*if ‘No’ then please give details*)

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**5. How satisfied were you with the care you received in hospital:**

How likely are you to recommend this service to friends and family if they need similar care or treatment?

Extremely Likely Neither likely Unlikely Extremely Don’t

 likely nor unlikely unlikely know

 ☐ ☐ ☐ ☐ ☐ ☐

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***6. Is there anything you would like us to change?***

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Patient Name: Hospital No:

**Sheet 2**

Only sent to patients who were started

on oral bone protection medication

**Bone strengthening**

When you were with us after your recent fracture we recommended you to take Alendronate.

We give this weekly tablet first thing after getting up on a Sunday morning, washed down with a glass of tap water, but with no other food or drink or medication for at least half an hour afterwards

We enclose an information sheet explaining about this treatment

As part of routine follow-up we would just like to check:

***1. Are you still taking this weekly tablet, which we would recommend continues for the next five years?***

 Yes ☐ No ☐

***2. Have you had any problems in taking this treatment?***

No ☐ Yes ☐ (*if ‘Yes’ then please give details*)

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**We also recommended that you take supplements of vitamin D (colecalciferol), sometimes in a tablet combined with calcium?**

***3. Are you still taking these?***

 Yes ☐ No ☐

***4. Have you had any problems obtaining a repeat prescription for either of these treatments?***

No ☐ Yes ☐ (*if ‘Yes’ then please give details*)

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***5. If you’ve had to stop taking these treatments, or are concerned about possible side-effects, would you like to be seen in our bone clinic to discuss other osteoporosis treatment options?***

 No ☐ Yes ☐

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Patient Name: Hospital No: