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| ***NHFD Quarterly Governance Meeting review tool:* 1. How good are our NHFD data?** |
| ***Click:***  | ***Ask:*** | ***QI recommendation:*** |
|  | **How confident are we that we are submitting data on all of our patients?** |
| [**Overall\_Performance**](https://www.nhfd.co.uk/20/NHFDCharts.nsf/Charts/OverallPerformance)*… and look up your hospital's name* | Does the total number of people presenting with hip fracture (blue bar chart) fit with previous years? | If there is a problem then consider a review of case finding to ensure you're not missing patients who should have been entered |
| Does the total number presenting with hip fracture (blue bar chart) fit with any recent change in your service? |
|  | **How confident are we of the quality of the data we are submitting?** |
| [**Casemix\_data**](https://www.crownaudit.org/20/NHFDCharts.nsf/vwcharts/Casemix?open)*… and look up your hospital's name* | Is 'missing data' (solid black line) as good as the national average (dashed black line)  | If you find a problem then consider a review of how relevant data are recorded in patient notes, collected and submitted |
| Are key 'casemix data' (red, yellow, green, blue lines) broadly consistent with the national picture |
| If not then is this something that you'd expect given what you know about your local population? |
| Or might it suggest errors in the data being collected and submitted by your local team? |
|  | **How are we performing in terms of casemix adjusted 30 day mortality?** |
| [**Casemix-adjusted\_Mortality**](https://www.nhfd.co.uk/20/NHFDcharts.nsf/vwcharts/Mortality?open)*… and look up your hospital's name* | Is there a substantial difference between crude (dotted black line) and casemix adjusted (solid black line) 30 day mortality  | If so then this may reflect a problem with the completeness or quality of submitted data (see above) |
| If casemix adjusted mortality is above 95% (blue) control line your clinical leads will be notified to address this before it reaches 'outlier' status (below). | [Root cause analysis](https://www.england.nhs.uk/wp-content/uploads/2022/02/qsir-using-five-whys-to-review-a-simple-problem.pdf) may help to identify avoidable or preventable factors which might play a part in individual cases and which might provide a focus for local QI work. |
| If remains above 99.8% (red) line for two quarters then clinical leads and hospital execs. will be informed about formal outlier management process |
| Is your casemix adjusted mortality below the lower control limits?  | If so then this is an achievement to celebrate with your local team |
|  | **What do our patients think of the care they received?** |
| [**120 day follow-up questionnaire**](https://www.nhfd.co.uk/20/hipfractureR.nsf/docs/reports2019)*… review feedback you have received* | How do our patients rate their care on the NHS [Friends and Family Test](https://www.england.nhs.uk/publication/nhs-england-and-nhs-improvement-guidance-using-the-friends-and-family-test-to-improve-patient-experience/)? | Encourage trainees to collate and present patient feedback so a team action plan can be discussed at monthly governance meeting |
| What issues and suggestions do they mention in their feedback questionnaire? |
| Do patients report problems, e.g. with obtaining prescriptions or side-effects of bone strengthening treatment? |

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| ***NHFD Quarterly Governance Meeting review tool:* 2. How good is our performance?** |
| ***Click:***  | ***Ask:*** | **QI recommendation:** |
|  | **How are we performing in terms of NHFD Key Performance Indicators?** |
| [**KPI Overview**](https://www.nhfd.co.uk/20/NHFDCharts.nsf/Charts/KPIsOverview)*… and look up your hospital's name* | Are we below the national average on any of the Key Performance Indicators? | Make below average KPIs a focus for clinical governance |
| Which KPIs should be a focus for attention in our hospital? |
|   | **How did our hospital's performance compare with others last year?**  |
| [**KPI\_Benchmarking**](https://www.nhfd.co.uk/20/NHFDCharts.nsf/fmKPIs?ReadForm)*… and look up others in your region* | Are we significantly below the national average on any of the KPIs? | Make KPIs that are significantly low the focus for local QI |
| Are we significantly above the national average on any of the KPIs? |
|  | **How does our hospital's performance compare with others in the country?**  |
| *… flick through the caterpillar plots of individual KPIs to see exactly how your hospital's performance compares with other units; particularly looking for other local hospitals from whom you might learn or with whom you might collaborate in QI projects* |
| **Attention to comfort** | Use [Assessment table](https://www.nhfd.co.uk/20/nhfdcharts.nsf/fmbenchmarks?ReadForm&report=assessment&year=2021) to benchmark 4 hour admission to an appropriate MDT setting, and [Anaesthesia runchart](https://www.nhfd.co.uk/20/NHFDCharts.nsf/vwcharts/Anaesthesia?open) to review nerve block provision | Admission delays are complicated to address, but provision of nerve blocks would be an ideal focus for a local QI project |
| [**Orthogeriatric\_Review**](https://www.nhfd.co.uk/20/NHFDCharts.nsf/vwcharts/KPI1-Promptreview?open) | Do clerking, initial assessment and post-take rounds make efficient use of orthogeriatrician time; are they doing things others should have covered?  | How does local orthogeriatric staffing compare with other hospitals (see [NHFD annual report 2019](https://www.nhfd.co.uk/20/hipfractureR.nsf/docs/reports2019), page 5) |
| [**Prompt\_Surgery**](https://www.nhfd.co.uk/20/NHFDCharts.nsf/vwcharts/KPI2-Promptsurgery?open) | Why are our patients not getting to theatre promptly? (*clinical leads can use* **NHFD website 'export' facility** *to download individual reasons for this*) | Use these to decide on priorities for QI work – e.g. on quality of pre-op. work-up, or protocols to avoid common causes for delay |
| [**NICE\_Compliant\_Surgery**](https://www.nhfd.co.uk/20/NHFDCharts.nsf/vwcharts/KPI3-NICEcompliance?open) | How good are our theatre data? Look at your local **'Fracture by Surgery' chart** *(clinical leads can log in, or allow others ‘read only’ access to local data on the NHFD website)*  | Audit theatre data quality; when this is accurate then deviation from specific NICE recommendations should be a topic for a QI project? |
| [**Prompt\_Mobilisation**](https://www.nhfd.co.uk/20/NHFDCharts.nsf/vwcharts/KPI4-Mobilisation?open) | Why are our patients are not getting up promptly after theatre? (*clinical leads can use* **NHFD website 'export' facility** *to download detail of this*) | Decide on priorities for local QI – e.g. how are pain/BP manged in peri-op. period, or how is day 1 mobilisation staffed/organised? |
| [**Delirium\_Free**](https://www.nhfd.co.uk/20/NHFDCharts.nsf/vwcharts/KPI5-Delirium?open) | Units at extremes of caterpillar plot should review the accuracy of [4AT scoring](https://www.the4at.com/) and consider the need for local training | Units marked as red should use QI to improve 4AT testing and [root cause analysis](https://www.england.nhs.uk/wp-content/uploads/2022/02/qsir-using-five-whys-to-review-a-simple-problem.pdf) of delirious patients to improve prevention |
| [**Returned\_Home**](https://www.nhfd.co.uk/20/NHFDCharts.nsf/vwcharts/KPI6-Homereturn?open) | Units marked as red should check that the outcome for people transferred to rehabilitation in other hospitals/services is captured | Establish [120 day follow-up](https://www.nhfd.co.uk/20/hipfractureR.nsf/docs/reports2019) to improve KPI6, to learn from your patients, and to help them persistence with bone protection |
| **Bone protection** | What are we doing about bone protection? Look at your local **'Bone medication' chart** *(clinical leads can log in, or allow others read only access to local data on the NHFD website)*  | 120 day follow-up is crucial, but use [NHFD annual report 2021](https://www.nhfd.co.uk/FFFAP/Reports.nsf/0/220AC3A08F5AC22080258789007CCC92/%24file/NHFD_2021_Report.pdf) page 23, and the [Bone Protection download](https://www.nhfd.co.uk/20/hipfractureR.nsf/report?open&NHFD+Bone+Protection+2020) and to benchmark your approach to care (e.g. use of injectables) against other units |
|  | **How are our Key Performance Indicators responding to ongoing QI work?** |
| [**KPI\_Runchart**](https://www.nhfd.co.uk/20/NHFDCharts.nsf/vwcharts/KPIs?open) | Annualised trends in KPIs are shown in these run-charts. Click on the third column to compare your local data with national averages for each KPI. | The impact of service changes is easier to see if you click on the first column in the legend to see graphs of your monthly figures |