

Top Tips

Getting started with a Hip Sprint 2 audit.

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HipSprint2 is a locally driven clinical audit of physiotherapy practice, facilitated by the CSP. It aims to help local teams identify where they can improve their local service pathway, and optimise levels of rehabilitation provided in line with the HipSprint 1 recommendations and CSP standards.

Tip 1 – Check your Hip Sprint 1 Results

You need to know where you are starting from. How did your service perform in Hip Sprint 1? Ask yourself these questions: What do we want to accomplish? How will we know if a change is an improvement? What measure of success will we use?

Tip 2 – Identify your Acute Trust NHF D lead

Data on hip fracture is collected by the NHFD and Trusts are paid according to NHFD performance criteria. All Acute Trusts have a named NHFD lead. Even if you work in intermediate care and/or community, the acute Trust retains responsibility for collecting NHFD data. Knowing your NHFD lead can help you make connections with everyone involved in hip fracture rehab.

Tip 3 – Identify your patient pathway

There are a many models of care provided and the pathway chosen may depend on the patient. You need to know the pathway of care provided so that you can identify all the named physiotherapy key contacts in your up and/or downstream services. You must do this in order to ensure continuity of care, reduce breaks in rehab provision and ensure appropriate communication between rehab providers.

Tip 4 – Follow a clear audit process

Follow a defined audit approach. The PDSA approach lets you make small changes and assess impact before making large-scale change. Remember to only measure against the CSP hip fracture standards and not a local variation. For example, do not substitute 'getting out of bed' with 'feet to floor' <https://improvement.nhs.uk/resources/pdsa-cycles/>

Tip 5 – Audit for 30 consecutive days

Think of Hip Sprint 2 as a very quick 'flash' audit. Gather data for each of your patients starting rehab following hip fracture surgery over any 30-day period. Use the CSP audit

tools, which have been designed to be quick and easy to fill in. Use one data collection form per patient. The audit tool can follow the patient through the pathway.

Tip 6 – Review your results

At the end of 30 days collate all your results and review your audit findings. Give an overview of findings using clear data and compare your findings to the CSP standards and the NHFD dataset (if applicable). For example, *“95% of hip# patient were assessed on D0/1 by a physiotherapist, against CSP and NHFD standards of 100%.”*

Tip 7 – Plan your changes for improvement

Why are your findings important? Have you already shown an improvement against Hip Sprint 1? If so, is it sustainable? What standard is your priority for improvement? Who do you need to link with in order to make further improvements? Put a plan in place to continue improving.

Tip 8 – Join your local Hip Sprint Hub

The CSP is creating a number of regional HipSprint Hubs on our Virtual Learning Environment (VLE) resource. This is a member-led virtual space where you can connect with other physiotherapy workers in your locality to work together to improve your local hip fracture services, share your improvement activities, and learn from others who may be able to help with issues you are experiencing.

Tip 9 – Share your audit results with the CSP

Don't keep things to yourself! Share your audit results¹ with the CSP so we can build a picture of change across England and Wales. Be prepared to identify key points about your work so that others can learn from you. Identify your biggest **Challenge**, your **Solution** and the **Impact** your solution had on CSP standards and NHFD data improvement. Why not submit an abstract to PUK, or other conferences focussing on care of people with hip fracture?

Tip 10 – Do it all again

Don't stop after one round of audit. Improving hip fracture rehabilitation is a continuous improvement cycle and there is likely to be more than one CSP or NHFD standard you can focus on next time.

March 2019

¹ Please only share your main data findings and do not share any patient identifiable data with the CSP.