

Hip Sprint *Local*

HipSprint Local is the next phase of the CSP's work following on from the 'HipSprint' audit by the Royal College of Physicians and the National Hip Fracture Database (NHFD) in 2018.

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This is **not** another nationally co-ordinated central audit. This work is about encouraging physiotherapy teams to undertake **local audit** into hip fracture rehabilitation to embed the CSP's Hip Fracture Standards into everyday clinical practice. This work builds on the well-established continuous audit programme of the NHFD.

There are 7 CSP Hip Fracture Standards. Standards 1, 2 and 6 are already captured by the NHFD dataset/facilities audit. We provide audit tools for members to use with the remaining standards that are outside the NHFD dataset.

Here's how your physiotherapy teams can get started...

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? Find your Trust's online dashboards and outcome benchmarks here: <https://nhfd.co.uk/>

Tip 2 – Identify your Acute Trust NHFD lead

Even if you work in intermediate care and/or community settings, 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

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 e.g. PDSA cycles. Remember to only measure against the CSP Hip Fracture Standards and not a local variation. For example, do not substitute 'mobilising' with 'feet to floor'. <https://improvement.nhs.uk/resources/pdsa-cycles/>

Tip 5 – Audit for 30 consecutive days then review

Keep it simple. For example, perhaps gather data for each of your patients starting rehab following hip fracture surgery over any 30-day period. Use one data collection form per patient. Find the CSP audit tools you need here <https://www.csp.org.uk/professional-clinical/improvement-and-innovation/hip-fracture-rehab>

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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 your last available NHFD dataset (if applicable). For example, “95% of hip# patient were assessed on DO/1 by a physiotherapist, against CSP and NHFD standards of 100%.”

Tip 7 – Plan you changes for improvement

Why are you findings important? Have you already shown an improvement against Hip Sprint 1? If so, is it sustainable? Put a plan in to place to continue improving. Why not bring your results and any question to your next Hip Fracture Governance Meeting?

Tip 8 – 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 improve on for your next audit cycle. Depending on the results of your first audit you may have some work to do to make changes before you measure again to see the impact.

Tip 9 – Join your local Hip Sprint Hub

Connect with other physiotherapy workers in other local services. The CSP has created regional ‘HipSprint Hubs’; member-led virtual networks where you can connect with other physiotherapy workers in your locality to work together to improve your local hip fracture services. Find your hub here <https://vle.csp.org.uk/>

Tip 10 –Share your audit results with the CSP

Don't keep things to yourself! Share your findings with the CSP so we can build a picture of change across England and Wales. We have templates to help you create a 500 word abstract of your audit work. Why not submit your abstract to an academic conference?

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