CHARTERED SOCIETY OF PHYSIOTHERAPY

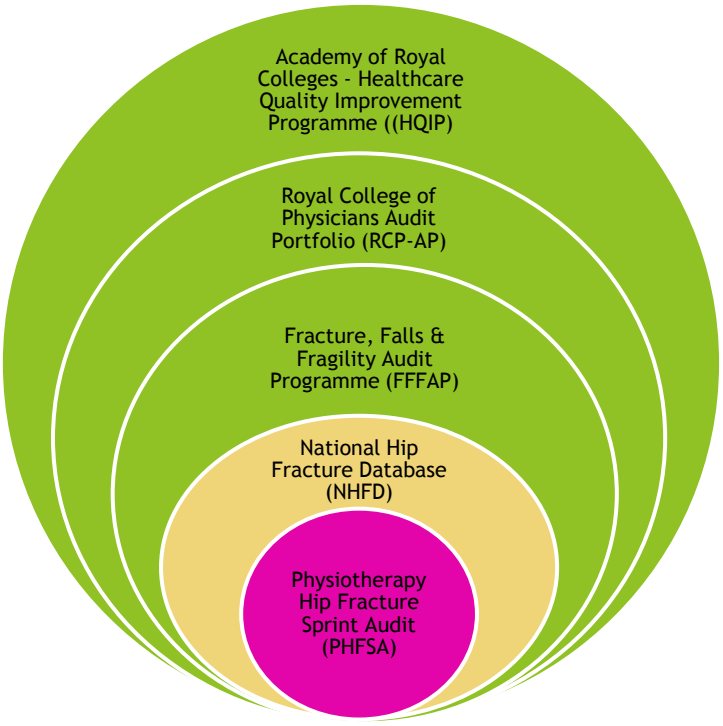
General FAQs - Physiotherapy Hip Fracture Sprint Audit (PHFSA)

1. What is the Physiotherapy Hip Fracture Sprint Audit (PHFSA)?

A ‘sprint audit’ is a very quick audit that provides rapidly available information that answers a specific question and/or gives a snapshot of services. The PHFSA aims to gain a detailed understanding of the physiotherapy management of patients with hip fracture in NHS hospitals in England and Wales. The ‘sprint audit’ has been commissioned by the CSP which will be in addition to the audit data already collected as part of the annual data collection for the National Hip Fracture Database (NHFD).

2. What is the National Hip Fracture Database (NHFD)?

The NHFD is a resource that collects information on the care provided to patients receiving treatment for hip fracture in England and Wales. All NHS acute hospitals in England and Wales submit data to the database. The NHFD publishes an annual report highlighting standards and variations in hip fracture care across the patient pathway. The NHFD forms part of a larger programme of work looking at Fracture, Falls and Fragility, both of which are led by the Royal College of Physicians.



3. Why is physiotherapy included in the NHFD?

NICE set out that physiotherapy and rehabilitation are fundamental components of hip fracture management[1],[2]. The NHFD collects some basic data on a patient's pre-fracture mobility level, and whether they are seen by a member of the physiotherapy team and mobilised soon after surgery.

4. What is the NHFD standard dataset?

It is a set of questions based around six areas of the treatment of hip fracture. The NHFD publishes a new dataset each year. The 2017 dataset is here: http://www.nhfd.co.uk/20/hipfractureR.nsf/docs/newsArchive?opendocument&year=2016

5. What physiotherapy questions are already asked in the NHFD dataset?

The audit askes about pre-fracture mobility, if the patient was assessed by a physiotherapist on the day of/or following surgery, if the patient mobilised on the day of/or following surgery, if a specialist falls assessment was undertaken, and if a MDT rehabilitation assessment was undertaken. At 120 days' post-op the audit asks about residential status and post-op mobility.

6. What is the NHFD dataset used for?

Hip fracture services are funded using the 'best practice tariff'. This is a national tariff that has been structured and priced to incentivise and reimburse NHS care that is high quality and cost effective. The hip fracture tariff is tailored to the clinical characteristics of best practice and the availability and quality of data in hip fracture management which is gathered from the NHFD. The NHFD data is used to set the tariff for funding hip feature services.

7. Why is the sprint audit being done?

Previous reports such as Getting It Right First Time (GIRFT) have highlighted unacceptable variations in physiotherapy and rehabilitation provision for hip fracture across the country. The data did not provide sufficient detail to understand the full variation in practice nor build a case for future investment in physiotherapy practice and service improvement. This is because the data collection stopped at the point of discharge from hospital and did not capture any long term follow-up outcomes. The

[1] NICE Guideline CG124 – Hip Fracture Management; June 2011
[2] NICE Quality Standard for Hip Fracture in Adults; November 2016

CSP wants to capture data at 120 days' post-discharge from acute care in order to gain a more accurate picture of the whole pathway of post hip-fracture rehabilitation.

8. What do you hope to achieve by doing this sprint audit?

We want to engage with sufficient members to make this a meaningful audit that has a measurable impact on the delivery of hip fracture services in England and Wales. We want to understand the extent of, and variation between, hip fracture rehabilitation services in NHS hospitals in England and Wales. We want to extend the routine data fields that are collected as part of the NHFD to ensure that robust data collection of rehabilitation is permanently captured within the NHFD. We want to provide information to members to help them make the case for improved clinical pathways and service delivery of rehabilitation following hip fracture. We want members to understand that good data collection is a standard part of routine practice, and is a reasonable expectation of record keeping.

9. Why is the 'sprint audit' important?

This is the first time the CSP has commissioned a national audit project to gain a detailed understanding of the physiotherapy management of patients with hip fracture. Understanding the audit results will help us identify where improvements in hip fracture rehabilitation can be recommended, and help us promote the value and impact of physiotherapy. It will also help us identify those service pathways that offer high quality care throughout the entire clinical pathway across both acute and community settings. The project also highlights the importance of standardised data collection as a fundamental part of good physiotherapy practice. We hope to use information from the sprint audit to inform future data sets within the NHFD audit tool, which may in turn influence the tariff paid for hip fracture services. Where reliable outcome measures on rehabilitation are available, this may help inform commissioning decisions about physiotherapy services.

10. What current hip fracture pathways exist?

A number of different pathways exist depending on how services are organised. For example, in Wales patients may have a relatively longer acute hospital stay and then be discharged back home, whether that is their own home or other residential setting. In England, patients may move straight form acute care back to their residential setting, or they many move from acute care to some form of step-down and/or intermediate care before returning home or moving to other residential settings. The sprint audit needs to capture data from each of these types of pathway, and at each phase of the pathway.

11. Who is running the sprint audit project?

The CSP has commissioned The Royal College of Physicians (RCP) to run the audit. The RCP audit department is running the audit as part of their work within the

Fracture, Falls and Fragility Audit programme (FFFAP). The RCP will manage the project methodology, organisation, dataset, data collection and analysis and evaluation of the sprint audit. The CSP will engage all relevant physiotherapists and professional networks to assist the RCP in undertaking the audit.

12. How is the CSP involved in this work?

We have commissioned the RCP to undertake the sprint audit. This work will be funded by the CSP Charitable Trust. The Society and its members are essential to the success and impact of this audit. We will be undertaking member engagement and recruitment activity as well as providing information-support to our members to support the RCP conduct the audit. It is imperative physiotherapists can demonstrate the value and impact of rehabilitation in a high-priority patient population in both clinically and cost-effective ways. We have previously worked with the British Orthopaedic Association to review hip-fracture rehabilitation.

13. What are the physiotherapy sprint audit additional questions?

These have yet to be finalised, the audit questions will gather data about mobilisation post-operatively, physiotherapy rehabilitation interventions, discharge destination, rehabilitation after hospital discharge, recovery of mobility, information provided about rehabilitation and 120 day follow up. The additional questions aim to gather information about functional outcome measures of rehabilitation as well as the extent of rehabilitation services provided after the patient has left acute hospital care.

14. What is the timetable for the project?

The audit project will be completed by the end of 2017 with a full report published by the RCP. The CSP and RCP will be identifying and engaging members during February to April 2017. The first stage of data collection will take place during May and June 2017. The 120 day follow up data collection will occur during September and October 2017.

15. When will the sprint audit data collection take place?

We expect initial data collection to start in acute services during May and June 2017. The audit will then capture data at key phases during the hip fracture rehabilitation pathway, and the exact timings of the different phases of data collection will depend on how your local pathway is organised, how well communication within the existing pathway works and whether there are any expected or unexpected gaps in the pathway.

There are likely to be four or five key data collection phases:

i. For the first 7 days of an acute admission
ii. For the first 7 days in the next part of the pathway – this might be step-down care or intermediate care, if this provision is provided

iii. For the first 7 days of the next part of the pathway – this is likely to be in a community setting, and may include many patients who are back in their residential settings.
iv. 120-day post-up follow up. This will be in community and/or residential settings
v. (pre-fracture status information will be collected by the NFHD teams. You will not be involved in this)

The data collection times may be altered to ensure enough robust data is captured from which to draw reliable conclusions.

16. Which physiotherapists are involved?

All physiotherapists involved in the care of patients receiving treatment for hip fracture in all the acute hospitals and community care settings in England and Wales may be involved. Depending how hip fracture services are locally organised, this might be via orthopaedic physiotherapy services, or via elderly care services. We expect that the NHFD co-ordinator in each hospital will link with the lead hip fracture physiotherapist in each acute service to ensure all hospitals have the opportunity to be involved.

Many community physiotherapists, either working within acute or community Trusts, may be involved. The NHFD does not have links with community Trusts, so it may be harder to identify who these physiotherapists are. The CSP will access its membership database to identify members who say they work in orthopaedics and may contact these members directly to invite those who work in relevant settings get in contact.

17. How will I be involved?

This may depend on how your hospital currently organises NHFD data collection. Within each Trust, each physiotherapist treating hip fracture patients may complete an NHFD audit form, or it may be one person within the team, or it may be done by administrative staff. Regardless of who currently undertakes the data collection, you may be asked by your Trust NHFD co-ordinator or lead hip fracture physiotherapist to ensure that you complete a sprint audit data form for all your caseload patients who have a hip fracture during the sprint audit.

18. I don't have time. Why do I need to be involved?

You may be the only physiotherapist in your hospital that can capture the data. It is important, as with all audit projects, that we have a sufficient level of hospital engagement with the project to provide enough data that is valid and reliable. We want to get an understanding of the nature of hip fracture rehabilitation across England and Wales. If you don't get involved, it may mean that your hospital does

not submit the additional information required, which in turn may mean that valuable outcome based evidence on the quality of services is not available your area.

It is important that the NHFD and the CSP gather accurate and reliable data of the current patterns of hip fracture rehabilitation in England and Wales. This will help the project team to make recommendations for future service provision and practice improvement. It will help us with the current CSP strategy of empowering our members to help us exert our influence in order to transform physiotherapy services for patients. It is also an opportunity for you to be involved in a national project which will influence future physiotherapy services. It's a great way to undertake some valuable work that you can personally use towards you CPD activity. You could use your participation in this project as evidence that you continue to meet the HCPC standards of proficiency for physiotherapists.

19. What do I need to do?

You will need to complete an online web-based audit tool for each of your patients receiving treatment for hip fracture. Or if you are not involved in data submission for the NHFD currently in your hospital, you will need to ensure that your patient records or data collection is made available to the person who does that job in your hospital.

20. How do I complete the audit?

You will need to complete an online web-based audit tool for each of your patients receiving treatment for hip fracture. Or if you are not involved in data submission for the NHFD currently in your hospital, you will need to ensure that your patient records or data collection is made available to the person who does that job in your hospital. If you work in a community setting you may have to collect the data yourself

The questions will have a number of tick box options. You simply tick the option that best applies to your patient for the question asked. The questions will be collected via a web based tool.

Each physiotherapist contributing data to the sprint audit may need their own unique NHFD log in. The NHFD is already aware that more log-ins may be needed.

21. How much time in needed to complete the audit forms?

We anticipate the initial 5 audit questions at time of acute hospital admission will take a maximum of 10 minutes to complete for each patient. The subsequent audit questions, which are likely to be completed in a community care setting will similarly take a maximum of 10 minutes to complete for each patient.

We understand that you may feel that this is a lot of time spent on audit when your time is pressured. Please bear in mind that it may not be you that completes the form, particularly if your service already has someone who captures this data. Also, the initial data is already being captured so we are not asking hospitals to collect

anything new. The 120-day follow up data may be a new set of information to be collected. However, the ability to assure the quality of your practice including data collection, audit, and participation in is audit programmes is already a mandatory requirement of your practice as set out in the Health and Care Profession Council's Standards of Proficiency for Physiotherapists, so you could use the time to support these activities.

22. How will you ensure that complete data from any one patient is collected from both acute and community settings?

We are working to identify the key physiotherapists involved in hip fracture rehabilitation from both acute and community service settings. The data collection form should enable that data from both sources, collected at time of admission and at 120-day follow-up, can be matched up to give a picture for any one patient of their outcomes at all parts of the care pathway.

We know however, that in some cases there are barriers between acute and community care settings and communication across the settings may not be as effective as it could be. It has already been identified that there may be unacceptable variations in provision across the country. In particular, whilst each acute hospital has a dedicated NHFD lead (through which we can identify relevant physiotherapists), there is no comparable structure in community settings. In some cases, an acute hospital physiotherapist may not be clear on who the relevant contact is in a community setting. This audit may highlight those problems, particularly as 120-day follow up data has not been routinely collected before.

Where gaps are identified in audit data, this will be used to make recommendations for suggested future service improvements.

23. Do I need to get the patient's explicit consent to collect data on their hip fracture rehabilitation and outcomes?

No. There is already provision within the Data Protection Act and health services legislation to allow this type of date to be collected for the purposes of audit. Speak to your acute hospital NHFD or community trust data controller lead if you want more details.

24. How do I get involved?

Contact

- your local acute hospital NHFD co-ordinator OR your community trust rehabilitation lead to get involved locally
- your Trust lead orthopaedic and/or older person's physiotherapist who is responsible for hip fracture services
- the CSP on hipsprint@csp.org.uk

25. What if I have concerns about the levels of hip fracture rehabilitation of the existing quality of hip fracture care in my service?

The purpose of this audit is to understand the national-level picture of hip fracture rehabilitation. It has already been identified that there may be unacceptable variations in provision. This project is looking to understand this 'post-code' lottery of services. It is not being used to judge individual services or highlight where standards may be failing. Data will be available that shows the variation in services as the RCP sprint audit project team will know which hospital sites have submitted data, but no individual staff or patients will be identifiable.

If you do have any concerns about patient safety or the quality of care provided in any context you should continue to raise those concerns through your existing local channels.

26. Will my service be identifiable in the audit?

The RCP sprint audit project team will know which hospital sites have submitted data as part of the NHFD coding used, but no individual staff or patients will be identifiable. If there are services that are identified that currently provide services that are above and beyond the 'reasonable standard of care' that must be provided, the CSP project team may make a direct and private contact to the lead physiotherapist. This is because the CSP may wish to promote the service as a Case Study example of good practice.

27. How can I link participation in this audit to my CPD activity?

There may be many ways you choose to integrate this work with your personal CPD plans. HCPC registration requirements can be a good place to start. Using the sprint audit to show how you have continued to meet some of the HCPC Standards of Proficiency for Physiotherapists may be useful for you. The HCPC standards (listed in the brackets below) require amongst other things that you are able to

- make and receive referrals (4.5)
- contribute effectively to work undertaken as part of a multidisciplinary team (9.4)
- be able to reflect on and review practice (11)
- be able to gather information, including qualitative and quantitative data, that helps evaluate the responses of service users to their care (12.2)
- be aware of, and participate in, quality assurance programmes where appropriate (12.5)
- recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and improvement programmes (12.8)

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28. How can I contact my peers who are also involved?

Use iCSP – sign up to the 'Orthopaedic', 'Older People', 'Effective Practice' and 'Research' networks

AGILE – The professional network for physiotherapists working with older people http://agile.csp.org.uk/

ATOCP – The professional network for trauma and orthopaedic physiotherapists http://atocp.csp.org.uk/

29. Does the sprint audit link to any other relevant areas of hip fracture work?

Yes. The sprint audit can link to other areas of established research. Oxford University's Nuffield Department research group called 'Oxford Trauma' undertakes a number of leading research trials that link to the FFFAP programme, including the World Hip Trauma Evaluation (WHiTE) programme. Find out more here:

https://www.ndorms.ox.ac.uk/research-groups/oxford-trauma

In particular, Oxford Trauma is undertaking a major piece of work to set the research priorities in future physiotherapy involvement for fragility fracture management. CSP member Dr Rebecca Kearney is on the Steering Group for this project partnership. An online survey is open until April 2017 and takes 10-15 minutes to complete. Get involved here:

https://oxford.onlinesurveys.ac.uk/brokenbonesinolderpeople

30. What are the key documents to support this work?

NICE Guideline CG124 – Hip Fracture Management, June 2011 https://www.nice.org.uk/guidance/cg124

NICE Quality Standard for Hip Fracture in Adults; November 2016 https://www.nice.org.uk/guidance/qs16

Getting It Right First Time- Review of Orthopaedic Services (2012). British Orthopaedic Association http://www.boa.ac.uk/pro-practice/getting-it-right-first-time/

National Hip Fracture Database 2017 Dataset (v10) http://www.nhfd.co.uk/20/hipfractureR.nsf/ResourceDisplay

Health and Care Professions Council (2013). Standards of Proficiency for Physiotherapists. http://hcpc-uk.org/publications/standards/index.asp?id=49

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31. Why is Scotland not included in the audit?

Due to devolution, there is no legal basis for the FFFAP programme to capture data for Scotland. Scottish hospitals are not part of the NHFD network and there is no framework to allow legal flow of such data.

32. Why is Northern Ireland (NI) not included in the audit?

Northern Ireland has a specific legal prohibition which prevents flow of identifiable data to databases outside of NI even if within the rest of the UK. A manual NHFD data entry form does not exist in NI. Whilst Northern Irish hospitals have paid to have their own bespoke data upload portal that anonymises NHFD patient data within Northern Ireland, this data cannot be shared outside Northern Ireland.

Got any further questions or suggestion for what we need to include?

Tell us! We'd love to hear from you and please e-mail us directly on our shared e-mail hipsprint@csp.org.uk

The CSP project team includes:

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