

REDUCE guide: Clinical Governance for effective hip fracture care

Point and Purpose

Clinical governance (CG) assures the effectiveness and safety of a clinical service and CG meetings are the forum for reviewing quality outcomes, planning and driving service improvement. The membership, agenda and frequency of meetings influences patient outcomes and this guide supports the effectiveness of the CG process.

1. Frequency

Meetings should occur **monthly** at a consistent scheduled week/day/time.

2. Attendance

Attendees should include:

- Consultant Orthogeriatrician
- Nursing lead
- Physiotherapist
- Occupational therapist
- Consultant Orthopaedic surgeon
- Emergency Department staff member
- Pharmacist
- (Quarterly attendance by Consultant Anaesthetist is recommended)

Attendance by healthcare professionals in training provides a valuable learning opportunity.

3. Agenda

The agenda should be standing, balanced and structured, to ensure careful timekeeping so that no one team dominates the meeting agenda, giving equitable audience to all members of the MDT.

The standing **monthly** agenda can include review of, and matters arising from:

- a) Minutes of the last meeting and matters arising
- b) Ward activity and developments (e.g. new staff, equipment, ward routines)
- c) Therapy activity (physiotherapy and occupational therapy)
- d) Outliers (patients not on home ward): numbers, reasons, matters arising
- e) Theatre activity

- f) Complaints, PALS reports, root cause analyses (RCAs), DATIX reports (see section 4 below)
- g) Patient feedback (Friends and Family Feedback for the ward; NHFD patient feedback 120-day questionnaire (see section 5 below))
- h) Update on any new hospital policies with relevance to hip fracture care
- i) Hip fracture research (if applicable)
- j) Agree decisions, actions and dissemination plan

Additional **quarterly** standing agenda items include:

- k) Review of hospital performance against [NHFD KPIs](#) (using the [NHFD Quarterly Governance Meeting review tool](#))
- l) Local quality and service improvement initiatives - review results of completed audits, progress of active audits, and the plan for future audit. Agree actions arising from service improvement initiatives (see section 6 below)

4. Complaints, PALS reports, root cause analyses (RCA), DATIX reports

A culture of learning and growth is encouraged by open incident reporting, investigation, and feedback. At CG meetings the number and thematic evaluation of incidents should be discussed, and actions and timescales for communication agreed.

Complaints

Complaints should be reviewed quarterly, monitored in accordance with regulatory requirements and are normally managed in collaboration with the Patient Advice and Liaison Service (PALS). The type of complaints should be reviewed, any common themes and learning points identified and addressed by an agreed documented action plan which should include a timeframe and specific outcomes.

Root Cause Analysis (RCA)

RCA can be a useful tool in managing incidents and complaints to understand the factors contributing to an incident and define opportunities for preventing a similar thing happening again. RCA should be structured, effectively define a problem/incident, investigate and collect information to understand the problem/incident, find the root cause(s), develop countermeasures to address the root cause(s) and ensure these countermeasures are effectively implemented and maintained. For smaller problems, NHS England and NHS Improvement recommend the [‘Five whys’ to review a simple problem](#).

DATIX reports

Datix is the software used by the NHS for clinical and non-clinical incident reporting (and managing complaints and legal claims) and forms part of the Risk Management Strategy. Involving the MDT in reviewing all DATIX events quarterly with communication of actions taken to prevent incidents happening again is an inclusive way of encouraging the use of incident reporting to support improvement.

Action Triggers

It is important to agree triggers for automatic investigations when targets/standards are not met within a service so that these are acted upon, for example if 30-day mortality increases, or the service becomes an outlier for an NHFD metric.

5. Patient Feedback

Patient experience feedback should be reviewed, discussed and acted upon regularly through use of the Trusts 'Family and Friends' test (Appendix 1). The REDUCE Study has shown evidence that units which routinely discuss patient feedback achieve better outcomes than those which do not take an interest in their patients' experiences. Services should have an action plan against agreed timescales to address patient feedback which should be implemented and reviewed at monthly CG meetings.

120-day follow-up

Monitoring patients at this time point, by either a patient survey or telephone follow-up, allows the service to investigate not only the place of residence at 120 days but also adherence to bone sparing treatments prescribed by the hospital. This enables the service to identify barriers and opportunities to support patients in maintaining their bone protection following discharge and in the longer term.

Completion rates and thematic evaluation of responses should be used to make improvements through an action plan with agreed timescales where deficiencies are identified.

An example template is shown in Appendix 2

6. Quality & Service Improvement Programme

On the quarterly agenda, a hip fracture service's quality and service improvement programme should include the review of audit data, planned improvement innovations with agreed timescales, and progress against these timescales.

Routine audit review should include:

- a) Performance against NHFD KPIs
- b) Hip fracture outliers: number, reasons, and achievement of standards of care for these patients
- c) Achievement of speciality REDUCE checklists
- d) Results of completed local and hospital specific audits, the progress of active audits, and the plan for future audits within the service.

Action plans should be agreed, documented and implemented from all reviews. Quality and service improvement feedback should be shared with the wider hip fracture team staff on the ward(s) and reported into the Trust's quality structure or processes.

Appendix 1: NHS Friends and Family Test (FFT)

The NHS FFT is designed to be a quick and simple way for patients and other people who use NHS services to give feedback, which can then be used to identify what is working well and to improve the quality of any aspect of patient experience. It is made up of a single mandatory default question, followed by at least one open free-text question. The guidance recommends a pair of free-text questions to elicit good quality feedback, but this is not mandatory; providers can choose which free-text questions to ask, based on what they want to know about.

Single mandatory default question

1. Overall, how was your experience of our service?

- Very good
- Good
- Neither good nor poor
- Poor
- Very poor
- Don't know

Possible open free-text questions:

2. Please can you tell us why you gave your answer [to the first question]?
3. Please tell us about anything that we could have done better

You can ask additional free-text questions (not too many, keep it quick and simple), and/or additional tick box questions e.g. demographic questions, who is answering (patient, carer, parent/guardian).

Collection methods:

The National Hip Fracture Database (NHFD) has developed a template for collecting FFT in a postal questionnaire, but you can use whatever collection methods work best for you and patients (text messages, web pages etc), including using multiple methods to ensure accessibility and inclusion (no cost should fall on patients when they give feedback, including for responding by text message).

Hip fracture teams should:

- have robust mechanisms to ensure that action plans are developed and monitored to deal with patient feedback
- provide visible evidence in public places to show what actions have taken place because of patient feedback
- work with professional and clinical networks so examples of good practice can be replicated by others.

Appendix 2: Adapted from NHFD 120-day follow up template

My hip fracture care: collecting 120-day follow-up NHFD data

NICE CG124 recommends 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.

The NHFD KPI 6 is "Return to original residence by 120 days". This KPI was chosen since patients place great emphasis on the importance of returning home. Poor performance is indicated by acute hospitals with a high proportion of patients moving to a residential or nursing home after a hip fracture admission, or if patients remain in a rehabilitation facility by 120-day follow-up.

Such hospitals can improve their understanding of patient outcomes by routinely asking about patients' progress after transfer to rehabilitation. Patients who successfully get back home from such rehabilitation can be recorded in draft in the 120-day follow-up section on NHFD website. This will make it easier to organise 120-day follow-up. This field can then be updated if additional people are found to have returned home at 120-day follow-up.

The NHFD KPI 7 states "a patient with a hip fracture should be given a suitable bone strengthening treatment and followed-up to ensure that they are still receiving this protection 120 days after their fracture". Patients with a hip fracture are at very high risk of sustaining a further fracture and because their absolute risk of further fracture is so high, they have the most to gain from bone strengthening treatment. The risk of re-fracture is highest immediately after a first fracture, so time is of the essence, getting people onto bone strengthening treatment promptly, is key. Without effective bone strengthening treatment one in twenty people who break their hip will come back to hospital with a second hip fracture. Contacting patients at 120-days provides an ideal opportunity to examine how many patients are still on treatment, whether they are taking it as intended, and to offer support to those who are having problems.

Many units have yet to establish systems for 120-day follow-up and in this document, we present a template on which to build. If the questionnaire below is sent with a covering letter from someone who knew the patient on the ward, you should expect a reply from more than half of patients.

While this approach cannot replace the direct data collection by follow-up in clinic or by telephone, we suggest that local hip fracture teams who currently lack any infrastructure for 120-day follow-up consider downloading and adapting this Word document for their own needs.

120-day follow-up questionnaire post-hip fracture – All patients

<Insert hospital logo and department details>

Patient Name:

Hospital No:

Date:

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?

Yes No (if 'Yes' then please give details)

2. How do you usually get around now?

- 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 living now?

- My usual home address
- In a care home- temporarily
- With friends or relatives- temporarily
- In a care home- permanently
- With friends or relatives- permanently

4. Will this be your permanent address over the next year?

Yes No (if 'No' please give details)

5. How satisfied were you with the care you received in hospital (with your hip fracture):

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

- | | | | | | |
|--------------------------|--------------------------|--------------------------------|--------------------------|--------------------------|--------------------------|
| Extremely
Likely | Likely | Neither Likely
nor unlikely | Unlikely | Extremely
Unlikely | Don't
know |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

120-day follow-up questionnaire post-hip fracture – only sent to patients who were started on oral bone protection medication

<Insert hospital logo and department details>

Patient Name:

Hospital No:

Date:

Bone strengthening

When you were with us after your recent hip fracture, we recommended you to take Alendronate tablets to be taken first thing after getting up one morning each week, washed down with a large glass of tap water, avoiding all other food and drink and medicines for at least half an hour afterward taking the tablet.

We enclose an information sheet explaining more 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 ten years?

Yes No

2. Have you had any problems taking this treatment

Yes No (if 'Yes' then please give details)

We also recommended that you take supplements of vitamin D (cholecalciferol), sometimes this is taken as a tablet combined with calcium?

3. Are you still taking these?

Yes No

4. Have you had any problems getting a repeat prescription for either of these medicines?

Yes No (if 'Yes' then please give details)

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

Yes No

Thank you for your time completing this short questionnaire.