Using data to improve care: National Hip Fracture Database next-generation online reporting

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Aims

The National Hip Fracture Database (NHFD) is commissioned by the Healthcare Quality Improvement Partnership (HQIP) as part of the RCP's Falls and Fragility Fracture Audit Programme (FFFAP). It is a national clinical audit of care of patients with a fragility hip fracture, which sets out to improve patient care through measurement and audit against evidence-based standards. In 2014, the NHFD invested in improving online, real-time reporting for hip fracture units to provide useful data to support local quality improvement initiatives.

Methods

A selection of metrics, based on evidence-based standards, were agreed and developed into a series of dynamic online run charts allowing the longitudinal review of local data – benchmarked against national figures. These run charts have the ability for indicators to be turned off to emphasise particularly good or poor performance, as well as the drilling down into specific time series.

Results

A number of run charts have been developed, including metrics such as 30-day mortality, time to operative treatment, time to orthopaedic ward, access to orthogeriatic care and appropriate prescription of bone protection medication. In addition, a chart of a composite indicator based on the criteria of NHS England and Monitor's Best Practice Tariff initiative has been developed. This charting was launched in September 2014, available online for all registered NHFD users and was provided to hospital chief executives as snapshot hard copies with a brief personalised clinical commentary. User feedback has been overwhelmingly positive.

Conclusions

While national reporting of clinical audit data remains useful to provide an overall picture of variation in services, the authors believe that hospitals should benchmark the quality of their care against their own past performance and strive

to constantly explore opportunities to improve the quality of care. NHFD next generation reporting provides tools to local clinicians and managers to analyse the performance of their services and to evaluate the impact of quality initiatives.

Conflict of interest statement

Four of the authors are employed by the Royal College of Physicians (RCP). Two of the authors are contracted by the RCP to deliver clinical leadership. One of the authors is contracted by the RCP to deliver IT services. ■

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