

Hip Fracture Clinical Care Standard 2023

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Hip Fracture Clinical Care Standard 2023

Identifying and definitional attributes

Metadata item type: Indicator Set

Indicator set type: Other

METEOR identifier: 780812

Registration status: [Australian Commission on Safety and Quality in Health Care, Standard 10/09/2023](#)

Description:

The Australian Commission on Safety and Quality in Health Care has developed these indicators to support health service organisations to monitor implementation of the care described in the Hip Fracture Clinical Care Standard (ACSQHC 2023). The indicators included in this specification are a tool to support local clinical quality improvement and may be used to support other quality assurance and peer review activities.

The goal of the standard is to:

- Reduce unwarranted clinical variation in the assessment and management of people with a hip fracture to optimise outcomes and reduce their risk of another fracture
- To ensure timely assessment and management of a hip fracture, timely surgery if indicated, and the early initiation of a tailored care plan aimed at restoring movement and function.

The clinical care standard relates to the care that people with a suspected hip fracture should be offered from presentation to hospital through to completion of treatment and discharge from hospital. This also includes people who sustain a hip fracture while in hospital. The target age for the clinical care standard is 50 years and older but is also appropriate for people aged under 50 years with a suspected hip fracture judged to be due to osteoporosis or osteopenia.

A clinical care standard contains a small number of quality statements that describe the clinical care expected for a specific clinical condition or procedure. Indicators are included for some quality statements to help health service organisations monitor how well they are implementing the care recommended in the clinical care standard.

The quality statements included in the Hip Fracture Clinical Care Standard are as follows:

1. Care at presentation. A person presenting to hospital with a suspected hip fracture receives care that is guided by timely assessment and management of medical conditions, including cognition, pain, nutritional status and frailty. Arrangements are made according to a locally endorsed hip fracture pathway.

2. Pain management. A person with a hip fracture is assessed for pain at the time of presentation to the emergency department and regularly throughout their acute admission. Pain management includes appropriate multimodal analgesia and nerve blocks, unless contraindicated.

3. Orthogeriatric model of care. A person with a hip fracture is offered treatment based on an orthogeriatric model of care as defined in the Australian and New Zealand Guideline for Hip Fracture Care.¹ A coordinated multidisciplinary approach is used to identify and address malnutrition, frailty, cognitive impairment and delirium.

4. Timing of surgery. A person with a hip fracture receives surgery within 36 hours of their first presentation to hospital.

5. Mobilisation and weight bearing. A person with a hip fracture is mobilised without restrictions on weight bearing starting the day of, or day after, surgery, and at least once a day thereafter, according to their clinical condition and agreed goals of care.

6. Minimising risk of another fracture. Before a person leaves hospital after a hip fracture, they receive a falls and bone health assessment and management plan, with appropriate referral for secondary fracture prevention.

7. Transition from hospital care. Before a person leaves hospital after a hip fracture, an individualised care plan is developed that describes their goals of care and ongoing care needs. This plan is developed in discussion with the person and their family or support people. The plan includes mobilisation activities and expected function post-injury, wound care, pain management, nutrition, fracture prevention strategies, changed or new medicines and specific rehabilitation services and equipment. On discharge, the plan is provided to the person and communicated with their general practice and other ongoing clinicians and care providers.

Relational attributes

Related metadata references:

Supersedes [Clinical care standard indicators: hip fracture 2018](#)
[Australian Commission on Safety and Quality in Health Care](#), Standard 15/05/2018

Indicators linked to this Indicator set:

[Hip Fracture Clinical Care Standard: 1a- Proportion of patients with a hip fracture who were screened for cognitive impairment using a validated tool on presentation to hospital](#)

[Australian Commission on Safety and Quality in Health Care](#), Standard 10/09/2023

[Hip Fracture Clinical Care Standard: 2a-Proportion of patients with a hip fracture who either received analgesia within 30 minutes of presentation or did not require it according to an assessment of their pain](#)

[Australian Commission on Safety and Quality in Health Care](#), Standard 10/09/2023

[Hip Fracture Clinical Care Standard: 2b-Proportion of patients with a hip fracture who received a nerve block prior to surgery](#)

[Australian Commission on Safety and Quality in Health Care](#), Standard 10/09/2023

[Hip Fracture Clinical Care Standard: 2c-Proportion of patients with a hip fracture who were transferred from another hospital for treatment who received a nerve block prior to transfer](#)

[Australian Commission on Safety and Quality in Health Care](#), Standard 10/09/2023

[Hip Fracture Clinical Care Standard: 3a-Proportion of patients with a hip fracture who had a clinical frailty assessment using a validated tool](#)

[Australian Commission on Safety and Quality in Health Care](#), Standard 10/09/2023

[Hip Fracture Clinical Care Standard: 3b-Proportion of patients with a hip fracture who were assessed for delirium following surgery](#)

[Australian Commission on Safety and Quality in Health Care](#), Standard 10/09/2023

[Hip Fracture Clinical Care Standard: 3c-Proportion of admitted patients with a hip fracture who received protein and energy oral nutritional supplements during their admission](#)

[Australian Commission on Safety and Quality in Health Care](#), Standard 10/09/2023

[Hip Fracture Clinical Care Standard: 4a-Proportion of admitted patients with a hip fracture who received surgery within 36-hours of their first presentation to a hospital](#)

[Australian Commission on Safety and Quality in Health Care](#), Standard 10/09/2023

[Hip Fracture Clinical Care Standard: 5a-Proportion of admitted patients with a hip fracture who were mobilised the day of, or the day after, their hip fracture surgery](#)

[Australian Commission on Safety and Quality in Health Care](#), Standard 10/09/2023

[Hip Fracture Clinical Care Standard: 5b-Proportion of admitted patients with a hip fracture who experienced a new Stage II \(or higher\) pressure injury](#)

[Australian Commission on Safety and Quality in Health Care](#), Standard 10/09/2023

[Hip Fracture Clinical Care Standard: 6a-Proportion of admitted patients with a hip fracture who received bone protection medicine while in hospital or a prescription prior to separation from hospital](#)

[Australian Commission on Safety and Quality in Health Care](#), Standard 10/09/2023

[Hip Fracture Clinical Care Standard: 7a-Evidence of local arrangements for the development of an individualised care plan for hip fracture patients prior to separation from hospital](#)

[Australian Commission on Safety and Quality in Health Care](#), Standard 10/09/2023

[Hip Fracture Clinical Care Standard: 8a-Proportion of patients with a hip fracture](#)

[who returned to pre-fracture walking ability within 120 days following surgery](#)
Australian Commission on Safety and Quality in Health Care, Standard
10/09/2023

[Hip Fracture Clinical Care Standard: 8b-Proportion of patients with a hip fracture who returned to live in a private residence within 120 days following surgery](#)
Australian Commission on Safety and Quality in Health Care, Standard
10/09/2023

Collection and usage attributes

National reporting arrangement:

Clinicians and health service organisations may choose to prioritise some of the suggested indicators based on the focus of quality improvement activities at the health service. No benchmarks are set for the indicators.

Comments:

Monitoring the implementation of the Hip Fracture Clinical Care Standard (ACSQHC, 2023) will assist in meeting some of the requirements of the National Safety and Quality Health Service Standards (ACSQHC, 2021).

Some data required to support computation of the indicators can be sourced from existing routine collections including local administrative data collections. Other data will need to be collected through clinical registry, prospective collections or retrospective medical record audits. It is important that collection of these indicators is undertaken as part of a quality improvement cycle and results are shared with all healthcare professionals involved in patient care.

Source and reference attributes

Submitting organisation:

Australian Commission on Safety and Quality in Health Care

Reference documents:

Australian Commission on Safety and Quality in Health Care. Hip Fracture Clinical Care Standard. Sydney: ACSQHC; 2023.

Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards. 2nd ed. – version 2. Sydney: ACSQHC; 2021.