



## **Hip Sprint Local Audit – Q and A**

### **What is Hip Sprint Local?**

It describes the next phase of the CSP's HipSprint work – the implementation of the CSP Hip Fracture Standards into everyday practice. It is member-led local work to investigate whether current local provision of hip fracture rehabilitation meets the CSP hip fracture standards, and the quality improvement work that helps achieve better patient outcomes.

### **How is HipSprint 2 different from Hip Sprint 1?**

Hip Sprint Local is ongoing member-led local quality improvement work using CSP audit tools which support the CSP hip Fracture standards, with the aim of developing sustainable improvement in local hip fracture rehabilitation services.

Hip Sprint 1 was a formally conducted sprint audit project, centrally managed by the Royal College of Physicians, using the National Hip Fracture Database (NHFD) as the central electronic data collection hub.

### **When will Hip Sprint Local data collection take place?**

This is all about you driving your local quality improvement work. You can use any model of audit and improvement you like, but we'd recommend the Model for Improvement PDSA cycle.

To keep things manageable we suggest you should collect 30-days of consecutive data from hip fracture patients passing through your service within that time to establish how your service currently complies with the CSP hip fracture standards.

You should complete another 30-day cycle of audit once you have made any changes based on your first results. You can complete as many cycles of audit as you like.

Don't forget to write up your results to show how your service is participating in the quality improvement agenda.

### **What do I need to do to complete the audit?**

You need a copy of the CSP *Hip Fracture Standards*, to make sure you are auditing against the correct measures.

You should use the CSP *audit tools* to help collect your results. These capture standards 1 to 4, which are the current priority. You should collate your results for all patients captured in your 30-day period.



Join the virtual *Hip Sprint Hub* for your geographical region and share your findings in the Hub. The Hubs are on the CSP's virtual learning environment (VLE) on the website.

### **Can I use my NHFD administrators to share my results?**

The Hip Sprint Hubs are only accessible to CSP members. How you collect data locally is up to you. Many trusts will have NHFD administrators who will capture data for standards 1 and 2 for the NHFD. Remember, Hip Sprint 2 is separately to the NHFD and there will be a lag to NHFD data being published.

We need to know the results of your audit. If you are able to collate your own results, you can just share the outcome of the audit rather than raw data.

### **When does registration for Hip Sprint Local close?**

There is no closing date. The CSP would like a large number of sites to have submitted data during the spring summer of 2019, so that we can draw some meaningful conclusion from the introduction of the CSP Hip Fracture Standards by the end of 2019.

### **Where do I find a step-by-step guide the audit completion process?**

Each CSP audit tool has some explanatory notes with it. The audit tools are on the CSP website <https://www.csp.org.uk/professional-clinical/improvement-and-innovation/hip-fracture-rehab>

### **What data collection forms do I use?**

We have created the data set for CSP Standards 1 to 4, and the audit tool. It is a tick box tool. You do not need to submit any patient identifiable data to the CSP, and you must not do so.

There are copies of the data questions / audit tools on our website. You can either print off a copy so that an audit form is with each patient's records, or you can use the excel file if you prefer to collect data electronically.

### **What are the key documents that I might need to understand and participate in the audit?**

We've put them all on our website page <https://www.csp.org.uk/professional-clinical/improvement-and-innovation/hip-fracture-rehab>. This includes the CSP Hip Fracture Standards, the audit tools, links to the Hip Sprint 1 report, links to the RCP FFFAP programme and relevant CSP professional networks. We've also produced a Top Tips guide to getting started.



## **Do I have to participate?**

NHFD data collection is a mandatory requirement of the NHS management of hip fracture patients, and all acute hospitals in England and Wales participate.

Hip Sprint Local is a member-led local quality improvement initiative. It is voluntary, but we hope all services will be keen to improve the standard of rehabilitation they provide to hip fracture patients.

You can use the data you gather from Hip Sprint Local to make the case for any service improvements that need to be made. Trusts are paid according to how they meet the Best Practice Tariff for hip fracture. Improving your service's compliance with NHFD data may mean your service can access more funding.

Patients will already be being audited as part of NHFD so this should not be a time-consuming extra task. We hope you participate as the more sites we have engaged, the more robust the final results and conclusions will be.

## **Audit Tool FAQs:**

**Audit tool 1: We don't see our patients on Day 0 – surgery day, because they come back from theatre in the evening and no physiotherapists are working, what reason should we record?**

That's OK. The standard is that patients are seen on the day of, or the day following, hip fracture surgery. Provided patients are assessed by the day after surgery, you will still meet the audit standard.

**Audit tool 1: Our support workers see patients on Day 0/1 after hip fracture surgery, is that ok?**

No. A registered physiotherapist must assess the patient on the day of, or day following, surgery. Trusts can only receive funding for this part of the tariff if they meet this standard.

You should be honest in recording the designation of the worker undertaking the assessment, and ensure your NHFD data entry is correct as well.

Our audit tool gives a simple *yes/no* option to this question. This is the headline value of importance for the audit. We do give you the option to identify who has assessed the patient if it is not a registered physiotherapist. This may be useful in



helping you identify your current service provision and therefore what changes you need to make to meet NHFD and CSP standards.

**Audit tool 2: Does a physiotherapist have to get the patient out of bed?**

No. Any member of the healthcare team can get a patient out of bed. The patient can get out of bed as soon as they are able and this may be before the physiotherapist has seen them on the day after surgery.

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