

IRISH HIP FRACTURE STANDARDS		BEST PRACTICE TARIFF MEASURES
<p>Standard 1: All patients with hip fracture should be admitted to an acute orthopaedic ward within four hours of presentation or brought directly to the theatre from the emergency department (ED) within four hours.</p>		<p>If patients are admitted to an orthopaedic ward within four hours of presentation, or if they go straight from the ED to the theatre within four hours, they meet Standard 1.</p>
<p>Standard 2: All patients with hip fracture who are medically fit should have surgery within 48 hours of admission, and during normal working hours (Monday to Sunday, 08.00–17.59).</p>		<p>If patients receive surgery within 48 hours and during normal working hours, they meet Standard 2.</p>
<p>Standard 3: All patients with hip fracture should be assessed and cared for with a view to minimising their risk of developing a pressure ulcer.</p>		<p>If patients do not develop a new Grade 2 or higher pressure ulcer during admission, they meet Standard 3.</p>
<p>Standard 4: All patients presenting with a fragility fracture should be managed on an orthopaedic ward, with routine access to acute orthogeriatric medical support from the time of admission.</p>		<p>If patients are reviewed by a geriatrician at any point during their admission, they meet Standard 4.</p>
<p>Standard 5: All patients presenting with a fragility fracture should be assessed to determine their need for therapy to prevent future osteoporotic fractures.</p>		<p>If patients receive a bone health assessment, they meet Standard 5.</p>
<p>Standard 6: All patients presenting with a fragility fracture following a fall should be offered multidisciplinary assessment and intervention to prevent future falls.</p>		<p>If patients receive a specialist falls assessment, they meet Standard 6.</p>
		<p>Minimum quarterly data coverage of 90% is required by individual hospitals.</p>
		<p>Evidence of a local HFGC must be present in each hospital.</p>