



Case Study: NHFD Pelvic Fracture Data Collection Implementation

Countess of Chester Hospital

Laura-lee Owen Orthopaedic Trauma Specialist Nurse (Laura-lee.owen@nhs.net)

Background:

To support the NHFD in collecting pelvic fracture data to better understand current care and outcomes, identify variations in practice, and help improve the quality and consistency of care for patients with fragility fractures.

Aim

The aim of collecting information on pelvic fractures is to understand how these patients are identified, managed and supported across the hospital. Reviewing their care and outcomes will help us identify any differences in practice and areas where improvements could be made. This will support the development of clear and consistent care pathways and help ensure that patients with pelvic fractures receive appropriate, high-quality multidisciplinary care.

Process

Following attendance at an NHFD webinar, it was identified that the NHFD were planning to begin collecting data on pelvic fracture patients. This is intended to improve our understanding of how these patients are managed and to help identify how their care can be better organised. It will also allow pelvic fracture data to be benchmarked against data for patients with hip fractures.

Our first step was to establish a MDT involving professionals from across the patient pathway, including Radiology, Emergency Department consultants, orthogeriatrics, trauma nursing and IM&T data analysts. The aim was to understand how patients with pelvic fractures were identified across different services and agree on the most effective and consistent method for collecting the required data for the NHFD. The initial approach was to identify pelvic fracture patients through the hospital's clinical coding department. The IM&T data analyst provided a list of patients coded as having a pelvic fracture.

However, this approach was soon found to be unreliable. The trauma nurses identified a greater number of patients with pelvic fractures during a given month than were captured through clinical coding. This highlighted that relying solely on coding data could result in pelvic fracture patients being missed.

The next approach was to use radiology data to improve patient identification. The IM&T data analyst provided the trauma nursing team with a month-by-month list of all pelvic and hip X-ray and CT scan reports.

The five Trauma Nurse Specialists within the Countess of Chester Orthopaedic Department shared the list equally and reviewed the reports to identify all patients with a documented pelvic fracture. This provided a more comprehensive method of identifying patients who may have been missed through clinical coding alone.

Trauma and orthopaedic specialist nurses have been primary driver of this data collection working with the help of the IM&T Data analyst who has provided reports for every pelvic and hip X-ray and CT Scan report.

Outcomes

This has proven to be our most reliable method of identifying pelvic fracture patients and has provided the best data capture to date. Although the process is time-consuming, it has significantly improved our ability to identify patients accurately. We continue to explore alternative methods of data collection that may be more efficient while maintaining the quality and completeness of the data.

Impact on patient care

Pelvic fracture patients are still mainly under the care of the medical team and are often nursed on medical wards rather than the Hip Fracture Ward. Our vision is to establish a Fragility Fracture Ward where a multidisciplinary team can work together to provide joint care for these patients, based on their individual needs.

Key Learning

1. Combining clinical nursing logs with objective radiology reports is essential for 100% data accuracy, as retrospective clinical coding alone significantly under-reports pelvic fracture volumes.
2. Active radiology screening captures non-operative pelvic fracture patients who are often "hidden" on elderly care wards, establishing an accurate baseline for valid future benchmarking.
3. Bringing IM&T analysts into the team helps fix data issues quickly, while sharing the checking work among the five trauma nurses stops anyone from getting burnt out.

The key learning points for other units are:

- > Use radiology reports as your safety net.
- > Build an MDT from day one
- > Share the workload