

Introduction

Clinical Care Standards aim to support the delivery of appropriate clinical care, reduce unwarranted variation in care, and promote shared decision making between patients, carers and clinicians.

A Clinical Care Standard is a small number of quality statements that describe the clinical care that a patient should be offered for a specific clinical condition. It differs from a clinical practice guideline; rather than describing all the components of care for managing a clinical condition, a Clinical Care Standard addresses priority areas for quality improvement.

The Clinical Care Standard supports:

- people to know what care should be offered by their healthcare system, and to make informed treatment decisions in partnership with their clinician
- clinicians to make decisions about appropriate care
- health services to examine the performance of their organisation and make improvements in the care they provide.

This Clinical Care Standard was developed by the Australian Commission on Safety and Quality in Health Care (the Commission) in collaboration with consumers, clinicians, researchers and health organisations.^a It complements existing efforts that support hip fracture care, such as the Australian and New Zealand Hip Fracture Registry, and state and territory-based initiatives.

For more information about the development of this Clinical Care Standard, visit:

www.safetyandquality.gov.au/ccs

Context

A hip fracture is a break occurring at the top of the thigh bone (femur), near the pelvis. In Australia, an estimated 19 000 people over the age of 50 are hospitalised with a hip fracture each year², an event that often signifies underlying ill health.³ The majority of hip fractures occur in people aged

65 years and over³, mostly associated with a fall.⁴ There is a higher and increasing rate of hip fracture in the Aboriginal and Torres Strait Islander peoples. Indigenous Australians are also more likely to fracture their hip at a younger age than non-Indigenous Australians.³ As the Australian population continues to age, the number, and associated burden of people admitted to hospital with a hip fracture, is expected to increase.⁵

In New Zealand, approximately 3 500 people aged 50 and over were hospitalised with a hip fracture in 2013, with the majority being falls related. The rate of hip fracture increased significantly with age, with nearly half of hip fractures occurring in those aged 85 years or older.⁶

Key markers of quality of care such as time to surgery, complication rates, hospital readmission rates and length of stay can vary considerably between hospitals.⁷ The quality of care is influenced by, among other factors, the configuration of orthopaedic and geriatric medicine services, hospital protocols and processes, and the degree to which a multidisciplinary approach to care is taken.⁸

The Hip Fracture Care Clinical Care Standard aims to ensure that a patient with a hip fracture receives optimal treatment from presentation to hospital through to the completion of treatment in hospital. This includes 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 and minimising the risk of another fracture. Clinicians and health services can use the Clinical Care Standard to support the delivery of high-quality care.

A key reference for this Clinical Care Standard is the *Australian and New Zealand Guideline for Hip Fracture Care*.¹

Central to the delivery of patient-centred care identified in this Clinical Care Standard is an integrated, systems-based approach supported by health services and networks of services.

a The evidence base for these statements is available at www.safetyandquality.gov.au/ccs

