



# Hip fracture: formal hip fracture programme from admission

NICE indicator

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[www.nice.org.uk/indicators/ind13](https://www.nice.org.uk/indicators/ind13)

## Indicator

The proportion of people with hip fracture, who receive a formal hip fracture programme from admission.

## Indicator type

Network / system level indicator.

The indicator would be appropriate to understand and report on the performance of networks or systems of providers.

This document does not represent formal NICE guidance. For a full list of NICE indicators, see our [menu of indicators](#).

To find out how to use indicators and how we develop them, see our [NICE indicator process guide](#).

## Rationale

Because the occurrence of fall and fracture often signals underlying ill health, a comprehensive multidisciplinary approach is required from presentation to subsequent follow-up, including the transition from hospital to community. A formal hip fracture programme includes regular assessment and continued rehabilitation from a range of healthcare professionals with different skills that help a person to recover their health and wellbeing as fully as possible and take steps to prevent future falls.

## Source guidance

[Hip fracture: management. NICE guideline CG124](#) (2011, last updated 2023), recommendation 1.8.1

## Specification

**Numerator:** The number in the denominator who receive a formal hip fracture programme from admission and evidence of multidisciplinary team (MDT) rehabilitation agreed with a responsible orthogeriatrician and orthopaedic surgeon, with General Medical Council (GMC) numbers recorded.

**Denominator:** The number of people on the National Hip Fracture Database.

**Calculation:** Numerator divided by the denominator, multiplied by 100.

**Exclusions:** People 59 years and under, people who died without surgery or died within 48 hours of surgery.

**Data source:** [National Hip Fracture Database](#).

Hip fracture: formal hip fracture programme from admission (IND13)

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Minimum population: The indicator would be appropriate to understand and report on the performance of networks or systems of providers.

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