



REducing unwarranted variation in the Delivery of high qUality hip fraCture services in England and Wales

7th Core Investigators' Meeting was held on
Wednesday 7th July 2021

Next Core Investigators' Meeting will be on
Wednesday 6th October 2021

Update on progress so far:

WP1 – Quantitative analysis

- Multilevel models run for:
 - Super-spell length of stay
 - 30 day readmissions
 - 30 day mortality
- Backward stepwise selection used to identify organisational variables predicting outcomes.

Health Economics

- Analysis of 120 day and 1 year data started
- Quantification of resource use in progress

Patient and Public Involvement (PPI)

One PPI session ran since the last update, and was the first to be conducted as a video conference. It was very successful, and future sessions will be run in the same way.

PPI participants reviewed the qualitative findings, and were especially interested in how decisions were taken, and with communication – especially with relatives during treatment and at discharge.

A further two PPI sessions are planned.

WP2 – Qualitative analysis

- First phase of interviews (hip fracture care pre-Covid) completed and thematically analysed.
- Currently conducting and analysing second phase of interviews (strategies used by hospitals to adapt during the Covid-19 pandemic). 10 out of a proposed 20 – 25 interviews conducted so far.
- Topic guide for second phase:
 - Changes to hip fracture care during Covid-19
 - Ability to adapt and reorganise care
 - Staff health and wellbeing

WP3 - Toolkit

Mapping WP1 and WP2 to inform WP3

Currently a work in progress, the aim is to take key messages from the quantitative data and map them to overarching themes from the qualitative study to establish if the same findings are coming out of both work packages.

This can help to explain unexpected results in quantitative data using qualitative findings.

There are also qualitative parameters not identified within the quantitative research which could be important to achieve improvements in hip fracture care and inform future research – e.g. findings relating to ward staffing and care.

These data will inform the WP3 toolkit.

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