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INITIATE: Increased mobility in hospital after hip fracture

Submission date	Recruitment status	[X] Prospectively registered
16/07/2024	No longer recruiting	[X] Protocol
Registration date	**Overall study status**	[_] Statistical analysis plan
22/07/2024	Ongoing	[_] Results
Last Edited	**Condition category**	[_] Individual participant data
07/10/2026	Musculoskeletal Diseases	[X] Record updated in last year

Plain English summary of protocol

Background and study aims
Each year there are 70,000 new hip fractures in the UK, with an ongoing annual cost to health and social care services of £3 billion. After this injury, mobility and independence are so badly affected that one in six people never return home. This downward spiral of immobility and dependence contributes to a quarter of people dying within one year of the injury. National mobility targets have been set for hospitals. Firstly patients should be helped out of bed within 48 hours of receiving surgery and secondly, they should receive two hours of rehabilitation per week. Patients whose care exceeds these targets seem to recover more quickly than other patients. Consequently, patients and their carers have asked if increasing ward-based mobilising would allow people to get back home more quickly and to continue living independently. This study wants to find out if more ward-based mobilisation activity after hip fracture surgery allows people to get home quicker and allows them to stay living in their own homes longer.

Who can participate?
Adults aged ≥ 60 years having surgery for a fracture of the hip

What does the study involve?
Study participants will provide additional data to the research team at baseline (during their hospital stay), and then around 30 days and 120 days after their surgery.

What are the possible benefits and risks of participating?
There is no specific advantage to taking part in this study. However, the study results will help to improve the care of patients with a broken hip in the future.

Where is the study run from?
The study is run by the Oxford Trauma and Emergency Care research group, which is part of the Nuffield Department of Orthopaedics, Rheumatology and Musculoskeletal Sciences of the University of Oxford.

When is the study starting and how long is it expected to run for?
April 2024 to September 2027

Who is funding the study?
National Institute for Health and Care Research (NIHR) through its Health Technology Assessment (HTA) programme

Who is the main contact?
1. Prof Matt Costa, matthew.costa@ndorms.ox.ac.uk
2. Prof Rebecca Kearney, becky.kearney@bristol.ac.uk

Contact information

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Public, Scientific

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Additional identifiers

Integrated Research Application System (IRAS)
336892

Central Portfolio Management System (CPMS)
62672

National Institute for Health and Care Research (NIHR)
150983

Study information

Scientific Title
INITIATE: Increased mobility in hospital after hip fracture

Acronym
WHiTE 15: INITIATE

Study objectives
To determine whether a usual care rehabilitation strategy or usual care with an additional mobility-focused intervention is superior for patients aged ≥ 60 years, after hip fracture surgery.

Ethics approval required
Ethics approval required

Ethics approval(s)
Approved 03/07/2024, Yorkshire & The Humber - Leeds East Research Ethics Committee (2 Redman Place, Stratford, London, E20 1JQ, United Kingdom; +44 (0)207 104 8171, (0) 2071048137, (0)207 104 8357; leedseast.rec@hra.nhs.uk), ref: 24/YH/0113

Primary study design
Interventional

Study design
Multi-centre two-arm unblinded cluster randomized controlled trial with embedded process and economic evaluations

Study type(s)
Treatment

Health condition(s) or problem(s) studied

Mobility in hospital after hip fracture

Interventions
INITIATE is a multi-centre, two-arm, unblinded, cluster randomised controlled trial (RCT) with embedded process and economic evaluations.
The study will recruit 2310 patients (1155 in each of 2 groups) who have received surgery for a fracture of the hip, from approximately 22 NHS hospitals in the UK.
Recruitment centres will be cluster randomised to either Intervention or Control. Recruitment centres will be allocated in a 1:1 ratio using a computer-generated randomisation minimisation sequence.
Intervention: Usual care with additional ward-based mobilisation activities.
Control: Usual care.
Participants will provide data to the research team about their injury and recovery at baseline (during their hospital stay), and then around 30 days and 120 days after their surgery.
Follow-up contacts at 30 and 120 days post-surgery will be completed with the participant or a proxy either via telephone interviews by a member of the central research team, or through electronic means.
A process evaluation will take place to determine to what extent the cluster RCT protocol is operationalised within the orthopaedic trauma units and determine the extent to which the INITIATE intervention has been delivered per protocol (fidelity) and implemented (adherence). The process evaluation will take place in all intervention sites.

Intervention Type
Behavioural

Primary outcome(s)
DAH30 (days alive and at home up to 30 days post-hip fracture surgery) will be measured using participant questionnaires and medical records at 30 days

Key secondary outcome(s)
1. DAH120 (days alive and at home up to 120 days post-hip fracture surgery) will be measured using participant questionnaires and medical records at 120 days
2. Health-related quality of life will be measured using EQ-5D-5L pre-injury, at 30 days, and 120 days
3. Mobility will be measured using mNMS (modified New Mobility Score) pre-injury and at 30 days
4. Basic mobility at discharge will be measured using CAS (Cumulated Ambulation Score) at discharge
5. Residential status, mortality, rate of complications, rate of falls resulting in fracture or head injury, and resource use will be using participant questionnaires and medical records at 30 days and 120 days
6. The extent to which the cluster RCT protocol is operationalised within the orthopaedic trauma units and the extent to which the INITIATE intervention is adopted and embedded will be measured through intervention analysis and intervention adherence, based on a thematic analysis of interviews with participants (and relative/friend/informal carer as required) and interviews and focus groups with recruitment centre staff during the embedded process and economic evaluations part of the study

Completion date
30/09/2027

Eligibility

Key inclusion criteria
1. Aged 60 years and over
2. With and without capacity
3. Presenting to a WHITE recruitment centre for treatment of a hip fracture or who has received surgery for a hip fracture in the past 48 hours

Participant type(s)
Patient

Healthy volunteers allowed
No

Age group
Mixed

Lower age limit
60 Years

Upper age limit
110 Years

Sex
All

Total final enrolment
0

Key exclusion criteria
A patient will not be eligible for the study if ANY of the following apply:
1. A fracture caused by an area of abnormal bone (e.g., a tumour)
2. A pre-existing contraindication to mobilising after surgery
3. A patient who had severely limited mobility prior to injury (i.e confined to bed, transfer from bed to chair only)
4. Previous participation in INITIATE or actively engaged in other hip fracture research with contralateral hip fracture

Date of first enrolment
01/08/2024

Date of final enrolment
31/10/2026

Locations

Countries of recruitment
United Kingdom

England

Wales

Study participating centre
John Radcliffe Hospital
Headley Way
Headington
Oxford
England
OX3 9DU

Study participating centre
Southmead Hospital
Southmead Road
Westbury-on-trym
Bristol
England
BS10 5NB

Study participating centre
Stepping Hill Hospital
Stockport NHS Foundation Trust
Poplar Grove
Hazel Grove
Stockport
England
SK2 7JE

Study participating centre
Leicester Royal Infirmary
Infirmary Square
Leicester
England
LE1 5WW

Study participating centre
Royal Berkshire Hospital
London Road
Reading
England
RG1 5AN

Study participating centre
University Hospital Coventry & Warwickshire
Clifford Bridge Road
Walsgrave
Coventry
England
CV2 2DX

Study participating centre
Musgrove Park Hospital (taunton)
Musgrove Park Hospital
Taunton
England
TA1 5DA

Study participating centre
Hull Royal Infirmary
Anlaby Road
Hull
England
HU3 2JZ

Study participating centre
St George's Hospital
Blackshaw Road
Tooting
London
England
SW17 0QT

Study participating centre
Airedale General Hospital
Skipton Road
Steeton
Keighley
England
BD20 6TD

Study participating centre

The Royal Victoria Infirmary
Queen Victoria Road
Newcastle upon Tyne
England
TS1 4LP

Study participating centre
Cumberland Infirmary
Newtown Road
Carlisle
England
CA2 7HY

Study participating centre
University Hospital of North Durham
University Hospital of Durham
Dryburn Hospital
North Road
Durham
England
DH1 5TW

Study participating centre
Heartlands Hospital
Bordesley Green East
Bordesley Green
Birmingham
England
B9 5ST

Study participating centre
Queens Medical Centre, Nottingham University Hospital
Derby Road
Nottingham
England
NG7 2UH

Study participating centre
Darent Valley Hospital
Darenth Wood Road
Dartford

England
DA2 8DA

Study participating centre
Royal Preston Hospital
Sharoe Green Lane North
Fulwood
Preston
England
PR2 9HT

Study participating centre
George Eliot Hospital
Lewes House
College Street
Nuneaton
England
CV10 7DJ

Study participating centre
Countess of Chester Hospital
Countess of Chester Health Park
Liverpool Road
Chester
England
CH2 1UL

Study participating centre
Gwynedd Hospital (ga)
Ysbyty Gwynedd
Penrhosgarnedd
Bangor
Wales
LL57 2PW

Study participating centre
Wrexham Maelor Hospital
Croesnewydd Road
Wrexham Technology Park

Wrexham
Wales
LL13 7TD

Study participating centre
The Royal Glamorgan Hospital
Ynysmaerdy
Pontyclun
Wales
CF72 8XR

Sponsor information

Organisation
University of Oxford

ROR
https://ror.org/052gg0110

Funder(s)

Funder type
Government

Funder Name
Health Technology Assessment Programme

Alternative Name(s)
NIHR Health Technology Assessment Programme, Health Technology Assessment (HTA), HTA

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study are/will be available upon request. Any requests for data sharing will be submitted to Prof Matt Costa (matthew.costa@ndorms.ox.ac.uk) and Prof Becky Kearney (becky.kearney@bristol.ac.uk) and decided on a case-by-case basis. No data will be released for sharing until after the trial has closed to recruitment and been analysed.

IPD sharing plan summary

Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Participant information sheet		11/11/2025	11/11/2025	No	Yes
Protocol (other)			07/10/2026	No	No
Study website		11/11/2025	11/11/2025	No	Yes