

# **Australian and New Zealand Guideline for Hip Fracture Care**

**Improving Outcomes in Hip Fracture Management  
of Adults**

**Administrative Report**

**September 2014**



**ANZHF**

**Australian & New Zealand Hip Fracture Registry**

© Australian and New Zealand Hip Fracture Registry (ANZHFR) Steering Group 2014

**ISBN Online: 978-0-7334-3513-3**

**Published: September 2014**

**Suggested citation:** Australian and New Zealand Hip Fracture Registry (ANZHFR) Steering Group. *Australian and New Zealand Guideline for Hip Fracture Care: Improving Outcomes in Hip Fracture Management of Adults. Administrative Report.* Sydney: Australian and New Zealand Hip Fracture Registry Steering Group; 2014.

Copies of the Guideline and supporting documents (Administrative Report, Technical Report, Dissemination Plan, and Public Consultation Submissions Summary) can be downloaded from [www.anzhfr.org/guidelines](http://www.anzhfr.org/guidelines).

**Disclaimer:** This document is a general guide to appropriate practice, to be followed subject to the clinician's judgment and patient's preference in each individual case. The guideline is designed to provide information to assist decision-making and is based on the best evidence available at the time of development of this publication.

**Publisher**

Australian and New Zealand Hip Fracture Registry (ANZHFR) Steering Group, based at Neuroscience Research Australia, Margarete Ainsworth Building, Barker Street, Randwick, NSW 2031, Australia.

## Acknowledgements

The Australian and New Zealand Hip Fracture Registry (ANZHFR) Steering Group would like to acknowledge those organisations providing financial support to the development, publication and dissemination of this Clinical Guideline. This work was supported by an unrestricted Bupa Health Foundation Grant. Additional unrestricted grant support was obtained from the Australian and New Zealand Society of Geriatric Medicine and the Australian Orthopaedic Association.

We acknowledge the work of the Guideline Adaptation Committee and support of others who committed to reviewing the documents for methodological rigour.

The Australian and New Zealand Hip Fracture Guideline Adaptation Committee would like to acknowledge that this guideline is based on the NICE clinical guideline, *The Management of Hip Fracture in Adults*,<sup>1</sup> and that copyright permission has been obtained from the UK's National Clinical Guideline Centre to reproduce sections of this guideline.

## Contents

Acknowledgements.....	2
1 Introduction .....	4
2 Funding.....	5
3 Guideline Adaptation Committee .....	5
4 Membership of the Guideline Adaptation Committee .....	6
5 Consumer engagement.....	10
6 Conflict of Interest .....	11
7 Consensus .....	17
8 Public consultation process .....	17
9 AGREE II assessment .....	19
10 Organisations formally endorsing the Guideline .....	19
Appendix I: Declaration of interest process.....	20
References .....	22

## 1 Introduction

The Australian and New Zealand Guideline for Hip Fracture Care is designed to help professionals providing care for hip fracture patients to deliver consistent, effective and efficient care. The ultimate goal is to ensure that every hip fracture patient is given the maximum chance of making a meaningful recovery from a significant injury. The purpose of the Guideline is to provide clear and concise evidence-based recommendations on a number of aspects of hip fracture care, which if applied, are likely to lead to improved outcomes for the patient as well as delivering cost-effective care. The Guideline is adapted from an existing high quality current guideline, the NICE clinical guideline [\*The Management of Hip Fracture in Adults\*](#),<sup>1</sup> and modified for the Australian and New Zealand context. The anticipation is that it will form the basis for developing measurable standards of care for hip fracture patients in Australia and New Zealand.

The Guideline has been developed by the Australian and New Zealand Hip Fracture Registry (ANZHFR) Steering Group based at Neuroscience Research Australia. The group was set up in 2011 and comprises clinicians and researchers from a range of disciplines all with the common goal of improving care for hip fracture patients in Australia and New Zealand. Formal representation on the group comes from a number of organisations including:

- Australian and New Zealand Society for Geriatric Medicine (ANZSGM)
- Australian Orthopaedic Association (AOA)
- Australasian College of Emergency Medicine (ACEM)
- Australasian Faculty of Rehabilitation Medicine (AFRM)
- Australian and New Zealand Bone and Mineral Society (ANZBMS)
- Australian and New Zealand College of Anaesthetists (ANZCA)
- Australian and New Zealand Orthopaedic Nursing Association (ANZONA)
- New Zealand Orthopaedic Association (NZOA)
- Osteoporosis Australia (OA)
- Osteoporosis New Zealand (ONZ)
- Royal Australasian College of Surgeons (RACS)

## 2 Funding

Funding to support the development of the Australian and New Zealand Guideline for Hip Fracture Care comes from an unrestricted research grant from Bupa. An award of A\$477,000 was made in 2012 to support a number of aspects of hip fracture care of which the development of a Guideline was one component:

The stated goals of the Bupa grant are:

- To develop and endorse national (Australia and New Zealand) guidelines for the management of hip fractures.
- The establishment of a consumer advocacy group to drive the need for a registry from a consumer perspective.
- To develop and endorse nationally agreed standards of care for hip fracture care to allow for benchmarking nationally (Australia and New Zealand) and internationally.
- To develop a minimum dataset and consistent data dictionary for Interstate comparison of performance.
- To undertake a baseline audit of services across Australia and New Zealand.
- To pilot a minimum dataset in every State (Australia), District Health Board (New Zealand).
- To put in place IT solutions that allow for the aggregation of State level data to a National level.
- To develop the business plan for a *National Hip Fracture Registry*.

Two additional unrestricted grants came from the Australian and New Zealand Society of Geriatric Medicine (A\$15,000) and the Australian Orthopaedic Association (A\$15,000). These grants were provided to support the work of the ANZ Hip Fracture Registry Steering Group in achieving the goals outlined above.

The estimated cost of the Guideline development process was A\$100,000. Ninety percent of this cost was met from the Bupa Health Foundation Award. The remaining 10% was from Australian and New Zealand Society of Geriatric Medicine and Australian Orthopaedic Association in equal amounts.

## 3 Guideline Adaptation Committee

For the purpose of development of the Guideline, a Guideline Adaptation Committee was established consisting of members of the ANZHFR Steering Group along with additional

representation from key professional groups involved in hip fracture management in Australia and New Zealand and consumer and carer representation.

In order to facilitate professional endorsement and implementation of the guideline, some clinicians on the Committee were nominated by professional bodies involved in hip fracture management. The Committee agreed on the scope and purpose of the proposed guideline at its first meeting in December 2012. The role of the Committee was determined as follows:

- identify a high quality guideline for adaptation
- agree the clinical questions to be addressed in the guideline
- identify and consider new evidence derived from updated literature searches if required
- translate the evidence into clinically appropriate recommendations for care
- use a formal consensus process for decision making where there is disagreement
- identify areas which might be used as measurable quality indicators
- identify areas where more research is required
- formulate the guideline, and plans for review and update
- ensure that the guideline is a useful and implementable resource for clinicians, managers and patients, and that the guideline is relevant to the Australia and New Zealand healthcare context
- facilitate the dissemination of the guideline through respective professional bodies and societies.

Jacqueline Close and Lesley Gillespie were responsible for the drafting of all documents with support from Joanna Diong (Nov 2012 to Apr 2013).

All members of the Committee provided input into the development of the Guideline both at meetings and by email and other electronic means.

#### 4 Membership of the Guideline Adaptation Committee

Member	Expertise	Titles, affiliations and representation
Jacqueline Close <b>(Chair)</b>  (Co-chair of the ANZHFR Steering Group)	Orthogeriatrics	Director & Principal Research Fellow, Falls and Injury Prevention Group, Neuroscience Research Australia, Sydney, NSW.  Consultant Geriatrician, Prince of Wales Hospital, Sydney, NSW.

		<p>Conjoint Professor, University of New South Wales, Sydney, NSW.</p> <p><b><i>Nominee of the Australian and New Zealand Society of Geriatric Medicine (ANZSGM)</i></b></p>
<p>Ian Harris (Co-chair of the ANZHFR Steering Group)</p>	<p>Orthopaedics &amp; Trauma</p>	<p>Professor of Orthopaedic Surgery, University of New South Wales, Sydney, NSW.</p> <p><b><i>Nominee of the Australian Orthopaedic Association (AOA) and the Royal Australasian College of Surgeons (RACS)</i></b></p>
<p>Laura Ahmad</p>	<p>Orthogeriatrics</p>	<p>Consultant Geriatrician, Royal North Shore Hospital, Sydney, NSW.</p>
<p>Louise Bradley</p>	<p>Carer Representation</p>	<p>Project Officer, Sydney Area, Sydney, NSW.</p> <p><b><i>Representing Carers NSW</i></b></p>
<p>Ian Cameron</p>	<p>Rehabilitation Medicine</p>	<p>Professor of Rehabilitation Medicine, University of Sydney, NSW.</p> <p><b><i>Nominee of the Australasian Faculty of Rehabilitation Medicine (AFRM), Royal Australasian College of Physicians (RACP)</i></b></p>
<p>Mellick Chehade</p>	<p>Orthopaedics &amp; Trauma</p>	<p>Associate Professor University of Adelaide, SA. Orthopaedic Trauma Surgeon, Royal Adelaide Hospital, SA.</p> <p>President Australasian Orthopaedic Trauma Society.</p> <p><b><i>Nominee of Osteoporosis Australia (OA)</i></b></p>
<p>Joanna Diong (June 2012-April)</p>	<p>Methodology (working group only)</p>	<p>Research Fellow, Falls and Injury Prevention Group, Neuroscience Research Australia,</p>

2013)		Sydney, NSW.
Owen Doran	Emergency Medicine	Emergency Medicine Specialist, Auckland City Hospital, Auckland, NZ.  <b><i>Nominee of the Australasian College for Emergency Medicine (ACEM)</i></b>
Lesley Gillespie	Methodology	Honorary Senior Research Officer, Falls and Injury Prevention Group, Neuroscience Research Australia, Sydney, NSW.  <b><i>Contracted Methodologist</i></b>
Richard Halliwell	Anaesthetics	Senior Clinical Lecturer, Sydney Medical School, University of Sydney, Sydney, NSW.  Deputy Director, Department of Anaesthesia, Westmead Hospital, Sydney, NSW.  <b><i>Nominee of the Australian and New Zealand College of Anaesthetists (ANZCA)</i></b>
Roger Harris	Geriatric Medicine Orthogeriatrics	Consultant Geriatrician, Auckland City Hospital, Auckland, NZ.
Raphael Hau	Orthopaedics & Trauma	Honorary Clinical Senior Lecturer, University of Melbourne, Victoria.  Adjunct Senior Lecturer, Monash University, Victoria.  Director of Orthopaedics, The Northern Hospital, Epping, Victoria.
Simon Journeaux	Orthopaedics & Trauma	Director of Orthopaedics, Mater Hospital, South Brisbane, Queensland.  Honorary Senior Lecturer at University of Queensland, Brisbane, Queensland.

Lisa Langley	Consumer representation	Policy Manager, Council on the Ageing (COTA) NSW, Sydney, NSW.  <b><i>Representing COTA, NSW</i></b>
Paul Mitchell	Policy, advocacy and business planning	Deputy Chair, Osteoporosis New Zealand Adjunct Senior Lecturer, University of Notre Dame Australia, Sydney, NSW.  Director, Synthesis Medical NZ Ltd, Auckland, NZ.  <b><i>Nominee of Osteoporosis New Zealand (ONZ)</i></b>
Rebecca Mitchell	Injury Epidemiology	Senior Research Fellow, Falls and Injury Prevention Group, Neuroscience Research Australia, Sydney, NSW.
Jacob Munro	Orthopaedics & Trauma	Orthopaedic Surgeon, Auckland City Hospital, Auckland, NZ.  Senior Lecturer Department of Surgery, University of Auckland, NZ.  <b><i>Nominee of the New Zealand Orthopaedic Association</i></b>
Betty Ramsay	Physiotherapy	Research Physiotherapist, Falls and Injury Prevention Group, Neuroscience Research Australia, Sydney, NSW.
Nigel Robertson	Anaesthetics	Chair, New Zealand National Committee (NZNC), Australian and New Zealand College of Anaesthetists (ANZCA).  <b><i>Nominee of the New Zealand Committee of the ANZCA</i></b>
Hannah Seymour	Geriatric Medicine	Consultant Geriatrician, Royal Perth Hospital,

		<p>WA.</p> <p>Medical Co-Director Service 3, Fiona Stanley Hospital, Murdoch, Perth, WA.</p> <p>Cluster Lead Aged Care and Rehabilitation SMHS (South Metropolitan Health Service), Perth, WA.</p>
Anita Taylor	Orthopaedic Nursing	<p>Orthopaedic Nurse Practitioner, Royal Adelaide Hospital, Adelaide, SA.</p> <p><b><i>Nominee of the Australian &amp; New Zealand Orthopaedic Nurses Association (ANZONA)</i></b></p>

Members of the Committee received no reimbursement for their involvement but their travel, accommodation and meal costs were covered for attending the three meetings of the Committee.

## 5 Consumer engagement

Consumer engagement for the guideline process was sought. Formal representation on the Guideline Adaptation Committee was sought from two major bodies representing consumers and carers - Carers NSW and Council on the Ageing, NSW. Both organisations provided members to participate in the Guideline development process. An additional consumer representative who had experienced a fracture hip was also identified and had agreed to participate in the guideline process. However, ill health precluded her participation the day before the first meeting.

There was no formal Indigenous or CALD representation on the Committee but these groups were specifically involved in the consultation period with formal feedback actively sought from:

- Commonwealth Department of Health - Indigenous Health
- South Eastern Sydney Local Health District Multicultural Health Service and Aboriginal Health Unit
- Australian Indigenous Doctors' Association
- Māori Medical Practitioners Association, New Zealand

## 6 Conflict of Interest

Processes were put in place for handling conflict of interest ([Appendix 1](#)). The NHMRC form for disclosure of potential conflicts of interest was completed by each member of the Committee. The form was sent out to all Committee members in advance of the first meeting for completion. At all subsequent meetings, Committee members were specifically asked if there were further updates required to their disclosure form. Table 1 provides a summary of all disclosures for Committee members.

A number of the Committee had both academic and clinical interests in hip fracture management including people who publish and lecture in the field. After review of all forms, no member of the Committee was felt to be conflicted such that they were either precluded from being a member of the Committee or were required to abstain from comment or leave the room when any specific clinical question/recommendation was being discussed.

**Table 1: Summary of disclosures from Committee members**

MEMBER	PART A – RELEVANT FINANCIAL ACTIVITIES	PART B - RELEVANT PROFESSIONAL EXPERIENCE	PART C - OTHER RELATIONSHIP OR ACTIVITIES
Jacqueline Close (Chair)	<p><b>Consultancy fees/honorarium:</b> Travel and honorarium from Pfizer 2012. Topic – dementia and falls.</p> <p><b>Grants</b> – a number of peer reviewed grants in relation to falls and fractures including Bupa Health Foundation Grant to support development of this Guideline.</p> <p><b>Support for travel or accommodation:</b> BUPA Health Foundation – to award ceremony for grant 2012. Travel and accommodation for AO Foundation teaching course.</p> <p><b>Meals/beverages:</b> Departmental Meeting and Journal Club sponsored by drug companies. ANZSGM NSW meetings sometimes sponsored.</p>	<p><b>Publications:</b> A number of papers in relation to falls, fractures and including hip fracture. Example is mortality and morbidity associated with hip fracture – published in Osteoporosis International and highlighting the excess mortality associated with hip fracture.</p> <p><b>Speeches/lectures:</b> Multiple presentations on hip fracture.</p> <p><b>Development of related guidelines:</b> ACQSHC Falls Guidelines 2009</p> <p><b>Other (unpaid advisory roles):</b> Agency for Clinical Innovation, NSW, Clinical Excellence Commission, NSW. Osteoporosis Australia.</p>	<p><b>Activities:</b> Member of AO Faculty</p>
Ian Harris	<p><b>Grants:</b> A number of peer reviewed grants in relation to</p>	<p><b>Publications:</b> A number of papers in relation to orthopaedics, trauma</p>	<p><b>Activities:</b> Member of AO Faculty</p>

MEMBER	PART A – RELEVANT FINANCIAL ACTIVITIES	PART B - RELEVANT PROFESSIONAL EXPERIENCE	PART C - OTHER RELATIONSHIP OR ACTIVITIES
	trauma and orthopaedics. <b>Support for travel or accommodation/meals beverages :</b> AO Foundation for orthopaedic courses	and fractures including hip fracture. <b>Speeches/lectures:</b> A number of presentations in this area	
Laura Ahmad	Nil	<b>Speeches/Lectures:</b> A number of presentations in relation to hip fracture care. <b>Educational Material:</b> Development-Led writing/editorial group which developed a locally relevant practical clinical guide for NSW regarding orthogeriatric care. <b>Roles:</b> Chair of the Orthogeriatric Subcommittee of the Aged Health Network of the Agency for Clinical Innovation, NSW Health.	<b>Relationships:</b> Member of the ANZSGM, a sponsoring organization of the hip fracture registry. <b>Member -</b> Geriatric Medicine Education and Training Committee; <b>Member -</b> Specialty Training Committee for Geriatric Medicine
Louise Bradley	Nil	Nil	Nil
Ian Cameron	<b>Grants:</b> NHMRC Grants	<b>Publications:</b> Cochrane Collaboration Reviews <b>Development of related guidelines:</b> Guidelines of ANZSGM	<b>Relationships:</b> Representing Australian Faculty of Rehabilitation Medicine
Mellick Chehade	<b>Consultancy fees/honorarium:</b> Several NON PRODUCT specific education talks sponsored by Novartis, Sanofi and Sevier on use of anti-osteoporotic drugs. <b>Grants:</b> Grant from Stryker – hip fracture outcomes – but manufacture ALL types of implants potentially advised by guidelines <b>Support for travel/accommodation:</b> In association with educational talks above	<b>Publications:</b> A number of papers in relation to orthopaedics, trauma and fractures including hip fracture. An example is "Comment on osteonecrosis of the jaws and bisphosphonates <i>Climactic. 2007 Oct; 10(5)440-1 (arguing that on existing evidence the anti bisphosphonates stance would result in greater morbidity that it prevented)</i> <b>Speeches/lectures:</b> A number of presentations in this area particularly in relation osteoporosis from the surgeons' perspective. <b>Expert testimony:</b> Public radio and forums to promote osteoporosis awareness <b>Development of related guidelines, standards:</b> educational material or fact sheets	Nil

MEMBER	PART A – RELEVANT FINANCIAL ACTIVITIES	PART B - RELEVANT PROFESSIONAL EXPERIENCE	PART C - OTHER RELATIONSHIP OR ACTIVITIES
		State clinical network and department guidelines <b>Other (e.g. unpaid advisory roles)</b> Osteoporosis Australia and National Arthritis advisory group	
Jo Diong	Supported by Bupa grant toward development of Guideline	Nil	<b>Relationships:</b> Member of Australian Physiotherapy Association
Owen Doran	Nil	Nil	Nil
Lesley Gillespie	<b>Employment:</b> Employed by NeuRA as methodologist on the hip fracture guideline. Source of funding – Bupa Health Foundation award.  Trials Search Co-ordinator Cochrane Bone, Joint and Muscle Group; <b>Consultancy fees/honorarium:</b> From Cochrane Collaboration to update fall-prevention review for older people in institutions and hospitals (£6000); <b>Grants:</b> UK NIHR Cochrane Review Incentive Scheme award (£5000). BUPA Health Funding Grant. Letter of award relating to NIHR award of £5000 to update Cochrane review “Interventions to prevent falls in older people living in the community”	<b>Publications/Development of related guidelines:</b> A number of publications including Cochrane reviews in this area. An example is: Cameron I, Gillespie LD, Robertson MC, Murray GR, Hill K, Cumming RG, Kerse N. Interventions for preventing falls in older people in care facilities and hospitals. Cochrane Database of Systematic Reviews 2012, Issue 12. Art.No.:CD005465. DOI:10.1002/14651858.CD005465.pub2.	Nil
Richard Halliwell	Nil	Nil	Nil
Roger Harris	<b>Support for travel or accommodation/meals/beverages:</b> National Bone Forum, March 2013, MSD	<b>Publications:</b> NZMH 24 June 2011, Vol 124 No 1337	<b>Relationships:</b> AO Foundation Faculty
Raphael Hau	<b>Grants</b> – a number of small competitive grants relating to fracture care. <b>Support for travel or accommodation:</b> Industry funded travel and accommodation to attend training and education sessions.	Nil	Nil

MEMBER	PART A – RELEVANT FINANCIAL ACTIVITIES	PART B - RELEVANT PROFESSIONAL EXPERIENCE	PART C - OTHER RELATIONSHIP OR ACTIVITIES
	<b>Meals/beverages:</b> Departmental Journal Club sponsored by Industry.		
Simon Journeaux	<b>Support for travel or accommodation/meals/bevera ges:</b> Biomet – USA Nov 2010. Medacta – Melbourne Jul 2012	Nil	<b>Activities:</b> Member of AO Faculty
Lisa Langley	Nil	Nil	Nil
David Maroni  Stood in for Hannah Seymour  at one meeting	Nil	Nil	Nil
Paul Mitchell	<b>Employment/Ownership interests/Consultancies/:</b> Proprietor and employee of Synthesis Medical NZ Limited (Pukekohe, New Zealand) and Synthesis Medical Limited (Letchworth, United Kingdom). Synthesis is an independent healthcare consultancy. Synthesis has provided consultancy services to policy makers, professional organisations, patient societies and pharmaceutical manufacturers throughout the world. Specialist Adviser to the Department of Health in England Older People and Dementia Branch and was a co- author of the falls and fractures component of the 2009 Department of Health Prevention Package for Older People. I also provided consultancy services to the National Clinical Director for Trauma to develop the economic case for improving	<b>Publications:</b> A number of publications in relation to hip fracture care and more generally in the area of fracture prevention. The 2012 World Osteoporosis Day report and IOF Position Paper on post-fracture coordinator-based models of care.  <b>Presentations:</b> Multiple presentations nationally and internationally on fracture prevention. A number have been sponsored by the pharmaceutical industry – see Part A  <b>Development of related guidelines, standards, education material, etc:</b> See Part A	<b>Member</b> of the American Society for Bone and Mineral Research Task Force on osteoporotic fracture secondary prevention. Paul has served as an advisor to the Osteoporotic Fracture Campaign of the International Society for Fracture Repair since 2005. Member of board of Osteoporosis New Zealand

MEMBER	PART A – RELEVANT FINANCIAL ACTIVITIES	PART B - RELEVANT PROFESSIONAL EXPERIENCE	PART C - OTHER RELATIONSHIP OR ACTIVITIES
	<p>treatment and care pathways for patients with fragility fractures. This work contributed to launch of the Best Practice Tariff for fragility hip fracture, a national financial incentive scheme designed to encourage compliance with two key clinical characteristics of best practice, relating to time to surgery and (ortho-) geriatric input.</p> <p>Synthesis has been commissioned to develop osteoporosis medical education initiatives in the UK, Europe, Asia, Australasia and North America. Synthesis has also developed and continues to maintain a clinical literature registry for the Australian and New Zealand Hip Fracture Registry. A proportion of the Australian and New Zealand Hip Fracture Registry work was and is funded by a grant from the Health Quality &amp; Safety Commission New Zealand and a grant from the Bupa Foundation Australia.</p> <p>Synthesis has developed materials and educational programmes, as a service to medicine, funded by several pharmaceutical companies, including Amgen, Merck Sharp and Dohme (Asia and New Zealand) and Novartis (Australia, New Zealand and UK). Paul Mitchell has received honoraria, via Synthesis Medical, from several pharmaceutical manufacturers to speak on the subject of secondary fracture prevention, systematic approaches to hip fracture care and prevention across the world. All such meetings were conducted in accordance with national Codes of Conduct for the pharmaceutical industry.</p>		

MEMBER	PART A – RELEVANT FINANCIAL ACTIVITIES	PART B - RELEVANT PROFESSIONAL EXPERIENCE	PART C - OTHER RELATIONSHIP OR ACTIVITIES
	<p><b>Support for travel;</b> ANZ BMS meeting at Sydney Airport Australia 2014. Travel, accommodation and honorarium from Amgen Australia.</p> <p><b>2014 Breaking Point Report</b> <b>UK:</b> Unrestricted grant from Amgen in the UK to support authorship of the 2014 version of the Breaking Point Report.</p>		
Rebecca Mitchell	<p><b>Grants:</b> BUPA Health Foundation; NSW Ministry of Health and CEC.</p> <p><b>Support for travel or accommodation:</b> NSW Ministry of Health and CEC grant - conference attendance.</p> <p><b>Meals/beverages:</b> BUPA Health Foundation steering group meetings.</p>	Nil	Nil
Jacob Munro	<p><b>Consultancy fees/honorarium</b> – Paid by Zimmer (othro implant company) for teaching commitments.</p> <p><b>Support for travel or accommodation:</b> Travel to course (Zimmer, DePuy Synthes)</p>	Nil	Nil
Nigel Robertson	Nil	Nil	Nil
Hannah Seymour	<p><b>Consultancy fees/honorarium:</b> Honoraria for lectures at educational events totalling less than \$1000.</p> <p><b>Support for travel/accommodation:</b> BUPA Grant to ANZHFR funded travel and accommodation</p> <p><b>Meals/beverages:</b> Attended a small number of educational meetings sponsored by drug companies.</p>	Nil	Nil
Anita Taylor	Nil	Nil	Nil

## 7 Consensus

The Guideline is an adapted version of the original NICE Guideline and so recommendations for each clinical question were already available. For each recommendation there was a requirement for all Committee members to review the wording and determine if any rewording was required to reflect the Australian and New Zealand context.

Consensus was defined as a decision reached by the Committee as a whole. Majority view reflects a failure to reach consensus but a view that was reached by the majority of the Committee. Where consensus was not reached, a summary of the differing views is reported. This occurred with one recommendation and is clearly documented in both the Guideline and Technical report. Several additional consensus-based recommendations and practice points were developed and consensus was achieved for all of these.

## 8 Public consultation process

The process for public consultation on the draft guideline complied with Section 14A of the Commonwealth *National Health and Medical Research Council Act 1992* and accompanying regulations.

Public consultation notices for the Australian and New Zealand Guideline for Hip Fracture Care appeared in two major daily newspapers, The Australian on 31 Oct 2013 and The New Zealand Herald on 2 Nov 2013. The public consultation letter and drafts of the Guideline, Technical Report and Dissemination Plan were posted on the ANZHFR website ([www.anzhfr.org](http://www.anzhfr.org)) on 31 Oct 2013. The public consultation period lasted until 13 Dec 2013. The following organisations were formally invited to provide comment and feedback on the document:

- Commonwealth Department of Health
- Commonwealth Department of Social Services
- Commonwealth Department of Health– Indigenous Health
- Therapeutics Goods Administration
- Pharmaceutical Benefits Advisory Committee
- Medical Services Advisory Committee

- Australian Commission on Safety and Quality in Health Care
- Health Quality and Safety Commission New Zealand
- Director-General, NSW Health
- Chief Executive, SA Health
- Secretary, VIC Health
- Director-General, WA Health
- Director-General, QLD Health
- Secretary, TAS Health
- Director-General, ACT Health
- Chief Executive Officer, NT Health
- Australian Indigenous Doctors' Association
- Māori Medical Practitioners Association, New Zealand
- Multicultural Health Service and Aboriginal Health Unit - South Eastern Sydney Local Health District
- Council on the Ageing
- Australian and New Zealand Society of Geriatric Medicine
- Australian Orthopaedic Association
- New Zealand Orthopaedic Association
- Australian and New Zealand Bone and Mineral Society
- Australian and New Zealand College of Anaesthetists
- Australian and New Zealand Orthopaedic Nurses' Association
- Australasian College of Emergency Medicine
- Australasian Faculty of Rehabilitation Medicine
- Royal Australasian College of Surgeons
- Osteoporosis Australia
- Osteoporosis New Zealand
- Australian Physiotherapy Association
- Pain Australia

Full details including submissions and responses are included in the Public Consultation Submissions Summary available at [www.anzhfr.org/guidelines](http://www.anzhfr.org/guidelines).

## 9 AGREE II assessment

The Guideline has been assessed by two reviewers independent of the Guideline development process, A/Prof Clare Robertson (New Zealand) and Dr Agnes Wilson (Australia), using the AGREE II instrument.<sup>2</sup>

## 10 Organisations formally endorsing the Guideline

Australasian College for Emergency Medicine

Australian and New Zealand Orthopaedic Nurses Association

Australian and New Zealand Society for Geriatric Medicine

Australian Orthopaedic Association

Carers NSW

New Zealand Orthopaedic Association

Osteoporosis Australia

Osteoporosis New Zealand

Royal Australasian College of Surgeons

The Australian and New Zealand College of Anaesthetists did not endorse the Guideline based on the response to its submission – see Public Consultation Submissions Summary.

### ANZ Hip Fracture Guideline

#### Declaration of interest process

Consistent with the NHMRC 2012 document entitled *“Guideline Development and Conflicts of Interest - Identifying and Managing Conflicts of Interest of Prospective Members and Members of NHMRC Committees and Working Groups Developing Guidelines”*, it is critical for the integrity of any guideline that there is an agreed policy and transparent process for handling any potential conflict of interest in guideline development and adaptation.

Conflict of interest can be categorised as potential, perceived or actual and relate to members’ interests as well as the interests of their family relating to the guideline topic. Interests may be direct or indirect, pecuniary or non-pecuniary.

This document sets out the planned approach to identifying and managing any potential conflict of interest that arises for members of the ANZ Hip Fracture Guideline Adaptation Committee (the Committee). Whilst the Committee is not an NHMRC committee, it is planning to seek endorsement of the final guideline and as such will comply with NHMRC requirements for managing conflict of interest from the outset of the guideline process.

Membership of the Committee will reflect the necessary expertise required to develop such a document and it is anticipated that most members of the committee will be representatives of key professional organisations with an interest and expertise in the area.

1. All members of the Committee will receive an electronic copy of the NHMRC document *“Guideline Development and Conflicts of Interest 2012”* and the accompanying *“NHMRC Form for Disclosure of Potential Conflicts of Interest”* prior to the first meeting of the potential committee.
2. The documents will be available in paper format at the first meeting and there will be dedicated time on the agenda of the first meeting and all subsequent meetings to discuss declared interests. Any issues where clarity is sought in relation to the content of the

documents will be directed to the NHMRC Guideline Development Office (Geraint Duggan, Acting Director & Kristie Adams, assigned officer for the project).

3. Membership of the Committee will not be confirmed until the NHMRC Form for Disclosure of Potential Conflicts of Interest has been completed, signed and reviewed by the Chair of the Committee.
4. The Chair of the Committee must not have any declared interests which would be considered by the Committee to compromise his/her ability to Chair the Committee.
5. The Chair of the Committee will review all signed NHMRC Forms for Disclosure of Potential Conflicts of Interest and contact any proposed member where a disclosed interest might lead to the person being conflicted in one or more areas of the guideline development process.
6. Where a declared interest is perceived to give rise to potential conflict of interest exists and depending on the perceived level of conflict, that member of the committee will be asked by the Chair to either refrain from participation in any dialogue relating to that particular area or will be asked to step out of the room during that particular conversation. This will be documented in minutes of the meeting.
7. Where a declared interest gives rise to a potential conflict that cannot be adequately addressed and mitigated, the Chair has the right to preclude that proposed member from becoming a confirmed member of the ANZ Hip Fracture Guideline Adaptation Committee.
8. In advance of all subsequent meetings of the ANZ Hip Fracture Guideline Adaptation Committee, members will be asked to identify and declare any new or changed interests. All members will be required to respond electronically for the purposes of the records – verbal communication will be considered insufficient record.
9. By identifying any new or changed interests in advance of the meeting, the Chair will have the opportunity to discuss and agree a plan to deal where the declared interest gives rise to potential conflict of interest. The agreed plan to manage potential conflict will be documented in the minutes of the meeting.
10. The initial signed NHMRC Form for Disclosure of Potential Conflicts of Interest for every member and subsequent documentation of any changes to this original declaration will be held on file by the secretariat for the ANZ Hip Fracture Guideline Adaptation Committee. Any initial and subsequently disclosed interests will also be recorded in the minutes of each meeting.
11. Failure to comply with this policy will lead to the termination of membership of the ANZ Hip Fracture Guideline Adaptation Committee.

## References

1. National Clinical Guideline Centre. *The Management of Hip Fracture in Adults. NICE clinical guideline 124*. London: National Institute for Health and Care Excellence (NICE), Jun 2011 [cited Mar 2014]. Available from: <http://guidance.nice.org.uk/CG124>.
2. AGREE Next Steps Consortium. *Appraisal of Guidelines for Research & Evaluation II. AGREE II Instrument 2009* [cited Mar 2014]. Available from: <http://www.agreetrust.org>.