AUSTRALIAN
AND
NEW ZEALAND
FACILITY LEVEL AUDIT OF
HOSPITALS PERFORMING SURGERY
FOR HIP FRACTURE

2014
Acknowledgements

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We would also like to thank the people at each facility across Australia and New Zealand who took the time to complete the questionnaire for this facility level audit.


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ANZHFR
Australian & New Zealand Hip Fracture Registry
1.0 Introduction

Hip fracture is the most serious and costly fall-related injury sustained by older people. There are approximately 17,000 hip fractures among Australians aged ≥40 years annually and 4,000 in New Zealand. These figures are set to increase with an ageing population.

The quality of hip fracture care has been shown to be dependent upon orthopaedic and geriatric service configurations1. In the absence of effective systems of orthopaedic-geriatric co-care, key markers of quality of care such as time to surgery, complication rates, readmission rates and length of stay in hospital, have been demonstrated to vary considerably. Furthermore, a growing body of published literature suggests that provision of secondary preventive care post-hip fracture, comprised of osteoporosis assessment and fall prevention strategies, is not routinely delivered2,3.

The British Orthopaedic Association (BOA) and the British Geriatrics Society (BGS) led the development of a National Hip Fracture Database (NHFD)4. The NHFD has become the largest ongoing audit of hip fracture care and secondary prevention in the world. The NHFD has enabled the Department of Health in England to create an incentive mechanism5 to reward hospitals that deliver high quality care. This has led to demonstrated year-on-year improvements in time to surgery, preoperative assessment by geriatricians, secondary fracture prevention and a significant reduction in 30 day mortality.

The UK NHFD demonstrates that benchmarking of professionally defined standards of care can play a central role in improving quality of hip fracture care and reducing associated costs. Implementation of a similar approach in Australia and New Zealand could result in similar benefits for older people and the respective health care systems.

The Australian and New Zealand Hip Fracture Registry

In October 2011 a group of clinicians representing all Australian States and New Zealand gathered in Sydney with the shared goal of improving care of hip fracture patients. As a first step toward this goal it was agreed that an Australian and New Zealand Hip Fracture Steering Group be established to drive a National Hip Fracture Registry. A number of key professional bodies and societies have since offered their support and have representation on the Steering Group.

The ultimate goal of the Australian and New Zealand Hip Fracture Registry is to use data to improve performance, drive change and maximise outcomes for older people – reduce mortality, reduce rates of institutionalisation and maximise functional outcomes. The knock on economic benefits to
health care in its broadest sense include reduced length of stay in hospital, reduction in further falls and fractures and delay or avoidance of the need for institutionalization.

The development of National Registries is now a recognized priority area in Australia. In November 2010 the Australian Health Ministers’ Conference (AHMC) endorsed the Australian Commission on Safety and Quality in Health Care’s (ACSQHC) Strategic and Operating Principles for Australian Clinical Quality Registries, for a national approach to Australian clinical quality registries. ACSQHC has recently released a framework for clinical quality registries.\(^6\)

A number of activities are currently underway to support the development of an Australian and New Zealand Hip Fracture Registry. These include:

- Production of Australian and New Zealand Guideline for hip fracture care – to be published 23\(^{rd}\) September 2014
- Development of ANZ standards for hip fracture care – development to start late 2014 in collaboration with the Australian Commission for Safety and Quality in Health Care
- Consultation with consumers and representative patient/older person organisations
- An annual Australia and New Zealand wide audit at facility level.

**Facility Level Audit**

The aim of the facility level audit is to assess and document what services, resources, policies, protocols and practices currently exist across Australia and New Zealand in relation to hip fracture care. This 2014 report is the second Australian and New Zealand report and follows on from the data collected in 2012 and reported in 2013. Separate reports are available from each individual State and Territory in Australia as well as New Zealand. [http://www.anzhfr.org/2012-06-20-13-08-40/australian-news/8-news/48-2014-facility-survey](http://www.anzhfr.org/2012-06-20-13-08-40/australian-news/8-news/48-2014-facility-survey). At this point in time, the information provided does not identify which hospitals provide which services. Over time and with the agreement of participating hospitals, we hope to be able to provide this information and continue to update it on an annual basis.
2.0 Methods

A standardized audit form was devised by the ANZHFR Steering Group for use in all public hospitals across Australia and New Zealand and this form became electronic in late 2013 (Appendix 1). It is designed with the intention of being able to compare data within and between States and Territories in Australia and New Zealand and track change over time. An email was sent to the contact person for each site asking them to complete the electronic audit for the 2013 calendar year. The audit form was also available in a PDF format for sites preferring a hardcopy.

The audit was completed online or emailed/faxed to research personnel. Emails were sent to sites to update people on progress and encourage completion of the audit. The data was entered into a central database for the purposes of analysis. The audit for the public hospitals took place between Jan 2014 -August 2014.

3.0 Results

3.1 Hospitals operating on hip fracture patients

One hundred and seventeen hospitals in Australia and New Zealand were identified as performing hip fracture surgery in 2013 (Appendix 2) and all completed the audit. This is one more site than in 2012. An extra site was identified in New Zealand in 2013. The role of the person completing the survey in 2013 is highlighted in Figure 1. Sixty percent of those completing the form were Nursing Unit Managers. The hospital sites were asked to estimate the number of hip fracture patients treated in 2013 (Figure 2). Fifty nine percent of hospitals (69/117) estimated that they treated more than 100 hip fractures patients during 2013.

Figure 1. The role of the person completing the survey in 2013.
3.2 Dedicated orthopaedic beds

Ninety out of the one hundred and seventeen hospitals in 2013 (77%) reported having dedicated orthopaedic beds (range 4-60 beds). This represents a 5% increase from the 2012 audit (Table 1). Feedback from hospitals with no designated orthopaedic beds is that hip fracture patients are admitted to either general surgical or mixed medical/surgical wards.

3.3 Orthogeriatric services

The facility level audit undertaken in 2012 of 116 public hospitals in Australia and New Zealand providing operative intervention for hip fracture showed that 54% (63/116) of hospitals provided some form of orthogeriatric care ranging from a true shared care model to a consultation based approach to care. In 2013, 62% (73/117) of hospitals answered in the affirmative to having an organized geriatric service for hip fracture care. This is an increase of 9 hospital sites from the previous year.
In 2013, we attempted to better describe the model of care provided in each hospital with the following options provided in the audit:

1. A shared care arrangement where there is joint responsibility for the patient from admission between orthopaedics and geriatric medicine for all older hip fracture patients.
2. An orthogeriatric liaison service where geriatric medicine provides regular review of all older hip fracture patients (daily during working week)
3. A medical liaison service where a general physician or GP provides regular review of all older hip fracture patients (daily during working week)
4. An orthogeriatric liaison service where geriatric medicine provides intermittent review of all older hip fracture patients (2-3 times weekly)
5. A medical liaison service where a general physician or GP provides intermittent review of hip fracture patients (2-3 times weekly)
6. An orthogeriatric liaison service where a consult system determines which patients are reviewed
7. A medical liaison service where a consult system determines which patients are reviewed
8. No formal service exists

The model of care that best described the service provided for older hip fracture patients in Australia and New Zealand public hospitals is demonstrated in Figure 3.

Figure 3. Model of care that describes the service provided for hip fracture patients.

For explanation of model description – see above.
Eight hospital sites reported having no agreed process for medical review of hip fracture patients, 34 hospitals have a medical liaison service and the remainder reported having some form of orthogeriatric service. Sixteen hospitals (14%) reported having a shared care model where there is joint responsibility for the patient from admission between orthopaedics and geriatric medicine.

3.4 Policies, Protocols and Practice

The audit requested hospitals to state whether there are protocols and processes in place for various aspects of hip fracture care. Figures 4 – 5 and Table 1 display the percentage of hospitals that reported having the protocol, policy or practice in place and compares the 2013 responses with data from the 2012 facility level audit.

Fast track protocols for hip fractures patients from the Emergency Department were in place for 60/117 (51%) of the hospitals audited in 2013; this number increased from 33% in 2012. Forty nine sites (42%) report having scheduled theatre time on trauma lists for hip fracture patients in 2013 compared to 31/116 (27%) in 2012.

Access to CT/MRI for inconclusive plain imaging was available in half the sites audited in 2013 (58/117). This was an increase from 2012 where 40% (46/116) had access to MRI. However this figure should be interpreted with caution as CT was not listed as an imaging modality in the 2012 audit.

Pain management protocols were present in 65% (76/117) of the 2013 hospital sites surveyed. This number is higher than in 2012 when 69/116 hospitals (49%) had a pain management protocol. Venous thromboembolism protocols were available in 90% of sites in 2013 compared to 81% in 2012. Sixty eight percent of hospitals (79/117) offered a choice of anaesthesia to patients and this number was consistent with 2012 data.

Routine access to weekend therapy remains limited with 67/117 (57%) reporting weekend access in 2013. This number is slightly higher than in 2012 when 53% (62/116) provided routine weekend therapy.
Table 1. Services and protocols in hip fracture care across individual states and territories and New Zealand.

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Number of hospitals performing hip fracture surgery</td>
<td>37</td>
<td>37</td>
<td>24</td>
<td>24</td>
<td>2</td>
<td>2</td>
<td>13</td>
<td>13</td>
<td>1</td>
<td>1</td>
<td>6</td>
<td>6</td>
<td>3</td>
<td>3</td>
<td>8</td>
<td>8</td>
<td>22</td>
<td>23</td>
</tr>
<tr>
<td>% (range) Hospitals with dedicated orthopaedic beds</td>
<td>68% 14-45</td>
<td>78% 4-50</td>
<td>75% 5-44</td>
<td>75% 10-44</td>
<td>50% 32</td>
<td>50% 32</td>
<td>77% 10-48</td>
<td>85% 24-40</td>
<td>100% 24</td>
<td>100% 34</td>
<td>100% 24</td>
<td>83% 16-45</td>
<td>67% 30-60</td>
<td>33% 10</td>
<td>87% 15-10</td>
<td>50% 15-60</td>
<td>63% 9-64</td>
<td>82% 10-60</td>
</tr>
<tr>
<td>% Orthogeriatric service available</td>
<td>62%</td>
<td>76%</td>
<td>46%</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
<td>54%</td>
<td>62%</td>
<td>100%</td>
<td>100%</td>
<td>67%</td>
<td>67%</td>
<td>33%</td>
<td>33%</td>
<td>33%</td>
<td>33%</td>
<td>35%</td>
<td>55%</td>
</tr>
<tr>
<td>% Fast Track ED</td>
<td>31%</td>
<td>41%</td>
<td>33%</td>
<td>45%</td>
<td>0%</td>
<td>0%</td>
<td>31%</td>
<td>77%</td>
<td>100%</td>
<td>100%</td>
<td>17%</td>
<td>50%</td>
<td>0%</td>
<td>33%</td>
<td>33%</td>
<td>33%</td>
<td>33%</td>
<td>33%</td>
</tr>
<tr>
<td>% VTE</td>
<td>89%</td>
<td>89%</td>
<td>79%</td>
<td>99%</td>
<td>100%</td>
<td>100%</td>
<td>92%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>67%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>% Access to CT/MRI</td>
<td>32%</td>
<td>60%</td>
<td>50%</td>
<td>48%</td>
<td>50%</td>
<td>50%</td>
<td>38%</td>
<td>62%</td>
<td>100%</td>
<td>100%</td>
<td>50%</td>
<td>33%</td>
<td>33%</td>
<td>67%</td>
<td>50%</td>
<td>50%</td>
<td>32%</td>
<td>30%</td>
</tr>
<tr>
<td>% Scheduled time on trauma list</td>
<td>33%</td>
<td>35%</td>
<td>33%</td>
<td>50%</td>
<td>0%</td>
<td>0%</td>
<td>31%</td>
<td>54%</td>
<td>100%</td>
<td>100%</td>
<td>17%</td>
<td>50%</td>
<td>0%</td>
<td>67%</td>
<td>25%</td>
<td>25%</td>
<td>18%</td>
<td>39%</td>
</tr>
<tr>
<td>% Patients have choice of anaesthesia</td>
<td>60%</td>
<td>51%</td>
<td>71%</td>
<td>71%</td>
<td>100%</td>
<td>100%</td>
<td>65%</td>
<td>85%</td>
<td>0%</td>
<td>100%</td>
<td>67%</td>
<td>100%</td>
<td>100%</td>
<td>67%</td>
<td>67%</td>
<td>67%</td>
<td>54%</td>
<td>65%</td>
</tr>
<tr>
<td>% Pain management</td>
<td>56%</td>
<td>54%</td>
<td>71%</td>
<td>71%</td>
<td>100%</td>
<td>100%</td>
<td>62%</td>
<td>85%</td>
<td>100%</td>
<td>100%</td>
<td>67%</td>
<td>100%</td>
<td>100%</td>
<td>75%</td>
<td>55%</td>
<td>44%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Collect local hip fracture data</td>
<td>30%</td>
<td>51%</td>
<td>67%</td>
<td>63%</td>
<td>50%</td>
<td>50%</td>
<td>65%</td>
<td>62%</td>
<td>100%</td>
<td>100%</td>
<td>83%</td>
<td>100%</td>
<td>0%</td>
<td>100%</td>
<td>10%</td>
<td>50%</td>
<td>64%</td>
<td>70%</td>
</tr>
</tbody>
</table>
Figure 4. The overall comparison of the presence of protocols and processes involved in hip fracture care between 2012 and 2013.
Figure 5. The percentage of hospitals with protocols and processes in hip fracture care by individual states and territories.
3.5 Patient and carer information

In 2013, hospitals were asked whether they provided patients and family/carers with written information about treatment and care for hip fracture. Twenty seven percent (31/117) of sites confirmed this was routinely provided.

3.6 Sub-acute care, discharge planning and future fracture prevention

The proportion of hospitals with access to rehabilitation was as follows in 2013: forty three (37%) hospitals have access to both onsite and offsite rehabilitation services whilst 44/117 (38%) hospital sites have access to onsite rehabilitation only and 30/117 (26%) sites to offsite rehabilitation only (Table 2).

The audit asked whether hospitals have access to an early supported home based rehabilitation services (not the same as the Commonwealth funded Transitional Care Program or community services). The response in 2013 was that 64% (75/117) had the service available for patients upon discharge. This result is less than the 68% (79/116) reported in 2012.

Availability of fracture liaison-services remains limited in 2013 with only 20% of sites having access to this service. The figure is higher than in 2012 when 17 hospital sites (15%) had access to the service. Public orthopaedic clinics were available in 105/117 (90%) hospitals for follow up care and falls clinics were available in 50/117 (43%) of hospitals. Public osteoporosis clinics were available in the larger hospitals, 38/117 (32%), and combined osteoporosis and falls clinics were available in 18/117 of the hospital sites (15%) in 2013 (Table 2). No question was asked around availability of other follow-up clinics.
Table 2. Comparison of the services available following surgery and discharge between 2013 and 2012.

<table>
<thead>
<tr>
<th>Services availability</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to in-patient rehabilitation.</td>
<td>Onsite only – 35/116 (30%)</td>
<td>Onsite only – 44/117 (38%)</td>
</tr>
<tr>
<td></td>
<td>Offsite only – 27/116 (23%)</td>
<td>Offsite only – 30/117 (26%)</td>
</tr>
<tr>
<td></td>
<td>Both On/Off site – 54/116 (47%)</td>
<td>Both On/Off site – 43/117 (37%)</td>
</tr>
<tr>
<td>Access to routine weekend therapy service</td>
<td>62/116 (53%)</td>
<td>67/117 (57%)</td>
</tr>
<tr>
<td>Access to early home based rehabilitation services</td>
<td>79/116 (68%)</td>
<td>75/117 (64%)</td>
</tr>
<tr>
<td>Fracture Liaison service</td>
<td>17/116 (15%)</td>
<td>23/117 (20%)</td>
</tr>
<tr>
<td>Access to a public Falls clinic</td>
<td>48/116 (41%)</td>
<td>50/117 (43%)</td>
</tr>
<tr>
<td>Access to a public Osteoporosis clinic</td>
<td>40/116 (34%)</td>
<td>38/117 (32%)</td>
</tr>
<tr>
<td>Access to a public combined Falls &amp; Bone Health clinic</td>
<td>18/116 (16%)</td>
<td>18/117 (15%)</td>
</tr>
<tr>
<td>Access to a public Orthopaedic clinic</td>
<td>84/116 (72%)</td>
<td>105/117 (90%)</td>
</tr>
</tbody>
</table>

3.7 Data collection, service evaluation and future plans

In terms of auditing patient level outcomes, 75/117 (64%) hospital are already collecting hip fracture data in locally generated systems. This figure increased by 10% as compared to 2012 when 63/116 (54%) hospitals collected hip fracture data. Where data is collected, most sites use Excel spreadsheets and hospital information systems to document and analyse data. Sixty two percent of hospitals identified barriers to proposed hip fracture service redesign with funding being the main barrier followed by staff shortages and theatre availability.

4.0 Discussion

This is the second facility level audit undertaken across Australia and New Zealand and the results reported here are combined for all States and Territories and New Zealand. Individual reports can be found on the ANZHFR website: [http://www.anzhr.org/2012-06-20-13-08-40/australian-news/8-news/48-2014-facility-survey](http://www.anzhr.org/2012-06-20-13-08-40/australian-news/8-news/48-2014-facility-survey). The results continue to highlight variability in service configuration and practice although no comment can be made in relation to patient outcomes. However, the 2013
results also suggest that more hospitals are moving toward systems and processes of care that reflect national and international guidelines and standards of care.

There is much still to be done to improve the quality of the information collected from the audit and the processes by which the information is obtained. We acknowledge that the information is only as good as that provided by each hospital. The introduction of a centralized electronic questionnaire made a more efficient method of data collection in 2013. This audit provides a look at the measure of services at a point in time when hip fracture care is being highlighted at National level in both Australia and New Zealand as a priority area to improve care.

It is proposed that this audit continues to be undertaken annually across Australia and New Zealand and the results made available on the ANZHFR website so people can compare services and track change over time.

At the same time, patient level data collection using a standardized form and agreed minimum dataset is being piloted in NSW and WA. Australia and New Zealand now have access to electronic data systems for patient level audit and ethics approval is currently being sought for each hospital before patient level data can be entered. A demonstration site is available (https://www.hipfracture.com.au/) and the paper based form of the minimum data set (http://www.anzhfr.org/images/resources/Patient_level_form_March%202014.pdf) and data dictionary (http://www.anzhfr.org/images/resources/Data%20Dictionary%20v8%20Dec%202013.pdf) can also be accessed via the ANZHFR website.
5.0 References


### Australian and New Zealand Hospitals Hip Fracture Facility Level Audit Form 2013

**General information**

<table>
<thead>
<tr>
<th>Name of person completing the audit</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Role of person completing the audit</td>
<td>Doctor, nurse, allied health, other</td>
</tr>
<tr>
<td>State (Aus.) / LHB (NZ)</td>
<td></td>
</tr>
<tr>
<td>Acute hospital name</td>
<td></td>
</tr>
<tr>
<td>Is your hospital a major trauma centre?</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Estimated number of hip fractures / year</td>
<td>0-50</td>
</tr>
<tr>
<td></td>
<td>51-100</td>
</tr>
<tr>
<td></td>
<td>101-150</td>
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<td>151-200</td>
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<td>201-300</td>
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<td>301-400</td>
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<td>401+</td>
</tr>
</tbody>
</table>

| Number of dedicated orthopaedic beds. |  |
| Is there an organized geriatric service for Hip# | Yes / No |

| Select the model of care that best describes the service provided for care of older hip fracture patients in your hospital. | A shared care arrangement where there is joint responsibility for the patient from admission between orthopaedics and geriatric medicine for all older hip fracture patients. |
| | An orthogeriatric liaison service where geriatric medicine provides regular review of all older hip fracture patients (daily during working week) |
| | A medical liaison service where a general physician or GP provides regular review of all |

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older hip fracture patients (daily during working week)

An orthogeriatric liaison service where geriatric medicine provides intermittent review of all older hip fracture patients (2-3 times weekly)

A medical liaison service where a general physician or GP provides intermittent review of hip fracture patients (2-3 times weekly)

An orthogeriatric liaison service where a consult system determines which patients are reviewed

A medical liaison service where a consult system determines which patients are reviewed

No formal service exists

<table>
<thead>
<tr>
<th>Protocols and Processes</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Does your hospital have a protocol or pathway for access to CT / MRI for inconclusive plain imaging?</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Do you have a fast track protocol for hip fractures in ED?</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Does your hospital have a VTE protocol?</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Does your hospital have a protocol or pathway for pain?</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Are hip fracture patients routinely offered a choice of anaesthesia?</td>
<td>Always, Frequently, Rarely, Never</td>
</tr>
<tr>
<td>Are hip fracture patients offered local nerve blocks as part of pain management prior to surgery?</td>
<td>Always, Frequently</td>
</tr>
<tr>
<td>Question</td>
<td>Options</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Are local nerve blocks used at the time of surgery to help with postoperative pain?</td>
<td>Always, Frequently, Rarely, Never</td>
</tr>
</tbody>
</table>

**Services**

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your hospital have a planned list / planned trauma list for hip fracture patients?</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Does your hospital routinely provide patients and/or family and carers with written information about treatment and care for a hip fracture?</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Does your hospital offer hip fracture patients routine access to therapy services at weekends?</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Access to in-patient rehabilitation</td>
<td>Onsite, Offsite, Both</td>
</tr>
<tr>
<td>Does your hospital have access to an early supported home based rehabilitation service (not the same as the Commonwealth funded transitional aged care program or community services)?</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Access to a Falls clinic (Public)</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Access to an Osteoporosis clinic (Public)</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Access to a combined falls and bone health clinic (Public)</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Access to an Orthopaedic clinic (Public)</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td>Response Options</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>Does your hospital routinely collect local hip fracture data?</td>
<td>Yes / No</td>
</tr>
<tr>
<td>If yes</td>
<td></td>
</tr>
<tr>
<td>Who collects it?</td>
<td></td>
</tr>
<tr>
<td>What database is used?</td>
<td></td>
</tr>
<tr>
<td>Do you have a fracture liaison service, whereby there is systematic identification of all fracture patients by a fracture liaison nurse, with a view to onward referrals and management of osteoporosis?</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Do you have any plans to alter any of your service provision for hip fracture patients over the next 12 months – if so please give details?</td>
<td>Yes / No Give details</td>
</tr>
<tr>
<td>Are there identified barriers to any proposed service redesign?</td>
<td>Yes / No Give details</td>
</tr>
</tbody>
</table>

**ANZ Hip Fracture Registry Team**
- Email facility: Survey@anzhfr.org
- Telephone: 0293991851
- Fax: 0293991204
Appendix 2-List of the Australian and New Zealand Hospitals audited in 2013.

**Australian Capital Territory = 1 site**

Canberra Hospital (Garran)

**South Australia = 8 sites**

Royal Adelaide hospital

Flinders Medical centre

The Queen Elizabeth hospital

Lyell McEwin Health Service

Modbury Hospital

Port Pirie

Whyalla

Mount Gambia

**Northern Territory = 2 sites**

Royal Darwin Hospital

Alice Springs Hospital

**Tasmania= 3 sites**

North West Regional Hospital (Burnie)

Launceston General Hospital - Launceston

Royal Hobart

**Queensland = 13 sites**

Gold Coast Hospital - Southport

Cairns Base Hospital - Cairns
Townsville Hospital - Townsville

Mackay Base Hospital - Mackay

Rockhampton Base Hospital - Rockhampton

The Prince Charles Hospital - Chermside

Ipswich Hospital - Ipswich

Princess Alexandra Hospital - Woolloongabba

Logan Hospital - Meadowbrook

Redcliffe Hospital - Redcliffe

Nambour Hospital - Nambour, Queensland

Hervey Bay Hospital - Hervey Bay, Queensland

St. Vincent's Hospital - Toowoomba

**Victoria = 24 sites**

The Austin Hospital

The Alfred

Ballarat Health Services

Barwon Health Network (Geelong Campus)

Bendigo Hospital

Box Hill Hospital

Dandenong Hospital

Echuca Regional Health

Frankston Hospital

Goulburn Valley Health (Shepparton Campus)
Latrobe Regional Hospital
Maroondah Hospital
Mildura Base Hospital
Northeast Health Wangaratta
Northern Hospital
Royal Melbourne Hospital (City Campus)
Sandringham Hospital
South West Healthcare (Warrnambool Campus)
St Vincent's Hospital
Sunshine Hospital
West Gippsland Healthcare Group (Warragul)
Western District Health Service (Hamilton Campus)
Western Hospital (Footscray)
Wimmera Health Care Group (Horsham Campus)

**Western Australia = 6 sites**

Joondalup Health Campus - Joondalup
Royal Perth Hospital - Perth
Sir Charles Gairdner Hospital - Nedlands
Fremantle Hospital & Health Service - South Fremantle
Albany Hospital
Bunbury Hospital
New South Wales =37 sites

Bankstown Lidcombe Hospital - Bankstown
Bowral and District Hospital - Bowral
Campbelltown Hospital - Campbelltown
Liverpool Hospital - Liverpool
Canterbury Hospital - Canterbury
Concord Repatriation General Hospital - Concord
Royal Prince Alfred Hospital - Camperdown
Gosford Hospital - Gosford
Hornsby Ku-ring-gai Hospital - Hornsby
Manly Hospital - Manly
Mona Vale Hospital - Mona Vale
Royal North Shore Hospital - St Leonards
Ryde Hospital - Eastwood
Prince of Wales Hospital - Randwick
St George Hospital - Kogarah
St Vincent's Hospital - Darlinghurst
Sutherland Hospital - Caringbah
Wollongong Hospital - Wollongong
Blacktown Hospital - Blacktown
Nepean Hospital - Penrith
Westmead Hospital - Westmead

Albury Base Hospital - Albury

Bega District Hospital - Bega

Goulburn Base Hospital - Goulburn

Wagga Wagga Base Hospital - Wagga Wagga

Bathurst Base Hospital - Bathurst

Orange Base Hospital - Orange

Armidale Regional Hospital - Armidale

Dubbo Base Hospital - Dubbo

John Hunter Hospital - Newcastle

Maitland Hospital - Maitland

Manning Base Hospital - Taree

Tamworth Base Hospital - Tamworth

Coffs Harbour and District Hospital - Coffs Harbour

Lismore Base Hospital - Lismore

Port Macquarie Base Hospital - Port Macquarie

Tweed Heads District Hospital - Tweed Heads

**New Zealand = 23 sites**

North Shore hospital (Waitemate WDHB)

Auckland City Hospital

Middlemore Hospital (Counties Manuka HB)
Waikato Hospital

Christchurch Hospital (Canterbury)

Whangarei Base Hospital (NDHB)

Tauranga

Hawkes Bay (HBDHB)

Mid Central (Palmerston Nth)

Wellington Region (Capital & Coast health)

Nelson

Dunedin (DPH)

Rotorua (Lakes DHB)

Taranaki

Hutt Valley DHB

Invercargill (Southland) DHB

Wanganui (DHE)

Gisborne (Tairawhiti)

Timaru (Sth Canterbury) (SCDHB)

Wairau (Blenheim)

Grey Base (West Coast)

Wairarapa (DHB)

Whakatane