Australian & New Zealand Hip Fracture Registry

Hip Fest July 2019

Roger Harris
Getting Started

• Started in November 2011
• Bupa Grant $450k
• Funded the Bi-national development work
  • Also Website with $ contribution from NZ
• AIM: To use patient level and facility level data to enable improvements in hip fracture care across both countries
How Things are Organised

NZ Hip Fracture Trust

Implementation Committee

Co-Chairs
ACC
HQSC
MoH
NZOA
ANZSGM – NZ
FLS Rep
Physiotherapy
Osteoporosis NZ
Webmaster

Clinical Lead Co-Ordinator

NZOA

ANZHFR Steering Group / Sydney

Co-Chairs
NZ x3
Geriatrics
Orthopaedics
Injury Epidem
Anaesthetics
Emergency
Consumer Rep
Webmaster
Physiotherapy
Bone & Min Soc
Ortho Nurses
National Co-Ord Colleges
Osteoporosis
Dietetics

Committees
• Data
• Research
2012: Working on data dictionary and guideline
2013: Adaptation of NICE guideline
   : Facilities audit – started annually
2014: Guideline completed
   : Data dictionary and data form finalised
   : Ethics approval obtained
   : Pilot data collection started
2015: Pilot collecting data in Northern region
    : Developing Clinical Care Standards
2016: Publishing first report (on 2015 data)
    : Publishing Clinical Care Standards
2017: Second Annual Report
2018: Third Annual Report with hospitals identified
Hip Fracture Clinical Care Standards

• Care at presentation – timely and appropriate
  • ED pathway / protocol
  • Cognitive assessment

• Pain Management
  • ED protocol / hospital protocols
  • Pain assessed & meds within 30 minutes

• Orthogeriatric Model of Care
Hip Fracture Clinical Care Standards

• Timing of Surgery
• Mobilisation & Weight Bearing Status
  • Mobilised day1
  • Post op weight bearing status
• Pressure injury
• Minimising risk of another fracture
  • Bone protection medication at discharge
• Transition from hospital care
  • Individualised care plan
Patient Level Data Collected: 2015 - 2016

- All the appropriate dates / times
- Preadmission status: Living situation / cognition / osteoporosis Rx / mobility
- Assessment details: Fracture type / cognition / ? Medical assessment
- Surgical and Anaesthetic details
- Post operative: First day mobilisation / seen by Geriatrician / Rehab Wd?
- Discharge: Osteoporosis treatment / destination
- Follow Up at 30 and 120 days: Re-operation / mobility / Op.Rx / Living

2017
• Clinical Care Standards
  • Pain assessment and management in ED

2018
• Delirium assessment
• Hospitals named

2019
• 120 day follow up only
• Malnutrition assessment

• Website Improvement
  • Quarterly reports
  • Hospital vs NZ average

• Dashboard
  • Internal report w.r.t. Standards

• Research development
Facility Level Data

• Model of Orthogeriatric care
• Protocols and elements of care
  • DVT prophylaxis
  • ED / overall pathway
  • Pain protocol
  • Weekend therapy
• After Orthopaedics
  • Rehabilitation
  • FLS
  • Outpatient clinics
  • Patient and carer information
Support for ANZHFR

• Economic Evaluation of Clinical Quality Registries Report, 2016
• Australian Health Services Research Prize, 2017
• POMRC Report 2018 recommends hospitals contribute to ANZHFR
• Two publications in 2018 support ANZHFR model for improving care
  • Injury, Int J Care Injured 49 (2018) 1418-1423
  • Journal of Bone and Joint Surgery 2018;100:751-7

• All the improvement activities underway in NZ
NZ Current Status

• 20 / 22 hospitals contributing data
• Total cases per year steadily increasing
• Estimate 68% of NZ hip fractures in 2018
• Current total cases in registry (all years) = 7,948
• Australia has 60% of hospitals contributing data / 28,609 cases

• Total cases is registry 36,557
NZ Current Status

Numbers
• Comparison with NMDS 2018
  • 2018 = 68%
  • 2019, June 30 = 52% !!
• Records with no date = 232 !!

Attributes
• 8 / 20 have resilient system
• 12/20 absorbed into daily work
  • THANKYOU !
• Lots of improvement activities
Demo – Early Adopters – Nerve Blocks
FIGURE 63  NEW ZEALAND HOSPITALS REPORTED ELEMENTS OF CARE 2013–2018

% Proportion of New Zealand hospitals

Elements of hip fracture care

- Shared care MOC
- ED protocol/template
- CT / MRI protocol
- VTE protocol
- Pain pathway
- Anaesthetic choice
- Scheduled theatre list
- Weekend therapy
- Data collection
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 (2014) / geriatric service (2015) where a consult system determines which patients are reviewed.

7. A medical liaison service (2014) / medical service (2015) where a consult system determines which patients are reviewed.

8. No formal service exists.

9. Other
Thankyou to everybody for your interest and support