



ANZ Hip Fracture Registry

Enhancing Outcomes for Older People

Issue 29, December 2019



The News in Brief

Welcome to the fourth and final ANZHFR Newsletter for 2019. This Newsletter summarises the continued progress on both sides of the Tasman. Patient numbers continue to increase, with a total of 42,099 records from 77 hospitals. This quarter we ask you to Save the Date for the 2020 New Zealand Hip Fests. The Newsletter also summarises the new version of the

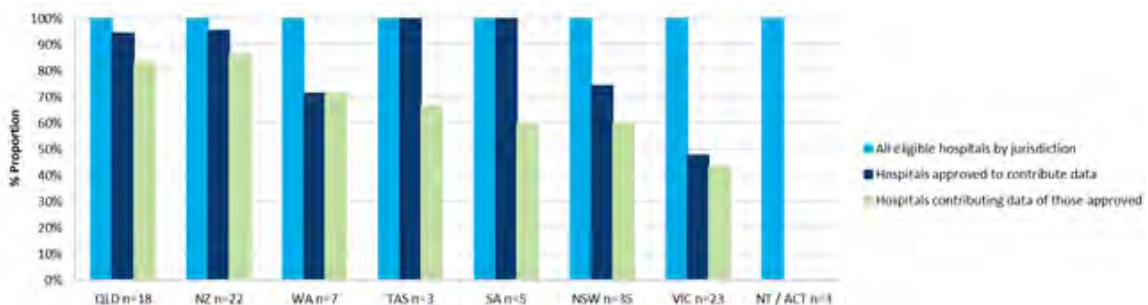
ANZHFR Data Dictionary, which goes "live" on 1st January 2020. The ANZHFR has published an erratum for the 2019 Annual Report and 2020 will bring a new initiative to help sites audit the quality of their data. Prof Nick Taylor gets you thinking over the break about recovery after a hip fracture, and on behalf of the ANZHFR, I would like to wish you a happy, safe and restful holiday period.

Update on Implementation in New Zealand and Australia

There has been steady progress in participation on both sides of the Tasman.

The New Zealand Hip Fracture Registry has 9,507 records as at December 2019. 21 of 22 hospitals have ethics and locality approval to contribute data and 19 of these have regularly contributed data to the Registry.

The Australian Hip Fracture Registry has 32,592 records as at December 2019. There are now 67 of 95 hospitals that have completed both ethics and governance review to allow participation. Another 10 hospitals are part way through the approval process and it is hoped they will be contributing data in 2020. 55 hospitals have regularly contributed data to the Registry.



Hip Fests 2020

Once again, the ANZHFR is running a series of state- and island-based Hip Fests to harness the collective knowledge of key stakeholders, and to inspire and enable those involved in the provision of hip fracture care. This year, the ANZHFR will continue to work with local clinicians to provide events to support innovative ways to use data to improve hip fracture care across both countries. Stay tuned for Australian dates and locations, but please save the date for the New Zealand events in May and July 2020.

New Zealand North Island
Wednesday 6th May 2020
Auckland City Hospital
Auckland

New Zealand South Island
Wednesday 29th July 2020
Burwood Hospital
Christchurch

SAVE THE DATE

Resources Online

The ANZHFR supports collaboration, and the sharing of information and resources to improve hip fracture care. Following on from the 2018-19 Hip Fests, teams have generously shared clinical pathways and other resources and they are now available at the ANZHFR website. Click on the Healthcare Professional Resources icon to find examples from around Australia.

Also available in this section of the website are translated versions of the ANZHFR Project Information Pamphlet. The Pamphlet has been translated into 14 languages and all are available for download.

For sites seeking to join the Registry or implement an Orthogeriatric service, a generic business case document has been developed for use in Australia. It follows the previously developed New Zealand version and either document can be adapted for use at your hospital.

To find the online resources, translated project information or business cases go to: <https://anzhfr.org/healthcare-professional-resources/>



ANZHFR Data Set 2020

MDS Data Dictionary v12

With a new year comes a review of the ANZHFR Minimum Data Set (MDS) and, in 2020, an opportunity to ensure participating sites have timely access to high quality data.

The new Data Dictionary v12 will apply to all patients admitted from 1 January 2020. Patients admitted for the remainder of 2019 will continue to be recorded using the v11 data set.

Changes to the Patient-Level Audit in v12 are:

Variable 4.15 Specialist falls assessment

Addition of examples in the comments section to improve consistency of recording. Additional work will be undertaken in 2020 to review how this information is collected.

Variable 4.17 Delirium assessment

Addition of the 4AT in the comments section as a diagnostic tool for the assessment of delirium.

NEW Variable 4.19 First day walking

A new variable included due to user feedback. this variable records whether a patient actually stepped and/or walked on day one after hip fracture surgery. This is in addition to being provided with the opportunity (variable 4.11).

RETIRED Variable 7.05 Full weight bear at 120 day follow up

Unrestricted weight bearing at 120 days is uncommon in Australia and New Zealand and was not reported in 2019.

NEW Variable 7.09 Preliminary date of death

Recording date of death allows the calculation of mortality after hip fracture.

NEW Variables 7.10, 7.11 and 7.12 collected centrally by the Registry via Data Linkage. Version 12 of the Data Dictionary can be accessed at the ANZHFR website, along with a summary of the major acility changes.

Changes to the Facility-Level Audit in v12:

The Facility-Level Audit will include two new questions.

Variable 10.10 seeks to understand the tools (if any) that are used to assess delirium in patients with a hip fracture.

Variable 10.11 seeks to understand whether hip fracture services use a recognised tool to assess the frailty status of individuals with a hip fracture. Frailty has been found to be a predictor of adverse outcomes in older people.

ANZHFR Initiatives 2020

Last year the Registry launched the Dashboard and feedback has been tremendously positive. In 2020, the ANZHFR is releasing a data quality audit tool accessible via the Home page when logged into the Registry.

Data Quality Audit Tool

The Audit Tool will allow users to audit a randomly selected 10% of the records from the previous calendar year for their site. For high-volume sites, the random selection of records is capped at 25.

Accessing the audit tool is as simple as clicking on the button in the left side menu once logged into the database. Once clicked, the records are randomly selected and a "duplicate" record is created. The original, or primary record, is locked during the audit period but if users need to access the record for any reason, the Tool allows for the selection of an alternative record. The auditor will need to be familiar with the Data Dictionary definitions for each data item and use the source document to re-enter the acute care data. 120 day follow up is not included in the audit. Once the audit has been completed, a % level of agreement is given.

The tool will be available in January 2020 and is optional to use.

Key Dates in 2020

January 2020

Data Quality Audit Tool released

February 2020

Facility-Level Audit will commence. Site contacts will receive an email asking for the survey to be completed.

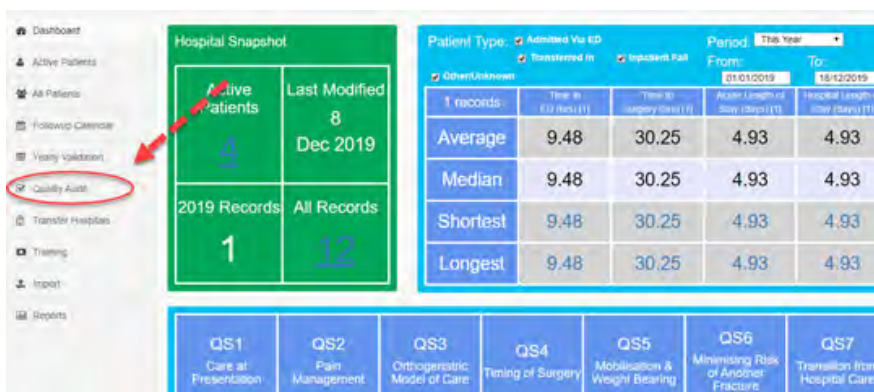
April 2019

Facility Level Audit will close. Follow-up will commence for sites that have not submitted the survey.

8th May 2020

LAST DAY for 2019 patient level audit data to be entered to the ANZHFR for inclusion in the 2020 Annual Report.

Figure 1: where to find the Data Quality Audit Tool in 2020



2019 ANZHFR Annual Report Erratum

The ANZHFR has published an erratum for Figure 59 Return to preadmission mobility at 120 days for the 2019 Annual Report. The published report incorrectly displayed the hospital proportions. The erratum will be posted to the ANZHFR website.



Physical Activity after Hip Fracture: does it matter?

Hip Fracture Care Clinical Care Standard 5 provides guidance to physiotherapists, nurses and other health professionals about mobilisation after hip fracture stating that “a patient with hip fracture should be mobilised without restrictions on weight-bearing the day after surgery and at least once thereafter”. According to the 2019 ANZHFR report 95% of patients in Australia had unrestricted weight-bearing and 91% were given the opportunity to mobilise on the first day after surgery. This is an excellent result but may not reveal all about the quality of rehabilitation after hip fracture.

Physical activity relates to daily energy expenditure due to skeletal muscle activity and is often expressed as daily minutes of at least moderate intensity physical activity or as daily steps. For the general population there is strong evidence that even moderate amounts of physical activity can have positive health benefits. In a large cohort study of older women, an average of 4,400 daily steps was associated with large reductions in mortality over the following 4 years¹.

So how physically active are patients after hip fracture? These data have been summarised in a systematic review². During acute hospital admission, patients who were discharged home were reported to take an average of just 36 daily steps. These patients may have ticked the box for Clinical Care Standard 5 but spent the rest of their admission in acute care sitting or lying.

During inpatient rehabilitation patients with hip fracture, average 507 daily steps. After return home physical activity levels remain low at 2 months (mean 1,082 daily steps) and 6 months (mean 3,228 daily steps).² Given the importance of physical activity it is

reasonable to question whether these levels of physical activity are adequate for patients returning to live in the community.

What these data do tell us is that our Care Standards provide important first-base information about requirements for rehabilitation after hip fracture. As further evidence from high quality trials accumulates, it may be possible to provide more specific guidance with goals for rehabilitation to health professionals and patients, including targets and interventions to help restore adequate levels of physical activity for recovery and good health.

1. Lee IM, Shiroma EJ, Kamada M, Bassett DR, Matthews CE, Buring JE. Association of Step Volume and Intensity With All-Cause Mortality in Older Women. *JAMA Internal Medicine* 2019.
2. Zusman EZ, Dawes MG, Edwards N, Ashe MC. A systematic review of evidence for older adults' sedentary behavior and physical activity after hip fracture. *Clinical Rehabilitation* 2018; 32(5): 679-91.

Nick Taylor

Professor of Allied Health, a joint position between La Trobe University and Eastern Health.

Nick leads the Allied Health Clinical Research Office at Eastern Health in Victoria. His research focuses on improving rehabilitation outcomes both in the way services are delivered, and in evaluating exercise interventions.



Osteoporosis Australia welcomes \$4M for National Action Plan

The Minister for Health, the Hon Greg Hunt MP, launched the National Strategic Action Plan for Osteoporosis on Thursday, 17th October, at a special event at Parliament House in the lead up to World Osteoporosis Day on the 20th October 2019.

The Hon Greg Hunt MP, Minister for Health, stated that the launch of the National Strategic Action Plan for Osteoporosis is a significant step in improving the quality of life for Australians living with poor bone health and reducing the substantial financial burden that osteoporosis has on the Australian healthcare system.

Mr Hunt said, The Action Plan addresses the urgent need for a national strategic response to the challenges and burden of osteoporosis across Australia. It will focus on increased awareness, education and prevention of osteoporosis, including improved diagnosis and management, and care of people with, or at risk of, osteoporosis. The Government is allocating \$4 million to support implementation of the Action Plan.”

Senator the Hon Richard Colbeck, Minister for Aged Care and Senior Australians, echoed Minister Hunt’s sentiment on the substantial impact the National Strategic Action Plan will have on the management and prevention of osteoporosis.

Osteoporosis Australia CEO, Mr Greg Lyubomirsky, said, “This is an exciting outcome for osteoporosis prevention, as this is the first time osteoporosis has received the attention it deserves. OA

commends Minister Hunt and Minister Colbeck on their commitment to making this substantial investment to commence implementation of key actions in the Plan. This is an important step forward in supporting the 4.7 million Australians with poor bone health”.

The National Strategic Action Plan on Osteoporosis will address three key priorities:

- increasing osteoporosis awareness and education with a focus on prevention
- improving osteoporosis diagnosis, management and care; and
- data collection, monitoring and strategic research.

