



ANZ Hip Fracture Registry

Enhancing Outcomes
for Older People

Issue 30, March 2020

The News in Brief

Welcome to the first ANZHFR Newsletter for 2020. Patient numbers continue to increase across both sides of the Tasman. The Registries have a combined total of 45,503 records from both countries as at March 2020.

This edition of the newsletter will provide an update of participation across both countries, highlight a consumer focused event to improve patient/family information after a hip fracture, and provide an update to the changed format of the Hip Fests 2020 across Australia and New Zealand.

From next week, users of the ANZHFR will be able to access an optional health-related quality of life evaluation tool. It will be found on the 120 day follow-up tab.

We would like to take this opportunity to thank all the clinicians and other staff involved with the recent developments surrounding the COVID-19 situation. On behalf of the ANZHFR, we hope you are all staying safe and well.

Update on Implementation in New Zealand & Australia

Participation has been steady across Australia and New Zealand.

New Zealand

The New Zealand Hip Fracture Registry has 10,457 records as at March 2020. 21 of 22 hospitals have ethics and locality approval to contribute data. We are pleased to announce all approved hospitals have regularly contributed data to the Registry.

Australia

The Australian Hip Fracture Registry has 35,046 records as at March 2020. 68 of 95 hospitals have completed ethics and governance approvals to contribute data. Another 7 hospitals are part way through governance review. Once approved, almost 80% of Australian hospitals will have approval. 61 of 68 approved hospitals have contributed patient level data.

Hip Fests 2020

Due to the ongoing global COVID-19 pandemic, the ANZHFR has made the necessary decision to cancel the upcoming face-to-face format of the state-based Hip Fests in Australia.

New Zealand has taken the decision to postpone the North Island Hip Festival scheduled for Thursday 7th May 2020. The South Island Hip Festival is still being planned for Wednesday 29th July 2020 but a decision on a face-to-face event will be reviewed closer to the time.

Thank you to the planning committees of the state- and island-based Hip Fests for the hard work they have put in so far. The ANZHFR will continue to work with local clinicians to provide alternative platforms to share best practice, ideas and solutions to common problems.

Initially, we will be conducting a series of webinars with guest speakers. These presentations will be recorded and posted to the ANZHFR website in the coming months. Watch this space!

For more information, or to suggest topics for inclusion in the webinar series, contact Karen Lee, Project Officer, via email: k.lee@neura.edu.au

Data Quality Audit Tool

The Data Quality Audit Tool was announced in the December 2019 newsletter for release in January 2020. The ANZHFR have postponed the launch of the Audit Tool until later in the year.

The Tool will be optional to use, and while auditing ANZHFR data is a valuable and worthwhile activity, its purpose is to help users undertake a data quality check prior to the end of the reporting year. We look forward launching the Audit Tool in the second half of 2020.





Measuring Quality of Life after Hip Fracture

Since commencing in 2015, the ANZHFR has received requests for the inclusion of a tool to evaluate a person's health-related quality of life after hip fracture. The Registry is pleased to advise ANZHFR users that permission has been given to include EuroQol's EQ-5D-5L as optional fields in the ANZHFR.

There is no obligation to complete the EQ-5D, and at this time, the ANZHFR is aware of the increased demands being placed on health workers and the systems in which they work. This work commenced last year and is ready to be made available for those users who have been requesting it.

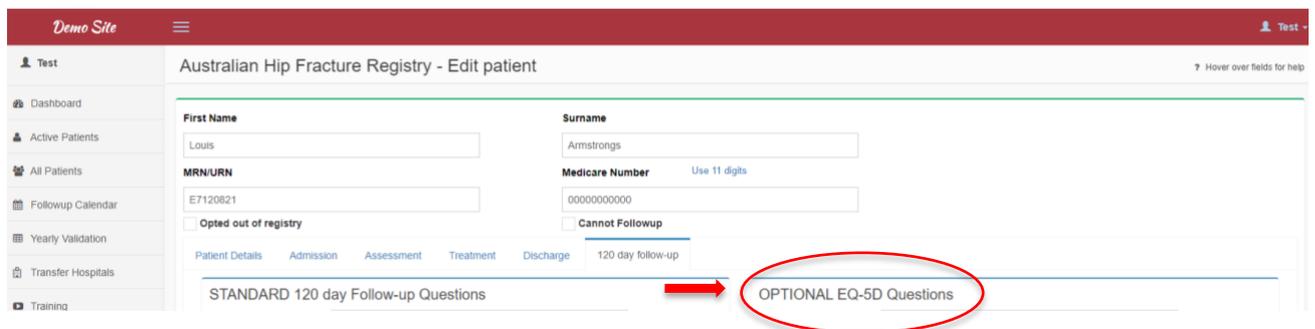
From April 2020, users of the ANZHFR will find on a patient's 120 day follow-up tab a new section for entering health-related quality of life data. On the left of the page you will find the

ANZHFR STANDARD variables for completion, and on the right are the OPTIONAL EQ-5D-5L fields (see image 1 below).

The EQ-5D-5L is a valid, reliable and responsive questionnaire allowing people to rate their overall health and their "health today" on five dimensions: mobility, self-care, usual activities, pain/discomfort, anxiety/depression. EuroQol is a global network of experts committed to ongoing research, and as an organisation it manages the licensing and distribution of the EQ-5D. For more information on the EQ-5D, please go to <https://euroqol.org/>

Completing the EQ5D for your patients is OPTIONAL as it is not part of the ANZHFR minimum data set.

Image 1: 120 day follow-up tab



ANZHFR Reporting Reminder

Patient Level Audit

The time is drawing near when the Registry will close the 2019 data and start compiling the 2020 Bi-National Report. Friday, 8th May 2020 is the last day for 2019 Patient Level Audit data to be entered or edited in the ANZHFR. Changes to 2019 data after this date will not be included in the 2020 Annual Report.

We encourage you to check your patient level data for outliers using the Dashboard, and the Yearly Validation menu item on the Registry database. The link below will take you to a YouTube video on how to use the Yearly Validation. <https://youtu.be/sXNVpmSe53k>

Facility Level Audit

The Facility Audit has commenced for this year and has been sent to the local contact person at each hospital. The Audit is answered for hospital services and protocols provided to patients in the 2019 calendar year. It will take no more than 5 minutes if familiar with the hip fracture service at your hospital.

Please try to complete the Audit as soon as possible. Follow-up has commenced for sites that have not submitted the survey. If you have any questions, please contact the ANZHFR.

Clinical Guide for Hip Fractures in the Covid-19 Pandemic

Globally, health systems are seeking to guide the delivery of day to day health care, whilst dealing with surging demand for resources as a result of COVID-19. The UK NHS has recently released a clinical guide for the perioperative care of people with fragility fractures during the Covid-19 pandemic. The document was released on 25 March 2020 and is available at the link below. It is interesting to see how other systems are addressing the challenge.

https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0086_Specialty-guide-Fragility-Fractures-and-Coronavirus-v1-26-March.pdf



Consumer Engagement Initiative in New Zealand

The Health Quality & Safety Commission New Zealand, in partnership with the NZ arm of the ANZHFR, is undertaking a consumer-focused initiative to better understand the gaps in patient and family information after hip fracture. Information gathered by the Commission will be used to inform the development of a resource to fill these identified gaps.

Louise Fawthorpe, Consumer Engagement Advisor from the Health Quality & Safety Commission, is leading the initiative. It has included face to face interviews, telephone interviews and a focus group. The focus group was held in Auckland on Wednesday, 26th February 2020, and was attended by 22 people with lived experience of hip fracture, either as the person who had sustained the injury, or as a carer or family member. Participants who had broken their hip were at various points in their recovery; from surgery as recently as 2 weeks ago, through to 18 months into recovery.

The day was facilitated by members of the Commission's Partners in Care and Patient Safety teams, Alana and Deon, with several clinicians also there on the day. Clinicians in attendance were Roger Harris and Min Yee Seow (Geriatricians), Mark Wright (Orthopaedic Surgeon), Clare Turner (Physiotherapist), Nicola Ward (Nurse and ANZHFR) and Elizabeth Armstrong (ANZHFR).

Two broad themes were evident from the participants: communication needs to be appropriately targeted at points

along the continuum of care; and for those who have been injured, their recovery does not end at 6 weeks after treatment. For most, they are just starting their return to a meaningful recovery and better support and communication is required later in the course of recovery.

One unexpected outcome of the day was the invaluable support provided to participants by the sharing of experiences of injury, treatment and recovery. The value of listening to others was acknowledged by participants and was a benefit to those who had generously given their time to participate. It was also invaluable for the clinicians in attendance. The ANZHFR looks forward to sharing the results of the Commission's work later in 2020.



Left to Right: Louise, Deon and Alana from Health Quality & Safety Commission New Zealand

Publications of the Month

Accelerated surgery versus standard care in hip fracture (HIP ATTACK)

HIP ATTACK is an international randomized controlled trial of 3000 patients with a hip fracture requiring a surgical intervention. The trial determined the effect of accelerated medical clearance and accelerated surgery compared to standard care on the 90-day risk of mortality and major perioperative complication (i.e., a composite of mortality, nonfatal myocardial infarction, nonfatal pulmonary embolism, nonfatal pneumonia, nonfatal sepsis, nonfatal stroke, and nonfatal life-threatening and major bleeding). An interesting and relevant finding was the effect of early surgery on the incidence of post-operative delirium.

The HIP ATTACK Investigators*. Accelerated surgery versus standard care in hip fracture (HIP ATTACK): an international, randomised, controlled trial. *Lancet* 2020; 395: 698–708. Published Online February 9, 2020.

Available at [https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(20\)30058-1.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(20)30058-1.pdf)

Identifying culturally acceptable cognitive tests for use in remote northern Australia

A lack of culturally appropriate tests hampers the accurate assessment of cognition in remote Australian Aboriginal communities. In Arnhem Land, this study employed a community consultation process to evaluate commonly used Western tests of executive function, memory, attention, and visuospatial function. A selection of cognitive tests were identified that Aboriginal people found culturally acceptable and engaging. In particular, Self-Ordered Pointing, Trail-Making, a verbal-switching task, and a new test "Which car?" show promise for further development. This work may contribute to the need for culturally appropriate cognitive testing in Aboriginal communities.

Rock, D., Price, I.R. Identifying culturally acceptable cognitive tests for use in remote northern Australia. *BMC Psychology*, 7, 2019. Available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6740030/>