



ANZ Hip Fracture Registry

Enhancing Outcomes
for Older People

Issue 31, June 2020

The News in Brief

Welcome to the 2020 mid-year edition of the ANZHFR Newsletter. Participation has been steady across Australia and New Zealand. Patient numbers are increasing, with a total of 50,348 records from 85 hospitals across both countries, as of June 2020.

This edition of the newsletter will provide an update on implementation, share the launch of the ANZHFR lecture series and share translated versions of the hip fracture care guide.

Two international studies and two new publications are highlighted. Over the Tasman, we learn about the new initiatives of Osteoporosis New Zealand and changes to the NZ Hip Fracture Registry team.

Once again, we would like to acknowledge all the healthcare workers and other staff involved in the constantly evolving COVID 19 pandemic.

Update on Implementation in New Zealand & Australia

New Zealand

The New Zealand Hip Fracture Registry has 11,281 records as at June 2020. 21 of 22 hospitals have ethics and locality approval to contribute data. All approved hospitals have regularly contributed data to the Registry.

Australia

The Australian Hip Fracture Registry has 39,067 records as at June 2020. 73 of 95 hospitals have completed ethics and governance approvals to contribute data. Another 6 hospitals are part way through the approval process. 64 of 73 approved hospitals have contributed patient level data with 63 hospitals regularly contributing data.

ANZHFR Lecture Series 2020

The ANZHFR have produced a series of lectures in 2020 in lieu of the state based Hip Fests. The lectures can be accessed via the [ANZHFR YouTube channel](#) at any time and are designed to share good practice and solutions to common problems. It is hoped that face to face Hip Fests will return in 2021.

The first five lecture topics are listed below:

1. Teamwork makes the dream work. Dr Saqib Zafar, Orthopaedic Surgeon, Nepean Hospital, New South Wales, Australia.
2. High Intensity Physiotherapy for Hip Fractures. Dr Lara Kimmel, Physiotherapist, The Alfred, Victoria, Australia.
3. Total Hip Replacements vs Hemiarthroplasty. Q & A with Prof. Ian Harris, Orthopaedic Surgeon and Co-chair ANZHFR and Assoc. Prof. Marinis Pirpiris, Orthopaedic Surgeon.
4. Anticoagulation in acute hip fractures. Dr Agnes Yuen, Haemostasis and Thrombosis Fellow, Monash Health, Victoria, Australia.
5. eHIP - A hip fracture journey. Mr Peter Moules, Registered Nurse, Wollongong and Shoalhaven Hospital, New South Wales, Australia.

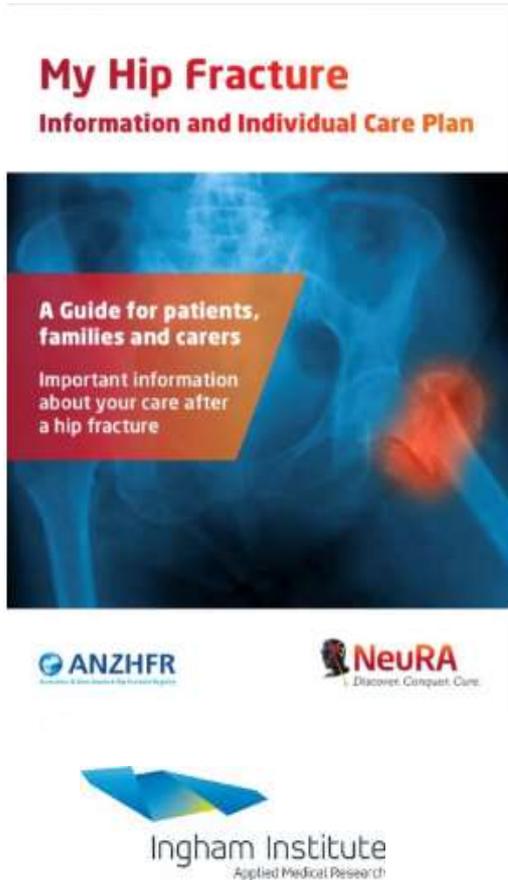


*"Dream Team" at Nepean Hospital, NSW, Australia
Back Row: Jenny Smith, Ashley O'Rourke, Aaron Hall, Emma Saad, Dr John Farey
Front Row: Dr Anita Sharma, Dr Eli Olschewski, Jacquie Hampton*

To learn more about the latest updates in hip fracture care, please subscribe to the ANZHFR Education & Training YouTube Channel. Access the ANZHFR Lecture Series 2020 by clicking here: <https://anzhfr.org/reports/>



Translated Hip Fracture Care Guide now available



The ANZHFR would like to acknowledge the funding support provided by the Ingham Institute for Applied Medical Research to enable the translation of the ANZHFR Hip Fracture Care Guide into 14 languages.

The Ingham Institute focuses on research linked to the health and medical needs of individuals and families living in the South West region of Sydney. This region is a culturally rich, and a linguistically diverse area of Australia, and the opportunity to provide these translated versions of the Care Guide has been welcomed by the ANZHFR. We thank the Ingham Institute for their support.

The ANZHFR understands the importance of making available resources for patients and their carers from culturally and linguistically diverse backgrounds. These latest translated documents complement the previously translated ANZHFR Project Information Pamphlet, which is also available in 14 languages. All are available from the ANZHFR website at www.anzhfr.org

The ANZHFR also have a limited stock of English Hip Fracture Care Guide A5 booklets. These are available to order by contacting the Registry via email: clinical@anzhfr.org

Access the Hip Fracture Care Guide, Patient Information Pamphlet and translated resources by clicking here: <https://anzhfr.org/healthcare-professional-resources/>

Learn more about the Ingham Institute for Applied Medical Research by clicking here: <https://inghaminstitute.org.au/>

International Multicentre Project Auditing COVID-19 in Orthopaedics and Trauma - IMPACT

The Scottish Hip Fracture Audit, Scottish Orthopaedic Research Trust into Trauma (SORT-IT) and the Scottish Government have set up an international collaboration to audit COVID-19 in Trauma and Orthopaedics (IMPACT). Its aim is to encourage and coordinate collaboration to understand the impact of COVID-19 on hip fracture, and other trauma, services. IMPACT includes three projects: a facility survey, a patient audit, and a virtual summit.

The study is being conducted and administered by the IMPACT team, based at the Royal Infirmary of Edinburgh in the United Kingdom. The IMPACT audit has 100 participating hospitals from 20 countries including the UK, Ireland, Europe, Asia and Oceania. Participation is voluntary and is subject to your local governance protocols and procedures. There is additional information available at www.trauma.co.uk/impact

You are invited to participate in this research exploring the impact of COVID-19 on hip fracture care. If you choose to participate, IMPACT will ask questions about hip fracture management, services and outcomes, during the COVID-19 outbreak. The virtual summit is scheduled for July/August 2020.



For more information or to express interest in participating, please contact the IMPACT coordinators directly.

Andrew Hall, SORT-IT and SHFA Research fellow at Andrew.Hall15@nhs.net or Karen Adam, SHFA and Scottish Government, at Karen.Adam@gov.scot



Mapping Hip Fracture Care Across the World - FERMAT

The FERMAT study (FRacture pathway MApping Tools) tests the digital collection of data regarding the current pathways of care for hip fracture patients in a number of countries across the world, including Australia and New Zealand.

In Australia and New Zealand, it has been demonstrated that detailed descriptions (mapping) of hip fracture care pathways, and the identification of key performance indicators (quality standards), can reduce mortality and improve quality of life for patients with hip fracture, whilst at the same time reducing hospital bed days and associated healthcare costs; for example by reducing time to surgery.

At the moment, care pathways for hip fracture patients in many low and middle income countries are poorly defined or not defined at all. This makes it impossible to identify appropriate performance indicators, and to set bespoke quality standards to drive improved outcomes in the most cost-effective way.

It is hoped that by describing the current pathways of care, it will enable the identification of potential key performance indicators specific to each country. We will also be able to model bespoke changes to the existing care pathways in each country to decrease mortality, whilst increasing quality of life, and minimising expenditure at a national level. Work is underway in the Philippines, Malaysia and Thailand.



FERMAT is led by Professor Matt Costa from University of Oxford

New Initiatives from Osteoporosis New Zealand

Osteoporosis NZ have developed a new consumer brand called Bone Health New Zealand. They have also set up a social media and digital engagement campaign. Members of the public are invited to take the New Zealand version of the Know Your Bones assessment. Since the New Zealand launch of this initiative, over 4000 people have assessed their bone health. For more information, please click on the following links:

Bone Health NZ- <http://www.bones.org.nz/>

Know Your Bones Assessment New Zealand- <https://www.knowyourbones.org.nz/>

Bone Health NZ YouTube promotion- <https://youtu.be/bBQd1WHiJo>

Know Your Bones Assessment Australia- <https://www.knowyourbones.org.au/>



A Year in the Life of the NZHFR National Coordinator

What an eighteen months it has been and time has flown by. In December 2018, I started this role and the term would be “what a big learning curve! Just some minute taking and sorting things I was told”. Thanks Roger.

It has been diverse and I have learnt lots of new things, including budget spreadsheets, arranging education days, organising professional meetings, and working with many government departments. My favourite aspect has been meeting all the New Zealand Hip Fracture Registry (HFR) teams and seeing the passion around the country for improving fractured NOF patient care.

Even though both North and South Island Hip Festivals caused me sleepless nights, it was wonderful to see and hear everyone’s feedback, and the processes to make the HFR work in both large and rural hospitals. In June 2019, I had the privilege to go to Sydney and work with the steering group on the data for the annual report. So much work goes on behind the scenes for this to happen.

It is with sadness that we see Dr Roger Harris, Geriatrician, step down from the NZHFR clinical lead handing over to Dr Sarah Hurring, Geriatrician, in early 2020. Roger has been a passionate champion of the ANZHFR since its inception, and has continued with enthusiasm to improve and support New Zealand DHB’s and staff to maintain the ANZHFR and promote improvements from the data. Working with Roger has been fun, and he is an excellent teacher, I will miss his infectious laughter, although he will continue on the committee to share his wealth of experience and knowledge to guide us in the right direction.

This year, 2020 again will bring its challenges, some which we did not expect with COVID 19 restrictions, which has changed many plans, with virtual meetings and education now the way forward. With continued support to DHB’s, both starting the HFR and maintaining quality data, I will be working alongside a new clinical lead. I would like to introduce Dr Sarah Hurring.

Nicola Ward, National Coordinator, New Zealand Hip Fracture Registry



Introducing the New NZHFR Clinical Lead

I am delighted to be taking over the role of National Lead for New Zealand from Dr Roger Harris. Roger has played a key role in establishing the Registry in New Zealand and his are large boots to fill. This is an exciting and important time for the Registry as we move from the implementation phase to focusing on opportunities for Quality Improvement. This will need to continue alongside the ongoing work of embedding the data collection process and ensuring that there is a sustainable model at all sites for collecting complete and accurate information.

I look forward to working alongside Nicola Ward, NZ Coordinator, to support all the centres in New Zealand in these activities, updating clinicians regarding the Registry, sharing information regarding the care of patients with Hip Fracture, and being a point of contact.

I have a strong clinical background in Orthogeriatric medicine and work across both acute orthopaedic settings and in orthopaedic rehabilitation in Christchurch. I believe there is plenty more we can do to improve outcomes for older people who break their hip through sharing our collective knowledge and working together.

*Dr Sarah Hurring
Geriatrician and National Lead New Zealand Hip Fracture Registry*



Dr Roger Harris and Nicola Ward



Publications of the Month

Anaesthesia for hip fracture repair

C. Shelton and S. White

BJA Education, 20(5): 142-149 (2020)

Advance Access Publication Date: 23 March 2020,

<https://doi.org/10.1016/j.bjae.2020.02.003>

This article brings the focus on anaesthesia for hip fracture repair, published in the British Journal of Anaesthesia. Hip fracture is a major and increasing concern for public health. Timely hip fracture repair surgery is associated with lower morbidity and mortality. There is little evidence to suggest that general or regional anaesthesia is superior; the conduct of each should account for a patient's physiological limitations. A quarter of patients with hip fracture experience postoperative delirium. Hypotension is associated with an increased risk of mortality; in many cases, it can be avoided by minimising the doses of anaesthetic agents.

The impact of COVID-19 on 30-day mortality in patients with neck of femur fractures

James E. Archer, Siddhant Kapoor, Danielle Piper, Abdulrahman Odeh

Bone Joint Open 2020;1-7:326–329

<https://doi.org/10.1302/2046-3758.17.BJO-2020-0066.R1>

The COVID-19 pandemic presents a significant threat to patients with neck of femur fractures. The 30-day mortality for these patients has gradually been reducing in the UK due to a multitude of inputs aimed at improving their outcomes. However, COVID-19 presents a very significant risk to these patients who tend to be frail and have multiple underlying co-morbidities. The aim of this article is to look at the impact of the COVID-19 pandemic on mortality of hip fracture patients and to assess whether this has led to an increase in 30-day mortality.