



ANZ Hip Fracture Registry

Enhancing Outcomes
for Older People

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The news in brief

This seventh ANZHFR newsletter for 2015 describes steady progress on both sides of the Tasman. The number of sites with ethics approval and in process of gaining ethics approval in Australia remains at 29 in total. Patient numbers in the respective national registries are increasing, with a total of 1,248 records in both countries as of August 2015.

This month's 'In the limelight' feature provides a Q&A with Stewart Fleming, ANZHFR Database Developer. Finally, we provide a précis of recent guidance from the Association of Anaesthetists of Great Britain & Ireland, the British Orthopaedic Association and the British Geriatric Society on reducing the risk from cemented hemiarthroplasty.

Update on implementation in Australia

The Australian Hip Fracture Registry is now live. You can only access the site if you have completed all your ethics and governance approvals. States and Territories that have ethics approval are Queensland, New South Wales, Victoria (on a site by site basis), South Australia and Western Australia. An application for Darwin is pending. The number of sites that have Site Specific Approval (SSA) approval are:

- **QLD:** Logan, Nambour, Prince Charles, Princess Alexandra and Townsville. In addition, Gold Coast, Ipswich and Toowoomba are at various stages of Public Health Application/SSA.
- **NSW:** Campbelltown, Concord, John Hunter, Liverpool, Nepean, Prince of Wales, St George, Sutherland and Westmead. In addition, Bankstown, Bowral, Royal North Shore and Wagga Wagga are at various stages of SSA.
- **VIC:** Dandenong, The Northern and Western Health Footscray. In addition, Monash Medical Centre and Royal Melbourne are at various stages in the process.
- **SA:** SSA is in process at The Royal Adelaide.
- **WA:** Sir Charles Gairdner and Fiona Stanley.

So, in Australia, 19 hospitals have all approvals completed and a further 10 hospitals are in the process of obtaining approvals. Hospitals that have entered data into the Australian Hip Fracture Registry up to August 2015 are:

- Dandenong Hospital
- John Hunter Hospital
- Liverpool Hospital
- Logan Hospital
- Nambour Hospital
- Nepean Hospital
- Prince Charles Hospital
- Prince of Wales Hospital
- Princess Alexandra Hospital
- Sir Charles Gairdner Hospital
- St. George Hospital
- The Northern Hospital
- Townsville Hospital

To date, the Australian Hip Fracture Registry has 958 records. Fifty demonstration accounts have been set up. For hospitals where ethics and SSA has been granted, the live website can be accessed at www.hipfracture.com.au.

Update on implementation in New Zealand



The New Zealand Hip Fracture Registry has been piloted in the Northern Region District Health Boards (DHBs). Hospitals that have entered data into the New Zealand Hip Fracture Registry up to August 2015 are:

- Auckland City Hospital
- Middlemore Hospital
- North Shore Hospital
- Whangarei Hospital

To date, the NZ Hip Fracture Registry has 290 records.



In the limelight: Q&A with the ANZHFR Database Developer



Stewart Fleming
Database Developer

Stewart Fleming is the developer of the ANZ Hip Fracture Registry and based in Brisbane, Australia, manages both the Australian and New Zealand Hip Fracture Registries. Stewart was the original developer of the National Hip Fracture Database (NHFD) in the UK and has consulted to Hong Kong and Canada on their upcoming Hip Fracture Registries.

So how have the two registries been created?

The Australian Hip Fracture Registry and the New Zealand Hip Fracture Registry both run from the same code base which is built on Microsoft .Net with a Microsoft SQL database on the back. That means that any updates to the Australian registry will be reflected in the New Zealand registry on the next update and vice versa. This has allowed two registries to be built for the price of one.

While the registries share code, the data is definitely not shared. Each registry is housed in the respective country with no access provided to the other registry or its users.

What was your goal in creating these registries?

From the outset, my goal was to create a registry that would satisfy the needs of both countries with the resources we had at hand. While some funding was available, we needed to make the most of what we had and for that reason, the software was developed to meet a minimum standard. It is

designed to handle data importing and exporting, be as secure as required, as user friendly as possible and compatible with all mobile devices.

So what will happen next?

The future of the registries in both Australia and New Zealand looks bright with data continuing to flow in and more hospitals signing up every week. We are adding more reporting and I have just started recording tutorial videos to help data collectors get the most from the system. We're looking at data integration with the existing hospital systems, real-time reporting and much more.

This week, for instance, users will see the first signs of the Completeness Report with a percentage complete shown against every record in the system. This will allow users to see at a glance how much data is still needed to complete each patient data set. More along these lines will follow in the coming weeks and months.

How did you get involved in Hip Fracture Registries?

Why am I so passionate about Hip Fracture Registries? I don't have a medical background and I'm not about to retire from the proceeds of this project. It's all about the people.

In 2007 I was employed by the National Health Service (NHS) in London to work on the hip fracture registry. I was working with a team of eight people who worked on different registries in different fields. It should have been like any other contract but it wasn't. The difference was the people I met in the field. The doctors, consultants, nurses and data collectors were so passionate, so caring, that I was soon infected with their enthusiasm. They showed me what it meant to work on behalf of people in need, who had no voice of their own. Together we all worked to make sure the Registry was the voice of positive change that they needed. By the time I left the UK, I was a hip fracture registry zealot.

Today, when I am asked about my work with hip fracture, that passion still shows through. I can talk for hours on the subject, though to be honest, I am just a small but grateful cog in the growing machine that is the Australian and New Zealand Hip Fracture Registry.

Stewart can be contacted at stewart@so3.co

UK Guidance for cemented hemiarthroplasty

In February 2015, the Association of Anaesthetists of Great Britain & Ireland, the British Orthopaedic Association and the British Geriatric Society published *Reducing the risk from cemented hemiarthroplasty for hip fracture*. The guideline recommends a three-stage process to reduce the incidence of problems:

1. Identification of patients at high risk of cardiorespiratory compromise i.e. individuals with increasing age, significant cardiopulmonary disease, who are taking diuretics and/or of male sex.

2. Preparation of team(s) and identification of roles in case of severe reaction:
 - a. Pre-operative multidisciplinary discussion when appropriate;
 - b. Pre-list briefing and World Health Organization Safe Surgery checklist 'time-out'.
3. Specific intra-operative roles are described for both the surgeon and anaesthetist.

The guideline is available for free download from:

<http://www.aagbi.org/sites/default/files/HemiarthroplastyforhipfractureWEB.pdf>.