



ANZ Hip Fracture Registry

Enhancing Outcomes
for Older People

Issue 14 December 2015

The news in brief

This eleventh and final ANZHFR newsletter for 2015 provides a summary of the significant progress made on both sides of the Tasman since the establishment of the ANZHFR in 2011. Patient numbers in the respective national registries continue to increase, with a total of 1,905 records in Australia and 389 in New Zealand as of December 2015. This month

we focus on the ANZHFR Steering Group meeting held in Sydney in December and the 2015 Facilities Level Audit (FLA). Our sincere thanks go to all hospital staff who collected, collated and submitted information for the FLA. And finally, with the end of 2015 upon us, the ANZHFR team wishes you happy holidays and all the best for 2016!

ANZHFR Steering Group meeting



On Friday 4th December, the ANZHFR Steering Group met at Neuroscience Research Australia in Sydney. In addition to the ANZHFR team - comprised of Co-Chairs, Professors Jacqui Close and Ian Harris, Australian Hip Fracture Registry (AHFR) Manager Elizabeth Armstrong, AHFR Webmaster Stewart Fleming, ANZHFR Secretariat Linda Roylance and injury epidemiologist Associate Professor Rebecca Mitchell - the following organisations were represented:

- Australasian College for Emergency Medicine: Dr. Owen Doran
- Australasian Faculty of Rehabilitation Medicine: Professor Ian Cameron
- Australian Orthopaedic Association: Professor Ross Crawford and Dr. Raphael Hau
- ANZ College of Anaesthetists: Dr. Sean McManus
- ANZ Society for Geriatric Medicine: Dr. Hannah Seymour (Australia) and Dr. Roger Harris (NZ)
- ANZ Orthopaedic Nurses Association: Anita Taylor
- NZ Orthopaedic Association: Dr. Flora Gilkison and Dr. Jacob Munro
- Royal Australasian College of Physicians: Dr. Laura Ahmed
- Royal Australasian College of Surgeons: Dr. John Batten

The agenda covered a broad range of issues. An update of work to date included the development of guidelines and quality indicators, the Facility Level Audits, the ANZHFR Patient Level Audit planned for 2016, the ANZHFR website and monthly newsletters, and interactions with the Independent Hospital Pricing Authority (IHPA) in Australia and the Australian Commission for Safety and Quality in Healthcare. This update served to illustrate the significant progress that has been made since establishment of the ANZHFR Steering Group in 2011.

Dr. Jacob Munro provided an update on development and the planned roll-out of the NZ Hip Fracture Registry in 2016. Further discussions addressed governance and funding of the ANZHFR, the Data Management Sub-Committee and an audit of registry performance in terms of data quality. The findings of the 2015 Facilities Level Audit were presented and are summarised overleaf. The meeting drew to a close with an outline of the plan for the 2016 Patient Level Audit from Professor Jacqui Close.

This meeting demonstrated that much has been achieved to date, but there is clearly plenty more to do to deliver the goal of the ANZHFR – better outcomes for older people who break their hip.





ANZHFR Facility Level Audit 2015

Methods

The third trans-Tasman Facility Level Audit (FLA) was published in December. In July 2015, a revised version of the FLA Form was emailed to ANZHFR's contact person in 97 hospitals in Australia and 23 hospitals in New Zealand. Data collection commenced on 9 July 2015 and was completed on receipt of the final survey on 22 October 2015. All 120 hospitals identified as performing hip fracture surgery in 2014 submitted completed forms.

Models of care

In 2013, just over half (54%) of hospitals offered some form of orthogeriatric care for hip fracture patients. The 2015 FLA found that 68% of hospitals now have a formal orthogeriatric service in place. The graph below describes the range of models in place, as best described by the text in the footnotes, for 2014 and 2015.

Protocols and processes

Hospitals were asked whether they had an agreed hip fracture pathway in ED, for the whole acute journey, or not at all. Seventy percent of hospitals reported they had a hip fracture pathway: 23% in ED only and 48% for the whole acute journey. Presence of other protocols and processes (e.g. CT/MRI and VTE) are also documented in the FLA.

Beyond the acute hospital stay

This component of the FLA included the following measures (and several additional measures):

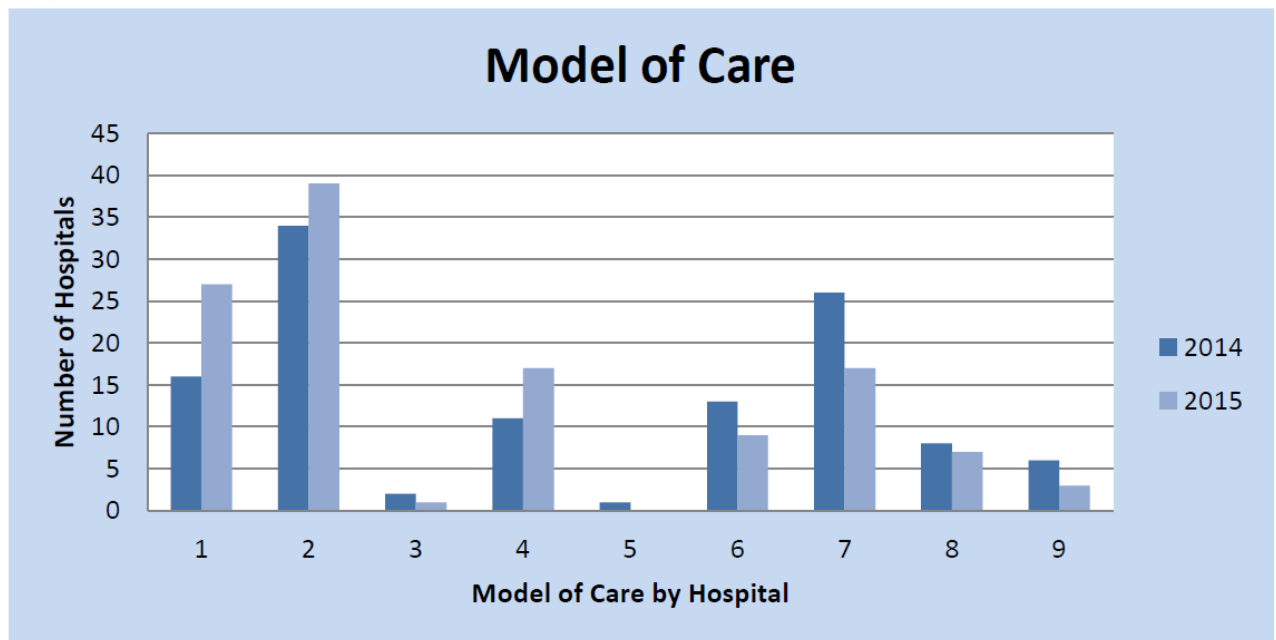
- Inpatient rehabilitation: 41% had access to both onsite and offsite rehabilitation services vs. 47% in 2013, 38% had access to onsite only vs. 30% in 2013 and 21% to offsite only vs. 23% in 2013.
- Home-based rehabilitation: 41% reported access to early home-based rehabilitation vs. 68% in 2013.
- Fracture Liaison Services: 21% reported access to a FLS vs. 15% in 2013.

Patient and carer information

Individualized, written information at discharge on prevention of future falls and fractures was provided by 27% of hospitals. Written information about treatment and care for hip fracture was provided to patients and/or family and carers by 41% of hospitals.

Data collection and service evaluation

Seventy four percent of hospitals collect hip fracture data, a quarter of which used ANZHFR to do so. Fifty eight percent of hospitals intend to alter services during the next year. The FLA can be downloaded from: <http://www.anzhfr.org/facility-surveys/>.



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.