



ANZ Hip Fracture Registry

Enhancing Outcomes
for Older People

Issue 16 October 2016

The News in Brief

This ANZHFR newsletter describes significant progress and activity on both sides of the Tasman. The first ANZHFR Annual Report for Hip Fracture Care was released on Tuesday, 13th September 2016 at an event that included the launch of the Hip Fracture Care Clinical Care Standard by the Australian Commission on Quality and Safety in Health Care, in partnership with Health Quality and Safety Commission New Zealand.

The number of sites in Australia with ethics and governance approvals has increased to 38. In New Zealand, 4 sites are contributing to the Registry. Patient numbers continue to increase with a total of 6,398 records from both countries as of September 2016. Australia has 5,355 records and New Zealand 1,043 records. Also, an update on Osteoporosis NZ activities for World Osteoporosis Day on the 20th October 2016.

NEW! 2016 ANZHFR Annual Report for Hip Fracture Care

The ANZ Hip Fracture Registry has released its first annual report of patient level care. This is the culmination of a number of years of work putting forward the case for a Hip Fracture Registry led by members of the ANZSGM and the AOA, notably Prof Jacqui Close (Geriatrician) and Prof Ian Harris AM (Orthopaedic Surgeon) who Co-Chair the ANZHFR Steering Group.

The aim of the Registry is to use data to improve the care and outcomes for older people who come to hospital with a hip fracture. The report also includes the fourth Facility Level Audit. The report can be accessed at www.anzhfr.org

If your hospital is not participating please consider ways you might be able to improve the care your hospital provides to hip fracture patients.



NEW! ACSQHC Hip Fracture Care Clinical Care Standard

The Australian Commission on Safety and Quality in Health Care has launched the Hip Fracture Care Clinical Care Standard with associated indicators. Members of the ANZHFR Steering Group have been integral to their development and we highly recommend the implementation of the Hip Fracture Care Clinical Care Standard at hospitals across Australia and New Zealand. A number of resources are available with information specific to patients, clinicians and health services. All resources can be accessed at: <http://www.safetyandquality.gov.au/our-work/clinical-care-standards/hip-fracture-care-clinical-care-standard/>





Update on Implementation in Australia and New Zealand

Access to the Australian Hip Fracture Registry is available to sites that have received both ethics and governance approvals.

States and Territories that have a lead ethics approval in place are Queensland, New South Wales, Victoria, Tasmania, South Australia, and Western Australia. The sites that have also received Site Specific Approval (SSA) approval to participate in the Australian Hip Fracture Registry are: Logan, Ipswich, Nambour, Prince Charles, Princess Alexandra, QEII Jubilee, Redcliffe, Toowoomba and Townsville in Queensland; Bankstown-Lidcombe, Blacktown, Bowral, Campbelltown, Concord, John Hunter, Liverpool, Nepean, Prince of Wales, Royal North Shore, Royal Prince Alfred, St George, Shoalhaven, Sutherland, Westmead, and Wollongong in NSW; Box Hill, Dandenong, Footscray, Frankston, Geelong, Maroondah, Sunshine, The Northern and Williamstown in Victoria; Launceston in Tasmania; The Royal Adelaide in SA; and Sir Charles Gairdner and Fiona Stanley in WA.

2016 has seen significant activity for the New Zealand Hip Fracture Registry. The ACC has provided funding support for the expansion of the New Zealand HFR and Chris Pegg has been appointed as the National Implementation Manager for the New Zealand Hip Fracture Registry.

Two new District Health Boards have contacted the implementation team and are aiming to contribute data in the last quarter of 2016. Sites that have data held in the New Zealand Registry are: Auckland, Counties Manukau, Northland, and Waitemata.

For any hospital wanting to participate in the ANZHFR by collecting and submitting data to the Registry, please contact the ANZHFR at clinical@hipfracture.com.au

World Osteoporosis Day 20th October 2016

The ANZ Guideline for Hip Fracture Care recommends that hip fracture patients should be assessed for falls risk so as to minimise the risk of future falls and fractures. Findings from the ANZHFR Annual Report 2016 show that in New Zealand, 46% of patients are reported to have undergone a falls assessment whilst an in-patient ("not known" in 49%) and in Australia, 76% of patients are reported to have undergone a falls assessment whilst an in-patient. With World Osteoporosis Day approaching, it is a timely reminder that prevention of the next fracture is an important part of care for people who have sustained a hip fracture.

Osteoporosis New Zealand Update

This month, Osteoporosis New Zealand (ONZ) is supporting the International Osteoporosis Foundation's (IOF) World Osteoporosis Day (WOD) Awareness Campaign. Under its theme of **Love Your Bones: Protect Your Future**, WOD 2016 calls upon the general public to take early action to protect their bone and muscle health, and for health authorities and physicians to protect their communities' bone health.

This year's campaign focuses on opportunities to improve case finding of individuals who are at high risk of suffering fragility fractures. These include:

- People who have experienced a fragility fracture since their 50th birthday
- People taking certain types of medicines to control other medical conditions
- People who are living with certain diseases

Secondary fracture prevention is a major focus for both ONZ and the IOF. Epidemiological studies published over the last 35 years have reported that up to half of hip fracture patients break another bone in the months and years before breaking their hip. Randomised controlled trials and Cochrane Collaboration systematic reviews have demonstrated the effectiveness of a range of osteoporosis treatments to prevent secondary fractures. However, the majority of fracture patients do not receive the secondary preventive care that is recommended by clinical guidelines.

The WOD Report also highlights that bone health assessment and management must be deployed in combination with interventions to reduce the incidence of falls. This is completely aligned to the Reducing Harm from Falls national programme led by the Health Quality & Safety Commission in New Zealand (The NZ Commission), working in partnership with the Accident Compensation Corporation (ACC), the Ministry of Health and district health boards (DHBs).

A number of medicines which play a critical role in managing other diseases can have an adverse effect on bone health. Common examples include:

- Corticosteroids (CS)
- Gonadotropin-releasing hormone agonists (GnRH)
- Aromatase inhibitors (AI)

Given the use of CS in the management of many chronic medical and rheumatological conditions it is no surprise they are the leading cause of secondary osteoporosis. With regard to bone health and prostate cancer, men treated with GnRHs experience statistically significantly higher rates of any clinical fracture, vertebral fractures and hip/femur fractures. AIs currently represent the gold standard adjuvant treatment for postmenopausal women with hormone receptor-positive breast cancer. Women taking AIs experience elevated rates of bone loss as compared to healthy postmenopausal women. The WOD Report highlights a plethora of guidelines relating to the management of osteoporosis for people who take these medicines.



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Many diseases predispose an individual to lose bone mass and/or suffer fragility fractures, including autoimmune, digestive and gastrointestinal, endocrine and hormonal, hematological, neurological, mental illness, cancer and AIDS/HIV. The WOD Report summarises what is known about osteoporosis and fracture incidence for several common disorders. Where clinical guidelines are available in the context of the particular disorder, these are highlighted. Where guidance is not currently available, a call to action is made for its development. Clearly, for any approach to chronic disease management to be effective, patients must be fully engaged to initiate a programme of care in the first place, and adhere to a plan of care in the long term. In this regard, a number of studies suggest that awareness of osteoporosis and associated fracture risk is low in many countries.

As with other chronic conditions, such as hypertension or hypercholesterolaemia, adherence to osteoporosis treatment has been reported to be low in routine clinical practice. Strategies to overcome these challenges are considered.

In 2012, ONZ published BoneCare 2020, which called for multisector effort to develop and implement a systematic approach to hip fracture care and prevention for New Zealand, as illustrated in figure 1.

Significant progress has been made in New Zealand in recent years.

As highlighted earlier in this newsletter, in September 2016 the ANZ Hip Fracture Registry published its first Annual Report and trans-Tasman Clinical Care Standards for Hip Fracture were launched by the Australian Commission on Safety and Quality in Health Care, supported by the NZ Commission. Further, Clinical Standards for Fracture Liaison Services in NZ (FLS) were recently published and endorsed by 15 leading organisations, including ANZHFR and the NZ Commission. In July 2016, ACC announced a major investment aimed at reducing the number of falls and fractures older people suffer.

Health professionals can play a vital role in reducing the burden that osteoporosis, falls and fractures imposes upon our older people, their friends and family, and our health and social care budgets. Accordingly, we encourage you all to read more about this exciting campaign at www.osteoporosis.org.nz and implement its recommendations in your practice.

Figure 1: BoneCare 2020: ONZ's strategy for hip fracture care and prevention for New Zealand

