



ANZ Hip Fracture Registry

Enhancing Outcomes
for Older People

Issue 17 December 2016

The News in Brief

This final newsletter for 2016 describes continuing progress on both sides of the Tasman. The number of sites in Australia and New Zealand with approvals in place to contribute data has increased to 47. At the beginning of December, total patient records numbered 7,314. Australia has 6,071 records and New Zealand 1,243 records. This month we highlight the new version of the ANZHFR Data Dictionary, which comes into use on 1 January 2017, and focus on

aspects of data quality and the new self-audit tool available to hospitals. Finally, with the end of 2016 upon us, the ANZHFR would like to say thank you for raising awareness of hip fracture care for older people and would like to wish you all the best for 2017!



ANZHFR Data Dictionary v9.1

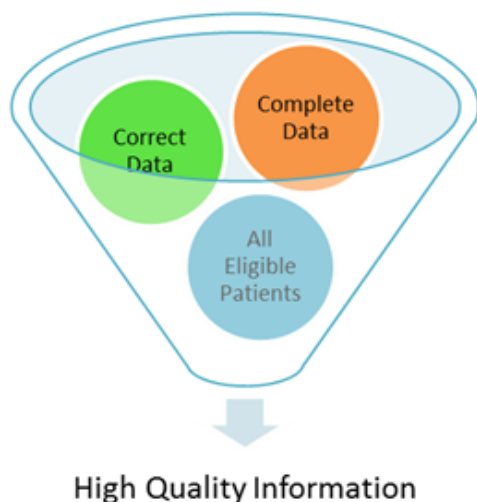


The ANZ Hip Fracture Registry Steering Group has undertaken a review of the ANZHFR Data Dictionary in parallel with the development and release of the ACSQHC Hip Fracture Care Clinical Care Standards and their Quality Indicators. Clinicians who attended the release of the annual report were able to provide feedback on some of the proposed changes and have helped to finalise the review. The review was required to ensure the ANZHFR is fit-for-purpose and allows hospitals to review their hip fracture care against the ANZ Quality Standards.

Major changes in the new version include three new variables, the retirement of one variable, and changes to the coding options for 5 existing variables. The new version also includes data definitions for the annual Facility Level Audit. The new Data Dictionary v9.1 will apply to all new patients admitted from **1 January 2017**. Patients admitted for the remainder of 2016 will continue to use the existing data set v8.1.

Version 9.1 of the ANZHFR Data Dictionary can be accessed at www.anzhfr.org along with a summary of the major changes.

ANZHFR Data Quality



With the end of the reporting year approaching and the recent release of the ANZHFR Self-Reporting Tool (see page 2 for more information), thoughts turn towards checking and maintaining the quality of the data submitted to the ANZHFR.

Data quality consists of 3 key areas:

- *completeness of the data entered
- *accuracy or correctness of the data, and
- *capture from the whole eligible population

The value of the ANZHFR is only realised if the data it holds is complete, correct, and captured for everyone. Currently, the ANZHFR provides real-time reporting of per record completeness to help contributing hospitals identify records that may be missing data. In 2017, the ANZHFR is looking to implement processes to assess whether the data the Registry holds is captured from the whole of the eligible population. More to come in the first half of 2017.



ANZHFR Self - Reporting Tool



In October 2016, the ANZHFR released a new, online reporting tool that allows Australian and New Zealand hospitals contributing to the Registry to track their performance against the ANZ Quality Indicators. The tool uses real-time data to generate comparisons at the level of the hospital with all other hospitals in their state (Australia only) and nationally. All hospitals currently entering data have access to this function and are able to run reports that show how their hospital is managing to meet the quality indicators. For example, the figure above shows Hospital A's performance (blue line) in meeting the standard of getting people to surgery within 48 hours. The drop seen in the October to December quarter allows the

hospital to review this variation and implement solutions to improve this specific aspect of hip fracture care.

Early in the new year lead clinicians at each hospital will be provided with a generic hospital log-in that they can share with their colleagues, hospital executive, and quality and safety team to enable them to view the reports online. Charts will be able to be exported as a PDF and used as a tool to review and improve hip fracture care.

Publications of the Month

The implementation of models of care for secondary osteoporotic fracture prevention are often challenging in already complex health services. A new publication outlining the evidence base and describing existing models for fracture liaison services may be helpful for those looking to incorporate these services at their hospital. A free copy is available [here](#) until February 2017.

The ACSQHC has released an evaluation of the economic impact of five mature Australian clinical quality registries. The evaluation shows that mature, effectively implemented registries provide substantial benefits to patients and deliver benefit to cost ratios up to \$7 for each \$1 spent. The report can be accessed [here](#).

Looking ahead to 2017

Thank you to everyone who is collecting and entering data. The ANZHFR reports annually using data collected for the previous calendar year. The 2017 report will use data for patients admitted to hospital between 1 January 2016 and 31 December 2016. If your hospital is approved to contribute data to the ANZHFR, data for 2016 will need to be entered by **3rd March 2017** for inclusion in the 2017 report. Please do get in touch at clinical@anzhfr.org if you have any queries about uploading or entering data.

The 5th Facility Level Audit will get underway in February with completion of data collection by end of March 2017. Questions asked relate to the 2016 calendar year so that both the patient level and facility level reports correspond to the same time period.

In 2017, we would like to be able to include some short articles about how hospitals participating in the ANZHFR have been able to use the data they have collected and entered to review and improve the care their service provides to older people admitted with a hip fracture. It would be particularly helpful to hear how hospitals have successfully incorporated the collection and entering of data into the ANZHFR within existing hip fracture services, or, specific examples of how the ANZHFR data has been used to review and improve hip fracture care. If you would like to share your story, please email clinical@anzhfr.org. To finish 2016 on a positive note, see below one such example of data being used to review hip fracture care.

"... the database is providing us with information of where we need to improve, for e.g. when we asked key personnel on the Orthopaedic Ward if they believed that the patients with a fractured hip were being mobilised within 24hrs, the majority of staff believed the patients were indeed mobilised early and that we could move this standing item off our Steering Committee agenda. It was only when we analysed the data from the Registry we found we were actually at or around the 60% mark of patients being mobilised, a bit of a shock really!"