



ANZ Hip Fracture Registry

Enhancing Outcomes
for Older People

Issue 18, March 2017

The News in Brief

This first ANZHFR newsletter for 2017 describes steady progress on both sides of the Tasman. Patient numbers in the respective national registries are increasing, with a total of 9,380 patient records as of March 2017. The 2017 ANZHFR Facility Level Audit is underway, so we would encourage all hospitals on both sides of the Tasman to participate in this year's survey. We also flag the revised Guidelines on Osteoporosis and the Fragility

Fracture Network meeting to be held in Malmo later this year. Also, the President's Corner commentary comes from Ian Incoll, President of the Australian Orthopaedic Association. We strongly encourage colleagues in hospitals not yet participating in the ANZHFR to disseminate this newsletter within your institution. A copy is also available from the ANZHFR website at www.anzhfr.org

Update on Trans-Tasman Implementation

Australia: The number of sites in Australia with ethics and governance approvals has increased to 47. Patient numbers continue to increase with a total of 7,828 records held by the Registry at March 2017. Hospitals across Australia approved to participate are: Bankstown-Lidcombe, Blacktown, Bowral, Box Hill, Cairns, Campbelltown, Concord, Dandenong, Fiona Stanley, Flinders Medical Centre, Footscray, Frankston, Geelong, Ipswich, John Hunter, Joondalup, Launceston, Liverpool, Logan, Lyell-McEwin, Maroondah, Nambour, Nepean, Prince of Wales, Princess Alexandra, QEII Jubilee, Redcliffe, Rockhampton, Royal North Shore, Royal Prince Alfred, Shoalhaven, Sir Charles Gairdner, St George, St Vincent's Darlinghurst, St Vincent's Melbourne, Sunshine, Sutherland, The Austin, The Mater South Brisbane, The Northern, The Prince Charles, The Royal Adelaide,

Toowoomba, Townsville, Westmead, Williamstown, and Wollongong.

New Zealand: The number of sites in New Zealand with ethics and governance approvals has increased to 13. Patient numbers held by the Registry are 1,552 records at March 2017. Hospitals in New Zealand approved to contribute data are: Auckland, Christchurch, Dunedin, Hawkes Bay, Hutt, Invercargill, Middlemore, North Shore, Palmerston North, Tauranga, Wellington, Whakatane, and Whangarei. Four additional hospitals (Gisborne, Timaru, Waikato, and Whanganui) are in the process of seeking locality approval to contribute data.

Publication of the Month

Osteoporosis Australia and the Royal Australian College of General Practitioners (RACGP) have recently released the 2nd Edition of the Guideline for Osteoporosis prevention, diagnosis and management in postmenopausal women and men over 50 years of age. More than 4.7 million Australians over 50 have osteoporosis or osteopenia.



*Osteoporosis prevention, diagnosis and management in postmenopausal women and men over 50 years of age
2nd edition*



The Guidelines can be downloaded here.

A summary of key recommendations are also available and can be found here.

Upcoming Conference

The Fragility Fracture Network (FFN) is an international organisation driving improvement in the care and prevention of fragility fractures. It is focussed on six key themes: peri-operative care; surgical treatment; rehabilitation; secondary prevention; research and education; and changing healthcare policy. Each year the FFN hosts a high quality conference and this year the conference is in Malmo, Sweden from **August 24-26th 2017**. The scientific committee has called for abstracts with submission deadline the 13 April 2017. Anyone who is passionate about improving fragility fracture care may want to consider attending. For those who become members of the FFN, there are a number of resources available to them accessible via the website: <http://fragilityfracturenetwork.org/>





President's Corner

The Australian Orthopaedic Association (AOA) is the peak professional body for orthopaedic surgery in Australia and is committed to ensuring the highest possible standard of orthopaedic care for the community. AOA also understands the importance of high-quality information to inform decision-making at both an individual and policy level. AOA has a long history with quality improvement activities. Our Subspecialty Societies have contributed to clinical practice guidelines and care standards in many fields and AOA manages the National Joint Replacement Registry: a leading clinical quality registry that has led to significant improvements in the practice of joint replacement surgery.



Ian Incoll

President, Australian Orthopaedic Association



AOA believes the development of the ANZ Hip Fracture Registry (ANZHFR) is essential, as clinical care standards and quality indicators are only useful if they are combined with a standardised national, or in this case binational, system of measurement and feedback. The care of these patients will only improve with such a system. We feel that orthopaedic surgeons are well placed to guide improvements in care for hip fracture patients, due to the close involvement they have with their day-to-day care. Therefore, I am pleased that AOA is officially represented on the Steering Group of the ANZHFR, and that there are currently six AOA members on that committee representing not only AOA but the Royal Australasian College of Surgeons and Osteoporosis Australia.

AOA recognises the significant individual and societal burden associated with hip fractures and is proud to be involved with activities to improve the care of older people sustaining these injuries. Orthopaedic surgeons have been involved in the development of the NHMRC endorsed Hip Fracture Guideline and the Hip Fracture Care Clinical Care Standard (released in September last year by the Australian Commission on Safety and Quality in Health Care), and we realise that these documents have been strengthened by the broad representation from all stakeholders, not just other professional bodies.

Elderly people with hip fractures represent a frequent injury presentation and a major part of the practice of many orthopaedic surgeons. We now know that many aspects of the overall care for this high-risk group of patients is sometimes suboptimal. We now have the evidence to guide best practice and improve patient outcomes. The ANZHFR will provide the mechanisms to drive that improvement and AOA believes that the involvement of the orthopaedic community is important to the success of this major quality improvement project.

