

ANZ Hip Fracture Registry

Enhancing Outcomes for Older People

Issue 19, June 2017

The News in Brief

The ANZHFR continues to make progress on both sides of the Tasman. The number of hospitals with ethics and site approval has increased in both countries. In Australia, there are a total of 46 hospitals with approval to contribute data, and in New Zealand, 17 hospitals are approved to contribute data, over 50% (63/120) of public hospitals treating hip fracture patients. At the end of June, there was a combined total of more than 12,200 patient records.

The ANZHFR is undertaking an update that will change the way sites access their data and will also provide sites an opportunity to share the self-audit reports with colleagues and hospitals managers. The 5th Facility Level Report has been completed and finally, there is sobering news from Osteoporosis Australia on the impact of poor bone health and the fractures that result from osteoporosis and osteopenia.

Update on Trans-Tasman Implementation

Australia: The number of sites in Australia with ethics and governance approvals has increased to 46. Of these, 80% are utilising the Registry and 20% are preparing to implement data collection. The Australian Registry held more than 10,000 records at the end of June 2017.

Hospitals that are utilising the Registry are: Austin, Bankstown-Lidcombe, Blacktown, Cairns, Campbelltown, Concord, Dandenong, Fiona Stanley, Flinders Medical Centre, Footscray, Frankston, Ipswich, John Hunter, Launceston, Liverpool, Logan, Lyell-McEwin, Mater South Brisbane, Nambour, Nepean, Prince Charles, Prince of Wales, Princess Alexandra, QEII Jubilee, Rockhampton, Royal North Shore, Royal Prince Alfred, Sir Charles Gairdner, St George, St Vincent's Darlinghurst, St Vincent's Melbourne, Sutherland, The Northern, Toowoomba, Townsville, Westmead and Wollongong.

ANZHFR Enhanced Access

A new update is being released for the ANZ Hip Fracture Registry that adds two new levels of access. Different levels of access allow sites to collect, submit and use data to improve hip fracture care, whilst also maintaining the security and privacy of data. For existing users, log-in and password will remain unchanged.

Hospital Reporter access

Since the release of the self-audit graphs, the Registry has been asked to make the reports available to clinicians and hospital executive at participating sites. This is a new level of access to the aggregated data held in the Registry. One generic hospital account will be created. This generic hospital account will only be able to view the self-audit reports and will not have access to any patient level data. The listed investigators will be able to provide the Hospital Reporter log-in to clinicians and executive staff on request.

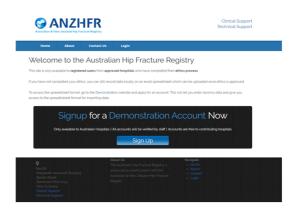
Data Collector access

This access level allows the user to create and update records for their hospital. They can also import data, run the self-audit reports and add transfer hospitals. The change to this user level is that the data export function has been removed. If you have this level of access and need to export data, then you will need to talk to your local Principal Investigator. **New Zealand:** The number of sites in New Zealand with ethics and locality approval has increased to 17. Of the 20 District Health Boards in New Zealand, 60% are utilising the Registry, 20% are preparing to implement data collection, and 20% are interested in progressing approvals to collect and submit data. The New Zealand Registry held more than 2,200 records at the end of June 2017.

Hospitals that are utilising the Registry in New Zealand are: Auckland, Christchurch, Dunedin, Gisborne, Hamilton, Hutt, Invercargill, Middlemore, North Shore, Palmerston North, Tauranga, Wellington, Whakatane and Whangarei.

Hospital Administrator access

Each hospital will be assigned up to two Hospital Administrator accounts. One will be allocated to the Principal Investigator for the hospital. This level of access will have all the Data Collector access, as well as being able to export data. The Principal investigator will be able to request an additional hospital administrator account for their hospital.



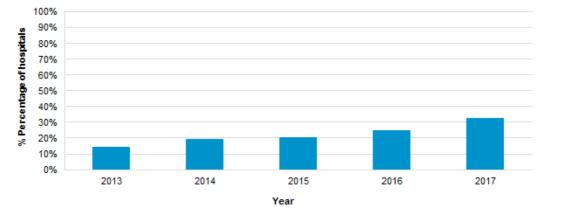


The Australian and New Zealand Hip Fracture Registry initiative will improve outcomes through: development of national guidelines and quality standards for care of hip fracture sufferers; establishment of National Hip Fracture Registries that will benchmark quality of care delivered by hospitals against professionally-defined standards; and by sharing best practice through this newsletter, the website and at events in both countries.



ANZHFR Facility Level Audit

The annual ANZHFR Facility Level Audit has recently been completed. It helps to provide a picture of the services and protocols available to hip fracture patients when admitted to hospital. The annual audit of hip fracture care has been undertaken for five years and is able to provide information on aspects of hip fracture care against Australian and New Zealand guidelines and standards of care. One of the questions asked in the Facility Level Audit is: *does your hospital provide a Fracture Liaison Service, whereby there is systematic identification of fracture patients by a fracture liaison nurse/coordinator, with a view to onward referrals and management of osteoporosis*? In 2017, 33% (39/120) of Australian and New Zealand hospitals reported providing a Fracture Liaison Service. Of these, 30 hospitals provided this service for people sustaining any type of fracture, not only a hip fracture. Year-on-year results in the availability of Fracture Liaison Services can be seen in the figure below.



AVAILABILITY OF FRACTURE LIAISON SERVICE

Publications of the Month

Osteoporosis Australia has released a series of reports updating the community on the burden of osteoporosis in Australia. These reports show little progress has been made since the first report in 2001 for the prevention and management of osteoporosis and highlights the extensive impact of poor bone health and fractures in each state and territory for people aged 50 years and over. "What is extremely worrying is that four-out-of-five Australians treated for an osteoporotic fracture are not tested for osteoporosis, and therefore, are not offered treatment for osteoporosis," said Professor Peter Ebeling, Medical Director Osteoporosis Australia. "There is a significant gap in osteoporosis care, and our hospitals are becoming revolving doors for fracture patients being sent home, and returning with new fractures, rather than being properly assessed and treated for osteoporosis."

State and Territory Reports: Osteoporosis costing all Australians: A new burden of disease analysis – 2012 to 2022 https://www.osteoporosis.org.au/burdenofdisease

Full Report: Osteoporosis costing all Australians: A new burden of disease analysis – 2012 to 2022 https://www.osteoporosis.org.au/research-position-papers

Key findings from the full report are:

- 66% of Australians over 50 years have osteopenia or osteoporosis
- 31% is the expected increase in poor bone health in people aged over 50 within the next 10 years
- In 2022, there will be more than 500 fractures per day in people aged over 50 years
- \$3.84 billion is the expected cost of osteopenia and osteoporosis in people aged over 50 in 2022
- Hip fractures are 43% of the fracture burden and there will be an increased number of hip fractures due to more people living into their seventies, eighties and nineties
- By 2022, more than 32,000 hip fractures will be attributable to osteopenia and osteoporosis
- 7% of hip fractures are expected to be re-fractures of the hip and 93% will be new hip fractures
- \$1.27 billion is the expected total annual cost attributable to hip fractures in 2022



"It is our collective responsibility to stop osteoporotic fractures from occurring. Fractures are an important cause of death in older people, and require the same focus and attention as heart attacks and stroke," Greg Lyubomirsky, CEO of Osteoporosis Australia said. "Yet, we know too many fracture patients are leaving hospital without appropriate investigation for osteoporosis."

