



ANZ Hip Fracture Registry

Enhancing Outcomes
for Older People

Issue 20, September 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 51 hospitals with approval to contribute data, and in New Zealand, 18 hospitals are approved to contribute data, over 57% (69/120) of public hospitals treating hip fracture patients. At the middle of September, there was a combined total of more than 13,900

patient records: over 11,000 records in the Australian registry and more than 2,700 in the New Zealand registry. The ANZHFR has recently released its 2017 Annual Report and we focus on the care gap in assessing and managing bone health to prevent the next fracture in hip fracture patients. Finally, we are pleased to introduce the SOS Alliance, a national alliance with the aim of making the first break the last.

ANZHFR Annual Report 2017

It is with great pleasure that we announce the second Australian and New Zealand combined patient and facility-level report. The report shows continued variation in the way we deliver care to people with a hip fracture.

Some of this variation between hospitals can markedly change the experience for the older person who has fractured their hip. Variation is seen in how pain is managed, in the timing of the surgery, the opportunity to start walking again after their operation, and in the initiation of treatment to prevent the next fracture. A copy of the annual report can be downloaded at the ANZHFR website: <http://anzhfr.org/reports/>

Preventing the Next Fracture

The ANZHFR Annual Report shows that 31% of patients in New Zealand and 16% of patients in Australia were receiving bone protection medication at discharge from hospital. At the hospital level, this varies from 0% to almost 70% of patients discharged on medication to protect their bones.

Kate Bell is an Osteoporosis Fragility Fracture Nurse Practitioner and a member of the ANZ Hip Fracture Community. Kate shares her tips on improving osteoporosis treatment on discharge from hospital for those people who have recently broken their hip.

"Improving osteoporosis treatment initiation in post hip fracture cohort requires a team approach. At our hospital, we are lucky enough to have a dedicated Osteoporosis Nurse Practitioner funded to work with Geriatrics and Orthopaedics to improve osteoporosis identification and treatment.

Patients are appropriately educated in what osteoporosis is; the significance of the fracture; their diagnosis of osteoporosis; and the recommendation for anti-resorptive treatment initiation. Investigations such as vitamin D level are requested and the non-pharmacological and pharmacological treatment for osteoporosis is discussed with patients. On most occasions patient preference along with best practice recommendations are utilised in the decision for choice of treatment. Ongoing education to medical and nursing staff caring directly for this patient cohort is required and necessary.



Gaining support and having all staff, medical, surgical, pharmacy on the same page is essential for success."

Top Tips:

- * Ensure staff and patients are made aware that sustaining a low trauma # NOF is a clinical diagnosis of osteoporosis (no BMD is required).

- * Ensure that everyone is aware of the high risk of future fracture if this link is missed and the opportunity to instigate treatment is not utilised.

- * Decide on the pharmacological options and work with your ward pharmacist to assist with reminders for osteoporosis treatment instigation.

- * Highly recommended to start osteoporosis treatment as inpatient or definitely on discharge. If using denosumab, attempt to give the first dose on day of discharge so that fracture reduction occurs prior to the patient getting home.

- * Ensure diagnosis of osteoporosis is communicated to usual local doctor or GP for continuation of care in the community.



Australian & New Zealand Hip Fracture Registry



Fracture Alliance

Making the first break the last

A National Alliance to Make the First Break the Last

Formed in October 2016, the National SOS Fracture Alliance has a singular aim: To minimise the risk of future fracture in people who have already suffered an osteoporotic fragility fracture. The Alliance currently unites 31 medical, allied health, patient and consumer organisations, representing more than 2.9 million individual members.

Australia has one of the world's poorest rates for identifying and treating osteoporosis. Over 75% of Australians who suffer an osteoporotic fragility fracture are neither investigated nor do they receive appropriate treatment following this sentinel event. As a consequence, many of these men and women experience further fragility fractures, which lead to significant illness and premature death. This appalling care gap exists in the face of widely accessible and efficacious management strategies to maintain bone strength and prevent falls. It exists despite repeated calls for action. Although osteoporosis became part of the 7th National Health Priority Area in 2002, little progress has been made in the prevention of fragility fracture.

The SOS Fracture Alliance advocates for the nation-wide implementation of fracture liaison services in hospitals and primary care to achieve better patient outcomes, and prevent fractures. The Alliance's strategy has at its heart the development and operation of a health service program aimed at timely identification of all patients who sustain a fragility fracture, ensuring their prompt referral for assessment of bone health. In those with confirmed osteoporosis, expert management to prevent future fractures and falls would be consistently offered to patients. Our vision is an Australia where all patients with fragility fractures receive effective preventive care in order to reduce needless death and disability from subsequent fracture.

The SOS Fracture Alliance was founded by Professor Markus Seibel and currently has 31 medical, allied health, patient and consumer organisations, representing more than 2.9 million individual members. The Alliance is governed by a steering committee which includes health professionals and consumer representatives. The SOS Alliance is funded by contributions from its member organisations and is completely independent from organisations with interests that may not be aligned with those of the SOS Alliance.

To contact the SOS Alliance or for more information go to their website: <https://www.sosfracturealliance.org.au/>

SOS FRACTURE ALLIANCE: MEMBER ORGANISATIONS

Representing over 2,900,000 individual members across Australia



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