



ANZ Hip Fracture Registry

Enhancing Outcomes for Older People

Issue 21, December 2017

The News in Brief

Welcome to the fourth and final ANZHFR Newsletter for 2017. It summarises the significant progress made on both sides of the Tasman since hospitals started contributing data to the ANZHFR in 2015. Patient numbers continue to increase, with a total of 15,851 records from 77 hospitals across both countries as of December 2017. This quarter we focus on the progress made in

hospital participation and provide an update on the new version of the ANZHFR Data Dictionary. Also, there are improvements to the database planned for 2018 that are designed to enhance the user's experience. Finally, we would like to say thank you for continuing to raise awareness of the need for improved hip fracture care for older people.

Update on Implementation in New Zealand and Australia

New Zealand

Progress in New Zealand has accelerated this year and the New Zealand Hip Fracture Registry has 3,359 records as at December 2017. 21 of 22 hospitals have ethics and locality approval to contribute data and 15 of these are regularly contributing.

The New Zealand hospitals that have locality approval are: Whangarei, North Shore, Auckland City, Middlemore, Hamilton, Rotorua, Tauranga, Whakatane, Hastings, Whanganui, Hutt, Wellington, Christchurch, Dunedin, Invercargill, Gisborne, Palmerston North, Masterton, Nelson, Blenheim, and Timaru.

Australia

The Australian Hip Fracture Registry has 12,492 records as at December 2017. 56 of 97 hospitals have completed ethics and governance approvals to contribute data and 38 of these are regularly contributing.

If your hospital needs support to implement data collection, or if your hospital would like to commence the approval process, contact the ANZHFR via email: clinical@anzhfr.org The Australian sites that have ethics and site specific approval to contribute data are listed below:

WA: Albany Hospital, Fiona Stanley Hospital, Joondalup Hospital, Royal Perth Hospital, Sir Charles Gairdner Hospital

SA: Flinders Medical Centre, Lyell McEwin Hospital, the Queen Elizabeth Hospital, the Royal Adelaide Hospital

TAS: Launceston General Hospital

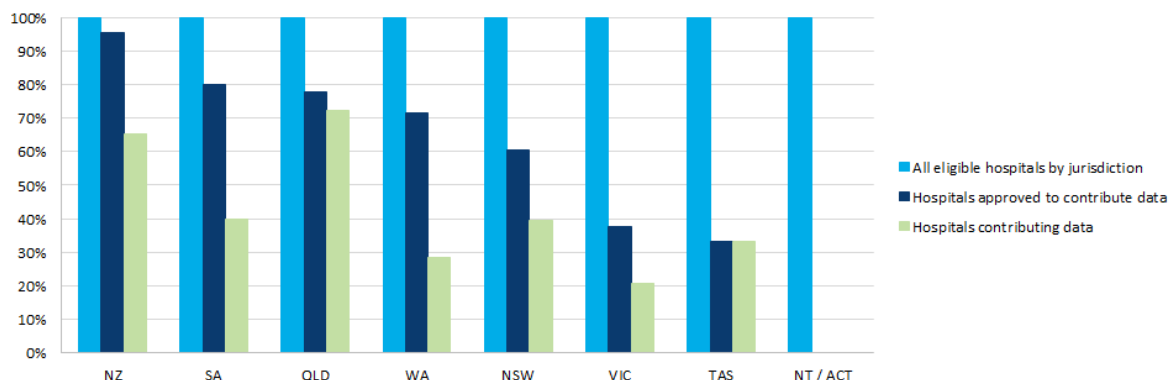
VIC: Box Hill Hospital, Dandenong Hospital, Footscray Hospital, Frankston Hospital, Geelong Hospital, Maroondah Hospital, St Vincent's Hospital Melbourne, The Austin Hospital, The Northern Hospital

NSW: Armidale Hospital, Bankstown-Lidcombe Hospital, Blacktown Hospital, Bowral Hospital, Campbelltown Hospital, Coffs Harbour Hospital, Concord Hospital, Gosford Hospital, John Hunter Hospital, Liverpool Hospital, Nepean Hospital, Orange Health Service, Port Macquarie Base Hospital, Prince of Wales Hospital, Royal North Shore Hospital, Royal Prince Alfred Hospital, Shoalhaven Hospital, St George Hospital, St Vincent's Hospital Darlinghurst, Sutherland Hospital, Tamworth Hospital, Westmead Hospital, Wollongong Hospital

QLD: Cairns Hospital, Hervey Bay Hospital, Ipswich Hospital, Logan Hospital, Mater Hospital South Brisbane, Nambour Hospital, Princess Alexandra Hospital, QEII Jubilee Hospital, Redcliffe Hospital, Rockhampton Hospital, Sunshine Coast University Hospital, The Prince Charles Hospital, Toowoomba Hospital, Townsville Hospital

There has been terrific progress in participation over the past 12 months, with 77 hospitals approved compared with 47 at this time in 2016. Graph 1 below shows the status of ANZHFR implementation across both countries. In 2018, we will continue to work with local investigators on both sides of the Tasman to support the implementation of data collection at approved hospitals, as well as support new hospitals with the process of gaining their approvals.

Graph 1: ANZHFR Implementation Progress





ANZHFR Database Update



The ANZHFR has had a fantastic year with many new sites coming on board and the first Registry User Group Online Meetings in both Australia and New Zealand. The feedback from these sessions has given us a clear guide for changes to the database to make your job easier and enhance the user experience for 2018.

Data Dictionary v10.2

The first changes you will notice in 2018 will be the changes to the ANZHFR Data Dictionary. The Data Dictionary is reviewed each year and is informed by feedback from users and stakeholders throughout the year. The new Data Dictionary v10.2 will apply to all patients admitted from 1 January 2018. Patients admitted for the remainder of 2017 will continue to be recorded using the existing dataset v9.1.

The changes in v10.2 include:

- Adding a new option to the Cognitive Assessment field of "Assessed and abnormal or impaired"
- Retiring the variable Intra-operative Fracture
- Adding a new field called Delirium Assessed with options of "Not assessed", "Assessed and not identified", "Assessed and identified" and "Not known"

Version 10.2 of the ANZHFR Data Dictionary can be accessed at www.anzhfr.org along with a summary of the major changes.

ANZHFR Inclusion and Exclusion Criteria

We frequently receive requests to clarify which patients should be included in the ANZHFR and which should be excluded. A patient may trigger a new record in the ANZHFR twice in their lifetime – a fracture of the right hip and a fracture of their left hip.

Inclusion criteria

All patients aged 50 and over admitted with an acute, low trauma fracture of their hip. An acute fracture is defined as "sustained less than (or equal to) 14 days prior to hospital presentation". Patients with a pathological hip fracture should also be included.

Exclusion criteria

Patients aged less than 50 years old at the time of admission OR patients who sustain a high impact hip fracture in the context of a trauma, such as a motor vehicle accident OR patients who present late with hip fracture.

Peri-prosthetic Fracture

Peri-prosthetic fractures are not a primary fracture therefore do not trigger a new record in the Registry. If a person is included in the Registry and requires reoperation within the follow-up period for a peri-prosthetic fracture then the reoperation is included at the relevant 30 or 120 day time point.

ANZHFR Improvements 2018

We continually look for ways to make it easier to use the database and ensure accurate and complete data.

Other changes planned in 2018 to enhance the user experience and improve data quality include:

- Changing the way we show record completeness with the missing fields themselves being highlighted rather than the current method of recording a percentage
- Adding a way to record when a patient has opted out, making it simpler for users to record this information
- Adding a way to record that a patient has been provided with information explaining their inclusion in the ANZHFR
- There will be new reports, including an exception report to show where things look odd, and the ability to record when a follow-up is not possible
- A better way of setting dates with each consecutive date defaulting to the date before it in sequence. The idea is that you should not have to keep moving back in the calendar for every date when entering records
- A faster export function with options to filter the data prior to export
- A calendar for the 30 and 120-day follow-ups so that you can plan your follow-ups around your other work

All of these changes are designed to work for you and help keep your records clean, accurate and complete. This in turn allows the data to be used to improve the hip fracture care provided to your patients.

In 2018 we will be holding more User Group conference sessions to listen to your suggestions and to further enhance the ANZHFR. Thanks for a great 2017, have a safe holiday season and we look forward to working with you all again in 2018.

Publication of the Month

The Cochrane Journal Club featured an update to the review of comprehensive geriatric assessment for older adults with frailty. The review found that patients undergoing a comprehensive geriatric assessment on hospital admission were more likely to be living independently in their own homes 3–12 months after admission. An associated podcast explains the benefits of comprehensive geriatric assessment, which is a multidisciplinary approach to assessing, planning and caring for elderly patients.

Comprehensive geriatric assessment for older adults admitted to hospital. Ellis G, Gardner M, Tsiachristas A, Langhorne P, Burke O, Harwood RH, et al. Cochrane Database of Systematic Reviews 2017. <http://dx.doi.org/10.1002/14651858.CD006211.pub3>