



ANZ Hip Fracture Registry

Enhancing Outcomes for Older People

Issue 22, March 2018

The News in Brief

This first ANZHFR Newsletter for 2018 provides an update on the considerable progress being made on both sides of the Tasman. For the first time, we are using a modified traffic light system to report progress. Patient numbers continue to increase, with a total of 19,415 records from 65 hospitals

across both countries at March 2018. This edition includes a reminder for annual reporting, as well as highlighting ongoing efforts to ensure high data quality. There is also a return of "In the Limelight", which shares the experiences of two New Zealand services. We hope you enjoy this March 2018 edition.

Update on Implementation in New Zealand and Australia

Two-thirds (2/3) of eligible hospitals are approved to contribute data to the ANZHFR. This quarter, progress on implementation of the ANZHFR is presented using a "traffic light" or RAG (red amber green) system. Red is for eligible hospitals not yet approved, amber is for approved but not contributing data, and green is for hospitals regularly contributing data.

If you would like information on how to get started, contact the ANZHFR at clinical@anzhfr.org

Australia

The Australian Hip Fracture Registry has 15,221 records as at March 2018. 57 of 97 hospitals have completed ethics and governance approvals to contribute data and 45 of these are regularly contributing.

New Zealand

Progress in New Zealand has accelerated recently and the New Zealand Hip Fracture Registry has 4,194 records as at March 2018. 21 of 22 hospitals have ethics and locality approval to contribute data and 17 of these are regularly contributing.

Hospitals identified as eligible to contribute patient-level data to the ANZHFR but not yet approved to contribute

- WA: Geraldton Hospital, South West Health Campus Bunbury
- TAS: North West Regional Hospital, Royal Hobart Hospital
- NT and ACT: Alice Springs Hospital, Royal Darwin Hospital, Canberra Hospital
- VIC: Albury Wodonga Health, Ballarat Health Services, Goulburn Valley Health (Shepparton), Latrobe Regional Hospital, Mildura Base Hospital, Northeast Health Wangaratta, Royal Melbourne Hospital (Parkville), Sandringham Hospital, Southwest Healthcare (Warrnambool), The Alfred, The Bendigo Hospital, West Gippsland Healthcare Group, Western District Health Service (Hamilton), Wimmera Health Care Group (Horsham)
- NSW: Bathurst Hospital, Bega/South East Regional Hospital, Canterbury Hospital, Dubbo Hospital, Goulburn Hospital, Grafton Hospital, Hornsby Ku-ring-gai Hospital, Lismore Base Hospital, Maitland Hospital, Manly Hospital, Manning Hospital, Mona Vale Hospital, Ryde Hospital, The Tweed Hospital, Wagga Wagga Hospital
- QLD: Bundaberg Hospital, Gold Coast University Hospital, Mackay Base Hospital, Robina Hospital
- NZ: Taranaki Hospital

Hospitals with ethics and governance approval not yet regularly contributing patient-level data to the ANZHFR

- WA: Royal Perth Hospital
- SA: The Queen Elizabeth Hospital, The Royal Adelaide Hospital
- VIC: Maroondah Hospital, St Vincent's Hospital Melbourne
- NSW: Bowral Hospital, Campbelltown Hospital, Port Macquarie Hospital, Shoalhaven Hospital
- QLD: Hervey Bay Hospital, Redcliffe Hospital
- NZ: Nelson Hospital, Palmerston North Hospital, Timaru Hospital, Wairarapa Hospital

Hospitals with ethics and governance approval regularly contributing patient-level data to the ANZHFR

- WA: Albany Hospital, Fiona Stanley Hospital, Joondalup Hospital, Sir Charles Gairdner Hospital
- SA: Flinders Medical Centre, Lyell McEwin Hospital, Mount Gambier Hospital
- TAS: Launceston General Hospital
- VIC: Box Hill Hospital, Dandenong Hospital, Footscray Hospital, Frankston Hospital, Geelong Hospital, The Austin Hospital, The Northern Hospital
- NSW: Armidale Hospital, Bankstown-Lidcombe Hospital, Blacktown Hospital, Coffs Harbour Hospital, Concord Hospital, Gosford Hospital, John Hunter Hospital, Liverpool Hospital, Nepean Hospital, Orange Health Service, Prince of Wales Hospital, Royal North Shore Hospital, Royal Prince Alfred Hospital, St George Hospital, St Vincent's Hospital Darlinghurst, Sutherland Hospital, Tamworth Hospital, Westmead Hospital, Wollongong Hospital
- QLD: Cairns Hospital, Ipswich Hospital, Logan Hospital, Mater Hospital South Brisbane, Nambour Hospital, Princess Alexandra Hospital, QEII Jubilee Hospital, Rockhampton Hospital, Sunshine Coast University Hospital, The Prince Charles Hospital, Toowoomba Hospital, Townsville Hospital
- NZ: Auckland City Hospital, Christchurch Hospital, Dunedin Hospital, Gisborne Hospital, Hawkes Bay Hospital, Hutt Valley Hospital, Middlemore Hospital, North Shore Hospital, Rotorua Hospital, Southland Hospital, Tauranga Hospital, Waikato Hospital, Wairau Hospital, Wellington Hospital, Whakatane Hospital, Whanganui Hospital, Whangarei Hospital



ANZHFR Reporting Reminder

Patient-Level Report

The time is drawing near when we will close the data for 2017 and start compiling the 2018 Bi-National Report. Many of you will have already checked your patient-level data for outliers using the Yearly Validation menu item on the website, but we ask that you have one more look over it for any obvious errors.

Here is the link to the video on how to use the Yearly Validation menu item to check your data.
<https://youtu.be/sXNVpmSe53k>

Facility-Level Report

The facilities audit has commenced for this year and has been sent to the local contact person at each hospital. The audit is answered for hospital services and protocols provided to hip fracture patients in the 2017 calendar year. It will take no more than 5 minutes if familiar with the hip fracture service at your hospital.

Please try to complete the audit as soon as possible. If you have any questions please contact the ANZHFR.

ANZHFR Data Quality

NHI/Medicare Validation

We are always working to improve data quality and this month sees the introduction of validation around Medicare / NHI numbers. These fields can still be left blank if the NHI/Medicare numbers are not available.

NHI Validation New Zealand: When adding a new patient, the system will validate the NHI number when you leave the field using a series of checks. It is still possible to get it wrong but the chances become very remote of typing an incorrect yet valid number.

Medicare Number Australia: We have always required the Medicare number to be the full 11 digits, these being the 10 from the card number and then the patient's identifier, but now we check the validity of the first 10 digits and ensure that there are exactly 11 digits.



News, Conferences and Upcoming Events



The Australian and New Zealand Falls Prevention Conference will be held in Hobart, Tasmania, in November 2018. The conference is an initiative of the Australian and New Zealand Falls Prevention Society (ANZFPS), formed in 2006 to promote the multidisciplinary study and implementation of falls prevention in older people. Submission of abstracts and registration is now open: <https://anzfconference.com.au/>

The Fragility Fracture Network annual meeting is in Dublin, Ireland, in July 2018. This year's motto is "Patient centred multidisciplinary care". The Network themes include perioperative care, surgical treatment, rehabilitation, secondary prevention, research and policy change, addressing the full pathway of care for fragility fracture patients.

More information is available at:

<http://fragilityfracturenetwork.org/our-organisation/7th-ffn-global-congress-2018/>



Publication of the Month

A recent systematic review and meta-analysis published in the Journal of the American Geriatrics Society assessed the efficacy of comprehensive geriatric assessment in the prevention of delirium after hip fracture. The review found there was a reduction in the incidence of delirium after hip fracture with comprehensive geriatric assessment.

Shields L, Henderson V, Caslake R. Comprehensive Geriatric Assessment for Prevention of Delirium After Hip Fracture: A Systematic Review of Randomized Controlled Trials. *J Am Geriatr Soc.* 2017;65(7):1559-165. Available at <https://onlinelibrary.wiley.com/doi/abs/10.1111/jgs.14846>



In the limelight: Tauranga Fracture Prevention Service, NZ

I started the role of Hip Fracture Coordinator for the ANZHFR in January 2017. I have allocated only 4 hours a week to cover around 200 primary hip fractures each year here at Tauranga Hospital. I had four weeks to become familiar with the role before going live.

Initially, I had many questions to ask both the ANZHFR administration and IT, plus working out the hospital's flow of medical information, to gain all the data I needed. I have continued to ask questions as the ANZHFR is ever evolving and District Health Board projects continually develop. My main advice is - read and reread the data dictionary! I found the easiest part was the data loading to the website, and yes, I have made errors, all were easily corrected. Phew!

What I did not appreciate was the value that the follow-up phone calls have on individual patients. It made me realise we discharge these patients after a big operation and often long length of stay, with no follow up, just a good-bye. The follow-up allows the patient to feel valued and listened to, proud to tell me their achievements. The calls are a short conversation, with occasional extra work to book an appointment for the patient or ring their GP.

I also work as the Fracture Liaison Nurse and the Registry has highlighted a gap in our patient's after-hospital bone health care. This is now followed-up by the Fracture Prevention Service. I really do love this role and the outcome of making a difference is a big part of that. Next up is our first annual report later in the year. No pressure!



Nicola Ward
Specialty Clinical Nurse
Fracture Prevention Service
Tauranga, New Zealand



Fracture Liaison Network
New Zealand

In the limelight: Canterbury District Health Board, NZ

Using local data to answer local questions

In health we are increasingly using data to support observations, aid decision making and plan services. Despite our hospital investing in improving the visibility of data, the access to clinically relevant measures is often limited.

As the Hospital Administrator for the ANZHFR at the Canterbury District Health Board I can now download an Excel spreadsheet from the Registry and view the raw data for the patients we enrol. This has been extremely useful over the past few months to help answer some specific questions.

1. What are the demographics and outcomes for patients from the West Coast with a hip fracture?

The West Coast DHB has a small population spread over a large geographical area. Most patients transfer to Christchurch for acute surgery and previous audits had raised concerns about outcomes for these patients.

2. What are the characteristics of patients who have a long length of stay?

On reviewing our Fast Track NOF management over the past 3 years we noticed that almost a third of the patients were staying in hospital more than 29 days. We are interested in looking at this group in more detail to identify common factors.

3. How many patients who break their hip live in an aged residential care facility and how many are discharged to residential care?

We are using the data to scope the opportunities for providing rehabilitation to patients who discharge to residential care and identifying the volume of work this would involve.

Our staff are doing a great job collecting this data and I now feel that we can make the most of this rich information to generate new knowledge in hip fracture care. We now have clinically relevant information to add to existing databases. I just need to brush up on my Excel skills!



Dr Sarah Hurring
Geriatrician