

ANZ Hip Fracture Registry

Enhancing Outcomes for Older People

Issue 23, June 2018

The News in Brief

Welcome to the second ANZHFR Newsletter for 2018. Steady progress continues to be made on both sides of the Tasman. Patient numbers are increasing, with a total of 23,330 records from 67 hospitals across both countries as of June 2018. This quarter we update participation across both countries, summarise two recent reports on hip fracture and osteoporosis, and highlight educational opportunities that are available to those involved in hip fracture care.

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 4,906 records as at 30 June 2018. 21 of 22 hospitals have ethics and locality approval to contribute data and 19 hospitals have contributed data.

Australia

The Australian Hip Fracture Registry has 18,424 records as at 30 June 2018. 59 of 97 hospitals have completed ethics and governance approvals to contribute data and 48 hospitals have contributed patient-level data.

If your hospital would like to commence the approval process, contact the ANZHFR via email: clinical@anzhfr.org

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, Nelson Hospital, North Shore Hospital, Palmerston North Hospital, Rotorua Hospital, Southland Hospital, Tauranga Hospital, Waikato Hospital, Wairau Hospital, Wellington Hospital, Whakatane Hospital, Whanganui Hospital, Whangarei Hospital

Hospitals with ethics and governance approval to contribute patient-level data but data not contributed

•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: Gold Coast University Hospital, Hervey Bay Hospital, Redcliffe Hospital, Robina Hospital

•NZ: Timaru Hospital, Wairarapa Hospital

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

•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, Mackay Base Hospital

NZ: Taranaki 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.



Hip Fracture PhD Opportunity

An opportunity exists to undertake a PhD as part of the UNSW Sydney Scientia Scholarship Scheme. Scientia scholarships offer \$40,000 per year. Hip fracture is a major emerging public health issue in China and India due to changing demographics and an ageing population. There are well developed clinical guidelines and pathways used effectively in high income settings but uptake of these is low in resource poor settings.



This project will involve working with clinicians in China and India to develop and evaluate a simple, adaptable, protocol driven clinical pathway for hip fracture. This will build on current and previous large scale observational studies and established clinical networks, and will contribute to changes in clinical management of hip fracture across Asia. The supervisory team is: Rebecca Ivers, Medicine, The George Institute for Global Health; Ian Harris, Medicine, UNSW South Western Sydney Clinical School; and Maoyi Tian, Medicine, The George Institute for Global Health.

An ideal student will have a clinical background, and strong interest in health systems research. They will have experience in low or middle income country settings, either in research or clinical settings. They will have postgraduate training in epidemiology and public health and exceptional written skills. Applications are now open for 2019. The expression of interest closes on 20 July 2018.

For more information, go to:

https://www.2025.unsw.edu.au/apply/scientia-phd-scholarships/managing-hip-fractures-resource-poor-settings

Publications of the Month

Highlighted this quarter are two recent publications. Two key recommendations of the 7th Report of the New Zealand Perioperative Mortality Review Committee, which examined perioperative mortality in New Zealand following treatment for hip fractures, are: all patients who fracture their hip to be offered surgery within 48 hours, if surgery is the best option; and all hospitals should actively contribute data to the Australian & New Zealand Hip Fracture Registry, and that data should be used for ongoing quality improvement activity. The full report can be downloaded from: https:// www.hqsc.govt.nz/our-programmes/mrc/pomrc/publications-and-resources/publication/3372/

There is also a recent update of the US Preventive Services Task Force Recommendation Statement on Screening for Osteoporosis to Prevent Fractures. The Task Force reviewed the evidence and found convincing evidence that bone measurement tests are accurate for detecting osteoporosis and predicting osteoporotic fractures in women and men. The full statement has been published in the Journal of the American Medical Association (JAMA) and can be accessed at: https://jamanetwork.com/journals/jama/fullarticle/2685995

Conferences and Upcoming Events

Health professionals in the Asia-Pacific are facing a rapidly ageing population. The International Osteoporosis Foundation is hosting the IOF Regional 7th Asia-Pacific Osteoporosis Conference at the International Convention Center Sydney from November 30 to December 1, 2018. If you're a medical professional, clinical researcher or allied health professional this key regional event will help you learn how to...

- Improve the identification of high-risk patients
- Understand the similarities and differences in fracture risk and treatment response between Asia and the West
- Assess quality of life in your elderly patients with osteoporosis, osteoarthritis or sarcopenia
- Understand the consequences of low calcium intake
- Assess and manage secondary osteoporosis (e.g. related to cancer, diabetes etc)
- Close the treatment gap by learning about the latest osteoporosis therapies



