

## **ANZ Hip Fracture Registry**

**Enhancing Outcomes for Older People** 

Issue 25, December 2018



## The News in Brief

Welcome to the fourth and final ANZHFR Newsletter for 2018. Patient numbers continue to increase and it is exciting to be able to advise that the combined registries have a total of 28,703 records from 72 hospitals: 22,445 from Australia and 6,258 from New Zealand. This end-of-year edition of the newsletter introduces you to new members of the ANZHFR team, provides an update on participation and summarises the

upcoming changes to the Data Dictionary commencing in 2019. Also, the new database dashboard due for release in early 2019 is highlighted and we would like to share some news on the developing Asia-Pacific Fragility Fracture Network and the ANZHFR Hip Festivals that are underway across Australia and New Zealand. On behalf of the ANZHFR, I take this opportunity to wish you a happy, safe and restful holiday period.

## Update on Implementation in New Zealand and Australia

There has been steady progress in participation on both sides of the Tasman, with 19 of 22 hospitals in New Zealand contributing data over 2018, and 53 of 96 Australian hospitals with data entered to the Registry. Across both countries, 80 hospitals are approved to participate although not all are doing so regularly.

In New Zealand, at the end of November, the Registry contained 2,874 entries for the calendar year which is about 78% of the total number of hip fractures expected in New Zealand. It is expected that at least 80% of eligible cases will be

captured for the year; a great effort for all those who have been involved in the day-to-day data collection and entry. The 2019 report on these data will give a good picture of the care of patients with hip fracture in New Zealand. In both countries, it is pleasing to see that several hospitals are now looking at their data and using it to make a case for change in the provision of hip fracture care: other sites are developing specific quality improvement projects for specific aspects of care. The annual report has triggered this activity where it shows two or three indices of care that are well below average for the individual hospital.

## **Changes and Additions to the ANZHFR Team**

#### **New Zealand**

As you all know, Chris Pegg finished in the role of New Zealand National Implementation Coordinator in July this year. Nicola Ward from Tauranga Hospital has now been appointed to this role. Welcome Nicola! Nicola has been collecting and entering data for the Registry at Tauranga Hospital for the last two years. Her hands-on knowledge will be a big help to all of us in New Zealand. Nicola can be contacted via email on: nicola.ward@bopdhb.govt.nz

#### Australia

In August, the Registry was able to welcome Karen Lee as ANZHFR Project Officer. Karen is combining her Registry role with her clinical role as a Senior Orthopaedic Physiotherapist at Prince of Wales Hospital. Welcome Karen! Karen has taken on the task of rolling out the Australian state-wide "hip fests", which are highlighted later in this newsletter. Karen can be contacted via email on: k.lee@neura.edu.au

With Nicola and Karen contributing to the operations of the ANZHFR on each side of the Tasman, in 2019 the Registry is planning some specific initiatives to address the quality of the data in both Registries. The value of the ANZHFR is dependent on the quality of the data it contains.

In 2019, the ANZHFR will continue to hold teleconferences so everybody can share their experiences of using the Registry. These will be organised with the aim of improving the accuracy

and reliability of the information that is collected. The development of a framework to guide interested local teams in auditing their registry data will also be commenced.

The web portal in Australia and New Zealand is working well overall, but there a few remaining bugs. A list is being compiled with a view to resolving them over the first half of 2019. For those in New Zealand who have previously sent concerns to Roger Harris, please repeat your feedback to Nicola on her email above.



Nicola Ward, New Zealand



Karen Lee, Australia



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.

## **Australian & New Zealand Hip Fracture Registry**

### **ANZHFR 2019**

With a new year comes a new Dataset and what better way to celebrate than the adding a new Dashboard to provide real-time feedback on your hospital's hip fracture care. The dashboard is shown in the snapshot below. The dashboard will be live in the first week of January 2019 and we hope it allows you to track your hospital's performance in an easy, structured way. The new dashboard gives you:

- a snapshot of the data held in the system
- your timed data (Time in ED, Time to Surgery, Acute Length of Stay, and Hospital Length of Stay) including average, median, shortest and longest times
- your performance against the seven (7) Quality Statements

The dashboard does not replace the self-audit reports but is provided in addition to them to give more granular data. Further upgrades are planned including the ability to export the summary information.

#### Data Dictionary v11

There are some changes to the ANZHFR Data Set in 2019. All 30 day follow up variables have been retired. This means there is now only one follow up time point at 120 days from admission to hospital. The database calendar will continue to calculate when this 120 day follow up is due for your patients.

With the retirement of all eight (8) 30 day variables, a new variable has been included in the data set to assess a person's nutrition status. People who have fractured their hip are at high risk of

malnutrition. Malnutrition in these patients is associated with an increased likelihood of complications and worse outcomes, and a decrease in return to pre-fracture function. The new variable is included in the treatment section of the database.

#### 2019 Key Dates

Preparation is underway for the 2019 Annual Report. Thank you to all sites that have diligently been entering data. In preparation for the 2019 data close, there are some key dates in the first half of next year. The report will again be released in September.

#### 28th January 2019

Patient level audit data cleaning commences. Stewart will be contacting site coordinators to review aspects of the data.

#### 1st February 2019

The facility level audit will commence. Site contacts will receive an email asking for the survey to be completed.

#### 1st April 2019

The facility level audit will close. Follow-up will commence for sites that have not submitted the survey.

#### 6th May 2019

LAST DAY for 2018 patient level audit data to be entered to the database and included in the annual report.

Welcome to the Australian Hip Fracture Registry for Dummy Hospital

? Hover over fields for help

Hospital Snapshot	
Active Patients	Last Modified 25 Nov 2018
2018 Records <b>4</b>	All Records

Patient Type: ☑ Admitted Via ED ☑ Transferred In ☑ Inpatient Fall ☑ Other/Unknown			Period: Last Year (2017) • From: 01/01/2017 To: 31/12/2017		
4 records	Time in ED (hrs) [4]	Time to Surgery (hrs) [3]	Acute Length of Stay (days) [3]	Hospital Length of Stay (days) [3]	
Average	6.26	47.66	4.05	11.71	
Median	3.27	41.03	1.13	1.15	
Shortest	2.00	29.93	0.15	0.13	
Longest	16.50	72.02	10.86	33.86	

QS1 Care at Presentation	QS2 Pain Management	QS3 Orthogeriatric Model of Care	QS4 Timing of Surgery	QS5 Mobilisation & Weight Bearing	QS6 Minimising Risk of Another Fracture	QS7 Transition from Hospital Care
Cognitive Assessment prior	Pain Assessment within 30 minutes (4) 50%	Assessed by geriatric medicine (4)	Surgery Within 48 hours (3)	Day 1 Mobilisation Opportunity (3) 66%		Patients returning to Private
750/	Nerve Block before or at surgery (4)			Unrestricted Weight Bearing (3) 100%		Residence @ 120 Days (1) 0%
	100%		New Pressure Injuries (4) 25%	75%		





## **Australian & New Zealand Hip Fracture Registry**

## Asia-Pacific Regional Expert Meeting on the Prevention and Management of Fragility Fractures

I recently attended the Asia-Pacific FFN Regional Expert Meeting at Tokyo University on the 24-25th November 2018, and presented a poster on the ongoing analysis of the fragility hip fracture service at the Princess Alexandra Hospital (PAH) in Brisbane. The meeting was attended by 129 healthcare professionals from 16 Asia-Pacific countries, plus Global Fragility Fracture Network (FFN) Board members from the UK, Italy and USA. The meeting provided the opportunity to collaborate with other expert clinicians in fragility fractures and discuss current variations in clinical practice and patient outcomes. National and international professional relationships were established and these will prove to be valuable in achieving optimal outcomes for all patients sustaining a fragility fracture. The meeting provided an excellent, positive atmosphere and the final discussion was full of ideas about how to make the next regional meeting even more useful.

Whilst in Japan, I also visited the PAH's sister hospital, St Mary's in Kurume, Fukuoka and presented to over 80 medical, nursing and allied health staff on the development of an evidence based and patient focused fragility hip fracture service. This presentation was well received, with both medical and nursing staff stating that they "were shocked at the speed in which patients get to surgery

and ultimately discharged. In Japan, the process is more drawn out, so it was nice to know exactly what is possible with the right system in place." This highlights the need for ongoing global promotion and education about the appropriate and timely management of all fragility fracture patients through standardized clinical pathways and measurement of patient outcomes.

#### Naomi O'Rourke

Nurse Practitioner Candidate – Hip Fractures Princess Alexandra Hospital, Brisbane, QLD



## **Rehabilitation after Hip Fracture**

The ANZHFR has been asked to circulate a reminder email to its network asking for volunteers willing to participate in a research project to examine rehabilitation care after hip fracture. For those interested, it is a small time commitment and all electronic. If you are interested in participating and would like further information, please contact the lead researcher directly via email: A/Prof Rebecca Mitchell at r.mitchell@mq.edu.au The project has been approved by the Macquarie University Human Research Ethics Committee Medical Sciences Committee.

The research project is being conducted by the Australian Institute of Health Innovation (AIHI) at Macquarie University. The study aims to further understanding of the facilitators and barriers to rehabilitation for older people who have had a hip fracture. In doing so, it is hoped to inform a discussion around minimising any barriers to the provision of hip fracture rehabilitation and to improve health outcomes for older people.

You are being asked participate in the study because you are a member of the ANZHFR network. Participation will involve you completing a 15-20 minute on-line survey regarding hip fracture rehabilitation services at your facility.

The survey will ask questions about service models for hip fracture rehabilitation, guidelines and policies, along with decision criteria for access to rehabilitation (e.g., dementia, low pre-injury functional status), types of wards, and number of rehabilitation beds. It will also ask questions around the availability of post-discharge services including community and home-based services, transitional care, and if there has been a change in rehabilitation services in the last 5 years. Finally, it will seek to obtain information on rehabilitation services that may be offered to hip fracture patients living with dementia, and some of the potential barriers your facility encounters in the provision of rehabilitation for people who have dementia.

Participation in this research is voluntary and all information provided will be confidential. Your decision whether or not to participate will not prejudice your future relations with the ANZHFR, AIHI, Macquarie University, or your employer.

If you are willing to participate in the online survey please do so here:

https://mqedu.qualtrics.com/jfe/form/SV\_8ubxHes0cLNy4XX

## **Publications of the Month**

In July 2018, the UK's National Institute for Health and Care Excellence (NICE) released a new impact report on falls and fragility fractures. The report explores the UK health system's progress towards improved outcomes for those at risk of falls and fractures. It is available from the NICE website at:

https://www.nice.org.uk/Media/Default/About/what-we-do/Into-practice/measuring-uptake/NICE-Impact-falls-and-fragility-fractures.pdf

The ACSQHC have recently revised and expanded their resources to guide health service managers, clinicians and consumers in improving care of patients with cognitive impairment (dementia and delirium) in hospital. these updated resources can be found at: https://www.safetyandquality.gov.au/our-work/cognitive-impairment/better-way-to-care/





## **Australian & New Zealand Hip Fracture Registry**

## **ANZHFR Hip Festivals**

The increasing global burden of hip fractures is well-known to readers of this Newsletter. The Asia-Pacific region will constitute half of the world's hip fractures by mid-century. Data is a powerful tool to allow hospital systems to optimise the provision of care to this fragile patient group but collecting data and implementing real change are disparate tasks.

The ANZHFR "Hip Festivals" are an initiative of the Registry to harness the collective knowledge of key stakeholders and to inspire and enable those involved in the provision of care. The "Hip Festivals" have commenced and the first two were held in Australia in the last quarter of 2018. Other states and New Zealand will have opportunities to attend in 2019.

Both Festivals commenced with the Registry Co-Chairs enlightening attendees on the long road travelled in the development of the ANZHFR. In Western Australia, more than 60 attendees gathered at Fiona Stanley Hospital on the 23rd October to share experiences and innovative solutions to improve care in their local context. Presentations from The Royal Flying Doctor Service and clinicians from both regional and city-based services highlighted the challenges, and the many possible solutions, to improve hip fracture care in WA. Mr John Miller reminded all present of the importance of high quality care to the person who has broken their hip.

In NSW, the second "Hip Festival" was held in partnership with the NSW Agency for Clinical Innovation (ACI) in Sydney on the 4th of December. This event welcomed over 170 attendees from NSW Local Health Districts, interstate health services, NSW Ambulance and the private health sector, in addition to several community members. Specialist talks focused on shared models of care, pre-operative regional anaesthesia, the role of fracture liaison services, rehabilitation and how the ANZHFR can be a driver for change in centres that have identified opportunities to improve their care. Prof lan Harris led an excellent Q&A session using an innovative system where questions were logged online, voted on, and the most popular questions put to the multidisciplinary panel.

After the morning sessions, ACI's Lea Kirkwood, Director of Innovation and Redesign, facilitated a workshop where areas of hip fracture care needing optimisation were identified. After formulating goals and plans, members from different health districts joined forces to share experiences and innovate solutions to improve care in their local context. These sessions were excellent. Hospitals trying to increase compliance with Hip Fracture Care Guidelines and the ACSQHC Clinical Care Standard found the workshopping invaluable.

The breadth of experience within one room and the ability to network has already led to "post-festival" conversations. The variety of problems facing each service showed that no one solution fits all. Empowering each service with tools to innovate, and demonstrating how data can help audit care provision, is a leap towards improving care. Without question, the inaugural east and west coast "Hip Festivals" were a success. We would encourage all health care providers to attend future events.

**Dr Seth Tarrant**Orthopaedic Registrar
John Hunter Hospital

**Ms Victoria Clark**Orthopaedic CNS
Coffs Harbour Health Campus

# SAVE THE DATE

for the upcoming "Hip Fests" in South Australia, Tasmania and Queensland...

New Zealand and Victoria TBC

South Australia 5th March 2019 Modbury Hospital Auditorium Tasmania 28th March 2019 Launceston Clinical School Queensland 31st May 2019 The Prince Charles Hospital Education Centre







