



# ANZ Hip Fracture Registry

Enhancing Outcomes  
for Older People

Issue 26, March 2019

## The News in Brief

Welcome to the first ANZHFR Newsletter for 2019. Patient numbers continue to increase and the combined registries have a total of 32,974 records from 74 hospitals: 25,728 from Australia and 7,246 from New Zealand.

This edition of the Newsletter provides an update on implementation and highlights two hospitals that are using their Registry data to improve the care they provide to their patients.

## Update: 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 regularly contributing data and 53 of 95 Australian hospitals regularly entering data to the Registry. Across both countries, 86 of 117 hospitals are approved. This is 73% of eligible public hospitals across Australia and New Zealand.

The 2019 ANZHFR Facility Level Audit is underway, so we would encourage all hospitals on both sides of the Tasman to participate in this exercise.

The aim of the Hip Fracture Facility Level Audit is to assess and document the services, resources, policies, protocols and practices that currently exist in hospitals across Australia and New Zealand, specific to hip fracture care.

This will be the 7th year of the audit, and will provide a good record of change over time. The Facility Level Audit complements the Patient Level Audit captured by the Hip Fracture Registry. We look forward to consolidating the results of this years survey and want to thank all contributors for their time.

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

- 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
- TAS: Launceston General Hospital
- VIC: Box Hill Hospital, Dandenong Hospital, Western Health (Footscray), Frankston Hospital, Geelong Hospital, Maroondah Hospital, The Austin Hospital, The Northern Hospital
- NSW: Armidale Hospital, Bankstown-Lidcombe Hospital, Blacktown Hospital, Campbelltown 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, Gold Coast University Hospital, Ipswich Hospital, Logan Hospital, Mater Hospital South Brisbane, Nambour Hospital, Princess Alexandra Hospital, Redcliffe Hospital, Robina 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, 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 regularly

- SA: Mount Gambier Hospital, The Royal Adelaide Hospital
- VIC: St Vincent's Hospital Melbourne, The Alfred
- NSW: Bowral Hospital, Port Macquarie Hospital, Shoalhaven Hospital
- QLD: Hervey Bay Hospital, QEII Jubilee Hospital
- NZ: Rotorua Hospital, 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 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, Manning Hospital, Ryde Hospital, The Tweed Hospital, Wagga Wagga Hospital
- QLD: Bundaberg Hospital, Mackay Base Hospital
- NZ: Taranaki Hospital



## Using Data to Improve Care: The Trans-Tasman Experience

### Waikato Hospital, New Zealand

Waikato Hospital is a large tertiary facility providing care for approximately 312 patients with primary hip fracture each year. Our District Health Board (DHB) joined the ANZHR a couple of years ago, and has been entering data since July of 2017.

Early outcome data from the Registry highlighted an opportunity for improvement, with only 27% of patients who presented in 2018 with a hip fracture, receiving a pre-operative medical assessment. In response, the orthogeriatric team ran a two month scoping trial to establish their ability to provide a responsive, pre-operative assessment service during normal working hours. Current resources were re-directed toward the early phase of the patient journey, as no extra medical or nursing hours were available for the trial.

Our aim was to pre-operatively assess 75% of all patients who presented to hospital between Sunday evening and midday Thursday, as there was no Friday availability.

The project was successful in a number of unexpected ways. Similar rates of early assessment were achieved for both patients who presented during regular work hours (n= 11/21; 52%) and those who arrived out of hours (n= 9/21; 43%). Of the 20 patients formally reviewed before the operating theatre, four were felt to have particularly benefitted: one patient's operation was abandoned, with an end of life pathway deemed more appropriate; and for the other three patients, the identification of

Left to Right: Sandra Cate, CNS Ortho-Geriatrics; Dr Simone Macindoe, Geriatrician; and Amanda Burton, CNS Orthopaedics



renal, cardiac and respiratory conditions enabled medical optimisation of co-morbidity prior to surgery.

As part of the trial, a systematic, multidimensional tool was developed for pre-operative patient assessment and it was found to be particularly helpful. As a result, the tool has been adopted for use across the entire hip fracture cohort.

### Sandra Cate, Waikato Hospital

### Toowoomba Hospital, Australia

Toowoomba Hospital, QLD, has been entering data to the ANZHR since September 2015. The early establishment of a Fractured Neck of Femur Working group with key stakeholders including Geriatrics, Orthopaedics, Anaesthetics and Nursing enabled us to identify issues and drive change. The ANZHR data is a valuable source of information to track the effect of service improvements and provides great feedback to all the members of the team providing hip fracture care.

One of the primary challenges for Toowoomba was to improve time to theatre, noting that many of our patients are transferred in from one of 23 rural hospitals, or from outside our health service, as far away as Augathella Hospital (621km away). Initially, median time to surgery from first hospital presentation was 44 hours. One strategy to improve this was to implement a Neck Of Femur checklist for rural facilities within our health service, and shared for consideration of use with hospitals outside our area. It aims to ensure timely transfer and prompts consideration of key care components, such as nerve blocks. By November 2018, our median time to surgery had improved and our rate of surgery within 48 hours for transferred patients had improved from a low of 57% in September 2015 to 73% in June 2017, and up to 93% in June 2018. The long-awaited addition of an extra operating theatre also enhanced access to surgery and our nerve block rate had increased to 89% from 75% in September 2015.

Preoperative medical reviews by our orthogeriatric service has improved from 56% of patients in March 2016 to 81% by March 2019. The Geriatrician reviews patients daily on weekday rounds,

but the orthopedic registrar now notifies the geriatric nurse of new patients presenting to ED during work hours, providing an enhanced opportunity for more patients to be reviewed by the Geriatrician preoperatively, particularly before the weekend.

Sustaining these gains is never taken for granted. Our next project is to improve documentation of the falls prevention aspect of the Hip Fracture Care Clinical Care Standard. Most importantly these improvements mean better care for our patients.

### Monica McCarron, Toowoomba Hospital



Left to Right: Toowoomba Hospital's Orthopaedics team; Dr Chris Wall, Deputy Director Orthopaedics; Dr Vivek Shridhar, Director Orthopaedics; Tanya Archinal, Nurse Unit Manager, Orthopaedics; Monica McCarron, Clinical Nurse Geriatric, Adult Rehabilitation and Stroke Service; and Dr Kurugamage Wijayaratne, Geriatrician, Adult Rehabilitation and Stroke Service.