



ANZ Hip Fracture Registry

Enhancing Outcomes
for Older People

Issue 32, September 2020

The News in Brief

Welcome to the third edition of the ANZHFR newsletter for 2020. Participation has been increasing across Australia and New Zealand. Patient numbers are increasing with a total of 52,685 records from 87 hospitals across both countries, as of September 2020.

This edition of the newsletter provides an update on implementation and an introduction to some additional faces at the ANZHFR. New presentations added to the ANZHFR Lecture Series and new publications including the 2020 ANZHFR Annual Reports provide stimulating material for

reflection. Team Tasmania have provided an inspiring update on their new hip fracture pathway.

While we aren't able to meet face to face, we encourage our readers to connect with the global community by registering for the Fragility Fracture Network Regional Expert Meeting. This virtual meeting will be held in October 2020.

In this COVID 19 time, it is important to remember to continue to look after our patients with appropriate care, stay connected with our colleagues and take time out for ourselves. Hoping you all stay safe and keep well.

Update on Implementation in New Zealand & Australia

New Zealand

The New Zealand Hip Fracture Registry has 12,088 records as at September 2020. 22 of 22 hospitals have ethics and locality approval to contribute data. All approved hospitals have regularly contributed data to the Registry.

Australia

The Australian Hip Fracture Registry has 41,354 records as at September 2020. 75 of 95 hospitals have completed ethics and governance approvals to contribute data. Another 5 hospitals are part way through the approval process. 65 of 75 approved hospitals have contributed patient level data.

2020 ANZHFR Annual Report

The 2020 ANZHFR Annual Report has been released. This year's report contains patient level data from 77 hospitals and facility level data from 117 hospitals across Australia and New Zealand. It shows an improvement with the assessment and management of pain, use of nerve blocks and the management of cognition. Time to surgery has also decreased with 81% of patients now receiving surgery within 48 hours.

Areas identified as needing more work include theatre delays relating to anticoagulation and medical stability. New variables reported in the 2020 annual report include assessment of nutrition, and mortality data.

The 2020 Australian States and Territories Supplementary Report is also available and allows interstate comparisons of performance of hip fracture care.

Both documents are available on <https://anzhfr.org/reports/>





In the Limelight – Tasmanian Hip Fracture Pathway

Tasmania has had 3 major teaching hospitals running under a statewide health service, each dealing with hip fractures under local guidance. This had created some variability in outcome. Different models of care existed due to the lack of full time orthogeriatric services in 2 of the areas. A statewide hip fracture pathway was identified as a means to upskill staff and standardise practice statewide.

HIPFEST as a catalyst for change...

By bringing together interdisciplinary teams from across the state, the inaugural Hip Fracture Festival (HIPFEST) in 2019 helped to identify some early and longer term goals. The early goal was to create a statewide emergency department hip fracture pathway. The longer term goal was to develop a statewide inpatient hip fracture pathway and to have all sites registered with the Australia and New Zealand hip fracture registry. There had been one previous failed attempt to create an Emergency department hip fracture pathway in 2014.

At the time of HIPFEST 2019, the Emergency department and Orthopaedics units at Launceston General hospital were already in discussion about the design of an Emergency hip fracture pathway. Brainstorming sessions at the hip fracture festival allowed the key stakeholders to discuss benefits of adopting and adapting this pathway. Over the following 3 months, momentum was used to engage stakeholders. A pathway was created, based on existing hip fracture pathways around the country, hip fracture guidelines, best evidence-based care and Hip fracture clinical care standards. Collaboration between units across hospitals and the willingness to adopt change quickly were highlights of the process.

Within 4 months of the hip fracture festival a pathway had been authorised for use within the state. This is a great testament to the willingness of stakeholders to work together towards a single goal and this enhanced level of collaboration is now driving the development of part 2, the statewide inpatient hip fracture pathway. The achievement of these two goals is very significant. Tasmania will now be the only state to have a unified statewide hip fracture pathway. Here's hoping to updating everyone next time with our complete inpatient pathway.

Dr Anand Kumar, Staff Specialist Geriatrician, Royal Hobart Hospital, Tasmania

NUTRITION AND FASTING – pathway includes the use of preoperative carbohydrate drink, Dex™, and now allows for clear fluids to be given up to 2 hours pre operation.

PAIN MANAGEMENT-local analgesic fascia iliaca blocks are now standardised around the state with same drug and dosing tables to simplify regimens and improve safety.

PATIENT FLOW - the pathway also allows for direct admission to the ward if all components of the pathway are complete to improve patient flow.



Team Tasmania!

Upcoming Event

Fragility Fracture Network Regional Expert Meeting 2020

The Fragility Fracture Network Regional Expert Meeting is a virtual meeting which will be held on the 24-25th October 2020 and includes speakers from the ANZHFR Steering committee, Dr Hannah Seymour and Dr Jack Bell. The meeting also includes a breakout session presented by ANZHFR co-chair Prof Jacqui Close.

This meeting will discuss how best to rise to the challenge of prevention and management of fragility fractures in the Asia-Pacific region, building on four pillars:

- multidisciplinary co-management of the acute fracture episode, especially hip fractures
- excellent rehabilitation to restore maximum function and quality of life
- secondary prevention after every fragility fracture, addressing both osteoporosis and falls
- multidisciplinary national alliances that can achieve necessary changes in healthcare policy

For more information about the Fragility Fracture Network, click here: <http://www.fragilityfracturenetwork.org>

Registration is free and includes automatic membership of the global FFN. To register, please use the following link: <https://ffnregionalmeetings.online-event.co/registration/scimentum-fragility-fracture->





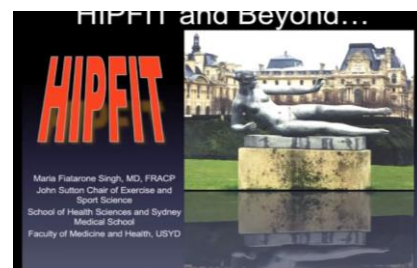
New Uploads - ANZHFR Lecture Series 2020

The ANZHFR have been busy producing a series of lectures in 2020 in lieu of the state-based Hip Fests. We are continuously uploading new lecture content which can be accessed via the ANZHFR YouTube channel at any time. Subscribe to the ANZHFR Education & Training YouTube Channel to receive the latest updates in hip fracture care.

The next round of lecture topics are listed below:

1. **Role of echo in the anaesthetic management of hip fracture.** Dr Matt Beech, Staff Specialist Anaesthetist, Gold Coast University Hospital, Queensland.
2. **An introduction to the Fragility Fracture Network.** Mr Paul Mitchell, Adjunct Senior Lecturer at University of Notre Dame, Australia and Chair of the Communications Committee, Fragility Fracture Network.
3. **When not to operate and when to palliate- a shared care approach.** Dr Hannah Seymour, Geriatrician, Fiona Stanley Hospital, Western Australia.
4. **ANZHFR Ethics and Governance.** Ms Elizabeth Armstrong, Manager, Australian Hip Fracture Registry.
5. **Data quality in the ANZHFR.** Ms Elizabeth Armstrong, Elizabeth Armstrong, Manager, Australian Hip Fracture Registry.

6. **Bone Protection Medication Upon Discharge.** Dr Bianca Wong, Geriatrician, Lyell McEwin Hospital, South Australia.
7. **Malnutrition and Hip Fracture- SIMPLE nutrition care.** Dr Jack Bell, Dietitian, The Prince Charles Hospital, Queensland.
8. **Bone Health after Hip Fracture.** Dr P.K Shibu Nair, Geriatrician, Queen Elizabeth Hospital, South Australia.
9. **HIPFIT and Beyond.** Prof Maria Fiatarone Singh, Geriatrician, The University of Sydney, New South Wales.

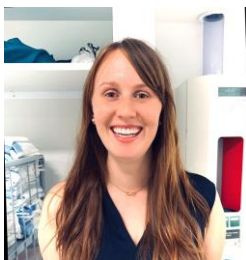


We look forward to bringing you more topics in the coming months. The presentations are also available on the ANZHFR website by clicking here: <https://anzhfr.org/reports/>

Changes and additions to the ANZHFR Team...

Karen Lee, ANZHFR Project Officer, has left the Registry to prepare to welcome her first child. From all of us here at the Registry we wish Karen and her family all the best in this new season of life.

Some new faces have joined the ANZHFR. Our new staff members will continue with some of the ongoing Registry tasks and will also take on some new initiatives. Our staff will all be working part-time and endeavour together to provide continuity and support to all users of the Registry.



Niamh Ramsay is a resident medical officer at Prince of Wales Hospital. With a background in biomedical science and research, her role will focus predominantly on analysis and publication of the hip fracture registry data as well as support of current online activity and reporting.



Jamie Hallen is a senior physiotherapist with a Masters of Public Health (UNSW). She has extensive clinical experience in the care of older people and has been the South Eastern Sydney Local Health District Falls Prevention Coordinator since 2014.

Narelle Payne is a physiotherapist with a Masters of Public Health with experience in rehabilitation, health promotion and fall prevention. Since 2014, she has been a research assistant at NeuRA Falls and Balance Injury Research Centre.



...and some familiar faces remain



Stewart Fleming
Database
Webmaster



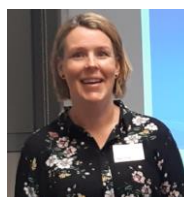
**Professors
Jacqueline Close &
Ian Harris** –
ANZHFR Co-Chairs



**Elizabeth
Armstrong** –
ANZHFR Manager



Linda Roylance –
Administrative
Assistant



Nicola Ward –
ANZHFR New
Zealand
Co-ordinator



Publications of the Month

Clinical Frailty Scale is a good predictor of mortality after proximal femur fracture - A cohort study of 30-day and one-year mortality. Siddarth Narula, Adam, Lawless, Peter d'Alessandro, Christopher W. Jones, Piers Yates, Hannah Seymour. Published Online: Bone & Joint Open Vol. 1, No. 8, 1 Aug 2020

This study provides new evidence for utilising the Clinical Frailty Scale in predicting mortality post proximal femur fracture. It may help reduce age related bias influencing surgical decision making. <https://doi.org/10.1302/2633-1462.18.BJO-2020-0089.R1>

Clinical effectiveness of denosumab, raloxifene, romosozumab, and teriparatide for the prevention of osteoporotic fragility fractures: A systematic review and network meta-analysis. E.L.Simpson, Marrissa Martyn-St James, Jean Hamilton, Ruth Wong, Neil Gittoes, Peter Selby, Sarah Davis. Bone, Volume 130, January 2020, 115081

This article assesses the effectiveness of four non-bisphosphonates for the treatment of osteoporosis. Outcomes showed a reduction in fractures and changes to bone mineral density. <https://doi.org/10.1016/j.bone.2019.115081>

The effects of COVID-19 on perioperative morbidity and mortality in patients with hip fractures- a multicentre cohort study. Babar Kayani, Elliot Onochie, Vijay Patil, Fahima Begum, Rory Cuthbert, David Ferguson, Jagmeet S. Bhamra, Aadhar Sharma, Peter Bates, Fares S. Haddad. The Bone and Joint Journal. 7 Jul 2020

The objectives of this study were to establish the effects of COVID-19 on perioperative morbidity and mortality, and determine any risk factors for increased mortality in patients with COVID-19 undergoing hip fracture surgery. <https://doi.org/10.1302/0301-620X.102B9.BJJ-2020-1127.R1>

Asia Pacific Fragility Fracture Alliance Primary Care Physician (PCP) Education Toolkit is a new comprehensive educational asset to arm primary care physicians with a host of materials and templates to enable the planning and execution of two, hour long workshops. These workshops will arm the PCP with resources to aid in identification, assessment and ongoing management of those at risk of fractures, and thereby improve the safety and quality of patient care.

Download the Toolkit at <https://apfracturealliance.org/education-toolkit/>

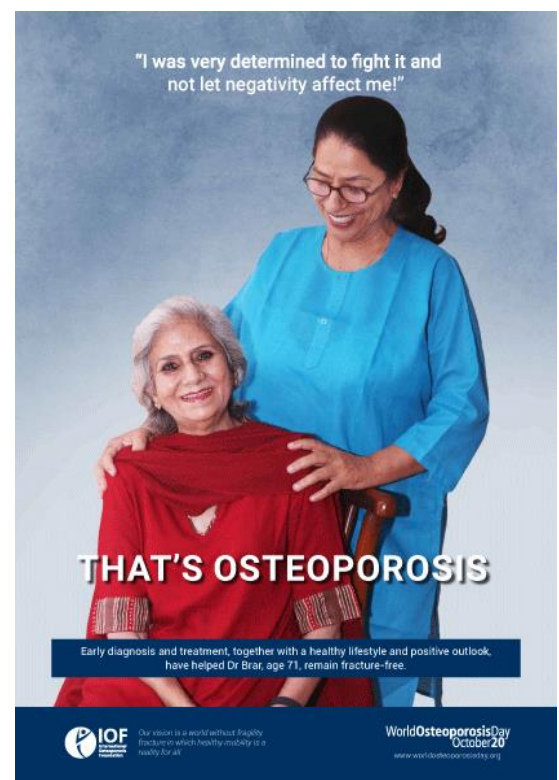
20 October 2020: World Osteoporosis Day

World Osteoporosis Day (WOD), on October 20 each year, marks a year-long campaign dedicated to raising global awareness of the prevention, diagnosis and treatment of osteoporosis. WOD aims to make osteoporosis and fracture prevention a global health priority by reaching out to health-care professionals, the media, policy makers, patients, and the public at large.

KEY MESSAGES OF WORLD OSTEOPOROSIS DAY 2020

- Osteoporosis is the underlying cause of painful, debilitating, and life-threatening broken bones known as fragility fractures.
- Osteoporosis is a growing global problem: worldwide, fractures affect one in three women and one in five men over the age of 50.
- Osteoporosis affects families-family members often bear the burden of care.
- If one of your parents had osteoporosis or hip fractures, this may increase your own risk of developing the disease. Take the IOF Osteoporosis Risk Check to identify your risk factors.
- At risk? Be sure to request a bone health assessment-take early action for prevention!
- Bone health concerns the entire family-ensure your family maintains a bone healthy lifestyle.

For more information and to download resources, visit <http://worldosteoporosisday.org/>



WorldOsteoporosisDay
October20