



# ANZ Hip Fracture Registry

Enhancing Outcomes  
for Older People

Issue 34, March 2021

## The News in Brief

Welcome to the first ANZHFR Newsletter for 2021. Patient numbers continue to increase across both sides of the Tasman. The Registries have a combined total of 57,773 records from both countries as at March 2021. This newsletter will provide an update on participation across both countries. We share in the good news of the inaugural medal for leadership excellence recently bestowed on our Registry Co-Chair, Professor Ian Harris. We hope you will also enjoy discovering some exciting national and international resources and initiatives designed to enhance our care of hip fracture patients.

These include new clinical practice standards for osteoporosis, Commonwealth DOH Registry Strategy and the Better Care Everywhere program which addresses healthcare variation and what we can do about it. There are also many great education opportunities highlighted to put in your calendar! We would like to thank all the clinicians and other staff involved in continuing the work of the Registry despite the trying circumstances of 2020. We hope you are all staying safe and well and that we will soon be able to meet in person once more.

## Update on Implementation in New Zealand & Australia

Participation has been steady across Australia and New Zealand.

### New Zealand

The New Zealand Hip Fracture Registry has 12,649 records as at March 2021. 21 of 22 hospitals have ethics and locality approval to contribute data. We are pleased to announce all approved hospitals have regularly contributed data to the Registry.

### Australia

The Australian Hip Fracture Registry has 45,124 records as at March 2021. 78 hospitals have completed ethics and governance approvals to contribute data. Another 3 hospitals are part way through review. Once approved, 80% of Australian hospitals will have approval.

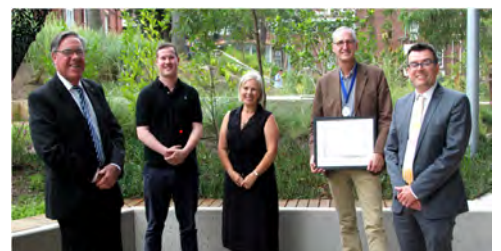
## Congratulations Professor Ian Harris

Recently, the ANZHFR Co-Chair, Professor Ian Harris, was awarded the inaugural Daniel Comerford Medal for 2020. The medal was presented by Professor Brian McCaughan AM, Chair of the Board for the Agency for Clinical Innovation.

The Medal was created to honour the lifetime achievements and commitment of Dan Comerford, colleague, leader and friend to many, who passed away in 2019. Dan was a highly regarded and inspiring leader, known for his passion for improving both the patient and staff experience across NSW. These attributes became the hallmark of The Daniel Comerford Medal.

To support the award, the ACI established a panel of senior staff from the health system to nominate candidates who met the criteria for the award, demonstrating both extraordinary leadership and strong commitment to improving the health outcomes of the people of NSW.

Professor McCaughan expressed his delight in presenting this medal to Professor Harris - "Ian Harris is a worthy recipient of such an award. As a practicing orthopaedic surgeon and an academic who combines these interests to demonstrate what constitutes effective treatment for patients. I have witnessed Ian's approach as part of the Unwarranted Clinical Variation Taskforce, drawing on his clinical experience and research to examine low value care procedures. He has worked to reduce the rates of knee arthroscopy in NSW which have no proven benefit for many patients. Ian has been co-chair of ACI's Musculoskeletal Network since 2017. This is exactly the work that Dan would have advocated for."

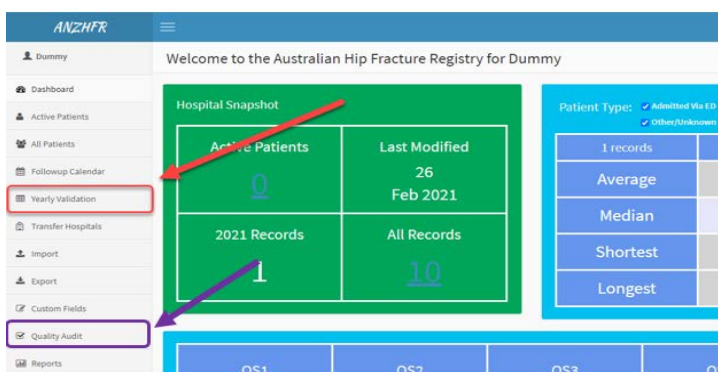




## ANZHFR Reporting Reminders

### Data Quality Audit Tool

The **Data Quality Audit** Tool was launched at the end of 2020. To date, 18 hospitals in Australia and 5 in New Zealand have used the audit tool. The DQT is optional to use, and while auditing ANZHFR data is a valuable and worthwhile activity on its own, its purpose is to help users undertake a data quality check prior to the end of the reporting year. Your selected records will be available for audit using the Data Quality Tool up until the COB 31st March 2021. So, there is still an opportunity to check your data entry prior to the annual report. You can access the Data Quality Tool via your dashboard as seen below.



### Data close date: 2020 Patient Level Audit

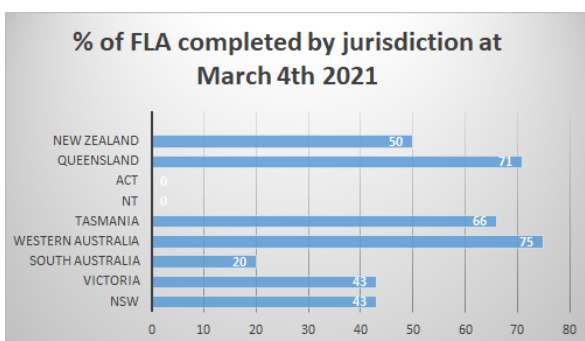
The time is drawing near when the Registry will close the 2020 data and start compiling the 2021 Bi-National Report. Friday, 7th May 2021 is the last day for 2020 Patient Level Audit data to be entered or edited in the ANZHFR. Changes to 2020 data after this date will not be included in the 2021 Annual Report.

We encourage you to check your patient level data for outliers using the Dashboard, and the **Yearly Validation** menu item on the Registry database (see above). The link below will take you to a YouTube video on how to use the Yearly Validation. <https://youtu.be/sXNVpmSe53k>

### Facility Level Audit

The Facility 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 patients in the 2020 calendar year. It will take no more than 5 minutes if familiar with the hip fracture service at your hospital. Thank you to all sites who have completed the Facility level Audit to date.

If you have not yet managed to complete the facility level Audit, we encourage you to do so as soon as possible. If you have any questions, please contact the ANZHFR.



The ANZHFR acknowledges this is an extra busy time of year for reporting and we thank all our users for their hard work and commitment to the Registry. We look forward to releasing an informative and useful 2021 Annual Report for you in September. The data you collect and submit to the Registry makes a significant contribution to the improvement of care for older people with hip fractures. We greatly appreciate your efforts. If we can be of any assistance with these tasks, please contact us via email at [clinical@anzhfr.org.au](mailto:clinical@anzhfr.org.au)

## Publications of the month

**Patient and hospital factors influencing discharge destination following hip fracture.** Tayah Ryder, Jacqueline Close, Ian Harris, Ian D. Cameron, Hannah Seymour, Elizabeth Armstrong, Jack Bell, Sarah Hurring, Rebecca Mitchell, on behalf of the ANZHFR Steering Group. *Australasian Journal of Ageing* 2020;00:1–10.

The objective of this retrospective analysis of ANZHFR data was to compare demographics, treatment and health outcomes for individuals aged ≥50 years hospitalised with a hip fracture from 2015 to 2018 (n = 29 881) and examine predictors of post-acute discharge destination. Advancing age, impaired cognition, reduced walking ability and poorer pre-operative health were predictors for discharge to residential aged care. Odds of discharge to a rehabilitation unit were higher for individuals with extracapsular fractures, treated at major trauma centres or at hospitals with home-based rehabilitation. Individuals in rural areas had higher odds of discharge to another hospital or ward. In addition to well-known demographics, injury and treatment factors, non-clinical factors including geographic area of residence also affect discharge destination. <https://doi.org/10.1111/ajag.12905>

**Twelve month mortality rates and independent living in people aged 65 years or older after isolated hip fracture: A prospective registry-based study.** Melita J. Giummarra, Christina L. Ekegren, Jennifer Gong, Pamela Simpson, Peter A. Cameron, Elton Edwards, Belinda J. Gabbe. *Injury*, Volume 51, Issue 2, 2020, pp420-428

It is important to understand recovery outcomes in large, representative samples of the population to implement strategies to better identify patients at risk of poorer outcome, and target appropriate interventions to benefit the whole clinical population. In this sentinel registry-based cohort study of 4,912 older adults, the researchers evaluated mortality rates and functional outcomes up to 12 months after isolated hip fracture and investigated the demographic, clinical and injury-related factors associated with those outcomes. There was a higher rate of mortality and lower odds of living independently in patients who had characteristics indicative of greater frailty, poorer health and reduced independence prior to injury. <https://doi.org/10.1016/j.injury.2019.11.034>





## Australian and New Zealand HIPFests 2021



Thank you to everyone who contributed suggestions for our HIPFest content via the Your Say survey. We received 41 responses which were a great help in identifying topics for inclusion at these events.

New Zealand had to make a recent change to their planned face-to-face HIPFest, due to the evolving COVID situation. Thus, the "From Fixed to Rehab" HipFest scheduled for Wednesday March 24th at Middlemore Hospital, Auckland, will now be conducted as a virtual event on the same day between 1000 and 1500 hours NZDT. Presentations will cover Cognition and Delirium, Importance of Mobilisation and Nutrition, along with workshops on "Using the ANZHFR data to improve care". Our New Zealand members have been informed about this change. However, if you somehow did not receive the information you can still register up until Friday 19th March by sending an email to Nicola Ward – NZHFR National Coordinator at [nicola.ward@bopdnhb.govt.nz](mailto:nicola.ward@bopdnhb.govt.nz)

The second New Zealand HipFest will be held on Wednesday 26th May. Further details to come soon.

Australia will hold its first virtual 2021 HIPFest on Friday, May 7th. Attendance will be via ZOOM and the meeting will run from 1230 - 1500 AEST. The presentations will include a case study and panel discussion on the issue of Anti-coagulants and Surgery. Other topics are Delirium Prevention and Management, Pre-operative medical management, Pain Management, and Bone Protection. Stewart Fleming, ANZHFR webmaster, will provide an update to help you navigate the Registry and use its many functions to get the most out of your data, a key component of improving hip fracture care. The program is currently being finalised and will be circulated soon to all newsletter subscribers. However, early registration is available by using this ZOOM registration link [https://us02web.zoom.us/webinar/register/WN\\_VNrMlzTIS-WpCM-xqb57Rg](https://us02web.zoom.us/webinar/register/WN_VNrMlzTIS-WpCM-xqb57Rg)

Thank you to the planning committees of the state- and island- based HIPFests for organising these events.

## Prevention of Fall Related Injuries Launch Webinar - Centre of Research Excellence

The CRE - Prevention of Fall Related Injuries brings together a diverse team of researchers who collaboratively develop and evaluate strategies in fall prevention that will have the best chance of reducing Australia's rising rate of fall-related injuries. This team strives to extend the knowledge base by linking with stakeholder groups to co-create, implement, scale-up and evaluate strategies designed to reduce fall-related injuries and to support and guide implementation of evidence-based falls prevention strategies into policies, practices, and programs.

The team members undertake research that involves the development and testing of new approaches to falls related interventions which aim to -

- Identify the most effective and cost-effective solutions to preventing fall-related injuries.
- Co-design fall-injury prevention interventions and implementation strategies.
- Evaluate implementation of evidence-based fall prevention interventions.
- Test new pragmatic fall-injury prevention interventions.

Discover more about the CRE-Prevention of Falls Injuries [HERE](#)

A launch webinar for the CRE-Prevention of Fall Related Injuries will be held on Friday 26th March 2021 at 9am. Speakers will include ANZHFR Co-Chair, Professor Jacqueline Close, Professor Cathie Sherrington, Professor Maria Crotty and the Honourable Pru Goward.

Registration is free and can be completed via

<https://www.eventbrite.com.au/e/cre-launch-webinar-tickets-143017082945>



Professor Jacqui Close



Professor Maria Crotty



Professor Cathie Sherrington





## National and international resources and initiatives

### Launch of first pan-Asia Pacific minimum clinical standards for the screening, diagnosis & management of osteoporosis

The Asia Pacific Consortium on Osteoporosis (APCO) has launched the first pan-Asia Pacific clinical practice standards for the screening, diagnosis, and management of osteoporosis. Published in Osteoporosis International, 'The APCO Framework' comprises 16 minimum clinical standards set to serve as a benchmark for the provision of optimal osteoporosis care in the region. The APCO Framework offers readily accessible clinical practice guidelines that define:

- Individuals to be identified for assessment;
- Investigations required;
- Relevant indications for treatment;
- Appropriate selection of interventions to be made;
- The guidance and information patients need for self-care;
- Integration of healthcare systems for optimal provision of care
- Need, and methods for monitoring and improving the quality of osteoporosis care

Download The APCO Framework at  
[www.apcobonehealth.org/apco-framework](http://www.apcobonehealth.org/apco-framework)

To learn more, visit [www.apcobonehealth.org](http://www.apcobonehealth.org)  
or email [secretariat@apcobonehealth.org](mailto:secretariat@apcobonehealth.org).



### National Clinical Quality Registry and Virtual Registry Strategy released by Australian Commonwealth Department of Health

This Strategy is being led in partnership with the Australian and State/Territory governments, together with the Commission, the Australian Institute of Health and Welfare (AIHW), and an Expert Advisory Group.

Clinical quality outcomes data is a critical component of a continuously improving health care system. The integration of health outcomes data with national, state and territory health care datasets will help drive systematic improvements in clinical practice and ensure the best value care for all Australians. The National Clinical Quality Registry and Virtual Registry Strategy aims to drive continuous improvements in the value and quality of patient-centred health care to achieve better health outcomes. The Strategy outlines a set of agreed national priorities and actions to be implemented over a 10-year period. The ANZHFR is cited as an example of hospital-level reporting on Page 18!!

Click  
[HERE](#)  
to read the  
National Clinical Quality  
Registry  
and Virtual Registry  
Strategy



### Australian Commission on Safety and Quality in Health Care - Better Care Everywhere program series

#### Healthcare variation – why does it happen and what can we do about it?

ANZHFR partner, the Australian Commission on Safety and Quality in Health Care, have developed the Better Care Everywhere: Healthcare variation in practice program series which will answer these questions and more. This is the first program of its kind dedicated to reducing unwarranted variation in clinical care across Australia.

The program features five webinars and 15 leading experts discussing the key drivers of healthcare variation and how to identify, investigate and address unwarranted healthcare variation. The webinars will explore why Australians aren't getting the same care everywhere, how to prevent opioid prescribing problems, practical tips for vanishing variation, and using the NSQHS Standards User Guide for the Review of Clinical Variation in Health Care as a roadmap to better care.

Visit the Program Series Webinar archives [HERE](#) for recordings of past events. Access to the archives is free and a great way to review session tips or check out webinars that you have missed. Attendees will be provided a certificate of attendance upon request to claim self-reported CPD points from their professional college.

Professor Jacqui Close has recorded a presentation in the series - **A case study in driving change: The ANZHFR**  
Click to view [https://www.youtube.com/watch?v=j\\_bC9NRXjUM&list=PLhp7VzGsl66mlsb-dynS0Mie14buQFJ1I&index=3](https://www.youtube.com/watch?v=j_bC9NRXjUM&list=PLhp7VzGsl66mlsb-dynS0Mie14buQFJ1I&index=3)

*Professor Brendan Murphy, Secretary of the Commonwealth Department of Health, launched the online series on Health Care Variation and explained why he feels this is one of the most important issues we can address in health reform.*

[View Professor Murphy's address HERE](#)

#### Webinar topics include

- Same care everywhere? Far from it!
- Stopping the habit: Opioid prescribing in general practice
- Preventing a problem: Opioid prescribing in hospitals
- Vanishing variation: Practical tips for doing more of the same

