

ANZHFR Data Dictionary v14: Summary of changes

Patient-level audit

The changes to the ANZHFR Data Dictionary will apply to patients admitted from 1 January 2022.

Version	Variable #	Description of Change	Previous Value v13	Changes or Additions in v14
14	1.11 Patient Level Audit	<p>NZ ethnic status Changes to coding frame and DD comments in line with HISO Ethnicity Data Protocols 2017</p>	<p>1 European 2 Māori 3 Pacific Peoples 4 Asian 5 Middle Eastern / Latin America / African 6 Other Ethnicity 9 Not elsewhere included</p> <p>DD comments: There is no classification for people who might identify as more than one ethnicity in New Zealand. Statistics NZ has an algorithm that is used to determine primary ethnic status. The double identification is handled by inviting individuals to record up to 3 ethnicities that they identify with. The algorithm is then used to identify a primary ethnicity. The ethnicity that is derived in the NZ hospital system should be used here as this ethnicity will be the primary ethnicity</p>	<p>10 European 11 New Zealand European 12 Other European 21 Māori 30 Pacific peoples not further defined 31 Samoan 32 Cook Islands Māori 33 Tongan 34 Niuean 35 Tokelauan 36 Fijian 37 Other Pacific Peoples 40 Asian not further defined 41 Southeast Asian 42 Chinese 43 Indian 44 Other Asian 51 Middle Eastern 52 Latin American 53 African 61 Other Ethnicity 94 Don't Know 95 Refused to answer 97 Response unidentifiable 99 Not stated</p> <p>DD comments: Patients should be asked to self-identify their ethnicity by asking them 'Which ethnic group or groups do you belong to?' For many patients it will not be possible to ask them this during their hospital admission. Therefore, the ethnicity that is recorded in the NZ hospital system should be used. The accuracy of ethnic group(s) can then be clarified at the 120 day follow up phone call. The collector must not limit the number of ethnicities given. Decisions around reporting of ethnic groups will be made in consultation with NZOA Nga Rata Koiwi representative on the NZIMC (New Zealand Implementation Committee). Collected NZ only.</p>

Version	Variable #	Description of Change	Previous Value v13	Changes or Additions in v14
14	2.13 Patient Level Audit	Pain management Changes to coding frame to clarify options 3 and 4	1 Analgesia given within 30 minutes of ED presentation 2 Analgesia given more than 30 minutes after ED presentation 3 Analgesia provided by paramedics 4 Analgesia not required 9 Not known	1 Analgesia given within 30 minutes of ED presentation 2 Analgesia given more than 30 minutes after ED presentation 3 Analgesia not required – already provided by paramedics 4 Analgesia not required – no pain documented on assessment 9 Not known
14	3.06 Patient Level Audit	Bone Protection Medication on admission Coding frame option 2 changed to include romosozumab	Did not include romosozumab (newly approved treatment for osteoporosis)	2 Yes - Bisphosphonates, denosumab, romosozumab or teriparatide (with or without calcium and/or vitamin D)
14	4.05 Patient Level Audit	Type of anaesthesia Change to coding frame	Coding frame option 2 was blank	Coding frame option 2 deleted
14	4.11 Patient Level Audit	First day mobilisation Changes to DD comments	Mobilised means the patient was sat out of bed and given the opportunity to start mobilising on day 1 post hip fracture surgery. Mobility may include getting in/out of bed, standing up from a chair and/or walking.	This means the patient was given the opportunity to start mobilising on day 1 post hip fracture surgery. Mobilising may include transferring in/out of bed, stepping or walking.
14	4.16 Patient Level Audit	Bone Protection Medication on discharge from acute hospital Coding frame option 2 changed to include romosozumab	Did not include romosozumab	2 Yes - Bisphosphonates, denosumab, romosozumab or teriparatide (with or without calcium and/or vitamin D)
14	7.07 Patient Level Audit	Bone protection medication at 120-day follow-up Changes to coding frame numbering as incorrect and option 2 changed to include romosozumab	0 No bone protection medication 5 Yes - Calcium and/or vitamin D only 6 Yes - Bisphosphonates, denosumab or teriparatide (with or without calcium and/or vitamin D) 9 Not known	0 No bone protection medication 1 Yes - Calcium and/or vitamin D only 2 Yes - Bisphosphonates, denosumab, romosozumab or teriparatide (with or without calcium and/or vitamin D) 9 Not known

ANZHFR Data Dictionary v14: Summary of changes
Facility-level audit

Version	Variable #	Description of Change	Previous Value v13	Changes or Additions in v14
14	12.06 Facility Level Audit	Hip fracture data collector New variable – Who currently collects the data?	n/a	1 Orthopaedic surgeon 2 Geriatrician 3 Fracture Liaison Coordinator 4 Dedicated Neck of femur nurse/coordinator 5 Specialist orthopaedic nurse 6 Research nurse / coordinator 7 Allied Health 8 Other (Please specify) 9 Not applicable
14	12.07 Facility Level Audit	Hip fracture data entry New variable – Does the same person who collects the data enter it into the database/Registry?	n/a	0 No 1 Yes 9 Not applicable
14	12.08 Facility Level Audit	Time taken data collection and entry How long do you estimate data collection and entry take per patient, excluding 120-day follow-up?	n/a	1 Less than 30 minutes per patient 2 30 minutes per patient 3 45 minutes per patient 4 60 minutes per patient 5 75 minutes per patient 6 >75 minutes per patient (Please specify) 9 Not applicable
14	12.09 Facility Level Audit	Time taken 120-days If you undertake 120-day follow-up, how long do you estimate data collection and entry take per patient?	n/a	1 Less than 30 minutes per patient 2 30-60 minutes per patient 3 61-90 minutes per patient 4 >90 minutes per patient (Please specify) 9 Not applicable
14	12.10 Facility Level Audit	Sprint audits Would your hospital be interested in participating in future ANZHFR Sprint Audits?	n/a	0 No 1 Yes 2 Maybe
14	12.11 Facility Level Audit	Impact of COVID New variable - Were there any changes in the way older patients with a hip fracture were cared for in your hospital during 2020 due to the impact of COVID-19 on your service?	n/a	0 No 1 Yes

14	12.12-12.24 Facility Level Audit	Impact of COVID on individual Hip Fracture Care Clinical Care Indicators New variables - Considering each of the Hip Fracture Care Clinical Care Indicators, please select the option that best describes how you feel that particular Indicator was impacted by changes due to COVID-19.	n/a	0 Negative impact 1 Positive impact 2 No discernible impact
----	--	--	-----	---