



# ANZ Hip Fracture Registry

## Enhancing Outcomes for Older People

Issue 33, December 2020



### The News in Brief

Welcome to the fourth and final ANZHFR Newsletter for 2020. This Newsletter summarises the continued progress on both sides of the Tasman. Patient numbers continue to increase, with a total of 56,092 records from 98 hospitals. This quarter we ask you to Save the Date for the 2021 Australian and New Zealand Hip Fests. The Newsletter also

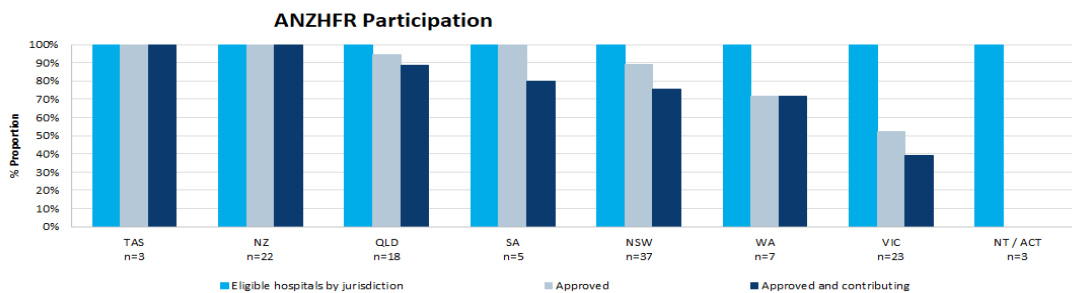
summarises the new version of the ANZHFR Data Dictionary, which will go "live" on 1st January 2021. 2021 will bring a new initiative to help sites audit the quality of their data. Dr Hannah Seymour shares how access to their site-specific 30-day mortality data is proving to be both informative and inspiring for the team at Fiona Stanley Hospital. The ANZHFR would like to wish you a happy, safe and restful holiday period after what has been a very challenging year!

### Update on Implementation in New Zealand and Australia

There has been steady progress in participation on both sides of the Tasman.

The New Zealand Hip Fracture Registry has 12,649 records as at December 2020. 22 hospitals have ethics and locality approval to contribute data and 22 of these are regularly contributing data to the Registry.

The Australian Hip Fracture Registry has 43,443 records as at December 2020. There are now 76 of 96 hospitals that have completed both ethics and governance review to allow participation. Another 6 hospitals are part way through the approval process and it is hoped they will be contributing data in 2021. In 2020, 74 hospitals have regularly contributed data to the Registry.



### Hip Fests 2021

Once again, the ANZHFR is running a series of Hip Fests to harness the collective knowledge of key stakeholders, and to inspire and enable those involved in the provision of hip fracture care. Next year, the ANZHFR will continue to work with local clinicians to provide events to support innovative ways to use data to improve hip fracture care across both countries.

**Australia** is planning a virtual event on **Friday 7th May** and a second event on **Friday 29th October** (format to be confirmed). Please save the dates below for the in-person events to be held in New Zealand.



**New Zealand North Island**  
Wednesday 24th March  
2021 Middlemore Hospital  
Auckland

**New Zealand South Island**  
Tuesday 25th May  
2021 Burwood Hospital  
Christchurch

### Resources Online

The ANZHFR supports collaboration, and the sharing of information and resources to improve hip fracture care. Following on from the Hip Fests, teams have generously shared clinical pathways and other resources and they are available at the ANZHFR website. Click on the Healthcare Professional Resources icon to find examples from around Australia.

Also available in this section of the website are translated versions of the ANZHFR Project Information Pamphlet. The Pamphlet has been translated into 14 languages and all are available for download.

For sites seeking to join the Registry or implement an Orthogeriatric service, a generic business case document has been developed for use in Australia. It follows the previously developed New Zealand version and either document can be adapted for use at your hospital.

To find the online resources, translated project information or business cases go to: <https://anzhfr.org/healthcare-professional-resources/>



## ANZHFR Data Set 2021

### MDS Data Dictionary v13

With a new year comes a review of the ANZHFR Minimum Data Set (MDS) and, in 2021, an opportunity to ensure participating sites have timely access to high quality data.

The new Data Dictionary v13 will apply to all patients admitted from 1 January 2021. Patients admitted for the remainder of 2020 will continue to be recorded using the v12 data set.

### Changes to the Patient-Level Audit in v13 are:

#### Variable 2.13 Pain management

Removal of word 'appropriate' from the variable definition.

#### Variable 3.02 Pre-operative cognitive assessment

Changes to coding frame to ensure consistency of order and terminology between data dictionary, patient level form and database

#### Variable 3.11 Surgical repair

Changes to coding frame to provide additional options for patients not undergoing surgical repair

#### NEW Variable 3.13 Clinical Frailty Scale

Variable name = frailty

This new variable will facilitate risk adjustment for reporting outcomes.

ANZHFR, Dr Hannah Seymour and her team have recently published this paper on the use of the frailty scale.

[CLICK HERE TO READ THIS PAPER](#)

Version 13 of the Data Dictionary can be accessed at the ANZHFR website, along with a summary of the major facility changes.

### Changes to the Facility-Level Audit in v13:

#### Variable 10.10 Delirium tool

What tool is used to assess delirium in hip fracture patients?

#### Variable 10.11 Frailty index

Which tool does your hospital use to assess the frailty status of individual hip fracture patients?

MDS Data Dictionary v13 can be found [HERE](#)

Figure 1: where to find the Quality Audit Tool in 2021

The screenshot shows the ANZHFR dashboard interface. On the left sidebar, the 'Quality Audit' option is circled in red. The main content area is divided into several sections: 'Hospital Snapshot' (Active Patients: 4, Last Modified: 8 Dec 2019, 2019 Records: 1, All Records: 12), 'Patient Type' filters (Admitted Via ED, Transferred In, Inpatient Fall, Other/Unknown), a data table for '1 records' showing metrics like Average, Median, Shortest, and Longest for Time in ED, Time to Surgery, Acute Length of Stay, and Hospital Length of Stay, and a 'Period' selector set to 'This Year' (01/01/2019 to 12/12/2019). At the bottom, there are seven Quality Standards (QS1-QS7) listed.

### ANZHFR Initiatives 2021

Last year the Registry launched the Dashboard and feedback has been tremendously positive. In 2021, the ANZHFR is releasing a data quality audit tool accessible via the Home page when logged into the Registry.

### Quality Audit Tool

Registry data is only useful if it is accurate. Quality audits are often used to check data quality in registries. The new ANZHFR Quality Audit Tool will allow users to audit a randomly selected 10% of the records from the previous calendar year for their site. For high-volume sites, the random selection of records is capped at 25.

Accessing the audit tool is as simple as clicking on the button in the left side menu once logged into the database. Once clicked, the records are randomly selected and a "duplicate" record is created. The original, or primary record, is locked during the audit period but if users need to access the record for any reason, the Tool allows for the selection of an alternative record. The auditor will need to be familiar with the Data Dictionary definitions for each data item and use the source document to re-enter the acute care data. 120 day follow up is not included in the audit. Once the audit has been completed, the number of mismatches is reported.

The tool will be available in January 2021 and is optional to use.

### Key Dates in 2021

**18 January** Quality Audit Tool released

### February 2021

Facility-Level Audit will commence. Site contacts will receive an email asking for the survey to be completed.

### April 2021

Facility Level Audit will close. Follow-up will commence for sites that have not submitted the survey.

### 7th May 2021

LAST DAY for 2020 patient level audit data to be entered to the ANZHFR for inclusion in the 2021 Annual Report.

I have created an explainer video to help you to navigate the Quality Audit Tool. The video will be available when the Quality Audit Tool is released on the 18th January

If you have any questions about the Quality Audit Tool, please contact [clinical@anzhfr.org](mailto:clinical@anzhfr.org)

Stewart Fleming  
Database  
Webmaster



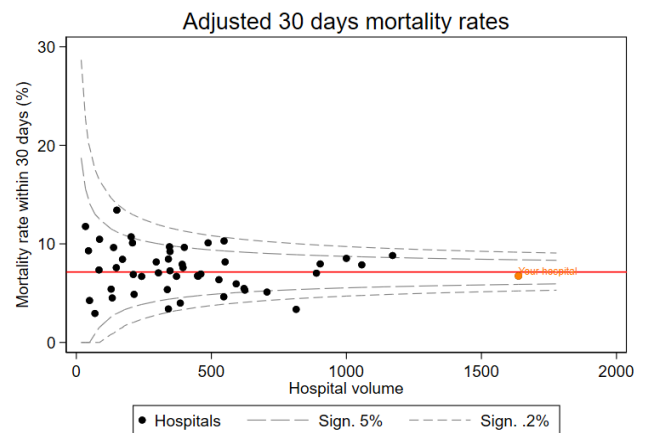


## In the Limelight : 30-day mortality data

I was so excited that we finally have 30 day linked mortality data for our Hip Fracture patients. Why? We spend so much time finessing our pathway of care here at Fiona Stanley Hospital. We robustly debate the minutiae of whether tranexamic acid should be given in two doses or one, when to operate on a complex patient – wait a day or crack on, which analgesia to give – stick with Targin or move to Tapentadol and sometimes whether to operate or palliate a patient. Ultimately though it's about the "TOTAL" care – and that is hard to measure without complete follow up. I have often worried that with a very short length of acute stay we are discharging people too soon and they have poor outcomes. Ultimately accurate thirty day mortality – with some adjustments for complexity – is the best outcome measure we have at the moment that reflects our "total" care. So to see the Australian average 30 day mortality at less than 7% is so reassuring – overall care in Australia is very comparable with other countries with similar populations like the UK. Of course some smaller sites will bounce around within the funnel plot but having that information allows us to continue to work on the minutiae while knowing with confidence that our overall care is leading to a low overall 30 day mortality rate which IS a robust measure of perioperative care.

Dr Hannah Seymour,

Consultant Geriatrician, Fiona Stanley Hospital, Western Australia



## Publications of the Month

**Longitudinal changes in physical activity levels and fear of falling after hip fracture** Tu CY, Shields N, Gill SD, Tacey M, Lindner C, Hill KD. *Physiother. Res. Int.* 2020; *ePub(ePub): ePub.*

This longitudinal observational study examined changes in physical activity levels and fear of falling at 2 weeks, 6 months and 12 months post-surgery in people after hip fracture who return home after inpatient rehabilitation. Although fear of falling and physical activity improved in the 6 months following discharge, both remained negatively affected compared to normative data.

**Discharge after hip fracture surgery by mobilisation timing: secondary analysis of the UK National Hip Fracture Database** Sheehan KJ, Goubar A, Almilaji O, Martin FC, Potter C, Jones GD, Sackley C, Ayis S. *Age and Ageing* 2020; 1–8

This study of 135,105 patients, 60 years or older, who underwent hip surgery, aimed to determine whether mobilisation timing was associated with the cumulative incidence of hospital discharge by 30 days after hip fracture surgery, accounting for potential confounders and the competing risk of in-hospital death. Early mobilisation led to a 2-fold increase in the adjusted odds of discharge by 30-day postoperatively

## Thank-you from the ANZHFR

Due to COVID-19, all of our 2020 HipFests were cancelled. We have been very fortunate to have a wonderful team of presenters who have shared their expertise in a virtual format. The ANZHFR would like to thank the following people for giving their time this year:

Dr Saqib Zafar, Orthopaedic Surgeon, Nepean Hospital  
Dr Lara Kimmel, The Alfred Hospital  
Associate Professor Marinis Pirpiris,  
Professor Ian Harris, ANZHFR Co-Chair  
Dr Agnes Yuen, Haematologist, Monash Health  
Mr Peter Moules, Registered Nurse, Wollongong Hospital  
Dr Matthew Beech, Gold Coast University Hospital  
Professor Jacqueline Close, ANZHFR Co-Chair  
Mr Paul Mitchell, Senior Lecturer, University of Notre Dame  
Dr Hannah Seymour, Geriatrician, Fiona Stanley Hospital  
Ms Elizabeth Armstrong, ANZHFR Manager  
Dr Bianca Wong, Geriatrician, Lyell McEwin Hospital  
Dr Jack Bell, Dietitian, The Prince Charles Hospital  
Dr P.K. Shibu Nair, Geriatrician, Queen Elizabeth Hospital  
Professor Maria Fiatarone Singh, Geriatrician, University of Sydney  
Ms Stephanie Thornton, Registered Nurse, Alice Springs Hospital  
Dr Sean McManus, Anaesthetist, ANZCA  
Dr John Barry, Anaesthetist, Cairns Base Hospital

All recorded presentations can be viewed by clicking [HERE](#)