ANZ Hip Fracture Registry
Enhancing Outcomes for Older People
Issue 35, June 2021

The News in Brief

Welcome to the ANZHFR mid-year newsletter.
Australia and New Zealand have had a busy first half of the year and have been able to enjoy the educational opportunities afforded by our virtual and in-person HIPFests, which are highlighted in this edition.

In this newsletter the ANZHFR will introduce the upcoming Nutrition Sprint Audit and guide users in how to participate. For new users to the Registry, or just as a reminder, we also highlight a previous innovation, the My Hip Fracture Guide.

We have received positive feedback about the My Hip Fracture Guide and we are always interested to learn how sites are incorporating it into their hip fracture service. The Guide is now even easier to use with a new QR code access feature.

The Fragility Fracture Network is planning an exciting Global Congress in September 2021 so take a look at the program details in this newsletter and plan to register by 31st July to take advantage of Earlybird rates.

Coming soon: ANZHFR's first Sprint Audit

We are very excited to tell you that the ANZHFR will commence the first Sprint Audit this year. A Sprint Audit involves additional questions/variables that are temporarily added to the routine registry data collection. Sprint Audits allow us to get a 'close up' view of one aspect of care in a short period of time.

In this case, the audit aims to better understand the current provision of nutrition care to patients with a hip fracture in Australia and New Zealand. Nutrition care is one of the most commonly raised topics across our HIPFests and other activities. We now know that malnutrition is one of the strongest predictors of adverse outcomes after hip fracture, including mortality and treatment costs.

Undertaking this sprint will provide better understanding of nutrition care in the acute period and will inform specific nutrition initiatives to improve patient outcomes after hip fracture.

Each site which participates will be asked to answer five additional questions for a maximum of fifteen (15) consecutive eligible patients or all consecutive patients over a one (1) month period if 15 cannot be achieved. We expect the burden of participation to be approximately 5-10 minutes per patient.

There are also five additional questions on facility-level activities and these questions only need to be answered once for each site.

Unfortunately, current ethics approval in Queensland does not allow for the audit to be completed by participating QLD hospitals.

The Sprint Audit will run between 1st August 2021 and 31st August 2021. Participation is voluntary.

Please contact Jamie Hallen on +612 9399 1132 or via email j.hallen@neura.edu.au (Australia) or Nicola Ward Nicola.ward@bopdhb.govt.nz (New Zealand)for more information or to indicate willingness to participate.

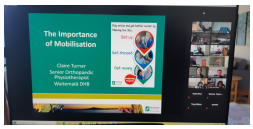
The Australian and New Zealand Hip Fracture Registry initiative will improve outcomes through: development of national guidelines and quality standards for care of hip fracture sufferers; establishment of National Hip Fracture Registries that will benchmark quality of care delivered by hospitals against professionally-defined standards; and by sharing best practice through this newsletter, the website and at events in both countries.

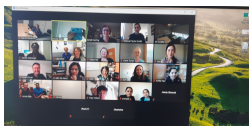
ANZ Hip Fracture Registry

Enhancing Outcomes for Older People

Successful HIPFests held in New Zealand & Australia

The first of New Zealand's HIPFests for 2021 was changed to a virtual conference due to a Covid outbreak in Auckland. Held on Wednesday the 24th March, it was attended by 13 DHB's. The second face to face HIPFest occurred on Tuesday 25th May in Christchurch with 50 attendees from 11 DHB's from both the North and the South islands.
The attendees enjoyed presentations from a wide variety of disciplines including geriatricians, physiotherapy and dieticians coving delirium, early mobilisation, and nutrition topics. The latter part of the day had 3 DHB staff sharing projects of improved hip fracture care driven by the ANZHFR data with focus on improving discharge to aged residential care, pain management in ED and the difference starting a geriatric service makes. Feedback expressed the joy of being able to network and learn from other centres.





Australia's first virtual HIPFest for 2021 was held on Friday the 7th May. Over 200 attendees logged into the 2.5 hour webinar. They enjoyed presentations from specialists in various fields including geriatricians, anaesthetists, haematologist, orthopaedic surgeons, nursing and allied health.

Orthopaedic surgeon, Professor Ian Harris, led an expert panel discussion in the use of anti-coagulants in hip fracture patients. Geriatrician, Professor Jacqueline Close, brought attendees up to date on recent delirium research and practical strategies for minimising and managing delirium. Stewart Fleming, ANZHFR Webmaster, gave an overview of the Registry functions. Clinical Nurse Specialist, Kate Polain, shared her experience developing a strong multi-disciplinary team in a regional setting. Anaesthetist, Dr Richard Halliwell, discussed regional and systemic analgesia and optimising general anaesthesia. Geriatrician, Dr Chrys Pulle, discussed his hospital's work on improving performance on bone protection.

Attendees were able to actively engage with questions during the webinar. "Your Questions Answered" audio and video episodes are available on the ANZHFR website and through your podcast directory on the Hipcast channel."

To learn more about the latest updates in hip fracture care, please subscribe to the ANZHFR Education & Training YouTube Channel. The videos can also be accessed via the ANZHFR website.
ANZHFR You Tube Channel

Feeling out of the loop? There are now more ways than ever to stay up to date on all things hip fracture related:

Listen to Hipcast - Our new podcast titled Hipcast provides your commutes with company from some of the world's experts in hip fractures. Episodes are released weekly and are available on most podcast directions including Spotify, Apple Music, Amazon and Buzzsprout.

Follow us on Twitter - With multiple posts throughout the week, we will keep you informed upcoming hip fracture-related events, ANZHFR publications and interesting research.

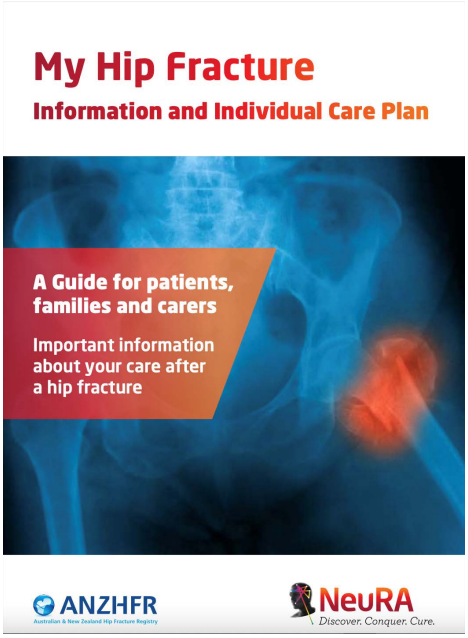
Follow us on Linked In - A great way to get your professional profile connected to the hip fracture world with links to the latest ANZHFR news and developments.

Check out the website - Our webinars and presentations from recent HIPFests are now available on the ANZHFR website.

ANZHFR
Australian & New Zealand Hip Fracture Registry

The Australian and New Zealand Hip Fracture Registry initiative will improve outcomes through: development of national guidelines and quality standards for care of hip fracture sufferers; establishment of National Hip Fracture Registries that will benchmark quality of care delivered by hospitals against professionally-defined standards; and by sharing best practice through this newsletter, the website and at events in both countries.

Translated Hip Fracture Care Guide



The ANZHFR understands the importance of making available resources for patients and their carers from culturally and linguistically diverse backgrounds. Translated documents complement the previously translated ANZHFR Project Information Pamphlet, which is also available in 14 languages.

All are available here
My Hip Fracture Guide

Or use your smartphone to scan the QR code to view the booklet
(please note that unfortunately some Android model phones may not be compatible with the QR Code)

We were very pleased to recently receive this feedback from a CNC in NSW…"Being able to access the booklet in Italian yesterday for the patient and his family was empowering for all involved in his care."

The ANZHFR also have a limited stock of English Hip Fracture Care Guide A5 booklets. These are available to order by contacting the Registry via email: clinical@anzhfr.org

The ANZHFR would like to acknowledge the funding support provided by the Ingham Institute for Applied Medical Research to enable the translation of the ANZHFR Hip Fracture Care Guide into 14 languages. Learn more about the Ingham Institute for Applied Medical Research by clicking HERE

Fragility Fracture Network Global Congress 2021

For the first time the FFN will hold a Global Congress virtually from 28 September until 30 September 2021 and support it with 3 regional meetings designed to meet the needs of Asia-Pacific, Latin America and Europe as well as workshops for physiotherapists and nurses.

CLICK HERE TO REGISTER NOW

The programme throughout the global and regional events will include a distinguished faculty of leading experts from across the globe to deliver plenary sessions, workshops and programmes that meet the needs of the globe and are supported by sessions tailored to three key regions.

Plenary Speakers – International, Multidisciplinary

Perioperative Care: Case-based Management

Hip Attack	M Bhandari (Orthopaedic, Canada)
Delirium Management	E Marcantonio (Geriatrician, USA)
Pressure Ulcer Prevention	Z More (Nurse, Ireland)

Rehabilitation Post Fracture

Sarcopenia and Exercise	M Fiatarone Singh (Geriatrician, Australia)
Rehabilitation	J Stevens-Lapsley (Physiotherapist, USA)
Rehab in dementia	J Cross (Physiotherapist, UK)

Secondary Prevention: Evaluation and Improvement

Osteosarcopenia and prevention	F Salech (Geriatrician, Chile)
Key quality indicators for FLS	K Åkesson (Orthopaedic, Sweden)
Bone Health TeleECHO	M Lewiecki (Endocrinologist, USA)

Changing Practice through Policy and Evaluation

Beyond the NHFD	M Costa (Orthopaedic, UK)
Hip Fracture Re-Design	P Guy (Orthopaedic, Canada)
Hip Fracture Metrics	E Hellsten (Health policy, Canada)
US Perspectives	S Kates (Orthopaedic, USA)

The meetings will be hosted using a state-of-the-art virtual meeting platform to deliver interactive and informative presentations, workshops and poster exhibitions, as well as industry sponsored exhibition booths and satellite symposia and networking opportunities.

This year's motto is "Ensuring Smooth Transitions in Fracture Care and Management" and has been chosen as many countries struggle to provide the seamless best practices that are needed to reduce the individual and societal burden of fragility fractures.

This meeting promises to be an important and exciting step in expanding our global reach through virtual technology as we continue in our commitment to deliver on our mission.

FRAGILITY FRACTURE NETWORK

Survey Request

Non-Operative Management of Fragility Hip Fracture

The Fragility Fracture Network (FFN) perioperative specialist interest group is conducting a survey looking at non-operative management of hip fractures. They are very keen to get answers from a wide range of countries.
Anyone from the multi-disciplinary team can complete the survey.
The FFN will appreciate Australian and New Zealand input for this survey.

Outcomes following non-operative management of hip fracture may have improved with better nursing and geriatrician-based care, and management of pain, nutrition and skin. With an increasingly old, frail and cognitively impaired population presenting with hip fracture either now or, for some countries in the future, there are questions to be asked about what, if any, are the indications for non-operative management. Hip fracture is not the only fragility fracture where non-operative management is relevant, but it is the commonest, the populations are similar within and across countries, and there is relatively little controversy about the effectiveness of surgical management.

These questions are not purely clinical – the answers will be strongly influenced by local societal and medical values and ethical frameworks, resource availability, and national and local structures.

We ask that you complete the survey thinking about your local practice in general. There will always be individual contexts that we cannot capture in a survey such as this - you may wish to add detail in the other comments sections.

This survey seeks to explore regional variation in how decisions are made. All answers are completely anonymous. The results will be reported back to Fragility Fracture Network members and will inform future consensus statements on best practice.

The survey takes around 5 minutes or less to complete.

CLICK HERE TO COMPLETE THE SURVEY

FFN
Fragility Fracture Network

Thank you for your help.
Iain Moppett & Lynn McNicoll Co-chairs, Peri-operative Specialist Interest Group

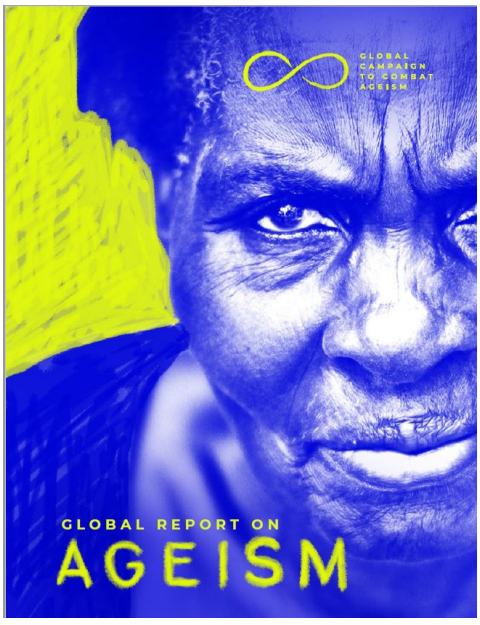
---

W.H.O. Global Report on Ageism

Ageism refers to the stereotypes (how we think), prejudice (how we feel) and discrimination (how we act) directed towards people on the basis of their age. Ageism damages our health and well-being and is a major barrier to enacting effective policies and taking action on healthy ageing. In response, WHO was asked to start, with partners, a global campaign to combat ageism.

The Global Report on Ageism was developed for the campaign by WHO, Office of the High Commissioner for Human Rights, the United Nations (UN) Department of Economic and Social Affairs and the United Nations Population Fund.

It is directed at policy-makers, practitioners, researchers, development agencies and members of the private sector and civil society. This report, after defining the nature of ageism, summarizes the best evidence about the scale, the impacts and the determinants of ageism and the most effective strategies to reduce it. It concludes with three recommendations for action, informed by the evidence, to create a world for all ages.
To read the report and learn more about the campaign click **HERE**



Recent Publications

Patient, surgical and hospital factors associated with the presence of a consultant surgeon during hip fracture surgery. Do we know the answer? Fajardo Pulido D, Ryder T, Harris IA, Close JCT, Chehade MJ, Seymour H, Harris R, Armstrong E, Mitchell R. ANZ J Surg. 2021 Apr 20. doi: 10.1111/ans.16867. Epub ahead of print. PMID: 33876535

An examination of hip fracture surgeries of adults aged ≥ 50 years admitted to hospitals in Australia and New Zealand between 1 January 2015 and 31 December 2018 using data from the Australia and New Zealand Hip Fracture Registry was conducted. Multivariable logistic regression was used to examine factors associated with the presence of a consultant surgeon during hip fracture surgery. Patients were more likely to have a consultant surgeon present during surgery if they had private health insurance, were operated on after hours, required total hip replacements or were operated on in hospitals that conducted ≤150 surgeries per year. There is variation in the presence of consultant surgeons within Australia and New Zealand during hip fracture surgery, potentially associated with the complexity of surgery and hospital factors. However, further research is needed to determine the optimum level of supervision required based on patient factors and surgical complexity.

Impact of pre-surgery hospital transfer on time to surgery and 30-day mortality for people with hip fractures. Harvey LA, Harris IA, Mitchell RJ, Webster A, Cameron ID, Jorm LR, Seymour H, Sarrami P, Close JC. Med J Aust. 2021 May 11. doi: 10.5694/mja2.51083. Epub ahead of print. PMID: 33977530.

Surgery within 48 hours of initial presentation to hospital is widely accepted as a clinically meaningful indicator of best practice care, and is supported by the Australian Hip Fracture Care Clinical Care Standard when there are no clinical contraindications. In a retrospective population study, we evaluated the impact of pre-surgery hospital transfer and time to surgery on 30- day mortality for people aged 65 years or more who underwent surgical interventions for fall- related hip fractures in NSW public hospitals during 1 January 2011 – 31 December 2018. In multilevel models adjusted for inter-hospital variation, transfer was associated with higher risk of 30- day mortality than direct admission (aOR, 1.15; 95% CI, 1.01– 1.32), but after adjusting for age, sex, and comorbidity, neither transfer (aOR, 1.10; 95% CI, 0.95– 1.28) nor delayed surgery (> 2 days v ≤ 2 days: aOR, 0.99; 95% CI, 0.89– 1.11) significantly influenced mortality. Transfer from non-operating to operating hospitals, after adjusting for patient and hospital characteristics, was not associated with higher 30- day mortality, despite increasing the time between initial presentation and surgery. This is contrary to the findings of earlier, single centre studies in Australia. Time to surgery may be less important for health outcomes than these factors when other dimensions of care quality are equal.

Implementation of an electronic care pathway for hip fracture patients: a pilot before and after study. Talevski J, Guerrero-Cedeño V, Demontiero O, Suriyaarachchi P, Boersma D, Vogrin S, Brennan-Olsen S, and Duque G. BMC Musculoskelet Disord 21, 837 (2020). https://doi.org/10.1186/s12891-020-03834-w

This study aimed to investigate whether an electronic care pathway (e-pathway) reduces delays in surgery and hospital length of stay compared to a traditional paper-based care pathway (control) in hip fracture patients. A single-centre evaluation with a retrospective control group was conducted in the Orthogeriatric Ward, Nepean Hospital, New South Wales, Australia. We enrolled patients aged > 65 years that were hospitalized for a hip fracture in 2008 (control group) and 2012 (e-pathway group). The e-pathway provided the essential steps in the care of patients with hip fracture, including examinations and treatment to be carried out. There was a significant reduction in delay to surgery in the e-pathway group compared to control group in unadjusted (OR =0.19; CI 0.09–0.39; p < 0.001) and adjusted (OR = 0.22; CI 0.10–0.49; p < 0.001) models. There were no significant differences between groups for length of stay (median 11 vs 12 days; p = 0.567), in-hospital mortality (1 vs 7 participants; p = 0.206) or discharge location (p = 0.206). This pilot study suggests that, compared to a paper-based care pathway, implementation of an epathway or hip fracture patients results in a reduction in total number of delays to surgery, but not hospital length of stay.

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 2021; 50: 415–422 doi: 10.1093/ageing/afaa204

Some 66,000 older people need hip fracture surgery in the UK each year. Most want to leave hospital and get home as quickly as possible. One way to help make this happen is for hospital staff to support patients to get out of bed and walk around soon after their operation. Previous research has found that different centres have different rates of early mobilisation. In some, less than half the patients are mobile the day after surgery. Overall, about one in five people are not up and moving in the first day or so after hip surgery. This can be down to post-operative complications such as low blood pressure and delirium, or because there are not enough staff to support all patients to mobilise early.

The study analysed data on 135,105 people aged 60 years or older. They all had surgery for hip fracture in 2014-16 in hospitals in England and Wales. The study looked at whether they were mobilised on the day of or day after their operation, and how long they spent in hospital before they were discharged. To test the association between the two, the study accounted for other factors that could make a difference, including people's age, sex, ethnicity, other illnesses they had and the type of fracture.

The study found four in five (79%) of the patients were mobilised early (on the day of surgery or the day after), early mobilisation was associated with earlier discharge and patients mobilised early were twice as likely to go home within 30 days of surgery.