



ANZ Hip Fracture Registry

Enhancing Outcomes
for Older People

Issue 5 March 2015

The news in brief

This second ANZHFR newsletter for 2015 provides an update on the considerable progress being made on both sides of the Tasman. In Australia, 9 hospitals in 3 States have now completed their ethics approval processes. Five hospitals have started entering data. In New Zealand, the pilot in the Northern Region is gaining momentum, with 4 hospitals having entered data. To date, 119 cases have been recorded in Australia and 114 cases in New Zealand.

Some new features are apparent in this newsletter. The 'In the limelight' section shares early experiences with the Australian registry from Liverpool Hospital in Sydney and The Northern Hospital in Epping. In addition the 'President's corner' features a commentary from Professor Markus Seibel on ANZBMS activities in the fragility fracture arena. Other Presidents of leading organisations will be invited to contribute in the coming months. Enjoy the March issue!

Update on implementation in Australia

The Australian Hip Fracture Registry is now live. You can only access the site if you have completed all your ethics and governance approvals. Ethics review and approval has been granted for Queensland, New South Wales, South Australia and Western Australia, whilst in Victoria, the review and approval process is on a hospital-by-hospital basis.

Hospitals which have completed their ethics approval process are:

- QLD: Logan, Nambour, Princess Alexandra, and Prince Charles
- NSW: John Hunter, Liverpool, Nepean, Prince of Wales, St. George
- VIC: The Northern

Hospitals that have entered data into the Australian Hip Fracture Registry to the end of February 2015 are:

- Prince Charles Hospital
- Princess Alexandra Hospital
- John Hunter Hospital
- The Northern Hospital
- Liverpool Hospital

To date, the Australian Hip Fracture Registry has 119 records. For hospitals where ethics and site specific approval has been granted, the live website can be accessed at www.hipfracture.com.au.

In the limelight: Liverpool Hospital, Sydney



Lynette McEvoy, Orthopaedic Clinical Nurse Consultant, Liverpool Hospital, Sydney

During my role as the Orthopaedic Clinical Nurse Consultant at Liverpool Hospital (Sydney, NSW, Australia) I have collected and collated data for over 10 years: reviewing pre-operative length of stay, theatre and rehabilitation access, availability to orthogeriatric services as well as outcomes relating to mobility and mortality.

I was extremely excited when I met Elizabeth Armstrong to discover that more work was going to occur and an Australian and New Zealand Hip Fracture Registry would be developed. Much of the data we had been reviewing for many years at Liverpool correlated with the proposed registry data and we would be able to benchmark this data in conjunction with the Guidelines for Hip Fracture Care in regards to best practice.

I would encourage all hospitals that care for hip fracture patients to join the registry. Together we can optimise the care of those patients with hip fracture, as I'm sure you all know of someone who has sustained a hip fracture and will also be beneficial to many of us personally to our own future health.



In the limelight: The Northern Hospital, Epping

On November 21st 2014, Northern Hospital in Epping, Victoria commenced data collection for the ANZHFR. Over 70 patients have been recruited and nearly 20 patients have had their completed 120-day follow up. The patients and their family have been interested in and supportive of the development of the registry.

Through presentations and education sessions with Junior

Medical and Nursing staff at The Northern Hospital, members of the Orthopaedic Research team have been working hard on raising awareness of the ANZHFR and the recently released Guidelines. Mr Raphael Hau was invited to provide an update on the ANZHFR at the Australian Orthopaedic Association Victorian Branch Annual Scientific Meeting in Lorne in February. His presentation was well received by the delegates.

Update on implementation in New Zealand

The New Zealand Hip Fracture Registry is being piloted in the Northern Region District Health Boards (DHBs).

In February 2015, the inaugural NZ Hip Fracture Registry Steering Group governance meeting was held in Auckland. The meeting was co-chaired by Flora Gilkison (Chief Executive, NZ Orthopaedic Association) and Dr. Shankar Sankaran (Consultant Geriatrician, Middlemore Hospital). Senior representatives attended from the Ministry of Health, the Accident Compensation Corporation, the Health Quality and Safety Commission NZ (HQSC), the Health of Older People Network - Northern Regional Alliance (HOPN), NZ Orthopaedic Association, NZ Division of the ANZ Society for Geriatric Medicine, the ANZ Hip Fracture Registry Steering Group and Osteoporosis New Zealand. Matters discussed included a draft NZ Hip Fracture Registry Foundation Trust Deed and the composition of the NZ Hip Fracture Registry Management Board.

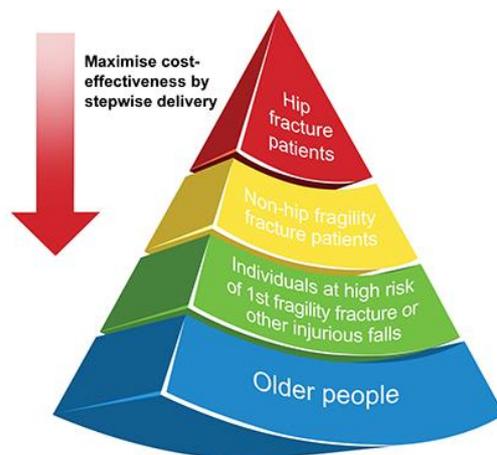
Dr. Alan Davis (Clinical Lead HOPN and Consultant Geriatrician, Whangarei Hospital) provided an update on the Northern Region pilot and Stewart Fleming (ANZHFR Webmaster) provided an update on technical aspects of the registry. The Steering Group was supportive of the development of the Clinical Care Standard for hip fracture care being led by the Australian Commission on Safety and Quality in Health Care (ACSQHC), who are looking to partner in this work with HQSC in New Zealand, so that the Clinical Care Standard can be promoted across both countries.

Hospitals that have entered data into the New Zealand Hip Fracture Registry to the end of February 2015 are:

- Auckland City Hospital
- Whangarei Hospital
- Middlemore Hospital
- North Shore Hospital

To date, the NZ Hip Fracture Registry has 114 records.

Hip fracture registry in Osteoporosis New Zealand strategy



Objective 1: Improve outcomes and quality of care after hip fractures by delivering ANZ professional standards of care monitored by a new NZ Hip Fracture Registry

Objective 2: Respond to the first fracture to prevent the second through universal access to Fracture Liaison Services in every District Health Board in New Zealand

Objective 3: GPs to satisfy fracture risk within their practice population using fracture risk assessment tools supported by local access to axial bone densitometry

Objective 4: Consistent delivery of public health messages on preserving physical activity, healthy lifestyles and reducing environmental hazards

In December 2012, Osteoporosis New Zealand (ONZ) published *BoneCare 2020*, which called for implementation of a systematic approach to hip fracture care and prevention for New Zealand. Key components of the strategy included establishment of a NZ Hip Fracture Registry, to enable nationwide benchmarking of the Australian and New Zealand

professional standards of acute hip fracture care, and implementation of Fracture Liaison Services (FLS) in all District Health Boards (DHBs) to deliver secondary fracture prevention. With the registry pilot ongoing in the Northern Region, and FLS implementation gathering pace, collaboration by ANZHFR, Ministry of Health, professional groups, the DHBs and ONZ is transforming care.



President's corner



Professor Markus Seibel
President
Australian and New Zealand Bone and Mineral Society

The majority of men and women do not currently receive appropriate preventive care following an osteoporotic fracture. Consequently, a large number of people suffer further debilitating fractures, creating a substantial and avoidable burden for our already strained health care systems. Over the past few years, the Australia and New Zealand Bone and Mineral Society has worked hard to make secondary fracture prevention a top priority amongst its members as well as governmental and non-governmental agencies. This included face-to-face meetings with GPs from across Australia to discuss how secondary fracture prevention could be improved in General Practice.

As a direct result of these meetings, ANZBMS is currently supporting a research project to investigate the barriers to effective fracture prevention in General Practice. Results are expected mid-2015.

The ANZBMS Position Paper on Secondary Fracture Prevention Programs is currently under review by a large number of organisations, and so far has been endorsed by:

- Australian & New Zealand Orthopaedic Research Society
- Australian & New Zealand Society for Geriatric Medicine
- Australian Orthopaedic Association
- Australian Rheumatology Association
- Endocrine Nurses Society of Australia
- Endocrine Society of Australia
- Health Quality & Safety Commission New Zealand
- Medical Oncology Group of Australia
- New Zealand Rheumatology Association
- Osteoporosis Australia
- Osteoporosis New Zealand
- Royal Australasian College of Physicians

This Position Paper calls for a dialogue between Federal, State and local governments, learned societies, consumer groups and other interested organisations, to develop a process to ensure that Australians and New Zealanders receive the best practice for secondary fracture prevention to optimise bone health and reduce falls risk. Publication of this important document is expected in March 2015.

The ANZBMS has also actively participated in the NHMRC case for action on the prevention of falls and fractures, and further engagement with other learned societies to push for more action and better health outcomes are underway.

Publication of the month

The UK National Hip Fracture Database (NHFD) was established in 2007 and has become the largest ongoing audit of hip fracture care in the world, with a third of a million cases recorded. The NHFD enables hospitals to benchmark care against national clinical standards and provides a mechanism for a quality-based tariff system – the Best Practice Tariff – which relates payment at the level of the individual patient to delivery of the clinical standards.

To date, the NHFD has not collected data on patient-reported outcomes. In order to explore this issue, investigators from University Hospitals Coventry and Warwickshire NHS Trust sought to evaluate the impact of hip fracture on health-related quality of life (HRQoL). A prospective longitudinal cohort study conducted at a single major trauma centre compared HRQoL at 4 weeks, 4 months and 1 year after hip fracture. Notably, all patients who presented with a hip fracture, including those with cognitive impairment, were potentially eligible to participate in the study.

Face-to-face or telephone interview collected baseline data from the patient or their proxy to determine pre-injury

HRQoL, a comorbidity assessment and pre-fracture ability to walk. The instrument used to measure HRQoL was the Euro-QoL 5 Dimensions Score (EQ-5D).

Key findings included:

- An initial marked decline in EQ-5D score was followed by a significant improvement for all patients, mostly occurring in the first 4 weeks
- 1 year mortality was 19% for participants >80 years and 8% for participants ≤80 years
- At 1 year, a large reduction of HRQoL was observed of 0.22 disability-adjusted life years (DALYs)

The investigators noted that the reduction in HRQoL is comparable to reported reductions for Parkinson's disease (0.21 DALYs) and multiple sclerosis (0.23 DALYs). Accordingly, hip fracture marks a 'step down' in quality of life, necessitating comparable funding for research and treatment, as is available for serious neurological conditions.

Recovery of health-related quality of life in a United Kingdom hip fracture population: the Warwick Hip Trauma Evaluation - a prospective cohort study. *The Bone & Joint Journal*. 2015 Mar;97-B(3):372-82. Griffin XL et al. [PubMed ID 25737522](https://pubmed.ncbi.nlm.nih.gov/25737522/)