Towards a National Hip Fracture Registry
Enhancing Outcomes for Older People

Who are we?
In October 2011 a group of clinicians representing all Australian States and New Zealand gathered in Sydney with the shared goal of improving care of hip fracture patients.

As a first step toward this goal it was agreed that a National Hip Fracture Steering Group be set up to drive the establishment of a National Hip Fracture Registry. In the absence of any current funding, members were selected based on willingness to roll up their sleeves and undertake the ground work needed to make it happen.

Over the coming months we will introduce all the members of the Steering Group as well as reporting on progress with development of the Registry.

Steering Group
Jacqueline Close – Co Chair (ANZSGM)
Ian Harris – Co-Chair (AOA)
Laura Ahmad
Paul Mitchell
Stewart Fleming
Hannah Seymour
Mellick Chehade (OA)
Roger Harris
Rebecca Mitchell
Betty Ramsay
Richard Halliwell (ANZCA)

Why a National Hip Fracture Registry
Hip fracture is the most serious and costly fall-related injury suffered by older people. There were an estimated 16,518 hip fractures among Australians aged ≥40 years in 2006-07 and 3,803 among New Zealanders in 2007. As 450 million baby boomers begin to retire, healthcare systems throughout the world must prepare to develop systematic approaches to hip fracture care and prevention.

The quality of care provided those who sustain a fractured hip has been shown to be dependent upon orthopaedic and geriatric service configurations. In the absence of effective systems of care, key markers of quality - including time to surgery, complication rates, re-admission rates and length of stay - have been demonstrated to vary considerably. Furthermore, a growing body of published literature suggests that provision of secondary preventative care post hip fracture, (osteoporosis assessment / treatment and falls prevention strategies), is not routinely delivered. This secondary prevention care gap leaves hip fracture patients needlessly exposed to risk of subsequent falls and fractures.

As stated previously on more than one occasion:
“It costs less to provide high quality care”
The ultimate goal of a National Hip Fracture Registry is to use data to improve performance and maximise outcomes for older people – reduce mortality, reduce rates of institutionalisation and maximise functional outcomes. The knock on economic benefits to health care in its broadest sense include reduced length of stay in hospital, reduction in further falls and fractures and delay or avoidance of the need for institutionalisation.

The development of National Registries is now a recognised priority area in Australia. In November 2010 the Australian Health Ministers’ Conference (AHMC) endorsed the ACSQHC’s “Strategic and Operating Principles for Australian Clinical Quality Registries”, for a national approach to Australian clinical quality registries. The next steps in this process include the development of national arrangements, including data and clinical governance, for Australian clinical quality registries and a costed technical infrastructure plan.

What are our first steps
A number of activities are planned for 2012 to build the case and develop a business plan for a National Hip Fracture Registry:

1. We are about to undertake a facility level audit across the country using a standardised questionnaire. Data collection is starting in NSW where we are hoping to gather data from approximately 40 hospitals operating on hip fracture patients. New Zealand is hoping to audit their 20 DHBs soon.
2. We are already piloting patient level data collection in 2 States and WA has developed an electronic database which will go live soon.
3. Resourcing of a database is critical and we are actively looking at ways of funding a National Database.
4. We are hoping to put in place a Memorandum of Understanding between the key professional bodies involved in this venture.
5. A shared interstate methodology has been developed so as to allow for meaningful comparison of data using existing administrative databases.
6. We are hoping to draft clinical guidelines and a set of quality indicators in the first half of the year based on the approach used by the UKHFD.

SUGGESTING READING AND USEFUL LINKS
With each issue of this newsletter, we will list some useful references for those with an interest in hip fracture management.

1. The UK National Hip Fracture Database website includes the 2011 UK National Report as well as many other useful resources. http://www.nhfd.co.uk/
2. Comprehensive guidelines on the management of hip fracture were published in June 2011. This document provides a comprehensive review of guideline care but also highlights areas where more research is required. http://guidance.nice.org.uk/CG124
3. The latest AIHW report on osteoporotic hip fracture can be found using the link: http://www.aihw.gov.au/publication-detail/?id=6442468333&tab=2
4. Previous work undertaken in South Australia around a hip fracture registry has produced some useful information on the development aspects of a registry: http://www.safetyandquality.gov.au/internet/safety/publishing.nsf/Content/74DE2A088D3BC29CA2578A20004C969/$File/26_Neck%20of%20Femur%20Fracture%20Regist