A case study in driving change: The Australian & New Zealand Hip Fracture Registry

Professor Jacqueline Close | ANZHFR





STEP 1 Select clinical priority areas for assessing and reporting variation





SELECT PRIORITY AREA

Hip fractures

- High volume
- High cost
- Evidence-based guidelines to direct care
- Evidence that better care delivers better outcomes
- Better care costs less



SELECT PRIORITY AREA



Evidence of variation in care and outcomes

6.2% v 8.4%

Zeltzer et al 2014

SELECT PRIORITY AREA



FIGURE 1. Time trends in 30-day mortality in the periods 2003–2007 and 2007–2011. Y axis is on log scale, with labels on natural scale. Time is measured in 3-month intervals.

Hip fracture audit may have saved 1,000 lives since 2007.

the**bmj**

BMJ 2015;351:h3854 doi: 10.1136/bmj.h3854 (Published 16 July 2015)

Neuberger, Med Care 2015

STEP 2 Identify how clinical variation will be assessed





IDENTIFY HOW TO ASSESS

Key components







IDENTIFY HOW TO ASSESS

G

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Bringing it all together

- Perform surgery on the day of, or the day after presentation to hospital with a hip fracture.
- A patient presenting to hospital with a hip fracture, or sustaining a hip fracture while in hospital, receives surgery within 48hrs, if no clinical contraindication and the patient prefers surgery.
- Proportion of patients with a hip fracture receiving surgery within 48 hours of presentation with the hip fracture
- Patient level data in Registry

STEP 3 Measure clinical variation and review performance





Time to surgery in Australia



Tracking change over time

Significant improvement in use of nerve blocks prior to surgery: **30% in 2015 to 77% in 2019**

	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
Aug Aug 2015											
Aus Avg 2010	,										
Aus Avg 2016	5										
Aus Avg 2017	,										
Aus Avg 2018	3										
Aus Avg 2019											

Both before OT and in OT

Nerve block administered in OT

Not known

Nerve block administered before arriving in OT

Neither

MEASURE & REVIEW

Tracking change over time



Live dashboards

Welcome to the Australian Hip Fracture Registry for Prince of Wales hospital

? Hover over fields for help

Hospital Snapshot			Patient Type: 🛩 Admitted Via ED 🛹 Transferred In 🚽			✓ Inpatient Fall Period: This Year From: 01/01/2020		07/12/2020	
Active Patients	Last Modified 3 Dec 2020		156 record	rds <u>Fine in</u> ED (hrs) [150] ge 7.85 n 6.04 est 0.00 st 33.13		Time to Surgery (hrs) [151]	Acute Length of Stay (days) [146]	Hospital Length of Stay (days) [137]	
74			Averag			28.25	8.79	21.08	
			Media			23.05	6.93	19.60	
2020 Records	All Records	Shortes				5.87	1.23	0.29 77.22	
156						81.48	45.19		
							(
QS1 Care at Presentation	QS2 Pain Management	QS Orthogeriatric	33 Model of Care	QS4 Timing of Surgery	Мо	QS5 bilisation & Weight Bearing	QS6 Minimising Risk of Another Fracture	QS7 Transition from Hospital Care	
Cognitive Assessment prior to surgery (156)	Pain Assessment within 30 minutes (154) 62%	Assessed by geriatric medicine (156) 98%		Surgery Within 48 hours (1	Day 1 M	obilisation Opportunity (151) 82%	Bone Medication on Discharge (155) 92%	Patients returning to Private Residence @ 120 Days (61) 73%	
92%	Nerve Block before or at surgery (156) 93%			94%	Unrest	ricted Weight Bearing (151) 98% w Pressure Injuries (156)	Specialist Falls Assessment (156) 86%		
					396				

STEP 4 Explore reasons for clinical variation





Using data to start conversations





Learning from high performers



Fiona Stanley Hospital

7.30am *Trauma Meeting*



Healthy competition





Maximising use of data through linkage

30-day mortality **7.1%**

STEP 5 Act to improve care and embed changes within the health service organisation





ACT TO IMPROVE

Using your data to drive change







STEP 6 Record and report activities to monitor clinical variation and improve appropriateness of care





RECORD & REPORT

Annual reports highlight performance against indicators

ANZHER BANNUAL REPORT	CANCHER			
25 hospitals	34 hospitals	57 hospitals	67 hospitals	77 hospitals
3519 patients	5178 patients	9408 patients	11995 patients	13504 patients

RECORD & REPORT

What next?

- PROMS and PREMS EQ-5D
- Public dashboard
- App design
- Maximising data linkage opportunities
- Electronic medical record
- Putting a price on quality?
- Transition from annual report to real time data





Up next

 Q&A with Erwin Loh, Nicole Rasmussen,
Professor Dominique
Cadilhac, Nicola hall
and Professor
Jacqueline Close AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

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