



Evidence Sources
Hip Fracture Care
Clinical Care Standard
September 2016



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Members of the Hip Fracture Care Topic Working Group include Dr Laura Ahmad, Ms Lou-Anne Blunden, Associate Professor Jacqueline Close, Professor Peter Ebeling, Professor Ian Harris, Ms Debbie Healey, Dr Beres Joyner, Dr Jennefer Love, Ms Helen Mikolaj, Mr Neville Millen, Mr Tim Noblet, Professor John Botha, Dr Chrys Pulle, Dr Shankar Shankaran, Dr Hannah Seymour, Dr Joanna Sutherland and Ms Anita Taylor.

Disclaimer

The Australian Commission on Safety and Quality in Health Care has produced this Evidence Sources document to support the corresponding Clinical Care Standard. The Clinical Care Standard supports the delivery of appropriate care for a defined clinical condition and is based on the best evidence available at the time of development. Healthcare professionals are advised to use clinical discretion and consideration of the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian when applying information contained within the Clinical Care Standard. Consumers should use the information in the Clinical Care Standard as a guide to inform discussions with their healthcare professional about the applicability of the Clinical Care Standard to their individual condition.

Evidence Sources

Hip Fracture Care Clinical Care Standard

The quality statements for the Hip Fracture Care Clinical Care Standard were developed in collaboration with the Hip Fracture Care Clinical Care Standard Topic Working Group and are based on best available evidence at the time of development.

Literature searches are conducted by Commission staff at different stages of development of a Clinical Care Standard. The initial search for this Clinical Care Standard took place between June 2014 and August 2014. A draft evidence summary was prepared which was reviewed for completeness by the Hip Fracture Care Clinical Care Standard Topic Working Group. Subsequent searches are conducted as the Clinical Care Standard is developed.

The search was aimed at reviewing the evidence-base for each potential quality statement. As set out below, several steps were involved. The first step was to locate national clinical practice guidelines; if relevant, current, based on available evidence developed using systematic methods and endorsed by organisations, they would be the key sources of evidence. The second step was to locate other Australian guidelines, standards, policies, protocols, and international guidelines and standards. The third step was to identify high-level evidence published after the release of the national clinical practice guidelines.

Australian clinical practice guidelines, standards and policies were identified by searching:

- the clinical practice guideline portal of the National Health and Medical Research Council (NHMRC)
- websites of professional colleges and organisations
- websites of state and territory health departments and agencies
- internet search using various search engines.

International clinical practice guidelines were identified by searching:

- guideline clearing houses such as the Agency for Healthcare Research and Quality (AHRQ), and Guidelines International Network (GIN)
- websites of guideline developers, such as the UK's National Institute for Health and Care Excellence (NICE), Scottish Intercollegiate Guideline Network (SIGN).

Other high-level evidence was identified by searching:

- the Cochrane Collaboration for systematic literature reviews and meta analyses
- medical literature databases (Medline, Embase) for systematic reviews and meta-analyses.

A summary of evidence sources for each draft quality statement is attached.

Quality Statement 1

A patient presenting to hospital with a suspected hip fracture receives care guided by timely assessment and management of medical conditions, including diagnostic imaging, pain assessment and cognitive assessment.

EVIDENCE SOURCES

Australian Guidelines

1. Australian and New Zealand Hip Fracture Registry. Australian and New Zealand guideline for hip fracture care: Improving outcomes in hip fracture management of adults. Sydney: ANZHFR, 2014 (pp. 30, 69, 73). Accessed May 2015 at: <http://anzhfr.org/guidelines-and-standards/>
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International Guidelines

1. Scottish Intercollegiate Guidelines Network. Management of hip fracture in older people: A national clinical guideline. Edinburgh: SIGN; 2009 (pp.7). Accessed May 2015 at: <http://www.sign.ac.uk/guidelines/fulltext/111/index.html>
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4. The National Institute for Health and Clinical Excellence. Delirium: Diagnosis, prevention and management. Clinical Guideline 103. London: NICE, 2010 (pp.169). Accessed May 2015 at: <https://www.nice.org.uk/guidance/cg103>

Additional Sources

1. Bone and Joint Decade Canada: National hip fracture toolkit. Toronto: Bone and Joint Decade Canada, 2011 (pp.15, 17, 48). Accessed May 2015 at: <http://boneandjointcanada.com/hip-fracture/>
2. NSW Agency for Clinical Innovation. Minimum standards for the management of hip fracture in the older person. Sydney: ACI, 2014 (pp.9,10). Accessed May 2015 from https://www.aci.health.nsw.gov.au/data/assets/pdf_file/0004/222727/Minimum-Standards-for-the-Management-of-Hip-Fractures.pdf

Quality Statement 2

A patient with a hip fracture is assessed for pain at the time of presentation and regularly throughout their hospital stay, and receives pain management including the use of multimodal analgesia, if clinically appropriate.

EVIDENCE SOURCES

Australian Guidelines

1. Australian and New Zealand Hip Fracture Registry. Australian and New Zealand guideline for hip fracture care: Improving outcomes in hip fracture management of adults. Sydney: ANZHFR, 2014 (pp.30, 31). Accessed May 2015 at: <http://anzhfr.org/guidelines-and-standards/>

International Guidelines

1. The National Institute for Health and Clinical Excellence. The management of hip fracture in adults. London: NICE, 2011 (pp. 73, 75). Accessed May 2015 at: <https://www.nice.org.uk/guidance/cg124>
2. Scottish Intercollegiate Guidelines Network. Management of hip fracture in older people: A national clinical guideline. Edinburgh: SIGN, 2009 (pp.7, 22). Accessed May 2015 at: <http://www.sign.ac.uk/guidelines/fulltext/111/index.html>
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Quality Statement 3	A patient with a hip fracture is offered treatment based on an orthogeriatric model of care as defined in the <i>Australian and New Zealand Guideline for Hip Fracture Care</i>.
EVIDENCE SOURCES	
Australian Guidelines	
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Additional Source	
<ol style="list-style-type: none"> 1. NSW Agency for Clinical Innovation. Minimum standards for the management of hip fracture in the older person. Sydney: ACI, 2014 (pp.7). Accessed May 2015 from https://www.aci.health.nsw.gov.au/_data/assets/pdf_file/0004/222727/Minimum-Standards-for-the-Management-of-Hip-Fractures.pdf 	

Quality Statement 4

A patient presenting to hospital with a hip fracture, or sustaining a hip fracture while in hospital, receives surgery within 48 hours, if no clinical contraindication exists and the patient prefers surgery.

EVIDENCE SOURCES

Australian Guidelines

1. Australian and New Zealand Hip Fracture Registry. Australian and New Zealand guideline for hip fracture care: Improving outcomes in hip fracture management of adults. Sydney: ANZHFR, 2014 (pp.34). Accessed May 2015 at: <http://anzhfr.org/guidelines-and-standards/>
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Quality Statement 5	A patient with a hip fracture is offered mobilisation without restrictions on weight-bearing the day after surgery and at least once a day thereafter, depending on the patient's clinical condition and agreed goals of care.
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1. Australian and New Zealand Hip Fracture Registry. Australian and New Zealand guideline for hip fracture care: Improving outcomes in hip fracture management of adults. Sydney: ANZHFR, 2014 (pp.61, 63, 65). Available from: <http://anzhfr.org/guidelines-and-standards/>
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Quality Statement 6

Before a patient with a hip fracture leaves hospital, they are offered a falls and bone health assessment, and a management plan based on this assessment, to reduce the risk of another fracture.

EVIDENCE SOURCES

Australian Guidelines

1. Australian Commission on Safety and Quality in Health Care. Preventing falls and harm from falls in older people: Best practice guidelines for Australian hospitals. Sydney: ACSQHC, 2009 (pp.21, 29, 117). Accessed May 2015 at: www.safetyandquality.gov.au/wp-content/uploads/2012/01/Guidelines-HOSP1.pdf.
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3. National Institute for Health and Care Excellence. Falls in older people: assessment after a fall and preventing further falls. NICE quality standard 86. London: NICE, 2015 (pp. 26, 30). Accessed May 2015 at: <https://www.nice.org.uk/guidance/qs86>

Quality Statement 7

Before a patient leaves hospital, the patient and their carer are involved in the development of an individualised care plan that describes the patient's ongoing care and goals of care after they leave hospital. The plan is developed collaboratively with the patient's general practitioner. The plan identifies any changes in medicines, any new medicines, and equipment and contact details for rehabilitation services they may require. It also describes mobilisation activities, wound care and function post-injury. This plan is provided to the patient before discharge and their general practitioner and other ongoing clinical providers within 48 hours of discharge.

EVIDENCE SOURCES

Australian Guidelines

1. Australian and New Zealand Hip Fracture Registry. Australian and New Zealand guideline for hip fracture care: Improving outcomes in hip fracture management of adults. Sydney: ANZHFR, 2014 (pp.69). Accessed May 2015 at: <http://anzhfr.org/guidelines-and-standards/>
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