

# **Hip fracture care clinical care standard indicators: 5c- Proportion of patients with a hip fracture experiencing a new Stage II or higher pressure injury during their hospital stay**

**Exported from METEOR (AIHW's Metadata Online Registry)**

© Australian Institute of Health and Welfare 2024

This product, excluding the AIHW logo, Commonwealth Coat of Arms and any material owned by a third party or protected by a trademark, has been released under a Creative Commons BY 4.0 (CC BY 4.0) licence. Excluded material owned by third parties may include, for example, design and layout, images obtained under licence from third parties and signatures. We have made all reasonable efforts to identify and label material owned by third parties.

You may distribute, remix and build on this website's material but must attribute the AIHW as the copyright holder, in line with our attribution policy. The full terms and conditions of this licence are available at <https://creativecommons.org/licenses/by/4.0/>.

Enquiries relating to copyright should be addressed to [info@aihw.gov.au](mailto:info@aihw.gov.au).

Enquiries or comments on the METEOR metadata or download should be directed to the METEOR team at [meteor@aihw.gov.au](mailto:meteor@aihw.gov.au).

# Hip fracture care clinical care standard indicators:

## 5c-Proportion of patients with a hip fracture experiencing a new Stage II or higher pressure injury during their hospital stay

### Identifying and definitional attributes

<b>Metadata item type:</b>	Indicator
<b>Indicator type:</b>	Indicator
<b>Short name:</b>	Indicator 5c-Proportion of patients with a hip fracture experiencing a new Stage II or higher pressure injury during their hospital stay
<b>METEOR identifier:</b>	628233
<b>Registration status:</b>	<a href="#">Health</a> , Standard 12/09/2016
<b>Description:</b>	Proportion of patients with a <a href="#">hip fracture</a> experiencing a new Stage II or higher pressure injury during their hospital stay.
<b>Rationale:</b>	Pressure injuries are common but potentially preventable complications following hip fracture (Baumgarten et al. 2003; Reddy et al. 2006). They can have substantial negative effects in terms of pain, quality of life, length of hospital stay, cost of care, medical complications, and mortality (Baumgarten et al. 2003; Reddy et al. 2006).
<b>Indicator set:</b>	<a href="#">Clinical care standard indicators: hip fracture</a> <a href="#">Australian Commission on Safety and Quality in Health Care</a> , Superseded 18/06/2018 <a href="#">Health</a> , Standard 12/09/2016
<b>Outcome area:</b>	<a href="#">Mobilisation and weight-bearing</a> <a href="#">Health</a> , Standard 12/09/2016

### Collection and usage attributes

**Computation description:** The numerator includes patients with a hip fracture with a new pressure injury(s) acquired during their stay in hospital for the treatment of their hip fracture.

Pressure injuries are as per ICD-10-AM classification, where [Episode of care—additional diagnosis, code \(ICD-10-AM 9th edn\) ANN{.N\[N\]}](#) is one of the codes in the table below, and [Episode of admitted patient care—condition onset flag, code N](#) = 1 Condition with onset during the episode of admitted patient care.

**Pressure injuries included in the numerator**

ICD-10-AM code [1]	Title	Description
L89.1x	Pressure injury, stage II	Partial thickness loss of dermis presenting as a shallow, open wound with a red-pink wound bed, without slough.
L89.2x	Pressure injury, stage III	Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle are not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunnelling.
L89.3x	Pressure injury, stage IV	Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed.
L89.4x	Pressure injury, unstageable, so stated	Purple or maroon localised area or discoloured, intact skin or blood-filled blister due to damage of underlying soft tissue from pressure and/or shear.
L89.5x	Suspected deep tissue injury, depth unknown, so stated	Full thickness tissue loss in which the base of the pressure injury is covered by slough (yellow, tan, grey, green or brown) and/or eschar (tan, brown or black) in the pressure injury bed.

Note that Stage I pressure injury: non-blanchable erythema (where [Episode of care—additional diagnosis, code \(ICD-10-AM 9th edn\) ANN{.N\[N\]}](#) is L89.0x) is excluded from the numerator. This is where the skin is intact, with non-blanchable redness of a localised area, usually over a bony prominence.

Where there is more than one pressure injury, count the one at the highest stage.

Presented as a percentage.

[1] Where 'x' indicates that all fifth character codes following the three-digit rubric and fourth character are included in the definition. The fifth character in this code set indicates the site of the pressure ulcer.

**Computation:** (Numerator ÷ denominator) x 100

**Numerator:** Number of patients admitted to hospital with a hip fracture acquiring a Stage II or higher pressure injury during their stay in hospital for the treatment of their hip fracture.

**Denominator:** Number of patients admitted to hospital with a hip fracture.

**Comments:** For hospitals collecting the Australian and New Zealand Hip Fracture Registry (ANZHFR) data set (ANZHFR Steering Group 2013), the variable *New pressure ulcers* can be used for the numerator of this indicator.

## Representational attributes

**Representation class:** Percentage

**Data type:** Real

**Unit of measure:** Service event

**Format:** N[NN]

## Source and reference attributes

**Submitting organisation:** Australian Commission on Safety and Quality in Health Care

**Reference documents:** ANZHFR (Australian and New Zealand Hip Fracture Registry) Steering Group 2013. Data dictionary. Sydney: ANZHFR. Viewed 5 May 2016, <http://www.anzhfr.org/images/resources/Data%20/> Dictionary%20v8%20Dec%202013.pdf>.

Baumgarten M et al. 2003. Risk factors for pressure ulcers among elderly hip fracture patients. Wound repair and regeneration: official publication of the Wound Healing Society [and] the Europe Tissue Repair Society 11(2):96-103.

Reddy M, Gill SS & Rochon PA 2006. Preventing pressure ulcers: a systematic review. JAMA: The Journal of the American Medical Association 296(8):974-84.