Hip fracture care clinical care standard indicators: 5d-Proportion of patients with a hip fracture returning to pre-fracture mobility

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Identifying and definitional attributes

Metadata item type:	Indicator
Indicator type:	Indicator
Short name:	Indicator 5d-Proportion of patients with a hip fracture returning to pre-fracture mobility within 120 days
METEOR identifier:	628241
Registration status:	Health, Standard 12/09/2016
Description:	Proportion of patients with a **hip fracture** returning to pre-fracture mobility.
Rationale:	Hip fractures are associated with loss of function, often leading to permanent disability and decreased independence in daily living (Boonen et al. 2004). This in turn results in loss of health related quality of life for the individual (Borgstrom et al. 2013), and greater relative risk of death (Farahmand et al. 2005). Therefore, regaining independent mobility after a hip fracture is essential and is considered to be the primary goal in rehabilitation during hospitalisation and in the early post-operative period (Hulsbæk et al. 2014).
Indicator set:	Clinical care standard indicators: hip fracture Australian Commission on Safety and Quality in Health Care, Superseded 18/06/2018 Health, Standard 12/09/2016
Outcome area:	Mobilisation and weight-bearing Health, Standard 12/09/2016

Collection and usage attributes

Computation description: The numerator includes patients with a hip fracture returning to pre-admission walking ability within 120 days post the admission date for the episode of admitted care at which the hip surgery was undertaken. That is, the patient's walking ability post-admission matches or improves on that at 120 days follow-up. The table below defines matches/improvements, comparing pre-admission walking ability with post-admission walking ability at 120 days.

Matches/ improvements in walking ability

Pre-admission walking ability	Post-admission walking ability at 120 days
Usually walks without walking aids	Usually walks without walking aids
Usually walks with either a stick or crutch	Usually walks with either a stick or crutch or Usually walks without walking aids
Usually walks with two aids or frame (with or without assistance of a person)	Usually walks with two aids or frame (with or without assistance of a person) or Usually walks with either a stick or crutch or Usually walks without walking aids

For both the numerator and the denominator, include only patients who were followed up at 120 days following Episode of admitted patient care—admission date, DDMMYYYY for the acute episode of care at which the hip fracture surgery was undertaken. Exclude patients who:

- Were reported at admission as 'usually using a wheel chair/bed bound' or their walking status was not recorded or recorded as 'Not known'.
- Died during the hip fracture episode of care (i.e. where Episode of admitted patient care—separation mode, code N=8 Died) or were deceased at the 120-day follow-up.
- Did not undergo surgery for their hip fracture.

Computation: (Numerator ÷ denominator) x 100

Numerator: Number of patients with a hip fracture returning to pre-admission walking ability within 120 days post the admission date for the hip surgery episode of care.

Denominator: Number of patients having hip fracture surgery followed up within 120 days post the admission date for the hip surgery episode of care.

Comments: For hospitals collecting the Australian and New Zealand Hip Fracture Registry (ANZHFR) data set (ANZHFR Steering Group 2013), the variables *Pre-admission walking ability* and *Post-admission walking ability at 120-day follow-up* 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.

Boonen S, Autier P, Barette M, Vanderschueren D, Lips P & Haentjens P 2004. Functional outcome and quality of life following hip fracture in elderly women: a prospective controlled study. Osteoporosis international: a journal established as result of cooperation between the European Foundation for Osteoporosis and the National Osteoporosis Foundation of the USA 15(2):87-94.

Borgstrom F, Lekander I, Ivergard M, Strom O, Svedbom A, Alekna V, et al. 2013. The International Costs and Utilities Related to Osteoporotic Fractures Study (ICUROS)-quality of life during the first 4 months after fracture. Osteoporosis International: a journal established as result of cooperation between the European Foundation for Osteoporosis and the National Osteoporosis Foundation of the USA 24(3):811-23.

Farahmand BY, Michaelsson K, Ahlbom A, Ljunghall S, Baron JA, Swedish Hip Fracture Study Group 2005. Survival after hip fracture. Osteoporosis International: a journal established as result of cooperation between the European Foundation for Osteoporosis and the National Osteoporosis Foundation of the USA 16(12):1583-90.

Hulsbæk S, Larsen RF & Troelsen A 2014. Predictors of not regaining basic mobility after hip fracture surgery. Disability and Rehabilitation 0(0):1-6.