

Hip fracture care clinical care standard indicators: 6b-Proportion of patients with a hip fracture readmitted to hospital with another femoral fracture within 12 months of admission from initial hip fracture

Identifying and definitional attributes

Metadata item type:	Indicator
Indicator type:	Indicator
Short name:	Indicator 6b-Proportion of patients with a hip fracture readmitted to hospital with another femoral fracture within 12 months of admission from initial hip fracture
METEOR identifier:	696448
Registration status:	<ul style="list-style-type: none">• Health, Standard 12/09/2016
Description:	Proportion of patients admitted to hospital with a hip fracture readmitted with another femoral fracture within 12 months of admission from initial hip fracture.
Rationale:	Re-fractures contribute substantially to the overall mortality associated with a fracture (Bliuc et al. 2013).
Indicator set:	Clinical care standard indicators: hip fracture 2018 Australian Commission on Safety and Quality in Health Care , Standard 15/05/2018
Outcome area:	Minimising risk of another fracture Health , Standard 12/09/2016

Collection and usage attributes

Computation description: The numerator includes patients with a hip fracture readmitted to hospital with another femoral fracture within 12 months of admission to hospital from the initial hip fracture. Femoral fracture is where [Episode of care—principal diagnosis, code \(ICD-10-AM 9th edn\) ANN{,N\[N\]}](#) or [Episode of care—additional diagnosis, code \(ICD-10-AM 9th edn\) ANN{,N\[N\]}](#) is one of the following:

- S72.00 Fracture of neck of femur, part unspecified
- S72.01 Fracture of intracapsular section of femur
- S72.02 Fracture of upper epiphysis (separation) of femur
- S72.03 Fracture of subcapital section of femur
- S72.04 Fracture of midcervical section of femur (includes transcervical not otherwise specified)
- S72.05 Fracture of base of neck of femur (includes cervicotrochanteric section)
- S72.08 Fracture of other parts of neck of femur (includes fracture of hip not otherwise specified, and head of femur)
- S72.10 Fracture of trochanteric section of femur, unspecified
- S72.11 Fracture of intertrochanteric section of femur
- S72.2 Subtrochanteric fracture
- S72.3 Fracture of shaft of femur
- S72.40 Fracture of lower end of femur, part unspecified
- S72.41 Fracture of femoral condyle
- S72.42 Fracture of lower epiphysis (separation) of femur
- S72.43 Supracondylar fracture of femur
- S72.44 Intercondylar fracture of femur (T-shape fracture of femur)
- S72.7 Multiple fractures of femur
- S72.8 Fractures of other parts of femur
- S72.9 Fracture of femur, part unspecified.

Readmission may be to the hospital at which the patient had surgery for their hip fracture, or to another hospital. This relies on linked data and/or the use of a unique identifier preferably across a geographic region at which patients are likely to be readmitted (for example, a [Local Hospital Network](#)).

The 12 months is calculated from the [Episode of admitted patient care—admission date, DDMMYYYY](#), from the initial episode for the definitive treatment of the hip fracture. Exclude patients where [Episode of admitted patient care—separation mode, code N=8](#) Died.

The denominator should include a count for a period that is at least 12 months prior to the period for which readmissions are being counted.

Both the numerator and the denominator only include episodes whereby [Hospital service—care type, code N\[N\]](#) = 1 Acute care.

Presented as a percentage.

Computation: (Numerator ÷ denominator) x 100

Numerator: Number of hospital patients with a hip fracture readmitted to hospital with another femoral fracture within 12 months of admission from initial hip fracture.

Denominator: Number of hospital patients with a hip fracture admitted to hospital in a period that is at least 12 months prior to the period for which readmissions are being counted.

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:

Bliuc D, Nguyen ND, Nguyen TV, Eisman JA & Center JR 2013. Compound risk of high mortality following osteoporotic fracture and refracture in elderly women and men. *Journal of Bone and Mineral research: The Official Journal of the American Society for Bone and Mineral Research* 28(11):2317-24.