# Hip fracture care clinical care standard indicators: 7b-Proportion of patients with a hip fracture returning to private residence

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## Hip fracture care clinical care standard indicators: 7b-Proportion of patients with a hip fracture returning to private residence

## Identifying and definitional attributes

Metadata item type:	Indicator
Indicator type:	Indicator
Short name:	Indicator 7b-Proportion of patients with a hip fracture returning to private residence
METEOR identifier:	628282
Registration status:	<u>Health!</u> , Standard 12/09/2016 <u>Australian Commission on Safety and Quality in Health Care</u> , Retired 15/05/2018
Description:	Proportion of patients with a <u>hip fracture</u> living in a private residence prior to their hip fracture returning to private residence within 120 days post separation from hospital.
Rationale:	A range of interventions has been shown to improve outcomes for hip fracture patients. These include medication review, secondary fracture prevention, treatment/management of co-morbidities, addressing mental health/cognitive needs (prevention/management of delirium in particular), environmental modifications, and linkage into cultural services, primary care, community support services and carer support services (ACSQHC 2009).
	Effective discharge planning and an individualised care plan can maximise a patient's prospects of returning to their private residence.
Indicator set:	<u>Clinical care standard indicators: hip fracture</u> <u>Australian Commission on Safety and Quality in Health Care</u> , Superseded 18/06/2018 <u>Health!</u> , Standard 12/09/2016
Outcome area:	<u>Transition from hospital care</u> <u>Health!</u> , Standard 12/09/2016

### Collection and usage attributes

Computation description:	The numerator includes patients with a hip fracture living in a private residence prior to the hip fracture who also resided in a private residence 120 days post separation from hospital (including those that may not have resided in a private residence in the intervening period, but did so prior to the 120 days). Private residence includes a private home, community group home, boarding house and a unit in a retirement village. It excludes residential aged care facilities/rest homes, rehabilitation units (short term or other) and any other institutions.	
	The 120 days post separation from hospital should be calculated from Episode admitted patient care—separation date, DDMMYYYY from the hip fracture epis of care. That is, if the patient continues their stay in hospital following the hip fracture episode of care to receive rehabilitation care on an admitted basis, the date of separation should be counted as the date on which their care is transfer from the orthopaedic team to the rehabilitation team.	
	Both the numerator and the denominator only include patients with hip fracture who were followed up at 120 days. Exclude patients who:	
	<ul> <li>Were reported at admission as not residing within a private residence or their place of residence was not recorded or recorded as 'Not known'.</li> <li>Died during the hip fracture episode (i.e. where Episode of admitted patient care—separation mode, code N = 8 Died) or were deceased at the 120-day follow-up.</li> </ul>	
Computation:	(Numerator ÷ denominator) x 100	

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Numerator:	Number of patients with a hip fracture living in a private residence prior to their hip fracture who return to private residence within 120 days following their separation from the hip surgery episode of care
Denominator:	Number of patients with a hip fracture living in a private residence prior to their hip fracture
Comments:	For hospitals collecting the Australian and New Zealand Hip Fracture Registry (ANZHFR) data set (ANZHFR Steering Group 2013), the variables <i>Usual</i> <i>place of residence</i> and <i>Place of residence at 120-day follow-up</i> can be used for 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:
 ACSQHC (Australian Commission on Safety and Quality in Health Care) 2009. Preventing falls and harm from falls in older people: best practice guidelines for Australian hospitals. Sydney: ACSQHC. Viewed 5 May 2016, www.safetyandquality.gov.au/wp-content/uploads/2012/01/Guidelines-HOSP1.pdf.

 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%20Dictionary/%20v8%

20Dec%202013.pdf.

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