

# **Hip fracture care clinical care standard indicators: 5b- Proportion of patients with a hip fracture with unrestricted weight bearing status immediately post hip fracture surgery**

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# Hip fracture care clinical care standard indicators: 5b-Proportion of patients with a hip fracture with unrestricted weight bearing status immediately post hip fracture surgery

## Identifying and definitional attributes

<b>Metadata item type:</b>	Indicator
<b>Indicator type:</b>	Indicator
<b>Short name:</b>	Indicator 5b-Proportion of patients with a hip fracture with unrestricted weight bearing status immediately post hip fracture surgery
<b>METEOR identifier:</b>	696440
<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> with unrestricted weight bearing status immediately post hip fracture surgery.
<b>Rationale:</b>	Restricted weight bearing can reduce and delay patients' functional recovery and return to independent living (ANZHFR Steering Group 2014; Ariza-Vega et al. 2014).
<b>Indicator set:</b>	<a href="#">Clinical care standard indicators: hip fracture 2018</a> <a href="#">Australian Commission on Safety and Quality in Health Care</a> , Standard 15/05/2018
<b>Outcome area:</b>	<a href="#">Mobilisation and weight-bearing</a> <a href="#">Health!</a> , Standard 12/09/2016

## Collection and usage attributes

<b>Computation description:</b>	<p>For the numerator, unrestricted weight bearing status refers to the fact that the patient can be mobilised with full use of the affected limb, to weight bear as pain allows, immediately following surgery for hip fracture. This is contrasted with patients with restricted/non weight bearing status immediately post surgery, which means that there is a specific instruction that prevents the patient being allowed to fully utilise the leg irrespective of the degree of pain. Restricted weight bearing includes terms such as partial weight bear, touch weight bear and non weight bear.</p> <p>In the phrase "unrestricted weight bearing immediately post surgery", <i>immediately</i> refers to what should be aimed for with a patient as soon as practical after the hip fracture surgery. It is usually no later than the next calendar day following the surgery, when it is expected that the patient is first mobilised.</p> <p>Both the numerator and the denominator exclude patients where <a href="#">Episode of admitted patient care—separation mode, code N</a> = 8 Died, and the date of death was the date of the hip fracture surgery or the day following the surgery.</p> <p>Presented as a percentage.</p>
<b>Computation:</b>	$(\text{Numerator} \div \text{denominator}) \times 100$
<b>Numerator:</b>	Number of patients admitted to hospital with a hip fracture with unrestricted weight bearing status immediately post hip fracture surgery.
<b>Denominator:</b>	Number of patients admitted to hospital with a hip fracture who underwent surgery for their hip fracture.
<b>Comments:</b>	For hospitals collecting the Australian and New Zealand Hip Fracture Registry (ANZHFR) data set (ANZHFR Steering Group 2013), the variable <i>Full weight bear</i> can be used for the numerator of this indicator.

## Representational attributes

<b>Representation class:</b>	Percentage
<b>Data type:</b>	Real
<b>Unit of measure:</b>	Service event
<b>Format:</b>	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.anzhr.org/images/resources/Data%20Dictionary%20v8%20Dec%202013.pdf>.

ANZHFR Steering Group 2014. Australian and New Zealand guideline for hip fracture care: improving outcomes in hip fracture management of adults. Sydney: ANZHFR.

Ariza-Vega P, Jimenez-Moleon JJ & Kristensen MT 2014. Non-weight-bearing status compromises the functional level up to 1 yr after hip fracture surgery. American Journal of Physical Medicine & Rehabilitation / Association of Academic Physiatrists 93(8):641-8.