

Johansen A, Ojeda-Thies C, Poacher AT, et al. Developing a minimum common dataset for hip fracture audit to help countries set up national audits that can support international comparisons. *Bone Joint J.* 2022;104-B(6):721-728.

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Authors' reply:

Sir,

We thank Moore et al for their considered comments in response to our article.¹

The purpose of a minimum common dataset (MCD) is to define the key elements without which hip fracture audit cannot be effective. None of the existing or proposed national audits confine their work to collecting the MCD, but international comparisons are facilitated by standardization: the aspects of casemix, care, and outcome which we describe reflect an international consensus on these core questions.

Individual audits will clearly include additional questions that examine the detail of care at different stages of the care pathway. The MCD contains very few questions even about central aspects of surgical care, and anticipates more detail being added to reflect the pressures on different health services and health economies.

We recognize that pre-hospital care is an important aspect of the care pathway and certainly warrants further examination. However, on reviewing existing care pathways in collaborating countries, it is clear that there is enormous international variation in how and when patients come to hospital. In many low- and middle-income countries, there is no formal pre-hospital care pathway and it can be the family who bring the patient to hospital, sometimes days after fracture has occurred, once they have raised the money to pay for any assessment and care required. Furthermore, in this older, frequently frail group of patients, falls are common and it may not be possible to identify the date of injury retrospectively, particularly when the patient is often looked after by relatives in the first instance.

Therefore, while we agree that pre-hospital care is a key issue, we did not feel that it could be included in a minimum common dataset which could be used in all healthcare systems around the world. We would, however, be very interested to hear suggestions about which evidence-based aspects of pre-hospital care might be reliably defined in a way that is applicable to all countries as part of the next iteration of the extended hip fracture audit dataset.

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1. **Johansen A, Ojeda-Thies C, Poacher AT, et al.** Developing a minimum common dataset for hip fracture audit to help countries set up national audits that can support international comparisons. *Bone Joint J.* 2022;104-B(6):721-728.