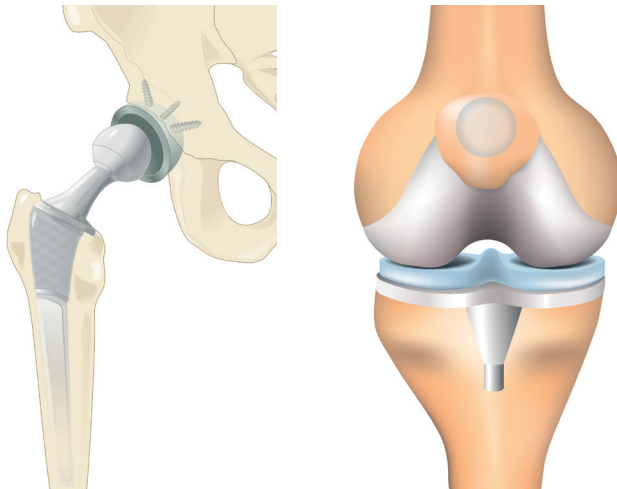


IRISH NATIONAL ORTHOPAEDIC REGISTER FIRST REPORT SUMMARY REPORT

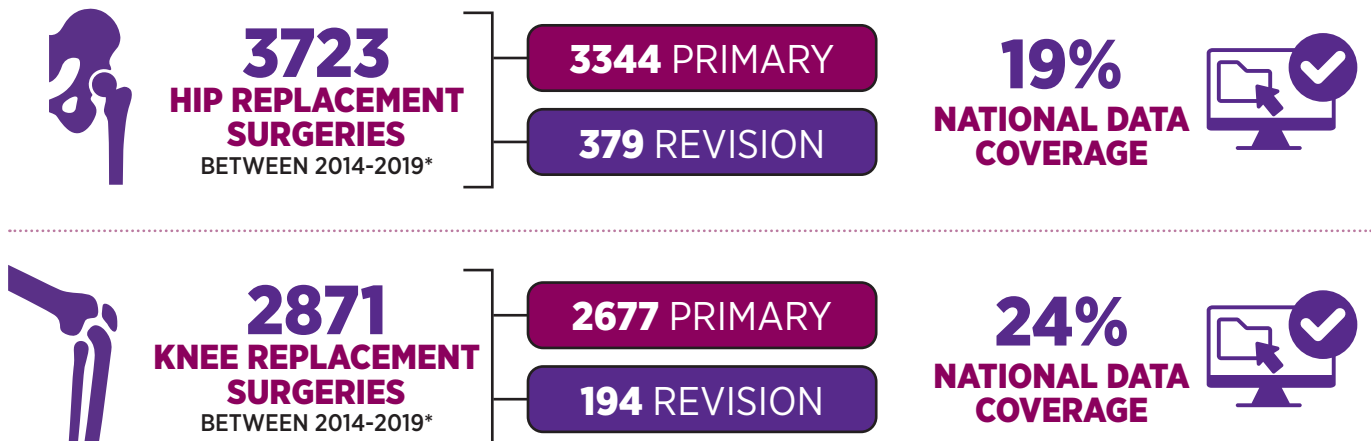
The Irish National Orthopaedic Register (INOR) was established by the National Office of Clinical Audit (NOCA) and reports on the care of patients who have had joint replacement surgery (also known as arthroplasty). INOR currently collects data on hip and knee joint replacement surgeries. INOR is clinically supported by the Irish Institute of Trauma and Orthopaedic Surgeons (IITOS).

WHAT IS A JOINT REPLACEMENT?

INOR looks at hip and knee joint replacement surgery. A hip or knee joint replacement replaces a joint that has been damaged, usually by osteoarthritis. Osteoarthritis is a condition that causes joints to become painful and stiff. Hip or knee joint replacement surgery involves the removal of the damaged joint, replacing it with an artificial joint implant. This is known as a **PRIMARY JOINT REPLACEMENT SURGERY**. This report also looks at **REVISION JOINT REPLACEMENT SURGERY**, which is performed to repair an artificial hip or knee implant that has been damaged over time.



This report presents data from 7 out of 12 elective public hospitals. These hospitals perform planned, non-emergency joint replacement surgeries.



* Data in this report includes patients from participating hospitals from 1 December 2014 to 31 July 2019. Hospitals joined INOR at different points during this time period.

KEY FINDINGS

IRISH NATIONAL ORTHOPAEDIC REGISTER



AVERAGE AGE

65 | **68**
years old | years old
PRIMARY | REVISION



50%

The proportion of males and females who required a primary hip replacement was similar with 50% male and 50% female



93%

93% of patients who had a primary hip replacement were diagnosed with osteoarthritis



Patients with a Body mass index (BMI) greater than 30 (where a patient would be categorised as having obesity)

41% | **45%**
PRIMARY | REVISION

HIP FINDINGS



Patients with a history of pre-existing disease (also known as comorbidities) at the time of surgery

68% | **75%**
PRIMARY | REVISION



1%

1% of all patients who had a primary hip arthroplasty experienced either a clot of the lung (known as a Pulmonary Embolism (PE)) or a clot of the leg (known as Deep Vein Thrombosis (DVT))



1.1%

Early revision within 1 year of primary hip replacement surgery was 1.1%. Infection (28%) and fracture of the joint (28%) were the two main reasons for early revision surgery



Antibiotics usage. All patients who have hip arthroplasty should be prescribed antibiotics

99.7% | **100%**
PRIMARY | REVISION



Rate of infection within 30 days of surgery

0.4% | **2.1%**
PRIMARY | REVISION



Patient-reported outcome measures (PROMs) completion rates were high both before and after surgery which shows patients are fully engaged with INOR. In primary hip surgery, women showed a greater improvement in quality of life than their male counterparts



AVERAGE AGE

67

years old
PRIMARY

67

years old
REVISION



A greater proportion of females required knee arthroplasty

61%
PRIMARY

57%
REVISION



98%

98% of patients who had a primary knee replacement surgery were diagnosed with osteoarthritis



Patients with a Body mass index (BMI) greater than 30 (where a patient would be categorised as having obesity)

59%
PRIMARY

55%
REVISION

KNEE FINDINGS



Patients with a history of pre-existing disease (also known as comorbidities) at the time of surgery

78%
PRIMARY

77%
REVISION



1.6%

1.6% of patients who had a primary knee replacement surgery experienced a clot. 0.4% had a clot in their lung and 0.8% experienced a clot in their leg



1.4%

1.4% of all primary knee replacement surgeries had an early revision knee procedure within 1 year of their initial surgery. 46% of these patients required early revision surgery due to infection



100%

100% of patients who had primary and revision surgery were prescribed antibiotics



Rate of infection within 30 days of surgery




0.6%
PRIMARY

2.6%
REVISION



PROMs completion rates for knee replacement surgery were also high both before and after surgery. Females showed a greater improvement in their quality of life at 6 months and 2 years following both primary and revision knee replacement

KEY RECOMMENDATIONS

RECOMMENDATIONS FOR THE NATIONAL OFFICE OF CLINICAL AUDIT	
<p>NOCA will support hospitals to ensure better data quality. NOCA will deliver more timely data validation reports to ensure ongoing review of these issues.</p>	
RECOMMENDATIONS FOR HOSPITALS/CLINICIANS	
<p>INOR Clinical Leads and participating consultants in hospitals are required to take responsibility for the quality of clinical information inputted in INOR.</p>	
RECOMMENDATIONS FOR THE HEALTH SERVICE EXECUTIVE	
<p>All public patients who have hip or knee replacement surgery should be on INOR regardless of where they have their surgery i.e. public patients who have their surgery carried out in private hospitals.</p>	

A MESSAGE FROM OUR PATIENT AND PUBLIC INTEREST REPRESENTATIVES

Arthritis affects one million people in Ireland and is the most common cause of disability in this country. One of the striking features of this important, inaugural report from the Irish National Orthopaedic Register is the close correlation it highlights between osteoarthritis and hip and knee replacement surgeries. Therefore, having data regarding clinical outcomes, patient reported outcome measures (PROMs) and patient characteristics placed in the public arena is a positive step forward in terms of transparency and accountability in our health system.



It is significant that the governance committee of INOR contains two public and patient representatives, of which I am honoured to be one. Arthritis Ireland is the national patient organisation and health research charity for people living with arthritis. In my role as head of communications and advocacy with the organisation, I am acutely aware of the impact of the condition on people's lives and the lived reality of the pain and damage caused by arthritis.

It is hugely encouraging, therefore, to note the improvements in people's quality of life as a result of hip and knee procedures. With a condition for which there is currently no cure, these procedures are truly transformative.

In the coming years, we look forward to the expansion and strengthening of INOR and the publication of further, more comprehensive reports. Patients and public will benefit from this work, in the same way that the work of INOR itself is enhanced through public and patient involvement.

Brian Lynch, Patient and Public Interest Representative, Irish National Orthopaedic Register

I am delighted to be involved with INOR and joined the meetings at the end of 2019. I work alongside the orthopaedic surgeons, INOR Manager, senior healthcare management and clinical lead(s) on the Governance Committee with a shared goal for improvement in joint replacement surgery. I contribute my opinion on all matters to the Committee and I always feel that my voice is heard in all matters. I am empowered to be the voice of the patient and support an open and transparent process of data reporting and I welcome this first report from INOR. I am particularly involved in developing the summary report, alongside this national report. The summary report is vital for spreading the findings of this report to a public audience.



There are some items that I intend to work closely with the INOR Manager on to improve the patient experience and care provided. One item in particular that I feel warrants further review is the support provided to patients in the immediate week or two after discharge from hospital.

Plunket O'Reilly, Patient and Public Interest Representative, Irish National Orthopaedic Register

NOCA National Office of
Clinical Audit

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