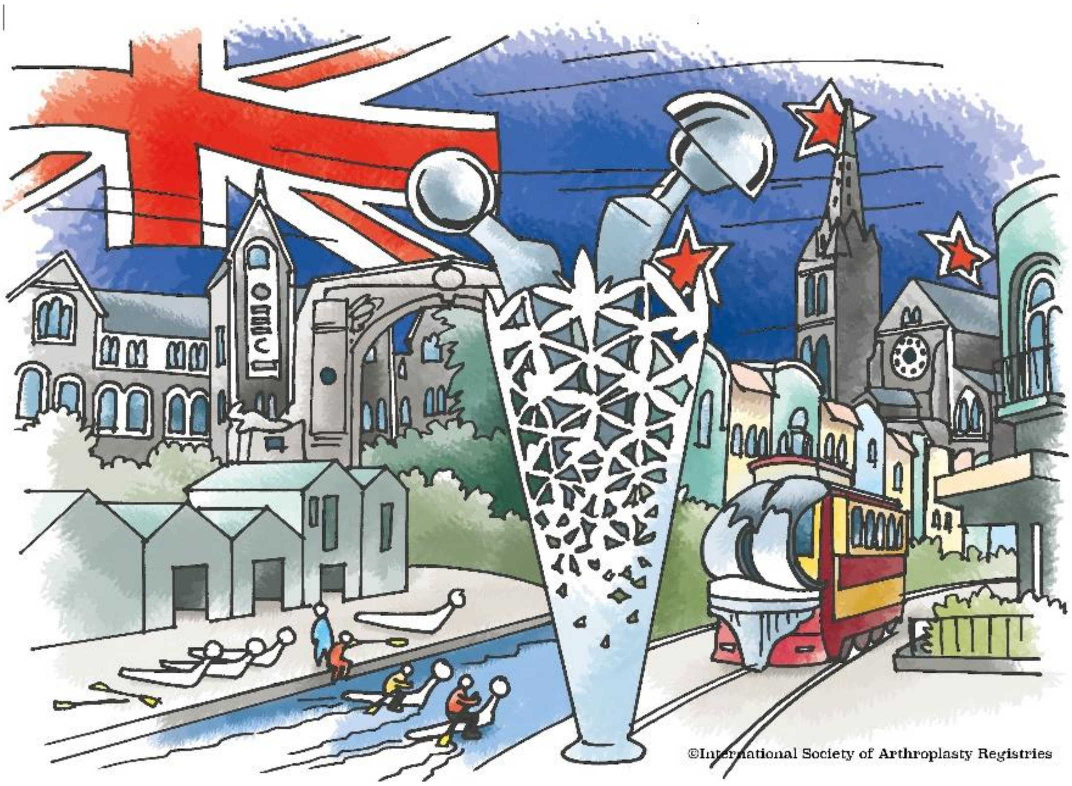

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2023 RIAP Registry Report: latest updates and future directions from the Italian registry

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Introduction

The Italian Arthroplasty Registry (RIAP) started collection of arthroplasty data in 2007 on hip and knee, on shoulder in 2017, and on ankle in 2019 aiming at building an infrastructure for quality and safety monitoring of implants. This study presents data collection results for 2007-2022.

Material and Methods

Participating institutions voluntarily submit pseudonymised data to RIAP annually. RIAP is organised as a federation of regional registries, some of which with their own data collection flow requiring harmonisation towards the common national standard. All records undergo preparation and quality check (QC) for consistency and standardisation, for variables related to both procedures and implants, before being analysed and presented as descriptive statistics in annual reports.

Results

Between 2007 and 2022, 15 of Italy's 21 regions collected data, in some cases for limited periods. In 2022, data were transmitted by 7 regions. Overall, RIAP has collected 719,294 procedures (hip: 439,589; knee: 271,516; shoulder: 8,181; ankle: 8): of these, 618,400 (hip: 371,182; knee: 239,412; shoulder: 7,806) passed QC on procedures (86%) and 393,624 (hip: 227,495; knee: 160,855; shoulder: 4,674) passed QC on devices (55%). Most institutions adhering to RIAP in both 2021 and 2022 showed increased participation (41% annual growth in total procedures). In these regions, hip, knee, and shoulder replacements increased by 34.4%, 51.2%, and 37.7%, respectively. On the observed period, on average RIAP globally represented 25% of national volume (hip: 26%; knee: 23%, shoulder: 13%).

Discussion

Six regional registers have emerged from RIAP. In large countries, the federation of registers is a good way to enable virtuous regions to have their own data that can be at least partially used. In regions where data collection has been made mandatory by local authorities, completeness has increased over the years to over 90%. To reach a full national coverage data collection must therefore be made mandatory by law.

Notes