1st Congress of International Society of Arthroplasty Registries

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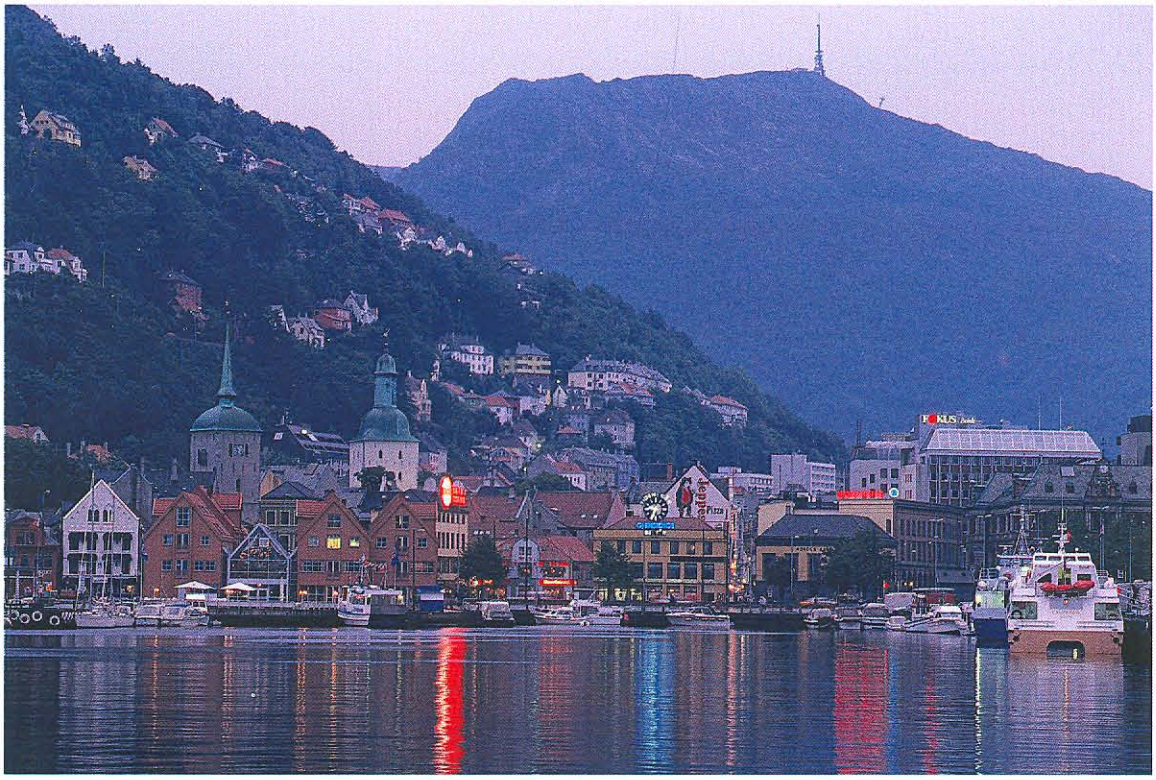

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Improving outcome of joint replacement surgery - How can arthroplasty registries contribute?

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A model to implement PROMs in the Italian National Arthroplasty Registry: hip replacement

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Background: It is well known that hip replacement is one of the most successful procedure in orthopaedics. Arthroplasty registries are the most effective way to get the best evidences about the procedure and the implanted device. Endpoint of a registry is the revision, that is the failure of the implant. However it is not able to monitor the patient health status from primary up to revision surgery.

The complexity of the factors that influence the outcome of the hip replacement highlights the need to integrate the information available from the registry with those related to the quality of life of the operated patients.

Materials and methods: Following the experience of other registries (Sweden, United Kingdom), on February 2012 a project to integrate the registry data collection with PROMs was funded by the Italian Ministry of Health. The project will last 12 month and constitutes the first pilot phase of a longer project. In this phase the protocol will be defined and submitted for approval to the Ethical Committee. Data protection requirements will be respected. The Apulia Region interested in integrating the registry results with PROMs data will be involved with a set of hospitals participating in the Apulia Arthroplasty Regional Registry. Following the introduction by the Regional Governement of rules that made compulsory the registration, the Apulia Registry raised the coverage from 13% up to 95% during 2010.

On admission, the patient undergoing a primary intervention is informed by trained nurses of the aims of the study. If the patient consents, he is enrolled, given a set of questionnaires (the validated Italian version of the HOOS questionnaire together with the EQ-5D) and asked to complete them. After about 6 months from the hospital discharge, to ensure the highest participation, the patient is contacted by phone by the Regional Epidemiologic Observatory to fill in a second set of questionnaires. The collected data will then be matched with the registry data. Statistical analyses will be performed. Patient association APMAR will be actively involved.

Discussion and conclusion: This study will design and test a model to include in the Apulia regional registry the routinely collection of PROMs. Transferability to other regions, even if only for selected hospitals, will be immediate. Data collected will integrate the Registry data supporting the decisions adopted by regional policy makers.