

Australia and New Zealand Fragility Fracture Registry (ANZFFR) Data Dictionary 2025 – Concordance Table



Patient Level Audit

Date introduced to Registry	DD Variable	Change Description / Justification	Old Coding Frame	New Coding Frame	Changes on Documents
July 2024	Patient demographics	Remove the below points which will be added to 2.06 for improved functionality: 1. Non-contactable 2. Declined FLS input 3. Opt-out	Nil	Nil needed as not a data variable; change is to support functionality	Patient Audit Form & Registry Database from 1 st July 2025
July 2025	1. Patient Information	Add data variable to record whether a patient is registered or not with a General Practitioner (GP) and allow free text entry of GP practice: 15. Patient's General Practitioner 15.1 Registered 15.2 Unregistered 15.9 Not known This supports functionality and allows us to see what percentage of patients are unregistered.	1 FFR Identifier 2 Facility ID 3 Patient first name 4 Patient last name 5 Medicare Number / NHI 6 Sex 7 Date of birth 8 Contact phone number 9 Patient email 10 Patient's post code 11 New Zealand ethnic status 12 Australian Indigenous status 13 Age derived. 14 Australian hospital medical record number	1 FFR Identifier 2 Facility ID 3 Patient first name 4 Patient last name 5 Medicare Number / NHI 6 Sex 7 Date of birth 8 Contact phone number 9 Patient email 10 Patient's post code 11 New Zealand ethnic status 12 Australian Indigenous status 13 Age derived. 14 Australian hospital medical record number 15 Patient's General Practitioner 15.1 Registered 15.2 Unregistered 15.9 Not known	Data Dictionary, Patient Audit Form & Registry Database from 1 st July 2025

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July 2022	2.02/2.03/2.04 Fracture Site	<p>Add new option box with drop-down menu when Thoraco-lumbar spine is indicated to provide clearer definition of the fracture type:</p> <p>4. Thoraco-lumbar spine 4.1 Clinical acute 4.2 Asymptomatic or non-acute</p> <p>Most vertebral fractures are fragility fractures and patients are likely to benefit from intervention. However, the estimated vertebral fracture rates which define the denominator for Key Performance Indicator 2 are for incident acute fractures only. This variable change allows identification of the KPI 2 subset within the broader group of vertebral fractures suitable for intervention.</p>	1. Wrist 2. Proximal Humerus 3. Hip 4. Thoraco-lumbar spine 5. Sacrum and pelvis 6. Other humerus 7. Elbow 8. Forearm other than wrist 9. Sternum, ribs, clavicle, scapula 10. Other femur including supracondylar knee 11. Tibial plateau and patella 12. Other lower leg and ankle	1. Wrist 2. Proximal Humerus 3. Hip 4. Thoraco-lumbar spine 4.1 Clinical acute 4.2 Asymptomatic or non-acute 5. Sacrum and pelvis 6. Other humerus 7. Elbow 8. Forearm other than wrist 9. Sternum, ribs, clavicle, scapula 10. Other femur including supracondylar knee 11. Tibial plateau and patella 12. Other lower leg and ankle	Data Dictionary, Patient Audit Form & Registry Database from 1 st July 2025
July 2022	2.06 Reason Not Appropriate for Further Assessment	<p>Add new coding frames:</p> <p>9: Declined FLS input 10: Uncontactable 11: Opt-Out</p> <p>This option replaces the existing points from the Patient Demographics section above and allows better data monitoring of these specific reasons why a patient with a fragility fracture is not suitable for Further Assessment.</p>	1. Deceased 2. Terminal illness / palliative care 3. Frailty, life expectancy of less than a year/Advanced dementia 4. End stage renal failure 5. Advanced malignancy # not due to metastasis. 6. Usual residence not in New Zealand or Australia 7. Other 8. Under care of other specialist service	1. Deceased 2. Terminal illness / palliative care 3. Frailty, life expectancy of less than a year/Advanced dementia 4. End stage renal failure 5. Advanced malignancy # not due to metastasis. 6. Usual residence not in New Zealand or Australia 7. Other 8. Under care of other specialist service 9. Declined FLS input 10. Uncontactable 11. Opt-Out	Data Dictionary, Patient Audit Form & Registry Database from 1 st July 2025

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July 2022	4.10 Falls Related Referrals for Assessment	<p>RETIRE 2nd year data indicates the information collected is not useful clinically or statistically. Retired coding frames No: 1 – 8, 10, 11, 14 -16</p> <p>This reflects experience that the retired variable has not contributed to understanding of specialist falls intervention due principally to wide regional variation in which services are engaged in falls prevention. As a result, patient-level data is not informative. A specialist falls intervention question is being added to the Facility Level Audit questions.</p>	<ol style="list-style-type: none"> 1. No referral made. 2. Physiotherapy 3. Geriatric Medicine 4. Community Occupational Therapist for an in-home safety review 5. Falls Clinic / Service 6. General Practitioner 7. Pharmacist review 8. Dietician 9. Blank 10. General Medicine/Surgery 11. Orthopaedics 12. Blank 13. Blank 14. Other 15. Rehabilitation in short-term Residential Care 16. ED/Out of hours services 	RETIRED	Data Dictionary, Patient Audit Form & Registry Database from 1 st July 2025
July 2022	5.01 DXA Ordered or Not	<p>Add in new coding frame to identify when a DXA is ordered by someone other than the FLS team:</p> <ol style="list-style-type: none"> 7. Ordered by GP/specialist 8. Ordered and self-funded by patient 9. Ordered elsewhere, not known <p>This allows tracking of DXA's funded by FLS as distinct from those ordered by a GP/specialist or arranged and self-funded by the patient directly.</p>	<ol style="list-style-type: none"> 1. Ordered 2. Declined 3. Done in last 24 months and not being repeated at this time. 4. Not appropriate 5. Not available 6. Ordered – Did not attend 	<ol style="list-style-type: none"> 1. Ordered 2. Declined 3. Done in last 24 months and not being repeated at this time. 4. Not appropriate 5. Not available 6. Ordered - Did not attend 7. Ordered by GP/Specialist 8. Ordered and self-funded by patient 9. Ordered elsewhere, not known 	Data Dictionary Patient Audit Form & Registry Database from 1 st July 2025

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July 2022	6.01 Osteoporosis-specific treatment recommendation	<p>Add new coding frame:</p> <p>17. Bone marker testing (PINP/CTX)</p> <p>This provides explanation for a time delay prior to treatment recommendation for FLS clinicians to make an informed decision based on bone marker turnover for better treatment outcomes and allows existing code 3 “Referred to Specialist” to become a final outcome for patients whose bone health will be better managed by an alternative specialist due to patient comorbidities.</p> <p>Functionality will also be changed to enable a date to be entered for all treatment recommendations including codes 1 and 2 (currently only for codes 3-99)</p>	<ol style="list-style-type: none"> Not clinically indicated Recommended but declined Referred to specialist Continue current treatment Continue current planned drug holiday Bisphosphonate therapy (prescriber’s choice) Alendronate Risedronate Zoledronate Denosumab Teriparatide Testosterone Systemic Oestrogens Systemic Oestrogen & Progesterone Romozosumab Raloxifene Not known 	<ol style="list-style-type: none"> Not clinically indicated Recommended but declined Referred to specialist Continue current treatment Continue current planned drug holiday Bisphosphonate therapy (prescriber’s choice) Alendronate Risedronate Zoledronate Denosumab Teriparatide Testosterone Systemic Oestrogens Systemic Oestrogen & Progesterone Romozosumab Raloxifene 17 Bone marker testing (PINP/CTX) Not known 	Data dictionary Patient Audit Form & Registry Database from 1 st July 2025
July 2022	7.05 Medication Commenced at 16 weeks	Amend variable 5 to provide greater accuracy	<ol style="list-style-type: none"> Blank Blank Yes - same as recommended Yes- not same as recommended No - not liaised with primary care at this time No- now declined Not known <p>DATA VARIABLES WITH “BLANK” answers will not be recorded</p>	<ol style="list-style-type: none"> Blank Blank Yes - same as recommended Yes- not same as recommended No - not started in primary care at this time No- now declined Not known <p>DATA VARIABLES WITH “BLANK” answers will not be recorded</p>	Data Dictionary Patient Audit Form & Registry Database from 1 st July 2025

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July 2022	7.06 16-week medication	Add code: 14. Bone marker testing (PINP/CTX) Reflects change made to 6.01	<ol style="list-style-type: none"> 1. Recommended but declined. 2. Awaiting specialist opinion 3. Clinical assessment not yet completed. 4. Alendronate 5. Risedronate 6. Zoledronate 7. Denosumab 8. Teriparatide 9. Testosterone 10. Systemic Oestrogens 11. Systemic Oestrogen & Progesterone 12. Romosozumab 13. Raloxifene 99. Not known 	<ol style="list-style-type: none"> 1. Recommended but declined. 2. Awaiting specialist opinion 3. Clinical assessment not yet completed. 4. Alendronate 5. Risedronate 6. Zoledronate 7. Denosumab 8. Teriparatide 9. Testosterone 10. Systemic Oestrogens 11. Systemic Oestrogen & Progesterone 12. Romosozumab 13. Raloxifene 14. Awaiting bone marker testing (PINP/CTX) 99. Not known 	Data Dictionary Patient Audit Form & Registry Database from 1st July 2025
July 2025	7.08 Medication Administered	<p>Add new section to identify who initiated treatment:</p> <ol style="list-style-type: none"> 1. As an in-patient 2. In primary care 3. By the FLS team 9. Not started yet <p>On the Patient Audit Form, all options will show.</p> <p>On the Registry Database, options 1 – 3 only will show if 7.05 Coding Frames 3 and 4 are ticked i.e.</p> <ol style="list-style-type: none"> 3. Yes – same as recommended 4. Yes – not same as recommended 		<ol style="list-style-type: none"> 1. As an in-patient 2. In primary care 3. By the FLS team 9. Not started yet 	Data Dictionary Patient Audit Form & Registry Database from 1st July 2025

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Date introduced to Registry	DD Variable	Change Description / Justification	Old Coding Frame	New Coding Frame	Changes on Documents
July 2022	8.06 Reason for No Medication at 52 Weeks	Add in new code to improve accuracy: 9. Now on drug holiday New option selected where a patient who received treatment is now due to start a drug holiday. Also, retire codes 5 and 6 which do not provide useful information. Re-number current option 9. Not Known to 99. Not Known	1. No longer appropriate (clinician) 2. Informed decline (patient) 3. Side effects 4. Cost to patient 5. Nil obvious 6. Other 7. Not asked 8. No Medications prescribed by Primary Care 9. Not known	1. No longer appropriate (clinician) 2. Informed decline (patient) 3. Side effects 4. Cost to patient 5. Blank 6. Blank 7. Not asked 8. No Medications prescribed by Primary Care 9. Now on drug holiday 99. Not Known DATA VARIABLES WITH "BLANK" answers will not be recorded.	Data Dictionary Patient Audit Form & Registry Database from 1st July 2025
July 2022	8.08 52 week-Strength and Balance	Add new code for those who have completed the referred S & B course and no longer do any exercise 7. No - course completed	1. Blank 2. Blank 3. Yes- same as referred 4. Yes- not same as referred 5. No -not started yet 6. No- now declined 9. Not known	1. Blank 2. Blank 3. Yes- same as referred 4. Yes - not same as referred 5. No - not started yet 6. No - now declined 7. No – course completed 9. Not known DATA VARIABLES WITH "BLANK" answers will not be recorded	Data Dictionary Patient Audit Form & Registry Database from 1st July 2025

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July 2025	8.10 Medication Administered	<p>Add new section to identify who initiated treatment:</p> <ul style="list-style-type: none"> 1. As an in-patient 2. In primary care 3. By the FLS team 9. Not started yet <p>On the Patient Audit Form, all options will show. On the Registry Database, options 1 – 3 only will show if 8.05 Coding Frames 2 - 11 are ticked.</p>		<ul style="list-style-type: none"> 1. As an in-patient 2. In primary care 3. By the FLS team 9. Not started yet 	<p>Data Dictionary Patient Audit Form & Registry Database from 1st July 2025</p>

Concordance Table for ANZFFR Data Dictionary

Facility Level Audit

Date introduced to Registry	DD Variable	Change Description / Justification	Old Coding Frame	New Coding Frame	Changes on Documents
July 2025	6.08 Falls-related assessment referrals options	New Facility Level Audit data variables introduced to gain more impactful data responses to drive improvement change. 4.10 Retired from patient level data and added here as 6.08.		6.08 In your region what services can you refer a patient to for a falls-related assessment or action plan? 1. Physiotherapy 2. Geriatric Medicine 3. Community Occupational Therapist for an in-home safety review 4. Falls Clinic / Service 5. General Practitioner 6. Pharmacist review 7. Dietician 8. Blank 9. General Medicine/Surgery 10. 10.Orthopaedics 11. 11.Other 12. Rehabilitation in short-term residential care 13. ED/Out of hours services	Data Dictionary & Registry Database from 1st July 2025

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Date introduced to Registry	DD Variable	Change Description / Justification	Old Coding Frame	New Coding Frame	Changes on Documents
July 2025	6.09 & 6.10 Long Term Care Plan use & changes	New Facility Level Audit data variables introduced to gain more impactful data responses to drive improvement change.		6.09 Does your service use the Long Term Care Plan built into the Registry? 1. Yes 2. No 6.10 If you answered yes, please comment on any changes you would recommend: [FREE TEXT BOX]	Data Dictionary & Registry Database from 1st July 2025
July 2025	6.11 Long Term Care Plan sent to patient	New Facility Level Audit data variables introduced to gain more impactful data responses to drive improvement change.		6.11 Do you send a copy of the Long Term Care Plan to the patient? 1. Yes, always 2. Yes, sometimes 3. No	Data Dictionary & Registry Database from 1st July 2025
July 2025	6.12 Follow-up methods	New Facility Level Audit data variables introduced to gain more impactful data responses to drive improvement change.		6.12 How does your FLS carry out follow-ups at 16 and 52 weeks: 1. Telephone contact 2. Clinical portal review only 3. Telephone contact and clinical portal review	Data Dictionary & Registry Database from 1st July 2025