

# National Joint Registry for England, Wales Northern Ireland and the Isle of Man



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## NJR - Background

- Established in 2002 following 3M hip
- Healthcare Quality Information Partnership
- Collects data about
  - Hips
  - Knees
  - Shoulder
  - Elbows
  - Ankles
- NHS and Independent Sector Healthcare
- Large register 2.8 million records

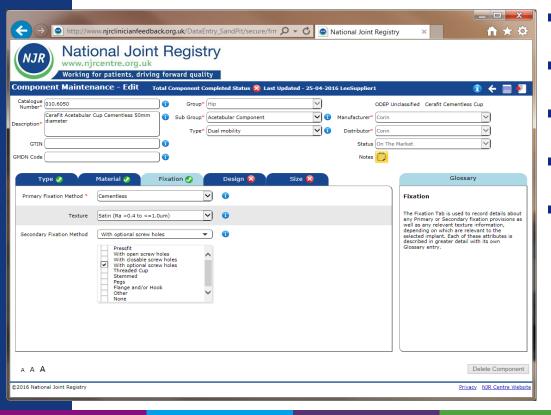


### **NJR - Data Entry**

- Via a web-based data entry application or Bulk Upload
- Primary and revision procedures include:
  - Patient demographics and identifiers
  - Operation details
  - Surgeon Details
  - Procedure details, e.g. side, indications for surgery
  - Surgical approach
  - Thromboprophylaxis
  - Untoward events
  - Details of all major components used



## **Underpinning Component Database**



- A management system directly accessible by industry
  - Industry upload, review, and amend all their own data
- NJR retains brand assignment
- Approximately 80,000 components, 40,000 GTIN
- Classification Not a simple 'library' or catalogue
- Use by other registries 'Internationalisation'



# **Component Classification**

Component Group	Component Type	Composition	Fixation Method	Implant Type
Humeral Stem	Modular Monobloc			Shoulder - Stem
Humeral Component	Unipolar Head  Bipolar Head  Liner  Proximal Section  Resurfacing	Polyethylene, Metal, Ceramic  Polyethylene,  Metal, Ceramic  Metal Polyethylene,  Combination  Metal, Ceramic		Shoulder - Humeral
Glenoid Component	Standard Plate Liner Head	Metal, Polyethylene,  Metal Polyethylene Combination  Metal, Polyethylene  Metal, Polyethylene,  Ceramic	Cemented Cementless HA Cementless Non HA	- Shoulder - Glenoid

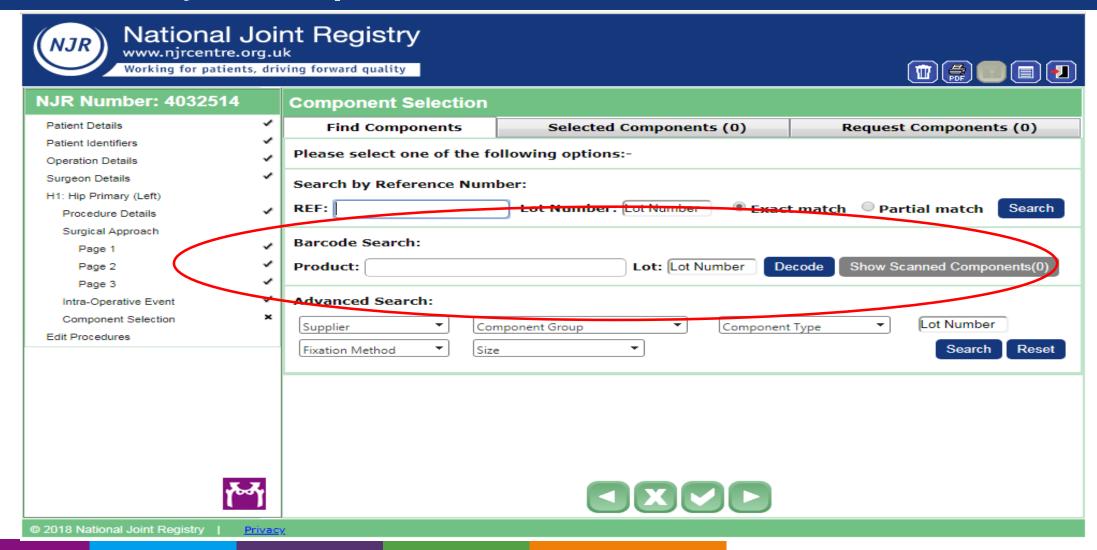


# Why the need for detailed classification?

- Traceability Patient Recall (metal on metal)
- To determine which brands have the best outcomes
- Need to standardise across variants in order to see the outcome effect of a single variant
- Is there variation in outcomes within a brand camouflaging?
- We need to be able to compare like with like
- Intelligence sharing International registers



#### **Data Entry - Components**





### **Data Entry - Ensuring Data Quality**

- Business Rules based on classification Unique to NJR
- Clinical, statistical, and implant expertise required

The component validation advice must be addressed before this surgery record can be completed.
If the advice is incorrect in this case, please tick this box.

#### Component Combination Validation Comments

Please include a Bone Substitute and Cement - Bone cement component to complete the full set of components required

Please include a Femoral group component to complete the full set of components required

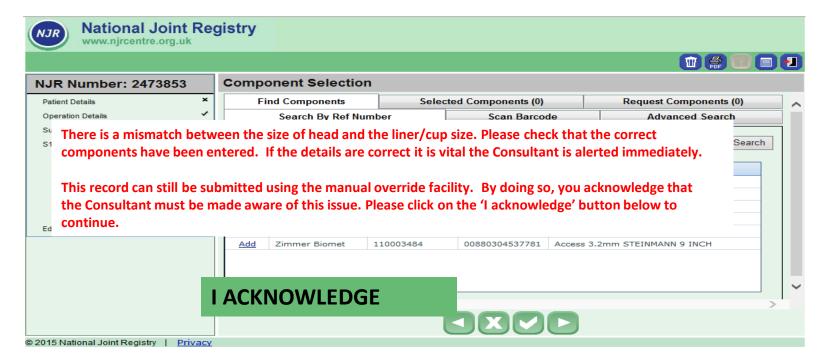
Please include TibialTrayIncludingMonobloc - Total modular to complete the full set of components required

Check with the operating surgeon that the patient procedure and implants used are correct. If correct, contact your NJR Regional Coordinator.



## Data Compatibility - Mismatched Component

- Mismatches
  - Hip Stem and cup/liner; Mix and Match
  - Knee Knee (left/right) and sided implant



#### **Never Events - How Many**

#### **Component Validation Error**

There is a mismatch between the size of head and the liner/cup size. Please check that the correct components have been entered. If the details are correct then a 'NEVER EVENT' may have occurred and it is vital the Consultant is alerted immediately.

This record can still be submitted using the manual override facility. By doing so, you acknowledge that the Consultant must be made aware of this issue. Please click on the 'I Acknowledge' button below to continue.

I Acknowledge

- 'Never events' to date:
  - Hips 26 (6)
  - Knees 11
- Post Operative too late

#### Component Validation Error

There is a mismatch between the side of operation selected in the 'Procedure Details' screen and the side that the implant is designed to be used on. If the details are correct then a 'NEVER EVENT' may have occurred and it is vital the Consultant is alerted immediately.

This record can still be submitted using the manual override facility. By doing so, you acknowledge that the Consultant must be made aware of this issue. Please click on the 'I Acknowledge' button below to continue.

I Acknowledge



#### **HSIB Report**



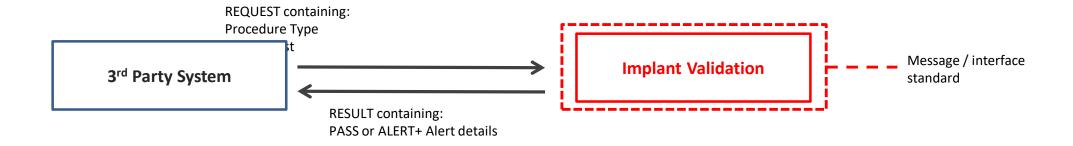
- 4. Recommendation 2018/004: The <u>Department of Health and Social Care</u> expands the remit of the working group consisting of Derby Teaching Hospitals NHS Foundation Trust's Scan4Safety Programme, the National Joint Registry, and the Medicines Healthcare products Regulatory Agency to include alerts to identify wrong prostheses prior to implantation.
- Recommendation 2018/005: The <u>Department of Health and Social Care</u> commissions
  the development and implementation of an interim basic scanning system to identify
  wrong prostheses prior to implantation.



# Scan4Safety and Third Party Systems (004)

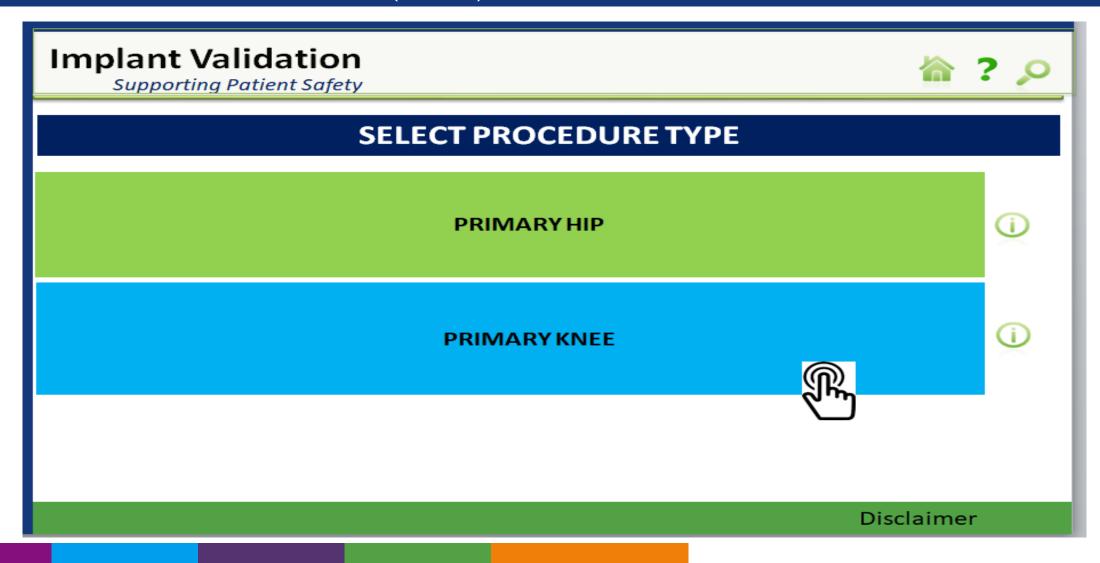


- Develop an API
  - De-Couple implant validation from NJR Data Entry
  - 'Testing' of implant combination both post and and preoperatively





### Standalone Interface (005)





#### Standalone Interface

#### **Implant Validation**

Supporting Patient Safety







SELECT SIDE:

# TOTAL KNEE

UNICONDYLAR KNEE

RIGHT SIDE





#### Standalone Interface

#### **Implant Validation**

Supporting Patient Safety











PRODUCT NOT FOUND?

Disclaimer



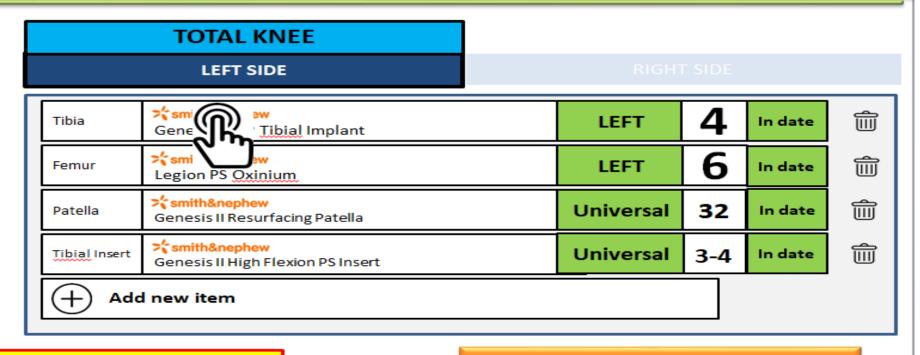
#### Standalone Interface

#### **Implant Validation**

Supporting Patient Safety







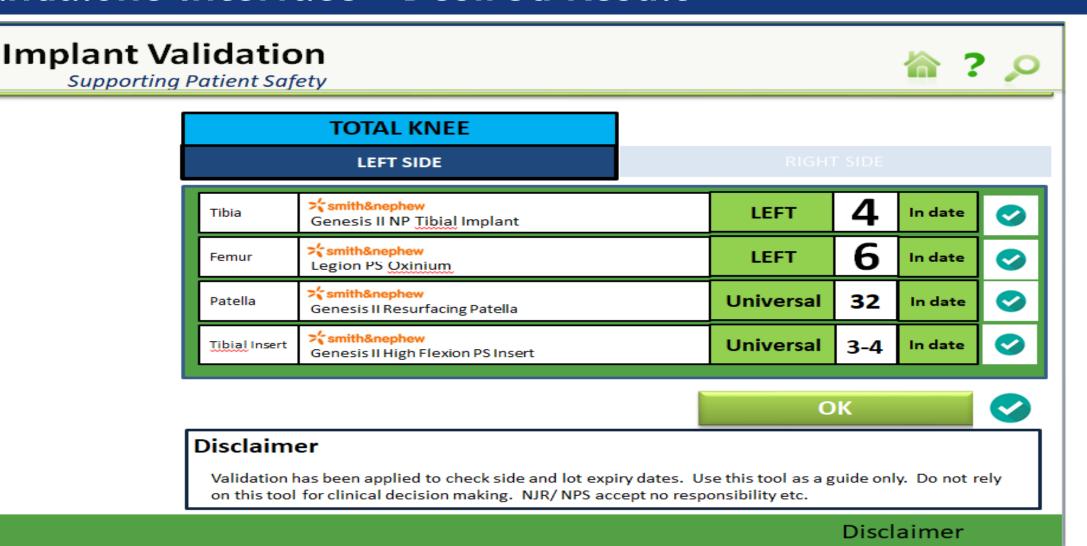
To Review an Item

CHECK IMPLANT COMBINATION

Disclaimer

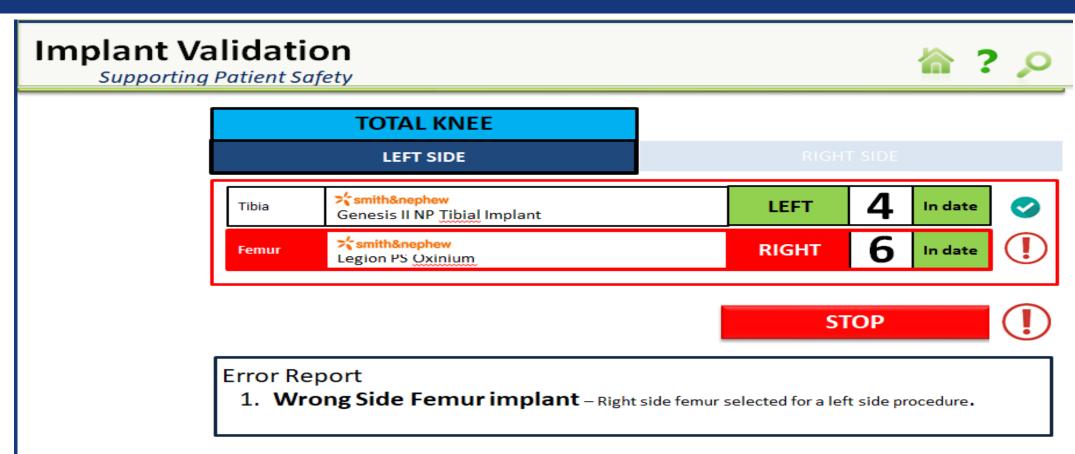


#### Standalone Interface - Desired Result





#### Standalone Interface - Never Event Avoided



Disclaimer

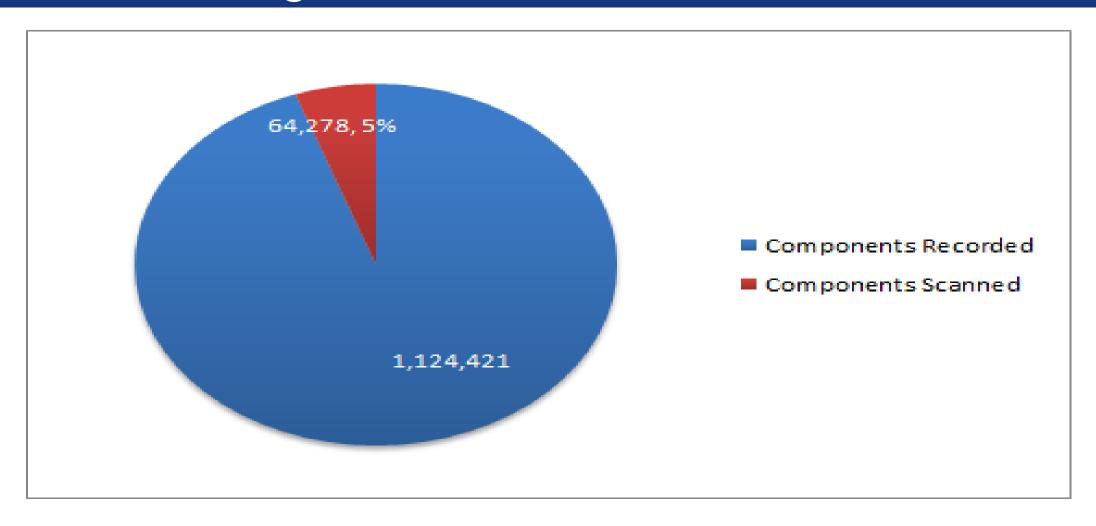


#### **Barcode Scanning**

- Pre-UDI
  - Unmanageable Multiplicity of barcode standards
  - 'All too difficult' Multiplicity of processes
  - 'Too expensive' Barcode scanners too expensive
- Post-UDI
  - More manageable Fewer standards (GTIN)
  - 'All too difficult' Still no common processes
  - 'Barcode scanners don't work' 3D Barcodes
  - 'Too expensive' £30-40 for a 3D scanner



# Barcode Scanning Rates 2018 - 5%





# How to improve scanning rates?

- Development and support of interfaces for pre-operative implant validation
- Data Quality Programme increasing awareness
- Awareness of frequency of Never Events
- Support to develop interfaces
- Linkage to procurement systems?