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**Johansen A, Ojeda-Thies C, Poacher AT, et al.** Developing a minimum common dataset for hip fracture audit to help countries set up national audits that can support international comparisons. *Bone Joint J.* 2022;104-B(6):721-728.

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*Sir,*

We read this article with interest.<sup>1</sup> We fully agree with the need for an internationally accepted minimum dataset to aid collaboration and improve the monitoring and outcomes of hip fracture services.

On reading this paper, we note the strong focus on hospital data, with minimal inclusion of pre-hospital care data in the key fields, other than pre-fracture residence and mobility. We propose that additional pre-hospital data be considered for inclusion in future updates to the minimum common dataset (MCD) for the following reasons. Time to surgery is a key factor affecting surgical outcome but may not be accurately determined from time of arrival in hospital (currently the MCD measure). While the time and date of injury are proposed in the optional fields, the time to the initiation of care and transport time, especially in rural and remote settings,<sup>2</sup> also contribute to the time to surgery and should be considered when interpreting the interval between time of injury and time of arrival in hospital. Similarly, pre-hospital care including pain control may affect the patient's cognitive state,<sup>3</sup> while patient positioning and methods of fracture management may influence transport times, subsequently increasing the risk of developing pressure ulcers,<sup>4,5</sup> both of which may delay the time to surgery.

These additional data are typically collected by first responders (e.g. paramedics) and could make a valuable contribution to the MCD. Specifically, these pre-hospital data may explain subsequent variables already included in the MCD, such as time between presentation to hospital and surgery, and could facilitate new methods of analyzing hip fracture registries to improve patient outcomes. Considering these factors, we believe that the date and time of the hip fracture should be considered a key field, with additional pre-hospital care data included as optional fields to allow a more comprehensive analysis.

We commend the authors on the preparation of this proposal for a MCD for hip fractures but concur with the World Health Organization in identifying numerous contributing factors to the risk of falls and subsequent disability, including hip fracture.<sup>6</sup> We contend that the inclusion of carefully selected pre-hospital care data may enhance the usefulness of hip fracture registry data for international comparisons and improve patient outcomes.

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Conflicts of Interest: None