AAOS FTR POWERED BY PATIENTIQ

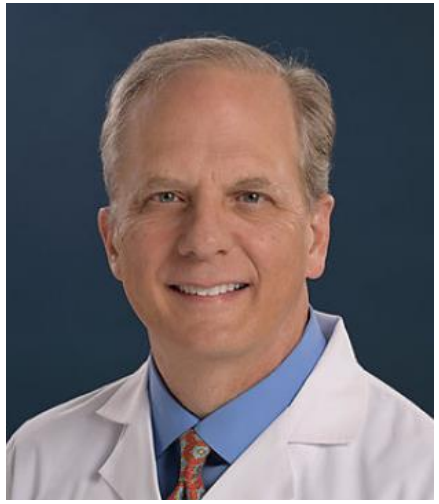
With St. Luke's University Health Network

October 30, 2024

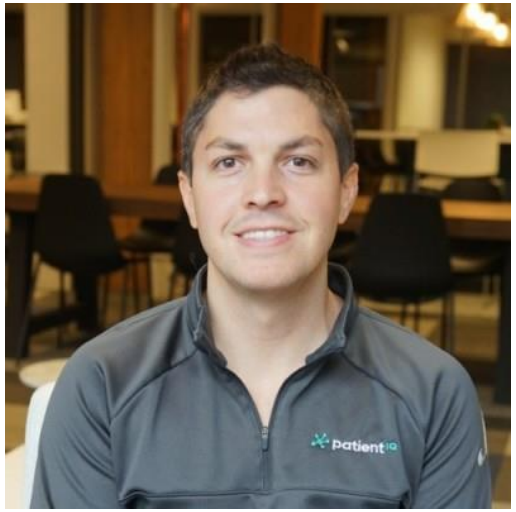
AAOS American Academy of Orthopaedic Surgeons | FTR Fracture & Trauma Registry

St Luke's University Health Network | patientIQ

SPEAKERS



Dr. Douglas W. Lundy, MD, MBA, FAAOS
St Luke's University Health Network
FTR Steering Committee



Matthew Gitelis
Founder, CEO
PatientIQ

AAOS American Academy of Orthopaedic Surgeons | FTR Fracture & Trauma Registry

St Luke's University Health Network | patientIQ

AGENDA

1. **St. Luke's: Leading the Future of Registry Participation**
   - Overview of the AAOS Fracture & Trauma Registry
   - St. Luke's Challenges in Traditional Data Collection
   - PatientIQ & St. Luke's Partnership
2. **FTR Powered by PatientIQ: Transforming Data Collection**
   - Automating Data Collection with PatientIQ
   - Smart Strategies to Boost Compliance
3. **Registry Participation Impact: Results that Matter**
   - Value for Providers and Patients
   - Future Vision for the FTR
4. **Questions & Answers**

AAOS American Academy of Orthopaedic Surgeons | FTR Fracture & Trauma Registry | St Luke's University Health Network | patientIQ

INTRODUCTION

AAOS American Academy of Orthopaedic Surgeons | FTR Fracture & Trauma Registry | St Luke's University Health Network | patientIQ

FRACTURE & TRAUMA REGISTRY

Mission:

- The purpose of the FTR is to **improve care and outcomes** for patients with fractures and traumatic injuries through the collection, analysis, and dissemination of high-quality data.
- This registry aims to support best practices, enhance patient safety, and foster research into injury patterns, treatment outcomes, and quality improvement in orthopaedic trauma care.

Strategy:

- We will **improve orthopaedic trauma care quality** by establishing a comprehensive, centralized record of injury, treatment, and outcome data.
- The FTR will serve as a research-grade resource for investigating injury patterns, procedural outcomes, risk factors, and functional recovery.
- FTR data will provide insights that support clinical decision-making and quality initiatives in trauma care, while facilitating maximum participation through streamlined data entry and integration with clinical workflows.

AAOS
American Academy of Orthopaedic Surgeons

AAOS
American Academy of Orthopaedic Surgeons

OTA
Orthopaedic Trauma Association

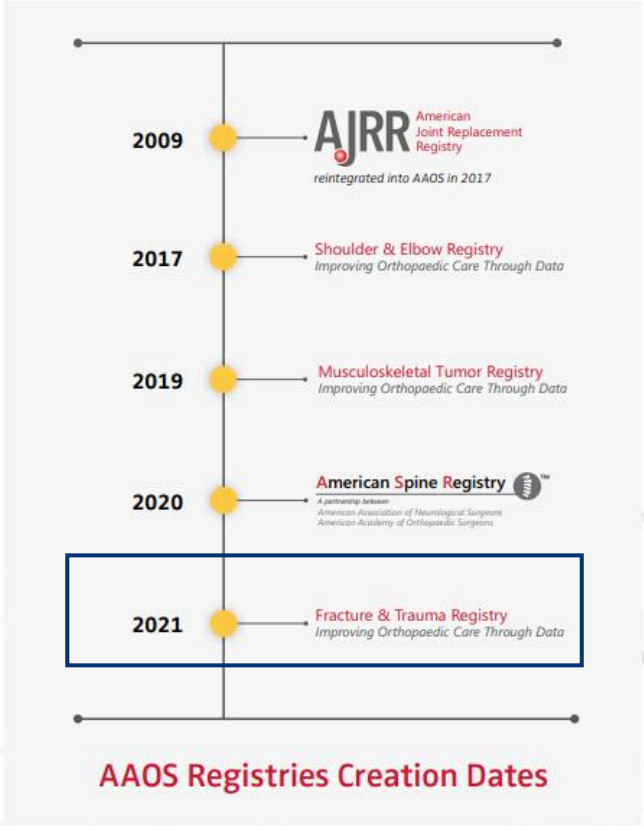
AAOS
American Academy of Orthopaedic Surgeons

FTR
FRACTURE & TRAUMA REGISTRY

St Luke's
UNIVERSITY HEALTH NETWORK

patientIQ

FRACTURE & TRAUMA REGISTRY



AAOS Registries Creation Dates

ESTABLISHED IN 2021, PUBLIC LAUNCH IN 2022

- **35+ sites actively contracted**
- **19,000+ procedures**

5 MODULES

- Ankle Fracture
- Distal Femur Fracture
- Distal Radius Fracture
- Hip Fracture
- Proximal Humerus Fracture

AAOS American Academy of Orthopaedic Surgeons | FTR Fracture & Trauma Registry | St Luke's University Health Network | patientIQ

FTR STEERING COMMITTEE

Michael J. Gardner, MD, FAAOS – Chair
- Stanford University

Jaimo Ahn, MD, PhD, FAAOS
- Emory University

Kyle J. Jeray, MD, FAAOS
- Prisma Health

Douglas W. Lundy, MD, MBA, FAAOS
- St. Luke's University Health Network

Saam Morshed, MD, PhD, MPH, FAAOS
- University of California, San Francisco

William T. Obremskey, MD, MPH, FAAOS
- Vanderbilt Ortho Institute

Steven A. Olson, MD, FAAOS
- Duke Hospital

Heather A. Vallier, MD, FAAOS
- Case Western Reserve University

AAOS American Academy of Orthopaedic Surgeons | FTR Fracture & Trauma Registry | St Luke's University Health Network | patientIQ

DATA COLLECTED BY THE FTR

Patient	Fracture and Trauma Details	Procedure	Comorbidities and Complications	Patient-Reported Outcomes

• Name (Last, First)
• Date of Birth
• Social Security Number
• Diagnosis (ICD-10)
• Gender
• Race/Ethnicity
• Residential Setting
• Ambulatory Status
• Pre-operative Modified Frailty Index (MFI-5)
• Delirium Score
	• Fracture Type
	• Fracture Group
	• Fixation Type
	• Fracture Status
	• Fracture Stability
	• Fracture Location-specific Treatments
	• Articular Impaction Details
	• Injury Mechanism
	• Injury to Reduction Time
	• Injury to Surgery Time
	• Anesthesia Type
		• Type (ICD-10, CPT)
		• Date of Surgery
		• Injury Data
		• Regional Block
		• Osteoporosis Screening
		• Calcium/Vitamin D Supplementation
		• Implants and Grafts
			• Comorbidities (ICD-10)
			• Height + Weight/Body Mass Index
			• Length of Stay
			• American Society of Anesthesiologists Score
			• Charlson Comorbidity Index (CCI)
			• Operative and Post-operative Complications
			• COVID-19 as a prior diagnosis
				• PROMIS-10 Global or VR-12
				• PROMIS Physical Function
				• Anatomic-specific PROMs for each module
				• **Also Accepted:**
				  • PROMIS-29
				  • PROMIS Anxiety
				  • PROMIS Depression
				  • PROMIS Pain Interference
				  • PROMIS-CAT (only accepting summary scores)

AAOS American Academy of Orthopaedic Surgeons | FTR Fracture & Trauma Registry | St Luke's University Health Network | patientIQ

CLINICIAN-ENTERED ENHANCED DATA SUBMISSION

The overall quality, accuracy, and completeness of Registry data will be enhanced by capturing a broader array of advanced clinical information through clinician-entered elements.

Enriched Data Set

Comprehensive and detailed datasets support more robust analyses, leading to better-informed decision-making, research outcomes, and quality improvement initiatives

Accuracy

Clinician-entered data is often more accurate and reflective of the actual patient encounter. Clinicians can verify and validate the information they input, ensuring data accuracy and integrity.

Completeness

Help fill gaps and ensure that all pertinent clinical details are documented in real-time, minimizing the risk of data gaps or omissions that could compromise the completeness of the dataset.

AAOS American Academy of Orthopaedic Surgeons | FTR Fracture & Trauma Registry

St Luke's University Health Network | patientIQ

ENHANCED DATA ELEMENTS

Ankle	Anesthesia Type	1-6 (1=General; 2=Spinal; 3=Epidural; 4=Nerve block: Femoral/Sciatic/Adductor/etc; 5=Monitored Anesthesia Care (MAC), 6=Not reported or NR). NOTE: A com be used if there is more than one technique "1, 2" for general, spinal).
Ankle	Associated Articular Impaction	1-3 (1=Yes; 2=No; 3=Not Reported or NR)
Ankle	Injury Type	1-6 (1=Lateral Fracture; 2=Posterior Fracture Fracture,4=Syndesmotic Injury, 5=Medial De Reported) NOTE: a comma separation may more than one
Ankle	Fixation Type	1-9 (1=Lateral Treatment, 2=Lateral Adjunct Malleoulus Treatment, 4=Medial Treatment Fixation, 6=Other Treatment, 7=Ankle Arthr 8=AdjunctTreatment, 9=Not Reported or NF
Ankle	Ankle Dislocation	1-3(1=Subluxation; 2=Dislocation; 3=Not Re
Ankle	Fracture Open/Close Status	1-3(1=Open; 2=Closed; 3=Not Reported or N
Ankle	Closed Reduction	1-3 (1=Yes; 2=No; 3=Not Reported or NR)
Ankle	Staged from External Fixation	1-3 (1=Yes; 2=No; 3=Not Reported or NR)
Ankle	Modified 5-Item Frailty Index C	Total; 0-5, Not reported or NR

Distal Radius	Anesthesia Type	1-4 (1=General; 2=Nerve Block: Interscalene 3=Monitored Anesthesia Care (MAC); 4=No NOTE: A comma separation may be used if one technique administered (e.g., "1, 2" for
Distal Radius	Fracture Type	1-4 (1=Extraarticular Fracture (2R3A), 2=Par (2R3B), 3=Complete Articular Fracture (2R3 NR)
Distal Radius	Fracture Status	1-3 (1=Open; 2=Closed; 3=Not reported or
Distal Radius	Pre-Op Closed Reduction	1-3 (1=Yes; 2=No; 3=Not reported or NR)
Distal Radius	Angulation Type	1-3 (1=Dorsal; 2=Volar; 3=Not reported or
Distal Radius	Shear Type	1-3 (1=Dorsal; 2=Volar; 3=Not reported or NR)
Distal Radius	Scaphoid Fracture	1-3 (1=Yes; 2=N
Distal Radius	Ipsilateral Ulnar Fracture	1-5 (1=None; 2=
Distal Radius	Fixation Type	1-4 (1=ORIF; 2= or NR)
Distal Radius	TFCC Repair	1-3 (1=Yes; 2=N
Distal Radius	DRUJ Stabilization	1-5 (1=Splint, 2 Reported)
Distal Radius	Modified 5-Item Frailty Index C	Total; 0-5, Not

Distal Femur	Anesthesia Type	1-6 (1=General; 2=Spinal; 3=Epidural; 4=Nerve block: Femoral/Sciatic/Adductor/etc; 5=Monitored Anesthesia Care (MAC), 6=Not reported or NR). NOTE: A comma separation may be used if there is more than one technique administered (e.g., "1, 2" for general spinal).
Distal Femur	Fracture Type	1-5 (1=Extraarticular Fracture (33A), 2=Partial Articular Fracture (33B), 3=Complete Articulate Fracture (33C), 4= Periprosthetic, 5=Not Reported or NR)
Distal Femur	Fixation Type	1-6 (1=Lateral Locking Plate, 2=Retrograde Nail, 3=Nail Plate Combination, 4=Dual Plates, 5=Distal Femur Replacement (DFR), 6=Not Reported or NR)
Distal Femur	Bone Defect	1-3 (1=Yes; 2=No; 3=Not reported or NR)
Distal Femur	Bone Cement	1-3 (1=Yes; 2=No; 3=Not reported or NR)
Distal Femur	Modified 5-Item Frailty Index C	Total; 0-5, Not reported or NR

Hip	Anesthesia Type	1-7 (1=Genera Plexus/Psoas/ Femoral/Sciat Care (MAC) ; 7=Not reported or NR); PLEASE NOTE: a comma separation may be used if there is more than one technique administered (e.g., "1, 4").
Hip	Surgical Approach	1-5 (1=Anterior (any type); 2=Lateral (any type); 3=Posterior (any type); 4=Other; 5=Not Reported or NR)
Hip	Surgical Technique	1-4 (1=Hemiarthroplasty; 2=Total Joint Arthroplasty; 3=Fixation; 4= Not Reported or NR)
Hip	Fracture Type	1-4 (1=Intertrochanteric Fracture (31A); 2=Femoral Neck Fracture (31B); 3=Subtrochanteric Fracture, 4=Not Reported)
Hip	Fracture Stability	1-3 (1=Stable; 2=Unstable; 3=Not Reported)
Hip	Modified 5-Item Frailty Index C	Total; 0-5, Not reported or NR

Proximal Humerus	Anesthesia Type	1-4 (1=General; 2=Nerve Block: Interscalene/Axillary/etc; 3=Monitored Anesthesia Care (MAC); 4=Not reported or NR). NOTE: a comma separation may be used if there is more than one technique administered (e.g., "1, 2" for general with nerve block).
Proximal Humerus	Fracture Type	1-4 (1=Extraarticular, unifocal, 2-part fracture (11A), 2=Extraarticular, bifocal, 3-part fracture (11B), 3=Articular or 4-part fracture (11C), 4=Not Reported or NR)
Proximal Humerus	GH Dislocation	1-3 (1=Yes; 2=No; 3=Not Reported or NR)
Proximal Humerus	Full RCT	1-3 (1=Yes; 2=No; 3=Not Reported or NR)
Proximal Humerus	Shoulder Osteoarthritis	1-3 (1=Yes; 2=No; 3=Not Reported or NR)
Proximal Humerus	Inflammatory Arthritis	1-3 (1=Yes; 2=No; 3=Not Reported or NR)
Proximal Humerus	Surgical Approach	1-5 (1=Deltopectoral; 2=Deltoid Split/Anterolateral; 3=Percutaneous; 4=other; 5=Not reported or NR)
Proximal Humerus	Surgical Technique	1-6 (1=Hemiarthroplasty; 2=Reverse Shoulder Arthroplasty; 3=IM Nailing; 4=Locked Plating; 5=Percutaneous Pin Fixation; 6= Not Reported or NR)
Proximal Humerus	Modified 5-Item Frailty Index C	Total; 0-5, Not reported or NR

AAOS American Academy of Orthopaedic Surgeons | FTR Fracture & Trauma Registry | St Luke's University Health Network | patientIQ

ST. LUKE'S CHALLENGES

St. Luke's was motivated to participate in FTR, but experienced challenges with manual participation

IT burden to extract procedure and patient-reported outcome data

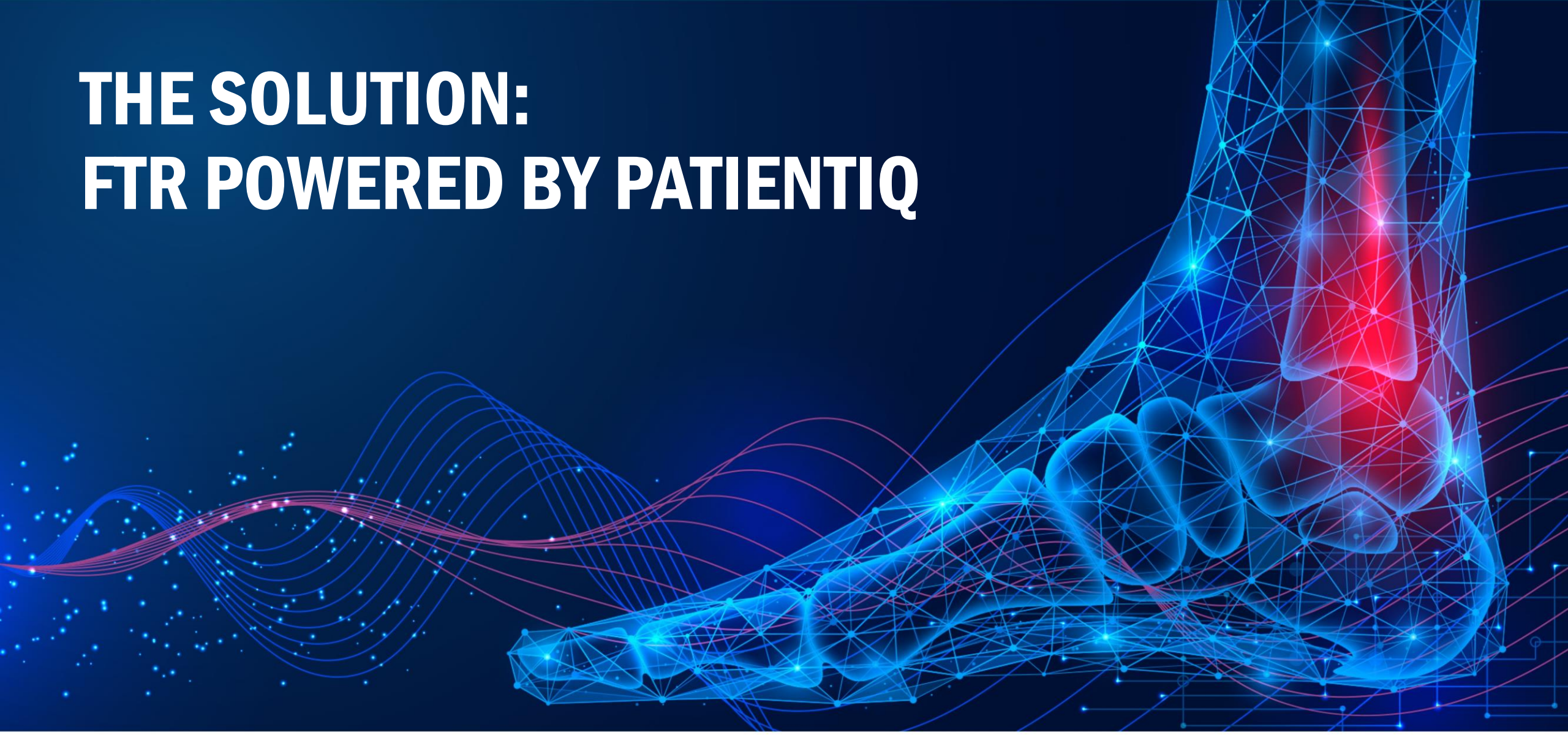
Manual workflows to extract, aggregate, format and submit data each month

Lack of structured data available in the EHR for registry-specific use cases

AAOS American Academy of Orthopaedic Surgeons | FTR Fracture & Trauma Registry

St Luke's University Health Network | patientIQ

THE SOLUTION:
FTR POWERED BY PATIENTIQ



AAOS American Academy of Orthopaedic Surgeons | FTR Fracture & Trauma Registry

St Luke's University Health Network | patientIQ

PATIENTIQ INTRODUCTION

Healthcare software company that supports institutions in collecting and analyzing patient outcome data

The cloud-based PatientIQ platform translates patient-provided data into insights that support:

- Quality improvement
- Clinical research
- Regulatory reporting

Building the largest network of healthcare providers, researchers, and industry partners collaborating to improve patient outcomes

Fast facts:

- Founded in 2016
- Headquartered in Chicago, IL
- 9M+ patients enrolled
- 700+ healthcare organizations

AAOS American Academy of Orthopaedic Surgeons | FTR Fracture & Trauma Registry | St Luke's University Health Network | patientIQ

OUTCOMES DATA COLLECTED ACROSS OUR NETWORK

Health Systems*

Specialty Practices*

700+
Healthcare Organizations

5,000+
Sites of Care

9M+
Patients Enrolled

1M+
PROMs Collected Monthly

** Only select sites shown*

AAOS
American Academy of Orthopaedic Surgeons

FTR
FRACTURE & TRAUMA REGISTRY

patientIQ

FTR POWERED BY PATIENTIQ

To reduce the burden on St. Luke's clinical and IT teams, PatientIQ:

1. Automates collection of all procedure and patient-reported outcomes data
2. Embeds forms in Epic to collect clinician-entered, advanced data
3. Aggregates and translates data to meet registry specifications
4. Submits data to AAOS monthly

AAOS American Academy of Orthopaedic Surgeons | FTR FRACTURE & TRAUMA REGISTRY

St Luke's University Health Network | patientIQ

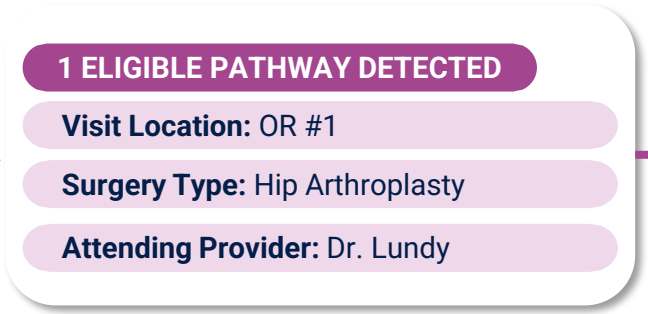
AUTOMATED PATIENT ENROLLMENT

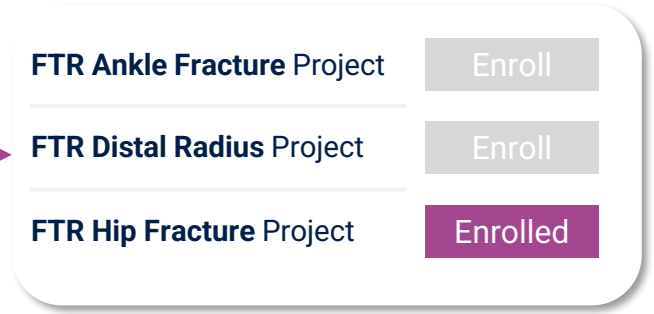
St. Luke's patients are auto-enrolled into the appropriate FTR project when a visit is scheduled

1 INTEGRATE

2 IDENTIFY

3 ENROLL





AAOS American Academy of Orthopaedic Surgeons | FTR Fracture & Trauma Registry

St Luke's University Health Network | patientIQ

AUTOMATED PROCEDURE DATA COLLECTION

FTR forms are embedded directly in Epic and auto-populated with all data required for submission

patient IQ on FHIR

Patient Demographics
- First & Last Name
- Date of Birth
- Date of Death
- Race, Ethnicity, & Sex
- Email & Phone Number

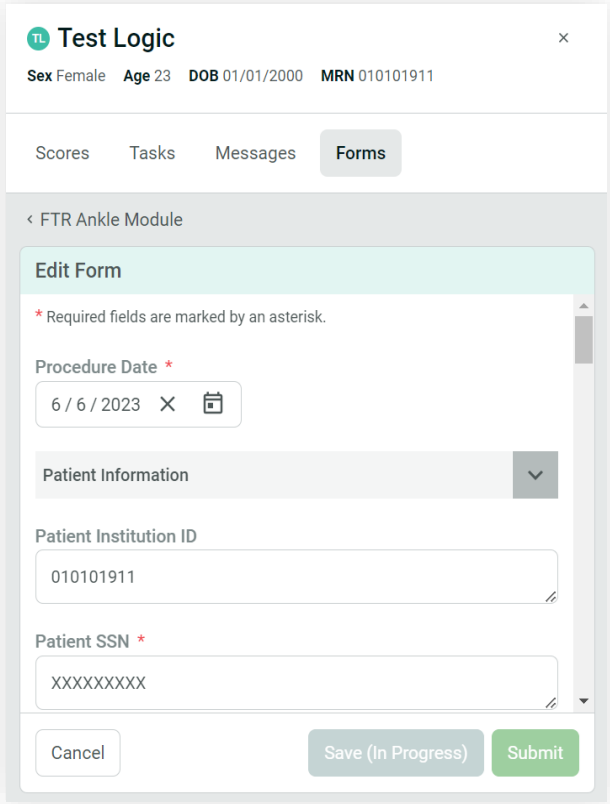
Vitals
- Blood pressure
- Heart rate
- Height & weight
- Body Mass Index

Encounter Information
- Date & Location
- Provider
- Diagnosis (ICD 10)
- Procedures (CPT)

Procedures
- Performer
- Date & Time
- Body site

Health Insurance
- Coverage Status & Type
- Member & Group ID

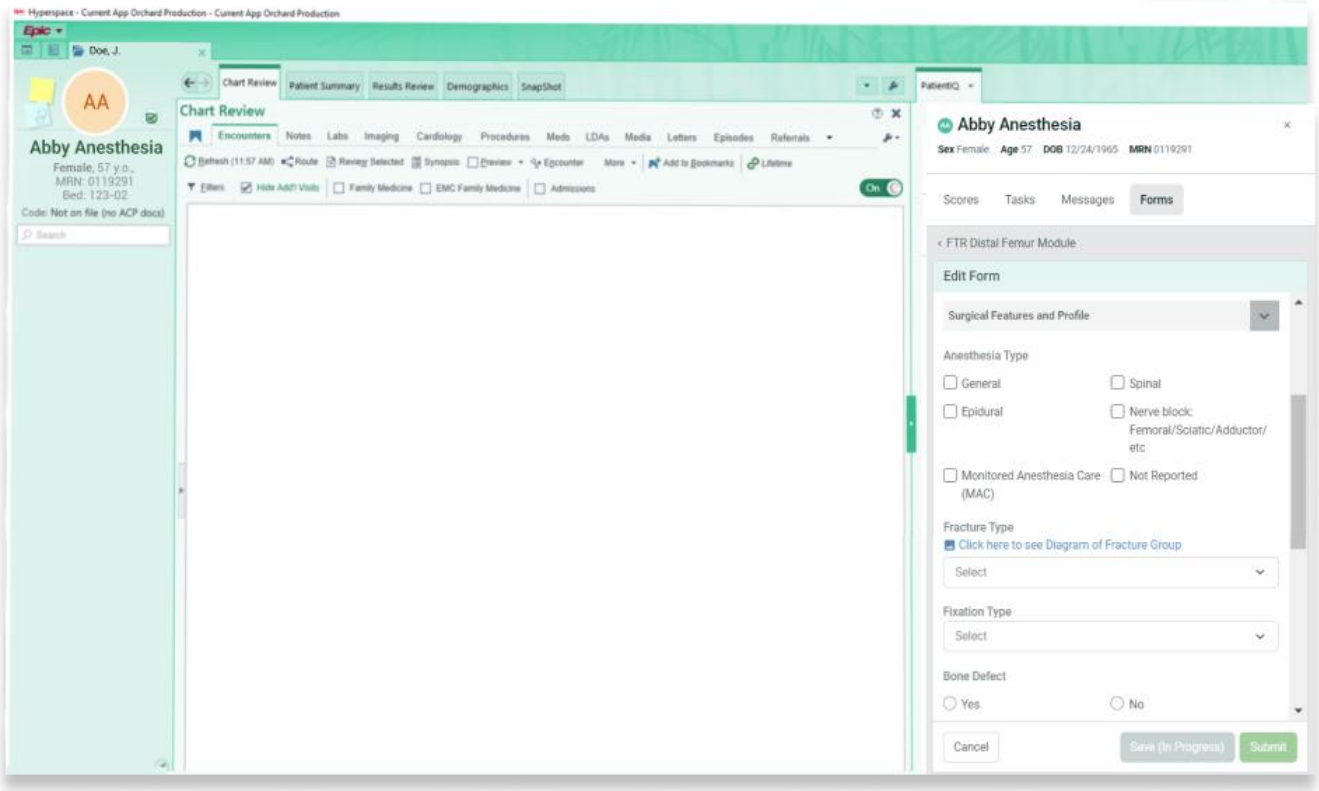
Implants
- Universal Device Identifier
- Manufacturer



AAOS American Academy of Orthopaedic Surgeons

St Luke's University Health Network | patient IQ

ENHANCED DATA COLLECTION



Forms Populated Directly in Epic

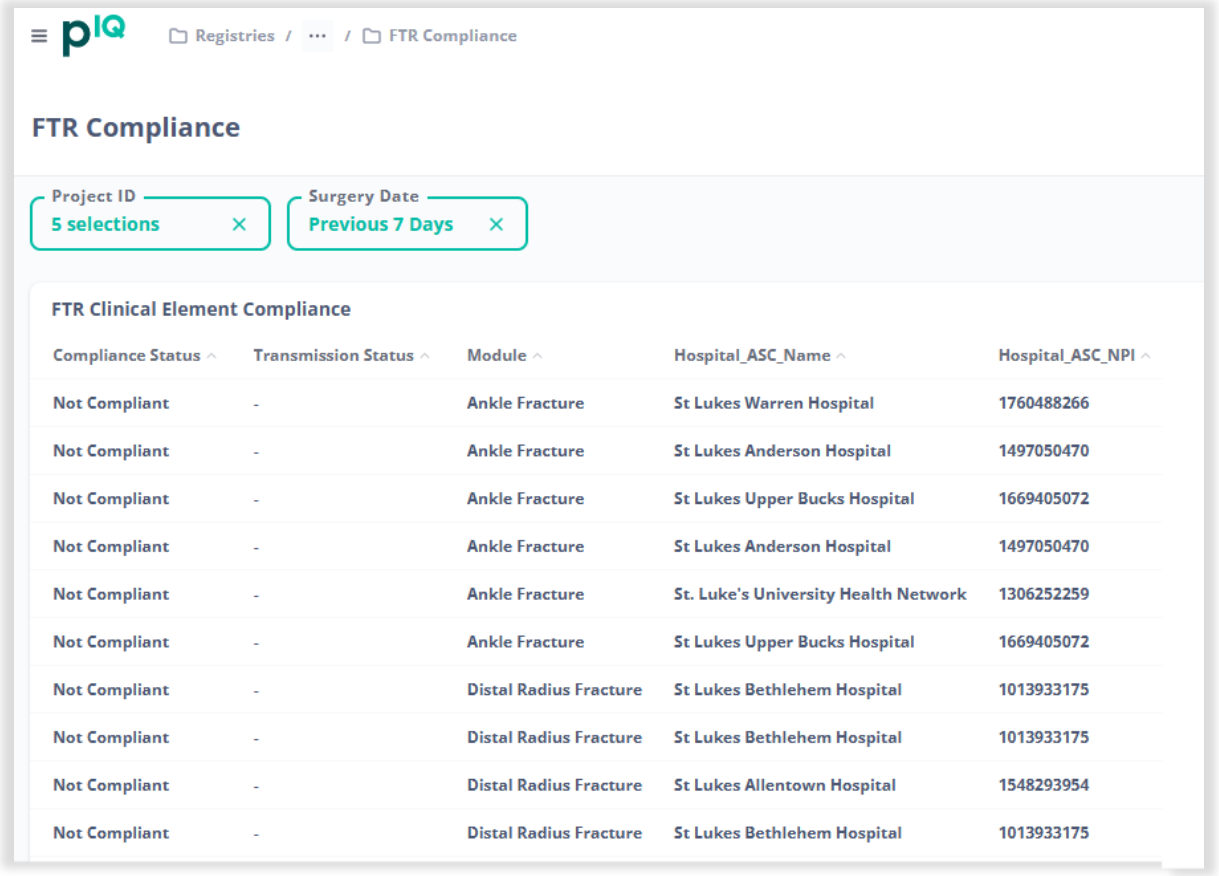
St. Luke's residents populate forms with enhanced data at the point of care, including:

- Fracture Type
- Fixation Type
- Surgical Approach

AAOS American Academy of Orthopaedic Surgeons | FTR Fracture & Trauma Registry

St Luke's University Health Network | patientIQ

REPORTING TO BOOST COMPLIANCE



Compliance Status	Transmission Status	Module	Hospital_ASC_Name	Hospital_ASC_NPI
Not Compliant	-	Ankle Fracture	St Lukes Warren Hospital	1760488266
Not Compliant	-	Ankle Fracture	St Lukes Anderson Hospital	1497050470
Not Compliant	-	Ankle Fracture	St Lukes Upper Bucks Hospital	1669405072
Not Compliant	-	Ankle Fracture	St Lukes Anderson Hospital	1497050470
Not Compliant	-	Ankle Fracture	St. Luke's University Health Network	1306252259
Not Compliant	-	Ankle Fracture	St Lukes Upper Bucks Hospital	1669405072
Not Compliant	-	Distal Radius Fracture	St Lukes Bethlehem Hospital	1013933175
Not Compliant	-	Distal Radius Fracture	St Lukes Bethlehem Hospital	1013933175
Not Compliant	-	Distal Radius Fracture	St Lukes Allentown Hospital	1548293954
Not Compliant	-	Distal Radius Fracture	St Lukes Bethlehem Hospital	1013933175

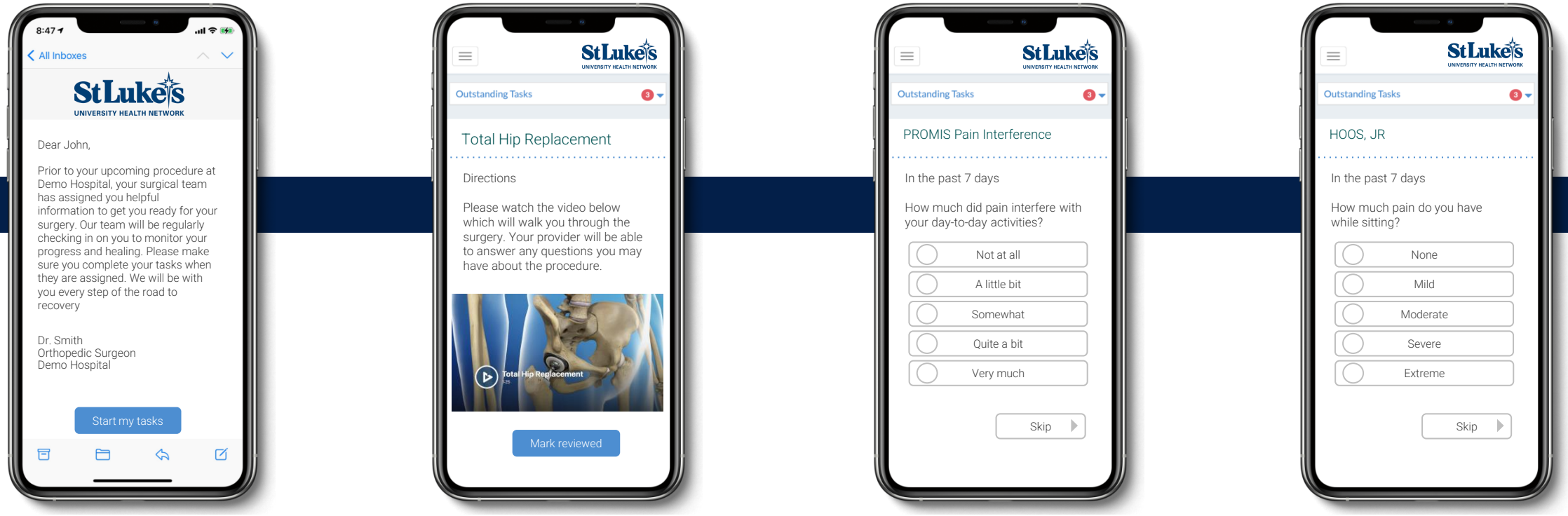
Weekly Compliance Reports

St. Luke's receives automated reports with a list of forms missing enhanced data.

AAOS American Academy of Orthopaedic Surgeons | FTR Fracture & Trauma Registry | St Luke's University Health Network | patientIQ

AUTOMATED PRO DATA COLLECTION

Patients receive automated engagements to collect patient-reported outcomes data

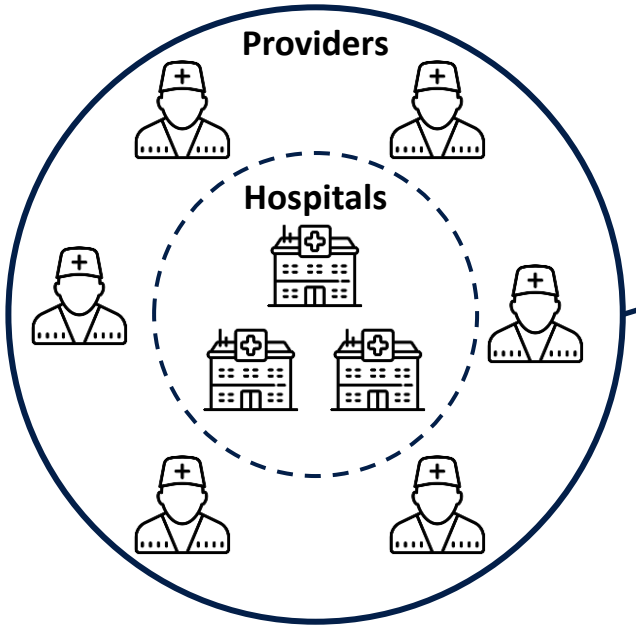


AAOS American Academy of Orthopaedic Surgeons | FTR Fracture & Trauma Registry

St Luke's University Health Network | patientIQ

AUTOMATED SUBMISSION TO FTR

PatientIQ aggregates, validates, formats and submits all St. Luke's data to FTR monthly



St. Luke's Data

pIQ

FTR Submission

- Ankle Fracture
- Distal Radius Fracture
- Distal Femur Fracture
- Hip Fracture
- Proximal Humerus Fracture

AAOS American Academy of Orthopaedic Surgeons | FTR Fracture & Trauma Registry

St Luke's University Health Network | patientIQ

VALUE OF REGISTRY PARTICIPATION

AAOS American Academy of Orthopaedic Surgeons | FTR Fracture & Trauma Registry

St Luke's University Health Network | patientIQ

WHY EARLY PARTICIPATION MATTERS

Early adoption allows you to shape the development and standards of the registry

Influences clinical guidelines and quality measures based on real-world data

Positions your site as a leader in orthopaedic trauma care and quality improvement

AAOS American Academy of Orthopaedic Surgeons | FTR Fracture & Trauma Registry

St Luke's University Health Network | patientIQ

BENEFITS OF EHR INTEGRATION AT ST. LUKE'S

Automated Data Submission

Simplified process reduce administrative burden for monthly data submissions.

Point-of-Care Data Capture

Integrated into workflow, taking less than 30 seconds to populate FTR forms with value-add data elements.

No Additional Staffing Needed

The EHR integrated approach fits seamlessly into current operations, alleviating the need for FTEs.

Valuable Contribution to the Orthopaedic Community

Participation allows providers to advance trauma care standards while still focusing on patient-centered outcomes.

Streamlined Workflow

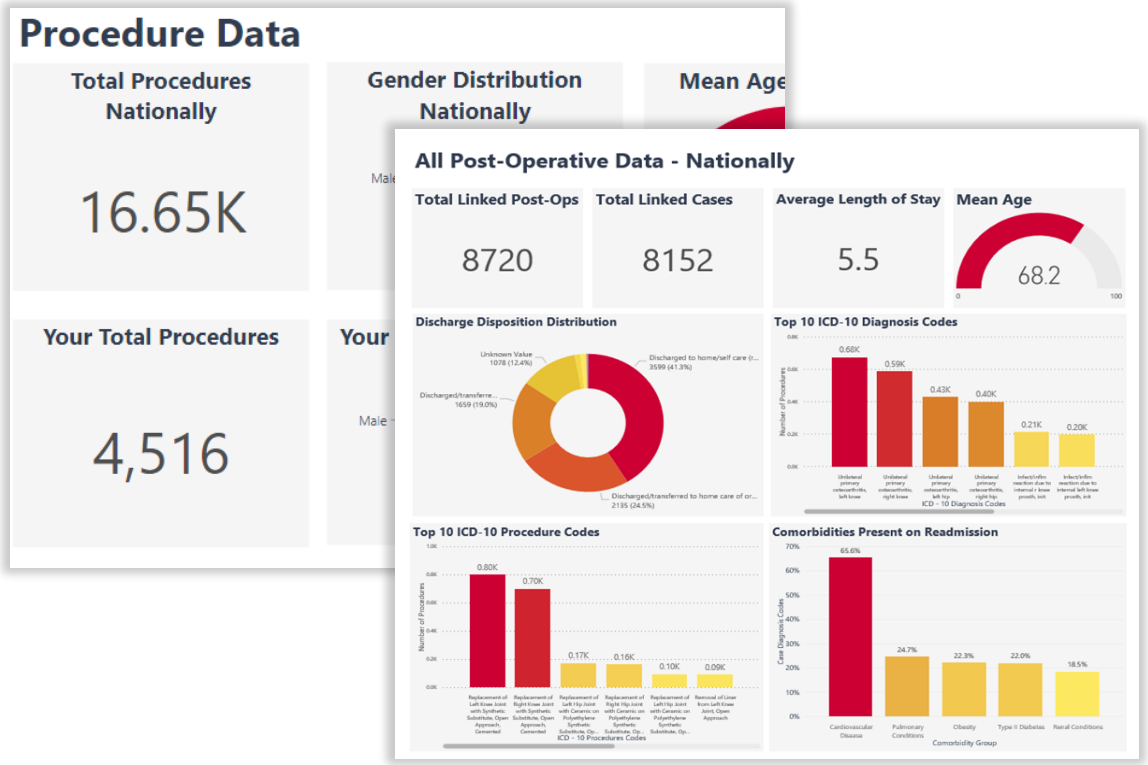
Allows providers to focus on patient care, not paperwork.

AAOS American Academy of Orthopaedic Surgeons | FTR Fracture & Trauma Registry

St Luke's University Health Network | patientIQ

VALUE FOR OUR INSTITUTION

- **Drive Quality Improvement:** Identify care gaps and improve safety protocols
- **Benchmark Performance:** Compare outcomes with national benchmarks
- **Reputation as a Quality Leader:** Participation highlights a commitment to excellence
- **Prepare for Future Standards:** Align with evolving quality verification requirements



AAOS American Academy of Orthopaedic Surgeons | FTR Fracture & Trauma Registry

St Luke's University Health Network | patientIQ

VALUE FOR OUR SURGEONS

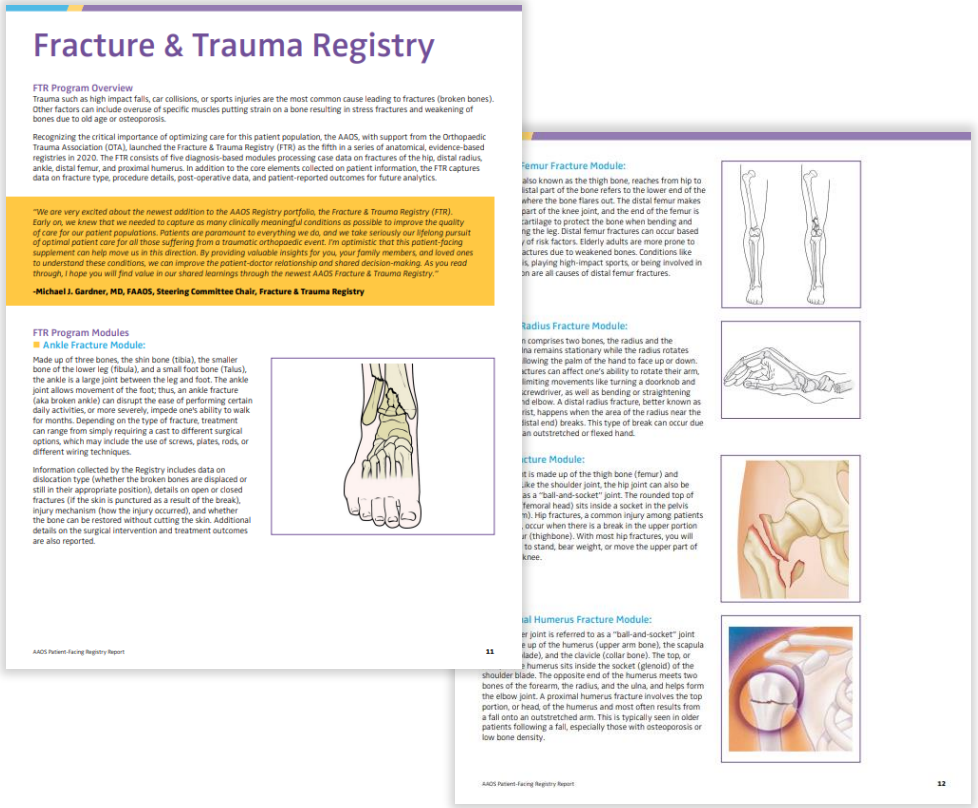
- **Support Clinical Decision-Making:** Real-time data supports evidence-based care
- **Professional Growth:** Participation opens doors for research and quality initiatives
- **Shape the Future:** Influence orthopaedic trauma care standards by contributing data
- **Commitment to Quality:** Demonstrates dedication to continuous improvement

As part of its wide variety of data reuse initiatives, the AAOS Registry Program provides surgeons the opportunity to earn up to 10 self-assessment examination (SAE) credits for the American Board of Orthopaedic Surgery (ABOS) Maintenance of Certification (MOC) Part II.

AAOS American Academy of Orthopaedic Surgeons | FTR Fracture & Trauma Registry | St Luke's University Health Network | patientIQ

VALUE FOR OUR PATIENTS

- **Personalized Treatment Plans:** Data helps tailor care based on real-world results
- **Timely Interventions:** Quicker response to complications based on data insights
- **Clear Recovery Expectations:** Patients receive better information on what to expect
- **Evidence-Based Care:** Ensures consistent, high-quality treatment for all patients



Fracture & Trauma Registry

FTR Program Overview

Trauma such as high impact falls, car collisions, or sports injuries are the most common cause leading to fractures (broken bones). Other factors can include overuse of specific muscles putting strain on a bone resulting in stress fractures and weakening of bones due to old age or osteoporosis.

Recognizing the critical importance of optimizing care for this patient population, the AAOS, with support from the Orthopaedic Trauma Association (OTA), launched the Fracture & Trauma Registry (FTR) as the fifth in a series of anatomical, evidence-based registries in 2020. The FTR consists of five diagnosis-based modules processing case data on fractures of the hip, distal radius, ankle, distal femur, and proximal humerus. In addition to the core elements collected on patient information, the FTR captures data on fracture type, procedure details, post-operative data, and patient-reported outcomes for future analytics.

"We are very excited about the newest addition to the AAOS Registry portfolio, the Fracture & Trauma Registry (FTR). Early on, we knew that we needed to capture as many clinically meaningful conditions as possible to improve the quality of care for our patient populations. Patients are paramount to everything we do, and we take seriously our lifelong pursuit of optimal patient care for all those suffering from a traumatic orthopaedic event. I'm optimistic that this patient-facing supplement can help move us in this direction. By providing valuable insights for you, your family members, and loved ones to understand these conditions, we can improve the patient-doctor relationship and shared decision-making. As you read through, I hope you will find value in our shared learnings through the newest AAOS Fracture & Trauma Registry."

-Michael J. Gardner, MD, FAAOS, Steering Committee Chair, Fracture & Trauma Registry

FTR Program Modules

Ankle Fracture Module:

Made up of three bones, the shin bone (tibia), the smaller bone of the lower leg (fibula), and a small foot bone (Talus), the ankle is a large joint between the leg and foot. The ankle joint allows movement of the foot; thus, an ankle fracture (aka broken ankle) can disrupt the ease of performing certain daily activities, or more severely, impede one's ability to walk for months. Depending on the type of fracture, treatment can range from simply requiring a cast to different surgical options, which may include the use of screws, plates, rods, or different wiring techniques.

Information collected by the Registry includes data on dislocation type (whether the broken bones are displaced or still in their appropriate position), details on open or closed fractures (if the skin is punctured as a result of the break), injury mechanism (how the injury occurred), and whether the bone can be restored without cutting the skin. Additional details on the surgical intervention and treatment outcomes are also reported.

AAOS Patient-Facing Registry Report 11

Femur Fracture Module:

also known as the thigh bone, reaches from hip to istal part of the bone refers to the lower end of the where the bone flares out. The distal femur makes part of the knee joint, and the end of the femur is artilage to protect the bone when bending and ng the leg. Distal femur fractures can occur based of risk factors. Elderly adults are more prone to actures due to weakened bones. Conditions like s, playing high-impact sports, or being involved in n are all causes of distal femur fractures.

Radius Fracture Module:

n comprises two bones, the radius and the na remains stationary while the radius rotates llowing the palm of the hand to face up or down. ctures can affect one's ability to rotate their arm, limiting movements like turning a doorknob and screwdriver, as well as bending or straightening d elbow. A distal radius fracture, better known as rist, happens when the area of the radius near the listal end) breaks. This type of break can occur due an outstretched or flexed hand.

cture Module:

t is made up of the thigh bone (femur) and ike the shoulder joint, the hip joint can also be as a "ball-and-socket" joint. The rounded top of femoral head) sits inside a socket in the pelvis n). Hip fractures, a common injury among patients occur when there is a break in the upper portion r (thighbone). With most hip fractures, you will to stand, bear weight, or move the upper part of knee.

al Humerus Fracture Module:

r joint is referred to as a "ball-and-socket" joint e up of the humerus (upper arm bone), the scapula lade), and the clavicle (collar bone). The top, or humerus sits inside the socket (glenoid) of the shoulder blade. The opposite end of the humerus meets two bones of the forearm, the radius, and the ulna, and helps form the elbow joint. A proximal humerus fracture involves the top portion, or head, of the humerus and most often results from a fall onto an outstretched arm. This is typically seen in older patients following a fall, especially those with osteoporosis or low bone density.

AAOS Patient-Facing Registry Report 12

AAOS American Academy of Orthopaedic Surgeons | FTR Fracture & Trauma Registry

St Luke's University Health Network | patientIQ

FUTURE VISION FOR THE FTR

- Expanding Participation and Data Utilization
- Becoming the Gold Standard for Orthopaedic Trauma Quality Improvement
- Driving Evidence-Based Practice and Research
- Enhancing Patient-Centered Care

AAOS American Academy of Orthopaedic Surgeons | FTR Fracture & Trauma Registry

St Luke's University Health Network | patientIQ

GETTING STARTED

- Contact the AAOS Registry Engagement team (registryengagement@aaos.org)
- Schedule an introductory meeting with AAOS & PatientIQ
- Kick off implementation & EHR integration
- PatientIQ sets up platform and begins submitting data to FTR

AAOS American Academy of Orthopaedic Surgeons | FTR Fracture & Trauma Registry | St Luke's University Health Network | patientIQ

QUESTIONS?

AAOS American Academy of Orthopaedic Surgeons | FTR Fracture & Trauma Registry | St Luke's University Health Network | patientIQ