BAJIR Report 2019

This is the first report from the Bone and Joint Registry (BAJIR).

The BAJIR database is the UK Bone and Joint Infection Registry. It is designed to collect data on all patients with bone and joint infections in the UK. The information will be used to better understand bone and joint infections and how best to treat them. It will also be used to assess and improve the quality of services across the NHS to achieve better outcomes for patients with these conditions. In the long term it will provide comparative information to patients, commissioners and regulators of healthcare professionals.

From 2018 medical staff treating patients with a new diagnosis of a bone or joint infection began collecting information on the BAJIR registry. The registry is hosted by Northumbria Healthcare NHS foundation trust and overseen by steering committee of medical professionals including orthopaedic surgeons and microbiology doctors who specialise in treating these bone and joint infections. The registry software is designed and managed by Dendrite clinical systems.

BAJIR has been live since 2018, with cases being entered initially from Northumbria, and now from centres nationally. We currently have 316 cases entered into BAJIR. This number is increasing more rapidly with time as further units join.

Current units entering data are Northumbria Healthcare, Norfolk & Norwich, Royal Devon & Exeter, Coventry & Warwick, South Tees. We are working with several (>10) other major bone and joint infection centres on achieving the required permissions for them to commence data entry.

The Registry website can be viewed at https://bajirdotorg.wordpress.com

Dashboard

Development of a dashboard is underway. This will produce reports for Trusts who enter data into the registry, allowing them an overview of their current status. An example is below:

PROMs

The collection of PROMs (Patient Reported Outcome Scores) by the BAJIR team is underway. 120 of the 175 Northumbria patients held in the registry have completed PROMs data, allowing us a useful insight into the clinical outcomes of infection and its treatments beyond that offered by hard outcomes like mortality and revision surgery.

Engagement

Over the last 6 months there has been discussion of BAJIR at the BOA (British Orthopaedic Association) Annual Congress, BASK annual meeting, BHS annual meeting, and we also have now engaged specialist representation on the Steering Committee from other subspecialists in Foot and Ankle, Spine, Trauma and Upper Limb. Through this publicity we have received significant interest in the Registry, and multiple Trusts are undergoing the required governance work locally to allow them to commence data submission. We expect significantly increasing data entry over the next few months and years. Across the country units are focussing their infection services, coming together in regional networks, and are keen to collect data on their cases. BAJIR will be the go to database for this purpose nationally, and has the support of all specialist societies in UK orthopaedics, with Steering Committee representation of all.

Mission statement

Our aim is to capture all Bone and Joint Infection cases presenting to UK hospitals, allowing us to improve the care of patients with these conditions through analysis of collected data on their illnesses and treatments.

Future development

Two exciting developments are planned for the Registry over the next few months.

1. MDT functionality

Whilst there is already an area within the Registry to record MDT meetings (an essential part of managing these patients), there is not yet the functionality for the Registry to create and manage patient lists to aid in running and organise MDT weekly meetings. This development is being costed and planned, with a view to implementation over the next 6 months. It will enhance the Registry significantly, and importantly aid in engagement of those not yet using BAJIR to record cases.

2. PAS linkage data quality

To ensure data quality moving forwards, and avoid some of the issues encountered by other registries in data quality, there is a project to allow linkage with PAS data in order to ensure data entered is correct and of high quality. This is a path already trodden by the likes of the NJR, but will require further investment. We have an aspiration to initiate this project over the next year.