Table 1: Characteristics of the National Minimum Basic Dataset (Conjunto Mínimo Básico de Datos, CMBD) and the Spanish National Hip Fracture Registry (Registro Nacional de Fracturas de Cadera, RNFC). Similarities and differences (Years 2017 and 2018).

	CMBD	RNFC
CONTEXT AND OBJECTIVE	The Registry of Specialized Health Care Activity, based on the Minimum Basic Dataset (Registro de Actividad Atención Sanitaria Especializada, basado en el Conjunto Mínimo Básico de Datos, RAE-CMBD), is part of the Health Information System of the National Health System. It is a mandatory record of all discharges occurring in all Spanish hospitals, both public and private. Its purpose is to guarantee the availability of information regarding specialized health care activity (information on the process during hospitalisation) [15, 16].	Voluntary registry promoted by professionals directly involved in the care of patients with hip fracture with the format of an audit and the objective of improving quality of care. 29% of Spanish hospitals participate, distributed heterogeneously by the different Autonomous Communities. The RNFC is a non-probabilistic convenience sample that collects data of patients aged 75 and older admitted for hip fracture in participating hospitals, as well as on the care offered and 30-day follow-up (mobility, place of residence and vital status) [12].
COMPLETION	The registry is carried out retrospectively, after issuing the discharge medical report, with each hospital's technical and administrative personnel starting the coding and transcription process to fill out the different items of the CMBD registry. Each new episode of discharge from hospital of the same patient implies a different record.	It is a prospective registry filled in directly using a data collection template by the health personnel caring for the patient during hospitalization, choosing the correct category from those available for each item. If the patient is re-admitted in 30 days due to a process related to her first admission, the information is collected in the same initial template.
DATE/TIME OF INITIATION OF A RECORD	There are two time variables: Date and time of initial contact and date and time of admission to the hospitalisation ward (in most cases both coincide, leading to confusion in the analysis of the length of stay)	Date and time of arrival at the hospital's Emergency Department (moment from which the length of stay is calculated)
COMPARABILITY OF VARIABLES **Differences in the definition and coding of both registries.**	1) Common variables: Age, sex, fracture side, non-operative management, post-operative length of stay and in-hospital mortality. 2) Variables coded differently that can easily be recoded or harmonized into one of the two classifications used: a) Fracture type. In RNFC: intracapsular, pertrochanteric, subtrochanteric. In CMBD: head and neck, pertrochanteric and subtrochanteric) b) Development of pressure ulcers: In RNFC: dichotomous variable (Yes / No) that appears in the RNFC data collection sheet. In CMBD it can be found among sthe econdary diagnoses. c) Surgical procedure. In CMBD: ICD-10 classification. In RNFC, four categories: non-operative, internal fixation, hemiarthroplasty or total hip arthroplasty. 3) Variables that require the date of admission to be constructed, which is different in both records. a) Total hospital stay and pre-surgical stay (surgical delay). 4) Similar variables in both registries with information of interest that would require a more complex harmonization process due to different definitions, measurement scales or data collection methods, which would need new intermediate variables for comparison that can condition the assessment and interpretation of results when trying to compare them: Severity / Severity. In the CMBD: Severity Index: 4 categories for each GDR. In RNFC, ASA (American Society of Anaesthesiologists.) categories. a) Dementia / Cognitive impairment: In the CMBD it can be found among the secondary diagnoses related to Dementia or Cognitive Impairment, in the RNFC: Pfeiffer's test at admission of the patients. b) Prefracture place of residence and Destination at discharge: In the RNFC there is the category "Nursing care". In the CMBD this category and other hospital options (i.e. medium- / long-term hospitalisation and socio-sanitary care) are not contemplated and are difficult to homogenize between both registries. c) Re-admission after 30 days. In the CMBD it is a new record and sometimes in a different hospital, which needs to be rebuilt from the anonymised patient code. In the RNFC it is explicitly included in the dataset as follow-up of the initial hospitalisation.	