**FLS-DB organisational audit questions**

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| **1. Resources** |
| **Question** | **Reply options** | **Help Notes** |
| **1.1** | **Is your FLS delivered from? (select one only)** | * An acute hospital
* A community care based service
* A GP practice based service
* Another healthcare provider (please specify)
 | Another healthcare provider E.g. CCG, local health board, GP surgeries. |
| **1.2** | **Which NHFD hospital(s) do you provide the FLS to?** |   | This information is vital to understanding the expected total number of patients your FLS could be identifying. Specify the major hospitals where patients in the catchment area covered by your FLS would go if they had a hip fracture. |
| **1.3** | **Which ICS are you part of?** |  | Integrated care system  |
| **1.4** | **When did you start the current form of FLS?**  |  MM/YYYY | This is the date the current resourced level of FLS started as per the number of staff, as described in 1.7 |
| **1.5** | **Which of the following best describes the current contract (select all that apply)**  | * Pilot
* Fixed term then need to completely re-bid
* Fixed term then need to renew
* Part of hospital general contract with no separate documentation for FLS
* Block payment
* Per patient tariff
* Other (please specify)
 | If you are based in Wales, please use the ‘Other’ option to answer this question. |

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| **1.6**  | **How many Consultant PAs (per week) are allocated to the FLS?** |  | PA stands for ‘Programmed Activity’ and 1 PA equates to 4 hours/half a day. |
| **1.7** |  **For each type of staff, please enter how much time is spent working within the FLS as the whole time equivalent (WTE). (eg 0.5 for a band 6 nurse working half time and 2.0 for two full time nurses)** |
|  | **Nurse(s)** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Band | **2** | **3** | **4** | **5** | **6** | **7** | **8a** |
| WTE |  |  |  |  |  |  |  |

 |
|  | **Administrator(s)**  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Band | **2** | **3** | **4** | **5** | **6** |
| WTE |  |  |  |  |  |

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|  | **Radiographer(s)** |

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| --- | --- | --- | --- | --- |
| Band | **5** | **6** | **7** | **8a** |
| WTE |  |  |  |  |

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|  | **Physiotherapist(s)**  |

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| --- | --- | --- | --- | --- |
| Band | **5** | **6** | **7** | **8a** |
| WTE |  |  |  |  |

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|  | **Other team members (eg OT or dietician)****Please note a band, role and WTE for each other member** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Other team member | **1** | **2** | **3** | **4** |
| Band |  |  |  |  |
| Role |  |  |  |  |
| WTE |  |  |  |  |

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| **1.8** | **Did you have any staff vacancies that lasted longer** **than 6 months in 2024?** | * Yes (If yes, please describe the type of staff member and the duration of the vacancy eg ‘band 3, nurse, 8 months’)
* No
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| **1.8.1** |  **If yes, is there a current vacancy?** | * Yes
* No
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| **2. Scope** |
|  | **Question** | **Reply options** | **Help notes** |
| **2.1** | **Estimated population size** |  | Hospital’s general population size, not restricted to those aged over 50 years. If you do not know this answer, please leave blank.load if NHFD data not mappable |
| **2.2** | **Which patient groups does your FLS cover? (select all that apply)** | Non-hip inpatient fractures on non-orthopaedic/trauma ward (including inpatient fractures): This may include proximal humeral fracture admitted for rehabilitation to a general medical or geriatric ward setting. **Presenting with a clinical vertebral fracture:** These are patients who present to your site because of the vertebral fracture |
| Hip fracture (including inpatient fractures) |  |
| Non-hip inpatient fragility fracture on orthopaedic/trauma wards |  |
| Non-hip inpatient fractures on non-orthopaedic/trauma ward (includinginpatient fractures) |  |
| Orthopaedic/trauma fracture outpatient clinics (e.g. wrist fractures) |  |
| Presenting with a clinical vertebral fracture |  |
| Vertebral Fracture Assessment using DXA spine imaging |  |
| Opportunistic radiological vertebral fractures |  |
| **2.3** | **What restrictions are there on the patients seen by your service? (select all that apply)** | Please detail what other restrictions apply in the **other free text box.****For age: please add more information in the other box if there is a lower age limit other than 50 years or an upper age limit.** **Geographic includes where the local patient's postcode determines if the patient is fully manged by your service.** |
| None |  |
| Age range |  |
| Gender |  |
| Fracture site |  |
| Geographic |  |
| Other (please specify) |   |
|  **2.3.1** | **If ‘fracture site’ is a restriction selected in 2.3, please specify which fracture site(s) are excluded (select all that apply)** | * Ankle
* Pelvis
* Scaphoid
* Metacarpal
* Metatarsal
* Face/skull
* Rib
* Patella
* Avulsion
* Other
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| **3. Case characteristics** |
|  | **Question** | **Reply options** | **Help notes** |
|  | **Patient Identification** for secondary fracture prevention |
| **3.1**  | **How does your site identify hip fracture patients? (select all that apply)** | * Not applicable
* NHFD lists
* FLS visits the orthopaedic/trauma ward
* Ward/emergency room admissions lists
* Seen by Orthogeriatric service not FLS
* Fracture clinic lists
* IT systems
* Trauma lists
* Other (please specify)
 | This relates to how patients are identified for secondary fracture prevention. **IT systems** include hospital or radiology IT systems, please add more information about your IT system in the Other box |
| **3.2**  | **How does your site identify other non-hip non-vertebral fracture inpatients? (select all that apply)** | * Not applicable
* FLS visits the orthopaedic/trauma ward
* Ward/emergency room admissions/ discharge lists
* Radiology
* Seen by Orthogeriatric service
* Other IT systems
* Fracture clinic attended
* Referral from primary/community services
* Other (please specify)
 | This relates to how patients are identified for secondary fracture prevention. For this question, inpatients are defined as patients in a hospital bed.**IT systems** include hospital or radiology IT systems, please add more information about your IT system in the Other box. |
| **3.3** | **How does your site identify fracture outpatients? (select all that apply)** | * Not applicable
* FLS visits the orthopaedic/trauma clinic
* Using clinic lists
* Other IT systems
* Emergency Department lists
* Referral from Emergency Department
* Referral from primary/community services
* Radiology report
* Radiology images
* Other (please specify)
 | This relates to how patients are identified for secondary fracture prevention. **IT systems** include hospital or radiology IT systems, please add more information about your IT system in the Other box. |
| **3.4**  | **How does your site identify patients with vertebral fracture(s)? (select all that apply)** | * Not applicable
* Visits spine clinic/ reviews letters
* DXA imaging (VFA)
* Screening general radiology reports
* Re-reading radiology images
* Fracture clinic lists
* Emergency Department lists
* Referral from primary/community services
* Other (please specify)
 | This relates to how patients are identified for secondary fracture prevention. Re-reading radiology images refers to finding new vertebral fractures, not just confirming those already found. Please add more information about your IT system in the Other box. |
| **3.5**  | **If** applicable, what barriers have you experienced in finding patients with vertebral fractures? (select all that apply)  | * Not funded
* Unable to access radiology images
* Still developing pathway
* Lack of standardised practise/language for radiology reporting
* Lack of engagement with radiology department
* Lack of training in identifying vertebral fractures
* Other (please specify)
 |  |
| **3.6** | **Does your site have a process for identifying potentially eligible fragility fracture patients who should have but did not receive assessment for secondary fracture prevention)?** | Yes  | No  | Some centres use more than one method for identifying patients. This may include a rolling audit of admissions with a fragility fracture or of fracture clinic letters. |
| Please give details:  |
| **4. Assessment/ investigation** for secondary fracture prevention |
| **4.1** | **What tests do you routinely use for identifying underlying secondary causes of** **osteoporosis? (select all that apply)** | * Serum Calcium
* Serum phosphate
* Serum alkaline phosphate
* Serum 25OH vitamin D
* Serum Parathyroid hormone
* Full blood count
* Erythrocyte sedimentation rate / ESR
* Liver function
* Thyroid function
* C-reactive protein
* Liver function tests
* Renal function tests
* Coeliac disease screen
* Serum Electrophoresis
* Urine electrophoresis (for Bence Jones protein)
* Serum free light chains
* Testosterone/ Sex hormone binding globulin
* Spot urinary calcium
* 24 hour urinary calcium
* Other
 | These are tests patients would be recommended to have done if not already done recently. **Testosterone/ Sex hormone binding globulin:** Applies to men only |
| **4.2**  | **Do you have access to DXA scan or do you use an alternative provider or tool?** **(select all that apply)**  | * No
* DXA available within organisation
* Refer to another DXA provider
* Peripheral densitometer/QUS
* Peripheral DXA
* Quantitative CT
* Peripheral Ultrasound
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| **5. Initiation** for secondary fracture prevention |
| **5.1** | **Who counsels the patient for bone strengthening medicine? (Select all that apply** | * FLS specialist nurse practitioner
* FLS nurse prescriber
* Consultant linked to FLS
* Other clinical specialty. Please specify: in Other box
* Primary care physician
* Other. Please specify:
 |  |
| **5.2** | **What interventions can be recommended or initiated** **by the FLS? (Falls interventions will be asked about later) (select all that apply)** | * None (eg. delegated to another health care provider)
* Written material on maintaining bone health, lifestyle, nutrition and bone-protection treatments (Must cover all risk factors or be tailored to the individual)
* Calcium and vitamin D supplementation advice
* Oral bisphosphonates
* Denosumab
* Intravenous bisphosphonates
* Teriparatide
* Romosozumab
* Further education programmes/resources
* Clinic follow-up by appropriate specialist if abnormalities are identified on blood tests
* Other interventions
 |  |
| **5.3** | **How do patients obtain their first prescription of anti-resorptive bone sparing treatment, if it is recommended? (select all that apply)** | * FLS recommends therapy to orthogeriatrician
* FLS recommends therapy to primary care physician
* FLS prescribes
* Orthogeriatrician prescribes
* Trauma prescribes
* Metabolic bone disease / osteoporosis specialist prescribes
* Other
 |  |
| **6. Falls Interventions** for secondary fracture prevention |  |
| **6.1** | **Do you routinely provide a falls assessment as part of your FLS?** | Yes | No – we refer patients on for a falls assessmentGo to 7.1 | NoGo to go to 7 | This includes part of inpatient review, formal falls assessment‘No – we refer patients on for a falls assessment’ includes patients that are referred to physiotherapy. |
| **6.2** | **Which of the following are covered by the falls risk assessment in the FLS? (select all that apply)**  | * A formal assessment of cognition
 | Any objective assessment acceptable (including short form AMTS, AMTS, MMSE, MOCA, 4AT etc) |
| * Assessment of continence and toileting?
 | An assessment of the history and nature of urinary incontinence. |
| * Assessment of a history of falls?
 |  |
| * Number of falls in the last 12 months?
 |  |
| * Assessment for fear of falling
 | Any formal record of fear of falling, anxiety about falls or similar phrasing; a tool or score is not required. |
| * Assessment of a history of blackouts or syncope
 |  |
| * Review of all medications and combinations of medications that increase falls risk
 | **Medication review:**  the medications should be assessed to identify any drugs or combination of drugs that might contribute to falls and modifications / withdrawals made in light of this as appropriate |
| * Assessment of gait, balance and mobility
 |  |
| * A requirement to check lying and standing BP
 | Must be **lying** and **standing,** in that order (and not sitting instead of either lying or standing). Should use a manual sphygmomanometer, if available. |
| * Pulse check for rhythm and rate
 | For at least 30 seconds |
| * An evaluation of vision
 | Any objective assessment acceptable (including basic ability to identify objects, read print). Solely asking patient if they have eyesight problems would count as not assessed. |
|  |  | * Assessment of home hazards
 | Eg by community occupational therapy |
|  |  | * Other (please specify)
 |  |
| **6.2.1** | **If** Assessment of gait, balance and mobility is selected in 6.2, which assessments are used? (select all that apply) | * Ask about gait problems
* Timed up and go
* Berg balance
* Chair rise
* Short physical performance battery
* Other (please specify)
 |  |
| **7.** How does the FLS communicate **recommendations** for patients?  |  |
| **7.1** | **Once FLS assessment is complete, who is informed of the outcome? (select all that apply)** | * Patient
* Primary care physician
* Orthopaedic surgeon or clinician responsible for

 fracture care* Falls service
* Service that referred to FLS
* Other

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| **7.2** | **What information is included in the report? (select all that apply)** |  o Date and type of fracture o Fracture risk score o DXA – BMD o DXA – vertebral fracture assessment or spine X-ray  result if done instead o Primary osteoporosis risk factors o Secondary causes of osteoporosis (if applicable) o Fall risk factors o Current drug treatment recommendations (if  applicable) o Medication compliance review o Follow-up plan o Lifestyle/health risk-factor assessment o Other  |  |

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| **8. Long-term management** of patients for secondary fracture prevention covered by the FLS |
| **8.1** | **Who is responsible for monitoring patients seen in the FLS? (select all that apply)** | * N/A monitoring is not carried out by the FLS
* FLS coordinator
* Non-clinical specialist practitioner
* Secondary care consultant (e.g. orthogeriatrician, rheumatology)
* Specialist nurse
* Delegated to Primary Care physician
* Delegated to other healthcare provider
 | For those FLSs who are based in primary care, ‘delegated to other primary care physician’ means a primary care physician outside of your FLS.**Non-clinical specialist practitioner** means a non-clinical specialist practitioner other than an FLS coordinator.  |
| **8.2** | **What does the re-evaluation include? (select all that apply)** | o N/A monitoring is not carried out by the FLSo Medication adherenceo Medication persistenceo Medication adverse effectso Residential statuso Post fracture mobilityo Started a programme of strength and balance  exerciseo Recurrent fractures o Recurrent fallso Other | **Adherence** asks is the patient taking the drug properly in terms of method of administration and frequency. **Persistence** asks if the patient is still taking the drug. |
| **8.3** | **How is adherence at 16 and 52 weeks evaluated? (select all that apply)** | o N/A monitoring is not carried out by the FLSo Prescription reviewo Telephone interviewo Telemed/video consultationo Postal questionnaireo Review face to faceo Telemed reviewo DXAo Other |  |
| **9. Patient experience**  |
| **9.1**  | **How often is there a formal survey seeking patient/carer experience or satisfaction on the FLS?** (This does not include the Friends and Family test) (select one only)    | o Never   o Continuous (every patient)o At least once a year o At least every 3 years o Longer than every 3 years  |  |
| **9.2** | **How often is there a formal survey seeking patient reported outcomes (PROMs)** (This does not include the Friends and Family test) (select one only) | o Never   o Continuous (every patient)o At least once a year o At least every 3 years o Longer than every 3 years  |  |
| **9.3** | **How many completed responses did you get from your FLS patient survey in 2024?** | o Don't know o Enter estimated number returned: |  |
| **9.4** | **Did you use the Royal Osteoporosis Society patient experience survey?** | o Yeso No | ROS survey: https://strwebprdmedia.blob.core.windows.net/media/k2rllxoo/patient-experience-questionnaire-feb-2021.pdf |
| **9.5** | **Which patient resources do you use? (please tick all that apply)** | [What should happen if you or someone you know experiences a fragility fracture?](https://www.rcplondon.ac.uk/projects/outputs/what-should-happen-if-you-or-someone-you-know-experiences-fragility-fracture)[Six golden rules video resource](https://www.rcplondon.ac.uk/projects/outputs/six-golden-rules-video-resource)[Bone health card](https://www.rcplondon.ac.uk/projects/outputs/bone-health-card-and-fls-letters)[Strong bones after 50 - staying on treatment](https://www.rcplondon.ac.uk/projects/outputs/strong-bones-after-50-staying-treatment)[Strong bones after 50: Fracture liaison services explained](https://www.rcplondon.ac.uk/guidelines-policy/strong-bones-after-50-fracture-liaison-services-explained)ROS resourcesMen and FLS leafletOther (please specify)None of the above (please specify barriers to using them if any) | ROS resources:<https://theros.org.uk/information-and-support/support-for-you/fact-sheets-and-booklets/>FLSDB patient resources: <https://www.rcp.ac.uk/improving-care/national-clinical-audits/falls-and-fragility-fracture-audit-programme-fffap/fracture-liaison-service-database-fls-db/fls-db-resources-for-patients/> |
| **10.** Governance |
| **10.1** | **How often does your FLS have a minuted governance meeting?**  | Every X months (please enter zero if no formal governance meeting)  |  |
| **10.2** | **Please list the reporting structures for the governance minutes**  |  | Eg to rheumatology governance Eg to Trust audit meeting  |
| **10.3** | **How are patients involved in the governance of the FLS? (select all that apply)** | Patients are not involved in governancePatient advisory group who review FLS documentation and informationPatients are represented in the governance meetingsOther:  |  |