**FLS-DB Dataset v4 for use from 01/01/2022**

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| **Question** | | | **Answer options** | **Provisional help notes** |
| **Patient identification** | | | | |
| **1.01 NHS Number (mandatory)** | | | \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | The field will accept valid NHS Numbers which are ten numeric digits long.  You should enter this as "1234567890"   At the moment, please avoid using spaces or dashes or 3-3-4 format.  For patients residing outside the UK please use the word: 'Overseas'.  Patients must be over 49 and under 111 years of age. |
| **1.02 Date of birth (mandatory)** | | | \_ \_ / \_ \_ / \_ \_ | In DD/MM/YYYY format |
| **1.03 Sex (mandatory)** | | | * Male * Female | For those whose gender is different from their sex registered at birth, the answer you record does not need to be the same as their birth certificate. |
| **1.04 Post code at time of fracture (mandatory)** | | | \_ \_ \_ \_ \_ \_ \_ | Of usual residence at time of fracture.  If patient is admitted from:  'Holiday residence' - use patient's home postcode  'Respite care' - use patient's home postcode  If fall occurs during acute hospital care or inpatient rehabilitation, then record their home post-code. If the patient has no fixed abode enter ‘NFA.’ |
| **1.05 Care home resident at time of fracture** | | | * Yes * No * Don’t know | Care home resident is a person who lives in a residential home or a nursing home but not in sheltered housing. |
| **1.06 Date of first FLS contact** | | | \_ \_ / \_ \_ / \_ \_ | Please specify the first date the FLS has attempted to contact the patient. E.g., this could be via letter, face to face, telephone. |
| **1.07 Date of FLS assessment** | | | \_\_/\_\_/\_\_\_\_ or     * Patient did not attend/declined * Patient died before assessment * Patient out of area | Patient out of area is to be selected for patients that have been identified, but no further assessment etc completed as out of commissioned area. (Section 2 onwards blanked out). |
| **1.08 Admitted to hospital** | | | * Yes * No * Already an inpatient * Don’t know | This is a direct admission into a hospital bed as a result of this fracture, at the time of the fracture diagnosis. Later elective admissions are not included.  Includes admissions to medical assessment unit, day case equivalent. |
| **1.09 Index Fragility Fracture(s) that led to FLS contact – Date diagnosed (mandatory)** | | | \_ \_ / \_ \_ / \_ \_ | Please use the date on the X-ray when the fracture was first diagnosed. The diagnosis does not need to have been done by an FLS staff member. |
| **1.10 Index Fragility Fracture(s) that led to FLS contact – Type of fracture** | | | * Fragility * Atypical | Presume fragility fracture if it was unwitnessed and any cognitive impairment.  From 1.1.2020, we no longer collect information regarding periprosthetic and ‘other’ fracture types to maintain the FLS focus on fragility and atypical fractures. |
| **1.11 Site of first fracture: bone / joint (mandatory)** | | | * Hip * Spine * Non hip/non spine | This question refers to the presenting fracture. |
| **1.12 Site of second fracture: bone / joint** | | | * Hip * Spine * Non hip/non spine | This question is only relevant if the patient presents with multiple fractures. Prioritize the fractures as hip> spine> non hip/non spine. |
| **1.13 Site of third fracture: bone / joint** | | | * Hip * Spine * Non hip/non spine | This question is only relevant if the patient presents with multiple fractures. Prioritize the fractures as hip> spine> non hip/non spine. |
| **2. Investigation of bone health** | | | | |
| **2.01. Current height (metres)** | |  | | *Please enter 0 if unknown.*  This field is an essential part of the risk assessment. |
| **2.02 Current weight (kg)** | |  | |
| **2.03 Previous fragility fracture history in adulthood (i.e. over the age of 18 years and over)** | | | * Yes * No | See definitions for eligible fracture types.  Please select ‘No’ if the patient cannot answer this question or not known. |
| **2.04 Family history of hip fracture** | | | * Yes * No | First degree blood relative with a history of fragility fractures of the proximal femur/ hip.  Please select ‘No’ if the patient cannot answer this question, e.g., adopted or don’t know. Take care not to enter family members having hip replacements for osteo-arthritis. |
| **2.05 Current smoker** | | | * Yes * No | Defined as any inhaled tobacco within the last week. |
| **2.06 At time of index fracture, patient on/taking bone sparing therapy (tick all that apply)** | | | * No * Don’t know * Alendronate * Risedronate * Ibandronate * Etidronate * Raloxifene * Teriparatide * Strontium * Denosumab * Systemic Oestrogens * Systemic Oestrogen & Progesterone * Calcitriol * Alfacalcidol * Zoledronate * Romosozumab | A patient is to be considered as ‘**on/taking bone sparing therapy**’ if:   * For oral-osteoporosis agents, patient prescribed in the last 4 weeks. * For Zoledronate, prescribed in the last 12 months * For Denosumab, prescribed the last 6 months. * For Teriparatide, prescribed in the last 7 days.   If unsure as to the type of Hormone replacement therapy (HRT) please select Systemic Oestrogen & Progesterone.  Calcium and vitamin D supplements are not included. |
| **3. DXA section** | | | | |
| **3.01 DXA** | | | * Ordered * Recommended * Done in last 36 months, unless change in bone health risk factors * Not ordered | **Ordered** means ordered to be done, this includes where someone else has order a DXA.  **Recommended** means the DXA has been recommended but has not been ordered. Once the DXA has been ordered, please select ordered. |
| **3.02 Reason DXA not ordered** | | | * Declined * Not appropriate * Not available * Referred to GP * Referred elsewhere * Don’t know | **Not available** – i.e., DXA machine is not available.  **Not appropriate** – includes the following reasons: DXA scan not indicated; DXA scan contraindicated; Previous DXA scan. |
| **3.03 Date of DXA** | | | \_ \_ / \_ \_ / \_ \_  or   * Patient did not attend |  |
| **3.04 Lowest T score** | | |  | -10.0 to +10.0  Lowest T score (of the average) of lumbar spine, total hip, femoral neck or distal radius |
| **3.05 Was the patient’s risk of fracture assessed using FRAX or Q-Fracture?** | | | * Yes * No * Not applicable | **n/a** is only relevant to following patients:  FRAX – patients over 90.  Q fracture - patients over 84. |
| **4. Initiation section** | | | | |
| **4.01 Bone therapy recommended following index fracture (tick all that apply)**  **(Mandatory)** | | | * Inappropriate * Don’t know * Informed decline * Referred to GP to decide prescription * Referred for further clinical opinion * Alendronate * Risedronate * Ibandronate * Raloxifene * Teriparatide * Strontium * Denosumab * Zoledronate * Systemic Oestrogens * Systemic Oestrogen & Progesterone * Calcitriol * Alfacalcidol * Romosozumab | Please note this question is asking whether a bone therapy was recommended. It does not need to be prescribed by the FLS.  Please select all that apply.  Teriparatide includes Biosimlars.  Calcitriol and alfacalcidol are activated forms of vitamin D and should not be confused with usual vitamin D supplements.  Informed decline = where the patient chooses to decline the treatment offered. |
| **4.02 Calcium / vitamin D supplement recommended following index fracture** | | | * Inappropriate * Don’t know * Informed decline * Referred to GP to decide prescription * Referred for further clinical opinion * Calcium and vitamin D combined * Vitamin D only * Calcium only | **Inappropriate** should be selected where it is clinically inappropriate to recommend Calcium replete from dietary sources and/or Vitamin D for this patient – for example, the patient is already calcium and or vitamin D replete. |
| **5. Falls risk assessment and outcome** | | | | |
| **5.01 Was a falls risk assessment performed?** | | | * Yes * No * Not recorded * Referred for formal medical led falls clinic assessment * Referred for formal therapy led falls clinic assessment * Falls assessment recommended in non FLS primary care * Currently under falls service * Patient did not attend falls assessment | **Yes** includes as part of inpatient review, outpatient FLS and a falls assessment. The assessment does not need to be performed by the FLS.  As described by your facilities audit data.  If you screen patients and then refer them on select yes in 5.01 complete 5.02-5.09 and then select falls referral in 5.10.  If all patients are all referred to a separate falls service then select Referred for.....  **Recommended in primary care** means primary care services which are not involved in the FLS.  Select **no** if falls assessment is not done and not recorded or if may have been done but not recorded  **A medical led falls clinic** is a falls service primarily delivered by a hospital consultant.  **A therapy led falls clinic** is a falls service primarily delivered by specialist practitioners including specialist nurses and/or allied health practitioners.  **Currently under falls service** = active management, not discharged. |
| **If yes, is there evidence in the patient notes of the following:**  *If you answered 5.01 as yes please go to 5.02*  *If you did not answer 5.01 as yes go to 5.10.* | | | | |
| **5.02 2 or more falls in the past 12 months?** | | | * Yes * No * Not recorded |  |
| **5.03 Fear of falling at time of assessment?** | | | * Yes * No * Not recorded | Any formal record of fear of falling, anxiety about falls or similar phrasing. |
| **5.04 Prescription of medications that increase risk of falling pre-fracture?** | | | * Yes * No * Not recorded | Medication that could increase the risk of falls include psychotropics (e.g., benzodiazepines and tricyclic antidepressants); anti-hypertensives (e.g., diuretics and beta blockers); anti-arrythmics (e.g., digoxin); sedating antihistamines (e.g., Chlorphenamine); sedating analgesia (e.g., Codeine, Morphine). |
| **5.05 Pre-fracture mobility** | | | * Freely mobile without aids * Mobile outdoors with one aid * Mobile outdoors with two aids or frame * Some indoor mobility but never goes outside   without help   * No functional mobility (using lower limbs) * Not recorded |  |
| **5.06 Vision** | | | * Abnormal * Normal * Not recorded | Any objective assessment acceptable (including basic ability to identify objects, read print with glasses on). Solely asking patient if they have eyesight problems would count as not recorded.  An abnormal result would be any requiring further investigation or onward referral. |
| **5.07 Continence and toileting** | | | * Abnormal * Normal * Not recorded | An assessment of the history and nature of urinary incontinence. An abnormal result could include statements noting presence of long-term urinary catheter, or urgency, frequency or nocturia. |
| **5.08 An abnormal cardiovascular assessment result** | | | * Yes * No * Not recorded | An abnormal result would be any requiring further investigation or onward referral.  For example:   * + 20mmHg drop in Systolic BP   + 10mmHg drop in diastolic BP. * an abnormal ECG that requires further management/investigation. |
| **5.09 A cognitive impairment** | | | * Yes * No * Not recorded | Answer ‘yes’ if the patient has a cognitive impairment.  Answer ‘no’ if the patient does not have a cognitive impairment.  A standardised assessment of cognitive function such  as the Abbreviated Mental Test Score (AMTS 10) or  the Mini Mental State Examination (MMSE) or scored  Clock Drawing Test must be documented in the clinical record, or if not clinically possible, a specific statement of cognitive ability.  An abnormal result would be any requiring further investigation or onward referral (eg an AMT4 >3, AMT10 <8, MMSE <27). |
| **5.09a Abbreviated mental test score (AMTS)** | | | * …/10 * not done * patient declined | If answered yes to question 5.09, please document AMTS score.  Please be advised this is not a mandatory field. |
| **5.10 Referrals – tick all that apply** | | | * Falls clinic * Strength & Balance Exercise program * Home hazard assessment * Vision assessment and referral * Medication review with modification * Referred to other specialist * Not appropriate or required * Declined * Don’t know | Select all that apply.  ‘Other specialist’ include: cardiologist, neurologist, continence advisor.  Referrals following the falls assessment. |
| **Please note: the follow up questions are only applicable to patients who were prescribed; or referred for further clinical opinion or to their GP for a bone therapy.** | | | | |
| **6. Follow-up 12-16 weeks post index fracture** | | | | |
| **6.01 Followed up?** | | | * Yes * No * Uncontactable * Contacted but declined * Patient died | This section is only for patients who are recommended bone therapy as a result of the FLS intervention.  Follow up should be **16 weeks post fracture** (not 16 weeks post assessment).   * **Late follow up -** If follow up has been completed, but took place after 16 weeks, please answer ‘yes’. ‘No’ should only be selected if no follow up is planned. |
| **6.02 Date of 16 week assessment** | | | \_\_/\_\_/\_\_\_\_ |  |
| **6.03 Residential status** | | | * Own home/ sheltered housing * Residential care * Nursing care * Rehabilitation unit-hospital bed in this Trust * Rehabilitation unit- hospital bed in another Trust * Rehabilitation unit- NHS funded care home bed * Acute hospital * Other * Unknown |  |
| 6.04 Post fracture mobility | | | * Freely mobile without aids * Mobile outdoors with one aid * Mobile outdoors with two aids or frame * Some indoor mobility but never goes outside without help * No functional mobility (using lower limbs) * Unknown |  |
| **6.05 Bone protection therapy started** | | | * Not started * No longer appropriate (clinician) * Don’t know * Informed decline * Alendronate * Risedronate * Ibandronate * Raloxifene * Teriparatide * Strontium * Denosumab * Zoledronate * Systemic Oestrogens * Systemic Oestrogen & Progesterone * Calcitriol * Alfacalcidol * Romosozumab * Refer for clinical opinion | Please select all that apply.   * If the patient’s GP or other healthcare professional stops the bone sparing drug for whatever reason, please select ‘No longer appropriate (clinician); * Records with a Don’t know entry are treated as though not treated.   if the patient chose to never start the recommended drug please select ‘Informed declined.’  Teriparatide includes Biosimlars. |
| **6.06 Started a programme of strength and balance exercise** | | | * Yes * No * Don’t know * Not appropriate * Informed decline | Please note only tick yes for programmes which are delivered by appropriately trained professionals (OTAgo, FaMe, HELP) in line with NICE guidelines. |
| **7. Follow-up 48-56 weeks post index fracture** | | | | |
| **7.01 Follow up** | * Yes * No * Uncontactable * Contacted but declined * Patient died | | |  |
| **7.02 Date of 52 week assessment** | \_\_/\_\_/\_\_\_\_ | | |  |
| **7.03 Residential status** | * Own home/ sheltered housing * Residential care * Nursing care * Rehabilitation unit-hospital bed in this Trust * Rehabilitation unit-hospital bed in another Trust * Rehabilitation unit-NHS funded care home bed * Acute hospital * Other * Unknown | | |  |
| 7.04 Post fracture mobility | * Freely mobile without aids * Mobile outdoors with one aid * Mobile outdoors with two aids or frame * Some indoor mobility but never goes outside without help * No functional mobility (using lower limbs) * Unknown | | |  |
| **7.05 Did the patient confirm adherence to prescribed bone sparing drug** | * No longer appropriate (clinician) * Don’t know * Informed decline * Alendronate * Risedronate * Ibandronate * Raloxifene * Teriparatide * Strontium * Denosumab * Zoledronate * Systemic Oestrogens * Systemic Oestrogen & Progesterone * Calcitriol * Alfacalcidol * Romosozumab * Refer for clinical opinion | | | Please select all that apply.   * If the patient’s GP or other healthcare professional stops the bone sparing drug for whatever reason, please select ‘No longer appropriate (clinician); * Records with a Don’t know entry are treated as though not treated. * If the patient stops the drug by the time of the follow up, please select ‘Informed declined.’   Teriparatide includes Biosimlars. |
| **7.06 How many falls has the patient had since the index fracture** | * 0 * 1 * 2 or more | | |  |