



BEST PRACTICE FRAMEWORK QUESTIONNAIRE

INTRODUCTION

Capture the Fracture® invites Fracture Liaison Services (FLS) to apply for Capture the Fracture® Best Practice Recognition programme. As a global programme, Capture the Fracture® aims to prevent secondary fractures through the worldwide promotion of FLS. Co-chaired by Professor Kristina Åkesson (SWE) & Doctor Kassim Javaid (UK), the steering committee has developed the Best Practice Framework to recognize the achievements of existing FLS and to encourage other healthcare systems to implement their own FLS.

APPLICATION

Please submit your FLS for recognition by completing the following questionnaire, saving it with the hospital name and date in the title and emailing it to capturethefracture@iofbonehealth.org.

Capture the Fracture® will display the FLS on our interactive map at www.capturethefracture.org/map-of-best-practice. Completion of this form should take approximately 20 to 60 minutes depending on the level of data that is readily accessible to the FLS.

DEFINITIONS

- A Fracture Liaison Service (FLS) is a service that aims to systematically identify, treat and refer all eligible patients within a local population who have suffered a fragility fracture with the aim of reducing their risk of subsequent fractures.
- A site is defined as a single hospital; or a regional service; or network of healthcare providers with identical service provision at each location.
- A fragility fracture is a fracture that occurs after trauma equivalent to a fall from standing height or less.
- An inpatient stay is defined as requiring a hospital bed on a ward and does not include accident and emergency and acute assessment units.
- A clinical vertebral fracture is a fracture of the vertebrae which comes to clinical attention on account of causing symptoms e.g. pain.
- A radiological vertebral fracture is a fracture detected by vertebral imaging of the vertebrae through chest X-Ray or other modalities (e.g. re-formatted CT scan, MRI scan or Vertebral Fracture Assessment technology on a DXA scanner).
- A service review for monitoring includes any review performed at the patient level to ascertain medication use, re-fracture and further falls.

DEMOGRAPHICS

In the following table, enter information about the institution/hospital/clinic and its clinicians.

A. About the Hospital		
A1.	Name of hospital:	
A2.	Name of FLS:	
A3.	Address: (include city and country)	
A4.	Site covers:	<p>Please select one:</p> <p><input type="checkbox"/> A single hospital</p> <p><input type="checkbox"/> Part of a larger hospital network or system</p> <p><input type="checkbox"/> Other, please specify:</p>
A5.	If site is part of a larger hospital network or system, please provide the following information:	Name of hospital system:
		Number of hospitals in system:
		Population size of hospital system:
		Name of lead clinician:
		Name of FLS coordinator for the system:
A6.	Type of site:	<p>Please select one:</p> <p><input type="checkbox"/> Private</p> <p><input type="checkbox"/> Private not for profit/charitable</p> <p><input type="checkbox"/> Government/public</p> <p><input type="checkbox"/> Public/private – mixed funding</p> <p><input type="checkbox"/> Teaching /university</p> <p><input type="checkbox"/> Non-academic</p> <p><input type="checkbox"/> Other type of funding – please specify:</p>
A7.	Population size served by the hospital (where applicable):	Population size:
A8.	Which acute fragility fractures are seen within your healthcare setting? <i>Examples of non-ortho inpatient fractures include: pelvis, wrists and shoulders admitted to a medical service for pain management or because a frail, elderly person cannot manage at home with the fracture.</i>	<p>Please select all that apply:</p> <p><input type="checkbox"/> Hip fracture</p> <p><input type="checkbox"/> Inpatient fragility fractures – orthopaedic/trauma</p> <p><input type="checkbox"/> Other inpatient fractures - non-orthopaedic/trauma</p> <p><input type="checkbox"/> Outpatient fragility fractures</p> <p><input type="checkbox"/> Clinical vertebral fractures</p> <p><input type="checkbox"/> Radiological vertebral fractures</p> <p><input type="checkbox"/> Other fractures, please specify:</p>
A9.	Do you consent to your data being used anonymously for scientific publication?	<p>Please select one:</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If yes:</p> <p><input type="checkbox"/> Approval to cite country when referencing data</p> <p><input type="checkbox"/> Approval to cite world region when referencing data</p>
A10.	How did you hear about the Capture the Fracture® programme?	<p>Please select all that apply:</p> <p><input type="checkbox"/> Capture the Fracture® website</p> <p><input type="checkbox"/> Conference/congress, please specify:</p> <p><input type="checkbox"/> National societies, please specify:</p> <p><input type="checkbox"/> Referral, please specify:</p>

B. User Information

B1.	Name of person completing this form:	
B2.	Email:	
B3.	Phone number:	
B4.	What is your role in service?	Please select one: <input type="checkbox"/> Lead clinician – speciality: <input type="checkbox"/> Specialist practitioner – speciality: <input type="checkbox"/> Other, please specify:

C. Lead Clinician *(if different from above)*

C1.	Name of lead clinician:	
C2.	Email:	
C3.	Phone number:	
C4.	What is your role in service?	Please select one: <input type="checkbox"/> Orthopaedics <input type="checkbox"/> Endocrinology <input type="checkbox"/> Rheumatology <input type="checkbox"/> Geriatrics <input type="checkbox"/> Gynaecology <input type="checkbox"/> Other, please specify:

D. FLS Coordinator *(if different from above)*

D1.	Name of FLS coordinator:	
D2.	Email:	
D3.	Phone number:	
D4.	What is your role in service?	Please select one: <input type="checkbox"/> Clinician – speciality: <input type="checkbox"/> Specialist practitioner – speciality: <input type="checkbox"/> Other – speciality:

ABOUT THE FRACTURE LIAISON SERVICE (FLS)

In the following table, enter information about the FLS.

E. About the FLS Staff			
E1.	For each type of staff, please enter how much time is spent working within FLS as the whole time equivalent (WTE) percentage. <i>(e.g 50% for a nurse working half time and 400% for 4 full time nurses)</i>	Resident physician/surgeon	%
		Nurse	%
		Physiotherapist	%
		Occupational therapist	%
		Clerical/administrator	%
		Other, please specify below:	%
E2.	Please provide any other comments about the staff here:		
E3.	When did an FLS start at your site?		
E4.	When did the current service model start at your site?		
F. About FLS Patient Identification			
F1.	How many fragility fracture patients were seen by your FLS in the past 12 months?		
F2.	Which patients are identified by your FLS:	<p>Please select all that apply:</p> <input type="checkbox"/> Hip fracture <input type="checkbox"/> Other Inpatient fragility fractures within orthopaedic/trauma <input type="checkbox"/> Other inpatient fractures – non-orthopaedic/trauma <input type="checkbox"/> Outpatient fragility fractures <input type="checkbox"/> Clinical vertebral fractures <input type="checkbox"/> Radiological vertebral fractures <input type="checkbox"/> Other fractures, please specify:	
F3.	Are there any restrictions for which patients are identified by your service?	Age range:	Gender:
		Comorbidities to be specified (e.g. impaired cognitive functions):	
		Osteoporosis already managed by General Practitioner or other specialist (to be specified):	
		Fracture sites that are not eligible for inclusion:	
F4.	Hip fracture patients: how are they identified?	<p>Please select all that apply:</p> <input type="checkbox"/> FLS visits the Ortho/trauma ward <input type="checkbox"/> Using ward/emergency room admission lists <input type="checkbox"/> Using radiology IT systems <input type="checkbox"/> Other, please specify	
F5.	Other non-hip non-vertebral inpatients: how they identified?	<p>Please select all that apply:</p> <input type="checkbox"/> FLS visits the orthopaedic/trauma ward <input type="checkbox"/> Using ward/emergency room admission lists <input type="checkbox"/> Using radiology IT systems <input type="checkbox"/> Other, please specify:	
F6.	Fracture outpatients how are they identified?	<p>Please select all that apply:</p> <input type="checkbox"/> FLS visits the orthopaedic/trauma clinic <input type="checkbox"/> Using clinic lists <input type="checkbox"/> Using radiology IT systems <input type="checkbox"/> Other, please specify:	

F. About FLS Patient Identification

F7.	Is there a separate process for identifying fracture patients who should have received secondary fracture prevention, but did not get identified initially (i.e. quality data review, audit)?	<p>Please select all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> No <input type="checkbox"/> Yes for hips <input type="checkbox"/> Yes for inpatient non hips <input type="checkbox"/> Yes for outpatient/ clinic patients <input type="checkbox"/> Yes for clinical vertebral fractures <input type="checkbox"/> If yes, please describe the process:
F12.	Please comment on the strengths and limitations of identification by your service:	

G. About Post-Fracture Assessment and/or Treatment for Prevention of Secondary Fractures

G1.	Who assesses the patient for secondary fracture prevention?	<p>Please select all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> FLS Staff <input type="checkbox"/> Hospital clinician – speciality: <input type="checkbox"/> Referred or delegated to primary care physician <input type="checkbox"/> Other, please specify:
G2.	Does your facility have access to DXA within the institution?	<p>Please select one:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No
G3.	If not, does your facility have access to DXA elsewhere for referral?	<p>Please select one:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No
G4.	If you do not have access to DXA, what are you using?	<p>Please select one:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Peripheral ultrasound <input type="checkbox"/> Quantitative pQCT <input type="checkbox"/> Peripheral DXA <input type="checkbox"/> FRAX or other risk assessment tool <input type="checkbox"/> Other, please specify:
G5.	Which patients with fractures are eligible to be referred to DXA?	<ul style="list-style-type: none"> <input type="checkbox"/> All patients are eligible to be referred to DXA <p>Age range:</p> <p>Gender:</p> <p>Fracture sites that are not eligible for referral to DXA:</p> <hr/> <p>Other comments (ie. Do national clinical guidelines or DXA reimbursement criteria specify which fracture patients are eligible?):</p>
G6.	Who assesses the need for treatment?	<p>Please select all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> FLS Staff <input type="checkbox"/> Hospital clinician, specialty: <input type="checkbox"/> Referred or delegated to primary care physician <input type="checkbox"/> Other, please specify:
G7.	Who discusses the results of the above assessments with the patient?	<p>Please select all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> FLS staff <input type="checkbox"/> Hospital clinician, specialty: <input type="checkbox"/> Referred or delegated to primary care physician <input type="checkbox"/> Other, please specify:

G. About Post-Fracture Assessment and/or Treatment for Prevention of Secondary Fractures

G8.	What interventions can result from the FLS post-fracture assessment?	<p>Please all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Drug treatment (excluding calcium and vitamin D) <input type="checkbox"/> Calcium and vitamin D supplementation <input type="checkbox"/> Access to additional education programmes/resources (beyond any discussion at initial contact/or at FLS clinic) <input type="checkbox"/> Clinic follow-up by appropriate specialist if abnormalities are identified on blood tests <input type="checkbox"/> Other, please specify:
G9.	If, as a result of the FLS post-fracture assessment, the patient needs treatment for prevention of secondary fractures – how does the patient get the treatment?	<p>Please select all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> FLS writes to the primary care physician <input type="checkbox"/> FLS writes to hospital clinician <input type="checkbox"/> The FLS issues the first prescription at the FLS clinic <input type="checkbox"/> Other, please specify:
G10.	Does the FLS assess each fracture type in the same way?	<p>Please select one:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If no, what are the differences?
G11.	Please provide any further comments about post-fracture assessment &/ or treatment for prevention of secondary fractures here:	

ABOUT BEST PRACTICES

The following questions are about the FLS and its success against the Capture the Fracture® Best Practice Framework. The Best Practice Framework is available at www.capturethefracture.org/best-practice-framework.

H. Standard 1: Patient Identification

	What number and % of patients below (in the age range included in your service) were identified for secondary fracture prevention management in the last 12 months?	Number	<50%	50%-69%	70%-89%	90% or more	Do not know	N/A
H1.	Hip fragility fracture patients		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H2.	Patients admitted with non-hip non-vertebral fragility fractures		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H3.	Patients attending fracture clinic/ outpatient clinic with non-vertebral fragility fractures such as wrist		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I. Standard 2: Patient Evaluation

	Of the fracture patients identified above, what number and % were assessed for prevention of secondary fractures by your FLS in the last full 12 month period?	Number	<50%	50%-69%	70%-89%	90% or more	Do not know	N/A
I1.	Hip fragility fracture patients		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I2.	Inpatients with non-hip non-vertebral fragility fractures		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I3.	Outpatients with non-vertebral fragility fractures such as wrist fractures		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I4.	What is the source of data for your answers?	Please all that apply: <ul style="list-style-type: none"> <input type="checkbox"/> Billing database <input type="checkbox"/> Hospital <input type="checkbox"/> EMR/site database <input type="checkbox"/> Database dedicated to purpose of FLS <input type="checkbox"/> Fracture register/national data base <input type="checkbox"/> Do not know <input type="checkbox"/> Other, please specify: 						
I5.	Comments on strengths and limitations of assessment:							

J. Standard 3: Post-fracture Assessment Timing

	Following the fracture, what is the average time that it takes for the fracture patient below to reach a treatment decision or receive treatment for secondary fracture prevention?	Number	0-8 weeks	9-12 weeks	13-16 weeks	>16 weeks	Do not know	N/A
J1.	Hip fragility fracture patients		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J2.	Inpatients with non-hip, non-vertebral fragility fractures		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J3.	Outpatients with non-vertebral fragility fractures such as wrist fractures		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J4.	Opportunity for making the decision faster:							

K. Standard 4: Vertebral Fracture

		Number	<50%	50%-69%	70%-89%	>90%	Do not know	N/A
K1.	What number and % of all patients with suspected or known clinical vertebral fractures underwent identification for prevention of secondary fractures in the last full 12 month period?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K2.	What number and % of all patients presenting to the FLS with non-vertebral fractures were also routinely identified with lateral vertebral morphometry by DXA or plain vertebral radiology for vertebral fractures in the last full 12 month period?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Please select all that are used:						
		<input type="checkbox"/> VFA <input type="checkbox"/> Plain radiology						
		Number	<50%	50%-69%	70%-89%	>90%	Do not know	N/A
K3.	What % of patients originally identified by the Institution's Radiologists to have vertebral fractures on plain X-rays, CT & MRI scans routinely underwent identification for prevention of secondary fractures in the last full 12 month period?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K4.	For vertebral fractures, what restrictions apply if your facility is not identifying and/or assessing and/or treating these patients for prevention of secondary fractures?	Please select all that apply:						
		<input type="checkbox"/> Age <input type="checkbox"/> Gender <input type="checkbox"/> Lack of resources <input type="checkbox"/> Lack of funding <input type="checkbox"/> Other, please specify:						
		Number	0-8 weeks	9-12 weeks	13-16 weeks	>16 weeks	Do not know	N/A
K5.	Following identification, what is the average time that it takes for patients with any vertebral fracture to reach a treatment decision or receive treatment for secondary fracture prevention?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K6.	If applicable, what are the barriers for finding patients with vertebral fractures? <i>(ie. do you follow ISCD guidance, privacy issues for accessing images?)</i>							

L. Standard 5: Assessment guidelines

L1.	The assessment &/or treatment for prevention of secondary fracture within your service uses protocols that:	<p>Please select all that apply:</p> <input type="checkbox"/> Have been developed locally ? <input type="checkbox"/> Reflect and are consistent with healthcare policy and guidelines agreed region-wide ? <input type="checkbox"/> Reflect and are consistent with healthcare policy and guidelines agreed nation-wide ?
L2.	Do you use an absolute risk calculator?	<p>Please select all that apply:</p> <input type="checkbox"/> FRAX® <input type="checkbox"/> Qfracture <input type="checkbox"/> Garvan <input type="checkbox"/> Do not know <input type="checkbox"/> Other
L3.	Comments:	

M. Standard 6: Secondary Causes of Osteoporosis

M1.	What % of patients undergo investigation (at least blood testing) to exclude underlying causes of low BMD?	<p>Please select one:</p> <input type="checkbox"/> Less than 50% <input type="checkbox"/> 50%-69% <input type="checkbox"/> 70%-89% <input type="checkbox"/> 90% or more <input type="checkbox"/> Do not know	
M2.	What is routinely tested?	<p>Please all that apply:</p> <input type="checkbox"/> Serum calcium <input type="checkbox"/> Serum phosphate <input type="checkbox"/> Serum alkaline phosphate <input type="checkbox"/> Serum 25OH vitamin D <input type="checkbox"/> Serum Parathyroid hormone <input type="checkbox"/> Full blood count <input type="checkbox"/> Erythrocyte sedimentation rate/ ESR	<input type="checkbox"/> Liver function <input type="checkbox"/> Thyroid function <input type="checkbox"/> Coeliac disease screen <input type="checkbox"/> Immunoglobulins/myeloma screen <input type="checkbox"/> Renal function <input type="checkbox"/> Other
M3.	What other tests are used (ie. which bone markers)?		

N. Standard 7: Falls Prevention Services

N1.	Does your FLS assessment include falls assessment & interventions (where necessary) to lessen future fracture risk?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know
N2.	If yes, what % of patients are evaluated to determine whether falls prevention services are required?	<p>Please select one:</p> <input type="checkbox"/> Less than 50% <input type="checkbox"/> 50%-69% <input type="checkbox"/> 70%-89% <input type="checkbox"/> 90% or more <input type="checkbox"/> Do not know

N. Standard 7: Falls Prevention Services

N3.	Are falls assessment & interventions provided by the same service personnel as determine need for treatment for secondary fracture prevention?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Please describe who provides further falls assessment:
N4.	Which interventions are offered to reduce falls risk?	Please select all that apply: <input type="checkbox"/> Evidence based strength and balance exercise class (ie. Otago, FAME, etc.) <input type="checkbox"/> Medication review <input type="checkbox"/> Home environment assessment <input type="checkbox"/> Eye test
N5.	Are there any restrictions apply?	Please select all that apply: <input type="checkbox"/> None <input type="checkbox"/> Age <input type="checkbox"/> Gender <input type="checkbox"/> Inpatients only <input type="checkbox"/> Specific fracture groups <input type="checkbox"/> Other, please specify:
N8.	Comments:	

O. Standard 8: Multifaceted Health & Lifestyle Risk-Factor Assessment

O1.	What percentage of patients with fragility fractures undergo a multifaceted assessment, for lifestyle risk-factors, e.g. smoking, alcohol use lack of exercise, dietary advice, etc.?	Please select one: <input type="checkbox"/> < 50% <input type="checkbox"/> 50%-69% <input type="checkbox"/> 70%-89% <input type="checkbox"/> 90% or more <input type="checkbox"/> Do not know
O2.	Comments:	

P. Standard 9: Medication Initiation Standard

P1.	What % of patients who are recommended for osteoporosis treatment (not including calcium and vitamin D) actually receive treatment?	Please select one: <input type="checkbox"/> < 50% <input type="checkbox"/> 50%-69% <input type="checkbox"/> 70%-89% <input type="checkbox"/> 90% or more <input type="checkbox"/> Do not know
P2.	Are there differences by fracture site/ age/ gender/ residence?	

Q. Standard 10: Medication Review

Q1.	What % of patients already on bone treatment when they had the fragility fracture, undergo medication review by your service to check whether that remains the most appropriate treatment?	<p>Please select one:</p> <input type="checkbox"/> < 50% <input type="checkbox"/> 50%-69% <input type="checkbox"/> 70%-89% <input type="checkbox"/> 90% or more <input type="checkbox"/> Do not know
Q2.	Are there differences by fracture site/ age/ residence, and what other tests are used (e.g. which bone markers)?	

R. Standard 11: Communication Strategy

R1.	Who receives the report from your service which summarizes the outcomes of assessment for treatment to prevent secondary fractures?	<p>Please select all that apply:</p> <input type="checkbox"/> Patient <input type="checkbox"/> Primary care physician <input type="checkbox"/> Orthopaedic surgeon or clinician responsible for fracture care <input type="checkbox"/> Falls service <input type="checkbox"/> Osteoporosis specialist, please specify: <input type="checkbox"/> Other, please specify:
R2.	What information is included in that report?	<p>Please select all that apply:</p> <input type="checkbox"/> Fracture risk score <input type="checkbox"/> DXA – BMD <input type="checkbox"/> DXA – vertebral fracture assessment or spine X-ray result if done instead <input type="checkbox"/> Falls risk factors <input type="checkbox"/> Fracture risk score (FRAX, Garvan, Qfracture, etc.) <input type="checkbox"/> Medication compliance review (if applicable) <input type="checkbox"/> Follow-up plan <input type="checkbox"/> Lifestyle/health risk-factor assessment <input type="checkbox"/> Other, please specify:
R3.	To whom are alternate outcomes/ assessment protocols routinely communicated?	

S. Standard 12: Long-Term Management

S1.	Is there a management plan for secondary fracture prevention in place to re-evaluate fracture risk and adherence to osteoporosis treatment in those recommended for treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
S2.	If yes, what does the re-evaluation include?	<p>Please select all that apply:</p> <input type="checkbox"/> Medication adherence <input type="checkbox"/> Medication unwanted effects <input type="checkbox"/> Re-fracture check <input type="checkbox"/> Change in fracture risk factors <input type="checkbox"/> Recurrent falls <input type="checkbox"/> Other, please specify:

S. Standard 12: Long-Term Management

S3.	Which patients undergo re-evaluation by your service?	<p>Please select all that apply:</p> <input type="checkbox"/> Hip fracture inpatients <input type="checkbox"/> Non-hip outpatient fragility fractures <input type="checkbox"/> Clinical vertebral fractures <input type="checkbox"/> Radiological vertebral fractures
S4.	At which times are patients re-evaluated after recommendation to start treatment?	<p>Please select all that apply:</p> <input type="checkbox"/> < 6 months <input type="checkbox"/> 7-12 months <input type="checkbox"/> 13-24 months <input type="checkbox"/> > 25 months
S5.	Do you time patient re-evaluation from:	<input type="checkbox"/> The date of the index fracture <input type="checkbox"/> The date treatment is recommended <input type="checkbox"/> Other, please specify:
S6.	In what manner are patients monitored?	<p>Please select all that apply:</p> <input type="checkbox"/> Prescription review <input type="checkbox"/> Telephone interview <input type="checkbox"/> Postal questionnaire <input type="checkbox"/> Clinic review <input type="checkbox"/> DXA <input type="checkbox"/> Other, please specify:
S6.	Who is responsible for the long-term management of the patients?	<p>Please select all that apply:</p> <input type="checkbox"/> FLS coordinator <input type="checkbox"/> Non-clinical specialist practitioner <input type="checkbox"/> Clinician – speciality: <input type="checkbox"/> Primary care physician <input type="checkbox"/> Other physician, please specify:
S7.	Comments:	

T. Standard 13: Database

T1.	Do you have a local database at your FLS where fracture patient records are recorded?	<p>Please select all that apply:</p> <input type="checkbox"/> No <input type="checkbox"/> Hip fracture <input type="checkbox"/> Other fractures
T2.	If yes, do you add the database information to a regional register?	<p>Please select all that apply:</p> <input type="checkbox"/> No <input type="checkbox"/> Hip fracture <input type="checkbox"/> Other fractures
T3.	Do you add your fracture data to a central national database?	<p>Please select all that apply:</p> <input type="checkbox"/> No <input type="checkbox"/> Hip fracture <input type="checkbox"/> Other fractures
T4.	If you answered no to any of the above, what restrictions apply?	

Comments

Please provide any other comments about your FLS here:

Please save the questionnaire with the hospital name and date in the title, and email it to capturethefracture@iofbonehealth.org. We will respond with a summary profile in the coming weeks.

Please visit www.capturethefracture.org/fls-questionnaire-survey to provide valuable feedback on your application with a short questionnaire.

Thank you for participating!