



CAPTURE *the* FRACTURE

BEST PRACTICE FRAMEWORK QUESTIONNAIRE

INTRODUCTION

Capture the Fracture invites Fracture Liaison Services (FLS) to apply for Capture the Fracture Best Practice Recognition in celebration of successful FLS.

As a global campaign, Capture the Fracture aims to prevent secondary fractures through the worldwide promotion of FLS. Chaired by Professor Kristina Åkesson of Sweden, the steering committee has developed the Best Practice Framework to recognize the achievements of existing FLS and to encourage developing systems in implementing 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 recognize the achievements of the FLS by displaying the FLS on our interactive map at www.capturethefracture.org/map-of-best-practice.

Completion of this form will take approximately 20 to 60 minutes depending on the level of data that is readily accessible to the FLS.

A FEW NOTES

- The term, FLS coordinator is defined as the dedicated healthcare professional who coordinates the care for patients seen by the FLS. The FLS coordinator can be a physician, nurse or other allied healthcare professional.
- The Capture the Fracture Best Practice Framework is available at www.capturethefracture.org/best-practice-framework and is to be used in conjunction with this questionnaire.
- In reference to Section A, 'About the Hospital,' if you are submitting your FLS as part of a multi-hospital network (vs. a single hospital), please include a brief description of the hospital network at the end of this form.

Thank you for your participation.

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: <i>(include city and country)</i> | |
| A4. | Hospital is: | <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 hospital 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. | For the purpose of this questionnaire, is your FLS serving: | <p>Please select one:</p> <p><input type="checkbox"/> A single hospital</p> <p><input type="checkbox"/> A multi-hospital system or network*</p> <p><i>If a multi-hospital system or network, please include a brief description of the hospital network at the end of this form.</i></p> |
| A7. | Type of hospital/service: | <p>Please select one:</p> <p><input type="checkbox"/> Academic/university/teaching</p> <p><input type="checkbox"/> District</p> <p><input type="checkbox"/> Clinic with only ambulatory patients</p> <p><input type="checkbox"/> Private hospital</p> <p><input type="checkbox"/> Public hospital</p> <p><input type="checkbox"/> For-profit hospital</p> <p><input type="checkbox"/> Not-for-profit hospital</p> <p><input type="checkbox"/> Other, please specify:</p> |
| A8. | Hospital main funding: | <p>Please select all that apply:</p> <p><input type="checkbox"/> Private</p> <p><input type="checkbox"/> Public – government funding</p> <p><input type="checkbox"/> Public/private – mixed funding</p> <p><input type="checkbox"/> Other, please specify:</p> |
| A9. | Population size served by the hospital (where applicable): | Population size: |
| A10. | Which acute fragility fractures are seen within your healthcare setting? | <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> |

A. About the Hospital

| | | |
|-------------|----------------------------|---|
| A11. | How did you hear about us? | <input type="checkbox"/> Capture the Fracture® website <input type="checkbox"/> Conference / Congress, please specify: <input type="checkbox"/> National societies, please specify: <input type="checkbox"/> Referral, please specify: |
|-------------|----------------------------|---|

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 | % |
| | | Nurse | % |
| | | Physiotherapist | % |
| | | Occupational therapist | % |
| | | Clerical | % |
| | | IT administrator | % |
| | | Other, please specify: | % |
| E2. | Please provide any other comments about the FLS staff here: | | |
| 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- 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: | |
| | | Fracture sites eligible: | |
| | | 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 inpatients: how 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: | |
| F6. | Fracture outpatients how are they identified? | <p>Please select all that apply:</p> <input type="checkbox"/> FLS visits the Ortho/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. | How does your institution identify vertebral fracture patients? | <p>Please select all that apply:</p> <input type="checkbox"/> FLS visits spine clinic <input type="checkbox"/> Using dedicated imaging (DXA/ Xray) <input type="checkbox"/> Screening general radiology reports <input type="checkbox"/> Other, please specify: |
| F8. | Does your facility have access to DXA in the institution? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| F9. | If not, does your facility have to DXA elsewhere for referral? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| F10. | If you do not have access to DXA, what are you using? | <p>Please select one:</p> <input type="checkbox"/> Peripheral densitometer/QUS <input type="checkbox"/> Peripheral DXA <input type="checkbox"/> FRAX or other risk assessment tool <input type="checkbox"/> Other, please specify: |
| F11. | Which patients with fractures are eligible to be referred to DXA? | Age range: <hr/> Gender: <hr/> Fracture sites: <hr/> Fracture sites that are not eligible for referral to DXA: <hr/> |
| F12. | Please provide any other comments about the FLS patient identification here: | |

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

| | | |
|-----|--|--|
| G1. | Who performs the post-fracture assessment for treatment for prevention of secondary fractures? | <p>Please select all that apply:</p> <input type="checkbox"/> FLS Staff <input type="checkbox"/> Clinician – speciality: <input type="checkbox"/> Primary care physician <input type="checkbox"/> Other, please specify: |
| G2. | What is included routinely in the post-fracture assessment performed by the FLS? | <p>Please select all that apply to your FLS:</p> <input type="checkbox"/> Fracture risk assessment with scoring tools such as FRAX <input type="checkbox"/> DXA at hip &/or spine <input type="checkbox"/> Vertebral fracture assessment by DXA (VFA or IVA) <input type="checkbox"/> Plain spine radiology if not done already (for unrecognised vertebral fractures) <input type="checkbox"/> Blood testing for underlying secondary causes of osteoporosis <input type="checkbox"/> Falls risk assessment for appropriate falls interventions(by FLS itself) <input type="checkbox"/> Falls risk assessment for appropriate falls interventions(by referral to falls service from FLS) <input type="checkbox"/> Peripheral DXA <input type="checkbox"/> Peripheral Ultrasound <input type="checkbox"/> Peripheral CT <input type="checkbox"/> Other, please specify: |
| G3. | Who assesses the need for treatment and discusses the results of the above assessments with the patient? | <p>Please select all that apply:</p> <input type="checkbox"/> FLS Staff <input type="checkbox"/> Clinician: speciality: <input type="checkbox"/> Other, please specify: |

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

| | | |
|-------------------|---|---|
| <p>G4.</p> | <p>What interventions can result from the FLS post-fracture assessment?</p> | <p>Please select one:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Drug treatment (including calcium/vitD) , where indicated, for prevention of secondary fractures <input type="checkbox"/> Access to additional education programmes/resources (beyond any discussion at initial contact/or at FLS clinic) <input type="checkbox"/> Referral to exercise programmes <input type="checkbox"/> Access to multidisciplinary falls interventions as required <input type="checkbox"/> Clinic follow-up by appropriate specialist if abnormalities are identified on blood tests <input type="checkbox"/> Other, please specify: |
| <p>G5.</p> | <p>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> | <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"/> The FLS issues the first prescription at the FLS clinic <input type="checkbox"/> Other, please specify: |
| <p>G6.</p> | <p>Does the FLS assess each fracture type in the same way?</p> | <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? |
| <p>G7.</p> | <p>Please provide any further comments about post-fracture assessment &/ or treatment for prevention of secondary fractures here:</p> | |

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

| | | |
|------------|---|---|
| H1. | What % and number of patients with hip fragility fractures (in the age range included in your service) were identified for secondary fracture prevention management in the last 12 months? | <p>Please select one:</p> <p><input type="checkbox"/> Less than 50%</p> <p><input type="checkbox"/> 50%-69%</p> <p><input type="checkbox"/> 70%-89%</p> <p><input type="checkbox"/> 90% or more</p> <p><input type="checkbox"/> Do not know</p> <p><input type="checkbox"/> N/A</p> <hr/> <p>Number of hip fractures:</p> |
| H2. | What % and number of patients admitted with non-hip fragility fractures (in the age range included in your service) were identified for secondary fracture prevention management in the last 12 months? | <p>Please select one:</p> <p><input type="checkbox"/> Less than 50%</p> <p><input type="checkbox"/> 50%-69%</p> <p><input type="checkbox"/> 70%-89%</p> <p><input type="checkbox"/> 90% or more</p> <p><input type="checkbox"/> Do not know</p> <p><input type="checkbox"/> N/A</p> <hr/> <p>Number of inpatient, non-hip fractures:</p> |
| H3. | What % and number of patients coming to the fracture clinic with outpatient fragility fractures (radius/ulna/humeral etc.) were identified for secondary fracture prevention management in the last 12 months? | <p>Please select one:</p> <p><input type="checkbox"/> Less than 50%</p> <p><input type="checkbox"/> 50%-69%</p> <p><input type="checkbox"/> 70%-89%</p> <p><input type="checkbox"/> 90% or more</p> <p><input type="checkbox"/> Do not know</p> <p><input type="checkbox"/> N/A</p> <hr/> <p>Number of outpatient fragility fractures:</p> |
| H4. | Is there a process for identifying fracture patients who should have received secondary fracture prevention, but did not (i.e. quality data review)? | <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> If Yes, describe the process:</p> |
| H5. | Comments on strengths and limitations of case findings by your service: | |

I. Standard 2: Patient Evaluation

| | | |
|------------|---|--|
| I1. | Of the hip fracture patients identified above, what % and number were assessed for prevention of secondary fractures by your FLS in the last full 12 month period? | <p>Please select one:</p> <p><input type="checkbox"/> Less than 50%</p> <p><input type="checkbox"/> 50%-69%</p> <p><input type="checkbox"/> 70%-89%</p> <p><input type="checkbox"/> 90% or more</p> <p><input type="checkbox"/> Do not know</p> <p><input type="checkbox"/> N/A</p> <hr/> <p>Number of hip fracture patients:</p> |
|------------|---|--|

I. Standard 2: Patient Evaluation

| | | |
|-----|--|--|
| I2. | Of the inpatient, non-hip fracture patients identified above, what % and number were assessed for prevention of secondary fractures by your FLS in the last full 12 month period? | <p>Please select one:</p> <p><input type="checkbox"/> Less than 50%</p> <p><input type="checkbox"/> 50%-69%</p> <p><input type="checkbox"/> 70%-89%</p> <p><input type="checkbox"/> 90% or more</p> <p><input type="checkbox"/> Do not know</p> <p><input type="checkbox"/> N/A</p> <hr/> <p>Number of inpatient, non-hip fractures:</p> |
| I3. | Of the outpatient fragility fractures (radius/ulna/humeral etc.) identified above, what % and number were assessed for prevention of secondary fractures by your FLS in the last full 12month period? | <p>Please select one:</p> <p><input type="checkbox"/> Less than 50%</p> <p><input type="checkbox"/> 50%-69%</p> <p><input type="checkbox"/> 70%-89%</p> <p><input type="checkbox"/> 90% or more</p> <p><input type="checkbox"/> Do not know</p> <p><input type="checkbox"/> N/A</p> <hr/> <p>Number of outpatient fragility fractures:</p> |
| I4. | What is the source of data for your answers? | <p>Please all that apply:</p> <p><input type="checkbox"/> Billing database</p> <p><input type="checkbox"/> Hospital EMR/database</p> <p><input type="checkbox"/> Database dedicated to purpose of FLS</p> <p><input type="checkbox"/> Fracture register/national data base</p> <p><input type="checkbox"/> Do not know</p> <p><input type="checkbox"/> Other, please specify:</p> |
| I5. | Comments on strengths and limitations of assessment: | |

J. Standard 3: Post-fracture Assessment Timing

| | | |
|-----|---|---|
| J1. | What is the average time that it takes for patients with hip fracture to receive treatment for prevention of secondary fractures if recommended? | <p>Please select one:</p> <p><input type="checkbox"/> 0-8 weeks</p> <p><input type="checkbox"/> 9-12 weeks</p> <p><input type="checkbox"/> 13-16 weeks</p> <p><input type="checkbox"/> >16 weeks</p> <p><input type="checkbox"/> Do not know</p> <p><input type="checkbox"/> Not applicable</p> |
| J2. | Following the fracture, what is the average time that it takes for inpatients with non-hip fracture to receive treatment for prevention of secondary fractures if recommended? | <p>Please select one:</p> <p><input type="checkbox"/> 0-8 weeks</p> <p><input type="checkbox"/> 9-12 weeks</p> <p><input type="checkbox"/> 13-16 weeks</p> <p><input type="checkbox"/> >16 weeks</p> <p><input type="checkbox"/> Do not know</p> <p><input type="checkbox"/> Not applicable</p> |
| J3. | Following the fracture, what is the average time that it takes for outpatients with fragility fracture (radius/ulna/humeral etc.) to receive treatment for prevention of secondary fractures if recommended? | <p>Please select one:</p> <p><input type="checkbox"/> 0-8 weeks</p> <p><input type="checkbox"/> 9-12 weeks</p> <p><input type="checkbox"/> 13-16 weeks</p> <p><input type="checkbox"/> >16 weeks</p> <p><input type="checkbox"/> Do not know</p> <p><input type="checkbox"/> Not applicable</p> |
| J4. | Reasons for time delays: | |

K. Standard 4: Vertebral Fracture

| | | |
|-----|--|--|
| K1. | What % and number of all patients with suspected or known clinical vertebral fractures underwent assessment and/or treatment for prevention of secondary fractures in the last full 12 month period? | <p>Please select one:</p> <ul style="list-style-type: none"> <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 <input type="checkbox"/> N/A <hr/> <p>Number of patients:</p> |
| K2. | What % and number of all patients presenting to the FLS with non-vertebral fractures (or unknown) were also routinely assessed with lateral vertebral morphometry by DXA or plain spine radiology for vertebral fractures in the last full 12 month period? | <p>Please select one:</p> <ul style="list-style-type: none"> <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 <input type="checkbox"/> N/A <hr/> <p>Number of patients:</p> |
| K3. | What % of patients originally identified by the Institution's Radiologists to have vertebral fractures on plain X-rays, CT & MRI scans routinely underwent assessment/treatment for prevention of secondary fractures in the last full 12 month period? | <p>Please select one:</p> <ul style="list-style-type: none"> <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 <input type="checkbox"/> N/A <hr/> <p>Number of patients:</p> |
| 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? | <p>Please all that apply:</p> <ul style="list-style-type: none"> <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: |
| K5. | If applicable, what are the barriers for finding patients with vertebral fractures (eg. Do you follow ISCD guidance)? | |

L. Standard 5: Assessment guidelines

| | | |
|-----|---|---|
| L1. | Your service for assessment &/or treatment for prevention of secondary fractures uses protocols that: | <p>Please select one:</p> <ul style="list-style-type: none"> <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? <input type="checkbox"/> Do not know |
| L2. | Comments: | |

M. Standard 6: Secondary Causes of Osteoporosis

| | | |
|------------|--|---|
| M1. | What % of patients, who as a result of assessment are treated with medication for prevention of secondary fractures, undergo investigation (blood testing at least) 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. | Comments for what is tested and limitations: | |

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 presenting with fractures who are perceived to be at risk of further falls are evaluated to determine whether falls prevention services are needed? | <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 |
| 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 |
| N4. | If no – who provides falls assessment & interventions? | |
| N5. | Does the service for falls assessment & interventions deliver evidence-based interventions? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| N6. | Is access to falls assessment/ interventions open to everybody who is seen by your service for assessment for prevention of secondary fractures? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| N7. | If no, what restrictions apply? | <p>Please all that apply:</p> <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, by the FLS, for underlying health and/or lifestyle risk-factors, such as such as smoking, alcohol use, poor nutrition, lack of exercise, poor coordination, poor balance, etc. and are subsequently referred to an appropriate healthcare provider for intervention? | Please select one: <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 |
| 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"/> 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 |
| P2. | Are there differences by fracture site/ age/ residence, and what other tests are used (e.g. which bone markers)? | |

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? | Please select one: <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 |
| Q2. | Are there difference 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 summarising the outcomes of assessment for need for treatment to prevent secondary fractures? | <p>Please select all that apply:</p> <ul style="list-style-type: none"> <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"/> Other, please specify: |
| R2. | What information is included in that report? | <p>Please select all that apply:</p> <ul style="list-style-type: none"> <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"/> Primary osteoporosis risk factors <input type="checkbox"/> Secondary causes of osteoporosis (if applicable) <input type="checkbox"/> Fracture/fall risk factors <input type="checkbox"/> Current drug treatment (if applicable) <input type="checkbox"/> Medication compliance review <input type="checkbox"/> Follow-up plan <input type="checkbox"/> Lifestyle/health risk-factor assessment <input type="checkbox"/> Time since last fracture <input type="checkbox"/> Other, please specify: |
| R3. | Other outcomes/assessment protocols that are routinely communicated, to whom? | |

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? | <ul style="list-style-type: none"> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> If yes by whom? |
| S2. | If yes, what does the re-evaluation include? | <p>Please select all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Medication adherence <input type="checkbox"/> Medication unwanted effects <input type="checkbox"/> Re-fracture check <input type="checkbox"/> Fracture risk factors <input type="checkbox"/> Recurrent falls <input type="checkbox"/> Other, please specify: |
| S3. | Which patients undergo re-evaluation by your service | <p>Please select all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hip fracture <input type="checkbox"/> Inpatient, non-hip <input type="checkbox"/> Outpatient fragility fractures <input type="checkbox"/> Clinical vertebral fractures <input type="checkbox"/> Radiological vertebral fractures |
| S4. | When are patients re-evaluated after recommended to start treatment? | <p>Please select all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> less than 6 months <input type="checkbox"/> 7-12 months <input type="checkbox"/> 13-24 months <input type="checkbox"/> > 25 months |

S. Standard 12: Long-Term Management

| | | |
|-----|--|---|
| S5. | How is adherence assessed for re-evaluated? | <p>Please select all that apply:</p> <input type="checkbox"/> Prescription review <input type="checkbox"/> Telephone interview <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, 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: | |
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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.

Thank you for participating!