



Case study: Improving data quality and patient adherence

Sandwell and West Birmingham Hospital Trust

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Aim

To ensure the data entered into the FLS-DB reflects the service provided to patients.

To improve patient adherence to anti-osteoporosis medication

Process

Following publication of the 2017 FLS audit report, there were a number of areas where we were falling short and did not feel this reflected the service we deliver. We identified that there had been a number of difficulties with the data upload eg due to spelling and grammar in templates within our electronic patient record, therefore the data was not being captured. The team have spent a significant amount of time rectifying these issues .

We have also sought clarification regarding interpretation of the questions. We had previously responded 'no' to the question 'has a falls assessment been completed?' as the FLS team interpreted this as had 'they' completed the falls assessment. Following clarification, we now respond 'yes' if we know a falls assessment has been completed recently by another health care professional.

The team have implemented 'telephone review compliance clinics'. This has meant this aspect of work and pathway is now scheduled and planned to maintain a commitment to completion (as would at times get re-prioritised according to other demands).

Outcomes

- The number of fields with >20% missing data has fallen from 11 to 0.
- The proportion of patients being recorded having a falls assessment has risen from 69% to 97%
- The percentage of patients with a documented 12-16 week follow up has risen from 0% to 13%
- The percentage of patients who confirmed adherence to anti-osteoporosis medication at the first follow up has risen from 0% to 12%

The FLS team in Sandwell has learned that you have to be satisfied that the data you see in the audit report is a true reflection of the service that is provided audit before any improvements can be made. There has to be an understanding of what the data set is asking for. If using electronic upload then confidence is needed that the information from an electronic patient record is accurately being portrayed in the FLS-DB clinical

Next steps

A challenge within our organisation can be accessing the required patient information reports for people that have fractured in a timely manner, thereby supporting KPI 4 pertaining FLS assessment within 3 months of fracture. This is something we are currently working with the informatics team to address and establish whether this information can be automated and therefore accessed more readily (and timely) by the FLS team.

Once we achieve the goal of accessing the fracture data in a timelier manner we hope to offer patients an FLS assessment much sooner. Anecdotally we feel this means people will receive an invite for assessment closer to the date of their fracture which could increase uptake as the trauma of the event could motivate

engagement with our services. There is a risk if people are invited for FLS assessment too many months after a fracture they have moved on and perhaps 'minimised' the event.