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MAINTAINING A 'Fracture Liaison Service (FLS)' THROUGHOUT THE COVID-19 PANDEMIC

Case study: Addenbrookes FLS

Background

Diagnostic Services (DXA Scans) have been suspended for an unknown duration due to the COVID-19 pandemic. At the time of writing this remains the case.

All patients who have sustained a fragility fracture continue to be identified, have a treatment plan made and follow-up booked.

Aim

Our aim was to maintain as little disruption to the service as possible and to ensure continuity of care for our patients throughout the COVID-19 Pandemic.

Process

The FLS maintains a record of all patients with outstanding investigations; liaising with these patients and the wider multi-disciplinary team (MDT) to ensure that all parties involved are aware these patients have been identified. We still referring fragility fracture patients aged 50-75 for bone densitometry, to be booked when DXA scanning can resume, and meantime are sending an explanatory letter to each patient, copied to their General Practitioner.

Patients who had recently had bone density scans at the point of COVID -19 Lockdown (23/03/2020) still received a comprehensive bone health assessment to explain their scan results and review fracture risk factures, but via a telephone clinic instead of our usual face-to-face consultation. They will continue to receive a 4 and 12 month telephone clinic appointment as these usual phone follow-ups continue uninterrupted.

Patients aged over 75 admitted following a fragility fracture are reviewed during their inpatient stay by the orthogeriatrics team whose comprehensive geriatric assessments include review of falls and fracture risk factors, with investigations and recommendations for bone health protection followed-up by the FLS within 4 months. Over-75-year-old fragility fracture patients discharged from the emergency department now initially receive a virtual consultation with resulting advice and treatment recommendations, as per NICE guidance, communicated to the patient and their General Practitioner by letter. Their first consultation is in a telephone clinic 4 months later. As with the younger patients, we follow-up all these patients by telephone 12 months post fracture, as per FLS-DB protocol.

In association with

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The team worked closely with their consultant orthogeriatrician who is also the lead clinician for the FLS. During the COVID-19 pandemic they were redeployed to support another team. A closer working relationship with the rheumatologists who were covering in their absence has since been established to ensure patients continue to have a comprehensive Bone Health Plan in place prior to or shortly after their discharge.

The established weekly MDT meeting has been maintained, though for social distancing has been performed via teleconferencing. Through this we review our complex patients with guidance from a Metabolic Bone Clinic Consultant Rheumatologist.

Outcomes

In conclusion, as a team resources were pooled, web-based systems utilised and electronic hospital records to optimise remote and virtual consultations for patients with fragility fractures. Learning that the FLS shows robustness and that through adaptation it is possible to mitigate any potential disruption to established operations, for example, by conversion of our face-to-face consultations to telephone clinics.

Case study: University Hospital Southampton Fragility Fracture Service

Background

Staffing increased in January 2020 to 2.1 WTE, with a consultant team of three.

Between Q4 2018 and Q4 2019 we have seen a 40.2% increase in fragility fracture attendances which may be related to increased admissions from the closure of RHCH to trauma in Winchester. The Fragility Fracture Service is also responsible for the National Hip Fracture Database (NHFD). The increased pressure on our service prompted solutions to streamline our NHFD processes and therefore increase time available to our non-hip fragility fracture service.

In early March the impact of Covid-19 was becoming clearer and we reviewed our processes, staff and skill mix alongside occupational health guidance. We already knew that outpatient appointments were to be ceased and the importance of continuing to collect FFFAP data. We had already discussed collecting data for the NHFD differently and the pandemic provided us with an opportunity to trial this. Consequently, we set up a nurse who had previously worked in our service to gather the information for the NHFD remotely. This provided benefits in utilising staff that could not be in the hospital but also reduced footfall around the hospital.

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Process

The nurse and physiotherapist/lead clinician were redeployed, albeit contactable. The administrator continued to work on site and identified all potential fragility fracture patients. Once triaged all confirmed fragility fracture patients GPs received a letter, entry onto the FLSDB and for Southampton City patient's referrals into our Southampton FLS partners for falls prevention and monitoring.

Throughout the covid-19 pandemic we have continued to work collaboratively with Therapies and the T&O department to create a new femoral fragility fracture pathway in-line with the addition of the femoral fracture BPT from April 2020. Additionally, developments have been made in the Neck of Femur pathway to include early identification of appropriate patients and proactive outreaching of the T&O Advanced Nurse Practitioners into ED to facilitate the swift transfer of patients into the care of T&O on TAU (Trauma Assessment Unit).

On returning to the service at the start of May it was recognised that due to the wider implications of covid-19 and future healthcare promotion/practice changes there was an ideal opportunity to implement changes that had been identified at the start of the year. Trauma and Orthopaedics also recognised this opportunity and supported the service by redeploying staff that were unable to be patient facing to assist with:

- Completion of 120 day hip fracture follow ups. Despite previously having poor adherence we have now fully caught up with thanks to 2 x senior HCAs and over 200 phone calls.
- Reviewing all 2020 patients >75 years of age for recent hospital attendances to see if additional community support or UHS virtual clinic was indicated.
- Assessing which patients had not been started on bone protection in the community post fracture and ensuring they were on our waiting list for virtual review or GP.
- Reviewing all <75 years of age patient records for DXA scan results in the last 3 years to reduce DXA waiting lists and enable immediate action via GP or consultant.
- All patients <75 years old awaiting outpatient appointments were RAG rated by their DEXA results where available (red – osteoporotic, amber – osteopenia and green - normal).
    - Patients categorised into amber or red to receive a virtual clinic appointment.

The Covid-19 pandemic has forced significant changes within healthcare and community services. We recognise that many of the patients whom are at risk of fragility fractures will be anxious about coming into the hospital. This same patient group may have increased vulnerability to bone health issues and falls from the lockdown due social isolation, reduced physical activity, reduced exposure to sunlight and change in diet/increased alcohol intake. Consequently, we are extremely worried about the longer-term implications this pandemic may have had on the bone health and falls risk of our community.

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Nonetheless as a service we intend to utilise this opportunity to springboard an improved fragility fracture service benefiting patient care and reducing waiting lists/DNAs to all services.

Outcomes

All patients >50 years presenting to UHS in 2020 with fragility fractures will now receive their initial assessment virtually to gather information on bone health risk factors, medical history and falls history. Assessment of future fracture risk will be completed via FRAX or Q Fracture depending on their age. Previously all patients <75 would receive a DXA scan now those < 75 indicating further investigation via NOGG will be invited into DXA with the hope that we can provide a clinic appointment on the same day to reduce footfall through the hospital.

Assessment via Q fracture for those > 75 will ensure that we can refer to our community partners in greater clinical detail including cognition and falls. Additionally, this will result in earlier identification of those that require consultant review with opportunities for virtual appointments if requested.

We are excited about the developments this service has made and intends to make in working towards our UHS Fragility Fracture Service 2020 vision:

1. Clinically reasoned, evidenced based first patient contact including FRAX and falls history.
2. Further investigations offered to this when clinically reasoned/indicated.
3. Opportunity for virtual clinic appointments or outpatient appointments on same day of DEXA/blood tests. Reduce footfall into hospital and number of attendances needed by patients.
4. Education and Advice: increase opportunity for verbal and written information provision.
5. Raise the profile of the Fragility Fracture Service within UHS.