

Data collection and entry - learning from FLS-DB participants

Yeovil Hospital

Identifying patients

The rule of 5

- The rule of 5 helps to identify how many fragility fracture patients an FLS should see.
- The approximate number is 5 x number of hip fractures seen at your hospital
eg. 300 hip fractures x 5 = 1500.

The rule of 4

- The rule of 4 helps to identify how many non-hip fragility fracture patients an FLS should see.
- The approximate number is 4 x number of hip fractures seen at your hospital
eg. 300 hip fractures x 4 = 1200.

Collecting and entering data

- Yeovil enter data via direct entry, they don't upload data.
- Need to ensure everyone interprets the questions in the same way.
- The DXA reports contain the DXA score, height, weight and other risk factors.
- Use your IT department. They can help make your database user friendly.
- The FLS-DB proforma can be used to collect data (see page 3 of this document).

University Hospitals Birmingham

The service development team at the National Osteoporosis Society will provide support to FLSs.

- The FLS has embedded the FLS-DB into their operational database to avoid entering patient data twice.
- The FLS collects the data when the patient is in the clinic. However they upload only once a month.
- Uploading every month works well as the errors tend to be for the same thing (eg leaving spaces) and these can all be addressed at the same time.
- Having a proforma that matches the FLS-DB makes it a lot easier to upload data.

Five Top Tips

5 Top Tips

- Check SPAG (Spelling, Punctuation and Grammar) – if extras are added or incorrectly used it will result in an error
- Have a Proforma that matches the set out of the database – it makes adding information much easier
- If its possible use the drop down boxes to ensure less chance of human error
- Automatically block out options to avoid putting in unnecessary data – this could lead to minor errors
- When uploading it is best to do it in Bulk – this saves time and chances are that if you do get any errors back they are more than likely to be for the same field.



Delivering the best in care

University Hospitals
Birmingham
NHS
NHS Foundation Trust

Fracture Liaison Service Database (2016) – Audit Tool condensed data set v2.0

1. Patient identification

1.02 First Name	1.03 Surname	1.04 NHS Number
1.05 Date of Birth ___/___/_____	1.06 Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	1.07 Patient's Post Code
1.08 Care home resident at time of fracture <input type="checkbox"/> Yes <input type="checkbox"/> No	1.09 Date of first FLS contact __/__/__	1.10 Date of first FLS assessment __/__/__
1.11 Admitted to hospital <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Already an inpatient <input type="radio"/> Don't know	1.12 Index Fragility Fracture(s) that led to FLS contact – Date diagnosed __/__/__	1.13 Index Fragility Fracture(s) that led to FLS contact – Type of fracture <input type="radio"/> Fragility <input type="radio"/> Atypical <input type="radio"/> Periprosthetic <input type="radio"/> Other
1.14 Site of first fracture: bone / joint <input type="radio"/> Hip <input type="radio"/> Spine <input type="radio"/> Non hip/non spine	1.15 Site of second fracture : bone / joint <input type="radio"/> Hip <input type="radio"/> Spine <input type="radio"/> Non hip/non spine	1.16 Site of third fracture : bone / joint <input type="radio"/> Hip <input type="radio"/> Spine <input type="radio"/> Non hip/non spine

2. Investigation of bone health

2.01. Current height(metres)	2.02 Current weight(kg)	2.03 Previous fragility fracture history in adulthood (i.e. over the age of 18 years) <input type="radio"/> Yes <input type="radio"/> No	2.04 Family history of hip fracture <input type="radio"/> Yes <input type="radio"/> No	2.05 Current smoker <input type="radio"/> Yes <input type="radio"/> No
2.06 At time of index fracture, patient on/taking bone sparing therapy (tick all that apply)				
<input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Alendronate <input type="checkbox"/> Risedronate <input type="checkbox"/> Ibandronate <input type="checkbox"/> Etidronate	<input type="checkbox"/> Raloxifene <input type="checkbox"/> Teriparatide <input type="checkbox"/> Strontium <input type="checkbox"/> Denosumab <input type="checkbox"/> Systemic Oestrogens	<input type="checkbox"/> Systemic Oestrogen & Progesterone <input type="checkbox"/> Calcitriol <input type="checkbox"/> Alphacalcidol <input type="checkbox"/> Zoledronate		

3. DXA section

3.01 DXA	3.02 Reason DXA not ordered	3.03 Date of DXA	3.04 Lowest T score	3.05 Was the patient's risk of fracture assessed using FRAX or Q-Fracture?
<input type="radio"/> Ordered <input type="radio"/> Recommended <input type="radio"/> Done in last 24 months <input type="radio"/> Not ordered	<input type="radio"/> Declined <input type="radio"/> Not appropriate <input type="radio"/> Not available <input type="radio"/> Referred to GP <input type="radio"/> Referred elsewhere <input type="radio"/> Don't know	___/___/___		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable

4. Initiation section

4.01 Bone therapy recommended following index fracture (tick all that apply)	4.02 Calcium / vitamin D supplement recommended following index fracture
<input type="radio"/> Inappropriate <input type="radio"/> Don't know <input type="radio"/> Informed decline <input type="radio"/> Referred to GP to decide prescription <input type="radio"/> Referred for further clinical opinion <input type="radio"/> Alendronate <input type="radio"/> Risedronate <input type="radio"/> Ibandronate <input type="radio"/> Raloxifene <input type="radio"/>	<input type="checkbox"/> Inappropriate <input type="checkbox"/> Don't know <input type="checkbox"/> Informed decline <input type="checkbox"/> Referred to GP to decide prescription <input type="checkbox"/> Referred for further clinical opinion <input type="checkbox"/> Calcium and vitamin D combined <input type="checkbox"/> Vitamin D only <input type="checkbox"/> Calcium only

5. Falls risk assessment and outcome

5.01 Was a falls risk assessment performed by FLS?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not recorded <input type="radio"/> Referred for formal medical led falls clinic assessment <input type="radio"/> Referred for formal therapy led falls clinic assessment <input type="radio"/> Falls assessment recommended in non FLS primary care <i>If you answered 5.01 as yes please go to 5.02, If you <u>did not</u> answer 5.01 as yes go to 5.10.</i>		
If yes, is there evidence in the patient notes of the following:			
5.02 2 or more falls in the past 12 months?	5.03 fear of falling at time of assessment?	5.04 prescription of medications that increase risk of falling pre fracture?	
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not recorded	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not recorded	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not recorded	

5.05 pre-fracture mobility			
<input type="radio"/> Freely mobile without aids <input type="radio"/> Mobile outdoors with one aid <input type="radio"/> Mobile outdoors with two aids or frame		<input type="radio"/> Some indoor mobility but never goes outside without help <input type="radio"/> No functional mobility (using lower limbs) <input type="radio"/> Not recorded	
5.06 vision	5.07 continence and toileting	5.08 an abnormal cardiovascular assessment result	5.09 a cognitive impairment
<input type="radio"/> Abnormal <input type="radio"/> Normal <input type="radio"/> Not recorded	<input type="radio"/> Abnormal <input type="radio"/> Normal <input type="radio"/> Not recorded	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not recorded	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not recorded
5.10 Referrals – tick all that apply			
<input type="radio"/> Falls clinic <input type="radio"/> Strength & Balance Exercise program <input type="radio"/> Home hazard assessment <input type="radio"/> Vision assessment and referral <input type="radio"/> Medication review with modification		<input type="radio"/> Referred to other specialist <input type="radio"/> Not appropriate or required <input type="radio"/> Declined <input type="radio"/> Don't know	

6. Follow-up 12-16 weeks post index fracture

6.01 Followed up?	6.02 Date of 16 week assessment	6.03 Which FLS performed the 16 week assessment
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Uncontactable <input type="radio"/> Contacted but declined <input type="radio"/> Patient dead	__/__/__	(Drop down pick list)
6.04 Started bone sparing drug	6.05 Started calcium and/or vitamin D supplements	6.06 Started a programme of strength and balance exercise
<input type="radio"/> No <input type="radio"/> Started recommended drug <input type="radio"/> Switched drug <input type="radio"/> Don't know <input type="radio"/> No longer appropriate <input type="radio"/> Informed decline	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Not appropriate <input type="radio"/> Informed decline	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Not appropriate <input type="radio"/> Informed decline

7. Follow-up 48-56 weeks post index fracture

7.01 Follow up	7.02 Date of 52 week assessment	7.03 Which FLS performed the 52 week assessment	7.04 Did the patient confirm adherence to prescribed bone sparing drug
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Uncontactable <input type="radio"/> Contacted but declined <input type="radio"/> Patient dead	__/__/__	(Drop down pick list)	<input type="radio"/> Continued taking recommended drug <input type="radio"/> Switched drug <input type="radio"/> No longer appropriate <input type="radio"/> Don't know <input type="radio"/> Informed decline

7.05 Did the patient confirm adherence to prescribed calcium and/or vitamin D supplements?	7.06 How many falls has the patient had since the index fracture
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Not appropriate <input type="radio"/> Informed decline	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 or more

8. Re-fractures or new fractures

8.01 Has the patient experienced a re-fracture or new fracture since the index fracture	8.02 Date diagnosed	8.03 Site of fracture	8.04 Type of fracture
<input type="radio"/> Yes <input type="radio"/> No	__/__/__	<input type="radio"/> Hip <input type="radio"/> Spine <input type="radio"/> Non hip/non spine	<input type="radio"/> Fragility <input type="radio"/> Atypical <input type="radio"/> Periprosthetic <input type="radio"/> Other
8.05 Second re-fracture or new fracture since the index fracture	8.06 Date diagnosed	8.07 Site of fracture	8.08 Type of fracture
<input type="radio"/> Yes <input type="radio"/> No	__/__/__	<input type="radio"/> Hip <input type="radio"/> Spine <input type="radio"/> Non hip/non spine	<input type="radio"/> Fragility <input type="radio"/> Atypical <input type="radio"/> Periprosthetic <input type="radio"/> Other
8.09 Third re-fracture or new fracture since the index fracture	8.10 Date diagnosed	8.11 Site of fracture	8.12 Type of fracture
<input type="radio"/> Yes <input type="radio"/> No	__/__/__	<input type="radio"/> Hip <input type="radio"/> Spine <input type="radio"/> Non hip/non spine	<input type="radio"/> Fragility <input type="radio"/> Atypical <input type="radio"/> Periprosthetic <input type="radio"/> Other