**Resources used to carry out this audit to carry out the audit**

We will use this information to estimate the costs of finding vertebral fractures in order to help local services create a business case.

|  |  |  |
| --- | --- | --- |
| 1. **Which method did your FLS use to complete this audit?**
 | * Image reporting only
* A mix of image reporting and rereading images (e.g. image report expert or computer software)
* Rereading images only (e.g. image report expert or computer software)
 | Please note that ‘re-reading images’ in this question refers to to identifying new vertebral fractures, not confirming the presence. |
| 1. **How does your site identify patients with vertebral fracture(s)?**

**Please select all that apply** | * Not applicable
* Visits spine clinic/reviews letters
* Dedicated DXA imaging (VFA)
* Screening general radiology reports
* Re-reading radiology images
* Fracture clinic lists
* Emergency Department lists
* Other (please specify)
 |  |
| 1. **Please tell us the number of hours of NURSING time taken to carry out this audit**
 | * No. of hours BAND 3
* No. of hours BAND 4
* No. of hours BAND 5
* No. of hours BAND 6
* No. of hours BAND 7
* No. of hours BAND 8
* N/A
 | If you do not have an exact number of hours, please provide an estimate |
| 1. **Please tell us the number of hours of RADIOLOGIST time taken to carry out this audit**
 | * No. of hours CONSULTANT
* No. of hours REGISTRAR
* N/A
 | If you do not have an exact number of hours, please provide an estimate.This includes both time taken to setup the alert system/coding for FLS and participation in the audit |
| 1. **Please tell us the number of hours of DOCTOR (NON-RADIOLOGIST) time taken to carry out this audit**
 | * No. of hours CONSULTANT
* No. of hours REGISTRAR
* Not applicable
 | If you do not have an exact number of hours, please provide an estimate |
| 1. **Please tell us the number of hours of ADMIN time taken to carry out this audit**
 | * No. of hours BAND 2
* No. of hours BAND 3
* No. of hours BAND 4
* No. of hours BAND 5
* No. of hours BAND 6
* N/A
 | If you do not have an exact number of hours, please provide an estimate |
| 1. **Please tell us the number of hours of RADIOGRAPHER time taken to carry out this audit**
 | * No. of hours BAND 4
* No. of hours BAND 5
* No. of hours BAND 6
* No. of hours BAND 7
* No. of hours BAND 8
* N/A
 | If you do not have an exact number of hours, please provide an estimate |
| 1. **Please tell us the number of hours of OTHER HEALTH PROFESSIONAL time taken to carry out this audit**
 | * No. of hours BAND 3
* No. of hours BAND 4
* No. of hours BAND 5
* No. of hours BAND 6
* No. of hours BAND 7
* No. of hours BAND 8
* N/A
 |  |
| 1. **Please describe any other resources that you used to carry out this audit**
 | Free text |  |