**Vertebral fracture sprint audit proforma – January 2021**

Please refer to the user guide prior to completion. This outlines what should be included in the audit, as well as advice on what types of scans to consider and search terms for radiology reports.

| **Question** | **Answer options** | **Provisional help notes** |
| --- | --- | --- |
| **Patient identification** | | |
| **Automatically assign a number to the case** | | |
| 1. **What age was the patient at the time of the report?** | \_\_ | Age in years.  Patients must be 50 years and over on date of scan. |
| 1. **Was this patient already under care of FLS?** | * **Yes, previously** * **Yes, currently** * **No** |  |
| 1. **Was the scan/radiograph part of an oncology referral?** | **o Yes**  **o No** | For example, please answer yes if the scan was requested as part of a cancer staging investigation. e.g. CT CAP staging CT post chemotherapy? recurrence. If the scan was requested by non-oncologist looking for a cancer, e.g. CT, CAP, History, weight loss, malignancy - then answer no. |
| 1. **What type of scan was it?** | **o Plain X-ray**  **o CT scan**  **o MRI**  **o VFA** | Please refer to the user guide for a list of examples for each scan. |
| **Vertebral fracture identification** | | |
| 1. **Did the report use the recommended terminology "vertebral fracture" in relation to described abnormalities?** | * Yes * No |  |
| 1. **Did the report mention terms that could indicate a vertebral fracture?** | * Yes * No | **Such terms could include:** “vertebral deformity” “end plate fracture” “endplate fracture” “endplate infraction” “vertebral collapse” “compression fracture” “biconcave fracture” “height-loss” “wedge fracture” “anterior wedging" “‘wedge fracture.” “end plate” “endplate” “osteoporotic collapse” “vertebral body” “compression”  Please refer to the vertebral fracture sprint audit guidance. |
| 1. **Did you confirm it was a vertebral fracture?** | * Confirmed it was a vertebral fracture * Confirmed it was not a vertebral fracture * Did not confirm | This includes radiology image reports and or rereading images where vertebral fracture that were not reported through question 4 and 5. |
| 1. **Did the report make appropriate recommendations for further investigation? (e.g. DXA/VFA scans/blood bone profile/MRI)** | * Yes * No | Only applicable is answered ‘Yes’ in question 5 or 6 |
| 1. **Did the report make recommendations for referral/further assessment? (e.g. FLS referral/other clinical service for osteoporosis)** | * Yes * No | Only applicable if answered ‘Yes’ in question 5 or 6 |