



Osteoporosis Canada FLS Registry FAQ's

1. What is the Osteoporosis Canada (OC) FLS Registry?

The OC FLS Registry is an online map profiling FLS programs in operation across Canada which meet OC's [*Essential Elements of Fracture Liaison Services*](#).

2. What is the purpose of the OC FLS Registry?

OC created this much needed resource to help further efforts to support and promote the implementation of effective FLSs in Canada. The OC FLS Registry celebrates and profiles these models, and will also help identify areas lacking access to FLS.

3. Why should I submit my FLS model to be profiled on the FLS Registry?

There are many benefits to submitting your FLS model to the OC FLS Registry:

- a) Showcase your FLS program to stakeholders in your community/jurisdiction
- b) Discover other FLS programs across the country
- c) Help develop a vital tool to assist with OC's efforts to foster the implementation of effective FLSs and improve the quality of programs across Canada

4. What are OC's *Essential Elements of Fracture Liaison Services*?

Most FLS programs will start small and gradually expand over time (e.g. FLS may start as hip fracture only and eventually expand to identify other fracture types). Accordingly a set of criteria was developed by a pan-Canadian group of FLS experts who carefully selected 8 "[*essential elements*](#)," which represent the minimum processes needed for any FLS, within its own limitations (e.g. hip fracture only FLS), to successfully ensure that the great majority of fracture patients will receive appropriate osteoporosis care. The "essential elements" are similar but not as comprehensive as the OC's *Quality Standards for Fracture Liaison Services in Canada*, which describe what every mature FLS should ultimately aspire to.

5. What is the difference between an FLS and an Osteoporosis Clinic (or between an FLS and a Family Practice which offers great osteoporosis care for their patients)?

The main feature distinguishing an FLS from an Osteoporosis Clinic (or a Family Practice providing evidence-based osteoporosis care for their patients) is the fact that the FLS does systemic pro-active case finding in order to capture the greatest majority of all of the fracture patients presenting to a hospital. To capture fracture patients at the systemic/hospital level typically requires:

- For hip fracture patients: pro-active case finding directly from the orthopaedic inpatient ward (or from an equivalent administrative database). Such FLSs may also capture a very small proportion of some other fracture types (e.g. the very small proportion of wrist fracture patients who may require admission to hospital).
- For wrist and shoulder fracture patients: pro-active case finding directly from the orthopaedic outpatient clinics (or from an equivalent administrative database). Such FLSs may also capture some of the hip fracture patients who may return for follow-up in the orthopaedic outpatient clinic.



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- For spine fractures: These are the most difficult to identify since two-thirds of vertebral fractures do not present to medical attention at the time of their acute fracture. Most vertebral fractures are in fact diagnosed from x-rays that are done for completely unrelated purposes, e.g. a vertebral fracture may be first diagnosed when a patient goes for a chest x-ray to rule out pneumonia. Systemic pro-active case finding of these radiological spine fractures requires screening of all of a Diagnostic Imaging Department's relevant x-ray reports, typically chest x-rays, spine x-rays, CT scans of spine/chest/abdomen and MRIs of spine/chest/abdomen.

In summary, the main source of patients for the FLS is from the FLS itself pro-actively finding the fracture patients within areas of the hospital where fracture patients most commonly intersect with the healthcare system.

6. **We have implemented a post-fracture care model which doesn't have a dedicated FLS coordinator. We believe it will be effective. Can our model be profiled on the OC FLS Registry?**

A dedicated FLS coordinator is central to the FLS model of care¹ and is essential to ensure that the systemic pro-active case finding is effective and that fracture patients do not go unidentified. An exception to the "dedicated FLS coordinator" essential element may be made only for FLSs operating in the orthopaedic inpatient ward where the model automatically refers all of the admitted hip fracture patients directly to an osteoporosis expert. Admitted hip fracture patients are an easily identifiable target group even without the help of a dedicated FLS coordinator and the osteoporosis specialist referral in this very specific type of model ensures that hip fracture patients will receive appropriate osteoporosis care.

7. **We have a research grant funded FLS that satisfies all of the 8 "essential elements". Our research funding will run out in 6 months. Can we be included in the OC FLS Registry?**

The FLS Registry is intended to show sustainable, i.e. longer term/permanent, FLSs across Canada. FLSs dependent on temporary sources of funding may also be included in the OC FLS Registry provided they can demonstrate they have a plan to secure ongoing funding.

8. **What happens to my application after I submit it?**

Application forms will be received at FLSRegistry@osteoporosis.ca. Application forms will be de-identified upon receipt to ensure effective blinding of the OC FLS Registry Committee reviewers.

The timeline from submission to completion of the assessment is dependent on the completeness of the application and the availability of the OC FLS Registry Committee reviewers. Please ensure your application form is completed in full and all requested details are provided. Any missing information will delay your application's review.

All applicants will be notified of the outcome of the review process. Successful applicants will be asked to provide consent to the standard profile of their FLS model to appear on the FLS Registry before it is posted on the online map.

1. Ganda K, et al. Models of care for the secondary prevention of osteoporotic fractures: a systematic review and meta-analysis. *Osteoporos Int*. 2012