



Osteoporosis Canada FLS Registry Submission Form

Instructions

1. Please only submit one form per FLS site/hospital.
2. Ensure you've answered all questions (unless you are instructed to skip) and provide further details where requested. Incomplete submissions will be returned and will delay processing of your submission.
3. Email completed submissions to FLSRegistry@osteoporosis.ca. This email accepts completed submission forms only. Any questions must be sent to Katie Cvitkovitch, FLS Manager at kcvitkovitch@osteoporosis.ca.

Save the form to your computer and then fill it out. Do not fill out the form online. Persons with an older version of Adobe Reader (ie older than Adobe Reader XI) may encounter difficulties saving the form, and are encouraged to download a newer version, which is available for free online.

Date:	
Name:	
Email address:	
Telephone number:	
Name of your FLS:	
FLS Mailing Address	
Geographic region served by your FLS:	
Name and location of the hospital and/or health district where your FLS is located (whichever is most applicable):	
Number of hip fractures admitted annually to your hospital and/or health district, as per the location of your FLS (please specify year of the data):	

1. When did your FLS first start assessing/managing fracture patients (month/year)?
2. How many patients did your FLS identify/manage last year (estimate for this year if you are a new FLS)?

The above is:

- A measured outcome
 A projection, based on:

3. Are the majority of patients enrolled in your FLS a result of:

A. Referrals received from one of the fracture patient's clinicians

(e.g. patient's own orthopaedic surgeon, family physician, emergency room nurse/physician, OPD nurse)

OR

B. Pro-active case-finding of fracture patients directly from:

Hospital's orthopaedic department

Inpatient only

Outpatient only

Both inpatient and outpatient

Administrative database (please describe):

Other (please describe):

Eligible patients

4. How does your FLS define "fragility fracture"? (please describe):

Our FLS does not distinguish fractures as fragility or not (all fractures, traumatic or fragility, are enrolled).

5. Fracture types included and/or fracture types excluded.

For spine fractures, please specify clinical (i.e. presenting symptomatically) or radiologic (i.e. incidental finding on x-rays done for other purposes, e.g. chest x-rays) or both clinical and radiologic.

a. Fracture types included, (please list):

AND/OR

b. Fracture types excluded, (please list):

6. Age criteria (e.g. > 50 yo):

7. Sex criteria (e.g. female only):

8. Is your FLS restricted to treatment naïve patients? Yes No

Comments:

9. Are there any other exclusion criteria? (please list):

FLS staff

10. Who are the members of your FLS team?

List roles below (e.g. FLS coordinator, clerical assistant, medical lead, osteoporosis specialists, etc.)

Role/position	Main responsibilities	Number of persons doing this role/position

11. In your FLS, who coordinates the osteoporosis care for fracture patients?

A dedicated FLS coordinator who is allocated exclusively to the FLS functions. Please specify the number of full time equivalents (FTE):

Please describe any non-FLS duties of the FLS coordinator:

The FLS functions are shared among existing hospital personnel (please describe):

Other (please describe):

12. What is the background of the FLS coordinator(s):

- Nurse practitioner
- Registered practical nurse (RPN) / Licensed practical nurse (LPN)
- Registered nurse
- Other, please specify:
- Our FLS does not have a dedicated FLS coordinator

Fracture patient identification directly from the orthopaedic inpatient ward

13. Does your FLS do pro-active case finding of fracture patients admitted to the hospital's orthopaedic inpatient ward? Yes No

If no, skip questions 14-16 and proceed to question 17.

14. From the patients admitted to the orthopaedic inpatient ward, your FLS pro-actively identifies:

- Hip fractures only
- All of the fracture types as indicated in question 5
- Other, please list:

Fracture patient identification directly from the orthopaedic outpatient clinics

17. Does your FLS do pro-active case finding of fracture patients seen in the hospital's outpatient orthopaedic/fracture clinics? Yes No

If no, skip questions 18-22 and proceed to question 23.

18. How many half day orthopaedic/fracture outpatient clinics are held at your hospital in a typical week?

19. Your FLS does pro-active case finding of fracture patients for:

- ALL of the outpatient orthopaedic/fracture clinics at your hospital
 Some but not all of the outpatient orthopaedic/fracture clinics at your hospital. Please indicate how many half day clinics are covered by your FLS:

20. From the patients seen in the orthopaedic outpatient clinics, your FLS pro-actively identifies:

- All the fracture types as indicated in question 5
 Some but not all of the fracture types as indicated in question 5. Please specify:

21. In your FLS, who identifies the orthopaedic outpatient clinic fracture patients? Choose the single most common source of fracture patients enrolled in your FLS from orthopaedic outpatient clinics.

- The dedicated FLS coordinator himself/herself (select one only)
 in person when they see the patient in the orthopaedic clinics
 through an administrative database. Please describe the process:

- Referral to the FLS coordinator. Please specify who is responsible for initiating these referrals:

- Referral to an osteoporosis specialist/clinic. Please specify who is responsible for initiating these referrals:

- The identification of fracture patients from orthopaedic outpatient clinics is shared by existing hospital personnel. Please specify:

- Other (please describe):

22. Please describe the identification process for the outpatient orthopaedic clinic fracture patients in more detail.

Fracture patients identified directly from an administrative database

23. Does your FLS do pro-active case finding of fracture patients directly from an administrative database?

Yes No

If no, skip questions 24-27 and proceed to question 28.

24. Please describe the administrative database used:

25. Who is responsible for the initial identification of the fracture patients from the database?

- The dedicated FLS coordinator
 The orthopaedic surgeon
 The Osteoporosis/Metabolic Bone Disease specialist
 Other (please describe):

26. Who is responsible for the first contact with the fracture patients?

- The dedicated FLS coordinator
 The orthopaedic surgeon
 The Osteoporosis/Metabolic Bone Disease specialist
 Other (please describe):

27. Please describe the process of identification/capture of patients in more detail:

Pro-active case finding of non-spine fracture patients in locations other than orthopaedic services or an administrative database

28. Does your FLS do pro-active case finding of non-spine fracture patients from a location other than orthopaedic services or an administrative database? Yes No

If no, skip questions 29-31 and proceed to question 32.

29. Please describe the location/setting where pro-active case finding of non-spine fracture patients occurs:

Communications with the patient's primary care provider

39. What is included in your FLS's letter/report to the patient's primary care provider? Click all that apply:

- Results of all investigations performed by the FLS
- A determination of the patient's fracture risk
- Treatment initiated and/or recommended for this patient
- Our FLS refers all fracture patients automatically to an osteoporosis specialist/clinic. The letter goes directly from the osteoporosis specialist/clinic to the patient's primary care provider.
- The BMD report which is sent to the family physician serves as our final communication to the patient's family physician
- Our FLS does not issue a report to the patient's primary care provider.
- Other (please describe):

40. Please provide us with a sample of a letter to a family physician with all personal data removed.

Sample letter attached: Yes No

Patient follow-up

41. How many times does your FLS follow-up with patients?

- None
- Single follow-up. When (e.g. 3 months after initial visit):
 - In person
 - By phone
- Multiple follow-ups. When (e.g. 3, 9 months after initial visit):
 - In person
 - By phone
- Our fracture patients are all referred to an osteoporosis specialist or Osteoporosis/Metabolic Bone Disease Clinic and follow up is left at the specialist's discretion.

Outcome measurements

42. Does your FLS record/collect and maintain data (e.g. Excel dataset) to monitor your model's effectiveness at closing the post-fracture care gap? Yes No

43. What outcomes are you monitoring for your FLS (e.g. proportion of enrolled patients who get BMD testing, proportion of enrolled patients initiated on treatment, etc.)? Click all that apply.

- None
- BMD completion
- Completed fracture risk assessment as per FRAX or CAROC
- Treatment initiation
 - For all fracture patients, whether deemed high risk or moderate risk. Please specify method:
 - For "high risk" fracture patients only. Please specify method:
- Treatment compliance
- Subsequent fractures

44. Is there an audit system in place comparing your FLS's annual number of enrolled fracture patients to the total number of fracture patients seen annually at your hospital? Yes No

Please describe:

45. Any further details you may wish to provide about any of the above questions (1-44). Please be specific:

46. Please send any documents (e.g. medical directive, algorithm, etc.) that you feel might support your submission. They will be reviewed if needed. Additional documents are attached Yes No

Funding issues/challenges

47. How is your model funded?

Integrated within existing services. Please elaborate:

Dedicated hospital/government funding for the FLS (e.g. to cover the dedicated FLS coordinator's salary)

Permanent/core funding

Temporary funding. What is the projected funding end date and do you have a plan to obtain longer term funding for your FLS? No Yes Please provide details:

Research grant funding. What is the projected funding end date and do you have a plan to obtain longer term funding for your FLS? No Yes Please provide details:

Is your research project an RCT with a no-FLS control arm? Yes No

Philanthropic grant funding. What is the projected funding end date and do you have a plan to obtain longer term funding for your FLS? No Yes Please provide details:

Other, please describe, including projected funding end date and any plans to obtain longer term funding:

48. Please list your major challenges and threats:

49. How do you think Osteoporosis Canada can help?

50. Any other comments:

Osteoporosis Canada may use the data collected in these questionnaires for possible future research purposes. The FLS sites would remain anonymous in the event of any publication.

I agree to the use of the data collected in this questionnaire for possible future publication and/or presentation to support FLS implementation.

I disagree to the use of the data collected in this questionnaire for possible future publication and/or presentation to support FLS implementation.

Thanks for your participation! Please ensure you've answered all questions and submit your completed form to FLSRegistry@osteoporosis.ca.

The above email accepts completed submissions only. If you have questions, please contact Katie Cvitkovitch, FLS Manager at kcvitkovitch@osteoporosis.ca.

Are you a member of the Canadian FLS Network? Join today at osteoporosis.ca/fls.