**MODULE 5: Implementing your new FLS**

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| **Resources to review** |
| [Appendix I](https://fls.osteoporosis.ca/appendix-i/) | * Outlines the algorithm for hip, non-hip non-spine and spine fracture patients.
* Many form letters are provided with options for both 2i models with RN and 3i models with NP
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| [Appendix J](https://fls.osteoporosis.ca/fls-tools-and-resources/appendix-j/) | * Many useful templates for official FLS documents are provided including sample job descriptions, Care Directive to expand an RN’s scope of practice, FLS checklist, etc.
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| Submit to OC’s FLS Registry | * [Application form](https://fls.osteoporosis.ca/wp-content/uploads/FLS-Registry-Submission-Form-English-UPDATED-Apr-2021-FINAL.pdf)
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| OC’s FLS KPIs | * [KPIs](https://fls.osteoporosis.ca/indicator/)
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| Brochures and other materials intended for FLS patients | * [Osteoporosis Canada - Fracture Liaison Service | Handouts for FLS | Osteoporosis Canada - Fracture Liaison Service](https://fls.osteoporosis.ca/fls-tools-and-resources/handouts-for-fls/)
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There will be much pre-implementation work to be done, even once your FLS team has secured funding for your FLS.

Ensuring there is good communication with all stakeholders involved in the care of fragility fracture patients will be important. Prior to implementation, your FLS team will want to consider and address any potential barriers within the broader healthcare community that might have a negative impact on your FLS’s eventual success. For example, are there any prevailing attitudes or misconceptions about osteoporosis care that could be dispelled. Common barriers encountered by other FLS teams:

* Reluctance of primary care providers to offer osteoporosis treatment to elderly patients (misconception that osteoporosis medications have more side-effects in this population; misconception that it takes many years for osteoporosis medications to prevent fractures). This may be most problematic in Long Term Care settings.
* Concerns from orthopaedic surgeons (concerns that the FLS will disrupt patient flow in their outpatient clinics; concerns re delayed fracture healing or an increased risk of atypical femoral fractures).

Some FLSs may wish to explore the possibility of an expanded scope of practice for their FLS coordinator (e.g., FLS RN to be able to order investigations and/or prescribe osteoporosis medications). The rules and regulations governing such advanced practices vary from province to province, hence you will need to explore what’s possible in your jurisdiction.

Tracking and monitoring your FLS’s data will help with your new FLS’s Continuous Quality Improvement and will also help to demonstrate your FLS’s effectiveness. You will want to collect data on the FLS patients from the moment you implement. OC can provide your new FLS with an FLS data tracking tool which is adaptable to your local needs. OC may be able to provide assistance, please contact: FLS@osteoporosis.ca .