

**Characterising the Elements of Secondary Fracture Prevention Services Available for Hip Fracture Patients Within The Hospital Over the Past Decade**

Name _____	Date completed _____	Study number _____
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**Secondary fracture prevention service components**

**1. Have any of the following specialist members of staff been employed in the last decade for the care of hip fracture patients? If you answer yes, please give the date that this position was first filled (and, if relevant, the date that the hospital ceased to employ someone in this role).**

**a. Orthogeriatrician** Yes  No

If **yes**, please specify:

Date started \_\_\_\_\_ Date ended \_\_\_\_\_

The number of members of staff the hospital currently has employed in this role \_\_\_\_\_

Full time equivalents spent working in this hospital \_\_\_\_\_

Please describe their role in:

i) Co-ordinating care \_\_\_\_\_

\_\_\_\_\_

ii) Direct clinical contact \_\_\_\_\_

\_\_\_\_\_

Date started \_\_\_\_\_ Date ended \_\_\_\_\_

The number of members of staff the hospital currently has employed in this role \_\_\_\_\_

Full time equivalents spent working in this hospital \_\_\_\_\_

Please describe their role in:

i) Co-ordinating care \_\_\_\_\_

\_\_\_\_\_

ii) Direct clinical contact \_\_\_\_\_

\_\_\_\_\_

**b. Fracture liaison nurse**

Yes

No

If **yes**, please specify:

Date started \_\_\_\_\_ Date ended \_\_\_\_\_

Full time equivalents spent working in this hospital \_\_\_\_\_

Please describe their role in:

i) Co-ordinating care \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ii) Direct clinical contact \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date started \_\_\_\_\_ Date ended \_\_\_\_\_

Full time equivalents spent working in this hospital \_\_\_\_\_

Please describe their role in:

i) Co-ordinating care \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ii) Direct clinical contact \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date started \_\_\_\_\_ Date ended \_\_\_\_\_

Full time equivalents spent working in this hospital \_\_\_\_\_

Please describe their role in:

i) Co-ordinating care \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ii) Direct clinical contact \_\_\_\_\_

\_\_\_\_\_

**c. Falls nurse**

Yes

No

If yes, please specify:

Date started \_\_\_\_\_ Date ended \_\_\_\_\_

Full time equivalents spent working in this hospital \_\_\_\_\_

Please describe their role in:

i) Co-ordinating care \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ii) Direct clinical contact \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date started \_\_\_\_\_ Date ended \_\_\_\_\_

Full time equivalents spent working in this hospital \_\_\_\_\_

Please describe their role in:

i) Co-ordinating care \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ii) Direct clinical contact \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date started \_\_\_\_\_ Date ended \_\_\_\_\_

Full time equivalents spent working in this hospital \_\_\_\_\_

Please describe their role in:

i) Co-ordinating care \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ii) Direct clinical contact \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**d. Lead clinician ('Champion') in Osteoporosis**

Yes

No

If **yes**, please specify:

Date started \_\_\_\_\_ Date ended \_\_\_\_\_

Full time equivalents spent working in this hospital \_\_\_\_\_

Please describe their role in:

i) Co-ordinating care \_\_\_\_\_

\_\_\_\_\_

ii) Direct clinical contact \_\_\_\_\_

\_\_\_\_\_

Date started \_\_\_\_\_ Date ended \_\_\_\_\_

Full time equivalents spent working in this hospital \_\_\_\_\_

Please describe their role in:

i) Co-ordinating care \_\_\_\_\_

\_\_\_\_\_

ii) Direct clinical contact \_\_\_\_\_

\_\_\_\_\_

Date started \_\_\_\_\_ Date ended \_\_\_\_\_

Full time equivalents spent working in this hospital \_\_\_\_\_

Please describe their role in:

i) Co-ordinating care \_\_\_\_\_

\_\_\_\_\_

ii) Direct clinical contact \_\_\_\_\_

\_\_\_\_\_

2. What type of wards have been available for patient rehabilitation in the last decade at your hospital for hip fracture patients? Please give the dates that the hospital started (and, if relevant, ceased) to use this type of ward .

a. Trauma ward

Yes

No

If yes, please specify:

Date started \_\_\_\_\_ Date ended \_\_\_\_\_

Other details (eg. male/female only ward) \_\_\_\_\_

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b. Geriatric orthopaedic rehabilitation unit

Yes

No

If yes, please specify:

Date started \_\_\_\_\_ Date ended \_\_\_\_\_

Other details (eg. male/female only ward) \_\_\_\_\_

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c. Rehabilitation ward with orthopaedic input

Yes

No

If yes, please specify:

Date started \_\_\_\_\_ Date ended \_\_\_\_\_

Other details (eg. male/female only ward) \_\_\_\_\_

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d. Another type of ward (eg. general ward)

Yes

No

If yes, please specify:

Date started \_\_\_\_\_ Date ended \_\_\_\_\_

Other details (eg. male/female only ward) \_\_\_\_\_

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3. Has a Service Level Agreement been reached for secondary prevention of hip fractures between trusts or PCTs? Yes  No

If yes, please specify when: \_\_\_\_\_

*Question 4ii refers to IOF Standard 12*

4. This question is about the co-ordination of multidisciplinary clinical care at this hospital. Please indicate if you have someone responsible for the following aspects of patient care and, if applicable, who this person is.

	<input type="checkbox"/>	Date they began co-ordinating this role	Who co-ordinates this role (eg. Nurse, orthogeriatrician, orthopaedic surgeon, anaesthetist)
Initial assessment	<input type="checkbox"/>	_____	_____
Pre-operative work-up	<input type="checkbox"/>	_____	_____
Post-operative care	<input type="checkbox"/>	_____	_____
Rehabilitation	<input type="checkbox"/>	_____	_____
Discharge planning	<input type="checkbox"/>	_____	_____
Secondary prevention	<input type="checkbox"/>	_____	_____
Follow-up	<input type="checkbox"/>	_____	_____

iii) Do any of the following clinical teams work together to agreed protocols? (please tick)

	<input type="checkbox"/>	Date started
Anaesthetists	<input type="checkbox"/>	_____
Surgeons	<input type="checkbox"/>	_____
Orthogeriatricians	<input type="checkbox"/>	_____
Nurses	<input type="checkbox"/>	_____

5. Is there systematic secondary fracture prevention for (please tick):

	<input type="checkbox"/>	Date started
Inpatients	<input type="checkbox"/>	_____
Outpatients	<input type="checkbox"/>	_____
Primary care	<input type="checkbox"/>	_____

Question 6 refers to IOF Standard 2

6. This question relates to the case finding of fracture patients

a) Who is responsible for case-finding for hip fracture patients for secondary fracture prevention? (please tick)

Trauma nurse  FLS nurse  Falls nurse

Orthogeriatricians  Orthopaedic surgeons

Other (please specify)  \_\_\_\_\_

b) Does a patient tracking system exist? Yes  No

Date patient tracking system started \_\_\_\_\_

Question 7 i-iii refers to IOF Standard 3

7. This question related to your Dual energy X-ray Absorptiometry (DXA) Scanner.

a) Does your hospital have a DXA scanner? If you answer no, please move on to Question 8. Yes  No

Date hospital obtained DXA scanner \_\_\_\_\_

b) Is this scanner located on the same site as your trauma service? Yes  No

c) Who is responsible for referring hip fracture patients for a DXA scan?

Nurses  Any clinicians  Rhumatologists

Unlimited  Other  (specify) \_\_\_\_\_

d) Generally, which patients suffering from hip fractures are referred for a DXA scan?

All patients  Those aged 50-74  Those aged 75+

e) Is the FRAX tool used as part of the osteoporosis assessment? Yes  No

Date started using FRAX \_\_\_\_\_

The following question refers to IOF Standard 4

f) How long does it usually take for the osteoporosis assessment to be done?  Days

*The following question refers to IOF Standard 6*

g) Is the assessment consistent with National Guidelines? Yes  No

*The following question refers to IOF Standard 11*

h) If the patient is already receiving osteoporosis therapy, is re-assessment offered? Yes  No

Date this service was first offered \_\_\_\_\_

i) Are patient screened for secondary causes of osteoporosis? Yes  No

Date this started \_\_\_\_\_

*Question 8 refers to IOF Standard 8*

**8) Does your hospital use any of the following methods to monitor hip fracture patients after discharge. Please give the date that the hospital began to use this method .**

	Tick	Date
Postal survey	<input type="checkbox"/>	_____
GP led follow-up	<input type="checkbox"/>	_____
Phone call from nurse	<input type="checkbox"/>	_____
Other (please specify) _____	<input type="checkbox"/>	_____

ii) At what time points are patients followed-up after discharge (eg. 6 months, 1 year etc.) ?  
\_\_\_\_\_

*Question 9 refers to IOF Standard 9*

**9) This question refers to the falls prevention services in place for hip fracture patients.**

i) Are patients evaluated using falls risk assessment? Yes  No

iii) Is the falls assessment service:

Integrated within the fracture prevention service  Or are patients referred elsewhere?

Date this began: \_\_\_\_\_

*Question 10 refers to IOF Standard 10*

**10 i) Does your hospital provide any other assessments for hip fracture patients?(eg. Nutrition, physiotherapy)**

Please specify: \_\_\_\_\_

Date(s) other assessments introduced \_\_\_\_\_

ii) Is access to these other assessments available to all patients? Yes  No

If no, please detail how they are restricted (eg. By age)

\_\_\_\_\_