

A QUALITY IMPROVEMENT PROJECT TO IMPROVE CASEFINDING WITHIN AN FLS: IDENTIFICATION OF THE MISSING TRIBES

Sarah Connacher¹ , Rachel Eckert¹ , Patsy Stevens¹ , Carol Weeks¹ , Pamela Osborne¹ , Gail White¹ , Chiara Milan¹ , Arvind Sami¹ , Daniel Prieto-Alhambra^{1,2} , Kassim Javaid^{1,2}

1 Oxfordshire Fracture Prevention Service, Oxford University Hospitals Foundation NHS Trust, Oxford, UK

2 Nuffield Department of Orthopaedics, Rheumatology and Musculoskeletal Sciences, University of Oxford, Oxford, UK

Background

Traditional FLS models target trauma clinics and wards, missing patients presenting only to Emergency Departments (ED) or with radiologically diagnosed vertebral fractures.

Objective

To test the effectiveness of using electronic searches of ED and radiology records to improve case-finding.

Methods

Initially, the FLS provided a training session for ED advanced nurse practitioners followed by a link to an NHS email. For radiology, an audit of vertebral fracture reporting was presented followed by addition of an autotext phrase of 'fragility fracture requires FLS referral'. After 3 months, neither led to an increase in referrals. The FLS requested a bespoke query for all patients with a recorded fracture attending ED aged 50 years and over. In radiology, a musculoskeletal radiographer was employed to screen all patients who had undergone a CT/MRI/PET/Xray using a defined list of terms that could indicate a vertebral fracture. Data was extracted from the FLS database to quantify how many patients were identified by this process from 1.4.18 to 31.5.18 and their outcomes.

Results

In the 2 months, 49 patients were identified from the ED pathway and 36 from the radiology pathway. The commonest sites of fracture in those identified in the ED pathway were distal radius (27%), vertebral (24%), pubic rami (19%), metatarsal (19%), rib (16%). Other fracture sites included ankle, clavicle, humerus, sacrum and wrist. From the radiology pathway, 61% of patients identified had one vertebral fracture and 20% had 3 or more vertebral fractures. None of these patients had been detected by the FLS. Overall, 3 patients declined or did not attend their FLS appointment. At the FLS appointment, all patients questioned were grateful for being identified.

Conclusion

As trauma services are streamlined, electronic searching of the ED electronic patient record is possible and effective. Extending casefinding to include radiology reports leads to an appreciable number of patients with multiple fractures and at extremely high risk of fracture.