







DATA QUALITY

| DATA QUALITY STATEMENT | | | |
|-------------------------------|---|--|--|
| Dimensions of data quality | Definitions (HIQA,2018) | Assessment of dimension (FLS-DB) | |
| RELEVANCE | Relevant data meet the current and potential future needs of users | The FLS Steering Group under the governance of the National Clinical Programme for Trauma & Orthopaedic Surgery agreed the dataset in 2020. The dataset was derived from the UK FLS-DB and the IOF's "Capture the Fracture" key performance indicators (KPIs). The da- taset that is collected ensures that reporting can take place on all IOF KPIs. This report shares aggregated data from eight hospitals that par- ticipated in the audit and individual hospital reports on all data will be available in Q3 2022. | |
| ACCURACY AND RELIABILITY | Accuracy of data refers to how closely the data correctly describe what they were designed to measure. Reliability refers to whether those data consistently measure, over time, the reality of the metrics that they were designed to represent. | The FLS-DB collects data on non-hip fragility fracture patients through an online database. Data that is collected and stored on the database is anonymised. No patient identifiable data leaves each hospital. Before a hospital joins the database a data agreement is signed by the CEO/General Manager. The reference population for the national report focuses on patients aged 50 years and over. These patients are identified by the FLS practitioner attending or reviewing outpatient clinic attendances or by receiving reports from hospital IT systems. In many cases these patients are not admitted to hospital and are not on the Hospital In-Patient Enquiry (HIPE) Data Validation is built into the database and alerts users if there is an error when entering data. An alert will appear on the screen for the user if data has been entered incorrectly. For hospitals that upload their data a data validation report is created by the system that will identify any errors. All users of the FLS-DB system are trained by the FLS Project Manager prior to the system going live in each hospital. A user cannot access the system without a username and password and cannot receive access to the system without completing the required training. | |









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| DATA QUALITY STATEMENT CONTINUED | | | |
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| Dimensions of data quality | Definitions (HIQA,2018) | Assessment of dimension (FLS-DB) | |
| TIMELINESS AND PUNCTUALITY | Timely data is col- lected within a rea- sonable & agreed time period after the activity that the data measures. Punctuality refers to whether data is delivered on the dates promised, advertised, or an- nounced. | Data entry targets set by the FLS Steering Group are reviewed at each monthly hospital meeting and also at each FLS Steering Group meeting that takes place every 2 months. The closing date for 2021 data entry was 8th April 2022. This was to facilitate hospitals who were managing patients who had a fracture in 2021 to be included for this report. | |
| COHERENCE AND COMPARABILITY | Coherent and compa- rable data are con- sistent over time and across providers and can be easily com- bined with other sources. | THE FLS-DB dataset was developed following a review and evaluation of the only existing FLS-DB – UK. It was concluded that the NHS dataset aligned most closely to the needs in Ireland. This database will report on the International Osteoporosis Foundations (IOF) Best Practice Framework (BPF) and standards for secondary prevention osteoporotic fractures. The FLS-DB dataset follows the patient pathway from the point of first presentation to treatment recommendations and follow up which occurs at 16 weeks and one year. The use of international agreed comparators allows the FLS-DB data to be benchmarked to the international standards for FLS care. Once hospital specific reports are developed in Q3 2022, this will also enable local benchmarking. | |
| ACCESSIBILITY AND CLARITY | Data is easily ob- tainable and clear- ly presented in a way that can be understood. | Each hospital has access to the database where there are definitions built in for each data field at the point of data entry. There are several inbuilt reports that can be run by the clinical lead and audit coordinator. All data can be exported locally into Excel for further analysis. This report will be available online via the RCSI website. Infographics and summary reports ensure that the data is clear, easy to understand and useful for discussions with all relevant stakeholders | |