IRISH FRACTURE LIAISON SERVICE DATABASE

SUMMARY REPORT









SANDRA'S STORY

"As a member of the FLS Steering Group I am hoping that by being a patient representative and telling my story it may help bring the message to those who have the power to change things and that ALL patients in the future will be as lucky as I was and have access to an FLS service irrespective of where they live"

Sandra Daly, Patient and Public Interest Representative



WHAT IS

Osteoporosis is characterised by reductions in bone mineral density and quality, leading to disruption of the normal bone architecture, increased bone fragility and greater propensity to fracture. Osteoporosis is extremely common and affects approximately 300,000 people in Ireland, resulting in more than 30,000 fragility fractures every year. (Irish Osteoporosis Society, 2022).

OSTEOPOROSIS?

Osteoporosis is often described as a silent disease, as most people do not know that they have the condition until they suffer the pain of a fracture, most commonly of the forearm, hip or spine. These fractures, termed fragility fractures, usually result from relatively minor injuries, including simple falls, twists and turns, and occasionally occur spontaneously without any degree of force.



WHAT IS A FRACTURE LIAISON SERVICE?

A Fracture Liaison Service (FLS) is a system of healthcare whereby people who have suffered a fracture resulting from a low level of trauma (termed 'fragility fracture') are identified proactively, assessed and treated for osteoporosis and falls risk. This is called 'secondary fracture prevention' after the first fracture.

FLS are proven to reduce future fracture risk and are cost-effective services that have been adopted globally to help tackle the marked rise in fragility fracture numbers as our population ages.

WHAT IS THE FLS DATABASE?

The Fracture Liaison Service Database (FLS-DB) established in 2020 is an online portal which collects and monitors data on what care fragility fracture patients are currently receiving, which areas of the country have/haven't a FLS and how successful each FLS is at delivering secondary fracture prevention when compared against global best practice standards as outlined by the International Osteoporosis Foundation.

This database is under the governance of the National Clinical Programme for Trauma and Orthopaedic Surgery. The database will help to:

- Highlight good care as well as areas for improvement, so hospitals can learn from each other
- Make recommendations to healthcare providers and policy makers on the provision of services and best practice.
- Identify if hospitals are following international standards for FLS through a set of Key Performance Indicators (KPI's) as outlined by the International Osteoporosis Foundation.









KEY RECOMMENDATIONS

RECOMMENDATIONS FOR HOSPITALS/CLINICIANS

- Hospitals that currently do not have a FLS or are not contributing to the FLS

 Database need to establish same to improve patient care which will ultimately reduce demands on acute services through reduced fragility fracture numbers.
- All FLS should review how they are capturing fragility fractures, to ensure equitable service provision to a greater number of fragility fracture patients.

RECOMMENDATIONS FOR THE HEALTH SERVICE EXECUTIVE

The HSE in conjunction with the Department of Health needs to continue to support the work of all stakeholders in the implementation of Recommendation

- > 15 of "A Trauma System for Ireland" (2018) and the establishment of a national FLS. This can be done by incorporating data from all 16 hospitals which manage patients with trauma.
- The HSE should ensure the long-term management and funding of the FLS Database is secured.

RECOMMENDATIONS FOR NATIONAL CLINICAL PROGRAMME FOR TRAUMA AND ORTHOPAEDIC SURGERY

NCPTOS should continue to advocate for adequate resourcing of a national FLS and database thus improving patient outcomes and quality of life.

IF YOU HAVE ANY QUERIES OR COMMENTS PLEASE CONTACT US AT

fls@rcsi.ie

THE KEY HIGHLIGHTS FLS DATABASE 2021





8 of the 16 existing hospitals managing trauma patients participated

THE MOST COMMON SITES OF FRACTURE (EXCLUDING **HIP FRACTURES) FROM THIS DATABASE WERE:**





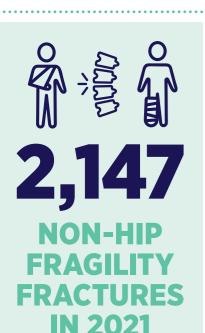


16%

12%









19%)

MALE

MEDIAN AGE YEARS [range 50-100]



1,042 (48.5%) of nationts

were admitted to hospital



were recommended osteoporosis treatment of whom just 18% confirmed starting it by 4 months



ONLY of the expected number were

identified



1.7%

of patients sustained their fracture whilst already an inpatient