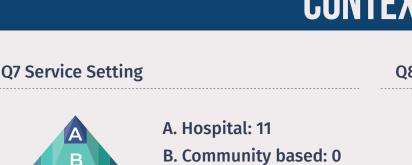


AUSTRALIAN 2020 FACILITY SURVEY RESULTS

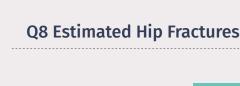




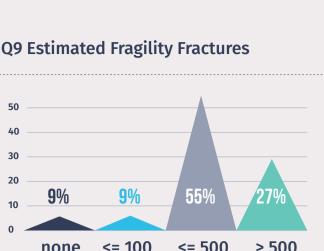
C. Primary Health: 0

D. No Service: 7

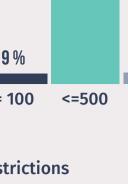
E. No response: 8

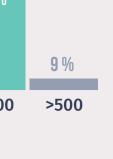


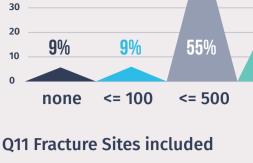
73 %











None **Age Range**

9% none <= 100 **Q10 Patient restrictions**

27%

40

> 500

Fracture site **Trauma** Other Q12 Fracture sites excluded Finger

36% 64% 18% **15**%

Other

Ankles Others

82%

82%

73%

30%

45% **73**% 91% **27**%

Q14 Clinical Lead discipline

Hip **Vertebral** Q13 Clinical Service Lead role We don't have one

Identification

Assessment

Management

Follow up

Other

9% **56**% 9%

0%

Orthogeriatric

Geriatrio

27%

Dietician

9% **27**% **27**% 18%

Endocrinology

Nurse specialist

Other

18%

45%

None

Q15 Allied Health Staff participation 9% **Exercise Physiologist**

None: Referral based only

Radiology report search

Orthopaedic outpatients list

ED admissions list

Inpatient lists

Automated electronic record searching

Manual search of medical records

27% **Physiotherapist IDENTIFICATION**

Q17 Case search frequency В D

Q19 Who proactively identifies

patients with minimal trauma fracture?

Other A. Never: 0% **B. Daily: 56% C. Weekly: 27%**

D. Monthly: 9%

E. Other: 9%

36% Nurse

GP: 0%

Other: 27%

Physiotherapist: 18%

Specialist trainee: 9%

Other Q18 Proactive identification of minimal trauma patients

Q16 Proactive case finding methods

73% **YES** NO **Q20 Referrers 64**% Orthopaedics **GP: 45%**

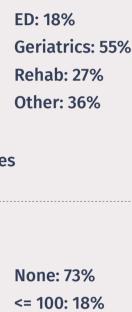
Q21 Hip fractures identified per year:

None: 9%

<= 100: 0%

>100: 91%

Q22 Vertebral fractures identified per year



>100:9%

None: 0%

0-49%: 27%

50-74%: 18%

75-99%: 45%

100%: 27%



Q25 Assessment location

73%

0%

64%

Q23 Non-hip, non-vertebral fractures None: 55% <= 100: 9%

Inpatient

Other

100% Clinical history and examination

DXA Scan: 82%

or referral: 64%

Pathology tests for

Spine Imaging: 55%

secondary causes: 91% Falls risk assessment

Outpatient

>100:36%

Q24 Portion of identified patients assessed

Q26 Assessment performed by **45**% Nurse **Physiotherapist: 9% Specialist trainee: 27%**

Specialist: 55%

GP: 0%

None: 0%

Exercise: 82%

Other: 27%

Q30 Osteoporosis Pharmacotherapy Initiated

73%

Falls Prevention: 91%

Calcium intake: 100% Sunlight exposure: 73%

Smoking & alcohol cessation: 64%

Q28 Information Provided

Osteoporosis pharmacotherapy **Other: 36%**



Q29 Osteoporosis

18%

55%

27%

Q31 High-risk fall patient management

In program

Other

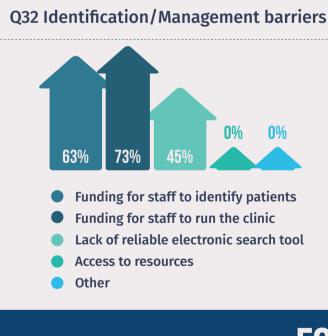
Q33 What would help identify and manage

APPENDIX 1

Referred to falls clinic

Pharmacotherapy Recommended: 100%

TREATMENT



100 80

45%

Referrer

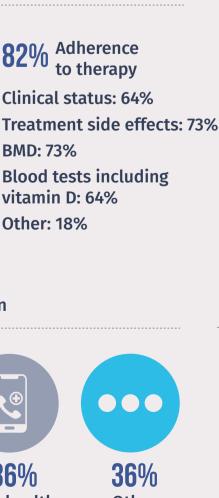
Q36 Follow-up assessment

Access to resources Q34 Summary report goes to **100**% **Patient GP**

0%

45%

0%



Other

FOLLOW-UP Q35 Follow up offered **18**% Assessment then GP follow-up **Assessment and treatment 73**% recommendation or initiation then GP follow-up

45%

27%

Q38 Discharge Criteria

Other

Assessment and treatment

initiation then follow-up with GP

36% Face to Face

Q37 Follow-up location



Specialist Clinics

APPENDIX 1 material for patients, families and GP. More staff and improved systems Funding to expand the screening of the patients beyond divisional level

Q33 WHAT WOULD HELP IDENTIFY AND MANAGE More funding/employment opportunities to broaden the service at both PAH, Metro South wide, even Better funding to get more staff, better resources for patient identification, and better education Better screening programme for inpatients and outpatients at RPH funding to audit program

SEE **APPENDIX 2**

Better system for identification of MTF **APPENDIX 2 Q38 DISCHARGE CRITERIA**

following medical review and recommendations, one follow-up phone call at 6 months Unsure - will discuss in more detail with Kate Bell tolerating treatment

Good tolerance, instigation of antiresorptives, refusal of treatment

NO treatment required, or attended for two years at 6 monthly intervals

After 2 appointments in the follow up clinic, or when patient prefers GP follow.

no criteria when medically stable we discharge or transfer

- Patients are usually discharged once they have completed 24 months post initial appointment phone review by specialist Nurse.