

Concordance Table for ANZFFR Data Dictionary

Patient Level Audit

Date introduced to Registry	DD Variable	Change Description / Justification	Old Coding Frame	New Coding Frame	Changes on Documents
July 2024	Patient demographics	<p>1.Add in non-contactable button 2. Add in declined FLS input button</p> <p>Some patients either cannot be contacted using information in their health records or, when contacted, decline engagement with FLS. This allows their Registry entry to be closed without recording further patient information.</p>	Nil	Nil needed as not a data variable just to support functionality	Patient Audit Form & Registry Database from 1 st July 2024

July 2022	2.10 Method of Identification	<p>Add in new option in coding frame “External FLS to FLS”</p> <p>Now that FLS is established throughout Aotearoa New Zealand we are able to follow patients who move from one district to another soon after their fracture. This data point captures patients who are referred from the FLS district where their fracture was documented to the FLS team local to their post-discharge address.</p>	<ol style="list-style-type: none"> 1. Emergency Department trauma list 2. Inpatient diagnosis list (filtered for fracture) 3. Fracture clinic list 4. Internal hospital referral 5. GP referral 6. ACC fracture claims 7. Discharge coding 8. Radiology reports for any fracture 9. Radiology other 10. Radiology reports for vertebral fractures (“wedge, compression etc”) 11. Out of area referral 	<ol style="list-style-type: none"> 1. Emergency Department trauma list 2. Inpatient diagnosis list (filtered for fracture) 3. Fracture clinic list 4. Internal hospital referral 5. GP referral 6. ACC fracture claims 7. Discharge coding 8. Radiology reports for any fracture 9. Radiology other 10. Radiology reports for vertebral fractures (“wedge, compression etc”) 11. Out of area referral 12. External FLS to FLS 	Data dictionary Patient Audit Form & Registry Database from 1 st July 2024
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July 2022	2.06 Reason Not Appropriate for Further Assessment	<p>No: 3 add further explanation Add new coding frame 8. "Under care of other specialist service"</p> <p>Patients with advanced dementia as defined in the Cognitive impairment Health Pathway have a limited life expectancy and are unable to engage meaningfully with falls prevention and lifestyle interventions.</p> <p>Patients under the care of renal, rheumatology and oncology services have complex needs best addressed by their "home" specialty rather than by FLS.</p>	<ol style="list-style-type: none"> 1. Deceased 2. Terminal illness / palliative care 3. Frailty, life expectancy of less than a year 4. End stage renal failure 5. Advanced malignancy # not due to metastasis. 6. Usual residence not in New Zealand or Australia 7. Other 	<ol style="list-style-type: none"> 1. Deceased 2. Terminal illness / palliative care 3. Frailty, life expectancy of less than a year/Advanced dementia 4. End stage renal failure 5. Advanced malignancy # not due to metastasis. 6. Usual residence not in New Zealand or Australia 7. Other 8. Under care of other specialist service 	Data dictionary Patient Audit Form & Registry Database from 1 st July 2024
July 2022	3.13 Secondary Cause Review	<p>Clearer definition for FLS staff and to link with IOF requirements for accreditation</p> <p>Tightens up the criteria for adequate review of causes of secondary osteoporosis.</p>	Has the past medical history and problem lists in clinical letters been reviewed by the clinical team to identify and consult about possible secondary causes of osteoporosis due to disease and medication?	Has the past medical history, problem lists in clinical letters and clinical documents, with recent blood tests been reviewed by the clinical team to identify and consult about possible secondary causes of osteoporosis due to disease and medication?	Data dictionary only from 1 st July 2024

July 2022	3.14 Secondary Cause Blood Tests	To acknowledge if Yes, were they abnormal.	<ol style="list-style-type: none"> 1. Yes 2. No 3. Not clinically indicated. <p>Referred to another clinical team (including GP)</p>	<ol style="list-style-type: none"> 1. Yes – all normal 2. No 3. Not clinically indicated. 4. Referred to another clinical team (including GP) 5. Yes – at least one abnormal result 	Data dictionary Patient Audit Form & Registry Database from 1 st July 2024
July 2022	4.07 Strength and Balance Referrals	Improve clarity on data collection, add in “not appropriate” to coding frame 7	<ol style="list-style-type: none"> 1. Already attending a recognised group strength and balance programme 2. Already engaged in a self-directed exercise programme 3. Referred to a community group strength and balance programme. 4. Referred to an in-home strength and balance programme. 5. Referred to the “Training for Independence” programme. 	<ol style="list-style-type: none"> 1. Already attending a recognised group strength and balance programme 2. Already engaged in a self-directed exercise programme 3. Referred to a community group strength and balance programme. 4. Referred to an in-home strength and balance programme. 5. Referred to the “Training for Independence” programme. 6. No referral made or not appropriate to a 	Data dictionary Patient Audit Form & Registry Database from 1 st July 2024

			<p>6. No referral made to a strength and balance training programme.</p> <p>7. Patient declined.</p> <p>9. Not known</p>	<p>strength and balance training programme.</p> <p>7. Patient declined.</p> <p>9. Not known</p>	
July 2022	4.10 Falls Related, Referrals for Assessment	<p>1st year data shows too many “other” variable responses to help clarify data variable.</p> <p>Change title to “Referral for Specialist Falls Intervention”</p> <p>Change Definition and Justification wording to match title.</p> <p>Definition Was a referral made to another service (other than a strength and balance programme) for a specialist falls intervention.</p> <p>Justification To document whether the patient has been referred to another service (other than a strength and balance programme) for a specialist falls intervention.</p> <p>Retired coding frame No: 9 No: 12 No: 13 No: 99</p>	<p>1. No referral made.</p> <p>2. Physiotherapy</p> <p>3. Geriatric Medicine</p> <p>4. Community Occupational Therapist for an in-home safety review</p> <p>5. Falls Clinic / Service</p> <p>6. General Practitioner</p> <p>7. Pharmacist review</p> <p>8. Dietician</p> <p>9. Podiatry</p> <p>10. General Medicine</p> <p>11. Orthopaedics</p> <p>12. Continence Service or Urology</p> <p>13. Smoking Cessation</p> <p>14. Other</p> <p>99. Not known</p>	<p>1. No referral made.</p> <p>2. Physiotherapy</p> <p>3. Geriatric Medicine</p> <p>4. Community Occupational Therapist for an in-home safety review</p> <p>5. Falls Clinic / Service</p> <p>6. General Practitioner</p> <p>7. Pharmacist review</p> <p>8. Dietician</p> <p>9. Blank</p> <p>10. General Medicine/Surgery</p> <p>11. Orthopaedics</p> <p>12. Blank</p> <p>13. Blank</p> <p>14. Other</p> <p>15. Rehabilitation in short-term Residential Care</p> <p>16. ED/Out of hours services</p> <p>DATA VARIABLES WITH “BLANK” answers will not be recorded</p>	Data dictionary Patient Audit Form & Registry Database from 1 st July 2024

		<p>Add to coding frame 10. General Medicine/Surgery No:15 “Short Term Residential Care for Rehab” No:16 “ED/Out of hours services”</p> <p>This reflects experience that the retired coding elements have not contributed to specialist falls intervention whereas the new elements have done so. “Not known” element removed as unnecessary</p>			
July 2022	5.01 DXA Ordered or Not	<p>Add in coding frame for “Ordered-Did Not Attend”</p> <p>Comments section add Ordered, Did not Attend-Patient has access to DXA scan did not attend booked appointments.</p> <p>This allows closure of a case where a DXA was ordered and the patient did not attend the offered appointment. Locality DXA services differ in whether they offer further appointments to DNAs – this option is selected where the DXA provider has indicated that no further appointment will be offered.</p>	<ol style="list-style-type: none"> 1. Ordered 2. Declined 3. Done in last 24 months and not being repeated at this time. 4. Not appropriate 5. Not available 	<ol style="list-style-type: none"> 1. Ordered 2. Declined 3. Done in last 24 months and not being repeated at this time. 4. Not appropriate 5. Not available 6. Ordered -Did not attend 	Data dictionary Patient Audit Form & Registry Database from 1 st July 2024

July 2022	6.02 Reason Treatment Not Recommended	<p>Add in coding frame “DNA DXA and No further FLS engagement”</p> <p>To define FLS input has occurred yet patient now not engaging when attempts were made to contact them after they did not attend their DXA appointment.</p>	<ol style="list-style-type: none"> 1. All assessments indicate treatment not required at present. 2. Poor renal function 3. Poor swallowing, severe GORD, Barrett’s oesophagus, achalasia 4. Advanced frailty, life expectancy of less than a year 5. Long term bisphosphonate treatment, so no further fracture risk benefit. 6. Treatment indicated, but no funded alternatives available within Pharmac (NZ) or PBS (Aust) criteria. 7. Atypical femur fracture 8. History of Osteonecrosis of the Jaw or significant active dental disease or planned dental treatment. 	<ol style="list-style-type: none"> 1. All assessments indicate treatment not required at present. 2. Poor renal function 3. Poor swallowing, severe GORD, Barrett’s oesophagus, achalasia 4. Advanced frailty, life expectancy of less than a year 5. Long term bisphosphonate treatment, so no further fracture risk benefit. 6. Treatment indicated, but no funded alternatives available within Pharmac (NZ) or PBS (Aust) criteria. 7. Atypical femur fracture 8. History of Osteonecrosis of the Jaw or significant active dental disease or 	Data dictionary Patient Audit Form & Registry Database from 1 st July 2024
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			9. No obvious reason	planned dental treatment. 9.No obvious reason 10. DNA DXA and No further FLS engagement	
July 2022	7.01 Follow Up At 16 Weeks	Data dictionary comments section only to clarify expected follow up process. “Where reasonably possible follow up should include contact with the patient via telephone”.			Data Dictionary only July 2024
July 2022	7.05 Medication Commenced	To extend responses for better clarity Yes/No variables 1 and 2 retired to avoid contamination of variable pool by dissimilar new entries	1. Yes 2. No 9. Not known	1. Blank 2. Blank 3. Yes - same as recommended 4. Yes- not same as recommended 5. No -not liaised with primary care at this time 6. No- now declined 9. Not known DATA VARIABLES WITH “BLANK” answers will not be recorded	Data dictionary Patient Audit Form & Registry Database from 1 st July 2024
July 2022	7.07 Strength and Balance Started	To extend responses for better clarity	1. Yes 2. No	1. Blank 2. Blank	Data dictionary Patient Audit Form & Registry Database

		Yes/No variables 1 and 2 retired to avoid contamination of variable pool by dissimilar new entries	9. Not known	<p>3. Yes- same as referred</p> <p>4. Yes- not same as referred</p> <p>5. No -not started yet</p> <p>6. No- now declined</p> <p>9. Not known</p> <p>DATA VARIABLES WITH "BLANK" answers will not be recorded</p>	from 1 st July 2024
July 2022	8.01 Follow Up At 52 Weeks	Data dictionary comments section only to clarify expected follow up process. "Where reasonably possible follow up should include contact with the patient via telephone".			Data Dictionary only July 2024
July 2022	8.06 Reason for No Medication at 52 Weeks	<p>Add in extra option to help define reasons</p> <p>New option selected where patient advised treatment after bone health review, advice reiterated at 16-week review but treatment not prescribed by 52-week review</p>	<p>1. No longer appropriate (clinician)</p> <p>2. Informed decline (patient)</p> <p>3. Side effects</p> <p>4. Cost to patient</p> <p>5. Nil obvious</p> <p>6. Other</p> <p>7. Not asked</p> <p>9. Not known</p>	<p>1. No longer appropriate (clinician)</p> <p>2. Informed decline (patient)</p> <p>3. Side effects</p> <p>4. Cost to patient</p> <p>5. Nil obvious</p> <p>6. Other</p> <p>7. Not asked</p> <p>8. No Medications prescribed by Primary Care</p> <p>9. Not known</p>	Data dictionary Patient Audit Form & Registry Database from 1st July 2024
July 2022	8.08 52 week- Strength and Balance	To align with 7.07 changes to extend responses for better clarity	<p>1. Yes</p> <p>2. No</p> <p>3. Not asked</p>	<p>1. Blank</p> <p>2. Blank</p>	Data dictionary Patient Audit Form & Registry Database

ANZ Fracture Registry
Concordance Table 2024

		Yes/No variables 1 and 2 retired to avoid contamination of variable pool by dissimilar new entries		<p>3. Yes- same as referred</p> <p>4. Yes- not same as referred</p> <p>5. No -not started yet</p> <p>6. No- now declined</p> <p>9. Not known</p> <p>DATA VARIABLES WITH "BLANK" answers will not be recorded</p>	from 1st July 2024
Facility Level Audit					
December 2022	Site Information 1.01 1.02 1.03 FLS Personnel 2.01 2.02 2.03 2.04 2.05 2.06 FLS Procedures 3.01 3.02 3.03 3.04 3.05	<p>These variables retired as the responses taken in July 2023 offered no valuable data.</p> <p>Essentially, we found that the audit reported only information which we already had by other means or which was irrelevant to service improvement. We undertook a consultation with our FLS teams and sought advice from other Quality Improvement leaders. Based on this we constructed a shorter and almost completely new Facilities Level Audit focussing</p>		Retired March 2024	Removed from current Data Dictionary

	<p>3.06 Resources Available</p> <p>4.01 4.02 4.03 4.04 Service provision and Development</p> <p>5.01 5.02 5.03 5.04 5.05 5.06 5.07 5.08</p>	<p>on elements shown to improve outcome for QI projects.</p>			
June 2024	<p>New items created: 6.01 to 6.07</p>	<p>New Facility Level Audit data variables introduced to gain more impactful data responses to drive improvement change.</p> <p>See above.</p>		<p>6.01 Frequency of meetings between FLS Co-ordinators and local Clinical Lead to discuss FLS patients and process</p> <ol style="list-style-type: none"> 1. Weekly 2. Fortnightly 3. Monthly 4. Quarterly 5. Less frequently or only as required 	

				<p>6.02 Frequency of meetings with other service providers with responsibility for provision of services engaging and/or overlapping with FLS activity</p> <ol style="list-style-type: none"> 1. Weekly 2. One or two per month 3. One or two per quarter 4. One to three a year 5. None in last year <p>6.03 Which component of the FFR Annual Report did your team think was of most value for your professional development? (Select your FIRST choice)</p> <ol style="list-style-type: none"> 1. Graphs with site comparison 2. Graphs National Line percentage 3. Stakeholder information 4. Patient & Team Stories 5. Other 	
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				<p>6.04 Which component of the FFR Annual Report did your team think was of most value for your professional development? (Select your SECOND choice)</p> <ol style="list-style-type: none"> 1. Graphs with site comparison 2. Graphs National Line percentage 3. Stakeholder information 4. Patient & Team Stories 5. Other <p>6.05 If you answered "Other" to either of the above two questions or if you wish to give further feedback on the Annual Report, please enter it here.</p> <p>Text response</p> <p>6.06 Describe any way in which we could improve the usefulness of the FFR Database</p>	
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				<p>for your team in their day-to-day work.</p> <p>Text Response 6.07 Description of continuing professional development undertaken by the FLS staff in the last year 1. Free text box</p>	
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