

Best Practice Framework is good benchmarking tool for Fracture Liaison Services worldwide

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A new review by the International Osteoporosis Foundation (IOF) has confirmed the success of the Capture the Fracture; Best Practice Framework as a single set of quality standards which can be used effectively to benchmark Fracture Liaison Services within a variety of health-care systems worldwide.

Worldwide, osteoporosis causes more than 8.9 million [fractures](#) annually, resulting in an osteoporotic fracture every 3 seconds. Among those at highest risk of fractures are individuals who have already experienced a first fracture.

Fracture Liaison Services, commonly known as FLS, are coordinator-based, secondary [fracture prevention](#) services implemented by health-care systems for the treatment of osteoporotic patients. FLS have been proven to be the most effective and cost saving method to identify high risk individuals for secondary fracture prevention - however they are a challenge to initiate and run effectively. The Best Practice Framework (BPF) - 13 ambitious and achievable standards in implementing FLS - is intended as guidance and to provide a benchmark for FLS excellence.

In the first year of implementation by the Capture the Fracture; programme, 60 FLS in 20 different countries were evaluated against the BPF.

Prof. Kristina Akesson, Chair of the Capture the Fracture programme, stated, "Over a comparatively short period of time, the impact of the BPF has been seen worldwide with several national societies using it as a framework for their guides and toolkits. The common set of standards has not only helped to set high [quality standards](#) and reinforce international guidelines, it has also enabled us to identify clear gaps and challenges which are common to FLS worldwide, irrespective of the health-care system."

Findings after one year of evaluations against the Best Practice Framework

Overall, 43% of institutions which submitted their FLS for assessment against the 13 BPF standards reached gold, 39% reached silver and 18% reached bronze status. An analysis of the FLS assessments, published in the journal *Osteoporosis International*, has revealed:

- Services for hip fracture patients had the highest proportion of gold grading while [vertebral fracture](#) the lowest.
- The majority of institutions achieved the gold level in each of the 13 standards, except for vertebral fracture identification and database.
- The insufficient standard was most commonly assigned for the non-hip fracture domains, with 23% of institutions unable to identify all inpatients, 18% missing outpatients and 20% missing vertebral fracture patients.
- 32% of institutions were not following up with patients within 12 months.

Prof. Cyrus Cooper, Chair of the IOF Committee of Scientific Advisors stated, "The success of the Best Fracture Framework and the increasing number of participating FLS to date indicates that there is a real and

growing interest in secondary fracture prevention around the world. While this progress is gratifying, our first evaluation of participating FLS reveals that there are many challenges faced by new and existing FLS. Standards in the management of hip fracture patients are high, but more focus needs to be placed on the identification and treatment of vertebral fracture patients and on the establishment of fracture databases."

Further details can be found in 'Effective secondary fracture prevention: implementation of a global benchmarking of clinical quality using the [IOF Capture the Fracture Best Practice Framework tool](#)'

FLS worldwide are invited to submit their service for inclusion on the [Capture the Fracture Map of Best Practice](#) by completing the [FLS questionnaire](#)

More information: Effective secondary fracture prevention: implementation of a global benchmarking of clinical quality using the IOF Capture the Fracture; Best Practice Framework tool, M. K. Javaid, C. Kyer, P. J. Mitchell, J. Chana, C. Moss, M. H. Edwards, A. R. McLellan, J. Stenmark, D. D. Pierroz, M. C. Schneider, J. A. Kanis, K. Akesson, C. Cooper & IOF Fracture Working Group & EXCO. Osteoporosis Int. [DOI: 10.1007/s00198-015-3192-0](#)

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