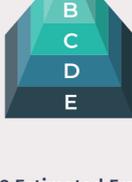


CONTEXT

Q7 Service Setting

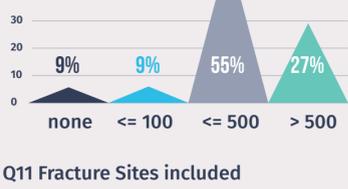


A. Hospital: 11
 B. Community based: 0
 C. Primary Health: 0
 D. No Service: 7
 E. No response: 8

Q8 Estimated Hip Fractures



Q9 Estimated Fragility Fractures



Q10 Patient restrictions



Q11 Fracture Sites included



Q12 Fracture sites excluded



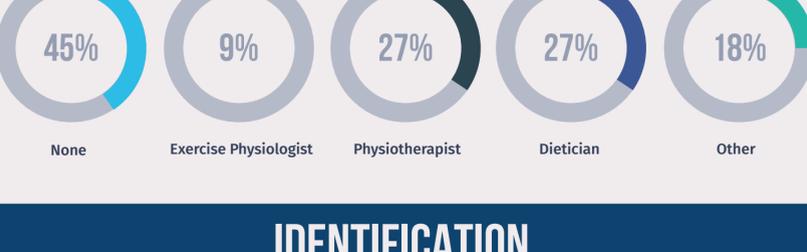
Q13 Clinical Service Lead role



Q14 Clinical Lead discipline



Q15 Allied Health Staff participation



IDENTIFICATION

Q16 Proactive case finding methods



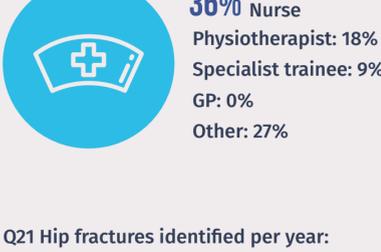
Q17 Case search frequency



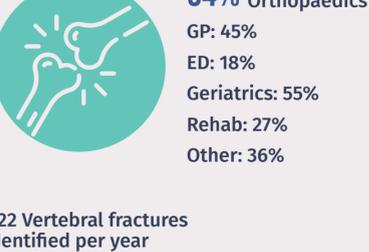
Q18 Proactive identification of minimal trauma patients



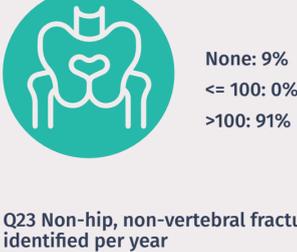
Q19 Who proactively identifies patients with minimal trauma fracture?



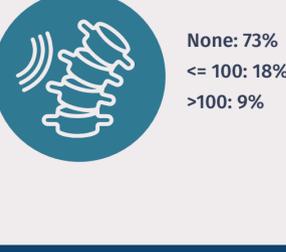
Q20 Referrers



Q21 Hip fractures identified per year:



Q22 Vertebral fractures identified per year

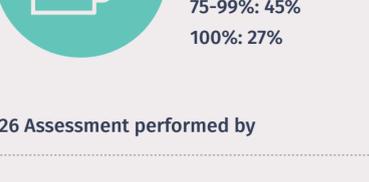


Q23 Non-hip, non-vertebral fractures identified per year

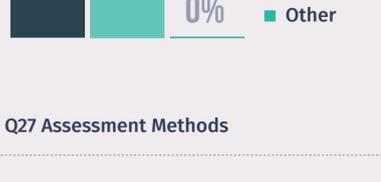


ASSESSMENT

Q24 Portion of identified patients assessed



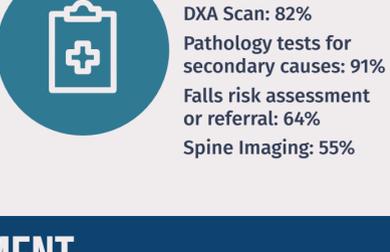
Q25 Assessment location



Q26 Assessment performed by

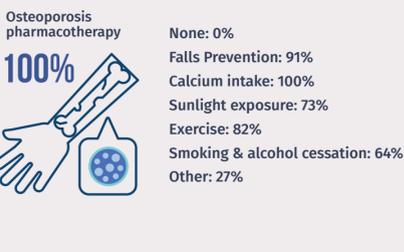


Q27 Assessment Methods



TREATMENT

Q28 Information Provided



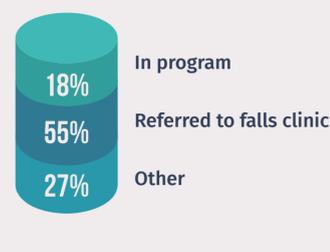
Q29 Osteoporosis Pharmacotherapy Recommended:



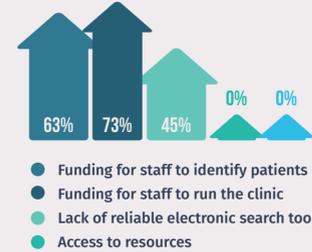
Q30 Osteoporosis Pharmacotherapy Initiated



Q31 High-risk fall patient management



Q32 Identification/Management barriers

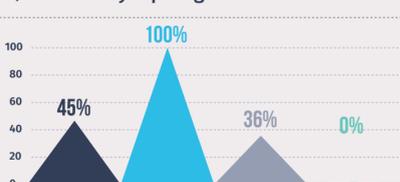


Q33 What would help identify and manage



FOLLOW-UP

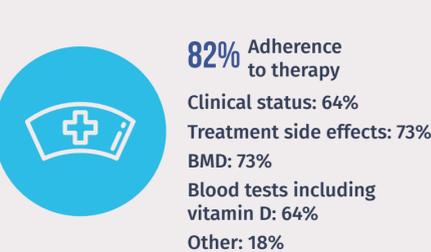
Q34 Summary report goes to



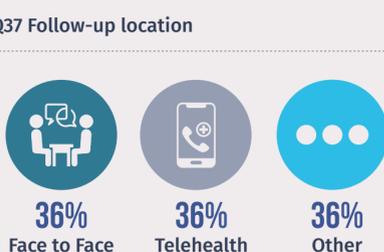
Q35 Follow up offered



Q36 Follow-up assessment



Q37 Follow-up location



Q38 Discharge Criteria



APPENDIX 1

Q33 WHAT WOULD HELP IDENTIFY AND MANAGE

- More funding/employment opportunities to broaden the service at both PAH, Metro South wide, even State wide
- Better funding to get more staff, better resources for patient identification, and better education material for patients, families and GP.
- Better screening programme for inpatients and outpatients at RPH funding to audit program
- Specialist Clinics
- More staff and improved systems
- Funding to expand the screening of the patients beyond divisional level
- Better system for identification of MTF

APPENDIX 2

Q38 DISCHARGE CRITERIA

- no criteria when medically stable we discharge or transfer
- 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.
- Good tolerance, instigation of antiresorptives, refusal of treatment following medical review and recommendations, one follow-up phone call at 6 months
- Unsure - will discuss in more detail with Kate Bell
- tolerating treatment
- Patients are usually discharged once they have completed 24 months post initial appointment phone review by specialist Nurse.