Initiative to Improve Osteoporosis Management by Adapting the Fracture Liaison Service for Outpatient Use

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Purpose

The purpose of this project was to evaluate whether the creation of a Fracture Liaison Service (FLS) model in an outpatient gynecology clinic would improve the identification and management of postmenopausal women, 50 and older, at risk of fracture.

Methods

The International Osteoporosis Foundation’s Best Practice Framework (BPF) was adapted to reflect the setting. An algorithm was created to assist with standardization of screening. To facilitate time constraints, a patient intake form was created based on best practice guidelines. Educational materials were created for dissemination to standardize prevention measures discussed by the provider. Local referral networks were outlined and a follow-up and tracking protocol was initiated.

Results

Adherence to algorithm components were assessed via convenience sampling over an 8-week implementation period. The preimplementation screening was analyzed via retrospective chart reviews.

- Mann-Whitney U test determined a significant difference in pre QI intervention (M=17.70) screening compared to post QI intervention (M= 45; U=0.00, p<.05).
- Adherence to the algorithm occurred in 90% of patients meeting inclusion criteria (N=33).
- Of those, 80% met criteria for the initiation or modification of pharmacologic treatment or additional diagnostics.
- New diagnoses of osteoporosis during the initial visit occurred in 16% of participants based solely on history or previously unfollowed diagnostics.

Discussion

- Adaptation of the BPF created a FLS model that incorporates seamlessly into a routine outpatient gynecology appointment.
- Adherence to the FLS model significantly improved the identification and management of postmenopausal women at risk of fracture.
- Undiagnosed and untreated osteoporosis, resulting from care continuity failure, was identified as a result of the FLS model.
- Women Health Care Providers are well equipped to close the osteoporosis treatment gap for patients under their care.

Limitations

Limitations of this study include a short implementation period and a small sample size. Further research is needed regarding the FLS model’s effect on the rate of management adherence.

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References