



PRIMARY HEALTH CARE Care Directive

Title:	Fracture Liaison Service Diagnostic Test Ordering	Number:	CD-PHC-055
Sponsor:	Senior Director, Primary Health Care and Chronic Disease Management Sr. Medical Director, Primary Health Care and Department of Family Practice	Page:	1 of 7
Approved by:	Health Authority Medical Advisory Committee	Approval Date:	Oct. 14, 2020
		Effective Date:	Oct. 20, 2020
Applies To:	Chronic Disease Management Nurses with a Focus on Fracture Liaison Service (FLS RNs)		

PURPOSE

This care directive provides the conditions under which the Chronic Disease Management Nurse with a Focus on Fracture Liaison Service (FLS RN) may order diagnostic tests for Patients presenting with Fragility Fractures. This care directive is in accordance with Osteoporosis Canada’s [Clinical Practice Guidelines for the Diagnosis and Management of Osteoporosis in Canada](#) (OC Guidelines).

POLICY STATEMENTS

1. The FLS RN will obtain competency requirements as outlined in [Appendix C](#)
2. The FLS RN is authorized to identify Patients through proactive case-finding.
 - 2.1. The FLS RN reviews emergency admission lists, inpatient census lists, and orthopedic clinic lists to screen Patients.
3. The FLS RN is authorized to implement this CD when the Patient presents with both of the following criteria:
 - The Patient’s fracture is diagnosed by a physician, usually an orthopedic surgeon or radiologist

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- Patients 50 years or older with Fragility Fractures, defined in [Appendix A](#), of the wrist (distal radius), proximal humerus, hip, pelvis, or the spine (thoracic or lumbar).

EXCLUSIONS:

Patients **excluded** from this care directive include:

- Palliative care Patients
- Renal dialysis Patients
- Patients with a sub-trochanteric fracture
- Patients with a stress, peri-prosthetic, pathological or avulsion fracture

4. The RN must follow NSCN [Care Directive](#) Guidelines.
5. The FLS RN may order specific bloodwork and diagnostic imaging as per [Appendix B](#) (Diagnostic Test Ordering Criteria).
6. The FLS RN must follow the most recent version of the [OC Guidelines](#) when providing care to Patients.
7. Diagnostic test results must be reviewed by an authorized prescriber.
 - Patients who do not have a primary health care provider will have their results reviewed by the Medical Director, Fracture Liaison Service or an authorized prescriber identified by local procedure.

PRINCIPLES AND VALUES

Inter-professional practice: The system needs to support and allow for sharing and collaboration between primary care and specialty care. Using a Fracture Liaison Service to address osteoporosis care has been shown to effectively reduce the care gap for Fragility Fracture Patients.

Fracture Liaison Service is the only intervention shown to meaningfully reduce the post fracture care gap. FLS has been shown to reduce future fractures, mortality, and health care costs in the Fragility Fracture population.

PROCEDURE

1. Follow the procedure outlined in the FLS Clinical Companion.

REFERENCES

Ganda K., Puech, M., Chen, J., Speerin, R., Bleasel, J., Center, J., Eisman, J., March, L., & Seibel, M.(2013). Models of care for the secondary prevention of osteoporotic fractures: a systematic review and meta-analysis. *Osteoporos International*, 24, 393-406. <https://doi.org/10.1007/s00198-012-2090-y>

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RELATED DOCUMENTS

[NSFFPCC Fragility Fracture Patient Care Checklist](#)

Appendices

Appendix A: Definitions

Appendix B: Diagnostic Test Ordering Criteria

Appendix C: Competency Requirements

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Appendix A: Definitions

Fragility Fracture	A fracture which occurs spontaneously or from a simple activity such as reaching, bending, twisting, coughing or sneezing. It can also occur following a minor injury such as a fall from standing height or less at walking speed or less.
Patient	For the purpose of this policy, Patient refers to any Patient with a Fragility Fracture.

Appendix B: Diagnostic Test Ordering Criteria

Test	Indication
Bone Mineral Density Test (BMD)	If not completed in the past 12 months
Lateral Views of the thoracic and lumbar spine	If the Patient has not had any imaging of the lateral spine in the past 12 months
CBC, Alk Phos, total calcium and albumin, TSH, eGFR	If not completed in the past 90 days For hospitalized patients with an acute hip fracture, an ionized calcium level may be ordered instead of the total calcium and albumin.
25 Hydroxyvitamin D	For Patients who have a primary care provider, patient must satisfy both of the following two criteria: <ul style="list-style-type: none"> • Patient has been on adequate supplementation for at least 3 months • There has not been a normal level (i.e. a level of 75 nmol/L or greater) documented in the past 12 months For Patients without a primary care provider and temporarily under the care of the Medical Director, Fracture Liaison Service: <ul style="list-style-type: none"> • As directed by the FLS Medical Director.
Serum protein electrophoreses	For patients with a recent vertebral fracture (within the past 12 months) caused by activities of daily living including light lifting.

Appendix C: Competency Requirements

1. The FLS RN will undergo a practicum of at least 5 days' duration in an FLS under the guidance of the FLS Clinical Nurse Educator (CNE), and in the absence of a CNE under the guidance of an experienced FLS RN.
2. The FLS RN will demonstrate in-depth knowledge and understanding of:
 - Osteoporosis Canada's current Clinical Practice Guidelines as they pertain to the management of fracture Patients
 - Osteoporosis Canada's current FLS Toolkit
 - 2.1. This will be done by successfully completing a Fracture Risk Assessment Quiz and proficiency skills checklist.
3. The FLS RN will maintain competency by attending periodic updates in osteoporosis and FLS science, typically available in web-based and webinar-based formats. Where available, the FLS RN will attend in person updates on osteoporosis and FLS.

Version History

Major Revisions (e.g. Standard 4 year review)	Minor Revisions (e.g. spelling correction, wording changes, etc.)
2016-10-17 New (formerly CL-MS-001)	
2020-10-14 Standard review (minor revisions)	