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DXA Facilities Audit

Infrastructure:

1) Do you outsource your DXA scans? If Yes- please state the organisation providing this service and forward this FOI to your provider for completion (please continue to complete for any of the elements of the DXA pathway that are provided by your Trust/board)

No.

2) In January 2023 how many DXA scanning machines did you have at your trust/board for clinical use?

- a. n. Operational **3**
- b. n. not in use **0**
- c. n. accessible outside of Trust **0**

3) What is the average weekly capacity for clinical scans? (N. of scans per week)

MPH 166 per week RBHSC 10/20 per week

4) What was your average DNA rate over the last 3 months? (n. DNA/total n. scans booked)

Approx 10-20% MPH site 10% RBHSC

5) What age range do you include in your clinical scans? Please tick all that apply **All Apply**

- a. <20 years
- b. 20-40 years
- c. 40-60 years
- d. 60-75 years
- e. 75-80 years
- f. >80 years

6) What is the duration of your routine DXA appointment:

- a. 15 minutes or less
- b. **16-25 minutes**
- c. 26-30 minutes
- d. >30 minutes

7) What was the average wait for clinical patients from referral to scan in January 2023?

- a. <2 weeks (move to Q9)
- b. 2-6 weeks (move to Q9)
- c. **6-13 weeks paediatrics**
- d. **>13 weeks**

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- 8) What are your perceived barriers to delivering DXA scans within 6 weeks from referral? Please tick all that apply
- a. Scanner capacity (DXA equipment)
 - b. Clinical capacity (operator)
 - c. Other- please state **Funding & Volume of Referrals**
- 9) What was the average time from the scan to the report being available to the referrer in January 2023?
- a. **<3 weeks (move to Q11)**
 - b. 4-6 week
 - c. 6-13 weeks
 - d. >13 weeks
- 10) What are your perceived barriers to referrers receiving DXA scan reports within 3 weeks from scan? Please tick all that apply
- a. Clerical- internal
 - b. Clinical- internal
 - c. Factors external to this service (please state)
 - d. Other (please state)
- 11) What hospital department is responsible for delivery of DXA scans:
- a. **Radiology**
 - b. Medical physics
 - c. Nuclear medicine
 - d. Rheumatology
 - e. Other- please state
- 12) Which DXA examinations are included in routine protocols for the clinical service? Please tick all that apply
- a. **Lumbar spine**
 - b. **Proximal femur**
 - c. Long femur (AFF assessment)
 - d. Total body
 - e. Vertebral fracture assessment (VFA)
 - f. **Peripheral/forearm**
- 13) What access facilities do you have available? Please tick all that apply
- a. Overhead hoist
 - b. **Portable hoist**
 - c. **Wheelchair transfers**
 - d. **Bed/trolley transfers**
 - e. Changing room
 - f. assistance for transfers **other staff if available**
 - g. Other- please state
wide doors into DEXA rooms/ Curtain area within DEXA room for changing

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Workforce:

1)
i) What professional groups perform DXA scan measurements at your center?
(DXA operators)

- a. **Radiographer**
- b. DXA technician
- c. Assistant practitioner
- d. Clinical scientist
- e. Nurse
- f. Medical Dr- please state specialism
- g. Other- please state
- h. Unknown]

ii) Please indicate WTE for each group selected **BHSCT have staff who rotate through DEXA and cover multiple modalities so actually WTE would be hard to estimate.**

2) What DXA-specific training (outside of professional training) have the DXA operators performing scans had?

- a. **In house**
- b. Manufacturers applications training
MPH machine installed in 2014 RBHSC scanner installed 2021
- c. Recognized/accredited national training programme (please state the name of the training programme/provider) **2 staff have completed the ROS course**
- d. Other- please state
- e. unknown

3) What professional groups report your DXA scans at your center? ()

- a. **Radiographer – internal**
- b. Radiographer - external
- c. DXA technician – internal
- d. DXA technician - external
- e. Assistant practitioner – internal
- f. Assistant practitioner - external
- g. Clinical scientist – internal
- h. Clinical scientist - external
- i. Nurse -internal
- j. Nurse - external
- k. Medical Dr – internal - please state specialism(s)
- l. Medical Dr – external - please state specialism(s)
- m. Other- please state **Radiologist report paediatric DEXA examinations performed on the MPH site**
- n. Reporting is outsourced
- o. unknown

4) What training (outside of professional training) have those reporting DXA scans had- specifically in DXA reporting?

- a. **In house**

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- b. Manufacturers applications training
 - c. Recognized/accredited national training programme (please state the name of the training programme/provider)
 - d. Other- please state **FRCR**
 - e. unknown
- 5) What professional group provides clinical leadership for your service?
- a. Radiographer
 - b. DXA technician
 - c. Assistant practitioner
 - d. Clinical scientist
 - e. Nurse
 - f. Medical Dr- please state specialism(s)
 - g. Other- please state **Radiologist**
 - h. unknown
- 6) Please indicate how many (WTE) clinical vacancies in your DXA service do you have in January 2023? (Free text) **None**

Quality:

- 1) Is your service accredited as part of a national programme?
- a. **ISAS (QSI)**
 - b. IOS
 - c. Other- please state
 - d. None
 - e. Unknown
- 2) What clinical audits do you routinely undertake? Please tick all that apply
- a. **DXA scan technique**
 - b. Reporting (double reporting)
 - c. Reporting (clinical review)
 - d. **Scanner QA review**
 - e. Other- please state **DEXA lead radiographer would audit technical reports**
 - f. unknown
- 3) What IR(ME)R audits do you routinely undertake? Please tick all that apply
- a. **Patient pregnancy**
 - b. DXA dose audit
 - c. **Referrer entitlement**
 - d. **Scan justification**
 - e. Other- please state **Non-Medical referrers**
 - f. unknown
- 4) What clinical protocols do you have in place? Please tick all that apply
- a. **Scan site**
 - b. **Scan mode**
 - c. **Reference data selection**

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- d. **Patient positioning**
 - e. **Scan analysis**
 - f. **Interpretation- T&Z-scores**
 - g. **Reporting**
 - h. Other- please state
 - i. Unknown
- 5) Which of the following are routinely included in the DXA report issued to the PRIMARY CARE referrer? Please tick all that apply
- a. Admin. details
 - i. **Date of assessment**
 - ii. **Patient ID and demographics**
 - iii. Reason for referral
 - iv. **Reporter's ID**
 - b. BMD results for each measurement site
 - i. **T score (after peak bone mass)**
 - ii. **Z score**
 - iii. Rate of change for serial measurements
 - c. Comment on reliability of measurements
 - i. **BMD results**
 - ii. **Documentation of excluded measurements eg vertebrae**
 - iii. **Statistical significance of rate of change**
 - iv. **Clinical significance of rate of change**
 - d. **WHO diagnostic category (for adults after peak bone mass)**
 - e. Results of additional investigations performed at DXA appointment **not done**
 - i. VFA
 - ii. X-ray or other imaging
 - iii. Laboratory tests
 - f. Summary of clinical risk factors for fracture
 - g. Summary of fracture history
 - h. Clinical interpretation to quantify absolute fracture risk
 - i. FRAX+BMD
 - ii. FRAX + TBS
 - iii. FRAX+BMD plus comment on additional adjustment
 - iv. Statement on level of risk based on clinical judgement (eg low/moderate/high)
 - i. Management advice
 - i. **Reference to national guideline (NICE/NOGG/ROS)**
 - ii. **Reference to local management guideline follow up advice**
 - iii. Individualised advice
 - j. Recommendations on:
 - i. Need for onward referral eg falls assessment or additional investigation
 - ii. **Timing of future scan**
- 6) Which of the following are routinely included in the DXA report issued to the SECONDARY CARE referrer? Please tick all that apply
- a. Admin. details
 - i. **Date of assessment**
 - ii. **Patient ID and demographics**

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- iii. Reason for referral
- iv. **Reporter's ID**
- b. BMD results for each measurement site
 - i. **T score (after peak bone mass)**
 - ii. **Z score**
 - iii. Rate of change for serial measurements
- c. Comment on reliability of measurements
 - i. **BMD results**
 - ii. **Documentation of excluded measurements eg vertebrae**
 - iii. **Statistical significance of rate of change**
 - iv. **Clinical significance of rate of change**
- d. **WHO diagnostic category (for adults after peak bone mass)**
- e. Results of additional investigations performed at DXA appointment **not done**
 - i. VFA
 - ii. X-ray or other imaging
 - iii. Laboratory tests
- f. Summary of clinical risk factors for fracture
- g. Summary of fracture history
- h. Clinical interpretation to quantify absolute fracture risk
 - i. FRAX+BMD
 - ii. FRAX + TBS
 - iii. FRAX+BMD plus comment on additional adjustment
 - iv. Statement on level of risk based on clinical judgement (eg low/moderate/high)
- i. Management advice
 - i. **Reference to national guideline**
 - ii. **Reference to local management guideline follow up advice**
 - iii. Individualised advice
- j. Recommendations on:
 - i. Need for onward referral eg falls assessment or additional investigation
 - ii. **Timing of future scan**
- k. The secondary care report is the same as the primary care report