FRACTURE LINK

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60,000 patients and counting

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New Long Term Care Guidelines

I Fail To Fall: On my path to health

As the year comes to an end, the inevitable comes to mind – another year approaches for us to continue to improve. Time, in this sense, can be summed up as an Amazingly Great Ending (AGE). Our aging population gives us cause to aid each other in moving forward to ensure that improvement happens. We have called upon health care facilities, primary care, community partners and public health to engage with us in reducing fractures and they have walked the path with us. As fall brings change, winter brings thought, spring brings growth and summer brings joy, we relish the beauty of a healthy year.

Osteoporosis Canada
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Inspired Care. Inspiring Science.

Women's College Hospital

McMaster University

Ontario College of Family Physicians

Stronger bones. Better lives.
Ontario Osteoporosis Strategy

60 000 patients screened

Improving patient quality

The Fracture Clinic Screening Program has reached an extraordinary milestone. The 60,000th person was screened on October 7th, 2015!

The Fracture Clinic Screening Program (FCSP) is a program developed through the Ontario Osteoporosis Strategy and operated by Osteoporosis Canada in collaboration with the Ontario Orthopaedic Association and the Ontario College of Family Physicians. The FCSP focuses on linkages between fracture clinics, primary care professionals, orthopaedic wards and healthcare facilities.

The FCSP is designed to improve the care of people who have had a fragility fracture and to reduce their risk of having another fracture. Twenty-eight Fracture Prevention Coordinators working in 35 fracture clinics across Ontario identify and assess men and women aged 50 and over who have had fragility fractures - broken bones - from incidents that would not normally cause bones to break, such as falling out of bed or slipping on ice.

Individuals who have had a fragility fracture are at an increased risk of a second and subsequent fractures. By addressing the first fracture, we can reduce the incidence of another fracture.

Together, we are all helping to reduce the risk of a future fracture for thousands of Ontarians!

Provincial Fracture Clinic Managers
Program integration

The 3rd Annual Provincial Fracture Clinic Managers' Meeting took place on Thursday October 22nd, 2015. Clinic Managers, representing hospital sites participating in the Fracture Clinic Screening Program (FCSP), met with their local Regional Integration Leads (RILs) and Fracture Prevention Coordinators (FPCs) and connected with their counterparts across the province through the Ontario Telemedicine Network (OTN). It was a great opportunity to provide highlights from the FCSP and for the sites to link with each other.

The Fracture Clinic Managers work tirelessly for the FCSP, assisting with the seamless integration of the Program into the Fracture Clinics. Ongoing, they play a vital role helping the RILs and FPCs reach the appropriate departments and health care professionals within the hospital sites to ensure continuous development and expansion of the Program. The FCSP thanks all of the Fracture Clinic Managers for going above and beyond to help ensure the continued success of the Program!

Kingston Family Health Team
Bone Health Program

In 2012 with motivation to create the Bone Health Program due to the high prevalence of fragility fractures in the Canadian population and the lack of consistent treatment of patients with a history of fragility fractures, Dr. Nancy Burget started the KFHT Bone Health Program.

Dr. Burget designed the KFHT Bone Health Program to incorporate the essential components needed to the fracture care gap. These components include educating health professionals and patients about bone health and fracture prevention, to promoting appropriate treatment of patients who are at high risk of fragility fractures. The long term goal of the program is to reduce fragility fractures within our patient population, especially hip fractures.

Dr. Birenbaum, Helene Walton, Rashmi Rakheja

Kingston Family Health Team

A set of Objectives for the program was developed and implemented.

1) To develop a management algorithm to use along with the Osteoporosis Canada 2010 Quick Reference Guide for patients at low, moderate and high risk of fracture
2) To provide team members (especially nurses) the tools to efficiently and effectively manage the notification and education of patients who are in the low and moderate risk groups utilizing a letter and an electronic medical record (EMR) template
3) To develop a KFHT Bone Health Small Group Education Session to provide patients with counselling regarding dietary and lifestyle management of low bone mass/osteoporosis and to help patients make decisions regarding pharmacotherapy treatment for their bone health
4) To investigate ways that fragility fractures can be identified so that patients can be assessed and treated
5) To log the annual incidence of hip fractures in the KFHT utilizing the EMR (Practice Solutions)
6) To provide regular CME updates to all RNs, MDs and NPs

The launch of a Pilot Project in 2013 was the first step to ensuring the objectives of the program would be met. The management algorithm was distributed to all MDs, RNs and NPs in the team. Dr. Burget travelled to all team clinic sites to discuss the "fracture care gap" and present the management algorithm. The KFHT Bone Health Small Group Education Session was developed and was piloted with 8 separate patient groups in 2013. The KFHT Bone Health Program was officially launched in 2014.

<u>Bone Health Liaison Nurse</u>

The KFHT board approved the position of the Bone Health Liaison Nurse in 2014 and Helene Walton was chosen for this position. Helene Walton was provided with 1 day per month of designated time to work on bone health related projects.

Helene will start ordering BMD studies for all patients with a new fragility fracture who do not have a recent BMD study on their chart.

Kingston Family Health Team

Since February 2014 Helene Walton has obtained all Emergency Room (ER) reports for patients in the KFHT who are over 50 and were seen in ER for assessment and treatment of a fracture. For each report Helene determines whether the fracture was a fragility fracture. Helene inputs date for each patient with a fragility fracture into an Excel spreadsheet. The data includes details such as the site of the fracture, whether the patient had a prior bone mineral density (BMD) study, whether the patient was on treatment prior to the fracture and whether the patient started treatment after the fracture.

KFHT Bone Health Small Group Education Session

The KFHT Bone Health Small Group Education Session continues to run on a monthly basis. An average of 8 to 9 patients have attended each session (the meeting room can accommodate a maximum of 12 patients). The session is a 3 hour interactive presentation which provides patients with information on the definition of low bone mass and osteoporosis, how fracture risk is assessed, dietary and lifestyle management of low bone mass/osteoporosis, vitamin D and calcium supplementation, and pharmacotherapy for the management of low bone mass and osteoporosis.

The KFHT Bone Health Small Group Education Session is facilitated by Dr. Adina Birenbaum, Rashmi Rakheja (dietitian), Nicole Armstrong (pharmacist), Helene Walton (RN) and Karen Lam (clinic clerk). Mara Nelson, The Regional Integration Lead continues to provide support with resource materials for the patients and the Bone Health team.

At the start of the KFHT Bone Health Small Group Education Session all patients have a baseline height taken and complete the “Get Up and Go” test to check balance and mobility. Every patient is given a resource package and a copy of their most recent BMD study. At the end of the session the patients are encouraged to book an appointment with their family physicians to review their bone treatment plan. In addition a report is sent to the family physician by the program lead physician (Dr. Adina Birenbaum) with management recommendations.

Future Plans

We hope to recruit another team RN to help with the KFHT Bone Health Program in order to continue tracking data about the KFHT patients who sustain fragility fractures and the KFHT patients who attend the KFHT Bone Health Small Group Education Sessions. Ultimately we will examine whether our team bone health program results in more high risk patients starting treatment and staying on treatment. In addition we will determine whether our team bone health program results in a reduction in the number of fragility fractures in our patients.

Peterborough Family Health Team

Pharmacist led osteoporosis program

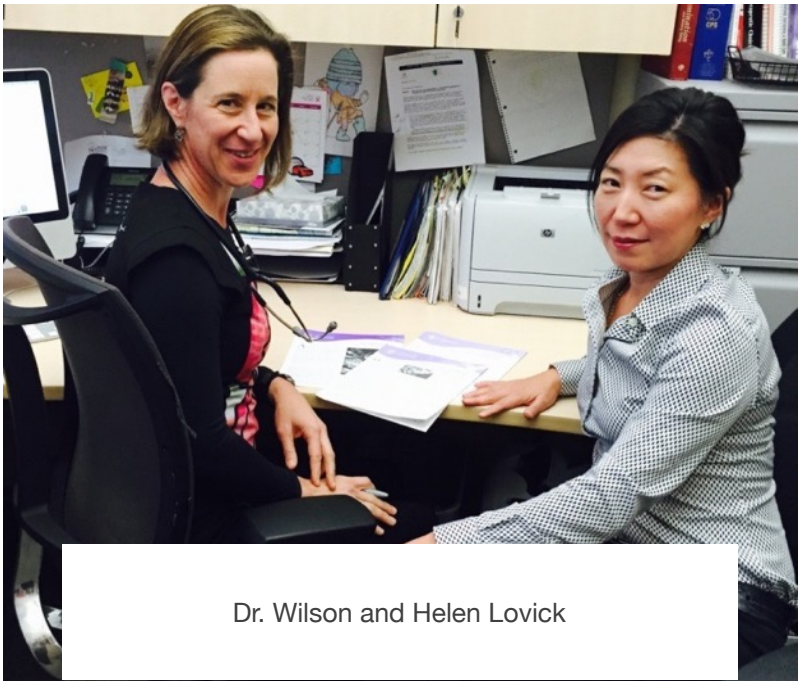
Osteoporosis is a disease that is prevalent today and will become more wide spread as our population ages. Proper management of individuals and the systems in place to help them are crucial to ensuring our improved outcomes. With osteoporosis affecting approximately 700,000 in Ontario alone, adherence with medications is critical for better outcomes. A pharmacist can play a key role in the management and evaluation of osteoporosis and medications. Pharmacist led interventions have been shown to be useful in improving compliance with osteoporosis guidelines [1]. This is important because post fracture osteoporosis screening and treatment rates are below 20% in most settings [1] and approximately half of the patients who start osteoporosis pharmacotherapy discontinue treatment within the first year of therapy. [1]. According to Osteoporosis Canada's Clinical Practice Guidelines, osteoporosis medications are strongly recommended for individuals who have a high fracture risk.

Unfortunately, patients have been at a disadvantage in advocating for better management due to two well documented care gaps in osteoporosis management :

(1) most patients at high risk for fracture are not identified for treatment, and

(2) adherence to osteoporosis pharmacotherapy is suboptimal [1].

With these care gaps in mind, a pharmacist may play a role in reducing gaps in osteoporosis diagnosis and treatment adherence. Identification, education and pharmacological management are ways of tackling the care gap. Pharmacists may help identify high-risk patients, such as those on chronic glucocorticoid therapy who can then be targeted for bone mineral density (BMD) testing and treatment initiation. Pharmacists can provide counselling and educate patients on medication use, fall prevention, and the importance of calcium, vitamin D, exercise, and adherence to therapy.



Dr. Wilson and Helen Lovick

Pharmacist led osteoporosis program

The Peterborough Network Family Health Team (PNFHT) provides primary care services to over 109,000 patients in the Peterborough area. Formed in 2005, with a combination of 5 Family Health Organizations(FHO), it currently has over 80 physicians and 50 allied health professionals (nurse practitioners, mental health clinicians, registered dietitians, pharmacists and registered nurses) within their Team. Working with Heather Eatson, Regional Integration Lead (RIL) , Lynda Chilibeck, Director of Clinical Programs at PNFHT and pharmacist Helen Lovick, a pharmacy initiated osteoporosis program was developed within the PNFHT.

With the support of Dr. Kaetlen Wilson and other physicians at the Chemong FHO, Helen is able to work 2 days per month identifying patients at risk of osteoporosis. These patients are flagged upon receiving their BMD results and then selected for referral to Helen. Helen calculates the fracture risk through FRAX, assesses need for treatment and discusses treatment options. Helen counsels patients on risk factors, medication appropriateness which includes contraindications, risks and benefits, preferences and drug coverage. A patient's visit with Helen includes discussion around calcium, vitamin D, exercise and falls risk, which can incorporate contributing factors such as other medications, medical conditions, home clutter and unsteadiness. Working with physicians at the FHO, Helen is able to order medication, necessary bloodwork, and repeat BMD. Selected patients are also followed up 3 months after treatment initiation to establish adherence and provide support. Helen will work with patients to reduce other fracture risks, such as de-prescribing of other medications that are associated with fracture risk, and the value of smoking cessation to good bone health.

Since starting this program in August of 2014, a total of 66 patients have gone through the program with Helen. All of the 66 patients were of high risk for fracture and would benefit the most from counselling. Patient information, resources and support were provided by Heather (Peterborough RIL) throughout the program to ensure the most updated information was available to the PNFHT. To ensure success, Helen focused on self-directed learning on osteoporosis through the Beyond the Break webcasts available on the Osteoporosis Canada website. Helen suggests that others hoping to implement this type of program at their primary care site should prepare fully by staying updated with current information from Beyond the Break and with the assistance of your local RIL. The Beyond the Break webcasts cover a variety of topics both general and controversial topics on osteoporosis for the healthcare provider. Helen also attended other CE's and educational opportunities available to her.

Pharmacist led osteoporosis program

Our healthcare system is faced with an aging population that will result in an increased number of fractures. Without effective interventions to bridge the therapeutic care gap in osteoporosis management, the burden of osteoporosis in Canada can be expected to increase. Fortunately, effective treatments exist to reduce fracture risk and pharmacotherapy has at least partly contributed to a decline in age-adjusted fracture rates over time.[1] This pharmacy led program at PNFHT and hopefully many others to be initiated at primary care groups across Ontario will help narrow the care gap and the personal and economic burden to our healthcare system.

* [1]. Elias, A.M. Burden, S.M. Cadarette. The Impact of pharmacist interventions on osteoporosis management: a systematic review, Osteoporosis Int (2011) 22:2587-2596

LTC Guidelines

Recommendations for preventing fracture in long-term care

Alexandra Papaioannou, MD MSc, **Nancy Santesso,** RD PhD, **Suzanne N. Morin,** MD MSc, **Sidney Feldman,** MD, **Jonathan D. Adachi,** MD, **Richard Crilly,** BSc MD, **Lora M. Giangregorio,** PhD, **Susan Jaglal,** PhD, **Robert G. Josse,** MBBS, **Sharon Kaasalainen,** PhD, **Paul Katz,** MD, **Andrea Moser,** MD MSc, **Laura Pickard,** MA, **Hope Weiler,** RD PhD, **Susan Whiting,** PhD, **Carly J. Skidmore,** MSc, **Angela M. Cheung,** MD PhD for the Scientific Advisory Council of Osteoporosis Canada

The Recommendations for Preventing Fracture in Long-Term Care (the recommendations), were published in the Canadian Medical Association Journal (online on September 14, 2015 and in print on October 20, 2015). The recommendations will help minimize the risk of fractures in the frail older adult population. This is the first guideline focused on preventing fractures among frail older adults in long-term care, where fractures are much more common than among community-dwelling seniors, and is designed to prevent immobility, hospital transfers, pain, and improve the quality of life of residents.

There is a lot in the guidelines that everyone should pay attention to – from residents and families to healthcare providers and many others.

Recommendations for preventing fracture in long-term care

The fracture prevention recommendations for long-term care were developed using the Grading of Recommendations Assessment, Development and Evaluation (GRADE) approach, and considered the quality of the available evidence, the balance between benefits and harms, the preferences of residents and their care providers', as well as the resources required to implement them. Recommendations for interventions to prevent fracture were developed for older residents both at high risk and not at high risk of fracture

- ✓ Residents identified at high risk of fracture based on the 2010 Osteoporosis Canada Guidelines include those who have had a prior fracture of hip or spine, have had more than one prior fracture, or have recently used glucocorticoids and have had one prior fracture.
- ✓ The proposed treatment recommendations integrate falls and osteoporosis assessment, taking into consideration lifespan, renal impairment, and simultaneous risk of falls and fractures.
- ✓ The recommendations consider various treatment strategies, in addition to osteoporosis medications.

For more information on the recommendations, tools and resources to help physicians and residents, please visit: www.osteoporosis.ca

Hip fractures in frail older adults can cause long-term pain and erode their quality of life. Breaking a hip has a dramatic, detrimental impact on a person's life, robbing them of their independence and causing disabling pain. One-third of older adults who experience hip fractures are residents in long-term care.[1] Further, the overall fracture rate among long-term care residents is two to four times that of similarly-aged adults living in the community.[1] Yet, in many cases, these fractures can be prevented.

Continuing Medical Education Mainpro-C Workshops

How do the Osteoporosis Guidelines apply to your patients?

Learning Objectives:

1. **Understand the current osteoporosis care gap**
2. **Learn about the 10-year stratification and treatment algorithm**

This program has received funding from the Ministry of Health and Long Term Care in collaboration with Osteoporosis Canada.

WHEN: Fri., Jan. 15, 2016 | TIME: 9:00 a.m. – 12:00 p.m.
WHERE: Guelph, Ont.

Facilitators: Dr. Rick Adachi and Dr. Upender Mehan

This program meets the accreditation criteria of the College of Family Physicians of Canada and is accredited for 3.0 CFPC Mainpro-C credits.

Register online today by Dec. 29, 2015 at www.ocfp.on.ca/cpd/programs

WHEN: Fri., Jan. 22, 2016 | TIME: 9:00 a.m. – 12:00 p.m.
WHERE: Kingston, Ont.

Facilitators: Dr. Algis Jovaisas and Dr. Lynn Nash

This program meets the accreditation criteria of the College of Family Physicians of Canada and is accredited for 3.0 CFPC Mainpro-C credits.

Register online by Jan. 5, 2016 at www.ocfp.on.ca/cpd/programs

Ontario College of Family Physicians
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FOR MORE INFORMATION

Visit www.ocfp.on.ca/cpd / email ocfpcme@cfpc.ca
Call 416-867-9646 or (toll free) 1-800-670-6237

Bone Fit ™ continues to deliver Basics & Clinical workshops across Ontario, with the support of University of Waterloo's Too Fit to Fracture research study.

This year we trained 105 community fitness professionals and 158 clinical exercise professionals and are offering a few more trainings before the year end.

Bone Fit™ expanded to include organizational trainings which lead to training Clinical exercise professionals from Providence Healthcare, Markham Stouffville Hospital and Bayshore Therapy and Rehab.

We are excited to announce that on February 16-17, 2016 Bone Fit ™ Clinical will be at the American Physical Therapy Association Conference as a pre-course for healthcare professionals.

Upcoming workshops:

Bone Fit ™ Clinical Workshop – Toronto – December 12-13, 2015

Bone Fit ™ Basics & Clinical – Thunder Bay – February 26-27, 2016

Windsor BoneFit Clinic Group - Summer 2015

Falls Resource

The Fall Prevention Community of Practice

The Fall Prevention Community of Practice is thrilled to announce its new, online communication platform. Loop connects you with over 1700 Community of Practice members who share your passion for fall prevention. We inform, share ideas and support each other to improve the implementation of evidence-informed fall prevention practices.

Why join Loop?

Networking: Find an expert, mentor or collaborator. Search members by area of expertise, location, or name.

Finding Answers: Harness the knowledge of over 1700 members to find an answer to your fall prevention question quickly and efficiently.

Working Together: Collaboration tools and private groups make working together online easy. Bring your network, committee or project team to Loop today. Features include: discussions, events calendar, member profiles, private messaging, workspaces (similar to Google docs), featured resources provided by McMaster Optimal Aging Portal, Library service, E-newsletter, Email notifications and reminders to check back, private groups, bilingual.

Visit www.fallsloop.com and click on "Register for a Membership" to see how Loop can help you in your work. Please don't hesitate to reach out if you have any questions. Join today.

Purple Day Support
Hamilton Health Sciences - General Site

Community Connections

RIL's and FPC's in the community

Contact your Regional Integration Lead

If your facility or program would like to include an article in your hospital newsletter contact your local RIL

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Look for the next issue of Fracture Link in May 2016.

If you would like to be featured in the upcoming issue of Fracture Link please contact Marq Nelson mnelson@osteoporosis.ca or 1 800 463-6842 ext 2318

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