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.
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!
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 (KFHT) Bone Health Program

The KFHT Bone Health Program was developed and implemented by Dr. Nancy Burget in early 2012. Dr. Burget was motivated 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. Burget designed the KFHT Bone Health Program to educate health professionals and patients regarding bone health and fracture prevention. Another goal was to reduce the “fracture care gap” within the KFHT by promoting the treatment of patients who are at high risk of fragility fractures including patients who have already sustained a fragility fracture. The long term goal of the program is to reduce the incidence of fragility fractures in our team, especially hip fractures.

Dr. Birenbaum, Helene Walton, Rashmi Rakheja
Kingston Family Health Team

Details of the Program

1) A KFHT algorithm was developed to use along with the Osteoporosis Canada 2010 Quick Reference Guide. The algorithm provides guidance regarding the appropriate management and follow-up of patients at low, moderate and high risk of fracture. The algorithm was distributed to MDs, RNs and NPs in the team.

2) Standardized letters were created on the KFHT EMR (Practice Solutions) to mail to patients who are at low or moderate risk of fracture. The low and moderate risk letters educate patients regarding lifestyle and dietary management of low bone mass and vitamin supplementation.

3) A KFHT Bone Health Small Group Education Session was developed 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) The position of a Bone Health Liaison Nurse was created. An important role of the Bone Health Liaison Nurse is to identify patients in the KFHT who have sustained a recent fragility fracture.

Bone Health Liaison Nurse

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

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 data 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.

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

KFHT Bone Health Small Group Education Session

The KFHT Bone Health Small Group Education Session was launched in 2013 and 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). The Osteoporosis Canada Regional Integration Leads (previously Sharon Lewis and currently Marq Nelson) have supported the education sessions by providing Powerpoint slides as well as informative Osteoporosis Canada fact sheets.

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.

Prior to the fall of 2015 patients required a referral from a KFHT health professional to attend a KFHT Bone Health Small Group Education Session. In the summer and early fall of 2015 a mailout was sent to all KFHT patients with a history of a fragility fracture since February 2014 inviting these patients to attend one of the fall KFHT Bone Health Small Group Education Sessions. The mailout resulted in an increase in numbers attending each monthly session and a larger number of high risk patients attending the sessions.

Future Plans

We plan 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 Session. 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 widespread 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.


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

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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.
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](http://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](http://www.ocfp.on.ca/cpd/programs)
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


Windsor BoneFit Clinic Group - Summer 2015
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](http://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.
Community Connections

Contact your Regional Integration Lead

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

* 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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