



## Balance of Beauty ... Seeing Beyond

If it were not for the rocky shores that hide the true beauty of nature, I could go beyond. As we look forward to a year of celebration throughout Canada, we reflect on a past filled with rocky barriers that was pushed aside to reveal the beautiful oceans of a great future. The lessons and path we've taken to move past the rocky barriers will be needed to help us maneuver the fierce but beautiful oceans ahead.

As the Ontario Osteoporosis Strategy begins its 13th year of helping reduce the burden of hip fractures, Canada begins its 150th year of providing hope for better healthcare for all. The beauty of better healthcare management is one of balance. The effort and commitment from all players enables better outcomes for all. Our message of a path to a fracture reduced future has been heard by our community partners and has enabled us to all see a positive future for fracture reduction management in Ontario.



In This Issue	EMR tool for Telus Health	Feature Risk Scale (FRS)	Fracture Screening and Prevention Program	Importance of Fall Prevention Referral
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# Ontario Osteoporosis Strategy

## Happy retirement - Dorcas Beaton



*We will miss you...*

Dorcas has been an integral part of the Ontario Osteoporosis Strategy for the past decade. She has led the evaluation team (based out of St. Michaels Hospital) for the Fracture Screening and Prevention Program from its inception in 2007. Working closely with OC, she and her team have been an integral part of the evolution of this flagship program of the Ontario Osteoporosis Strategy. Her experience, expertise and in-depth knowledge of secondary fracture prevention methodology and associated outcomes has made her one of the leading analyst and researcher in this area internationally. Most importantly, we will miss her sense of humour as well as her remarkable ability to explain the most complicated analysis through the simplest of examples.

# Osteoporosis EMR form for Telus Health

## Offers increase functionality

The Osteoporosis EMR form for Telus Health (PS Suite) users, developed by the GERAS Centre at McMaster University in collaboration with Ontario College of Family Physicians, Hamilton Family Health Team and Osteoporosis Canada, has been recently updated and will be available by June 30<sup>th</sup>, 2017. As with the version that is currently available, this will be available to download from the Health Professional section of Osteoporosis Canada’s web site – [www.osteoporosis.ca](http://www.osteoporosis.ca).

This new iteration of the form will offer increased functionality and alignment with patients’ charts facilitating clinical decisions including risk assessment and treatment.

Some of the improvements in the revised form include: automatic identification and population of patient’s risk score based on history and other data entered into the form; increased graphing functionality for T-score and links to CAROC and FRAX calculators.

To date, the Osteoporosis EMR form has been successfully downloaded by over 400 physicians and health professionals, mostly in Ontario, and at least another 1,000 hard copies of the form have been distributed.

The Osteoporosis EMR form for Oscar EMR users is in development and should be available soon. The incredible guidance of the operations team and researchers alongside Telus Health has enabled this tool to be available to users across Ontario.

### Operations Team:

Eilyn Rodriguez & Sarah Karampatos (GERAS Centre),  
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### Research Team

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# Fracture Prevention ToolKit

## Long Term Care

The Ontario Osteoporosis Strategy for Long-Term Care, McMaster University has developed a resource toolkit for health professionals in the care of frail older adults. The Fracture Prevention Toolkit contains valuable, practical information useful for healthcare professionals, caregivers and older adults living in long-term care facilities and the community. These strategies include appropriate calcium and vitamin D intake, use of hip protectors, exercise, multifactorial interventions to prevent falls and osteoporosis medications. Access this comprehensive collection of resources and strategies - including key publications, videos, point-of-care tools and tips - at <http://www.gerascentre.ca/fracture-prevention-toolkit>



 <p><b>Publications</b></p> <p>The Recommendations for Preventing Fracture in Long-Term Care were designed to prevent immobility, hospital transfers, pain, and improve the quality of life of older adults.</p>	 <p><b>Tools</b></p> <p>These decision support tools will assist you in implementing the recommendations in your practice.</p>	 <p><b>Videos</b></p> <p>Listen to long term care residents and their families share their journey with osteoporosis and fractures.</p>
 <p><b>Presentations</b></p> <p>Listen to Opinion Leaders in the area of osteoporosis and care of the elderly walk you through the recommendations and how to implement them into practice.</p>	 <p><b>Contact</b></p> <p>Osteoporosis Canada's Regional Integration Leads can support you in incorporating best practices and knowledge translation activities, through collaborative partnerships in communities across Ontario</p>	 <p><b>Resources</b></p> <p>Check out our list of comprehensive resources</p>

# The Fracture Risk Scale (FRS) in Long Term Care

Older adults typically enter long term care (LTC) homes as a result of functional ability limitations caused by physical deterioration, cognitive impairment, or the onset of an acute illness. These residents are at higher risk for hip fracture. Hip fractures account for 49% of all fractures in LTC and are one of the leading causes of hospitalization of residents. Hip fractures are associated with increased death, reduced mobility and deteriorating health related quality of life. Regrettably, it is challenging to identify LTC residents at high risk for fracture, as the existing fracture risk assessment tools in Canada, including the Canadian Fracture Risk Assessment Tool (FRAX) and the Canadian Association of Radiologists and Osteoporosis Canada tool (CAROC), are not valid for or generalizable to LTC. In addition, FRAX and CAROC provide a 10 year fracture risk assessment timeframe, which maybe too long in LTC given that 20% of residents die within one year of admission.

Researchers at the GERAS Centre (<http://www.gerascentre.ca>) along with investigators from the University of Waterloo have set out to develop and validate our Fracture Risk Scale (FRS) that predicts hip fracture over a 1 year time period. The FRS will be a standardized tool that will automatically generate fracture risk assessments for residents as an integrated part of the Resident Assessment Instrument Minimum Data Set Version 2.0, which has been implemented in LTC across Canada and is used during routine clinical practice. The FRS will rely on existing skills and resources of health care professionals that are currently present in LTC homes and will minimize the duplication of work that is often needed to support non-integrated LTC instruments. Once the FRS has been developed, the scale may have major implications for health strategy, service delivery and may influence policy choices for frail residents living in LTC. The FRS may be used as an aid to support clinical decisions in care-planning and should be included as part of a comprehensive clinical evaluation where the preference of the resident need to be considered. Final results of the FRS will be available at the end of 2017.



## Pat Giff - 100 Years Strong

### Celebrating a century of life



*100 wonderful years and counting...*

*Pat Giff, a celebration for the years!*

Pat Giff celebrated 100 years of life on March 26 with festivities made even more special by the visit of Ottawa Mayor Jim Watson. Pat celebrated in style and was surrounded by the best gifts in the world; smiling friends and family. Looking sharp and telling a few jokes, Pat showed off her birthday letter from the Queen and Governor General. But a visit from Mayor Watson was one of the best presents of the day. Pat told the story of how she saw Mayor Watson get pied in the face a few summers ago and has loved him ever since.

At 69 years old, Pat was diagnosed with osteoporosis. Pat has endured spinal fractures and pain that comes and goes. Fortunately, her wonderful spirit, determination and optimism have kept her living well undeterred by her condition. Pat continues to be a great example for those living well with osteoporosis. Cheers to Pat as she looks forward to her 101.

( You can read more about Pat here: <http://www.osteostategy.on.ca/volume-7-spring-2016/> )

# Fracture Screening and Prevention Program

## Evaluation and promotion

### Addressing patient-reported barriers as a means to improve osteoporosis care

A study led by Nooshin Rotondi identified patient-reported barriers to bone health testing and treatment after fragility fracture. Patients 50+ years of age who sustained a fragility fracture were screened at one of 35 hospital fracture clinics from June 2011–November 2014. They were contacted within 6 months to assess osteoporosis (OP) outcomes (BMD testing and OP treatment), and reasons cited for not achieving them. Comparisons were made by program phase: Phase I (educational-communication model) and Phase II (BMD testing and risk assessment within the program). Phase II was examined as two separate groups comprised of participants and eligible non-participants.

In Phase I, the main patient-reported barriers for not visiting their physician or not having a BMD test were patient and physician-oriented, e.g., not wanting to follow-up with their physician or being instructed by their physician to not have a BMD test. The latter barrier was addressed in Phase II, thus Phase II participants did not report any physician-oriented barriers as reflected in the high BMD testing rate (95%). Phase II eligible non-participants experienced many of the same barriers as Phase I patients, with lower BMD testing rates (54.9% and 65.4%, respectively).

In conclusion, enabling coordinators to order BMD tests and communicate refracture risk to primary care providers in Phase II appears to have reduced barriers around BMD testing, but also contributed to improvements in treatment outcomes. Our findings demonstrate that addressing patient-reported barriers to care is important and can lead to positive change. This paper is currently under review at *Osteoporosis International*.

The evaluation team at St. Michael's hospital engages in knowledge translation and the promotion of findings from the Fracture Screening and Prevention Program (FSPP) through publications in peer-reviewed scientific journals and presentations at international conferences.

# Fracture Screening and Prevention Program

## Evaluation and promotion...continued

### ***Re-fracture events in the FSPP: hip re-fracture is the most common re-fracture following an index shoulder or hip fracture***

As part of the program evaluation involving administrative data at the Institute of Clinical Evaluative Sciences (ICES), we examined the frequency of re-fracture events among consenting fragility fracture patients screened as part of the FSPP between 2007 and 2010. Re-fracture was defined as a subsequent hip, pelvis, spine, wrist or shoulder fracture (as defined by the Public Health Agency of Canada). Hip fracture patients seen in the program (for their index fracture) were ambulatory hip fractures.

We observed 720 re-fracture events within 5 years among 6,543 patients enrolled in the FSPP. Although the most common re-fracture site was wrist/forearm, those with an index hip or shoulder fracture sustained more hip re-fractures. Of 90 re-fracture events in the index hip fracture group, 43 (47.8%) were another hip fracture while 21 (23.3%) were wrist. Of 134 re-fracture events in the index shoulder fracture group, 55 (41%) were hip fracture while 48 (35.8%) were wrist fractures. This finding suggests a need to consider those with index shoulder fractures to be high risk for hip re-fractures.

These data will be presented at the upcoming Fragility Fracture Network Congress taking place in August 2017 in Malmo, Sweden.



## **Find trained Bone Fit Professionals**

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To locate a Bone Fit™ trained professional

[www.bonefit.ca](http://www.bonefit.ca)

# Fracture Prevention

## The importance of a fall prevention referral

It's important that osteoporosis, fracture prevention and falls are recognized as a trio of interrelated health issues. Any intervention targeting one of these three health issues should acknowledge the other two.

***“Over 80% of falls-related admissions to hospitals in Canadian seniors are due to fracture.”  
Report on Seniors' Falls in Canada: Public Health Agency of Canada; 2005***

Fractures due to a fall, as patient reported in the Fracture Screening and Prevention Programs (FSPP) at Barrie's Royal Victoria Hospital, Orillia Soldiers' Memorial Hospital, Collingwood General and Marine Hospital, accounted for 94.5% of patients in 2016. Of those patients, 19.6% had also fallen in the past year outside the fall that caused the fracture. 32.8% of the patients reported they felt unsteady or had trouble getting up. It is critical for patients to be referred to a fall prevention program and fall prevention education classes. Fall prevention referrals in the region are made to the North Simcoe Muskoka Integrated Regional Falls Program (IRFP).

The IRFP links together acute care hospitals, primary care and community service organizations to provide an integrated program of assessment and interventions related to seniors who have fallen or are at risk of falling. Through a multidisciplinary team, the program provides assessment, screening and interventions in local hospital emergency departments, Falls Screening Clinics, and Specialized Falls Assessment Clinics. The Fracture Screening and Prevention Program and the IRFP work closely together to provide an integrated approach so patients who have fallen and fractured are investigated and interventions are encouraged.

The Simcoe/Muskoka FSPP sites referred 66.5% of fragility fracture patients to the IRFP in 2016. The goal in 2017/18 is to refer at least 80% of patients to the falls program and to community exercise and fall prevention education classes. However many of the fragility fracture patients in the FSPP program are not making the connection between the fracture, fall and osteoporosis/bone health. Patients have said, *“Of course I broke my wrist, it was a really hard fall.” “You would have broken your bone too, if you had fallen like that.”* Many people fall but not everyone who falls break a bone so by working together, these programs can help change this perception and reinforce the importance of fracture prevention through osteoporosis management and fall prevention.

“The risk of sustaining a fracture increases exponentially with age due not only to the decrease in bone mineral density, but also due to the increased rate of falls among the elderly.” Capture the Fracture, IOF report 2012

# Fracture Prevention

## The importance of a fall prevention referral

Together the programs cross train and support each other. Osteoporosis Canada (OC) supports the VON SMART program/IRFP fall prevention education classes throughout the region by presenting the Bone Health Module. There has been an OC rep on IRFP Steering Committee since the program began and OC also sits on the Enhanced SMART Assess and Restore Steering Committee. Many of the IRFP team members are also Bone Fit Trained. The VON/IRFP team members present the Building Bones and Protect Your Bones section of the Osteoporosis Education Classes in the region. By working closely with the Integrated Regional Falls Program and VON, there is always a consistent message about the importance of strong bones, exercise and ways to prevent a fall.

On March 24th, the 2 teams came together to review their programs, introduce the new staff members in each program and look at the ways to improve their referral process and especially for those high risk patients with multiple falls and fractures. Below is a photo of the two teams meeting at Orillia Soldiers' Memorial Hospital for a program planning luncheon.



# bonefit™ Upcoming Workshops

Bone Fit™ is an evidence-informed exercise training workshop for certified exercise and health professionals. The workshop includes an e-learning module followed by in-person training on the most appropriate, safe and effective methods to prescribe and progress exercise for people with osteoporosis. The workshop teaches simple transitional movements, activities of daily living and recreational pursuits adaptable for people with osteoporosis. Register at [bonefit.ca](http://bonefit.ca)

## Bone Fit™ Clinic Workshop:

Gellert Community Centre  
Georgetown, Ont.  
July 15-16, 2017

## Bone Fit™ Basic Workshop:

Gellert Community Centre  
Georgetown, Ont.  
July 15, 2017

## Past Workshops in Ottawa & Renfrew



Pro Physio - Kanata



Renfrew Recreation Centre



# Fracture Screening and Prevention Program

In partnership for better bone health management across Ontario.

The Fracture Screening and Prevention Program (FSPP) is operating at these sites across Ontario. The FSPP goal is to increase the rate of referral of patients who have sustained a fragility fracture for assessment and treatment of osteoporosis in order to reduce risk of refractures.

- BRANTFORD GENERAL HOSPITAL
- CAMBRIDGE MEMORIAL HOSPITAL
- COLLINGWOOD GENERAL AND MARINE HOSPITAL
- GEORGIAN BAY GENERAL HOSPITAL
- GRAND RIVER HOSPITAL
- GREY BRUCE HEALTH SERVICES
- GUELPH GENERAL HOSPITAL
- HALTON HEALTHCARE, OAKVILLE TRAFALGAR MEMORIAL HOSPITAL
- HAMILTON HEALTH SCIENCES, HAMILTON GENERAL HOSPITAL
- HEALTH SCIENCES NORTH
- HUMBER RIVER HOSPITAL
- LAKERIDGE HEALTH OSHAWA
- MACKENZIE HEALTH
- MARKHAM STOUFFVILLE HOSPITAL
- MICHAEL GARRON HOSPITAL
- NIAGARA HEALTH SYSTEM ST. CATHARINES SITE
- ORILLIA SOLDIERS' MEMORIAL HOSPITAL
- PETERBOROUGH REGIONAL HEALTH CENTRE
- QUEENSWAY CARLETON HOSPITAL
- ROSS MEMORIAL HOSPITAL
- ROYAL VICTORIA REGIONAL HEALTH CENTRE
- SCARBOROUGH HOSPITAL - BIRCHMOUNT CAMPUS
- SCARBOROUGH HOSPITAL (THE) - GENERAL CAMPUS
- SOUTHLAKE REGIONAL HEALTH CENTRE
- ST. JOSEPH'S HEALTHCARE HAMILTON CHARLTON CAMPUS
- ST. JOSEPH'S HEALTH CENTRE, TORONTO
- ST. JOSEPH'S HEALTHCARE, LONDON
- SUNNYBROOK HEALTH SCIENCES CENTRE
- THE OTTAWA HOSPITAL - CIVIC SITE
- THE OTTAWA HOSPITAL - GENERAL SITE
- THUNDER BAY REGIONAL HEALTH SCIENCES CENTRE
- TRILLIUM HEALTH PARTNERS - CREDIT VALLEY SITE
- TRILLIUM HEALTH PARTNERS -MISSISSAUGA SITE
- WILLIAM OSLER HEALTH SYSTEM-BRAMPTON CIVIC HOSPITAL
- WILLIAM OSLER HEALTH SYSTEM-ETOBICOKE GENERAL HOSPITAL
- WINDSOR REGIONAL HOSPITAL

Find out how we can work together to reduce fragility fractures in Ontario by visiting the Ontario Osteoporosis Strategy online at:

<http://www.ostestrategy.on.ca/> and follow us on twitter @fracturelink

# Presentations in the community

## RVH Fracture Clinic Recognition

*from: The Royal Review newsletter.*

RVH's Fracture Clinic recently received national recognition for completing all eight Essential Elements of Fracture Liaison Services (FLS). This honour acknowledges Canadian hospitals that have implemented and demonstrated a commitment to the principles of identification, investigation and initiation of treatment which will ensure fracture patients receive the care they need to help prevent future fractures. There is a huge care gap for Canadians who break a bone due to osteoporosis—80 per cent never receive appropriate care, leaving them at substantial risk for further, costly, debilitating and often life-threatening fractures. In Ontario, the program is also known as the Fracture Screening and Prevention Program (FSPP).



left: On May 10, Ravi Jain, the Director of the Ontario Osteoporosis Strategy visited RVH to present the National FLS Certificate to the Fracture Clinic team. The FSPP started at RVH in January 2007.

FLS website:  
[www.osteoporosis.ca/fls/](http://www.osteoporosis.ca/fls/)

### FLS certificate presentation to St. Joseph's Health Care - London



Kate (RIL), Lynn Stewart - Fracture Clinic Manager at St. Joseph's Health Care, Ravi Jain, Margaret (FPC)



Contact your  
Regional Integration Lead (RIL)

RILs cultivate partnerships in communities across Ontario to foster and integrate fracture reduction pathways and establish bone health educational collaborations. They develop and disseminate tools and resources for healthcare professionals, patients and caregivers.

**Look for the next issue of  
Fracture Link in Nov 2017.**

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

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