

In this issue:

Gold!  
Capture the Fracture

Long Term  
Care  
update

North  
Simcoe  
Muskoka  
LHIN

My Bone  
Health  
Journal -  
Patient Info



Newsletter - Ontario Osteoporosis Strategy [osteostategy.on.ca](http://osteostategy.on.ca)

## Stand Tall: Our roots are rock solid.

*“For a tree to become tall it must grow tough roots among the rocks.” - Friedrich Nietzsche*

We strive to achieve a higher level of being, to live in a way that produces strong healthy roots. Our goals are a result of this effort to grow. We strive to improve the lives of others, as reflected in the Ontario Osteoporosis Strategy’s goal to reduce hip fractures by 20% by 2020. An enormous amount of effort is taking root in our wonderful healthcare system to aid us in reaching our goal, and the strides our partners have made in aiding us so far are nothing short of a gold level of care.

This issue of Fracture Link sheds light on the efforts of our partners in helping to reduce fracture risk for those in Ontario.

[Visit us online at www.osteostategy.on.ca](http://www.osteostategy.on.ca)



Osteoporosis Canada  
Ostéoporose Canada



St. Michael's  
Inspired Care. Inspiring Science.



Women's  
College  
Hospital



McMaster  
University



# CAPTURE *the* FRACTURE

RECOGNIZED FRACTURE LIAISON SERVICE



Awarded to:

Osteoporosis Exemplary Care Program, St Michael's Hospital  
Toronto, Canada

for meeting the Gold Level criteria of the Capture the Fracture programme.

  
JOHN A. KANIS  
President

  
JUDY STENMARK  
CEO



Solid Gold!

The Ontario Exemplary Care Program (OECF) at St Michael's Hospital was awarded Gold Standing by the International Osteoporosis Foundation Capture the Fracture Campaign. The OECF provides identification, investigation and initiation of care within their model of the fracture liaison service.

## Capture the Fracture: A Best Practice Framework

Capture the Fracture is a global campaign to facilitate the implementation of Fracture Liaison Services (FLS) for secondary fracture prevention. The implementation of FLS is the single most important action that can be taken to directly improve patient care and reduce spiralling fracture-related healthcare costs worldwide.

### WHAT IS THE BEST PRACTICE FRAMEWORK?

The Best Practice Framework (BPF) sets an international benchmark for Fracture Liaison Services, which defines essential and aspirational elements of service delivery.

The BPF serves as the measurement tool for IOF to award 'Capture the Fracture Best Practice Recognition' in celebration of successful FLS worldwide.

# Capture the Fracture: A Best Practice Framework

The Capture the Fracture Best Practice Framework was developed by a steering committee chaired by Professor Kristina Åkesson (Sweden), and shaped by input from leaders of established Fracture Liaison Services throughout the world.

The Framework consists of 13 globally-endorsed standards which have been published in Osteoporosis International<sup>2</sup>.

## WHY WAS THE BPF CREATED?

**TO EMPOWER CHANGE:** The BPF is primarily a tool to empower clinical champions and health care administrators to rationally evaluate provision of secondary fracture prevention in their health care system in the context of globally-endorsed standards.

**TO SUPPORT RECOGNITION AND FINE-TUNING:** The BPF offers leaders of established FLS an objective means to identify where their service delivers optimal care – and to be recognised internationally for excellence – and opportunities to refine the delivery and scope of care that could further improve outcomes.

**TO PROVIDE GUIDANCE:** For those health care systems that are yet to establish an FLS, the BPF describes the essential and aspirational elements of service delivery and so can inform the business planning process for new FLS in a very specific way.

## WHY APPLY FOR BEST PRACTICE RECOGNITION?

The BPF provides global recognition for excellence in secondary fracture. Applicants achieving Best Practice Recognition will be publicly recognised by the IOF. The applicant's FLS will feature on the Capture the Fracture website's interactive map, including the health care system name, location, link and programme showcase. As well, the applicant will be awarded use of the IOF approved, Capture the Fracture Best Practice Recognition logo for use on the applicant's websites and materials. <http://capturethefracture.org/best-practice-framework>

Applications for Best Practice Recognition are peer reviewed and therefore provide safe and supportive opportunities for applicants with an opportunity for FLSs to further improve delivery of care and outcomes for patients.

Capture the Fracture provides a unique network to share the best practices developed within FLSs with colleagues throughout the world (Check out the story below on St. Micheal's FLS, Canada's first Gold Standing for Capture the Fracture!). Collectively, applicants make a significant contribution to improving the care of fragility fracture sufferers worldwide. IOF strongly encourages leaders of FLS to consider submitting their programmes for recognition and sharing with colleagues globally through the Best Practice Framework.

## A Success Story: THE FRACTURE PREVENTION PROGRAM AT ST. MICHAEL'S HOSPITAL

The Fracture Prevention Program at St. Michael's Hospital is a multidisciplinary program which facilitates the identification, education, bone health assessment and appropriate treatment of people who have sustained a fragility (low trauma) fracture in order to prevent future fractures.

It is designed to identify men, aged 50 years and older, and women, aged 40 years and older, who have sustained a low-trauma fracture of the distal radius (wrist), proximal humerus (shoulder), proximal femur (hip) and vertebrae (spine) in both the outpatient Fracture Clinic and inpatients on the orthopedic unit. Fracture Clinic patients are:

- educated on fracture prevention and nutrition
- referred for a bone mineral density test, if indicated
- referred back to their family physician or to a specialist at St. Michael's Hospital for a complete bone health assessment and implementation of prescription treatment

Inpatients are assessed by either Geriatrics or Rheumatology for bone health, and if follow-up is required, the co-ordinator arranges a bone-mineral density test and an outpatient appointment at a Post Fracture Osteoporosis Clinic.

The strength of St. Michael's program is the quality assurance/improvement component that complements the clinical part of the program. Patients are asked to complete a voluntary quality assurance questionnaire regarding fracture history, family history of fracture, risk factors for fracture, prior bone health testing and treatment, as well as perceptions and knowledge of fracture and osteoporosis. Patients agreeing to continue their participation are also provided with a six-month, follow-up questionnaire related to bone health testing and treatment done within the six months, as well as knowledge and perception of fracture and osteoporosis. This information allows a continual review of the success of the program and opportunity to make necessary program modifications.

Visit [www.ostestrategy.on.ca](http://www.ostestrategy.on.ca) for a link to SMH research unit.

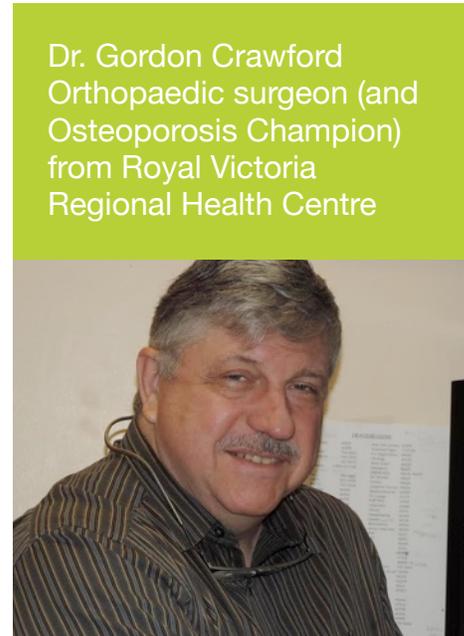


# North Simcoe Muskoka LHIN

## Supports the Ontario Osteoporosis Strategy's Goal of Reducing Hip Fractures

The Musculoskeletal (MSK) Steering Committee within the North Simcoe Muskoka (NSM) Local Healthcare Integrated Network's (LHIN) Care Connections implemented a LHIN-wide MSK program.

Dr. Gordon Crawford, an orthopaedic surgeon from Royal Victoria Regional Health Centre, is a member of the MSK Steering Committee. Identified through the Ontario Orthopaedic Association, he is the champion for the Fracture Clinic Screening Program (FCSP) at the fracture clinics located at Royal Victoria Regional Health Centre (RVRH) and Orillia Soldiers Memorial Hospital (OSMH). The Fracture Clinic Screening Program is where screening coordinators work within the fracture clinics to identify and screen men and women aged 50 or older who have sustained a fragility fracture. Screening coordinators facilitate appropriate treatment and care in order to reduce the risk of a future fracture.



Dr. Gordon Crawford  
Orthopaedic surgeon (and  
Osteoporosis Champion)  
from Royal Victoria  
Regional Health Centre

Early in the establishment of the committee, Dr. Crawford encouraged the inclusion of secondary fracture prevention into the NSMLHIN-wide MSK program emphasizing that almost 50% of hip fracture patients had had a previous fracture. Osteoporosis Canada's Monica Menecola, Regional Integration Lead, was invited to sit on the committee. The MSK Committee developed a comprehensive orthopaedic capacity work plan which included secondary fracture prevention. Fall prevention was identified as another critical component of fracture prevention and embedded in the workplan.



The Musculoskeletal (MSK) Steering Committee within the North Simcoe Muskoka (NSM) Local Healthcare Integrated Network's (LHIN) Care Connections

## North Simcoe Muskoka LHIN

At the time the committee was established, the RVRH fracture clinic was covered by a full time Osteoporosis Screening Coordinator and OSMH was covered 2 days per month. It was recognized that to be a regional MSK program there was a need to expand OSMH's fracture clinic screening program and to initiate a screening program at Collingwood General and Marine Hospital's (CGMH) fracture clinic. Through advocacy and support, CGMH's Fracture Clinic commenced the Osteoporosis Screening Program in September 2014. All 3 fracture clinics in the NSMLHIN have a secondary fracture prevention program, and are planning further expansion in all 5 geographic areas of the LHIN through Health Links and the shift to Second Curve Initiatives in primary care. The regional goal is to reach as many hip fracture patients who come through the 3 orthopaedic sites and ensure that the person has been evaluated by one of the Osteoporosis Screening Coordinators .

The Committee is comprised of members from 5 acute care hospitals, the NSMCCAC, a LTC rep, rehabilitation services, Bone and Joint Canada, Osteoporosis Canada, the Director and Senior Planner from the NSMLHIN, and a person with lived experience. This committee is chaired by Norah Holder, VP Patient Services & Chief Nurse Executive from Collingwood General and Marine Hospital. The committee moved forward with the regional integration and implementing the regional MSK work plan through collaboration, partnerships, innovation, and engaging people with lived experience. This broader MSK work proactively supports the Ontario Osteoporosis Strategy's goal of reducing hip fractures by 20% by 2020.

### National Falls Conference - May 27-28th

Monica Menecola and Judy Porteous from Osteoporosis Canada and Marguerite Thomas, coordinator of the Ontario Falls Prevention Community of Practice and Amber Schieck from the Grey Bruce Public Health Unit pose with a cardboard cutout of Dr. Geoff Fernie at the Toronto Rehabilitation Institute Tour during the Watch Your Step Conference. Dr. Fernie leads Toronto Rehab's Research Program and was one of the guides for this group's tour- he toured many conference participants and wasn't able to stop long enough for a photo opportunity so they posed with the poster.



Photo of Judy Porteous, Regional Integration Lead for Grey/Bruce/Dufferin wearing her safety harness and special shoes as she gets ready to head into the Winter Ice Simulator at Toronto Rehabilitation Institute during the tour at the Watch Your Step Conference.



## Osteoporosis Canada Supports The National Watch Your Step Falls Prevention Conference Toronto in MAY 2014

Osteoporosis Canada (OC) staff and volunteers were part of the WATCH YOUR STEP planning team. Over 400 participants attended from across the country as well as from other countries.

OC's Scientific Advisory Council Members presented on topics related to Falls and Fracture Prevention in LTC and Too Fit to Fall or Fracture- related to exercise and guidelines. Poster presentations highlighted the Bone Fit program and the Fracture Clinic Screening Program within Fracture Clinics in Ontario. OC displayed materials and resources while also having the opportunity to have one on one interaction with participants. Through these opportunities, attendees were able to hear about the connection between osteoporosis, falls and fractures and that they are an inter-related trio of health concerns.

It was awesome to have Dr. Marla Shapiro include so much about osteoporosis and fracture prevention in her key note address. In the closing session Dr. Fabio Feldman spoke about osteoporosis, falls and fractures- and the need to tie these three issues together.

The team at OC was grateful to be a part of this fantastic event!! And look forward to the next National Falls Prevention Conference.

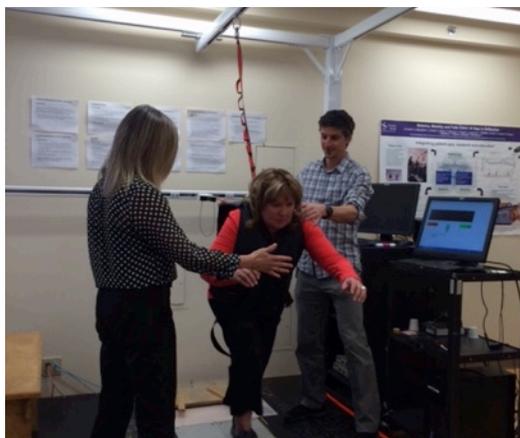


Photo of Monica Menecola participating in a Fall Prevention Reaction Exercise during the Toronto Rehabilitation Institute Tour during the Watch Your Step Conference.

# My Bone Health Journal

## A Self-Management Booklet

The Ontario Chronic Disease Model clearly identifies self-management as a key component of health care for Ontarians. The Ontario Osteoporosis Strategy has developed a plan to integrate self-management strategies into the work it is doing throughout the province.

A review of existing self-management tools within the health care sector revealed that there was a need for a specific self-management tool to help patients diagnosed with osteoporosis. This tool would assist them in managing their bone health through lifestyle changes and by taking appropriate treatment to help reduce their fracture risk. It is important to manage your own health when living with a chronic condition like osteoporosis. You will likely spend less than 12 hours a year with your health professional and the rest of the time managing on your own. Recommendations from staff working with patients supported the need for this self-management tool – My Bone Health Journal.

My Bone Health Journal is targeted towards people taking medication for osteoporosis (or have been prescribed). It will help users learn about bone health and how to manage osteoporosis and keep track of what they need to do to keep their bones healthy and strong. We have partnered with St. Michael's Hospital in Toronto to conduct a small pilot study to help assess whether this tool is helpful for patients. Feedback received from patients will be incorporated into the final version of the booklet. Watch this space for updates!

## Patient Resource

### Bone Matters – take charge of your bone health.

Bones Matters is an ongoing series of interactive forums broadcast live and archived over the Internet. Each forum, led by a Canadian expert in osteoporosis care, will help participants better understand how to prevent the next fracture and live well with osteoporosis.

How can I find out about upcoming Bones Matters? All COPN members are alerted to upcoming forums in COPING, their biweekly newsletter. Not already a member of COPN? Sign up here for the free newsletter and much more.

For more information about COPN, email [copn@osteoporosis.ca](mailto:copn@osteoporosis.ca) or visit the web page at: <http://www.osteoporosis.ca/copn>

## Ontario Osteoporosis Strategy for Long-Term Care (OOSLTC)

The Ontario Osteoporosis Strategy for Long-term Care partnered with the Geriatric Education Research and Aging Sciences Centre (GERAS)- St Peter's Hospital, Hamilton ON to present a symposium at the Canadian Association of Gerontology meeting Oct 17<sup>th</sup>, 2014 in Niagara Falls ON. This symposium focused on Fracture Prevention and Management in Long-term Care.

The Ontario Osteoporosis Strategy for Long term Care (OOSLTC) recognizes that clinicians practicing in long-term care face unique challenges caring for elderly individuals who are at high risk for falls and fractures and who have multiple co-morbidities and prescribing contraindications. The OOSLTC works toward developing a better understanding of the challenges care providers face implementing best practices and then partners with these care providers to develop tools and strategies to reduce falls and fractures.

Dr Sultan Alamri (past geriatric resident – McMaster University and now Geriatric Specialist, Faculty of Medicine, King Abdulaziz University, Jeddah, Saudi Arabia) reviewed some of the barriers to fracture prevention identified by participants in the Vitamin D and Osteoporosis study. This study evaluated the feasibility of a knowledge translation intervention aimed at integrating evidence-based fracture prevention strategies in long-term care homes in Ontario. Although tailoring strategies needs to consider local context, several practical strategies were identified such as reviewing the resident's fracture history at admission and adding bone health care to quarterly reviews.

Dr. Sharon Kaasalainen, Faculty of Nursing, McMaster University, reported the results of her survey describing the important role of nurse practitioners in long term care who are involved in fracture prevention and who care for residents who have fractured. Two of the challenges they face that must be addressed to provide optimum care include lack of staff and access to diagnostic services.



Dr. Lora Giangregorio, Department of Kinesiology, University of Waterloo, reviewed physical activity recommendations for preventing falls and fractures. She emphasized that walking or weight bearing alone is not enough, resistance and balance training must also be considered. She encouraged all participants to practice “spine sparing strategies” during their daily physical activities and to consider these strategies when providing care.

## Long term care contd.

The OOSLTC understands that it is critically important to engage key partners to disseminate knowledge about fracture prevention in long-term care. Mary Lou van der Horst, Project Manager for the OOSLTC described the wide-range of partnerships that are being leveraged to learn what knowledge is meaningful and how to mobilize it in ways so that it is accessible and will result in sustainable changes to care practices. Our partnerships are extensive within Ontario, nationally and internationally. In addition to partnerships with researchers from universities across the country, we have developed collaborations with associations serving the long term care community (Ontario Long Term Care Association, Ontario Association of Non-Profit Homes and Services for Seniors, Ontario Long Term Care Physicians, Registered Nurses' Association of Ontario, Nurse Practitioners' Association of Ontario, Ontario College of Family Physicians), associations representing residents and their families (Ontario Association of Residents' Councils, Family Councils' Program of Ontario), owners and operators of LTC homes and with other organizations and vendors serving the long term care community (e.g. the Alzheimer's Society of Ontario, Medical Pharmacies Group Ltd, Dietitians Action Group of Toronto)

Visit us at [www.osteoporosislongtermcare.ca](http://www.osteoporosislongtermcare.ca)

## Highlights BoneFit Virtual



In May 2014, Bone Fit™ held the first virtual hybrid workshop for the Victorian Order of Nurses exercise supervisors. The Lead Trainer led the one day training session from Barrie, and linked to Trenton and London site via the Ontario Telemedicine network. A Co-Trainer assisted at each site along with a Regional Integration Lead from Osteoporosis Canada. This unique opportunity created the possibility of delivering simultaneous training and facilitated feedback at various locations.

Additionally, Bone Fit™ collaborated with Debbie Cheong from Osteo Fit BC to create a training video on a set routine for key exercises for the upper and lower limbs, and guidance on stretching. This video is now an additional resource for Bone Fit™ trained health professionals available on the Bone Fit™ Members' area webpage.



# Women's College

## The Multidisciplinary Telemedicine Clinical Program

As a component of the Ontario Osteoporosis Strategy, the Women's College Hospital Centre for Osteoporosis & Bone Health provides clinical care for individuals who are at increased risk for fractures and bone loss related to osteoporosis via telemedicine. Patients from across Ontario have access to consultations, comprehensive assessment, treatment and education by a team of leading experts in osteoporosis and metabolic bone disease from a range of professional.

Women's College  
Hospital Centre for  
Osteoporosis & Bone  
Health and Ontario  
Osteoporosis Strategy  
team



## FHT Spotlight

### Family Health Team Case Finding, Fracture Risk Assessment and Bone Health Information Sessions

**Dr. Don Hunsberger** is a family physician within the Owen Sound Family Health Team. After attending a CME by the College of Physicians and Surgeons in April 2013, Dr. Hunsberger embarked upon a campaign to identify High Risk Patients within his clinic. Using the 2010 Osteoporosis Canada Clinical Guidelines he started identifying patients, both women and men over the age of 65 who had never had a Bone Mineral Density Test. 563 of his patients qualified for an initial BMD based on the guidelines. To date there have been 390 BMD's for his patients completed over a period of 1 ½ years. So far he has identified 87 as having osteoporosis which is 25% of the screened population. Dr. Hunsberger's efforts with the help of his team have evolved into also providing bone health information sessions and falls risk assessment for their patients.

## Research Highlights

# Update on the Evaluation of a Bone Mineral Density “Fast Track” Program

The research team at St. Michael’s hospital tested the impact of the BMD Fast Track program in comparison to the usual program of care (education, communication). Findings indicate that the BMD fast track program is associated with significantly higher testing and treatment rates as well as a greater likelihood of discussing bone health with a family physician. Patients in the BMD fast track reported initiating OP medications 32% of the time, within the 6 month post fracture window. Other parts of the program (controls) continued at a rate of approximately 20%.

The BMD Fast Track program allows us to have our first look at fracture risk. Previously, we did not have access to BMD test results needed to complete the risk assessment. Running the CAROC fracture risk assessments yielded 56% of high risk patients initiated prescription pharmacotherapy for bone health within 6 months of screening. Those who had moderate risk where the guidelines suggest additional testing might be needed, or lifestyle and Vitamin D supplementation while monitoring fracture risk, had an expectedly lower rater of treatment initiation (15%) within 6 months.

## FCSP in Spain

### 3rd Fragility Fracture Network (FFN) Congress

The 3rd FFN Congress was held from September 4-6 in Madrid, Spain. Its themes included perioperative care, surgical treatment, rehabilitation, secondary prevention, research and policy change. Drs Nooshin Rotondi and Joanna Sale presented three oral presentations and five posters. Topics addressed from evaluation of FCSP included:

- The Burden of Fragility Fractures in the Workplace (Ontario, Canada): A Preliminary Analysis
- Fracture Risk Assessment Tools: Agreement, Clinical Utility and Implications for Clinical Practice

## Screening Highlight

### FCSP up and running at Collingwood G&M Hospital

Ali LeBlanc, Osteoporosis Screening Coordinator,  
Norah Holder, VP Patient Services & Chief Nurse  
Executive, Lori Woelfel, NSM Integrated Regional Falls  
Program and Mary Jeffery, Manager of Ambulatory Care



# Upcoming Events

## Bonefit.ca courses

December 6-7, 2014	Clinical Workshop – Toronto, ON
January 31-Feb 1st.	Queens University – Kingston, ON
February 7-8, 2015	University of Waterloo, Waterloo, ON
March 7-8, 2015	Owen Sound, ON
March 21-22, 2015	Brock University, St. Catharines, ON

December 11, 2014: **“Too Fit to Fall or Fracture”** Translating research into practice for fall and fracture prevention: Interviews & Focus Groups for Health Care Professionals, Owen Sound, ON. Contact Judy Porteous @ [jporteous@osteoporosis.ca](mailto:jporteous@osteoporosis.ca) for more information.

## 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 2015.

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

## To learn more about resources in your area contact your local Regional Integration Lead

Monica Marquis	<a href="mailto:mmarquis@osteoporosis.ca">mmarquis@osteoporosis.ca</a>	York Region
Elizabeth Stanton	<a href="mailto:estanton@osteoporosis.ca">estanton@osteoporosis.ca</a>	Toronto West and Peel
Heather Eatson	<a href="mailto:heatson@osteoporosis.ca">heatson@osteoporosis.ca</a>	Central Eastern Ontario
Judy Porteous	<a href="mailto:jporteous@osteoporosis.ca">jporteous@osteoporosis.ca</a>	Dufferin, Grey Bruce
Julian Rawlins	<a href="mailto:jrawlins@osteoporosis.ca">jrawlins@osteoporosis.ca</a>	Toronto East & Durham
Kate Harvey	<a href="mailto:kharvey@osteoporosis.ca">kharvey@osteoporosis.ca</a>	Waterloo, Wellington, Brantford
Lisa Campbell	<a href="mailto:lcampbell@osteoporosis.ca">lcampbell@osteoporosis.ca</a>	Hamilton, Niagara, Halton
Marq Nelson	<a href="mailto:mnelson@osteoporosis.ca">mnelson@osteoporosis.ca</a>	Champlain
Monica Menecola	<a href="mailto:mmenecola@osteoporosis.ca">mmenecola@osteoporosis.ca</a>	Simcoe County & Muskoka
Natacha Dupuis	<a href="mailto:ndupuis@osteoporosis.ca">ndupuis@osteoporosis.ca</a>	Northern Ontario
Patricia Versteegh	<a href="mailto:pversteegh@osteoporosis.ca">pversteegh@osteoporosis.ca</a>	South Western Ontario
Sharon Lewis	<a href="mailto:slewis@osteoporosis.ca">slewis@osteoporosis.ca</a>	South Eastern Ontario