"Break down"

Improving Secondary Fracture Prevention in the Richmond Valley

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Case for change

If you are over 50 and break a bone from a simple fall, there is a near 50% chance you will have another fracture within 2 years. The Richmond Valley Osteoporosis Re-fracture Prevention Service (ORP) found...

Missing Something?

Only 1 in 10 eligible patients access the ORP Service.

That's more that 500 patients a year missing out.

Ouch that hurts!

People are suffering.

Their next fracture will likely be more painful and debilitating.

The cure is costly

The Richmond Valley will spend $5M over the next 10 years fixing preventable fractures.

Diagnostics

What the staff told us -

"Great idea but..."

"How do I refer?"

"It's not a priority for me"

"Patients aren't interested"

What the patients told us

"Great care but..."

limited clinic hours

"tests are a hassle"

"I'll be ok!"

"Osteoporosis is a silent disease. People don't see it, so they don't take it seriously."

Geriatrician

"The whole experience with the clinic was excellent. I can’t fault it.

Cheryl (Patient)

"It’s the only clinic I know of that has to find its own patients!

Fracture Liaison Coordinator

Solutions

- Create referral and patient Osteoporosis (OP) risk education opportunities at key points
  - i.e. Emergency + Fracture Clinic + GP
  - Referral forms, Patient handouts, staff education and OP-risk promotion

- Enable blood tests for OP to be taken in Emergency departments
  - ED and Ward Osteoporosis and fractured-hip blood order created

- Build medical governance – employ Endocrinologist for region.
  - Executive Brief and Business case for Staff Specialist submitted

- Enable timely use of bone drugs for patient in hospital
  - Develop guidelines and approval for inpatient OP medications

- Trail ORP clinic with additional services to support lifestyle changes
  - Quality project developed for ORP to include social worker and dietitian

- Develop electronic filter for patients at risk of OP – eliminate manual ‘trawl’
  - Work with Clinical Information team to develop local automated ORP report

Implementation

Improved ORP clinic capacity:

Executive business case for Staff Endocrinologist developed, submitted and approved

Complete !

Improved access to bone medication

Therapeutic Drugs Committee approval to use osteoporosis drugs for at-risk inpatients (guidelines in development).

Complete!

Develop electronic filter for at-risk patients

Working party to develop automated IT filter and get Exec approval to use

Complete!

Better patient lifestyle management

Improved access to social work and dietitian services to support lifestyle changes

Complete!

Better Patient Screening (Pathology)

Develop OP and Fractured Neck of Femur Blood Set for use in Emergency and on the wards

Complete!

Development of Re-fracture Prevention Champions

Champions have been identified and educated in the Emergency Department and Fracture Clinic, and are implementation ready!

Complete!

Conclusion

Implementation of remaining solutions to commence when recruitment to Staff Endocrinologist complete with service redesign launch planned 20 Oct 18 (World Osteoporosis Day).

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