



Strong Bones, Strong Voices: Empowering Residents in LTC

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Land Acknowledgement

Together, let us now pause as we acknowledge the Indigenous Peoples of all the lands that we are on today, from wherever we are virtually participating in today's meeting. Let us take a moment to acknowledge the importance of the land we each call home.

We do this to affirm our commitment and responsibility to improving relationships between nations, and to improving our own understanding of local Indigenous Peoples and their cultures.

We acknowledge the ancestral and unceded territory of all the Inuit, Métis, and First Nations people who call this nation home.

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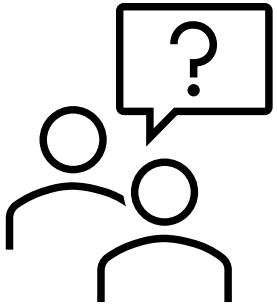
Let us now join in a moment of reflection to acknowledge the harms and mistakes of the past and ongoing challenges of the present, and to consider how each of us, in our own way, can move forward in a spirit of reconciliation and collaboration.

Webinar Housekeeping



Chat Box

The Chat feature is **disabled** during this session.



Question Box

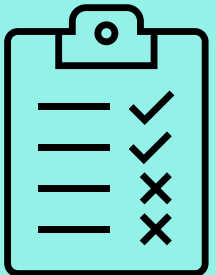
Type questions in the Q&A box. We will answer as many as possible during the presentation.



Recording

A recorded version of this webinar will be available on OARC's website. www.ontarc.com

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Evaluation

After the webinar, a pop-up screen asking you to complete a survey will appear. Your feedback and suggestions are appreciated.

Introductions



Dr. George Ioannidis

Deputy Director, Geras Centre for Aging Research
Associate Professor, Division of Geriatrics and Rheumatology,
McMaster University

A few favorite things:

- Favorite music
- Favorite comfort food
- Favorite activity

Presentation Outline

Strong Bones, Strong Voices: Empowering Residents in LTC

This session will explore:

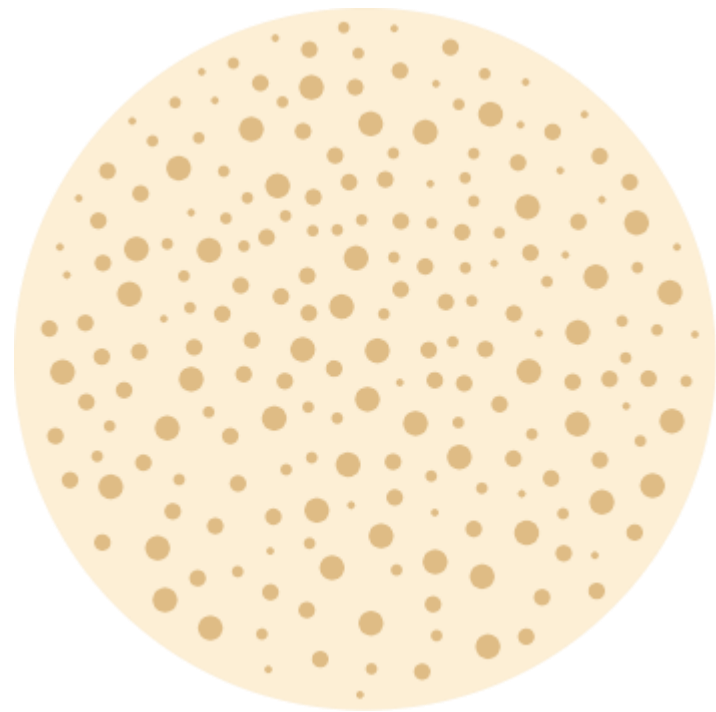
1. What Osteoporosis is and Why it Matters in Long-Term Care
2. Resident Advisory Committees: Driving Meaningful Change
3. PREVENT | A GERAS-led Research Initiative focused on Fracture Prevention

What is Osteoporosis?

Why it Matters in Long-Term Care?

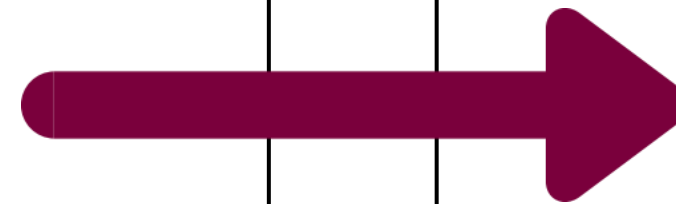
What is Osteoporosis?

Normal Bone



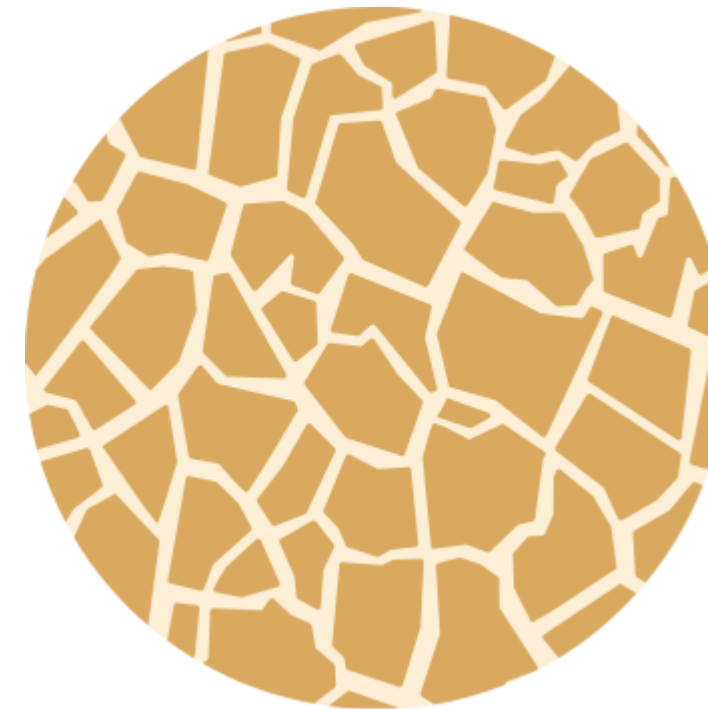
STRONG and COMPACT

- Structure inside the bone is **DENSE** and more solid
- Better able to withstand minor falls



**It is a deterioration
and loss of bone
structure**

Bone with Osteoporosis



WEAK and BRITTLE

- Structure inside the bone is more **OPEN** like a honeycomb
- Less likely to withstand minor falls

Many LTC residents have osteoporosis

90% have some form of cognitive impairment

86% need extensive help with activities, such as eating, using the washroom

80% have neurological diseases

76% have heart/circulating disease

64% have a diagnosis of dementia

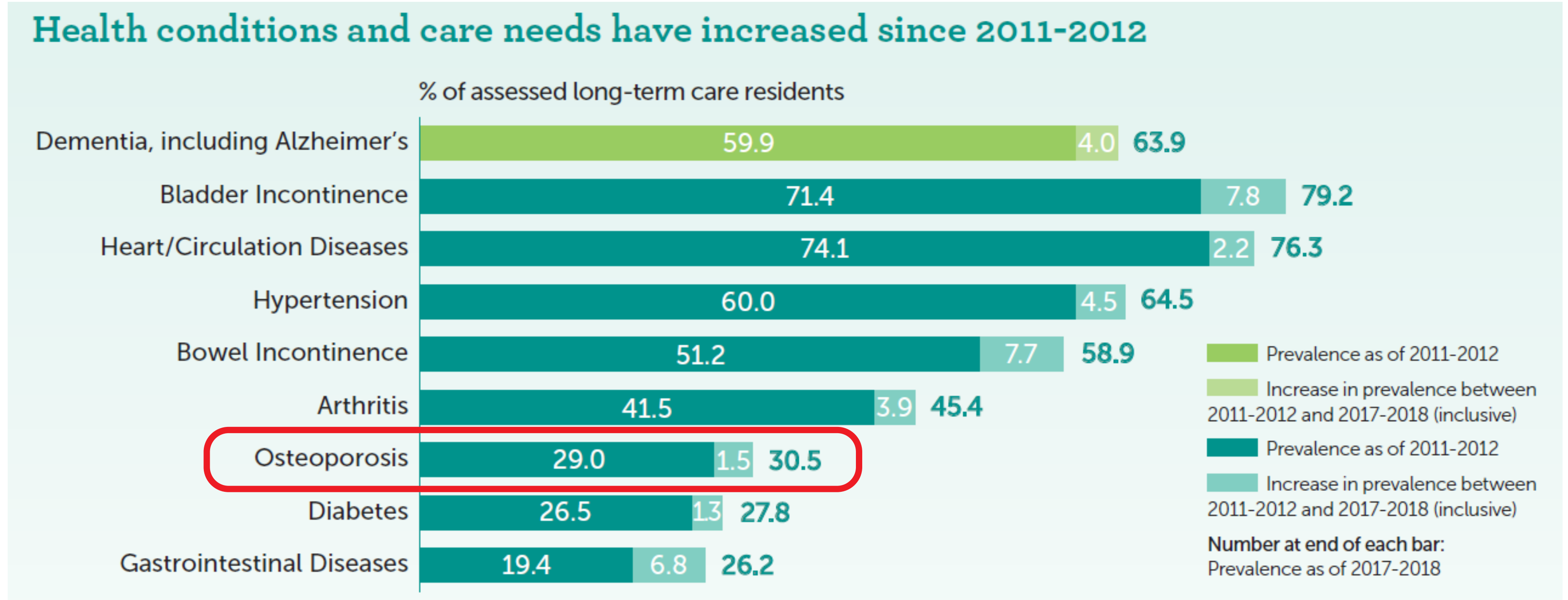
62% have musculoskeletal diseases, such as arthritis and osteoporosis

61% take 10 or more prescription medications

40% need monitoring for an acute medical condition

21% have experienced a stroke

The prevalence of osteoporosis in LTC is increasing



This is Long-Term Care 2019. Ontario Long-Term Care Association. www.oltca.com
Data generated by the Canadian Institute for Health Information (CIHI)

Types of Fractures

Generally, there are 2 kinds of fractures that residents may sustain.

1. **Caused by trauma** (usually the impact from a fall) - Residents with osteoporosis are more likely to experience a broken bone or “**fragility fracture**” when they fall



Types of Fractures

2. Spontaneous

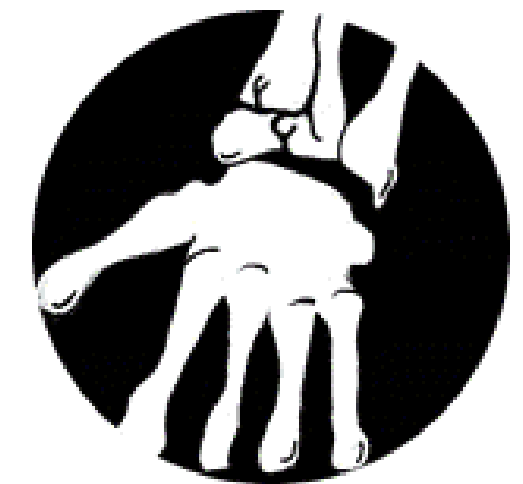
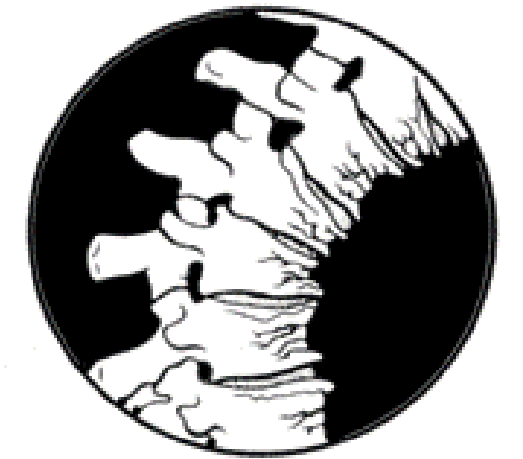
Residents with osteoporosis are more likely to experience a “spontaneous fracture” without any known cause and no known trauma. It happens “out of the blue”.

Example: A resident may suddenly complain of severe back pain



Most common fracture sites

- **Hip** - Residents tend to fall sideways from poor balance and weakened leg muscles; and may land directly on their hip
- **Spine** - Spine fractures are a diagnosis that many residents with osteoporosis have when they move in to LTC/CC (residential care)
- **Wrist** - Wrists can break as a result of residents trying to stop their fall
- **Shoulder** - Residents tend to fall sideways from poor balance and weakened leg muscles; and may land on their shoulder



Fractures are a game-changer for LTC residents!

Hip fractures are associated with:

- Increased risk of death
 - 1 out of 3 residents with hip fracture will die within 6 months
- Increased dependence in activities of daily living:
 - Getting in and out of bed
 - Dressing
 - Transferring
 - Personal hygiene
- Inability to walk independently
 - After hip fracture residents are 4 times more likely to be unable to walk independently compared to those with no fractures



First fractures predict second fractures!



Fractures are like stroke and heart attacks:
Fractures need to be treated ASAP to prevent a second fracture.

A Resident Experience: Why this Matters



Under/mis-diagnosis

Fear of falling

Multiple surgeries

Pain

Mobility impairment

Getting Help for Osteoporosis and Fracture Prevention Care



Review treatment options



Talk to your care team



Stay involved in your care

STRONG BONES. FEWER FRACTURES. BETTER QUALITY OF LIFE.

Don't wait - talk to your care team today.

Geras Centre for Aging Research
**Resident and Family Advisory Committee
for Long-Term Care Research**

Who We Are

• Goals of the Committee

- To represent the collective voice of residents living in LTC
- To identify research priorities of residents living in LTC
- To prioritize research that promotes optimal health and well-being of residents living in LTC
- To share information in a way that is accessible for residents' in LTC.

Past Achievements of the Committee

Conversation Guides for Healthcare Professionals: Supporting Discussions with Residents' and Families' in LTC

Fracture Prevention Conversation Guide for Treatment Plan Proposals in LTC (Residents)

Conversation Guide for Clinicians	Guide for Treatment Plan Proposals in LTC
<ul style="list-style-type: none"> Plan for the Conversation <ul style="list-style-type: none"> PREVENT Fracture Prevention Study Use fracture assessment tool to identify resident risk factors for breaking a bone Discuss ways we can prevent a broken bone Manual FRS 	Resident Health Status
	FRS
	Risk Factors: BMI
	Risk Factors: Mobility
<ul style="list-style-type: none"> Use the Conversation Guide <ul style="list-style-type: none"> Review resident values, wishes and goals Review the benefits & risks of treatment Supportive Resources: <ul style="list-style-type: none"> Smiley face tool (rename) Brief Clinical Reference Guide Administer Decision Aid (optional)* <ul style="list-style-type: none"> Osteoporosis Canada Osteoporosis Choice 	Values, Wishes & Goals "What things are most important to you?"
	Fears & Worries "What are your biggest fears and worries about your health?"
	Trade-offs "If you had a fracture, how much care would you want?"
	Benefits & Risks <ul style="list-style-type: none"> Impact on ADLs Medication Side Effects Life expectancy
<ul style="list-style-type: none"> Treatment Plan Proposal <ul style="list-style-type: none"> Present a treatment plan proposal to residents at risk for fracture (or their POA) Describe fracture prevention interventions that are recommended for residents at risk for fracture 	Interventions, Evidence & Recommendations
	Medications
	Diet and Supplements
	Multifactorial prevention strategies
	Hip protectors

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Quick Guide Version 6 24Oct24 1

Reference Guide: Fracture Prevention Conversation Guide for Treatment Proposals in LTC (Resident Version)

This Fracture Prevention Conversation Guide is intended to help clinicians working in Long-Term Care (LTC) to talk with residents living in LTC about fracture prevention treatment.

The information and talking points contained in this Guide is intended to supplement your clinical knowledge, so please use the Guide in a way that facilitates conversations with residents.

1. Start the Conversation <ul style="list-style-type: none"> Introduce the PREVENT Study Discuss resident's fracture risk score and other risk factors Use the manual FRS (if applicable) Discuss ways to reduce their risk of breaking a bone 	Introduce the PREVENT Study "Our LTC home is participating in a study to prevent hip fractures in our residents. I would like to talk to you today about your risk of breaking a bone". Discuss fracture prevention in the context of resident risk factors "We use a tool called the Fracture Risk Score (FRS) to understand a person's risk of breaking a bone". Tailor the discussion to the resident's risk factors: <ul style="list-style-type: none"> BMI Mobility Dementia Other risks e.g., previous fall
2. Use the Conversation Guide <ul style="list-style-type: none"> Review resident values, wishes and goals Review the benefits and risks of treatment Discuss treatment options in the context of the above Supportive Resources: <ul style="list-style-type: none"> Smiley face tool Brief Clinical Reference Guide Decision Aids (Osteoporosis Canada, Osteoporosis Choice) 	Values, Wishes and Goals "What things are most important to you i.e., health, QoL?" Fears and Worries "What are your biggest fears and worries about your health?" Trade-offs "If you had a fracture, how much care would you want?" Benefits and Risks of Treatment "Would you accept some side effects from medications if it meant reducing your risk of breaking a bone?"
3. Treatment Plan Proposal <ul style="list-style-type: none"> Present treatment plan proposal to resident 	Interventions, Evidence and Recommendations <ul style="list-style-type: none"> Medications (Appendix A) Diet and supplements Multifactorial prevention strategies Hip protectors Other

The Clinician Conversation Guide for Fracture Prevention Treatment Proposals in LTC has been adapted from the landmark Serious Illness Conversation Guide (SICG). © 2015-2023 Arthritis Labs: A Joint Center for Health Systems Innovation (www.arthritislabs.org) between Brigham and Women's Hospital and the Harvard T.H. Chan School of Public Health, in collaboration with Dana-Farber Cancer Institute. Licensed under the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International License. <http://creativecommons.org/licenses/by-nc-sa/4.0/>

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Fracture Prevention Conversation Guide for Treatment Plan Proposals in LTC (Family Member)

Conversation Guide for Clinicians	Guide for Treatment Plan Proposals in LTC
<ul style="list-style-type: none"> Plan for the Conversation <ul style="list-style-type: none"> PREVENT Fracture Prevention Study Use fracture assessment tool to identify resident risk factors for breaking a bone Discuss ways we can prevent a broken bone Manual FRS 	Resident Health Status
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	Risk Factors: BMI
	Risk Factors: Mobility
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	Fears & Worries "What are loved one's biggest fears and worries about their health?"
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	Multifactorial prevention strategies

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1. Start the Conversation <ul style="list-style-type: none"> Introduce the PREVENT Study Discuss resident's fracture risk score and other risk factors with POA/SDM Use the manual FRS (if applicable) Discuss ways to reduce resident's risk of breaking a bone 	Introduce the PREVENT Study "Our LTC home is participating in a study to prevent hip fractures in our residents. I would like to talk to you today about your loved one's risk of breaking a bone". Discuss fracture prevention in the context of their loved one's risk factors "We use a tool called the Fracture Risk Score (FRS) to understand a person's risk of breaking a bone". Tailor the discussion to their loved one's risk factors: <ul style="list-style-type: none"> BMI Mobility Dementia Other risks e.g., previous fall
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The Clinician Conversation Guide for Fracture Prevention Treatment Proposals in LTC has been adapted from the landmark Serious Illness Conversation Guide (SICG). © 2015-2023 Arthritis Labs: A Joint Center for Health Systems Innovation (www.arthritislabs.org) between Brigham and Women's Hospital and the Harvard T.H. Chan School of Public Health, in collaboration with Dana-Farber Cancer Institute. Licensed under the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International License. <http://creativecommons.org/licenses/by-nc-sa/4.0/>

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Fracture Prevention Conversation Guide in LTC

1. Start the Conversation

- Healthcare providers should plan the conversation and use tools to assess fracture risk of residents'
- Discuss resident's fracture risk score and other risk factors
- Discuss ways to reduce their risk of breaking a bone

PREVENT Geras ONTARIO Osteoporosis Strategy McMaster University BRIGHTER WORLD Hamilton Health Sciences CIHR IRSC Canadian Institutes of Health Research Instituts de recherche en santé du Canada

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	Multifactorial prevention strategies	
	Hip protectors	

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Fracture Prevention Conversation Guide in LTC

2. Use the Conversation Guide

- Review resident values, wishes and goals
- Review the benefits and risks of treatment
- Discuss treatment options

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Fracture Prevention Conversation Guide in LTC

3. Treatment Plan Proposal

- Present treatment plan proposal to resident



Fracture Prevention Conversation Guide for Treatment Plan Proposals in LTC (Residents)		
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STRONGER TOGETHER
FRACTURE PREVENTION IN LONG-TERM CARE

QUESTION OF THE WEEK

“WHY DO YOU BELIEVE FRACTURE PREVENTION IS IMPORTANT IN LTC?”



Jim Gilhuly



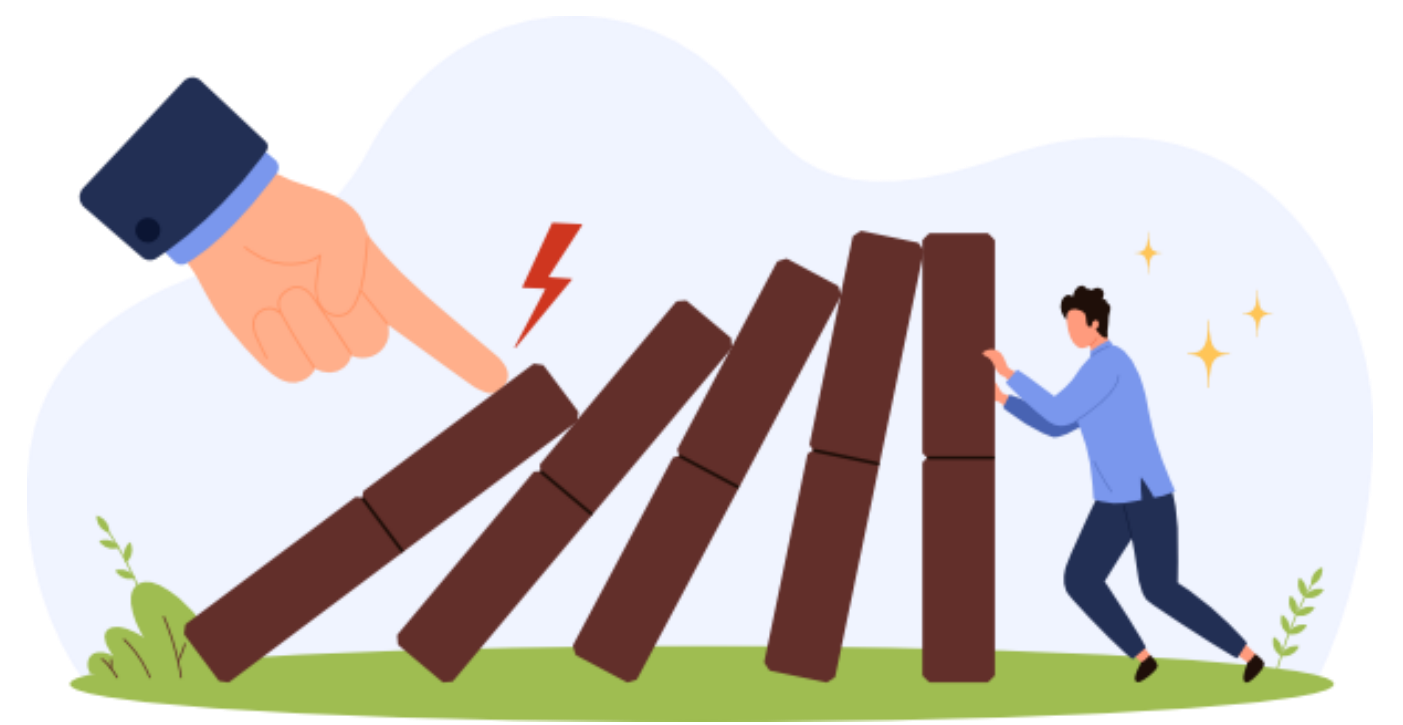
Devora Greenspon



Linda Verlinden

Hear how LTC residents and a family members answer this question!

Prevent the first fall and fracture.





**Family Matters
Staying Connected
in Care**

STREAM THE PODCAST FOR FREE ON



Spotify



Apple



Amazon



iHeart

SCAN THE QR CODE
TO LISTEN TODAY!



New Podcast Coming Soon

- The GerEvidence podcast will be releasing a new episode on *"Family Matters: Staying Connected in Care"*
- This episode features highlights on how families can continue to support their loved ones and the care they receive by the healthcare staff

Stay tuned for another episode featuring residents in long-term care late 2026.

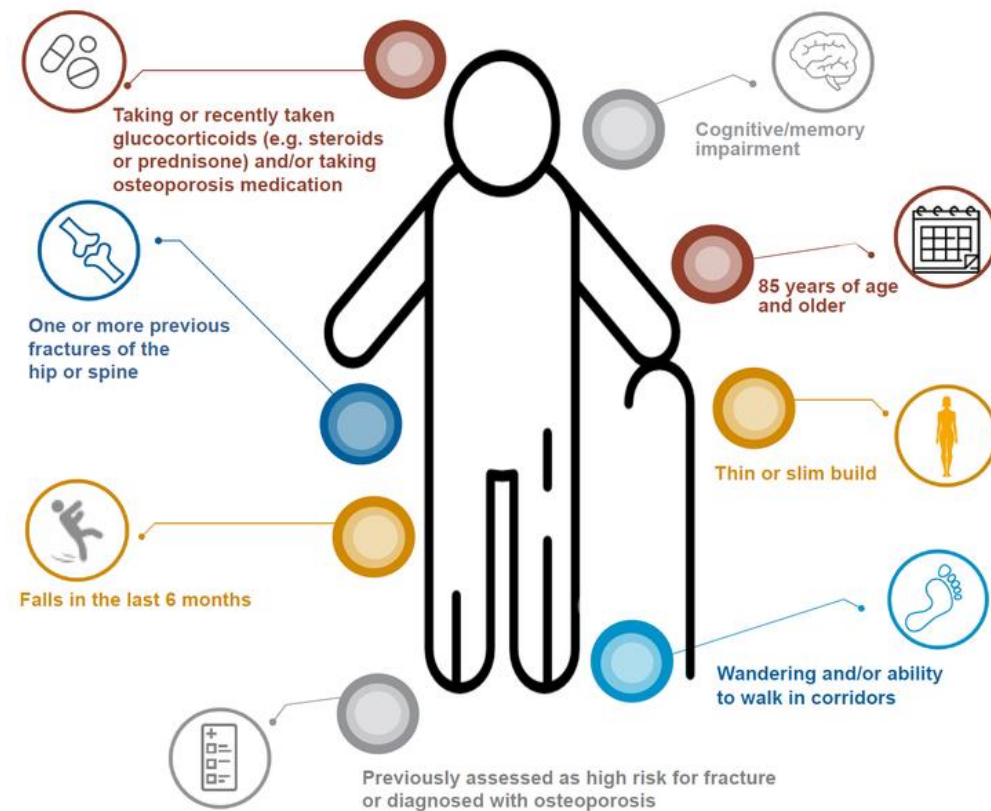
Information and Tools for Residents and Family Members/ Councils

Made for and by residents and family members

Fracture Risk Factors for LTC Residents

44% of long-term care (LTC) residents are at high to very high risk for fracturing a bone (up to an 18% chance of fracturing per year), especially when a fall or sudden movement happens. Some residents may spontaneously have a fracture without having a fall due to the fragility of their bones, especially their back.

The following risk factors make a resident high to very high risk for a fracture in LTC. The more of these a resident has, it may move them from high to very high risk.



Produced by Family Councils of Ontario in partnership with GERAS and Osteoporosis Canada



Family Councils Ontario
www.fco.ngo @FamCouncils_ONT

Source: Ontario Osteoporosis Strategy for Long-Term Care, GERAS Centre, Hamilton.

These risk factors are based on the Fracture Risk Scale for LTC and the 2015 Recommendations for Fracture Prevention in Long-Term Care.

Version 1.1 October 2018

© Family Councils Ontario

KEEPING IT TOGETHER!

Osteoporosis is a condition that causes bones to become thin, decreasing bone strength and leading to increased risk of breaking a bone. Osteoporosis is often called the 'silent thief' because bone loss occurs without symptoms. Surprisingly often, people find out they have osteoporosis after they have fractured a bone. The most common fractures are in the hip, spine, wrist and shoulder.



OSTEOPOROSIS



WHY? Fractures in Long-Term Care are very common. They can cause severe pain, disability and be fatal. If we can reduce serious falls and fractures, we can achieve reduced hospital transfers, immobility, pain and most importantly improve quality of life!

HOW? Start the conversation on how to reduce fractures! Know your risk, become aware of your treatment options and work together.

STARTING THE CONVERSATION ON OSTEOPOROSIS

ASK YOURSELF

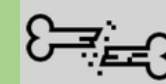
- Have I ever broken a hip or bone since age 55?
- Has anyone in my family broken a bone or had osteoporosis?
- Has my back posture changed so I am more hunched over?
- Am I shorter than in my early adulthood?
- Do I take medications for osteoporosis?
- Have I been asked my goal of care?

ASK YOUR LEADERSHIP/ ADMINISTRATION

- How can we make sure residents have diets rich in calcium and vitamin D?
- How can we make sure residents benefit from vitamin D supplements?
- Are our staff trained to identify residents at risk for fractures?
- Do we have osteoporosis and fracture prevention as part of our falls program?
- What interventions do we have to prevent fractures and fractures from falls?

ASK YOUR PHYSICIAN/ CARE TEAM LEADS

- Am I on or should I be on osteoporosis medications?
- Am I on the appropriate Calcium and Vitamin D therapy?(older adults)
- Am I doing the right resistance and balance exercises to strengthen my muscles and improve my balance?
- Am I doing safe transfers to protect my spine and other bones?



Recommendations for Preventing Fracture in Long-Term Care

Fracture Risk Assessment

- All residents on admission should be assessed for fractures
 - All residents with osteoporosis should maintain treatments and interventions for their osteoporosis to help minimize the risk for future fractures
 - Always assess for fracture when residents fall
 - Always assess residents' fracture risk when they return to long-term care from a hospital following an admission for a fracture
 - Always assess for fracture when there is sudden change in health or function that causes increased pain and loss of mobility

2 Calcium & Vitamin D

All residents can benefit from diets high in calcium and vitamin D and supplemental Vitamin D3.



CALCIUM		
For all older adults in LTC	Older Adults - High Risk	Older Adults - Low Risk
1200 mg daily through diet (3 servings of dairy or equivalent)	500 mg supplements daily recommended	500 mg supplements daily recommended (depending on resources and preferences)
VITAMIN D		
High Risk	Low Risk	
800 - 2000 UNITS of Vitamin D3	800 - 2000 UNITS Vitamin D3, depending on resources and preferences	

Exercise

Residents should be encouraged to participate in exercise programs that include balance training, muscle strengthening and a focus on good posture. Residents should be as active as possible practicing these exercises 2-3 times per week.

EXERCISE		
High Risk	Low Risk	
Balance, strength and functional training exercises only when part of a multifactorial intervention to prevent falls.	Balance, strength and functional training exercises to prevent falls.	

4 Multifactorial Interventions

All residents can benefit from multifactorial interventions that are individually tailored to reduce their risk for falls and fractures. Multifactorial interventions are any combination of interventions that are tailored to an individual's risk to reduce falls, such as: Medication Reviews | Assessment of Environmental Hazards | Assistive Devices | Exercise Management of Urinary Incontinence | Educational Interventions Directed to Staff

Hip Protectors

- For residents who are mobile and at high risk for fractures, hip protectors are recommended.
- For residents who are not at high risk for fracture but are mobile, hip protectors are recommended depending on resources available and the residents' values and preferences.

6 Pharmacological Therapy

Pharmacological interventions for those at high risk for fracture are most important. There are a number of effective therapies available to reduce the incidence of fractures in frail older adults. Talk to your doctor about osteoporosis medications, and whether these medications might be helpful to reduce your risk for fractures.

PHARMACOLOGICAL THERAPY IN LONG-TERM CARE			
First line therapy recommended for individuals at high risk	For individuals at high risk and difficulty swallowing medications		
Alendronate	70 mg weekly	Denosumab	60 mg subcut twice yearly
Risedronate	35 mg weekly or 150 mg monthly	Zoledronic acid	5 mg IV yearly

Produced by Family Councils of Ontario in partnership with GERAS and Osteoporosis Canada



Family Councils Ontario
www.fco.ngo @FamCouncils_ONT

The guideline and recommendations were developed by the Scientific Advisory Council of Osteoporosis Canada, led by Dr. Alexandra Papaioannou, a Geriatrician with Hamilton Health Sciences and Professor, Department of Medicine at McMaster University in conjunction with a team of researchers and health care providers.

Source: <http://www.gerascentre.ca/osteo-ltc-recommendations-overview>

PREVENT Trial

Presented by the Geras Centre for Aging Research



Visit the Geras Centre for Aging Research



The first study in the world looking to reduce hip fracture rates in long-term care



Looking to improve other health outcomes (pain and falls)



Seamlessly integrate best practices for fall and fracture prevention in a sustainable way



Enhance healthcare delivery provided by HCPs, thereby improving the overall quality of life of residents



Interested in Participating?

Please contact a staff healthcare provider in your home to discuss their participation in the PREVENT trial and ask them to get in touch with Research Coordinator Lauren Kane at kanela@hhsc.ca or 905-521-2100 ext. 77866

SCAN
ME! >>>



Key Take Home Messages

- Osteoporosis is a loss of bone structure that makes bones weak and brittle, making them much easier to break
- Hip fractures are the most common type of fractures in LTC
- Falls are a leading reason for fractures
- Fractures are a serious problem and can negatively affect a residents quality of life
- Fractures can result in severe pain, disability, and even death

Good news: Fractures can be prevented!





THANK YOU!

gerascentre.ca

