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# Canadian Hip Fracture Management Conference

March 23rd – 24th, 2015 | Renaissance Toronto Downtown

**PLUS:** Post-Conference Workshops  
March 25th, 2015



## CONFERENCE HIGHLIGHTS:

- National & International Guidelines For Hip Fracture Management: Implementing Quality-Based Procedures
- Time To Surgery: Meeting & Exceeding Targets
- Best Practice In Perioperative Care
- Perfecting Interdisciplinary Care Models
- Post-Operative Care And Inpatient Rehabilitation Models
- Post-Acute Care and Discharge Planning: Ensuring A Patient-Centric Focus From Inpatient To Community

## OUTSTANDING SPEAKERS INCLUDING:

Samir Sinha, Director of Geriatrics, **Mount Sinai** and the **University Health Network Hospitals, ON**

Hans J Kreder, Chief, Orthopaedic Surgery, **Sunnybrook Health Sciences Centre, ON**

Colin Currie, Former Clinical Lead (Geriatrics), **The National Hip Fracture Database, UK** 

Mohit Bhandari, Professor and Academic Head, Canada Research Chair in Evidence-Based Orthopaedics, **McMaster University, ON**

The Bone and Joint Health Strategic Clinical Network (SCN), **Alberta Health Services, AB**

Lauren Beupre, Associate Professor, Departments of Physical Therapy and Surgery (Division of Orthopaedic Surgery), **University of Alberta, AB**

Suzanne Morin, Associate Professor of Medicine, McGill University, Division of General Internal Medicine, **McGill University Health Center, Montreal, QC**

Valerie MacDonald, Clinical Nurse Specialist Orthopaedics/Surgery, **Fraser Health Authority/ICON Ambassador, BC**

Heather Francis, Director Health Services, **Dartmouth General Hospital, NS**

Managing the  
Hip Fracture  
Continuum of  
Care: **Improving  
Patient  
Pathways and  
Interdisciplinary  
Care Models**  
in the Hospital  
Setting and  
Beyond

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**informa**

# Canadian Hip Fracture Management Conference

## Welcome

Emma Day  
Project Director  
Informa Healthcare  
Conferences

It is my great pleasure to introduce the first National Canadian Hip Fracture Management Conference. The ever more pressing human and system costs of hip fractures are a significant concern for many Canadians. With the support of Bone and Joint Canada, Osteoporosis Canada, the Canadian Orthopaedic Nurses Association, the Canadian Association of Occupational Therapists, and the Canadian Physiotherapist Association, the conference is a timely look at the important changes in hip fracture management practice across Canada. The event will give health organizations an opportunity to learn about current best practices, hear updates on the implementation of quality indicators, and ultimately improve hip fracture care for their patients.

Featuring exciting international, national, provincial, and hospital initiatives that improve care pathways, reduce time to surgery, expand interdisciplinary care models, and focus on primary and secondary prevention in the hospital setting and beyond, this is sure to be a fantastic two days focussing on maximizing the efficiency and effectiveness of care delivery models.

The practical case study driven agenda will allow attendees an opportunity to reflect on their current hip fracture management practices and perhaps discuss adopting new models of care. I wish all delegates an engaging and energizing 2-3 days and look forward to welcoming you all in Toronto in March.

**Twenty-eight per cent of women and 37% of men who suffer a hip fracture will die within the following year**



**1 in 3** hip fracture patients re-fracture at one year and over **1 in 2** will suffer another fracture **within 5 years**

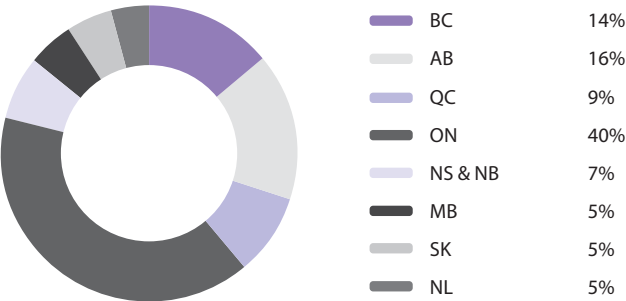
### SPONSORSHIP AND EXHIBITION OPPORTUNITIES

Position your company at Canada's only national conference to discuss innovative hip fracture management strategies and practical care models for older, often osteoporotic, patients. Whether your goal is to showcase products and services or to reaffirm relationships with key clients, we will work with you to tailor a package that meets your objectives.

#### ATTENDEES WILL INCLUDE

- Geriatricians
- Medical Directors
- Orthopaedic Surgeons
- Nurse Practitioners
- Clinical Nurse Specialists
- Nurses
- Physiotherapists
- Occupational Therapists
- Social Workers
- Hospital Administrators
- Provincial and Health Authority Policy Makers

#### Predicted Provincial Attendee Breakdown



#### FOR INFORMATION PLEASE CONTACT:

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# Canadian Hip Fracture Management Conference

## Post-Conference Workshops | Wednesday March 25th, 2015

### WORKSHOP A

**MAKING THE MOST OF HIP FRACTURE MANAGEMENT PRACTICES AND AUDIT: OR "WHY COLLECTING THE DATA IS ONLY A START...."**

**9AM-12:30PM**

**(includes refreshment break & networking lunch)**

A practical discussion session covering the following topic areas and giving attendees an opportunity to share ideas for their own hospitals and organizations:

#### **Audit & Change**

- Audit can drive service change – why it sometimes does, & sometimes doesn't

#### **After the Metalwork? The Long Road Home...**

- Acute care is easy to document, & easy to improve. Post-acute care may cost more & matter more. What can we do about it?

#### **Audit & Research**

- The relationship between audit & research is complex, misunderstood and misrepresented. Can we do better?

#### **ASAP: The Anaesthetic Sprint Audit Project**

- The evidence for hip fracture anaesthesia is poor. A large observational study has helped a lot

#### **The Politics of Promoting Hip Fracture Audit**

- National audits don't just happen; but progress, persuasion, effectiveness, & a little politics might just help

#### **International Audit: Progress & Problems?**

- International web-based hip fracture audit is possible. Can it improve care? Could international comparisons, including ANZHFRA data, promote good practice worldwide?

#### **Workshop Leader:**



**Dr Colin Currie, Chair, Hip Fracture Audit Database Special Interest Group, Fragility Fracture Network; Former Clinical Lead (Geriatric Medicine), 2007-2013, UK National Hip Fracture Database**

As Senior Lecturer in Geriatric Medicine at Edinburgh University & an Ortho-geriatrician in the Royal Infirmary of Edinburgh from 1979 to 2010, Dr Currie worked on the development & evaluation of services for older trauma patients; developed the Scottish Hip Fracture Audit & led it from 1993-2004; served as deputy coordinator of the 1996-1999 EU-funded Standardised Audit of Hip Fracture in Europe (SAHFE) project; & co-chaired the guideline development groups for the 2002 SIGN Guideline on hip fracture care & its 2009 update.

2004 – 2013: Closely involved in the work of the NHFD: as Lead Clinician (Geriatric Medicine); as editor of the 2007 BOA/BGS Blue Book on the Care of Patients with Fragility Fracture; as chair of the NHFD's Implementation Group, its Dataset Sub-Group, & its Scientific & Publications Committee.

Currently leading the Hip Fracture Audit Special Interest Group of the international Fragility Fracture Network, to promote the wider use of hip fracture audit via the FFN Hip Fracture Audit Database.

2008 – 2010: Served as a Special Adviser in the Prime Minister's Policy Unit in Downing Street, working on policy for the health & social care of older people.

### WORKSHOP B

**FROM DESPERATE PROVIDERS TO EFFECTIVE PROVIDERS: INFORMING EFFECTIVE STRATEGIES FOR REHABILITATING OLDER HIP FRACTURE PATIENTS**

**1:30PM-5:00PM**

**(includes refreshment break & networking lunch)**

With a focus on building partnerships and growing their knowledge base, workshop attendees will interactively participate in a workshop on how effective rehabilitation strategies for older hip fracture patients are planned, implemented, supported and evaluated.

We will discuss engaging an interprofessional care team, identifying the needed disciplines, establishing leadership for care, and embedding a Patient Centered Rehabilitation Model of Care with a particular focus on patients with cognitive impairment.

Focussing on practical methodologies, we will use the following 5 components as a base; rehabilitation management post-surgery with a focus on return to premorbid function, dementia management, delirium management, staff education and support, and family and patient education.

#### **Objectives for the session:**

- Delve into various rehabilitation case studies giving practical examples of a patient centred approach to care
- Identify and apply the four underlying principles which constitute the REAP Model
- Develop a strong understanding of comprehensive geriatric assessment and how best to identify appropriate interprofessional interventions to care for this complex population
- Discuss the creation of standard processes
- Understand the value and practical application of quality improvement, establishing baseline data, developing trial solutions, implementing successes more broadly, and evaluating patient and staff satisfaction with new models of care in an environment of continuous improvement

#### **Workshop Leader:**

**Dr. John F. Flannery, Medical Director, Musculoskeletal & Multisystem Rehabilitation Program, University Health Network, Member, Division of Psychiatry Executive Committee, University of Toronto, Operations Lead and Executive Committee Member, Project ECHO – Ontario Pain**

Dr. John Flannery is a Psychiatry graduate from Queen's University and Medical Director of Toronto Rehab's Musculoskeletal and Multisystem Rehabilitation Program, University Health Network. His wide range of expertise focuses mainly on complex rehabilitation (amputee, SCI, ABI, burn, polytrauma and peripheral nerve injury) with particular focus in complex musculoskeletal disease and chronic pain during the past 14 years.

Dr. Flannery is the Operations Committee Lead and Executive Committee Member of Project ECHO – Ontario Pain Program, which is a new initiative in Canada, funded by Ontario Ministry of Health to help chronic pain patients across Ontario. He sits on numerous other committees, including the University of Toronto, Division of Psychiatry Executive Committee, University of Toronto Faculty Development Committee and the Committee for Provincial Low Back Pain: Inter-professional Spine Assessment and Education Centres.

# Canadian Hip Fracture Management Conference

## Monday March 23rd, 2015

# DAY 1

**8:30** Registration and Continental Breakfast

### 9:00 Conference Opening

Emma Day, Project Director, Informa Healthcare Conferences

**9:05** Opening Remarks from the Chair

### CURRENT NATIONAL AND INTERNATIONAL GUIDELINES FOR HIP FRACTURE MANAGEMENT: IMPLEMENTING QUALITY-BASED PROCEDURES

#### 9:10 INTERNATIONAL KEYNOTE ADDRESS: Hip Fracture Audit 1984 – 2014: From Collecting Data To Saving Lives

Hip fracture audit began in Sweden in the mid-1980s. Since then many audits have reported improvements in care. Now an external evaluation of the UK NHFD shows a sustained reduction in mortality – the best evidence we have that hip fracture audit works?



Dr. Colin Currie, Chair, Hip Fracture Audit Database Special Interest Group, Fragility Fracture Network; Former Clinical Lead (Geriatric Medicine), 2007-2013, UK National Hip Fracture Database, UK

#### 9:50 Using National Quality Indicators To Improve The Care Of Patients With Hip Fracture: The Next Phase Of Collaborative Work

Bone and Joint Canada created a National Model of Care and Toolkit for Hip Fracture that included quality indicators. A national stakeholder meeting further refined quality indicators and at least 3 provinces are currently using quality indicators to evaluate their current practices. This talk will summarize the approaches used by the 3 provinces to implement quality indicators and present preliminary data and outline future work.

Lauren Beaupre, National Hip Fracture Director, Bone and Joint Canada, Associate Professor, Departments of Physical Therapy and Surgery (Division of Orthopaedic Surgery), University of Alberta, AB

**10:30** Morning Refreshments and Networking

### TIME TO SURGERY: MEETING TARGETS

#### 10:50 Getting Patients Into The OR – Can We Do Better?

- Pre-operative evaluation and optimization
- Can we reduce surgical delays?
- From pre-op to discharge; the importance of integrated care

Dr. Suzanne Morin, Associate Professor of Medicine, McGill University Division of General Internal Medicine, McGill University Health Center, Montreal, QC

#### 11:30 CASE STUDY: From Diagnosis To Surgery In 6 Hours: The Hip Fracture Accelerated Surgical Treatment and Care Track

- Amending treatment pathways
- Biggest challenge
- Assessing outcomes

Dr. Amal Bessissow, Research Fellow in Perioperative Medicine, Population Health Research Institute, McMaster University, Specialist in Internal Medicine, McGill University Health Center, QC

#### 12:10 Best Evidence For Hip Fracture Surgical Care: An Overview Of Hip Fracture Types And The Ways In Which Surgeons Treat Them

- Implications for follow up care

Dr. Mohit Bhandari, Professor and Academic Chair, Division of Orthopaedic Surgery, Canada Research Chair in Evidence-based Orthopaedics, Associate Chair-Research, Department of Surgery, Executive Director, Center for Evidence-Based Orthopaedics, McMaster University, ON

**12:50** Lunch and Networking

### BEST PRACTICE IN PERIOPERATIVE CARE

#### 1:30 Fracture = Bone Attack: Linking Fracture To Osteoporosis Care

- 2010 Osteoporosis Canada guidelines
- Calcium and vitamin D
- Exercise and Fall Prevention
- Drug therapies

Dr. Angela M. Cheung, Director, Osteoporosis Program, Director, Centre of Excellence in Skeletal Health Assessment, University Health Network / Toronto Rehabilitation Institute / Mount Sinai Hospital, Professor of Medicine, University of Toronto, ON

#### 2:10 CASE STUDY: Navigating The Hip Fracture Pathway: Creating Comprehensive Flow From The Emergency Department To Inpatient Unit

- Establishing an interprofessional team: getting everyone on board with their role
- Amending assessments
- Order sets

Heather Francis, Director Health Services, Dartmouth General Hospital, NS

**2:50** Afternoon Refreshments and Networking

#### 3:10 Analgesia Pathways For Hip Fracture Patients: Identifying Optimal Preoperative And Postoperative Pain Relief

- Mitigating risk
  - > Opioid administration
  - > Cognitive impairment considerations
  - > Taking into account comorbidities
- Post-surgery assessment and monitoring

Dr. Nick Lo, Anaesthesiologist, Department of Anaesthesia, St. Michael's Hospital, ON

#### 3:50 Best Practice Case Study On The Prevention and Management of Pressure Ulcers In Hip Fracture Patients: Rolling Out Standardized Clinical Protocol For Pressure Ulcer Management

- Staffing guidelines and equipment
- Risk assessment techniques
- Wound documentation
- Team collaboration

Laura Teague, Nurse Practitioner, St Michael's Hospital, ON

**4:30** Closing Comments Day One

Informa Healthcare Conferences invites all attendees to a drinks reception to network and discuss the days' findings



# Canadian Hip Fracture Management Conference

## Tuesday March 24th, 2015

# DAY 2

**8:30** Registration and Continental Breakfast

**8:55** Opening from the Chair

### ROLLING OUT PROVINCIAL HIP FRACTURE PROGRAMS: REAL TIME RESULTS

**9:00** **Improving Hip Fracture Care In Ontario**

- Access to surgery
- Optimal surgical management
- Dealing with delirium
- Reintegration into society
- Primary and secondary prevention

Dr. Hans J Kreder, Professor, University of Toronto, Orthopaedic Surgery and HPME, Chief, Holland Musculoskeletal Program, Marvin Tile Chair and Chief, Orthopaedic Surgery, **Sunnybrook Health Sciences Centre, ON**

**9:40** **KEYNOTE ADDRESS: Fracture Liaison Service: A Practical Model For Preventing The Next Fracture In Canada And Worldwide**

- The 3 I's Post Hip Fracture: Identification, investigation, and initiation
- Provincial FLS across the country
- Setting up FLS in your hospital

Dr. Angela M. Cheung, Director, Osteoporosis Program, Director, Centre of Excellence in Skeletal Health Assessment, University Health Network / Toronto Rehabilitation Institute / Mount Sinai Hospital, Professor of Medicine, **University of Toronto, ON**

**10:20** **The Hip Fracture Continuum Of Care: Ensuring Timely Access To Surgery And Improving Patient Outcomes Post-Surgery**

- Our approach to improving fractured hip care across the continuum
- Involvement of patients in our work
- Provincial roll out of initiatives
- Measurement and monitoring of KPIs
- Challenges and opportunities

Sheila Kelly, The Bone and Joint Health Strategic Clinical Network, **Alberta Health Services, AB**

Debbie Elliott, Program Manager-Orthopedics, Misericordia Community Hospital, Covenant Health, The Bone and Joint Health Strategic Clinical Network, **Alberta Health Services, AB**

**11:00** Morning Refreshments and Networking

### PERFECTING INTERDISCIPLINARY CARE MODELS

**11:20** **Developing And Sustaining An Evidence-Based Interprofessional Acute Care Model for Older Hip Fracture Patients**

- Planning, implementation, review: detailing collaborative orthogeriatric care models
- Clinical and cost effectiveness: what do we know?
- Effect on length of stay
- Ensuring continued, coordinated, interdisciplinary follow-up: tools, methods, techniques

Dr. Samir Sinha, Director of Geriatrics, Mount Sinai and the University Health Network Hospitals, **ON**

**12:00** **CASE STUDY: Interdisciplinary Care Models For The Best Patient Outcomes: Identifying Algorithms/Tracking Tools to Coordinate Care Among Various Team Members Across the Continuum**

- Implementation of LEAN initiative
- Clinical outcomes
- Effect on length of stay

— Ensuring continued, coordinated, interdisciplinary follow up  
Agnes Silaj, Physiotherapy Clinical Resource, Toronto Western Hospital, **University Health Network**

Natasha Briggs, Nurse Practitioner, Orthopaedics, Toronto Western Hospital, **University Health Network**

**12:40** Lunch and Networking

### POST-OPERATIVE CARE AND INPATIENT REHABILITATION MODELS

**1:20** **INTERACTIVE PANEL DISCUSSION: How Can We Optimize Functional Recovery? Best Practice Methodologies For Inpatient Rehabilitation**

- Best practices for physical and cognitive activity post-op
- Nutrition and recovery: implementing evidence-based clinical guidelines

Lauren Beaupre, National Hip Fracture Director, Bone and Joint Canada, Associate Professor, Departments of Physical Therapy and Surgery (Division of Orthopaedic Surgery), **University of Alberta, AB**

Patricia Dickson, Advanced Practice Occupational Therapist, Holland Musculoskeletal Program, **Sunnybrook Health Sciences, ON**

Valerie MacDonald, Clinical Nurse Specialist Orthopaedics/Surgery, **Fraser Health Authority/ICON Ambassador, BC**

Maryam Sarah Hamidi, Scientific Associate, Osteoporosis Program, **University Health Network, ON**

**2:20** Afternoon Refreshments and Networking

### POST-ACUTE CARE AND DISCHARGE PLANNING: ENSURING A PATIENT-CENTRIC FOCUS FROM IN-PATIENT TO COMMUNITY

**2:40** **Good To Go: Preparing Patients And Families For A Safe And Smooth Return Home After Hip Fracture Repair**

- Describe research and a model to guide care transitions
- Review the Fresh Start Toolkit
- Describe a project where patients, staff and families are collaborating to design tools and processes to improve the patient experience with care transitions to home

Valerie MacDonald, Clinical Nurse Specialist Orthopaedics/Surgery, **Fraser Health Authority/ICON Ambassador, BC**

**3:20** **THE PATIENT PERSPECTIVE: Incorporating The Patient And Caregiver Voice In Care Pathways**

- Understanding patients' evolving concerns post-surgery (re-fracture risk, falls, nutrition etc.)
- Experiences with osteoporosis management
- Discharge needs and involvement in post-hospital rehabilitation plans
- How and when do patients want to be engaged in discussions about care?

Dr. Patricia Bruckmann, Hip Fracture Patient

**3:40** **Implementing A Post-Fracture Care Clinic And The Impact On Mobility**

- Assessing the effectiveness of a post-discharge fracture management strategy compared with usual care models for older adults following hospitalization for hip fracture
- Addressing psych-social issues
- Evaluating operating costs and cost-effectiveness
- Alternative models

Patricia Dickson, Advanced Practice Occupational Therapist, Holland Musculoskeletal Program, **Sunnybrook Health Sciences, ON**

**4:20** Closing Remarks from the Chair

Canadian Hip Fracture Management Conference  
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| Register Early & Save              | Early Bird Rate<br>Register on or before January 16th, 2015 |          |            |       | Standard Rate<br>Register from January 17th, 2015 |          |            |
|------------------------------------|-------------------------------------------------------------|----------|------------|-------|---------------------------------------------------|----------|------------|
|                                    | PRICE                                                       | TAX      | TOTAL      | SAVE  | PRICE                                             | TAX      | TOTAL      |
| 2 Day Conference                   | \$1495                                                      | \$194.35 | \$1,689.35 | \$226 | \$1695                                            | \$220.35 | \$1,915.35 |
| 2 Day Conference + Workshop A or B | \$1795                                                      | \$233.35 | \$2,028.35 | \$226 | \$1995                                            | \$259.35 | \$2,254.35 |
| 2 Day Conference + Workshop A + B  | \$2095                                                      | \$272.35 | \$2,367.35 | \$226 | \$2295                                            | \$298.35 | \$2,593.35 |

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## Venue Details

Renaissance Toronto Downtown

1 Blue Jays Way, Toronto, Ontario, M5V 1J4

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