



OMNI
HEALTH CARE

An Innovative approach to Falls Prevention.

Creating a policy for change!

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OMNI Health Care has initiated a new Osteoporosis Strategy/Falls prevention program. We have been working with the Ontario Osteoporosis Strategy and are educating and screening our staff, residents and families. We have created an Osteoporosis Screening Tool and developed a policy on the Strategy as well as a policy on the Use of Hip Protectors to prevent fractures and transfers to hospital emergency rooms. Our experience in our pilot home has been outstanding. In our four month pilot we have had 34 falls with no resulting hip fractures, saving approximately 1.2 million in health care costs. One candidate was a resident that had a previous hip fracture as well. As an owner and operator of seventeen long term care homes in Ontario we have recently initiated this policy program in all sites.

Issue

How to effectively prevent hip fractures in elderly residents of long-term care facilities in order to promote the health and well-being of these individuals and reduce the burden on the health care system that results from these injuries.

Background

Over 300,000 Canadians reside in long-term care facilities. Hip injuries in residents of long-term care facilities are a health concern in Canada and are likely to increase in importance as current demographic trends in aging continue. Each year, approximately 50% of residents of long-term care facilities fall at least once and 40% of residents fall twice or more. Around 10% to 25% of these falls are associated with serious injuries requiring medical treatment and 5% to 10% result in fractures — most commonly of the hip, wrist, or vertebra. About 1% of seniors who fall experience a hip fracture.



OMNI chose the Synergy Therapeutic Hip Protectors due to their innovative design and FIR Inside Technology which offered residents preventative measures as well as protective. No other hip protector we reviewed offers the same unique benefits.

Our passion is people

www.omniway.ca

Overview of Hip Fractures in Canada

Hip Fractures...

- result in 28,200 hospitalizations per year
- lead to reduced quality of life (e.g., due to pain, decreased independence)
- have a one-year mortality rate of approximately 20%
- cost society about \$34,000 (1997 Canadian dollars) per resident of long-term care in the first year, for an annual estimated cost of \$650 million that is expected to rise to \$2.4 billion by 2041.

Prevention Strategies Include...

- prevention and treatment of osteoporosis
- prevention of falling
- use of hip protectors.

The Technology

What Are Hip Protectors?

- Garments or undergarments with pockets on each side, into which protective pads are inserted.
- Protective pads may be hard or soft-shelled.
- In the event of a fall, the pad absorbs or disperses the force away from the hip.

Key Stakeholders

The key groups and individuals likely to be affected by this issue include the following:

- residents of long-term care facilities and their families
- geriatricians
- nursing staff
- rehabilitation staff
- other staff and health care providers who deliver care to elderly clients residing in long-term care facilities
- administrators of long-term care facilities
- managers of seniors' programs.

OMNI and Medical Pharmacies-Beers List Program

What is the Beers List?

The Beers List is a consensus list of potentially inappropriate medications for residents of long-term care homes and older adults in other settings. It was developed in 1991 by Dr. Mark Beers and a panel of clinicians and geriatricians, to reduce adverse drug effects among the elderly. The US list was updated in 1997 and 2003. A Canadian review was conducted in 1997 also considered reasons for prescribing the medications, comorbidities, and duration of therapy.

Ontario data suggests that potentially inappropriate medications are used by 1 in 25 seniors in the general community (including LTC). Another report found that 17% of elderly LTC residents were prescribed a Beers list drug. The Ministry of

Health and Long Term Care's Joint Task Force on Medication Management has recommended a strategy of increased awareness of Beers List Drugs.

What is the Beers List Program?

In follow up to this recommendation, OMNI Healthcare, in partnership with Medical Pharmacies Group Inc., has initiated a program addressing Beers List medications prescribed for residents of OMNI LTC homes. This program consists of:

1. An awareness campaign, including education by Medical Pharmacies Clinical Consultant Pharmacists, geared towards physicians and other prescribers, as well as registered nursing staff. This campaign also included the distribution of a pocket guide..., along with the use of other tools that are useful in identifying potentially inappropriate medications
2. Quarterly data reporting of all residents on Beers List medications, by pharmacy, to be reviewed by each home's clinical team at Professional Advisory Committee meetings.
3. Development of customized and specific strategies to address the use and prescribing of Beers drugs.

Actions/Outcomes to date:

1. Identification of key drugs or drug dosages that appeared consistently in the data analyses for most homes, for example (in no order of frequency or importance):
 - diphenhydramine prn or once daily
 - amitriptyline
 - oral bisacodyl
 - benzodiazepines exceeding maximum recommended doses in the elderly
 - digoxin > .125mg
2. Medication Reviews conducted by Clinical Consultant Pharmacists, either alongside the physicians or through independent chart reviews with recommendations made to modify or discontinue therapy when appropriate, or documentation to confirm appropriateness of the medication for the specific resident.
3. Home-wide efforts to discontinue many "as needed" medications that were not in fact useful or being used by the residents, including diphenhydramine and benzodiazepines
4. Modifications made to the bowel protocols to remove oral bisacodyl where inappropriate.

Next Steps:

1. Ongoing monitoring of use of Beers List Medications through quarterly reporting by pharmacy and by flagging Beers List medications on Quarterly Medication Reviews
2. Ongoing monitoring of changes in frequency of Beers List medication use in the homes to measure success of program
3. Documentation of diagnosis and reason for use for all medications
4. Development of further strategies if warranted.