

Improving the Patient Journey after a Vertebral Fracture

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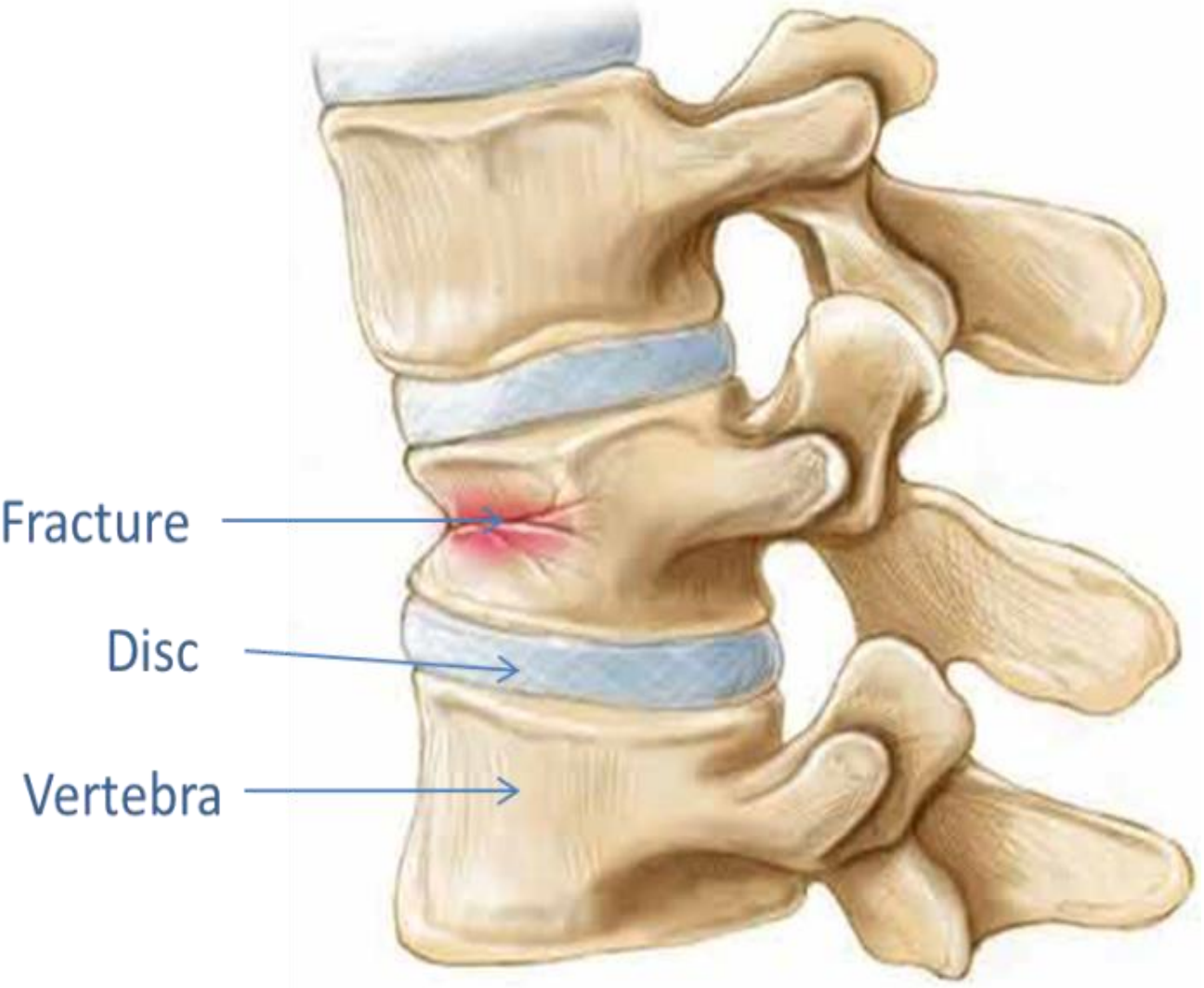
Aim

Patients admitted with a low trauma vertebral compression fracture to the Acute Care of the Elderly (ACE) unit at Peace Arch Hospital (PAH), will report a 50% improvement in their patient experience from baseline by June 2020.

Background

Low trauma vertebral (spine) compression fracture is the most common osteoporosis related fracture and occurs with minor trauma such as coughing, sneezing, or activities of daily living (ADL). These fractures are associated with:

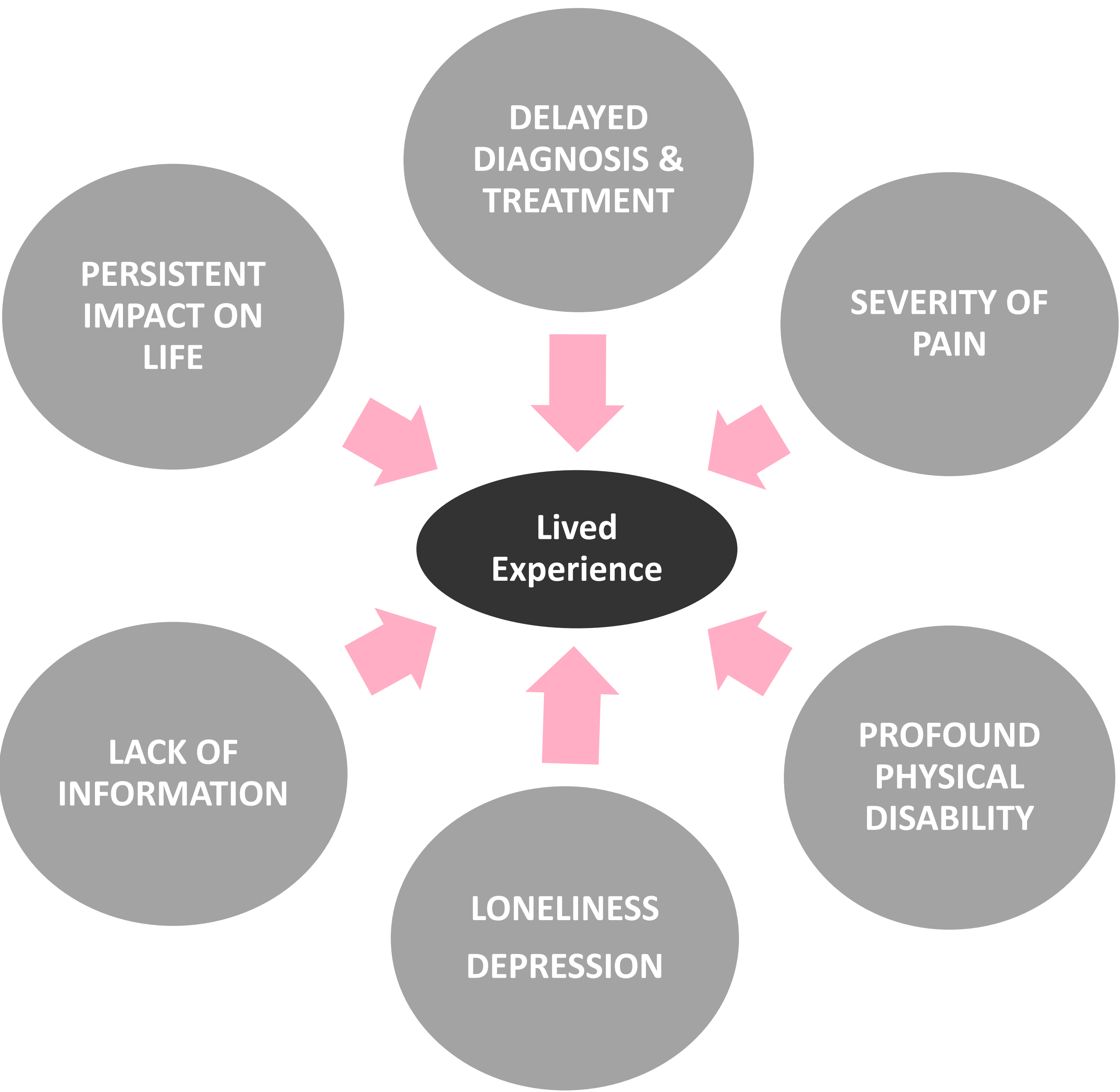
- Decreases in quality of life
- Severe pain
- Difficulty performing ADLs
- Increased risk of repeat fractures



Methods

A multi-disciplinary working group (including a patient), based out of PAH, conducted a literature review, real time patient journey mapping and in-depth interviews with patients who have sustained vertebral fractures to better understand the patient experience and to identify gaps in care.

Key Themes

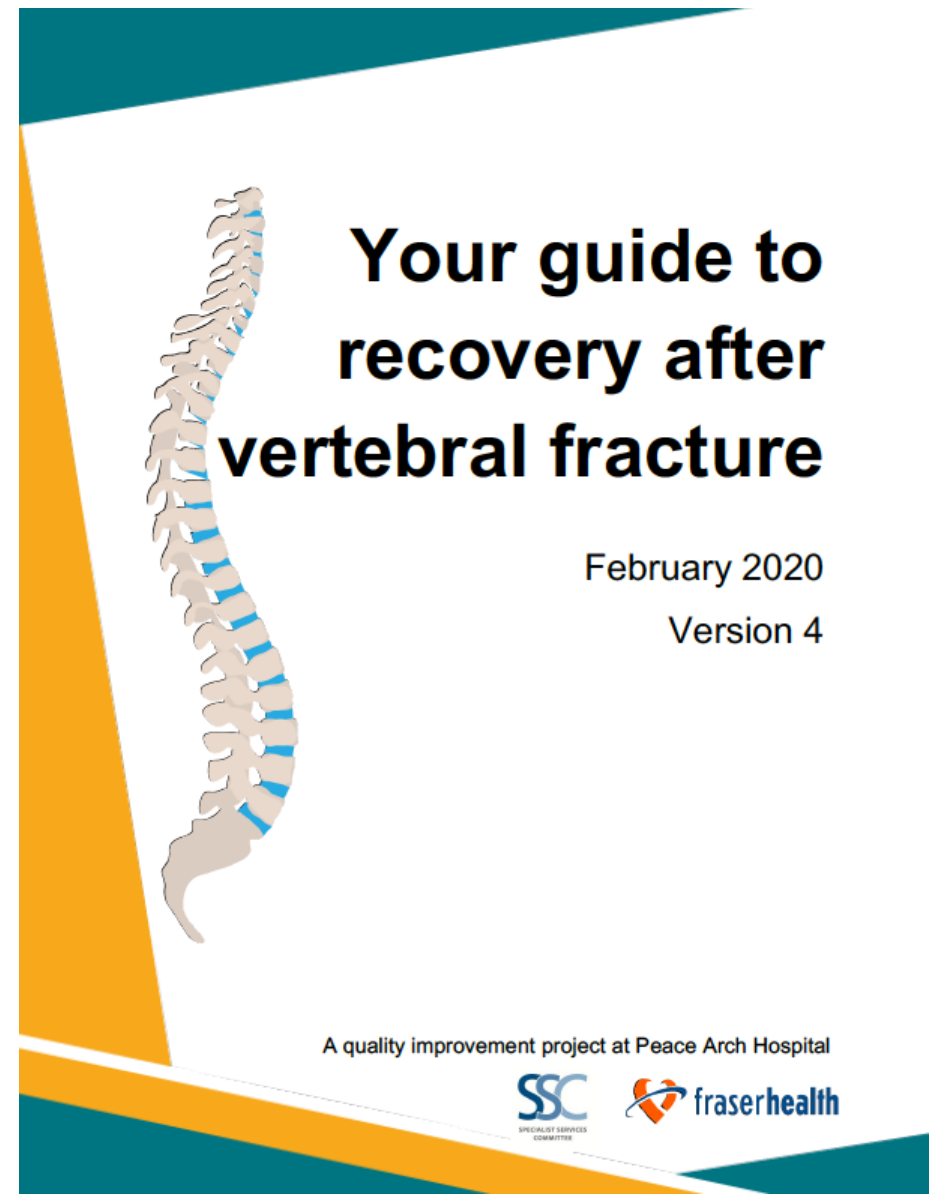


Change Ideas

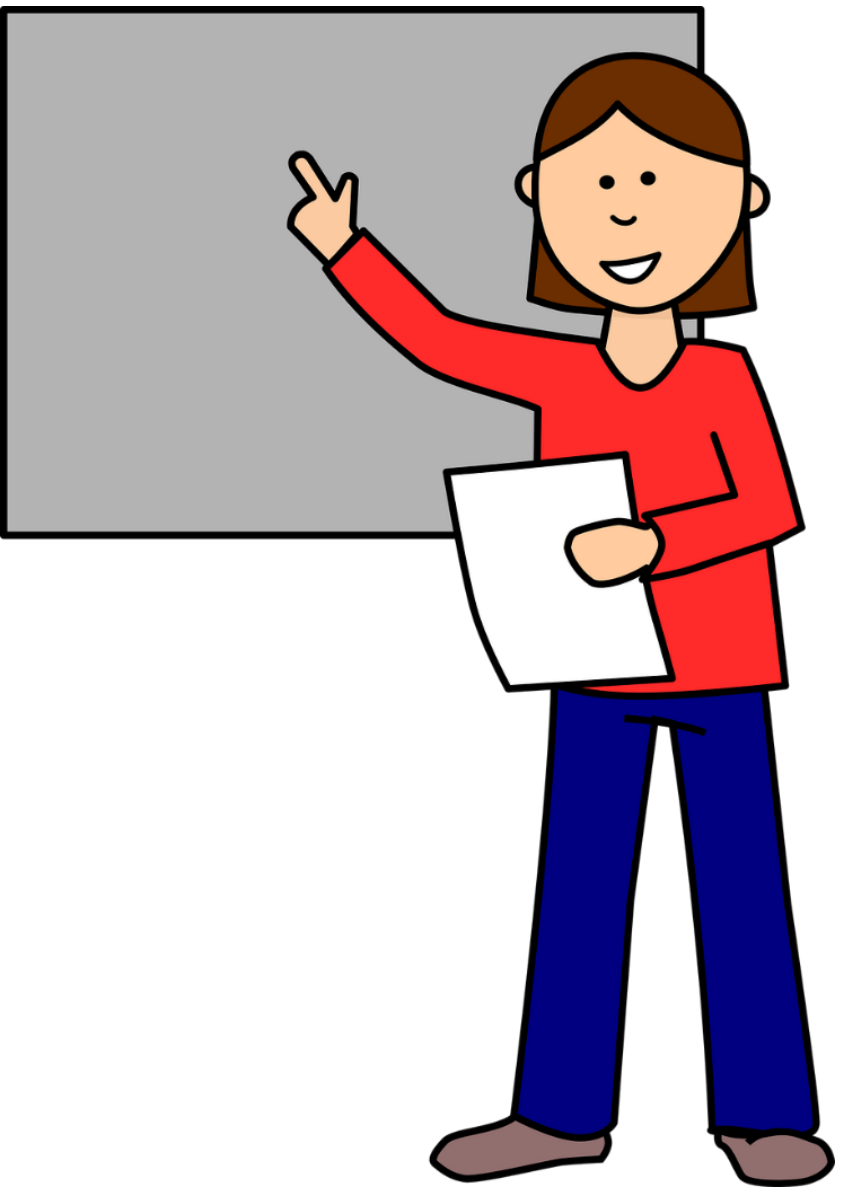
- *Patients have played a major role in development of change ideas*



Checklist of patient goal's



Educational booklet for patients



Health provider training

Evaluation Measures

Outcome Measures

- Patient experience
- Health provider satisfaction
- Patient goal's completed
 - Osteoporosis meds started
 - Mobilizing in 48 hours
 - Home health set up at discharge

Process Measures

- # of health providers
 - Attending training
 - Completed satisfaction surveys
- # of patients
 - Completed surveys
 - Received booklet

Balancing Measures

- Decrease in patient length of stay
- Increased workload for health providers
- Improved patient quality of life

Progress

- PDSA cycles underway to finalize all components of change ideas
- Input from participants from in-depth interviews, team members and ACE unit staff
- Evaluation tools in development (patient/provider surveys and patient check-list)

Testing our Change Ideas

- Incorporate change ideas in patient management on the Acute Care of Elderly unit (PAH)
- Test out on one patient and make final adjustments
- Trial on 8 patients and evaluate outcome, process and balancing measures
- Revise and adapt change ideas based on trial results and retest



References

- Garg et al (2016). J Clin Orthop Trauma. 8(2):131-138
- Gheorghita et al (2018). Osteoporosis Int. 29:2093-1104
- Klazen et al (2010). J Vasc Interv Radio. 21:1405-1409
- Hallberg et al (2004). Osteoporosis Int. 15:834-841