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2006 NICS Fellow profile

Ms Cheryl Kimber

NICS-South Australia Department of Health Fellow

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Ms Kimber's fellowship is supported by the [South Australia Department of Health](http://www.health.sa.gov.au).



Government of South Australia
Department of Health

The South Australia Department of Health provides leadership in health reform, policy development and planning, and is committed to protecting and improving the health of all South Australians, with a focus on well-being, illness prevention, early intervention and quality care.

Project Mentor: Ms Margaret Martin, Flinders Medical Centre, SA

NICS Mentor: Professor Karen Grimmer, University of South Australia, SA

Project: Preventing osteoporosis-related fractures from happening again.

Studies have found that a majority of patients with osteoporosis-related fractures do not receive the evaluation and/or treatment for osteoporosis called for by clinical guidelines. Ms Kimber's project aims to improve the identification and management of osteoporosis in patients with low trauma wrist fractures at Flinders Medical Centre in Adelaide, South Australia.

Through a targeted strategy including discussion forums, audit and feedback and reminders, Ms Kimber aims to encourage medical and nursing staff's participation and uptake of osteoporosis guidelines. With clear evidence showing that a single low trauma fracture indicates a sufficient risk of future fracture, improved management of patients with osteoporosis-related fractures will lower the risk of further fractures occurring.

Update – April 2007

An osteoporosis management protocol (action plan) has been introduced into the orthopaedic outpatient trauma clinic (August 2006). The orthopaedic clinic nurses triage all trauma patients (over 45 years female and over 55 years male) with possible fragility fracture. These patients are given a questionnaire with four questions. This assists the clinic staff and orthopaedic doctors to ascertain whether the patient meets the criteria to be commenced on the action plan. A total of 328 patients have been triaged in the months August 2006-April 2007. The fragility fracture was NOT confined to only that of the wrist. Data collection and analysis has occurred at three-month

The National Health and Medical Research Council (NHMRC) is Australia's peak body for supporting health and medical research. As part of the NHMRC, the National Institute of Clinical Studies (NICS) works to improve health care by getting health and medical research into practice.



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intervals from August 2006 to April 2007; this is to allow for possible seasonal and workforce influences.

Key outcomes demonstrate that of the 339 identified patients approximately 25-30% of patients are being referred to their General Practitioner (GP) and 28-34% to the Metabolic Bone Clinic (MBC) for investigations and management of osteoporosis. 17-25% who have a fragility fracture had already been commenced on Gold Standard treatment either by their GP or the hospital inpatient medical staff.

A retrospective clinical audit was undertaken of 30 patients with wrist fractures to ascertain whether a health professional at Flinders Medical Centre discussed osteoporosis with them, provided education and commenced them on an action plan (referral to GP or MBC). Importantly the consumer's feedback on the whole process was obtained including what action they did or did participate in.

Feedback has been positive from the patients. They appreciated the information and the "extra service". Of the consumers referred to the MBC or their GP 90% attended their appointment. Interestingly some patients stated that even though subsequent tests indicated they did not have osteoporosis they all believed the process was useful. It provided them with knowledge and understanding of their bone health as well as a baseline for future reference.

The gap between best evidence and actual clinical practice with fragility fracture management and osteoporosis is steadily and consistently being filled.

Sustainability of the project is the *key objective* for the next 12 months. This includes:

- 1) Conducting a focus seminar with key clinic nurses to understand what has worked well or what could be done better to ensure participation and sustainability
- 2) Interviewing orthopaedic doctors to ascertain which doctors are more likely to participate in this action plan and therefore perhaps where more time, support and education should be placed in future
- 3) Implementing a six-week phone call follow-up for all identified fragility fracture patients to ascertain what actions occurred and if the patient remains compliant or committed to improving the health of their bones and preventing future fractures.

Key Presentations 2006/07

Kimber C. Putting evidence into practice is easy so what's the problem? The South Australia Department of Health Nursing & Midwifery Office: The 1st Nursing & Midwifery Symposium. Adelaide; 2007.

Kimber C. Changing clinical practice for patients with fractured neck of femurs: A clinical practice improvement project [presentation]. National Institute of Clinical Studies Symposium - Using Evidence: Using Guidelines. Melbourne; 2006.



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Kimber C. Changing clinical practice for patients with fractured neck of femurs: A clinical practice improvement project [poster]. National Institute of Clinical Studies Symposium - Using Evidence: Using Guidelines. Melbourne; 2006.

Kimber C. Preventing Osteoporosis Related Fractures from Happening Again in Low Trauma Wrist Fractures [presentation]. South Australian Orthopaedic Nurses: Osteoporosis - Truths, Trends and Treatments. Adelaide; 2006.