

## Appendix 8

What gets measured gets managed therefore anything all aspects of audit must be meaningful to both carers and patients.

Audit metrics that challenge around processes and outcomes may include the following:

1. No. of persons 65 and over who have been screened for their falls risk?
2. No. of persons 65 and over who have experienced multiple falls and have had a multi-factorial assessment?

The following aspects should be incorporated into the above - History of falls, medications, Environmental issues, Related medical history, social factors, dietary intake including hydration characteristic of falls, fear of falling, questioning in relation to any difficulties being experienced in walking or with their balance.

3. No. of persons 65 and over (who have had all/or part of a multi-factorial assessment) who have had multi-factorial interventions?

- Withdrawal or minimisation of psychoactive medications
- Withdrawal or minimisation of other culprit medications
- Gait, Strength and balance training
- Prescription and teaching in the use of assistive devices and Occupational Therapy
- Treatment of osteoporosis
- Management of visual abnormalities
- Management of neurological disorders
- Management of cognitive impairment
- Management of depression
- Management of postural hypotension
- Management of other cardiovascular abnormalities
- Adaptation or modification of home environment
- Management of functional disability
- Management of fear of falling
- Management of urinary abnormalities
- Assessment of diet, including calcium & vitamin D intake
- Management of foot problems and footwear
- Management of other relevant acute or chronic medical conditions
- Care Planning for those in Long Term Residential care. Where HSE Minimum Data Sets are in use refer to Rap 10 - Falls

4. No. of persons considered at High Risk for osteoporosis ( i.e those with thyroid disease/ smokers/ early menopause, those in long term residential care and nursing homes) who are

## Appendix 8

- Part of an existing chronic disease prevention / health promotion programme(s) aimed at post-menopausal women / older people, incorporating nutrition, physical activity and falls prevention strategies;
  - Partaking in osteoporosis-specific prevention programmes designed to prevent and detect osteoporosis and promote self-management as part of chronic illness programmes;
  - Partaking in public education programmes to promote early detection so that older adults with osteoporosis are diagnosed at a stage in the disease when they can be treated effectively;
  - Being exposed to health promotion behaviours that contribute to bone health (e.g., healthy eating, regular physical activity and self-management) opportunistically.
5. No. of persons considered at high risk for osteoporosis who are screened adequately
6. No of persons considered at high risk for osteoporosis who require interventions and receive them
7. No. of persons requiring post fracture care and rehabilitation who receive it using the standards outlined below as benchmarks

### **Standard 1**

All patients with hip fracture should be admitted to an acute orthopaedic ward within 4 hours of presentation

### **Standard 2**

All patients with hip fracture who are medically fit should have surgery within 48 hours of admission, and during normal working hours

### **Standard 3**

All patients with hip fracture should be assessed and cared for with a view to minimising their risk of developing a pressure ulcer

### **Standard 4**

All patients presenting with a fragility fracture should be managed on an orthopaedic ward with routine access to Geriatrics medical support from the time of admission

### **Standard 5**

All patients presenting with fragility fractures should be assessed to determine their need for therapy to prevent future osteoporotic fractures

### **Standard 6**

All patients presenting with a fragility fracture following a fall should be offered multidisciplinary assessment and intervention to prevent future falls

8. In the event that an information and audit system as outlined in the guideline has been developed in part or in full to monitor osteoporotic fractures and the outcomes of fracture treatment and rehabilitation please list the components.

## Appendix 8

9. How many carers and patients have access to education and training programmes that will:

- Increase understanding among carers and patients/service users?
- Increase skills of both patients and carers?
- Increase satisfaction amongst patients?
- Increase patient's confidence?
- Increase compliance with prescribed treatment and improve self-management skills amongst patients?