

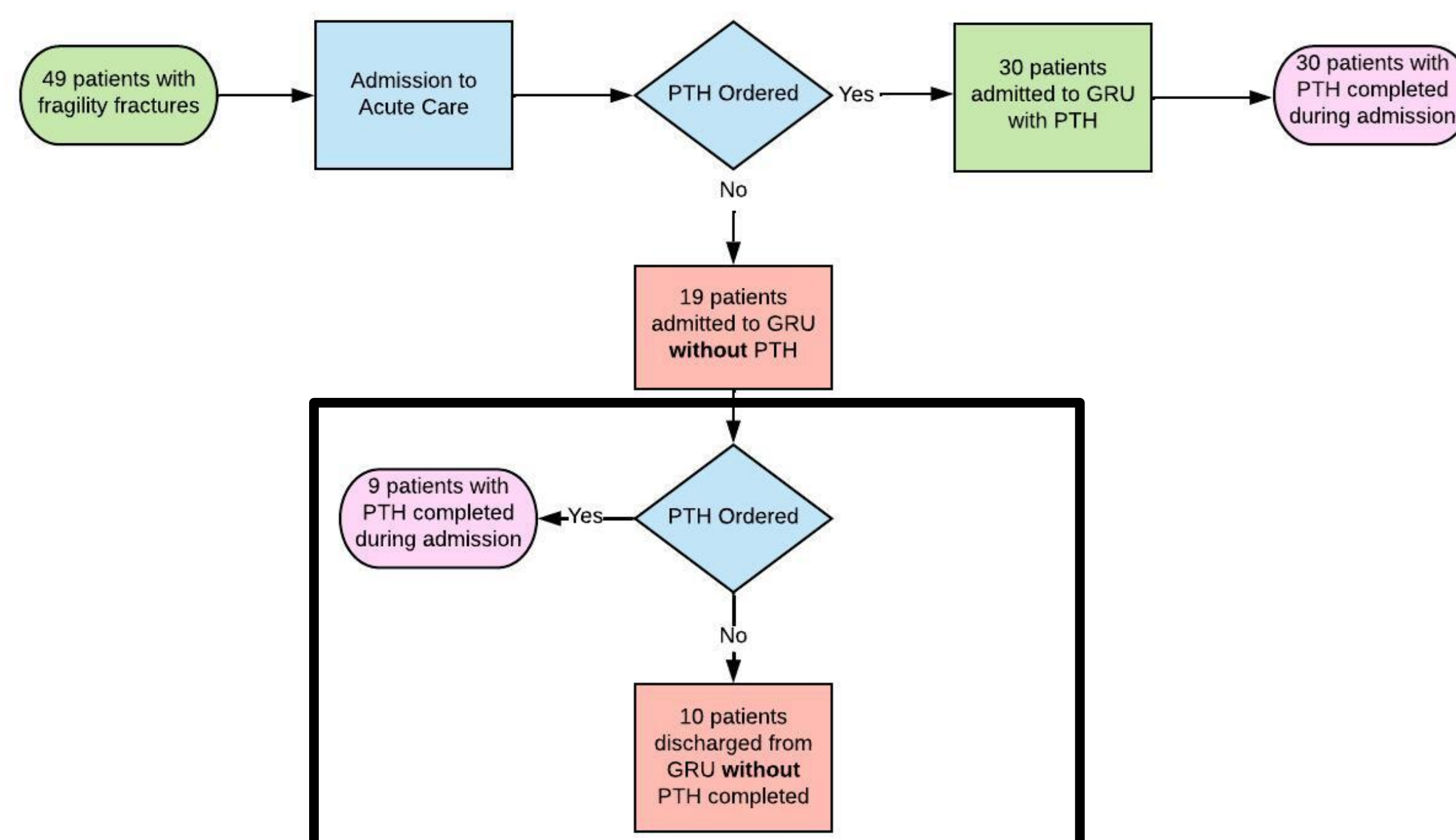
**AIM Statement:** By September 2024, for patients admitted to the Parkwood Institute Geriatric Rehabilitation Unit with a fragility fracture and incomplete osteoporosis workup, increase the number of patients with a parathyroid hormone level ordered during admission to 90%.

## PROBLEM DEFINITION

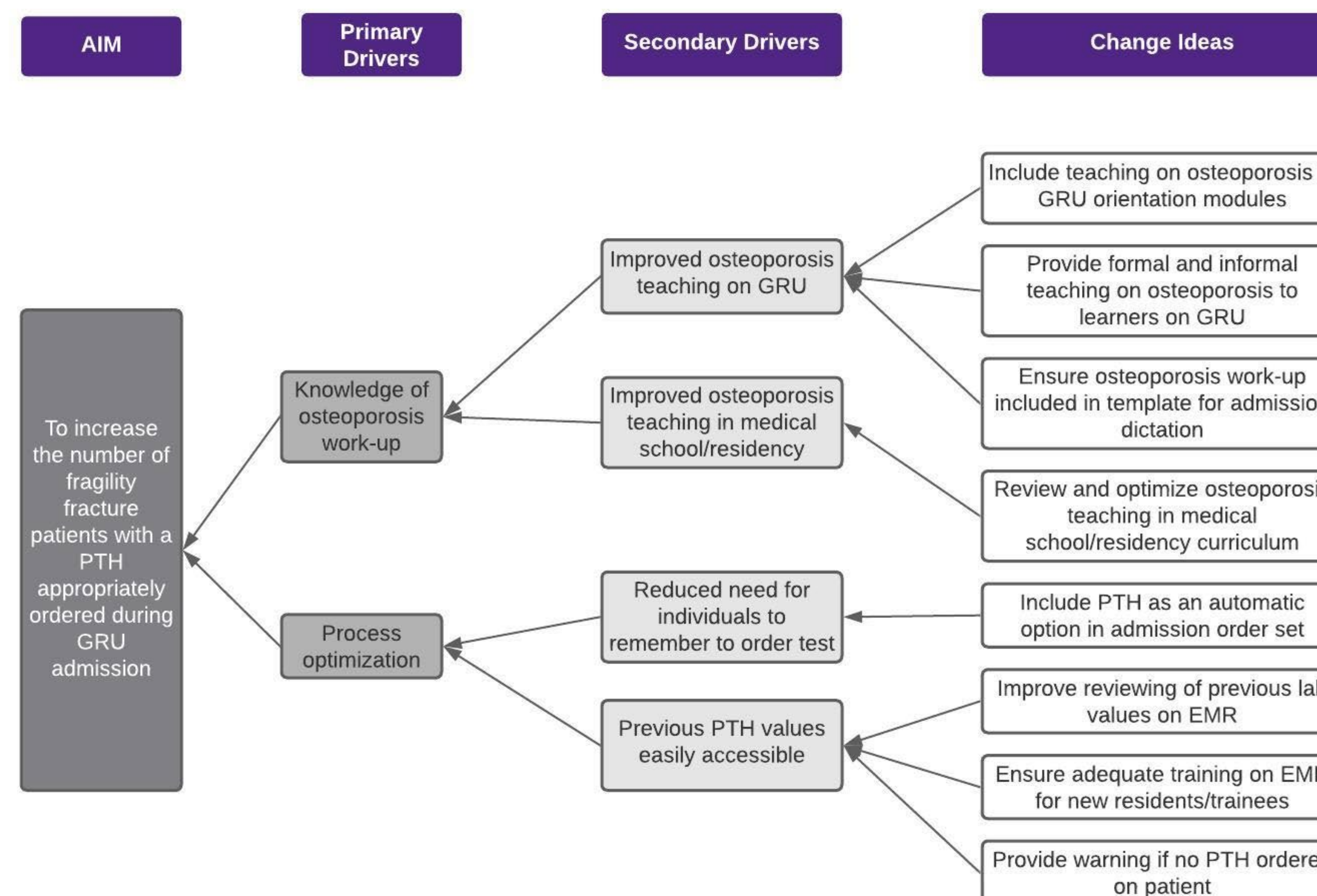
Rehabilitation following a fragility fracture is a common reason for admission to the Parkwood Institute Geriatric Rehabilitation Unit (GRU). A complete osteoporosis work-up for patients with fragility fractures includes a parathyroid hormone (PTH) level, however, patients admitted to the Geriatric Rehabilitation Unit inconsistently undergo this investigation. This can lead to missed recognition and treatment of underlying medical problems contributing to osteoporosis.

## BASELINE DATA

The process map below shows the baseline data collection for patients with fragility fractures admitted to the GRU with incomplete osteoporosis work-up, of which 52% did not have a PTH completed prior to discharge.

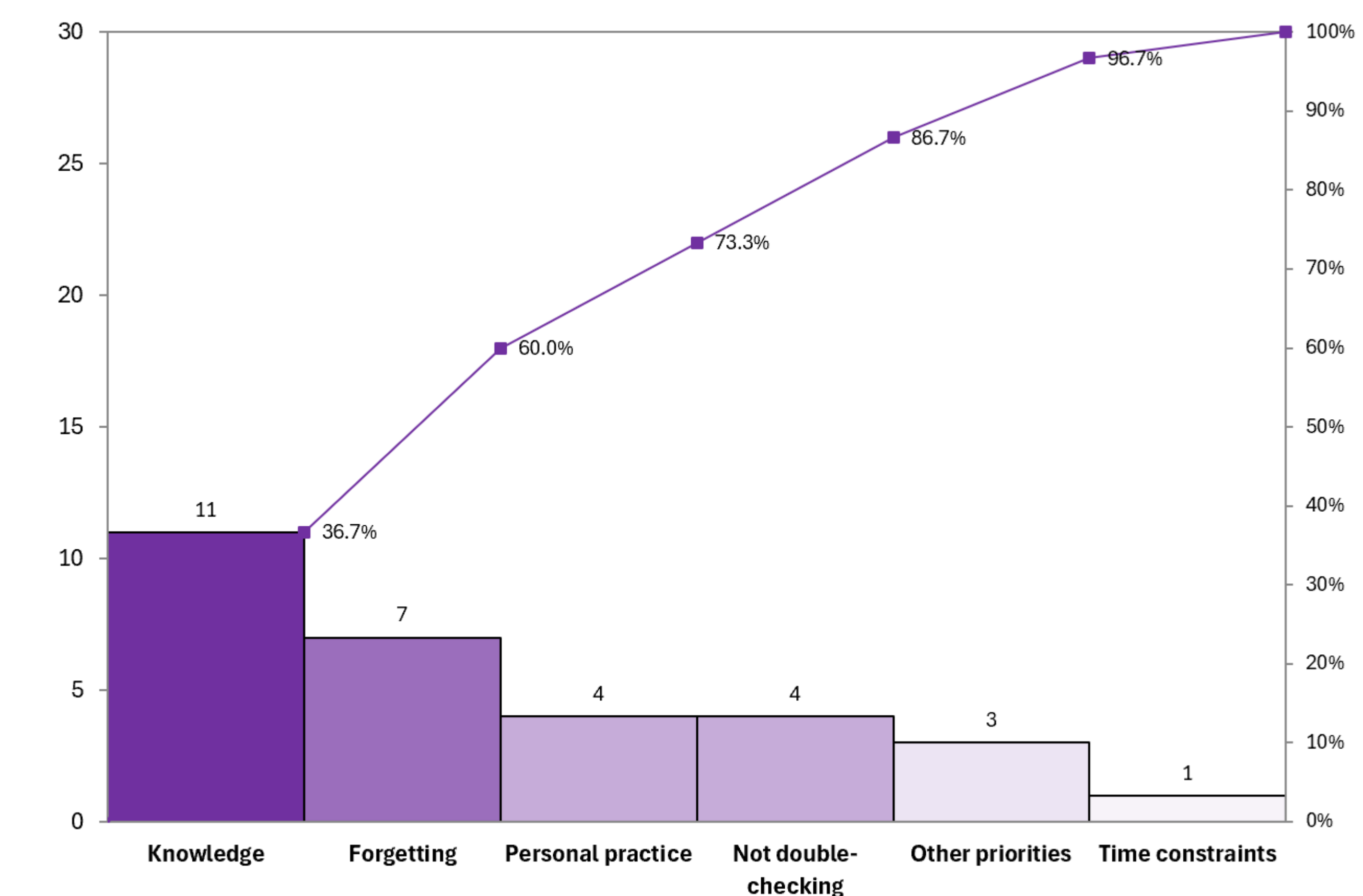


# Lack of knowledge was identified as a key factor in PTH ordering patterns on the GRU.



## ROOT CAUSE ANALYSIS

Learners, attending physicians, and nurse practitioners on the GRU were surveyed for stakeholder analysis to help identify factors contributing to PTH ordering patterns. 15 participants provided input in an online survey, and responses were categorized and displayed in a Pareto chart (right).



## IMPLEMENTATION

### PDSA Cycle #1: Learning - Stakeholder Analysis

- Knowledge, rather than process factors such as “forgetting”, was the most common factor in PTH ordering practices identified
- Wording is important in obtaining desired responses

## NEXT STEPS

Given the lessons learned from the stakeholder analysis and first PDSA cycle, we plan to implement an intervention to increase knowledge through GRU orientation modules including teaching on osteoporosis work-up.