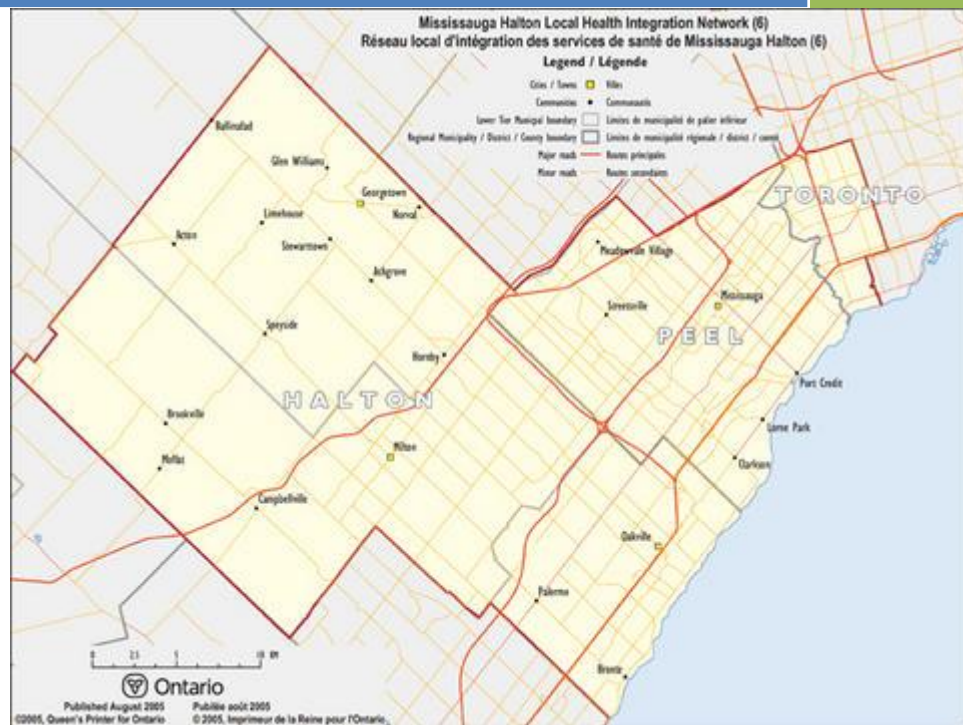


2007 - 2008

Mississauga Halton Falls Prevention Project



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Mississauga Halton Falls Prevention Project

Steering Committee Membership

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Our collective thanks to the Ministry of Health and Long Term Care whose financial support through the Emergency Department Support Fund: Wait Time Strategy made this Project possible.

The Mississauga Halton Falls Prevention Project

Executive Summary

Falls are a leading cause of morbidity and mortality and the most common cause of injury leading to emergency department visits and hospitalizations of seniors 65+. Despite knowledge that the vast majority of falls are both predictable and preventable, falls and falls-related injuries continue to negatively impact health care resources and seniors' quality of life. In the Mississauga Halton Local Health Integration Network (LHIN), the costs of unintentional falls among those 55 years and older were \$51 million compared to \$22 million for children 0-14 (1999).

Although health services commonly implement falls prevention and/or management activities, efforts continue to be in organizational silos, with little cross-continuum sharing of information, ideas and experience. Coordinating and sustaining these efforts necessitates a multi-sectoral team approach by health professionals and community leaders. The Emergency Department Support Fund (Ministry of Health and Long Term Care) provided incentive to establish such a team to develop a strategic framework which, when implemented would help reduce pressures on ED's and hospitals by decreasing the rates of falls and falls-related injuries among seniors. The Mississauga Halton Falls Prevention Project represents a collaborative, multi-sector approach to creating a common understanding of the strategic elements needed for effective falls prevention and management efforts as well as the necessity of cross-sectoral partnerships for sustained collective action.

Project Highlights

The *Mississauga Halton Falls Prevention Project Steering Committee* is a multi-sectoral group of champions for seniors health motivated to tackle an old problem with new thinking. The work of the committee itself exemplifies value in collaboration and sharing of information, experiences and ideas to enhance services being provided by separate organizations.

A Framework for Falls Prevention in Mississauga Halton provides a comprehensive, client-focused, evidence-informed and community-validated reference to guide, inform and connect efforts across an integrated continuum of health services.

A Survey of Falls Prevention Efforts in Mississauga Halton 2007 identifies the current work and will to address the falls issue and highlights opportunities for collaborative improvements.

An Inventory of Falls Prevention Efforts in Mississauga Halton supports an initial network of key contacts to enhance the cooperation and collaboration needed among and across health services to augment our collective knowledge and skills.

Applying the Contents of this Report

Organizations are strongly encouraged to access the survey results and inventory and review the framework in order to evaluate their existing services, liaise with other falls prevention service providers, share knowledge and spark discussion around moving forward with an enhanced level of commitment to fall prevention. Additionally, the companion document entitled *Falls Prevention Resource Guide* is a compendium of resource links and references that will point the reader to the relevant literature addressing best practices in falls prevention.

Key Recommendations

THAT **leadership** (e.g. Falls Prevention Steering Committee) for ongoing seniors falls prevention be formally linked within the LHIN structure to ensure the implementation of the Framework for Falls Prevention in Mississauga Halton.

THAT **accountability** processes be developed across all health services for falls prevention and management in alignment with the Framework for Falls Prevention in Mississauga Halton.

THAT **resources**, both current and future, be dedicated to support the implementation of the Framework for Falls Prevention for integrated seamless falls prevention and management throughout the Mississauga Halton LHIN.

For full recommendations, see page 12

fall 1 [fo:l] *verb* — *past tense* fell [fel]; *past participle* 'fallen
unintentionally coming to rest on the ground, floor or
other lower level with or without an injury

Canadian Falls Prevention Curriculum



Background and rationale

In 2004, the Ministry of Health and Long Term Care announced its intention to transform Ontario's health care system to one that "helps people stay healthy, delivers good care to them when they get sick and will be there for their children and grandchildren". Local Health Integration Networks (LHINs) were created to facilitate this evolution to a patient-focused, results-driven, integrated and sustainable health care service delivery system. Parallel to this provincial direction was the local development of an integrated health services delivery model *All-inclusive Seamless Services for Independence of Seniors for Today and Tomorrow (ASSIST)*. This evolving vision for a comprehensive and integrated continuum of care created greater understanding that health system issues required multi-sectoral solutions. Given that older adults typically use more emergency services, have longer stays, higher admission and return rates as well as more adverse outcomes, and that falls are the most predominant cause of injury-related emergency department (ED) visits and hospitalizations, the Emergency Department Support Fund (Ministry of Health and Long Term Care) provided incentive to propose a collaborative, multi-sector falls prevention initiative to help reduce pressures on ED's and hospitals by decreasing the rates of falls and falls-related injuries among seniors. Credit Valley Hospital was awarded funding for the Mississauga Halton Falls Prevention Project, April 2007-March 2008.

Why falls?

At every age, the greatest single cause of injuries is falls¹. However, falls have the most serious consequences for seniors (those over age 65 years); falls are the leading accidental cause of death among Canadians over 65 years². Trauma, pain, hospitalization, decreased mobility and function, loss of independence and even death can result from a fall. A fall impacts more than one individual: over a third (35%) of caregivers report having to deal with extra expenses, a third (32%) have had to change their social activities, 26% their vacation plans, and 20% their work arrangements³. Older adults in the emergency department (ED) comprise a much higher visit volume than expected based on their proportion of the general population, and tend to stay in the ED longer, require more staff time and resources and are more likely to be admitted to hospital than younger counterparts⁴. Substantial health care resources are required for treatment, rehabilitation and long-term care of falls-related injuries.

- Every 10 minutes in Ontario, at least one senior visits an emergency department after a fall. In the Mississauga LHIN, this amounted to 4,637 post-fall ED visits by seniors in 2004-5⁵.

¹ National Trauma Registry 2004 Report on Injury Hospitalizations (2001-2002 data), CIHI

² National Trauma Registry 2004 Report on Injury Hospitalizations (including 2001-2002 data)

³ Cranswick K. General Social Survey Cycle 16: Caring for an aging society, Statistics Canada, Housing, Family and Social Statistics Division, 2002.

⁴ Aminzadeh F and Dalziel WB (2002) "Older Adults in the Emergency Department: a systematic review of patterns of use, adverse outcomes and effectiveness of interventions" *Annals of Emergency Medicine*, Vol 39:3, pp238-247

⁵ Ontario Injury Prevention Resource Centre. *Injuries among Seniors in Ontario: a descriptive analysis of emergency and hospitalization data*. Toronto: Ontario Injury Prevention Resource Centre, 2007, p20.

- Every 30 minutes in Ontario, at least one senior is admitted to hospital after a fall. In the Mississauga Halton LHIN, this meant 1,345 post-fall hospital admissions by seniors in 2004-5⁶.
- An estimated 1% of falls results in a hip fracture (cost in year following a fracture averaged nearly \$27,000 in 1995/6 when adding up initial hospitalization, re-hospitalization, rehabilitation, chronic care, home care, long term care and informal care⁷). Only 25% of hip fracture patients will make a full recovery; 50% will need a cane or walker; 20% will die within the year of the fracture because of complications related to the injury and recovery period and an estimated 50% do not return home but are admitted to long term care⁸.
- 40% of admissions to long term care homes are falls-related⁹.

Falls are the most costly cause of injury, with an annual toll estimated at more than \$1.9 billion in Ontario: older adults 55+ accounted for \$962 million, or almost half of the total costs of falls in this province¹⁰.

What can be done?

The good news is that for every \$1 invested in comprehensive community-based falls prevention for high risk seniors, \$7 in healthcare costs can be saved¹¹. Multidisciplinary, multi-factorial risk factor screening/intervention programmes in the community seem to be effective in preventing falls in older individuals, whether in an unselected population or in a selected population with known risk factors such as a history of falling, living in residential care facilities etc.¹² Multiple risk intervention programs have been shown to relatively reduce the rate of falls by 30-40%¹³ but require significant commitment and resource allocation. Additionally, falls prevention can be addressed through population-based strategies¹⁴ that although not as widely investigated, show significant decreases or downward trends in falls-related injuries with relative reductions ranging from 6 – 33%¹⁵

As one of the fastest growing districts in the province, it is critical that the Mississauga Halton LHIN take a proactive approach to planning for future needs. The reorientation of health care services to focus on prevention, health promotion and community support should start with falls.

⁶ ibid

⁷ Wiktorowicz ME et al "Economic implications of hip fracture: health service use, institutional care and cost in Canada" *Osteoporosis International* 2001, 12 (4): 271-8

⁸ American Academy of Orthopedic Surgeons patient information on falls and hip fractures
http://orthoinfo.aaos.org/fact/thr_report.cfm?Thread_ID=77&topcategory=Hip

⁹ Tinetti, M. E. and C. S. Williams. "Falls, injuries due to falls, and the risk of admission to a nursing home." *New England journal of medicine*, Vol. 337, No. 18, 1997, pp. 1279-84 cited in Public Health Agency of Canada. Report on Seniors' Falls in Canada 2005
http://www.phac-aspc.gc.ca/seniors-aines/pubs/seniors_falls/foreword_e.htm#statistics

¹⁰ SMARTRISK, The Economic Burden of Injury in Ontario. Toronto: SMARTRISK, 2006, p9.

¹¹ Ibid, p47.

¹² Gillespie L et al, "Interventions for preventing falls in elderly people (Review)", *The Cochrane Library*, 2007 Issue 2.

¹³ Chang JT et al, "Interventions for the prevention of falls in older adults: systematic review and meta-analysis of randomized clinical trials", *British Medical Journal*, Vol328 , No 7441, 2004, pp680

¹⁴ ALCOA Research Update Issue 3 November 2002 Speechley M "How to prevent falls in adults over 65: what does the research show?"

¹⁵ Cochrane Review: Population-based interventions for the prevention of fall-related injuries in older people, 2007

Project Outcomes

Through the work of a committee representing the full health services continuum, the Mississauga Halton Falls Prevention Project has

- developed a comprehensive client-focused evidence-informed falls prevention framework to provide a common understanding,
- highlighted opportunities to improve access to and service delivery for falls prevention and management and
- identified a beginning network of key stakeholders to enhance integration, coordination, and communication for sustaining efforts.

Framework for Falls Prevention in Mississauga Halton

Why a Framework?

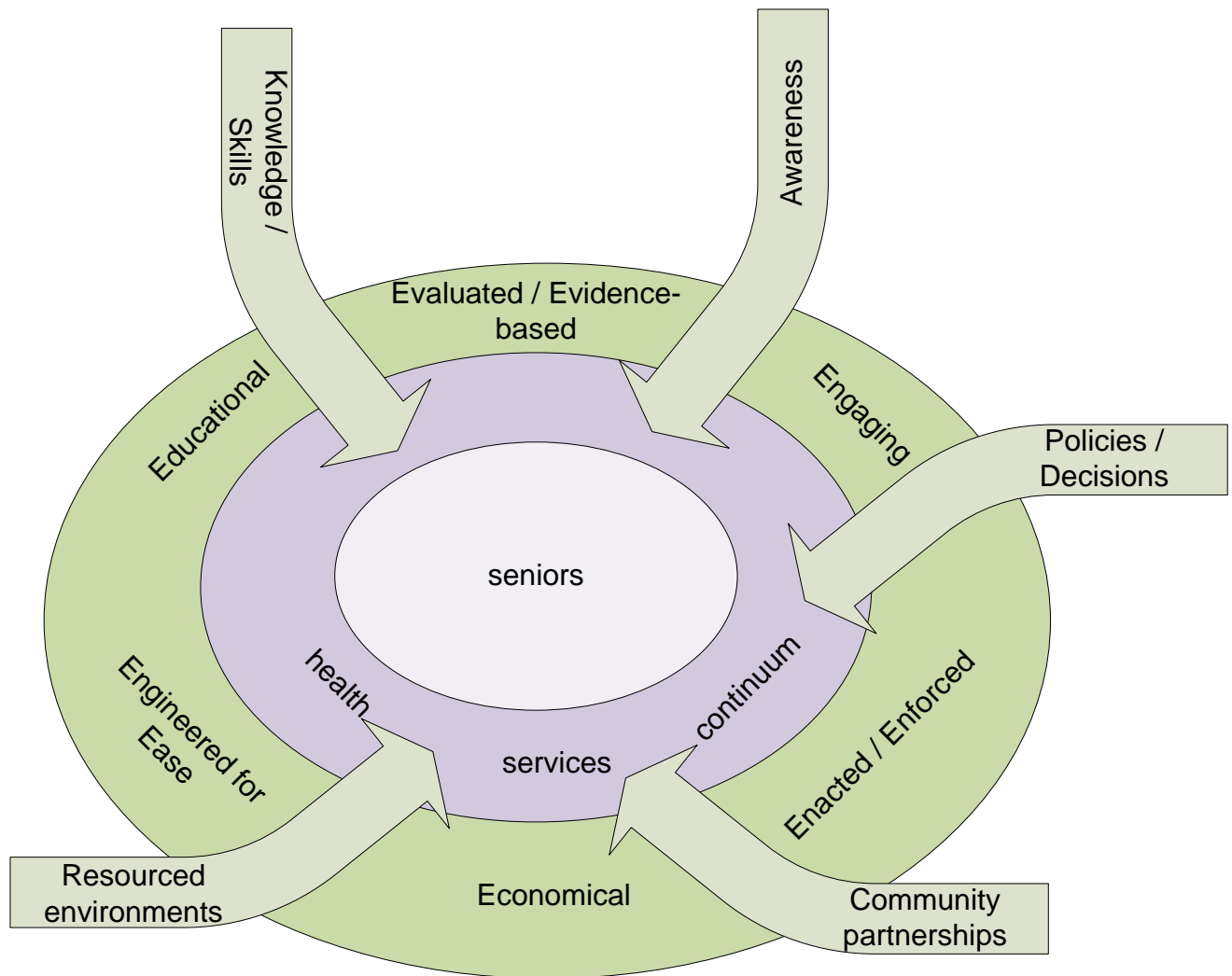
A framework provides a consistent reference point and documents a common commitment to what is needed for effective falls prevention and management. This framework can help guide efforts for cross-sectoral collaboration across health and community services.

The aim

- to work strategically and collectively across the health services continuum to reduce the burden and impact of falls and falls related injury among people 55 years and older served by the Mississauga Halton LHIN

The keys

- **comprehensive** – includes raising awareness, developing knowledge and skills, creating active community partnerships, resourcing environments and enacting policies
- **client-focused** – for respectful, responsive intervention that keeps a senior's best interests at the heart
- **evidence informed** – considers the universal best practice E's of injury prevention: Education, Engineering, Enforcement as well as Evaluation, Engagement and Economics as in the Ontario Injury Prevention Strategy 2007 accessed at http://www.mhp.gov.on.ca/english/injury_prevention/strategy.pdf)
- **systemically integrated** – for seamless transitions through and across sectoral parts of the larger whole



Conceptual Framework for Falls Prevention

Working together to reduce rates of falls and falls-related injuries among seniors

Through

- raising awareness
- building knowledge and skills
- active partnerships
- resourcing environments
- supportive policies and decisions

with actions that are:

- evaluated and evidence-based
- economical
- engaging
- educational
- engineered for ease
- enacted or enforced

Aim	Work strategically and collectively across the health services continuum to reduce the burden and impact of falls and falls related injury among people 55 years and older served by the Mississauga Halton LHIN
------------	--

Approach proactive preventive	<p>Raise awareness among adults, caregivers and healthcare providers about</p> <ul style="list-style-type: none"> the magnitude of the problem of falls and falls-related injuries the option to adopt protective factors through reducing modifiable risks the evidence that falls are not an unavoidable accidents but rather predictable and mostly preventable events the inclusion of specific activities into daily life to improve balance and strength and reduce falls 	<p>Empower people with the knowledge and skills (e.g. chronic disease self-management) needed for overall wellness (including help seeking, use of safety aids), to improve or maintain physical activity and ability and independent functioning thereby lowering falls risk</p>	<p>Work in partnerships among all sectors, disciplines and consumer groups to create consistent messages and community action for innovative, integrated and collaborative local solutions where people are (i.e. in seniors buildings, in the community and in existing programs)</p>	<p>Create age -friendly resourced, supportive environments which reduce physical hazards, promote social engagement, and optimize physical and mental health and well-being (e.g. universal grab bars; effective exercise programs; more supportive housing; more resources available online)</p>	<p>Advocate for community policies and organizational decisions that will maximize independence and mobility in older adults (e.g. senior-friendly and plain language printed materials)</p>
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Target groups	Those (e.g. healthcare providers, seniors exercise leaders) who have contact	Those who have not been identified as “at- risk”	Those who have been identified as “at-risk” but have not fallen	Those who have had a fall	Those who continue to fall despite interventions
	seniors				

Goals multipronged, multi-faceted, multisectoral	Reduce the incidence of falls and the severity of falls- related injuries among older people through:					
	Evaluation / Evidence	Economics	Engagement	Education	Engineering	Enactment
	Develop and manage knowledge through research, information dissemination and ongoing training (standardized ‘best practices’, standard assessment tool; access to falls expert); monitor efforts for continuous quality improvement	Improve outcomes within current fiscal environments through partnerships with activated communities (concerted efforts) and prepared proactive community partners (key stakeholders)	Engage seniors (grassroots) as key participants in the design and implementation of strategies to generate a lower risk population and promote independence in culturally appropriate ways (e.g. in different languages)	Enhance the capacity of older adults and those around them to critically assess for modifiable falls risks and plan informed, evidence-based, proactive changes (including footwear, wise use of medication and home safety with specifics for those with dementia)	Create access to age-friendly and safer environments and products that lower the risk of falls and facilitate participation, mobility and independence (e.g. financial subsidies for safety measures ie grab bars, mobility aids; personal support without bathing assistance; printed materials meeting senior-friendly standards)	Advocate for policies and decisions (including funding to support and sustain falls programming) that make falls prevention a priority for all in the community who provide products, services or information to older people (e.g. shorter wait lists/referral turnaround; paid worker training time; preventive/pro-active intervention)

Source: Mississauga Halton Falls Prevention Project 2007-2008

Framework for Falls Prevention in Mississauga Halton 2007-2008

Recommendations

Foundational recommendations for ongoing leadership, accountability and resources were seen to crosscut operational recommendations to support the implementation of the Falls Prevention Framework within the Mississauga Halton LHIN.

Therefore, the Mississauga Halton Falls Prevention Project recommends:

THAT leadership (e.g. Falls Prevention Steering Committee) for ongoing seniors falls prevention be formally linked within the LHIN structure to ensure continued collaboration for the implementation of the Framework for Falls Prevention in Mississauga Halton including:

Evaluation/evidence

- Planning, prioritizing, supporting, monitoring and evaluating the implementation of framework components

Economics

- Forming and strengthening linkages across the continuum of care around the provision of falls prevention services, so that the activity in one phase of care meshes with the activity in another; potentially developing referral and transfer protocols or pathways

Engagement

- Expansion/revision of committee membership as appropriate to ensure comprehensive representation (e.g. inclusion of EMS services, Parks and Recreation, Osteoporosis Canada, seniors living in the community).

Education

- Sharing of knowledge, resources and opportunities around falls prevention

Engineering

- Identify and establish a core of fall prevention “experts” to act as a resource to agencies in developing, equipping and implementing internal fall prevention strategies

Enactment

- Explore means of raising the profile of Falls Prevention with Senior Administrators of agencies, in terms of policy development, service planning, and human resource allocation and training

THAT accountability processes be developed across all health services for falls prevention and management in alignment with the Framework for Falls Prevention in Mississauga Halton through:

Evaluation / Evidence

- Inclusion of falls data reporting on relevant organizational agendas within Mississauga Halton to monitor the scope and nature of the impact of falls

Economics

- Integration of falls risk screening opportunities within all agency intake and review processes

Engagement

- Establish and maintain cross-representation of Falls Prevention Committee on other seniors-related planning groups i.e. Primary Health Care, Community Engagement, Seniors Health, Wellness and Quality of Care

Education

- Establish falls prevention knowledge and skills standards within curricula for basic and ongoing staff development

Engineering

- Integrate universal standards (e.g. Canadian Standards Association Design for Aging) to enhance the design and provision of products, services, and environments that facilitate use by seniors and those whose abilities are affected by aging

Enactment

- Develop policies and accountabilities to reflect LHIN-wide commitment to best practices in fall prevention

THAT resources, both current and future, be dedicated to support the implementation of the Framework for Falls Prevention throughout the Mississauga Halton LHIN, particularly:

Evaluation / Evidence

- Development of evaluation framework to monitor success of strategy implementation and change in falls prevention approaches at a LHIN-wide level

Economics

- Facilitate cross-agency sharing of best practices knowledge and skills that currently exist within agencies to create collective expertise

Engagement

- Develop a community awareness enhancement plan including the utilization of various forms of media (print, TV, etc.) for dissemination throughout health services and other key stakeholders

Education

- Facilitate access to self assessment tools and basic educational materials
- Explore feasibility of a website-based resource for education in falls prevention for both consumers and professionals

Engineering

- Include falls prevention criteria to guide the purchase of capital equipment, building design and renovation
- Address financial barriers to facilitate access of safety products and services

Enactment

- Leverage falls prevention activities through existing quality assurance processes (e.g. accreditation)

Implementing Best Practices

Any falls prevention effort, regardless of where it is in the continuum of care, should be based on current Best Practices. There exists a large body of knowledge around Best Practices for falls prevention. A comprehensive summary of available resources may be found in the companion document to this report entitled *Falls Prevention Resource Guide*.

Some Best Practices are so universal and well supported by evidence that implementation of them should be the goal of every agency striving to prevent and manage falls. These include:

- A system for routinely identifying and assessing falls risks
- A multidisciplinary approach to reduce modifiable falls risks (i.e. medications, home hazards, muscle weakness, inactivity)
- Education and awareness raising programs for older adults, families, care providers and support services
- A system of falls surveillance for monitoring falls and contributing factors
- Evaluation of the effectiveness of strategies and approaches implemented

In addition, each agency involved in falls prevention is advised to

- review the available literature
- access the companion guide to this report
- determine specific best practices most relevant to their
 - setting and the
 - population with which they work

to enhance falls prevention programming.

Appendix IV page 41 provides sector-specific algorithms for the management of patients at risk for falls.

*“The most **effective** falls prevention interventions are those that use a **multifactorial** approach that **targets** selected individuals or groups of older persons based on their **risk profile**”*

Canadian Falls Prevention Curriculum



Survey of Falls Prevention Efforts in Mississauga Halton 2007

Survey Overview

This survey of current falls prevention efforts was intended to inventory what knowledge, skills and systems are already in place for seniors served within the Mississauga Halton LHIN. In the course of collecting this information, the survey also served to focus attentions, promote networking to enhance knowledge and skills and collectively create a collaborative, comprehensive, client-focused, evidence-informed strategic framework for the prevention of falls in older adults living within the Mississauga Halton LHIN. For the full report of survey findings, refer to Appendix II [p24](#).

Method

Information was collected using a survey of seniors' community and health services within the geography of the Mississauga Halton LHIN. The survey tool ([Appendix II p29](#)) was developed to collect contact information and key descriptions of programs as well as recommendations to assist the Project Steering Committee in designing a LHIN-wide falls prevention framework. Services were first contacted by phone to request participation and then provided the survey by email, fax or Canada Post.

Key Findings

54% (n=72) surveys were returned from across the full health services spectrum reporting that:

- 71% have written guidelines for what is done
- 66% ask key questions when doing risk assessment
- 43% have training manuals/materials
- 29% monitor program effectiveness

Response to the survey indicates that many health services in the Mississauga Halton LHIN are already working to address falls within their organizations. Lacking is an overall framework to coordinate these efforts, provide direction and capture opportunities for the collaboration needed to effectively prevent and manage falls and falls-related injury across health services and collectively optimize health and quality of life for older adults in this LHIN.

Inventory of Falls Prevention Efforts in Mississauga Halton 2007

This listing (see Appendix III p33) identifies the many agencies and organizations who contributed descriptions of their efforts and their insights in their work to prevent falls among seniors in Mississauga Halton. While not providing an exhaustive detailing of all that is done, this initial inventory supports potential for greater networking and collaboration among those interested in contributing to a LHIN-wide strategy for falls prevention.

Included are the falls prevention and management efforts of:

Acclaim Health
Alzheimer Society of Hamilton and Halton
Alzheimer Society of Peel
Canadian National Institute for the Blind (CNIB)
Canadian Red Cross
Halton Region
Hope Place / Halton Recovery House
Cawthra Gardens
Credit Valley Hospital
Credit Valley Seniors Club
Forum Italia
Halton Healthcare Services
India Rainbow
Links2Care
Mississauga Halton Community Care Access Centre
Next Step to Active Living
Oakville Senior Citizens Residence
Older Adults Centres Association of Ontario
Peel Region
Peel Senior Link
Seniors Enjoy Nurturing Activities, Companionship, Achievements (SENACA)
Seniors West Planning and Education Advisory Committee
Seniors Life Enhancement Centres
Toronto Public Health
Trillium Health Centre
VON Peel
Yee Hong Centre for Geriatric Care

Conclusions

Building both on a provincial direction to transform health systems towards more responsive, coordinated and sustainable care and the local development of an integrated health services delivery model (*All-inclusive Seamless Services for Independence of Seniors for Today and Tomorrow* or ASSIST), a new approach to the problem of falls among seniors was needed.

Although the vast majority of falls are both predictable and preventable, falls and falls-related injuries continue to negatively impact well-being and quality of life as well as health care resources. Individuals may experience trauma, pain, hospitalization, decreased mobility and function, loss of independence and even death as the result of a fall. Families can struggle under the stress and burden of increased care giving. Falls also affect volumes, capacity and accessibility of emergency departments and hospitals, creating excessive waits, overcrowding, and longer stays.

Effective strategies to reduce falls and falls-related injuries among seniors are documented. Multidisciplinary, multifactorial risk factor screening/intervention, muscle strengthening and balance retraining, home hazard assessment and modification, withdrawal of psychotropic medication, cardiac pacing, and Tai Chi group exercise programmes have all demonstrated positive effects. While many organizations identified within the Mississauga Halton LHIN incorporate falls prevention and/or falls management activities, limited resources and isolated attempts have not created community-wide impact. Collaborative opportunities exist for more effective falls prevention within a Framework for Falls Prevention in Mississauga Halton, transcending sectoral and regional differences to enhance client experience and harness the power of comprehensive and collective action to address this leading cause of injury-related morbidity and mortality among seniors.

Falls are complex multifactorial events requiring the right interventions for and by the right people at the right time. Coordinating and sustaining these elements necessitates a multisectoral team approach by health professionals and community leaders. The team approach by the Falls Prevention Project Steering Committee, with key representatives from across the health system, is a new and unique collaboration of long term care, acute care, community care and public health around a common goal, thereby facilitating service integration, and establishing novel cross-sector linkages to ensure that client needs are seamlessly met. Such linkages promote networking and knowledge transfer to ensure timely access to falls prevention and management throughout the health services continuum. The potential for future collaborations supports cost-effective system enhancements while striving to reach people at the right time and in the right place with the most appropriate interventions.

Appendices

I. A Best Practice Falls Prevention Framework Informed by Local Insights 2007

A web-based search for “Falls Prevention Frameworks” uncovered significant work in other jurisdictions nationally and internationally. Work done in Canada, Australia, the United Kingdom and the United States was reviewed according to fit with our established key elements of comprehensiveness, client-focus, evidence-base and system integration (see “Best Practice Falls Prevention Frameworks from other jurisdictions”). The resulting amalgamation formed the basis for a best practice strategic framework for Mississauga Halton.

A Survey of Falls Prevention Efforts in the Mississauga Halton LHIN 2007 then gathered recommendations from the community to augment the design of a LHIN-wide falls prevention framework. These collective recommendations have given cross-community validation to a comprehensive, client-focused, evidence-informed strategic framework for the prevention of falls in older adults living within the Mississauga Halton LHIN.

The purpose of this framework is to provide a common understanding of the responsibilities we share in the prevention and management of falls and falls-related injuries and of the commitment to cross-sectoral partnerships for effective action. It is hoped that this framework can help to guide and inform discussions for working more strategically and collectively for seniors’ good health.

Best Practice Falls Prevention Frameworks from other jurisdictions

	Client-centred	Comprehensive	Evidence informed	System integration
Other descriptors	<ul style="list-style-type: none"> ○ Accessible ○ Holistic 	<ul style="list-style-type: none"> ○ Prevention ○ Population approach ○ Health promotion 	<ul style="list-style-type: none"> ○ Best practice 	<ul style="list-style-type: none"> ○ Partnerships ○ Collaborative ○ Sustainable
<u>Australia</u> National falls prevention for older people plan 2004 onwards	Individual rights, quality of life	Population level investments	Effective interventions at individual and population level	Systemic long-term integrated stakeholder efforts; Sharing knowledge, resources and jointly identifying opportunities
<u>Queensland</u> Falls prevention best practice guidelines for public hospitals and state government residential aged care facilities (community supplement)	The interventions and strategies implemented should be patient/resident specific and individually selected.		Literature review Evidence base for safe effective efficient health services	Mapped current resources Multifaceted multidisciplinary interventions
<u>West Australia</u> Prevention and primary health care framework of falls in older people 2004-2007	Holistic, life course approach to ageing and falls prevention Promote independence Address inequity Respond to local need	Population health approach Health promotion	5 strategy lines: <ul style="list-style-type: none"> ○ awareness ○ education ○ policies in community, institutions ○ hazard reduction ○ partnerships with health professionals 	Whole-of-health system approach across spectrum of care Expand/consolidate partnerships between older people, governments, agencies
<u>United Kingdom</u> East Elmbridge MidSurrey Strategy for the prevention and management of falls	Identification of those most at risk of falling	Primary prevention in the general population	Best practice and clinical effectiveness	Whole systems approach Effective working between health and social care communities

Best Practice Falls Prevention Frameworks from other jurisdictions

Canada				
<u>Alberta</u> <u>Framework for the prevention of falls and falls injuries in older adults 2003</u>	Consider demographic, political, socioeconomic and cultural characteristics	Population health based approach	BP/CG in community, acute, facility and self-care	Agency consultations
<u>British Columbia</u> <u>Prevention of falls and injuries among the elderly 2004</u>	Seniors need to be key participants in design and implementation of community-based strategies "community empowerment approach"	Population health promotion approach Need for safety promotion and primary prevention	Evidence based strategies	everyone who has contact with seniors should be encouraged to work together to find ways to reduce the risk of a fall and any resulting injury need collaboration and multistakeholder partnerships
<u>Manitoba</u> <u>Falls prevention strategy and framework 2006</u>	Culturally appropriate; life course perspective	Comprehensive population health approach	Evidence based	Multisectoral partnerships and shared responsibility
<u>Nova Scotia</u> <u>Preventing fall-related injuries among older Nova Scotians 2005</u>	Input from those directly impacted by falls	Population health/health promotion Comprehensive, long-term	Evidence based interventions	Partners across sectors Support and participate in existing linkages and collaborative efforts Foster opportunities for cooperation and collaboration among diverse stakeholders
<u>United States</u> <u>Falls Free: national falls prevention action plan</u>	Goal= max independence and quality of life	36 strategies identified under 4 key risk factors: physical mobility, medications management; home safety, environmental safety in the community as well as cross cutting issues	The best thinking of leading experts; research review completed	Involvement and collaboration of multiple and diverse groups required for successful implementation of plan

A Best Practice Strategic Framework validated by Local Insights for Mississauga Halton

Aim	Work strategically and collectively across the health services continuum to reduce the burden and impact of falls and falls related injury among people 55 years and older served by the Mississauga Halton LHIN					
Approach proactive preventive	<p>Raise awareness among adults, caregivers and healthcare providers about</p> <ul style="list-style-type: none"> the magnitude of the problem of falls and falls-related injuries the option to adopt protective factors through reducing modifiable risks the evidence that falls are not an unavoidable accidents but rather predictable and mostly preventable events the inclusion of specific activities into daily life to improve balance and strength and reduce falls 	<p>Empower people with the knowledge and skills (e.g. chronic disease self-management) needed for overall wellness (including help seeking, use of safety aids), to improve or maintain physical ability, and independent functioning thereby lowering falls risk</p>	<p>Work in partnerships among all sectors, disciplines and consumer groups to create consistent messages and community action for innovative, integrated and collaborative local solutions where people are (i.e. in seniors buildings, in the community and in existing programs)</p>	<p>Create age -friendly supportive environments which reduce physical hazards, promote social engagement, and optimize physical and mental health and well-being (e.g. universal grab bars; effective exercise programs; more supportive housing; more resources available online)</p>	<p>Advocate for community policies and organizational decisions that will maximize independence and mobility in older adults (e.g. senior-friendly and plain language printed materials)</p>	
	Those (e.g. healthcare providers, seniors exercise leaders) who have contact	Those who have not been identified as “at- risk”	Those who have been identified as “at-risk” but have not fallen	Those who have had a fall	Those who continue to fall despite interventions	seniors
Target groups	Reduce the incidence of falls and the severity of falls- related injuries among older people through:					
Goals multipronged, multi-faceted, multisectoral	<p>Evaluation / Evidence</p> <p>Develop and manage knowledge through research, information dissemination and ongoing training (standardized ‘best practices’, standard assessment tool; access to falls expert); monitor efforts for continuous quality improvement</p>	<p>Economics</p> <p>Improve outcomes within current fiscal environments through partnerships with activated communities (concerted efforts) and prepared proactive community partners (key stakeholders)</p>	<p>Engagement</p> <p>Engage seniors (grassroots) as key participants in the design and implementation of strategies to generate a lower risk population and promote independence in culturally appropriate ways (e.g., in different languages)</p>	<p>Education</p> <p>Enhance the capacity of older adults and those around them to critically assess for modifiable falls risks and plan informed, evidence-based, proactive changes (including footwear, wise use of medication and home safety with specifics for those with dementia)</p>	<p>Engineering</p> <p>Create access to age-friendly and safer environments and products that lower the risk of falls and facilitate participation, mobility and independence (e.g. financial subsidies for safety measures i.e. grab bars, mobility aids; personal support without bathing assistance; printed materials meeting senior-friendly standards)</p>	<p>Enactment</p> <p>Advocate for policies and decisions (including funding to support and sustain falls programming) that make falls prevention a priority for all in the community who provide products, services or information to older people (e.g. shorter wait lists/referral turnaround; paid worker training time; preventive/pro-active intervention)</p>

II. Findings of a Survey of Falls Prevention Efforts 2007

As the majority of falls are deemed to be both predictable and preventable with the right knowledge, skills and systems in place, knowledge of current falls prevention efforts was seen as a logical first step for the Mississauga Halton Falls Prevention Project. This survey of current falls prevention efforts was intended to inventory what knowledge, skills and systems are already in place for seniors served within the Mississauga Halton LHIN. In the course of collecting this information, the survey also served to focus attentions, promote networking to enhance knowledge and skills and collectively create a collaborative, comprehensive, client-focused, evidence-informed strategic framework for the prevention of falls in older adults living within the Mississauga Halton LHIN.

Method

The survey was intended to gather:

1. Descriptions of how health services in the Mississauga Halton LHIN currently translate falls prevention into practice
2. Insights from those working with older adults about unmet needs and potential opportunities for synchronizing efforts in falls prevention and management for older adults

Steering committee member organizations as well as agencies and services identified by a keyword search of “seniors” in the community services databases (Halton, Peel, Toronto) and thus across the health services delivery continuum were contacted and asked to complete a survey. In total, 44 emailed, 19 faxed and 3 letter posted surveys were distributed and six surveys were completed by telephone. A follow up email or telephone call was made to encourage completion of unreturned surveys. In response, over half (39/72) of those contacted completed the survey and 49 efforts were described.

Distribution of surveys	Community agencies	Community support services	Supportive Housing including Community Care Access Centre	Long term care	Hospitals
TOTAL	30	22	14	3	3

While resource constraints did not permit an exhaustive investigation of all falls prevention efforts, this survey does provide a “snapshot” of what is being done to prevent falls within the Mississauga Halton LHIN as well as a “wish list” from those working with seniors as context for the Project. While a reflection of the majority of those surveyed, there are limitations to these results. First it must be noted that the information collected is based only on responders’ perceptions of their efforts as no attempt was made to objectively verify the initiatives. Additionally, there is no information as to why non-responders failed to respond; possibly they may not see falls prevention either as a priority or as their role.

Frequency counts of the questionnaire check box responses were done and longer answer responses were thematically collated.

Findings

Most falls prevention efforts are **integrated** into the work that is done; few programs specified a falls or falls injury prevention goal.

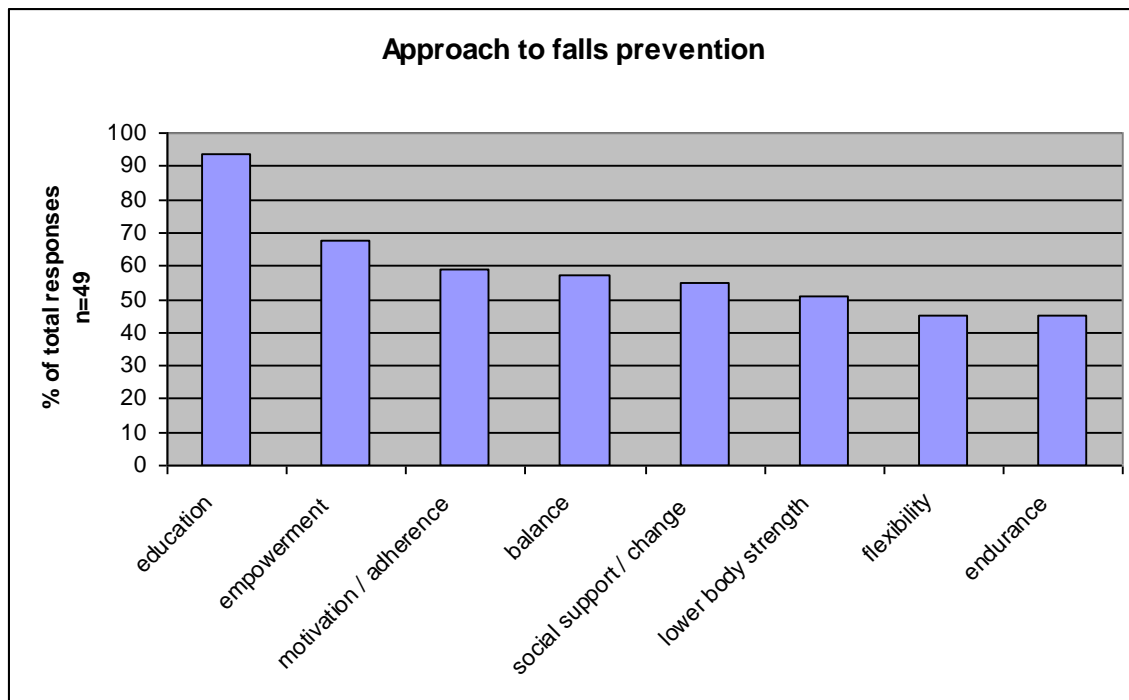
Most of those surveyed target their programs to people **65+** with a range of functional abilities but do not target by gender or diversity. Select organizations serve seniors based on faith, language or culture.

Specific knowledge, skills and attitudes important to successful falls prevention are reportedly addressed although fewer than half (21/49) of all efforts indicate having **training manuals/materials**, suggesting that staff orientation and development could be a challenge.

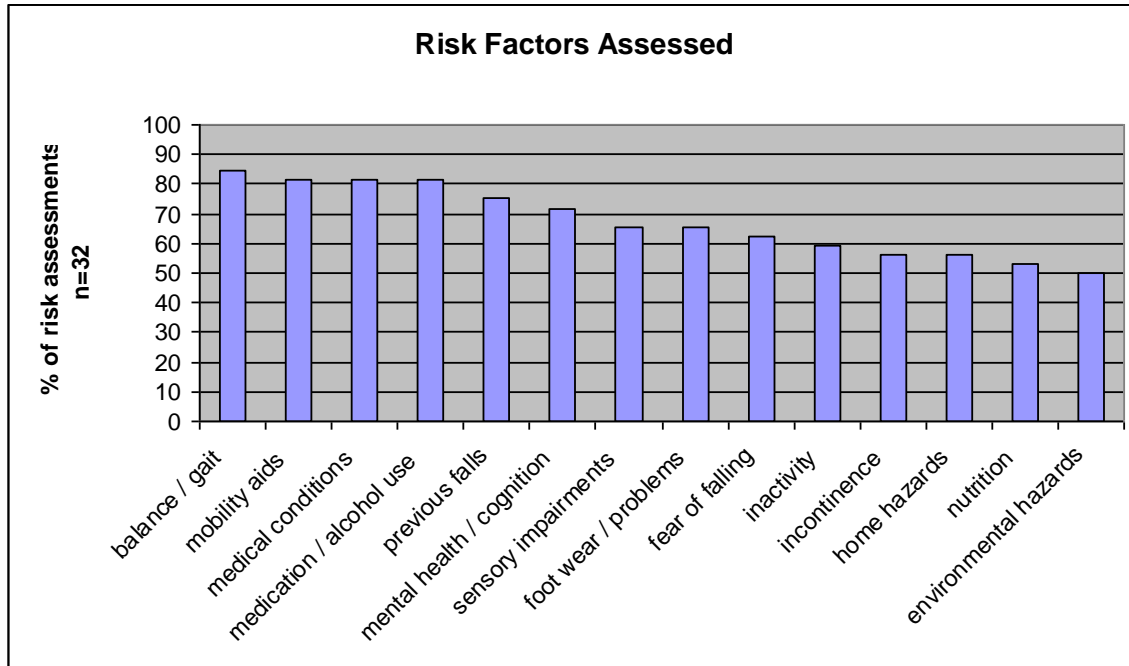
Client **education** is the predominant approach and coupled with other interventions can provide benefit. As a stand alone intervention, however, education has not been effective in preventing falls.

Developing physical **skills** of balance, strength, flexibility and endurance, on the other hand, has been effective in preventing falls in a variety of populations and settings including higher risk individuals (the latter if part of a multifaceted approach). Only about half (25/49) of those surveyed report actually providing physical activity in their program. The majority (24/25) of respondents providing exercise address strength and balance which is the minimum recommendation; fewer (19/25) aim to develop the full quartet of skills.

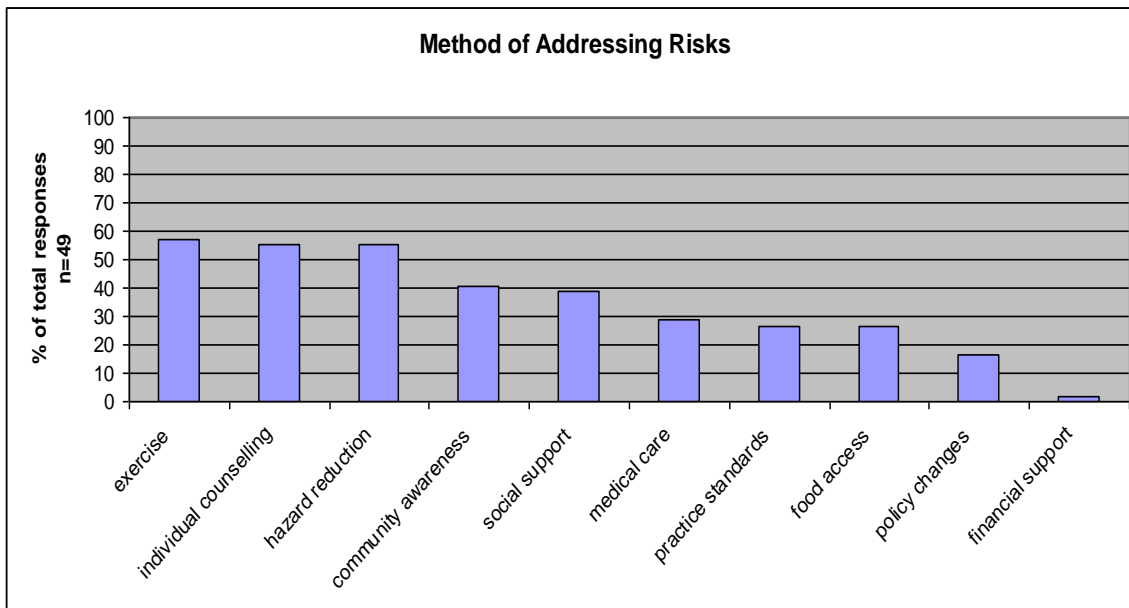
The need to address **attitudes** through empowerment, motivation for adherence or social support for behaviour change was incorporated by the majority of respondents.



A brief risk assessment is recommended by experts as the first step to effective falls prevention, and should include falls occurrences (i.e. unintentionally coming to rest on the ground or another lower level (e.g. a chair) with or without an injury) and problems with balance or gait. More recently, fall-related injury and fear of falling have also been suggested as important triggers to further evaluation. Slightly more than two thirds (32/49) of efforts **assess** individual risk factors: of these, two thirds (21/32) ask about both previous falls and balance, and half (16/32) ask about falls, balance and fear of falling.



All respondents **address falls risks** in at least one of the following ways:



Additionally, programs may provide self-help, family education, help with medication/alcohol use, general health/wellness promotion or physician consultation.

Guidelines can be a means of operationalizing best practices. More than two thirds (34/49) of those surveyed report having written **guidelines** for falls prevention. Similar numbers (33/49) have **quality assurance** processes, but few programs (14/49) have **performance measures** to monitor programs, with just over a quarter of those providing exercise doing **pre/post testing** (7/25) of functionality to evaluate program effectiveness. .

Physical activity is part of about half (25/49) of falls prevention efforts, and nearly all of these (24/25) include falls **risk management** during activities. More than half of respondents (31/49) have ways to link their efforts with **health care providers** (e.g. report or referral to primary care physician).

Respondents described falls prevention **challenges** involving both clients and the system:

Client-related challenges	System-related challenges
<ul style="list-style-type: none"> ○ reluctance to ask for/accept help (e.g. little/no uptake of offerings, lack of insight) ○ compliance (recommendations not accepted, incorrect use of aids, changing lifelong habits) ○ inconsistent group attendance (health fluctuations, hospitalizations, flu season) ○ language barriers: no simultaneous translators ○ lack of ownership (not self-sufficient; peers discouraging) ○ mental health/cognitive impairment increases risk taking (esp. walking unaided) 	<ul style="list-style-type: none"> ○ no universal transportation alternatives ○ built environments not age-friendly (crowded, insufficient space, stairs, uneven ground, many hazards in public spaces) ○ “not my business” (i.e. falls issue perceived as either not a problem or overdone, role restrictions as contracted provider, “not my role”) ○ reactive not proactive (no mandate for prevention, problem-oriented intervention) ○ resource restrictions (wait lists, one class/setting for varied abilities/needs, competing priorities, intensity needed for high risk interventions, limited funds, small scale efforts through individual stakeholders, little/no support for informal caregivers, PSW visit minimum 2 hours vs optimal several shorter visits) ○ time: to integrate changes into common practice, to fill out forms ○ member turnover; ○ communication: with partnering agency during restructuring, key knowledge exchange ○ siloed: incomplete picture as not in client’s home

The survey also gathered what was not available to clients to help them prevent falls, reflecting community **gaps** in both age-friendliness and resources:

Age-friendliness	Resources
<ul style="list-style-type: none"> ○ approaches to facilitating behaviour change (e.g. despite cognitive challenges, being not ready to change or recognize problem, passivity, lack of support) ○ safety-promoting environments (e.g. side rails on walls, grab bars in tubs and outside) ○ client-focus vs service-focus (e.g. assisted transportation without qualifying for TransHelp; personal support without assisted bathing) 	<ul style="list-style-type: none"> ○ financial subsidies (e.g. for equipment / modifications / assistive devices) ○ timely access to appropriate services (e.g. OT /other professionals, equipment) ○ transitional services between restorative/rehabilitation and community support ○ senior champions

Discussion

The Survey of Falls Prevention Efforts in the Mississauga Halton LHIN 2007 has been helpful in gathering:

- key contacts for networking and collaboration -- the right people
- descriptions of current efforts, challenges and gaps -- the right interventions
- recommendations for improving the system – linking the right intervention to the right people at the right time

The key findings of this survey:

- high interest in falls prevention as reflected in survey response rate
- variety of initiatives seen to support falls prevention, but no coordination for a comprehensive approach and little evaluation of effectiveness
- identified challenges and gaps highlight opportunities for collaborative improvements
- participant suggestions on design of a LHIN-wide approach validated the framework initially created from best practices, theoretical and expert models.

Survey Tool

From Survey of Falls Prevention Efforts in Mississauga Halton 2007

Please tell me more about your work to prevent and manage falls in your organization.

In addition to safeguarding those you serve against the potentially devastating consequences of these predictable and preventable events, effective falls prevention can decrease falls-related emergency department visits and hospitalizations, freeing these resources to provide more timely and responsive services for other issues. Under the Emergency Department Support Fund, the Falls Prevention Project's goal is to develop a framework and strategies for evidence-informed, comprehensive falls prevention among older adults living in the Mississauga Halton Local Health Integration Network (LHIN). The proposed framework will attempt to blend the best of falls prevention strategies with existing local initiatives and insights to direct future endeavours. Through joined and consistent efforts, it is hoped that falls prevention for older adults can be better integrated and coordinated in our community, enhancing the health system for seniors across the Mississauga Halton LHIN.

This survey is intended to gather:

3. Descriptions of how health services in the Mississauga Halton LHIN currently translate falls prevention into practice
4. Insights from those working with older adults about unmet needs and potential opportunities for synchronizing efforts in falls prevention and management for older adults

The information collected from this survey will contribute to the database of current community services as well as inform the framework document. Your input is vital.

This survey will take about 10 minutes to complete. Please send as many forms as needed to describe your efforts but describe only one initiative on each form.

Please fax the completed survey to 905-825-2247, **if possible by November 12, 2007**

Attention: Cathy Dykeman, falls prevention project coordinator

If you have questions about this survey or about the Falls Prevention Project, please contact Cathy Dykeman at 647-502-4403 or cdykeman@cvh.on.ca

Service Name	Acronym (if used)
Areas served: <input type="checkbox"/> Halton <input type="checkbox"/> Peel <input type="checkbox"/> Toronto	Site (if shared)
Mailing address	
Office phone	Fax
Website	Organization Email
Primary contact	
1. What is your falls prevention initiative?	
2. Who is your initiative geared for? Please check all that apply:	
Age	<input type="checkbox"/> <55 <input type="checkbox"/> 55 – 64 <input type="checkbox"/> 65 – 74 <input type="checkbox"/> 75 – 84 <input type="checkbox"/> 85+
Gender	<input type="checkbox"/> females <input type="checkbox"/> males
Diversity	<input type="checkbox"/> by faith <input type="checkbox"/> by language <input type="checkbox"/> by cultural
Functional status	<input type="checkbox"/> independent <input type="checkbox"/> independent with support <input type="checkbox"/> dependent
3. Where do you implement your initiative? Please check all that apply:	
<input type="checkbox"/> citywide	<input type="checkbox"/> community agencies <input type="checkbox"/> support services
<input type="checkbox"/> CCAC	<input type="checkbox"/> supportive housing
<input type="checkbox"/> LTC	<input type="checkbox"/> hospital
4. Are additional materials and training manuals available?	
<input type="checkbox"/> no <input type="checkbox"/> yes. If yes, please describe:	
5. Does the initiative address knowledge, skills and attitudes?	
<input type="checkbox"/> no <input type="checkbox"/> yes. If yes, please check all areas is addressed:	
<input type="checkbox"/> education	
<input type="checkbox"/> endurance	
<input type="checkbox"/> lower body strength	
<input type="checkbox"/> balance	
<input type="checkbox"/> flexibility	
<input type="checkbox"/> social support for behaviour change	
<input type="checkbox"/> motivation for adherence	
<input type="checkbox"/> empowerment	

<p>6. Do you do an initial risk assessment?</p> <p><input type="checkbox"/> no <input type="checkbox"/> yes. If yes, what risks are assessed? Please check all that apply</p> <table border="0"> <tr> <td><input type="checkbox"/> other falls</td> <td><input type="checkbox"/> medical condition</td> </tr> <tr> <td><input type="checkbox"/> fear of falling</td> <td><input type="checkbox"/> mental health / cognition</td> </tr> <tr> <td><input type="checkbox"/> inactivity</td> <td><input type="checkbox"/> balance / gait</td> </tr> <tr> <td><input type="checkbox"/> nutrition</td> <td><input type="checkbox"/> foot wear / problems</td> </tr> <tr> <td><input type="checkbox"/> sensory impairment</td> <td><input type="checkbox"/> mobility aid</td> </tr> <tr> <td><input type="checkbox"/> medications / alcohol</td> <td><input type="checkbox"/> incontinence</td> </tr> <tr> <td><input type="checkbox"/> home hazards</td> <td><input type="checkbox"/> environmental hazards</td> </tr> <tr> <td><input type="checkbox"/> other (please describe):</td> <td></td> </tr> </table>	<input type="checkbox"/> other falls	<input type="checkbox"/> medical condition	<input type="checkbox"/> fear of falling	<input type="checkbox"/> mental health / cognition	<input type="checkbox"/> inactivity	<input type="checkbox"/> balance / gait	<input type="checkbox"/> nutrition	<input type="checkbox"/> foot wear / problems	<input type="checkbox"/> sensory impairment	<input type="checkbox"/> mobility aid	<input type="checkbox"/> medications / alcohol	<input type="checkbox"/> incontinence	<input type="checkbox"/> home hazards	<input type="checkbox"/> environmental hazards	<input type="checkbox"/> other (please describe):	
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<input type="checkbox"/> other (please describe):																
<p>7. How do you address the risks? Please check all that apply:</p> <table border="0"> <tr> <td><input type="checkbox"/> community awareness</td> <td><input type="checkbox"/> exercise</td> </tr> <tr> <td><input type="checkbox"/> individual counselling</td> <td><input type="checkbox"/> hazard reduction / modification</td> </tr> <tr> <td><input type="checkbox"/> policy change</td> <td><input type="checkbox"/> social support / self help</td> </tr> <tr> <td><input type="checkbox"/> practice standards</td> <td><input type="checkbox"/> medical care</td> </tr> <tr> <td><input type="checkbox"/> financial support</td> <td><input type="checkbox"/> food access</td> </tr> <tr> <td><input type="checkbox"/> other (please describe):</td> <td></td> </tr> </table>	<input type="checkbox"/> community awareness	<input type="checkbox"/> exercise	<input type="checkbox"/> individual counselling	<input type="checkbox"/> hazard reduction / modification	<input type="checkbox"/> policy change	<input type="checkbox"/> social support / self help	<input type="checkbox"/> practice standards	<input type="checkbox"/> medical care	<input type="checkbox"/> financial support	<input type="checkbox"/> food access	<input type="checkbox"/> other (please describe):					
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<input type="checkbox"/> other (please describe):																
<p>8. Are there written guidelines for what you do?</p> <p><input type="checkbox"/> no <input type="checkbox"/> yes. If yes, please describe:</p>																
<p>9. Are there methods in place to ensure quality of the program over time?</p> <p><input type="checkbox"/> no <input type="checkbox"/> yes. If yes, please describe what:</p>																
<p>10. Do you test for functional ability before and after?</p> <p><input type="checkbox"/> no <input type="checkbox"/> yes. If yes, do the scores improve following the program?</p> <p style="padding-left: 40px;"><input type="checkbox"/> no <input type="checkbox"/> yes</p>																
<p>11. Does the program include performance measures?</p> <p><input type="checkbox"/> no <input type="checkbox"/> yes. If yes, please check all that apply:</p> <table border="0"> <tr> <td><input type="checkbox"/> Easy to use</td> </tr> <tr> <td><input type="checkbox"/> Appropriate</td> </tr> <tr> <td><input type="checkbox"/> Sensitive to pre-post changes</td> </tr> </table>	<input type="checkbox"/> Easy to use	<input type="checkbox"/> Appropriate	<input type="checkbox"/> Sensitive to pre-post changes													
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<p>12. Do you have a plan to manage falls risk during the activities?</p> <p><input type="checkbox"/> no <input type="checkbox"/> yes. If yes, please describe:</p>																

<p>13. Is there physical activity?</p> <p><input type="checkbox"/> no <input type="checkbox"/> yes. If yes, please check all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> group-based <input type="checkbox"/> supervised <input type="checkbox"/> trained / qualified instructors <input type="checkbox"/> opportunities for social interaction <input type="checkbox"/> other (please describe):
<p>14. Are there strategies for linking clients and or the initiative with health care providers?</p> <p><input type="checkbox"/> no <input type="checkbox"/> yes. If yes, please describe:</p>
<p>15. What unique challenges have your efforts faced? Please describe:</p>
<p>16. What is not available to your clients to help them prevent falls? Please describe:</p>
<p>17. What top 3 recommendations would you make to a committee developing a regional falls prevention framework?</p> <p>1. _____</p> <p>_____</p> <p>2. _____</p> <p>_____</p> <p>3. _____</p> <p>_____</p>
<p>Other comments?</p>

Thank you for telling me about your good work in falls prevention and management.

III. An Inventory of Falls Prevention Efforts in Mississauga Halton 2007

This Inventory of Falls Prevention Efforts 2007 was intended to list what knowledge, skills and systems are already in place for seniors served within the Mississauga Halton LHIN. The information in this inventory may be useful for connecting with key contacts and exploring opportunities to enhance the cooperation and collaboration needed among and across health services for effective falls prevention and management.

Networking will augment our collective knowledge and skills and aid in a coordinated, comprehensive, client-focused, evidence-informed and strategic approach to the prevention of falls among older adults living within the Mississauga Halton LHIN.

	Initiative	Agency	Area served	Contact
Long Term Care Homes	<ul style="list-style-type: none"> ○ admission risk assess q3mo; ○ safety monitoring q1h; ○ equipment ie bed alarms, hi-lo beds, floor pad 	Cawthra Gardens 590 Lolita Gardens Mississauga ON L5A 4N8 905-306-9984 www.delcare.com	MississaugaHalton	Ursula Dingler Director of Care
	<ul style="list-style-type: none"> ○ presentations ○ awareness 	India Rainbow 415 Matheson Blvd E Mississauga ON L4Z 2H2 905-507-6099 www.indiarainbow.org	MississaugaHalton	sivan@indiarainbow.org
	<ul style="list-style-type: none"> ○ risk assessment ○ equipment ○ restorative care program (eg walk to dine) ○ exercise program 	Yee Hong Centre for Geriatric Care 5510 Mavis Rd Mississauga ON L5V 2X5 905-568-0333 www.yeehong.com	MississaugaHalton	Susan Griffin Thomas Director of Resident Care
Hospitals	<ul style="list-style-type: none"> ○ in-hospital falls task force ○ outpatient falls clinic (risk assessment, group exercise, home safety education) 	Credit Valley Hospital 2200 Eglinton Ave W Mississauga, ON L5M 2N1 905-813-1100 www.cvh.on.ca	MississaugaHalton	Diane McLaughlin Coordinator Seniors/Rehabilitation Day Hospital and Occupational Therapy/Therapeutic Recreation
	<ul style="list-style-type: none"> ○ falls prevention and management corporate project 	Halton Healthcare Services 327 Reynolds Street Oakville ON L6J 3L7 905-845-2571 www.haltonhealthcare.com	MississaugaHalton	Kim Kohlberger Program Leader Rehabilitation/.Geriatrics Program Colleen Silver Professional Practice Clinician
	<ul style="list-style-type: none"> ○ senior health clinic ○ admission risk assess, high risk care plan, environmental safety, monitoring, equipment ○ staff education ○ Risk Pro surveillance ○ in-hospital prevention and management: Falls/Least Restraint committee 	Trillium Health Centre 100 Queensway W, Mississauga ON L5B 1B8 905-848-7100 www.trilliumhealthcentre.org	MississaugaHalton	Cindy Doucette Clinical Nurse Specialist Seniors Health Program

	Initiative	Agency	Area served	Contact
Adult Day Programs	<ul style="list-style-type: none"> ○ alzheimer services, ○ adult day program, ○ caregiver support and education 	Acclaim Health Alzheimer Services 1430 Trafalgar Road Oakville ON L6H 2L1 905-847-9559 www.acclaimhealth.ca	Halton	Joanne Hawkins Director Alzheimer Services
	<ul style="list-style-type: none"> ○ staff awareness for safe transfers/toileting/body mechanics 	Alzheimer Society Peel Day Program 60 Briarwood Ave Mississauga ON L5G 3N6 905-278-3667 www.alzheimerpeel.com	Peel	Christopher Rawn-Kane, Executive Director
	<ul style="list-style-type: none"> ○ training and resources for staff and caregivers ○ promote safe environment in program and at home 	Halton Region Services for Seniors Adult Day Program 185 Ontario Street Milton ON L9T 2M4 905-825-6000 x8168 www.halton.ca/seniors	Halton	Carol Fendley Day Program Coordinator Laurie Maratovich Day Program Coordinator
	<ul style="list-style-type: none"> ○ presentations ○ Health & Safety audit daily 	Rainbow Adult Day Centre for Long Term Care 415 Matheson Blvd E Mississauga ON L4Z 2H2 905-507-6099 www.indiarainbow.org	MississaugaHalton	Sushil Sharma, Program Manager

	Initiative	Agency	Area served	Contact
Adult Day Programs	<ul style="list-style-type: none"> ○ safe environment; staff education 	SENACA Seniors Day Program Halton Inc 53 Bond Street Oakville ON L6K 1L8 905-337-8937 www.senaca.ca	Halton	Wendy McBride Program Manager
	<ul style="list-style-type: none"> ○ education ○ exercise ○ promotion ○ adaptive aid monitoring 	Seniors Life Enhancement Centres: 4094 Tomken Rd Mississauga ON L4W 1J5 905-279-9416 Cliffway Plaza 2041 Cliff Rd Mississauga ON L5A 3N8 905-279-9061 www.slec.ca		Dawn Easton, Program Coordinator, Centre I Heidi Canivet, Program Coordinator II
Supportive Housing	<ul style="list-style-type: none"> ○ Active Health Management Inc provides PTx1hrx3/wk 	Forum Italia Supportive Housing Seniors Residence 155 Forum Dr Mississauga ON L4Z 3M9 905-507-2711	Peel	Nancy Sacchetti, Program Director
	<ul style="list-style-type: none"> ○ referrals to additional services ○ suggest presentations to tenant association, distribute printed materials ○ min q6month assessment 	Halton Healthcare Services GeorgetownHospital Supportive Housing Cote Terrace 171 Main St S Georgetown ON L7G 5M5 905-877-1198 Armstrong Terrace 8 Durham St Georgetown ON L7G 4X9 905-873-8765 www.haltonhealthcare.com	Halton	Marilyn Mitton Support Service Coordinator Cote Terrace Judy Travers Support Service Coordinator Armstrong Terrace
	<ul style="list-style-type: none"> ○ refer to OT/PT, falls home visits ○ education sessions ○ exercise program ○ apartment safety ○ encourage blister-pak for meds ○ invite nurse for information sessions; newsletter articles 	Halton Region Services for Seniors Bruce St. Apartments 40 Ontario St S Milton ON L9T 3Z1 905-825-6000 x8041 www.halton.ca/seniors	Halton	Stephanie Schouten Support Services Coordinator

	Initiative	Agency	Area served	Contact
Supportive Housing	<ul style="list-style-type: none"> ○ substance abuse treatment; ○ environmental: hazard alert cones, keeping floors clean 	<p>Hope Place Women's Treatment Centre 9605 Regional Road 25 Halton Hills ON L9T 2X7 905-875-3214 www.hopeplace.ca</p> <p>Halton Recovery House 8173 Trafalgar Road Hornby ON L0P 1E0 905-878-1120 www.hopeplacecentres.org</p>	Halton Peel Toronto	Tisha Shea Jacqie Shartier Executive Director
	<ul style="list-style-type: none"> ○ volunteer-led exercises and shared meal ○ presentations 	<p>Links2Care Lakeview Villa 17 Elizabeth Drive Acton ON L7J 2V5 519-853-9916 www.links2care.ca</p>	Halton	Anne Holliday Support services coordinator
	<ul style="list-style-type: none"> ○ supportive home services: informal risk assessment, referral to other services 	<p>Oakville Senior Citizens Residence 2222 Lakeshore Rd W Oakville ON L6L 5G5 905-827-4139 www.oakvillesseniors.com</p>		Julie Kennedy Support Services coordinator
	<ul style="list-style-type: none"> ○ home safety checklist; ○ fall occurrence reports with trend analysis 	<p>Peel Senior Link 760 – 30 Eglinton Ave W Mississauga ON L5R 3E7 905-712-3373 www.peelseniorlink.com</p>	Peel	Steve Kavanagh Director Client Services
	<ul style="list-style-type: none"> ○ referral to additional services ○ environmental safety ○ wellness programs (social, recreation, exercise --tai chi or Qigong) ○ provide grit for outside in winter 	<p>Westminster Court 4150 Westminster Pl Mississauga ON L4W 3Z7 905-453-1300</p> <p>Edenwood Seniors Village Inc 3061 Battleford Rd Mississauga, ON L5W 6R7 905-453-1300 www.von.ca</p>		Cheryll Timleck, VON Supportive Housing Care Coordinator (WC) Sandra Zarins, Care Coordinator VON Supportive Housing (ESV)

	Initiative	Agency	Area served	Contact
Community Care Access Centre	<ul style="list-style-type: none"> ○ case / falls management: appropriate safety aids, home therapies 	Mississauga Halton Community Care Access Centre 905-855-9090 1-877-336-9090 www.mh.ccac-ont.ca Etobicoke Office site 401 The West Mall Suite 1001 Etobicoke ON M9C 5J5 Milton Office site 12 Martin Street Milton ON L9T 2P9 Mississauga Office site 2655 North Sheridan Way, Suite 140 Mississauga ON L5K 2P8	MississaugaHalton	Willemien Stanger Client Services Manager
Community Support Services	<ul style="list-style-type: none"> ○ envi checklist; ○ footcare services ○ volunteer inservice; ○ client safety assessment 	Acclaim Health 2370 Speers Road Oakville ON L6L 5M2 905-827-8800 www.acclaimhealth.ca	Halton	Joanne Baxby Director Nursing and Health Services Anne King, Director Community Support Services
	<ul style="list-style-type: none"> ○ perfect record when using rental equipment ○ volunteer drivers 	Canadian Red Cross Oakville Branch 1400 Cornwall Road Unit 15 Oakville ON L6J 7W5 905-845-5241 www.redcross.ca	Halton	Teresa Valadares Community Services Coordinator
	<ul style="list-style-type: none"> ○ no formal program; safety woven in P&P, training all levels 	Canadian Red Cross West Central Region 2624 Dunwin Drive U 7-8 Mississauga, ON L5L 3T5 1-866-885-7040 www.redcross.ca	MississaugaHalton	Valerie Cook Manager
	<ul style="list-style-type: none"> ○ in home intervention and assistance 	Links2Care Client intervention 47 Mill St E Acton ON L7J 1H1 519-853-3310 www.links2care.ca	Halton	Allison Price, Seniors Manager

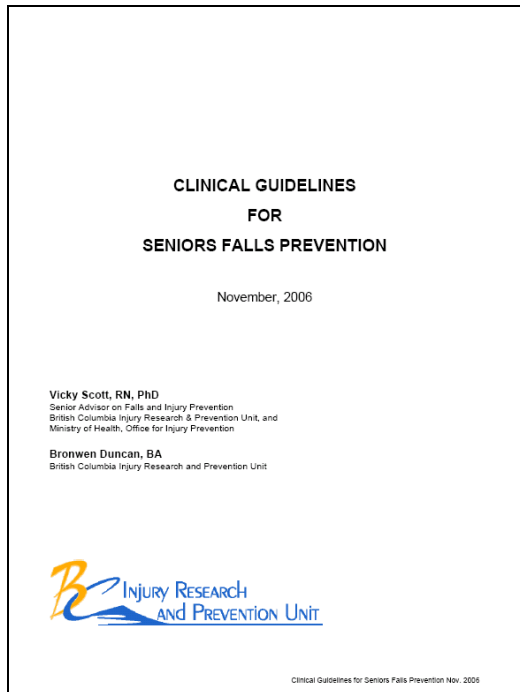
	Initiative	Agency	Area served	Contact
Public Health	<ul style="list-style-type: none"> seniors medication and alcohol resource team (workshops; presentations) community falls workgroup (resources) falls intervention home visits 	Halton Region's Health Department 1151 Bronte Road Oakville ON L6M 3L1 905-825-6000 www.halton.ca	Halton	Gisele Franck Manager Older Adults Program
	<ul style="list-style-type: none"> falls risk assessments to seniors groups upon request informational presentations and displays Adult Injury Prevention Network 	Peel Health 9445 Airport Road Brampton ON L6S 4J3 905-791-7800 www.peelregion.ca	Peel	Mary Anne Kozdras Supervisor Chronic Disease and Injury Prevention
	<ul style="list-style-type: none"> Etobicoke Falls Prevention Coalition information sessions and displays care provider training re falls and home exercises awareness raising communications 	Toronto Public Health 399 The West Mall Toronto ON M9C 2Y2 416-338-7029 www.toronto.ca	Toronto	Patricia Thomas Manager Healthy Communities, Vulnerable Adults/Seniors
Community Services	<ul style="list-style-type: none"> education; awareness 	Alzheimer Society Hamilton & Halton 1685 Main St W Hamilton ON L8S 1G5 905-529-7030 www.alzheimerhamiltonhalton.org	Halton	Mary Beth Burnett, CEO
	<ul style="list-style-type: none"> assist those with visual impairment to be safely independent 	CNIB 115 Parkdale Ave. S. Hamilton ON L8K 1H1 satellite office: 100 - 1270 Central Parkway West Mississauga ON L5C 4P4 1-888-275-5332 www.cnib.ca	Hamilton Halton Peel	Cathy Tufts, Regional Supervisor Client Services
	<ul style="list-style-type: none"> fitness programs and balance classes levels 1/2/3 for adults with acquired disability 	Next Step to Active Living South Common Community Centre 2233 South Millway Drive Mississauga ON L5L 3H7 905-615-4770 www.mississauga.ca/seniors	Halton Peel	Dawn Wilson Program Coordinator

	Initiative	Agency	Area served	Contact
	<ul style="list-style-type: none"> ○ collaboration of Regional health, housing and services for seniors to integrate falls prevention in social housing, supportive housing, day programs ○ Elder Services Advisory Committee 	Halton Region Services for Seniors Social and Community Services Department 1151 Bronte Road Oakville ON L6M 3L1 905-825-6000 www.halton.ca/seniors	Halton	Karen Aikman Manager Community Support Services Sue Haggith Community Development Coordinator
Community Social Services	<ul style="list-style-type: none"> ○ funding thru Ontario Seniors Secretariat to train seniors as peer educators for falls prevention presentations 	Older Adult Centres' Association of Ontario 43 North Riverdale Drive Caledon ON L7C 3K3 905-838-0240 1-866-835-7693 www.oacao.org	Ontario	Lawrie Bloom Executive Director
	<ul style="list-style-type: none"> ○ fitness classes; line dancing; osteoporosis classes; shuffleboard; carpet bowling; chair exercise 	Credit Valley Seniors Club South Common Community Centre 2233 South Millway Drive Mississauga, ON L5L 3H7 905-615-4770 www.mississauga.ca/seniors	Mississauga	Dorothy Olver, president Michele Clement, staff liaison
	<ul style="list-style-type: none"> ○ senior friendly church checklist ○ peer home safety advisors 	Seniors West Planning and Education Advisory Committee Links2Care 47 Mill St E Acton ON L7J 1H1 519-853-3310 www.links2care.ca	North Halton	Terri Forbes Seniors Coordinator

IV. Falls Prevention and Management

Clinical Guidelines

Clinical guidelines for seniors' falls prevention recommend evidence-based courses of action at identified decision points in the care of seniors prone to falling. This 2006 document describes the procedures used for an international search for guidelines and then offers a summary of ten guidelines that most effectively meet the search criteria and guideline definitions.



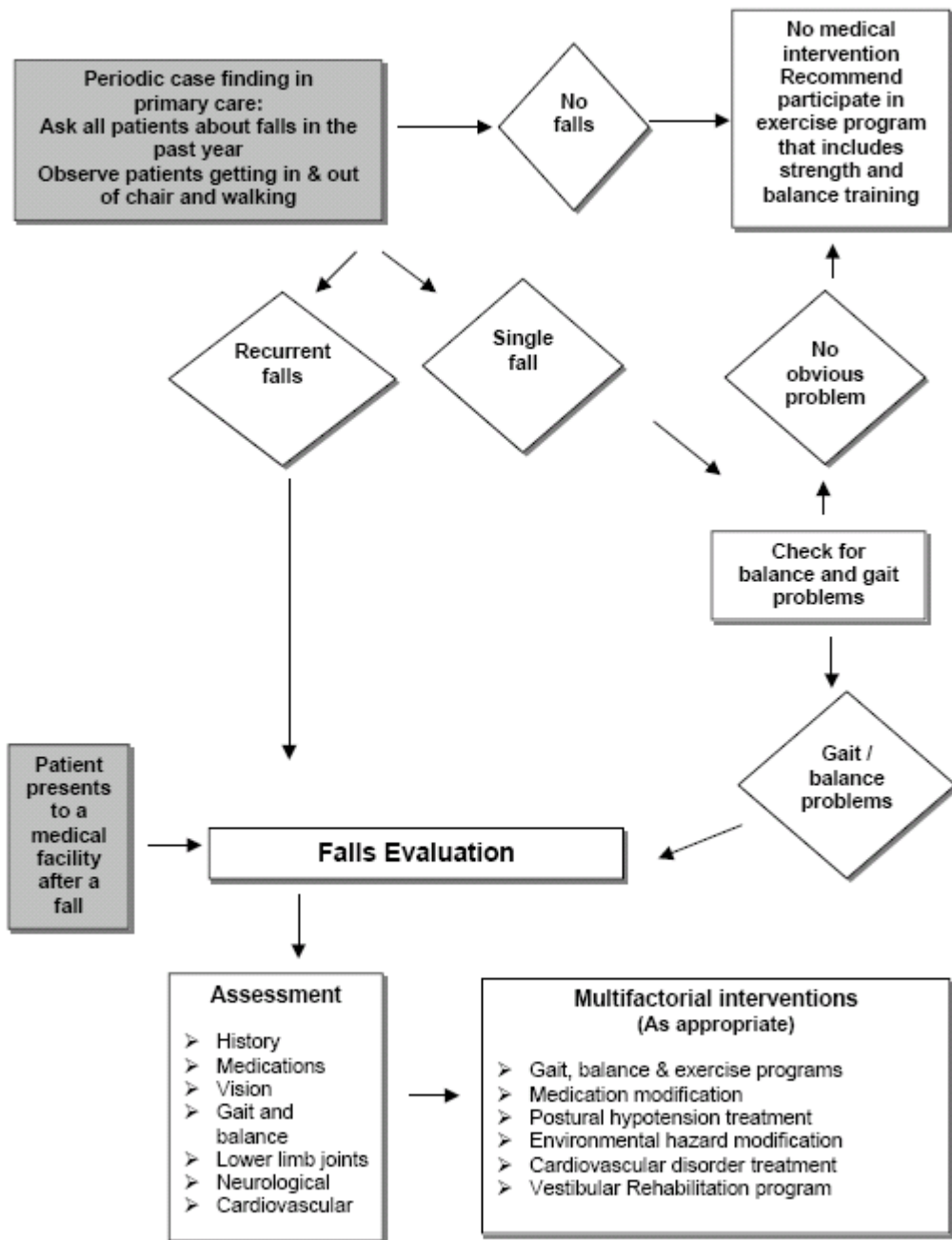
Found at:

www.injuryresearch.bc.ca/Documents/Clinical%20Guidelines%20for%20Seniors'%20Falls%20Prevention.pdf

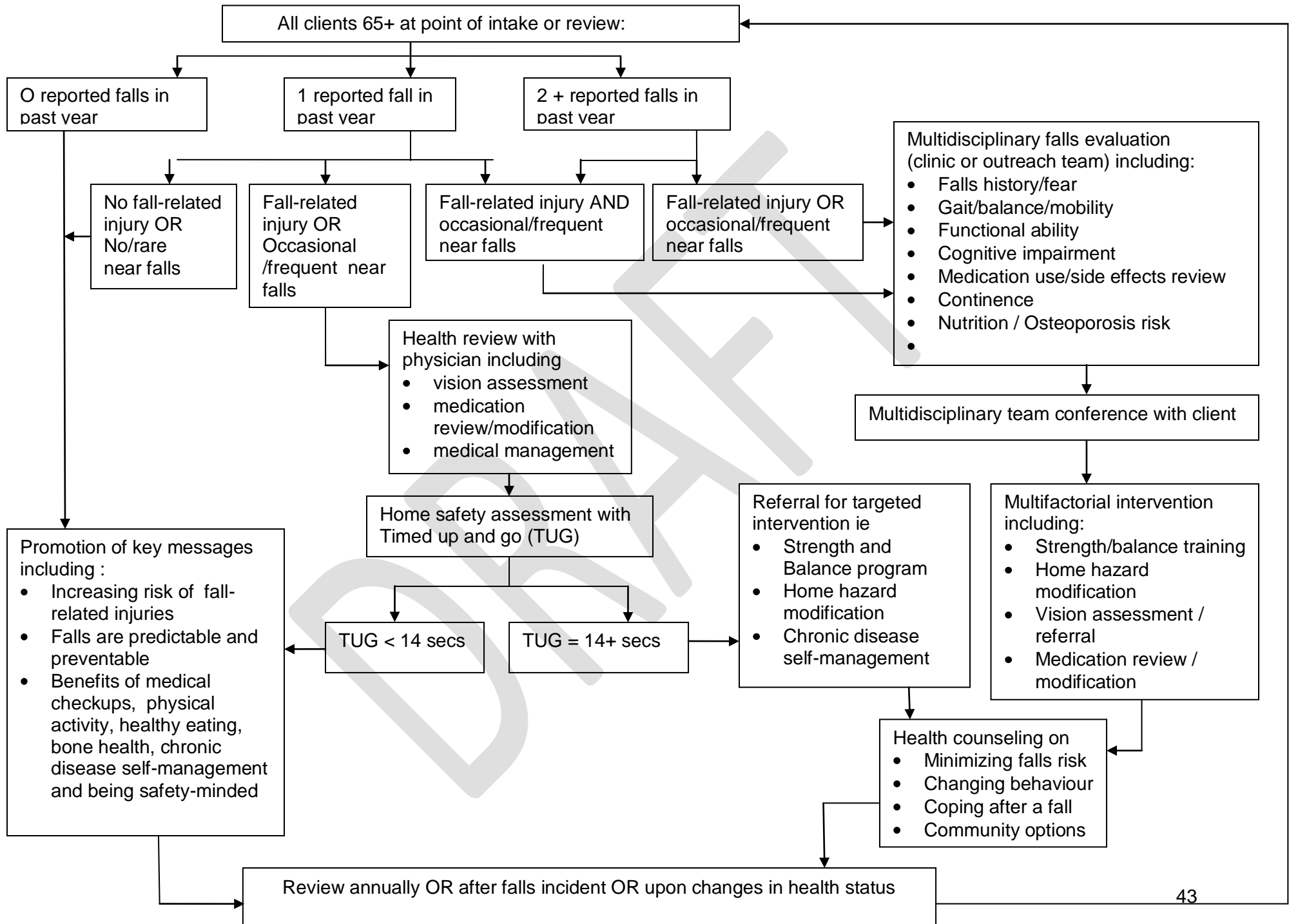
Primary Care Falls Algorithm

developed by Barwon Health for Department of Human Resources, Victoria, Australia accessed at <http://health.vic.gov.au/agedcare/maintaining/falls/downloads/guideforgps.pdf>

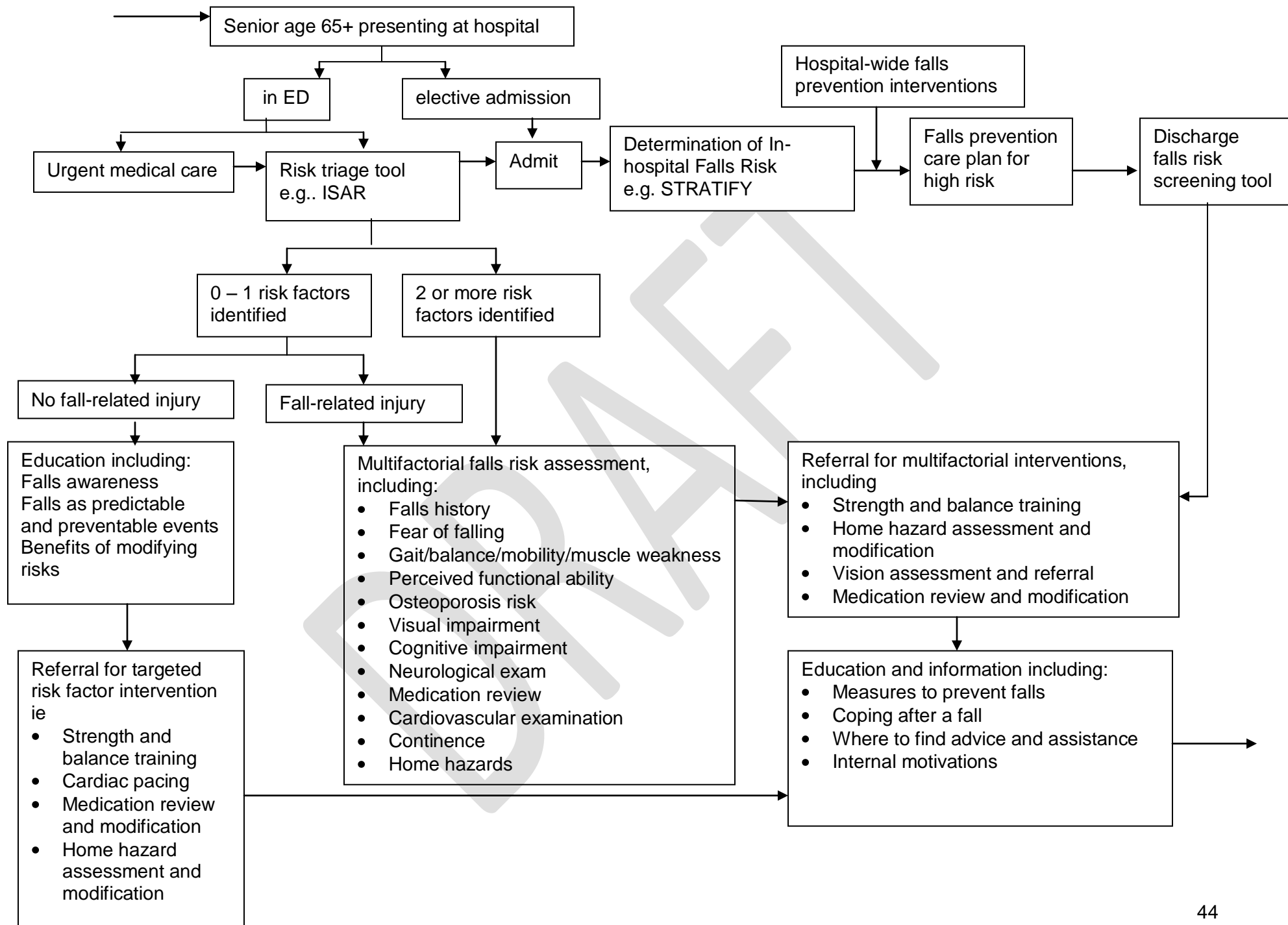
FALLS RISK IDENTIFICATION AND EVALUATION^{iv v}



Community Care Falls Algorithm developed for the Mississauga Halton Falls Prevention Project 2007-2008



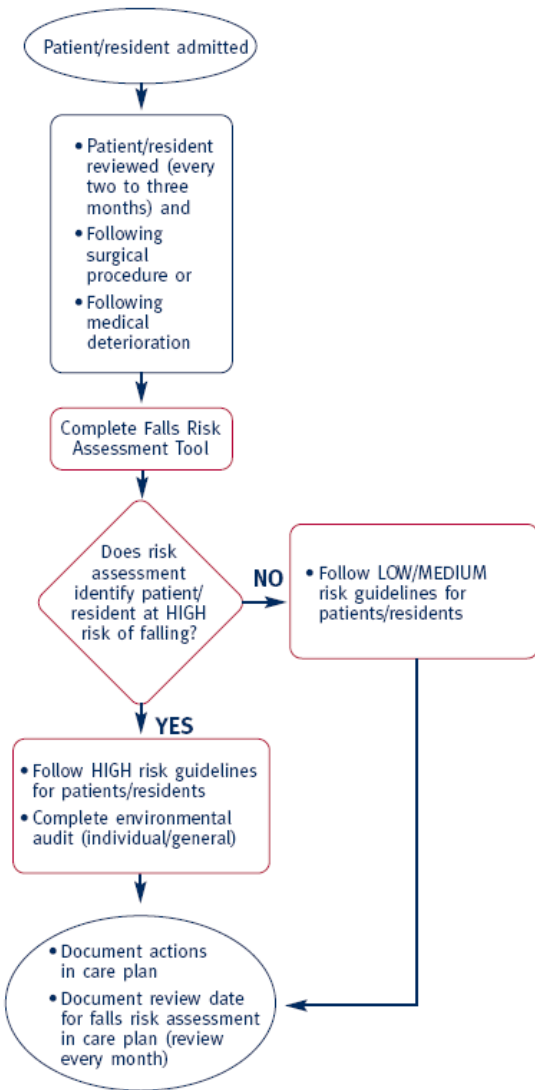
Acute Care Falls Algorithm developed for Mississauga Halton Falls Prevention Project 2007 - 2008



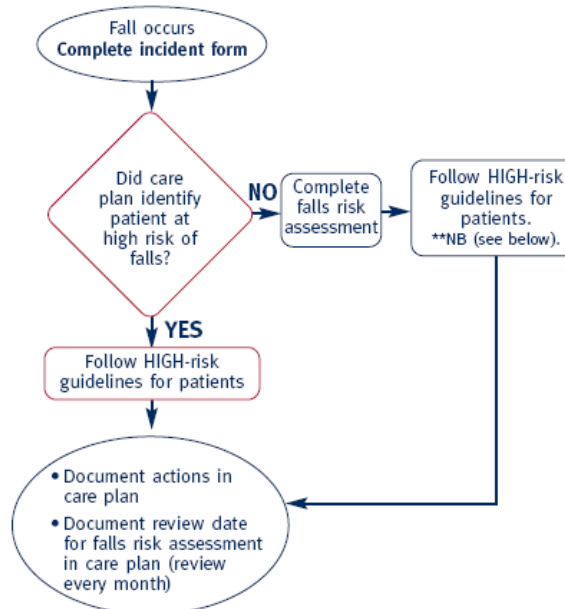
Long Term Care Falls Algorithm

found in Falls Prevention Best Practice Guidelines, Queensland, Australia accessed at http://www.health.qld.gov.au/fallsprevention/best_practice/falls_best_practice.pdf

1.1.14 Falls Risk Procedure on Admission



Falls Risk Procedure After Fall Occurs



**NB When a patient/resident falls, their fall risk status automatically becomes HIGH. The risk assessment tool should be readministered to identify changes in function/status that may have caused the fall.

These flowcharts were developed by staff at Mundubbera Health Service, North Burnett Health Service District, as part of the Quality Improvement and Enhancement Program.

