

A FIVE-YEAR STRATEGIC FRAMEWORK (2008-2013)

TOWARDS A VISION OF SENIORS LIVING FALL FREE LIVES



Prepared by:

Safe Saskatchewan and the Seniors' Falls Provincial Steering Committee

Revised December 2007



SENIORS' FALLS INJURY PREVENTION STRATEGY



Table of Contents

Acknowledgments	1
The importance of collaboration	1
Introduction	3
Seniors falls is more than just numbers	3
Background on Safe Saskatchewan	5
Risk Factors for Falls	7
Why a provincial strategy?	8
The scope and impact of falls	8
Collaboration and Grassroots Development	11
How the Strategy came together	11
A Provincial Strategy (2008-2013)	13
A framework for a start	13
Definitions	13
What gets measured gets done	24
Appendix A Provincial Inventory	27
Appendix B - Sources	31

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 Saskatchewan Association of Landscape Architects
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 Saskatchewan College of Physiotherapy
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 Saskatchewan Homebuilders Association
 Saskatchewan Housing Corporation

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Introduction

Seniors falls is more than just numbers

Many people believe that falls are an issue for someone else. “It won’t happen to me” is a common response – one many of us may have even heard from one of our own family members. Research shows that one in three people aged 65 years and over will fall each year, and that half of these individuals will fall more than once. This increases to one in two for those aged 80 and older. Falls can be prevented and staying mobile and independent are important parts of healthy aging.

That’s the genesis of this strategy: a desire to share what exists today and to develop the resources required to ensure a healthy aging seniors’ population in Saskatchewan. The current cost/burden to the provincial health budget due to seniors’ falls, fractures and injuries is millions of dollars a year.

Hip fractures in seniors, 90% of which are caused by falls, have significant associated morbidity and mortality. In 2005-2006, 7% of seniors admitted with hip fractures died in hospital within 30-days of admission and upwards of 36% die within the next 12 months. In addition, patients who fall have significant loss of mobility and independence. Forty to 50% of all admissions to long-term care are due to falls.

Injury from falls accounts for 36% of the province’s annual economic burden of the one billion dollars attributed to unintentional injuries. According to 1998 data and dollars, of the \$125 million in direct costs spent annually on falls in Saskatchewan, over \$56 million is devoted to falls in the older adults.



An Ontario study, published in 2001, estimated the direct health care costs for a hip fracture to average \$27,000 over a year. This increases to \$44,000 if the patient requires discharge to a long-term care facility. In 2005-2006, Saskatchewan had one of the highest hip fracture hospitalization rates at 600 per 100,000 seniors (the Canadian average rate is 500 per 100,000 seniors).

These statistics have to change - the burden must be lessened. Saskatchewan people of all ages value their independence. The opportunity to live at home or in an environment of their own choosing is key to a happy and productive life.

This Seniors' Falls Injury Prevention Strategy (Strategy) is more about transformation than transactions. Although we use lots of statistics and measure improvements by dollars and the number of hospitalizations, this strategy is more than just numbers.

This strategy is about people - our seniors and everyone in Saskatchewan. It's about empowering people to make changes in their lives, and increase everyone's awareness of how falls affect them and the risks and consequences of falls.

Background on Safe Saskatchewan

Towards a vision of a safe Saskatchewan

Saskatchewan has an unhealthy unintentional injury rate. The province's injury hospitalization rate is twice the national average and its death rate, at over 300 injury fatalities per year, is 1.4 times higher. The number of unintentional injuries that occur in Saskatchewan represents approximately 7% of all injuries that occur in Canada, yet its population represents only 3%.

It is estimated that the economic burden attributed to unintentional injuries in Saskatchewan is about \$1 billion annually. The human cost of pain and suffering is immeasurable.

Safe Saskatchewan is a provincial private-public sector coalition with the objective of achieving a continuous reduction in the number of unintentional injuries in Saskatchewan.

Safe Saskatchewan's key responsibilities are to raise awareness of the provincial unintentional injury epidemic, to support existing community-based injury prevention coalitions, and to coordinate provincial injury prevention resources in the spirit of collaboration.

Vision

*An injury free
Saskatchewan where
safe lifestyles influence
how we live,
work and play.*

This accountability will be focused in three key result areas over the next three to five years: increasing public awareness of unintentional injuries in Saskatchewan; reducing the number of hospitalizations relating to seniors' falls; and reducing the number of farm hospitalizations and fatalities.

Safe Saskatchewan's vision is of an injury free Saskatchewan where safe lifestyles influence how we live, work and play. The organization's mission is to work with all interested groups and together, eliminate unintentional injuries in Saskatchewan.

In support of this mission and vision, Safe Saskatchewan will:

- Seek out and build positive relationships with founding partners, endorsing partners, the Aboriginal community, community-based injury prevention organizations, government and other organizations representing the rich culture of Saskatchewan;
- Raise awareness of the unintentional injury epidemic;
- Identify all community-based injury prevention initiatives and organizations in Saskatchewan and determine areas where there are opportunities for program development;
- Support community-based injury prevention programs in our province by making the most effective use of available resources;

- Support and encourage surveillance, research and evaluation methods;
- Support evidence-based best practices for injury prevention;
- Work together to position injury prevention as a health priority;
- Promote an interdependent injury prevention culture in our province;
- Support and enable the National Injury Prevention Strategy; and
- Secure the financial future of Safe Saskatchewan by seeking out and obtaining financial resources on an ongoing basis.

Our Statement of Beliefs describes what Safe Saskatchewan holds to be true about preventing unintentional injuries in Saskatchewan:

- All injuries are predictable and preventable;
- Informed people are more likely to lead healthy and safe lifestyles;
- Some populations are more at risk than others;
- Injury prevention is everyone's responsibility; and
- Personal health and safety is a right.

The following Values guide Safe Saskatchewan's actions:

- Dignity – those we serve are treated with respect and consideration;
- Fair – those we serve are treated equally and without prejudice or bias, and in a timely manner;
- Honest – those we serve are treated truthfully;
- Open – our services are easy to access and easy to understand. Our decisions and actions are clear, reasonable and open to examination;
- Outward – we will continually reach out to the Saskatchewan Community and the rest of Canada to make our Vision, Mission and services known; and
- Lifestyle – we will conduct our business in a manner that values a healthier, safe and more vibrant lifestyle.

It is in this context that Safe Saskatchewan has led and continues to facilitate the development and delivery of a provincial Strategy.



Risk Factors for Falls

Falls can happen to anyone. Some research undertaken of falls among seniors has isolated a number of risk factors that impact not only the severity of a fall, but also whether a fall is more likely. In general terms, these risk factors can be divided into four categories: Biological/Medical; Behavioural; Environmental; and Social/Economic. The following list is compiled from a number of sources (see Appendix B).

Biological / Medical

Advanced age	Female gender	Chronic illness/disability
Stroke	Parkinson's disease	Incontinence/urinary frequency
Depression	Acute illness	Cognitive impairment
Gait disorders	Poor balance	Postural sway
Muscle weakness	Poor vision	Impaired touch and/or proprioception

Behavioral

Multiple medications		
Excessive alcohol	Risk taking behaviour	Lack of exercise
Previous fall/recurrent falls	Fear of falling	Inappropriate footwear
Poor nutrition or hydration	Lack, inappropriate use or improper use of mobility aids	
Use of: tranquilizers, antidepressants, antihypertensives		

Environmental

Poor stair design	Assistive devices	Inadequate building codes
Lack of: hand rails, curb ramps, rest areas, grab bars		Obstacles and tripping hazards
Poor building design and/or maintenance of public spaces		
Poor lighting or sharp contrasts Slippery or uneven surfaces		

Social / Economic

Low income	Lack of education	Illiteracy/language barriers
Poor living conditions	Unsafe housing	Poor social environment
Living alone	Lack of support networks and social interaction	

Why a provincial strategy?

The scope and impact of falls

According to SmartRisk (based on 1998 Saskatchewan data) every year, seniors falls cost \$56 million in direct costs. In addition, according to "Falls Injuries Among Saskatchewan Seniors 1992/93 - 1997-98" published by Saskatchewan Health:

- there are 3,000 hospitalizations annually due to falls;
- 40% of these hospitalizations are hip fractures;
- 8% are repeat hospitalizations;
- fall-related hospitalizations among older adults result in 40-50% longer lengths of stay in hospital than any other causes of hospitalization among seniors;
- the average cost of a hospital stay is conservatively estimated to be \$20,000;
- the number of hospitalizations for females is twice as high as for males and the fall episode rate for females is 1.7 times higher than for males;
- 18% of hospitalizations result in a transfer to a nursing home or geriatric center;
- 6% of all falls result in death; and
- 70% of falls occur in and around the person's residence including homes and residential institutions.

Although these statistics are shocking enough, the tragedy compounds on a very human level. Up to 25% of those who have fallen decide to limit their daily activities because they fear falling again, thereby reducing their quality of life, decreasing health and function, and eventually increasing their risk of falls.



In addition, the risk of falling is higher among those who have had previous falls, resulting in multiple hospitalizations.

According to the 2006 Census report, at 15.4% (149,306), Saskatchewan has the highest proportion of senior in Canada. The burden of falls will continue to increase as this over 65 population is expected to increase to one in six by 2020. Nationally, hip fracture costs alone are expected to exceed \$2.4 billion by the year 2041.

Current fall statistics are grossly underestimated. The data only represents diagnosis - not cause. For example, it captures admission for hip fractures, but not those for head trauma, severe muscle injury, and other fractures since falls may not be coded.

Falls and fall-related injuries contribute to increased use of acute care beds and emergency departments, cause early admission to long-term care facilities, and reduce our seniors independence and quality of life.

Time is of the essence. In Canada, the seniors' account for about 12% of the total population. By 2028, that percentage will be 20% of the population. Nationally life expectancy has increased five years over the last three decades - our seniors are living longer and the median age of the population is increasing. The fastest growing age range is the 80 plus. According to Statistics Canada, this group alone is expected to grow by 43% by the year 2011. In Saskatchewan, these statistics may be even more dramatic as the province has a higher percentage of seniors' than many other provinces.

A provincial strategic framework that addresses these demographic changes is needed now.

The good news is there exists a body of knowledge that has shown what works to change this scenario.

Evidence for Prevention - What works?

Combining a number of interventions in a multifactorial approach appears to be the most effective in preventing falls. Individual interventions included in a multifactorial approach are:

Exercise Programs: Include such activities as moderate weight lifting, Tai Chi, leg strength, and balance training.

Environmental Modification: Removing risks from the home and community like adding grab bars and stair rails, removing rugs, cords and clutter, adding curb ramps, and painting pavement cracks and street obstacles bright colors.

Education: Informing seniors and health care providers about risks through information campaigns and health promotion activities.

Medication Modification: Helping seniors withdraw from benzodiazepines and other drugs; altering prescriptions to avoid interactions; taking vitamin D and calcium supplements or bone enhancing medication, especially for those with documented osteoporosis. Promote medication reviews with physicians and pharmacists.

Clinical Intervention: Clinical assessments by healthcare professionals to identify seniors at high risk of falling; screening in emergency wards, doctor's offices and clinics for cognitive and physical fall risk factors; interventions to reduce



behavioural or environmental risk factors; and referrals to appropriate resources to reduce the risk.

Assistive/Protective Devices: The correct use of walkers, canes, scooters to prevent falls; the use of hip protectors to cushion the impact of a fall in long-term care.

Only by a concerted effort that builds upon best practice, that shares quality improvement activities, and that has the resources necessary to impact change, will the impact of this epidemic be lessened. That is the focus of this provincial strategy.

Collaboration and Grassroots Development

How the Strategy came together

If one date could be selected for the germination of this strategy it would be September 22, 2006. At this gathering the Saskatoon Seniors Falls Consortium sponsored a symposium on seniors' falls with a number of key practitioners gathering to listen to speakers from across Canada. It planted the seed for action.

A couple of months later, on a blustery November day in 2006, representatives from numerous organizations arrived in Regina, Saskatchewan to talk about seniors' falls. Safe Saskatchewan coordinated that day and has continued to move forward on the development of a Strategy for Saskatchewan. Over 80 individuals representing nearly every organization involved with seniors' falls injury prevention were invited to attend the first workshop. About half that number arrived and together the group created the first key elements of a strategic framework: Vision and Mission statements; goals and action items.

A first draft plan document introduced the current state of seniors' falls: hospitalization numbers and cost to the health care system. It utilized data from Saskatchewan and other sources on risk factors, evidence for prevention, included an inventory of injury prevention programs related to seniors' falls, and introduced the new Vision, Mission, Goals and Actions.

One of the key outcomes of the workshop in November was the establishment of a Steering Committee. A number of people committed to volunteer their time to continue developing the Strategy. This Committee, now including representatives from all Regional Health Authorities and organizations involved with seniors' falls injury prevention, will oversee all future initiatives that will be taken to reduce seniors' falls over the next five years. At the first steering committee meeting in March 2007, Safe Saskatchewan introduced its role, provided a mandate document and a first draft of the Strategy for discussion and development.

The committee decided on a number of critical action items:

- achieve absolute representation from all health regions;
- use a rate reduction goal;
- get support from Saskatchewan Health; and
- develop a framework document, using other jurisdictions as examples.

After the first Steering Committee workshop, meetings were set up with the Deputy Minister of Saskatchewan Health. A copy of the draft Strategy was shared and valuable comments received.

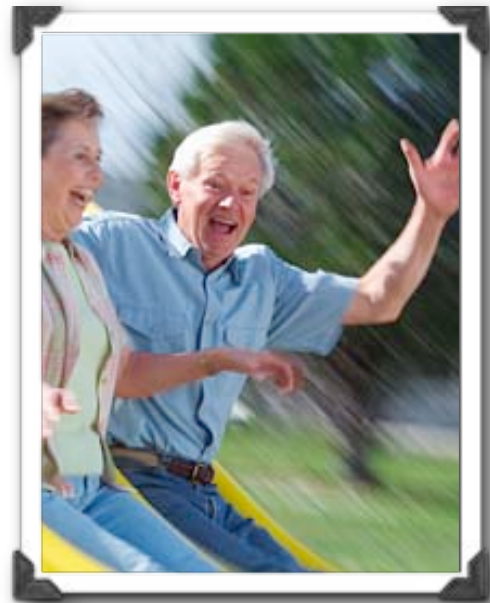
June 2007 saw the Steering Committee gathering again in a working session in Regina. During the session, the group refined the Strategy objective and settled on the following target:

By December 31st, 2013, reduce the rate of fall-related injuries that result in hospitalizations by 10% in the 65 plus age group.

The group promoted the use of an established model and took its lead from other jurisdictions that have already created their own successful seniors' falls injury prevention strategies. During the rest of the day, using a "population health promotion" approach, the team developed three goals to be achieved in four key settings. In addition, action areas and guiding principles were developed.

The steering committee met again in September 2007 to review all drafts of the strategies and objectives needed to flesh out the Strategy.

The strategy framework being developed is the first of its kind in Saskatchewan. By unifying the many provincial participants in seniors' care and service in a single strategy, it is the hope of Safe Saskatchewan, the steering committee, and the organizations involved, to combine the considerable knowledge and resources present to reach our goal of reducing the number of hospitalizations due to seniors' falls.



A Provincial Strategy (2008-2013)

A framework for a start

The purpose of this Strategy is to become a framework for an integrated and coordinated effort to reduce the impact of falls on seniors and on seniors' lives. This document will continue to evolve, especially as activities, research, evidence, and best practices are shared. But the audience for the Strategy will remain constant - seniors, government, healthcare staff, managers and administrators, and everyone involved in promoting healthy seniors' lifestyles in community, home, residential, and acute care settings.

Within a Vision of Saskatchewan seniors living fall free lives, the Strategy is guided by three key goals:

- to promote optimal health and maximize independence;
- to prevent, reduce and manage fall-related risk factors and injuries; and
- to advocate for healthy public policy and practice.

The objective of the strategic framework will be to: by December 31st, 2013, reduce the rate of fall-related injuries that result in hospitalizations by 10% in the 65 plus age group.

Definitions

In developing this Strategy a number of key definitions were discussed and decided upon.

Key Settings

Community

The physical environment and infrastructure of communities includes streets and sidewalks, commercial properties, leisure and transport facilities, community based health, social organizations, and seniors' groups. The target population is healthy and active seniors, their families and caregivers, and the community at large.

Home

Any domestic dwelling located in the community setting such as houses, apartments, assisted living or supportive housing complexes. The target population is people who have fallen or are at risk of falling in their home or community.

Residential Care

Residential care facilities, both directly funded and contracted. The target population is people who are at risk of falling or have fallen while living in a residential care facility.

Acute Care

Acute and sub-acute care, emergency and outpatient departments, and specialized units. The target population is people who have fallen or are at risk of falling while in hospital, and those who present to the emergency department following a fall.

Key Action Areas

For each area the definition of that action is also the objective.

Education

Identify and provide appropriate and accessible education, and awareness on fall prevention for all Saskatchewan residents including seniors, care providers, organizations, and communities.

Policy Development and Review

Provide a supportive infrastructure for falls prevention including the development of public and local policy.

Programming Design and Implementation

Provide a supportive infrastructure for falls prevention including the development of programs and services. Identify and use best practice from current programs and evidence-based research. Ensure programs are appropriate, accessible, and affordable.

Creating Safe Environments

Promote, maintain and increase safety, mobility, independence, and access for seniors in internal and external environments.



Developing a Framework of Support for Shared Roles and Responsibilities

Create and nurture relationships among Saskatchewan residents including seniors, care providers, organizations, and communities to support falls prevention and risk assessment initiatives.

VISION	Saskatchewan Seniors live fall free lives			
OBJECTIVE	By December 31, 2013, reduce the rate of fall-related injuries that result in hospitalizations by 10% in the 65 plus age group (baseline 2005 numbers in the Saskatchewan Comprehensive Injury Surveillance Report).			
APPROACH	Population health promotion			
GOALS	Promote optimal health and maximize independence	Prevent, reduce and manage fall-related risk factors and injuries	Advocate for healthy public policy and practice	
KEY SETTINGS	Community	Home	Residential / long-term care	Acute Care
ACTION AREAS	Education	Policy Development and Review		Creating Safe Environments
	Program Design and Implementation		Developing a Framework of support for shared roles and responsibilities	
GUIDING PRINCIPLES	Evidence-based best practice	Focus on client relationships	Sustainability	Collaboration and partnerships
EVALUATION INDICATORS	Reduction in hospitalization rate	Reduction in death rate	Reduction in hip fracture rate	Reduction in injury rate in acute care hospitals
	Delay/reduction in home support services and residential care admissions	Reduction in emergency department utilization	Reduction in fear of falling	Increase in quality of life

Community Setting: objectives and strategies in key action areas				
Key Action Areas				
Education	Policy Development and Review	Program Design and Implementation	Creating Safe Environments	Developing a Framework of Support for Shared Roles and Responsibilities
Objectives				
Identify and provide appropriate and accessible education, and awareness on fall prevention for all Saskatchewan residents including seniors, care providers, organizations, and communities	Provide a supportive infrastructure for falls prevention including the development of public and local policy.	Provide a supportive infrastructure for falls prevention including the development of programs and services. Identify and use best practice from current programs and evidence-based research. Ensure programs are appropriate, accessible and affordable.	Promote, maintain and increase safety, mobility, independence and access for seniors in internal and external environments.	Create and nurture relationships among Saskatchewan residents including seniors, care providers, organizations, and communities to support falls prevention and risk assessment initiatives.
Strategies				
<p>Create and support a provincial campaign aimed at raising awareness falls have on emotional, social, physical, and financial well being</p> <p>Adopt elements of the National Curriculum to educate care providers and seniors on falls prevention, and risk management</p> <p>Disseminate information on: a) risk factors, b) prevention of falls and related injuries, and c) access to community or regional interventions</p> <p>Provide educational support and resources on falls prevention and risk management, to educational institutions for the preparation and training of future caregivers.</p>	<p>Develop and promote public and local policy within community organizations to reduce the incidence and severity of injuries due to falls.</p> <p>Develop a policy required for the identification of quality indicators.</p>	<p>Establish a provincial coordinator to help develop, support, and implement falls prevention initiatives</p> <p>Develop and implement falls prevention initiatives based on a multifactorial approach.</p> <p>Engage primary care providers to participate in falls screening initiatives.</p> <p>Build partnerships and collaborate with community-based services such as: municipalities, businesses, land owners, organizations, and key stakeholders, in order to develop and implement sustainable community-based fall and injury prevention initiatives.</p> <p>Engage care providers, intersectoral partners, and community members to participate in and support falls prevention initiatives</p> <p>Involve community members in the development, delivery, and evaluation of local initiatives</p>	<p>Promote regular health assessments for optimal physical health, psychosocial health, medication use, vision, and foot care</p> <p>Promote exercise for strength, balance, and flexibility</p> <p>Collaborate with planners, designers, architects, builders, municipalities and interdisciplinary partners to utilize universal design principles for safer buildings and dwellings.</p> <p>Collaborate with organizations, municipalities, retailers, and transport authorities to assess environmental risk factors and improve safety and access to public environments</p>	<p>Identify existing data bases and systems relevant to falls surveillance and identify gaps in data collection systems that could affect falls prevention.</p> <p>Identify and implement effective strategies to share falls prevention research with relevant stakeholders</p> <p>Support Regional Health Authorities in their falls prevention efforts and foster interaction with the Seniors' Falls Injury Prevention Strategy Committee.</p> <p>Support both community-based action and community development, with resources, information, and a mechanism for collaboration.</p>

Community Setting (continued)				
Key Action Areas				
Education	Policy Development and Review	Program Design and Implementation	Creating Safe Environments	Developing a Framework of Support for Shared Roles and Responsibilities
Strategies				
Provide falls prevention resources and information to architects, designers, and builders in order to support healthier places and spaces for Saskatchewan seniors		<p>Develop outcome measures to evaluate the effectiveness of falls prevention activities.</p> <p>Develop and provide evidence based interventions to improve strength and balance, improve identification and management of personal risk factors, and improve medication and continence management.</p> <p>Balance falls prevention strategies with individuals rights to dignity, privacy, independence, rehabilitation and their choices about the risks they are prepared to take.</p>	<p>Develop and support mechanisms in collaboration with other agencies, to identify, report and modify environmental hazards.</p> <p>Encourage individuals to recognize their own environmental fall risk factors and take action for change</p>	

Home Setting: objectives and strategies in key action areas				
Key Action Areas				
Education	Policy Development and Review	Program Design and Implementation	Creating Safe Environments	Developing a Framework of Support for Shared Roles and Responsibilities
Objectives				
Identify and provide appropriate and accessible education, and awareness on fall prevention for all Saskatchewan residents including seniors, care providers, organizations, and communities.	Provide a supportive infrastructure for falls prevention including the development of public and local policy.	Provide a supportive infrastructure for falls prevention including the development of programs and services. Identify and use best practice from current programs and evidence-based research. Ensure programs are appropriate, accessible and affordable.	Promote, maintain and increase safety, mobility, independence and access for seniors in internal and external environments.	Create and nurture relationships among Saskatchewan residents including seniors, care providers, organizations, and communities to support falls prevention and risk assessment initiatives.
Strategies				
Form a working group to amalgamate current resources with recent evidence to develop common education information for health care workers, other individuals & seniors as well as their family members	Identify key stakeholders/policy makers who can influence the resources allocated for falls initiatives and provide them with tools they require to obtain those resources	Support Regional Health Authorities with funding to hire falls prevention coordinators responsible to review recommendations, implement standardized programs and obtain and review data regarding falls in homes in the Health Region	Develop a list of community volunteers accessible to all seniors, to assist with snow removal, installation of home safety equipment s/a wall bars, and make other modifications Assess individual situations and make specific recommendations regarding equipment needs and home modification ie: home safety checklists.	Provide organizational structures to guide and sustain programs within communities Empower community seniors by facilitating local ownership of community initiatives i.e. train the trainer, <i>Forever in Motion</i> , etc.
Provide falls prevention education for health care workers & other individuals who work with seniors	Provide policy makers with current evidence, supporting the need for the engagement of Private Care Homes in Falls Prevention by making it a requirement for licensing	Provide Home Falls Prevention initiatives to seniors including: falls screening, specific medical assessment, medication reviews, equipment needs assessment, access to assistive equipment and home assessment	Assess individual situations and make specific recommendations regarding equipment needs and home modification ie: home safety checklists.	Continue to receive support and leadership from existing structure of Safe Saskatchewan and the SFIPS
Liaise with U of S, U of R, and colleges to ensure students receive current, common information	Provincial Falls Coordinator will assist with modification of existing programs as the evidence evolves	Financially support existing programs and new initiatives including seniors exercise groups, community fitness facilitates, <i>Forever in Motion</i> etc.	Develop and support mechanisms, in collaboration with community agencies, etc to identify, report, and modify home hazards.	Identify non-traditional partners in falls prevention s/a firefighters, SaskPower, and SaskTel for home evaluation and initiatives.
Provide the resources & funding for presentations to groups and individuals utilizing common education material developed from existing programs			Collaborate with designers, architects, builders, municipalities and planners re: safe building and dwelling designs	Identify existing data bases and systems relevant to falls surveillance and identify gaps in data collection systems that could affect falls prevention.

Home Setting (continued)				
Key Action Areas				
Education	Policy Development and Review	Program Design and Implementation	Creating Safe Environments	Developing a Framework of Support for Shared Roles and Responsibilities
Strategies				
<p>Develop pathways that allow sharing of information with educational institutions and the community</p> <p>Review existing advertising/literature including brochures, posters, power point presentations and choose the most appropriate ones based on current theory.</p> <p>Partner with universities and colleges in ongoing research and share current evidence with stakeholders</p>	<p>Develop a policy required for the identification of quality indicators.</p> <p>Establish a working group to develop and implement a comprehensive evaluation process for falls initiatives for home dwelling seniors</p>	<p>Engage general practitioners including: physicians, RN(NP), HC Nursing, Therapies etc to participate and support falls programs utilizing existing algorithms and screening tools.</p> <p>Establish a provincial coordinator to help develop, support, and implement falls prevention initiatives</p> <p>Develop and implement falls prevention initiatives based on a multifactoral approach.</p> <p>Engage primary care providers to participate in falls screening initiatives.</p> <p>Balance falls prevention strategies with individuals rights to dignity, privacy, independence, rehabilitation and their choices about the risks they are prepared to take.</p> <p>Develop and provide evidence based interventions to improve strength and balance, improve identification and management of personal risk factors, and improve medication and continence management.</p>	<p>To ensure a safe and effective discharge from hospital have interventions in place.</p> <p>These may include a pre-discharge home assessment by therapist, equipment installed to improve safety, etc.</p>	

Residential/Long Term Care Setting: objectives and strategies in key action areas				
Key Action Areas				
Education	Policy Development and Review	Program Design and Implementation	Creating Safe Environments	Developing a Framework of Support for Shared Roles and Responsibilities
Objectives				
Identify and provide appropriate and accessible education, and awareness on fall prevention for all Saskatchewan residents including seniors, care providers, organizations, and communities	Provide a supportive infrastructure for falls prevention including the development of public and local policy.	Provide a supportive infrastructure for falls prevention including the development of programs and services. Identify and use best practice from current programs and evidence-based research. Ensure programs are appropriate, accessible and affordable.	Promote, maintain and increase safety, mobility, independence and access for seniors in internal and external environments.	Create and nurture relationships among Saskatchewan residents including seniors, care providers, organizations, and communities to support falls prevention and risk assessment initiatives.
Strategies				
<p>Raise awareness of fall risk factors and prevention strategies for health care workers, volunteers, family members, clients, and residents.</p> <p>Provide education and staff development opportunities in fall prevention for all staff and use of best practices.</p> <p>Provide education for care staff, physicians and pharmacists on the safe use of medications to reduce the risk of falls and fractures.</p> <p>Provide education training at regional level for health professionals on assessment skills of high risk falls in urban and rural settings.</p>	<p>Develop, evaluate, and implement fall prevention policies for the long-term care sector.</p> <p>Develop a policy required for the identification of quality indicators.</p> <p>Develop policies that reflect key action areas and objectives for specific strategies.</p>	<p>Develop and provide evidence based interventions to improve strength and balance, improve identification and management of personal risk factors, and improve medication and continence management.</p> <p>Adopt screening and assessment tools that are valid and reliable</p> <p>Provide local access to thorough clinical assessment for those at high risk of falls</p> <p>Develop referral protocols to other services for ongoing prevention and intervention strategies</p> <p>Ensure adequate staffing levels to enable implementation strategies</p> <p>Improve incident monitoring, reporting and follow up.</p> <p>These indicators include:</p>	<p>Provide routine assessment of fall risk on admission, following a fall or significant change in health status</p> <p>Provide individualized evidence- based intervention(s) for those at high risk</p> <p>Ensure a safe physical environment.</p> <p>Ensure safe building layout, appropriate lighting, floor surfaces, toilets, and showers.</p> <p>Promote safe behaviours such as wearing appropriate footwear, hip protectors and utilizing safe methods to transfer</p> <p>Complete environmental assessment and modification, if identified as a factor following a fall</p>	<p>Develop, promote & implement fall prevention and intervention plans and clinical pathways to improve management of personal risk factors and falls.</p> <p>Identify existing data bases and systems relevant to falls surveillance and identify gaps in data collection systems that could affect falls prevention.</p>

Residential/Long Term Care Setting (continued)				
Key Action Areas				
Education	Policy Development and Review	Program Design and Implementation	Creating Safe Environments	Developing a Framework of Support for Shared Roles and Responsibilities
Strategies				
		<ul style="list-style-type: none"> • The number of staff completing education program verses the total number of care staff • The number of MDS assessments indicating the number of falls verses the number of fallers • The number of residents on psychotropic meds without diagnosis requiring psychotropic meds • The reduction of critical incidents resulting from falls with fractures • The number of hip protectors utilized • The reduction in the number of side rails utilized • The number of appropriate referrals made to other health professionals re: fall incidents <p>Establish a provincial coordinator to help develop, support, and implement falls prevention initiatives</p> <p>Develop and implement falls prevention initiatives based on a multifactoral approach.</p> <p>Engage primary care providers to participate in falls screening initiatives.</p>	<p>Raise awareness of fall risk factors and prevention strategies appropriate to each resident</p> <p>Increase access to hip protectors preventative aids</p> <p>Implement no side rails and low long term care beds</p> <p>Promote optimal health and physical ability through nutritional supplementation</p> <p>(Vitamin D and calcium), medication and continence management and lower extremity resistance training exercise</p>	

Acute Care Setting: objectives and strategies in key action areas				
Key Action Areas				
Education	Policy Development and Review	Program Design and Implementation	Creating Safe Environments	Developing a Framework of Support for Shared Roles and Responsibilities
Objectives				
Identify and provide appropriate and accessible education, and awareness on fall prevention for all Saskatchewan residents including seniors, care providers, organizations, and communities	Provide a supportive infrastructure for falls prevention including the development of public and local policy.	Provide a supportive infrastructure for falls prevention including the development of programs and services. Identify and use best practice from current programs and evidence-based research. Ensure programs are appropriate, accessible and affordable.	Promote, maintain and increase safety, mobility, independence and access for seniors in internal and external environments.	Create and nurture relationships among Saskatchewan residents including seniors, care providers, organizations, and communities to support falls prevention and risk assessment initiatives.
Strategies				
<p>Support access to and provide in-service education for all acute care workers in falls prevention including intrinsic and extrinsic risk factors and strategies to reduce those risks.</p> <p>Provide education to the patient/family to increase their awareness of fall risk during hospitalization and strategies to reduce risk.</p> <p>Develop resources to support fall prevention education appropriate for acute care and work redesign</p> <p>Disseminate information on risk factors, how they can be managed, and falls and injuries prevented.</p>	<p>Use best-practices from evidence-based research and current programs</p> <p>Link policies between falls prevention and related policies such as manual lifting, prevention of pressure ulcers, and nutrition</p> <p>Identify those presenting to Emergency departments following a fall and develop systems for screening, assessment and interventions to prevent future falls.</p>	<p>Create a falls prevention-working group within each acute care institution to act on both clinical and environmental risk factors</p> <p>Analyze and use reports of falls to learn about contributing factors to modify and implement changes</p> <p>Develop and use a falls risk assessment tool that identifies risk factors and includes the appropriate interventions necessary for implementation to minimizing the risk</p> <p>Establish a provincial coordinator to help develop, support, and implement falls prevention initiatives</p> <p>Develop and implement falls prevention initiatives based on a multifactoral approach.</p> <p>Engage primary care providers to participate in falls screening initiatives.</p>	<p>Implement an environmental risk audit to identify those potential risk-factor areas</p> <p>Include preventive maintenance check of patient care equipment</p> <p>Identify the high-risk points or fall locations in hospitals.</p> <p>To ensure a safe and effective discharge from hospital have interventions in place. These may include a pre-discharge home assessment by therapist, equipment installed to improve safety, etc.</p>	<p>Have appropriate guidance for staff on how to observe, investigate, care for and treat patients who are admitted because of a fall.</p> <p>Develop an interdisciplinary falls consultation team to address the issues of staff and patients to minimize risk of falls in the hospital.</p> <p>To become proactive, create, use, and analyze a standardized report of fall incident or near-incident, that incorporate circumstances (i.e. time, location) and interventions taken.</p> <p>Do an analyses of risk management reports in order to understand where, when, and why the patients are most vulnerable to falls and whether changes in care can reduce falls and injury over time.</p>

Acute Care Setting (continued)				
Key Action Areas				
Education	Policy Development and Review	Program Design and Implementation	Creating Safe Environments	Developing a Framework of Support for Shared Roles and Responsibilities
Strategies				
<p>Provide resources, information and support on acute care based action</p> <p>Actively promote a falls prevention program to increase staff/public awareness.</p> <p>Integrate education strategies with the National Curriculum.</p>	<p>Develop a reporting mechanism to communicate program and results from ward to board level</p> <p>Influence procurement processes and support resources of falls prevention acute care-based programs</p> <p>Engage general practitioners to participate in and support falls prevention initiatives</p> <p>Engage patients, relatives and the public when developing a hospital wide falls prevention policy.</p> <p>Develop a policy required for the identification of quality indicators.</p>	<p>Create a Falls Prevention care plan designed to incorporate the risk assessment tool on admission assessment and appropriate strategies to use as well as continued risk evaluation</p> <p>Facilitate ongoing consistent follow up of individuals that have sustained a fall ie: through the use of checklists or flow charts to guide staff checking for injuries, requesting medical review, considering underlying illness, and acting to prevent another fall</p> <p>Balance falls prevention strategies with individuals rights to dignity, privacy, independence, rehabilitation and their choices about the risks they are prepared to take.</p> <p>Develop and provide evidence based interventions to improve strength and balance, improve identification and management of personal risk factors, and improve medication and continence management.</p>		<p>Develop a communication format suitable for individual health regions for communicating the "at-risk" status of patients as they move through the health care system.</p> <p>Utilize existing multidisciplinary acute care teams for health regions to review, amalgamate and develop and promote policies that target falls prevention and follow up of falls.</p> <p>Identify existing data bases and systems relevant to falls surveillance and identify gaps in the data collections systems ie: emergency rooms.</p> <p>Develop systems that are timely and comprehensive.</p> <p>Encourage and review fall prevention strategy by the physicians with remuneration for their role in the process.</p> <p>Identify existing data bases and systems relevant to falls surveillance and identify gaps in data collection systems that could affect falls prevention.</p>

What gets measured gets done

This Strategy has been developed based on what is known today from many jurisdictions including evidence from Saskatchewan. As discussed earlier, this is an evolving document. New evidence, new research and regional success stories and programs, will all contribute to making this Strategy a pragmatic and actionable framework with demonstratable results. Outcomes and indicators too will evolve, but it is important at this early stage to also discuss what outcomes and indicators best illustrate the impact of this Strategy. For that purpose the following have been included:

Expected Outcomes

Quantitative

- Reduce preventable injury and death
- Reduce emergency department congestion and utilization
- Reduce acute care bed utilization
- Reduce or delay residential care admission
- Reduce or delay home support services

Qualitative

- Increase independence
- Increase quality of life

Potential Outcome Indicators

Quantitative

- Reduction in the hospitalization rate due to falls
- Reduction in the death rate due to falls
- Reduction in the hip fracture rate due to falls
- Reduction in the number of falls and fall-related injury rate in acute care hospitals
- Delay or reduction in home support services and residential care admissions due to falls

Qualitative

- Reduction in emergency department utilization due to falls
- Reduction in fear of falling and increase in quality of life

Implementation

Prevention and promotion strategies usually require years to achieve significant changes in outcomes and indicators - especially qualitative, behavioural change. Initially these indicators register increases before moderating as individuals become more aware and the true extent of injury prevention activities become imbedded in societal values.

But strategies require focused and secure resources to begin the process of change. When it comes to required infrastructure on the “front lines” many resources are already available - there are practitioners and programs dedicated to seniors falls and injury prevention. As a provincial strategy, however, and to focus efforts and avoid any duplication and overlap, additional resources are required.

Resources will focus immediately upon reducing the impact of seniors’ falls. **A reduction in the number of hospitalizations due to falls of 10% will result in annual savings of \$6 million in direct costs** and a yet unknown savings in indirect costs. Indirect costs have been estimated by other jurisdictions to be substantially higher than the direct costs.

Other Jurisdiction Evidence

There is a growing body of evidence showing the cost effectiveness of falls prevention programming.

Over a period of 5 years the province of British Columbia has recognized a \$25 million savings (13.7% reduction) due to falls prevention, with minimal investment.

A 2006 Australian publication on the economic analysis of a community-based falls prevention program found the average benefit to cost ratio for the intervention as a whole was 21:1. Of note, the authors state that the confidence intervals were small and models conservative, therefore underestimating the real benefits.

Nationally and internationally, falls prevention is a high priority receiving significant resources - Saskatchewan is lagging behind. The social benefits are as important as the monetary benefits. Reducing risks for falls will decrease mobility limitations and improve independence - essentials for an improved quality of life.

Appendix A

Provincial Inventory

Community-based organizations and healthcare agencies have developed and delivered numerous programs. Although not exhaustive, it is our hope that this inventory will be updated annually and serves to highlight interesting and results oriented programs and activities in Saskatchewan.

College of Physicians & Surgeons of Saskatchewan

Prescription Review Program

The program has, as one of its priorities, the development of tools to improve the prescribing of benzodiazepines in Saskatchewan.

Cypress Health Region

Put Your Best Foot Forward

This is a screening and referral program for clients 65 years and over who live in their own homes. It includes education sessions for home care RNs, LPNs and SCAs, and RN(NP)s to learn how to screen clients using the TUG test and refer at risk clients to rural therapy.

Occupational Physical Therapy Assistants complete a falls risk assessment profile, home safety check and general education on falls prevention. They discuss safety equipment i.e. wall bars, hip protectors. They assist the client to set written goals to reduce their individual fall risk. A Physical or Occupational Therapist is consulted for specific home safety assessment, equipment needs, balance assessment, and prescription of specific exercises to meet individuals physical fall risks.

The therapist then provides guidance with prescribed exercise programs and assists client to meet their goals.

Five Hills Health Region

One Step Ahead

The Five Hills Health Region has embarked on development of a regional falls prevention strategy for seniors using a continuum from healthy seniors to at-risk seniors to institutionalized seniors. Action teams have been formed and continue to implement activities to address falls prevention for each senior group. Through interdisciplinary teamwork, a temporary part-time Falls Prevention Project Manager coordinates the development and implementation of strategies in accordance with the regional goal to reduce fall related injuries and hospitalizations.

Kelsey Trail Health Region

Fit for Life

This seniors' exercise program is taught about two times a week in seniors' housing complexes. The housing authorities involved are responsible for their own locations but hire activity workers to carry out the exercises.

Osteoporosis Canada

Osteoporosis Health Knowledge

This is a program that is available for delivery to community groups through our Speaker's Bureau. In addition, a number of self-help support groups for individuals living with osteoporosis use the information from this health knowledge program.

A mall information resource office of the Saskatoon Chapter has opened in Market Mall in Saskatoon.

Prince Albert Parkland Health Region

Top 10 Tips Poster

The Red Cross' Top 10 Tips poster was revised by the Region, adapted and circulated.

Home Safety Checklist

This brochure helps individuals identify areas around their homes where changes could be made to reduce their risk of falling.

Regina Fall Prevention for Older Adults Project***Step it Up! Fall Prevention***

This interactive program includes risk factors of falling, physiological changes, facts about falls, tips on how to prevent a fall from occurring, and what to do in the event of a fall incident. The program also includes a short active living component.

Older Adult Resource List

This list is updated annually and is available in hard copy or online from the Red Cross website. The resource list was developed to provide names and phone numbers for older adults in Regina to access to help them maintain independence and quality of life.

Top 10 Tips Poster

A poster containing the 'Top 10 Tips' to reduce your chance of having a fall is available at the Red Cross office.

Home Safety Checklist

This brochure helps individuals identify areas around their homes where changes could be made to reduce their risk of falling.

Regina Qu'Appelle Health Region***Positive Steps Fall Prevention and Exercise Program***

This handbook includes information on preventing falls, the benefits of exercise, and exercise safety. It also contains a complete illustrated exercise program presented in three progressive levels of difficulty and focuses on developing strength, balance, and mobility. An optional video allows the older exerciser to follow along with safe, simple exercises set to music.

Saskatchewan Health, Provincial**Epidemiologist*****Falls and Injury Reports Development******Falls and Injury Analysis******Falls and Injury Policy Development*****Saskatchewan Medical Association and****Canadian Medical Association*****Canada's Doctors: your partners in health living***

This partnership initiative aims to address health promotion. The program is being pilot-tested in Saskatchewan and will cover a wide range of healthy living topics of interest to both primary care and specialty practices, with supporting materials to assist. Patient education material and physician resource tools are being made available to members. The seniors resource kit contains a poster, physician resource and patient handout, a patient safety tool and an order form for additional kits.

Saskatoon Falls Prevention Consortium***Saskatoon Falls Prevention Consortium***

This group comprises a group of individuals representing about 25 public and private health-related agencies, within and outside of the City of Saskatoon, whose mission is to work together in a collaborative partnership to plan, implement, and evaluate a coordinated and comprehensive strategy to reduce fall-related injuries in Seniors. The Consortium meets four to six times per year providing a forum for discussion of issues of interest related to falls, and the development and implementation of strategies to increase falls prevention awareness and falls management services.

Saskatoon Health Region***Forever in Motion***

The program was developed to focus on issues that relate to older adults and physical activity. The programs activities include gentle stretching, low impact cardio, balance exercises and lightweight strengthening exercises.

In a recent evaluation 39% of participants felt their program helped motivate them to become physically active. Other benefits included strength gain, better endurance, increased flexibility, improved balance, reduced tension or worry, maintaining independence, more confidence in their ability to exercise, and the opportunity to meet people and socialize.

Seniors High Risk Falls Clinic

One of three in Canada, this program assesses older adults considered high risk of falling and sustaining an injury. An interdisciplinary assessment is completed and an individualized, multifactorial intervention plan is provided to the patients. This program, lead by a physical therapist and geriatrician, is based out of the Geriatric Services Program at Saskatoon City Hospital.

Acute Care Falls Prevention Committee

This committee's goal is to increase awareness of falls and falls prevention in acute care. An improved process for reporting falls and identifying risk factors has recently been piloted.

School of Physical Therapy, University of Saskatchewan

Research

Conducting research on fall risk, exercise intervention, and older adult wellness, especially among vulnerable populations such as osteoporosis and arthritis. Also looking at: aquatic exercise combined with education intervention to decrease fall risk in older adults with hip pain; and fall and near-fall risk factors among rural seniors with known cognitive impairment.

Sun Country Health Region

Injury Prevention/Fall Prevention Initiative

A task group was formed to enhance and develop community-based activity programming for seniors and to enhance fall prevention programming within the Region. The current program uses home care staff to help screen those at risk for falls living in the community. Depending on the level of risk of falling, the senior is referred to the appropriate healthcare professional.

Senior Health Fair

During Senior's Week, a health fair is held in different communities which includes speakers that address different topics such as fall prevention, nutrition, diabetes, and equipment issues.

Sunrise Health Region

Falls Prevention Working Group

This group plans education and awareness campaigns and physical activity programming that targets residents at seniors' housing units.

Seniors' Equipment Fairs

Fifteen sites were visited which involved 145 participants. Therapy staff provide advice, free replacement tips for walkers, canes and crutches, free ice grips for canes, and brake adjustments for walkers and wheelchairs.

Appendix B - Sources

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