

# SENIORS' FALLS INJURY PREVENTION

## A FIVE-YEAR STRATEGIC FRAMEWORK (2010-2015)

TOWARDS A VISION OF SENIORS LIVING FALL FREE LIVES



Prepared by:

Safe Saskatchewan and the Seniors' Falls Provincial Steering Committee  
Revised January 2010



# SENIORS' FALLS INJURY PREVENTION STRATEGY



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# Introduction

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

Injury from falls accounts for 36 per cent 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 seven per cent of all injuries that occur in Canada, yet its population represents only three per cent.

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 registered not-for-profit operating as Safe Saskatchewan Inc. and is led by a consortium of public, private, cooperative and not-for-profit sector founding and strategic partners. Safe Saskatchewan aims to raise awareness of the unintentional injury epidemic in Saskatchewan, coordinate provincial injury prevention initiatives, and support all organizations and programs undertaking injury prevention in our Saskatchewan community.

### *Vision*

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

By integrating awareness, relationships, programming and by collaborating with the province's existing injury prevention programs and services, Safe Saskatchewan will work towards achieving its strategic priorities.

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.

To make Safe Saskatchewan's Vision and Mission a reality, a strategic direction must be taken. Here are Safe Saskatchewan's three key strategic priorities:

1. Injury Prevention: Support and facilitate the coordination of injury prevention programs and services throughout the province.
2. Public Awareness: Raise awareness of Safe Saskatchewan and our provincial unintentional injury epidemic.
3. Fund Development: Secure the financial future of Safe Saskatchewan by seeking out and obtaining ongoing financial resources.

Safe Saskatchewan's vision is one where injury prevention drives...

- an ongoing decrease in wait times for emergency room, diagnosis, treatment and surgery;
- a reduction in the shortage of health care professionals;
- the attraction for health care providers from outside of the province to work in an unburdened health care system;
- annual savings of millions of dollars in health and social costs;
- an improvement in the lives of the people of Saskatchewan;
- an enhancement in the economic environment for business; and
- timely health care for patients facing the challenges presented by all other diseases and illnesses.

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;
- personal health and safety is a right; and
- health and safety is a personal responsibility requiring individual commitment.

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

## Behavioural

Multiple medications		
Excessive alcohol	Risk taking behaviour	Lack of exercise
Previous falls/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
Slippery or uneven surfaces	Poor lighting or sharp contrasts	
Poor building design and/or maintenance of public spaces		

## 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 our province \$56 million in direct costs. In addition, according to "Falls Injuries Among Saskatchewan Seniors 1992/93 - 1997-98" and "Saskatchewan Comprehensive Injury Surveillance Report, 1995 – 2005" published by Saskatchewan Health:

- there are 3,000 hospitalizations annually due to falls;
- seniors' falls are the leading mechanism for all injury hospitalizations in Saskatchewan;
- 40 per cent of these hospitalizations are hip fractures;
- eight per cent are repeat hospitalizations;
- fall-related hospitalizations among older adults result in 40-50 per cent longer lengths of stay in hospital than any other causes of hospitalization among seniors;
- 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;
- according to a Health Quality Council study, 30 per cent of older adults who fracture their hips die within the first year post fracture and another 30 per cent are admitted to nursing homes or long-term care;
- 70 per cent of falls occur in and around the person's residence including homes and residential institutions;
- 18 per cent of hospitalizations result in a transfer to a nursing home or geriatric centre; and
- six per cent of all falls result in death.

Although these statistics are shocking enough, the tragedy compounds on a very human level. Up to 25 per cent 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 per cent (149,306), Saskatchewan has the highest proportion of seniors 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, seniors account for about 12 per cent of the total population. By 2028, that percentage will be 20 per cent 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 per cent 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 multifactoral approach appears to be the most effective in preventing falls. Individual interventions included in a multifactoral approach are:

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

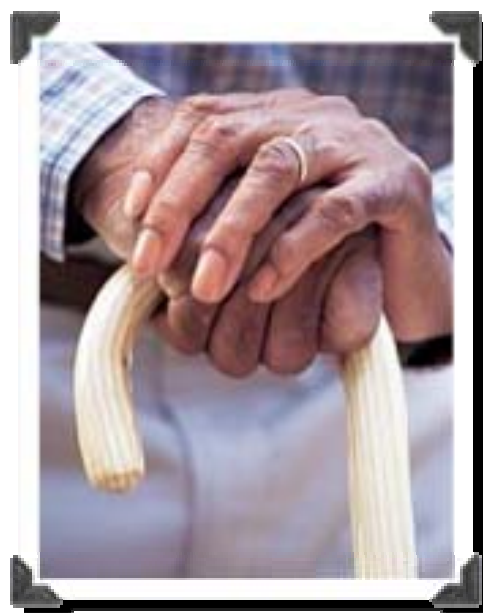
**Environmental Modification:** Removing risks from the home and community like adding grab bars and stair rails, removing rugs, cords and clutter, adding curb ramps, and painting pavement cracks and street obstacles bright colors.

**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 health care 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 Prevention 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.

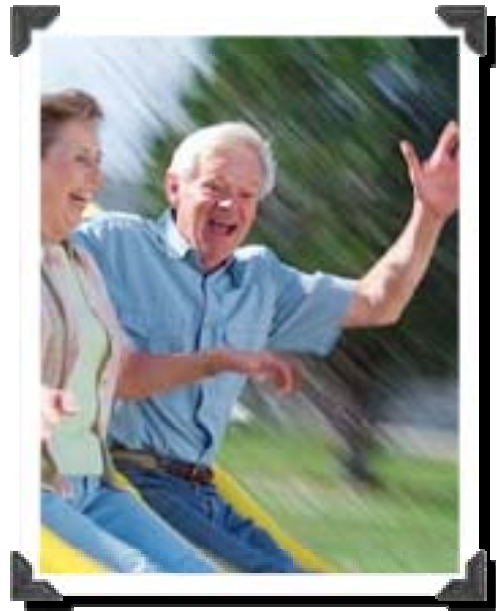
June 2007 saw the Steering Committee gathering again in a working session in Regina. During the session, the group refined the Strategy objective and settled on the following target:

***By December 31, 2015, reduce the rate of fall-related injuries that result in hospitalizations by 10 per cent 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 (2010-2015)

## **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, health care 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 reduce the rate of fall-related injuries that result in hospitalizations by 10 per cent in the 65 plus age group by December 31, 2015.***

## **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 include 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	<b>Saskatchewan Seniors live fall-free lives</b>			
OBJECTIVE	By December 31, 2015, reduce the rate of fall-related injuries that result in hospitalizations by 10 per cent 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 partnership
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
<b>Objectives</b>				
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.
<b>Strategies</b>				
<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)**

<b>Key Action Areas</b>				
<b>Education</b>	<b>Policy Development and Review</b>	<b>Program Design and Implementation</b>	<b>Creating Safe Environments</b>	<b>Developing a Framework of Support for Shared Roles and Responsibilities</b>
<b>Strategies</b>				
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
<b>Objectives</b>				
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.
<b>Strategies</b>				
<p>Form a working group to amalgamate current resources with recent evidence to develop common education information for health care workers, other individuals &amp; seniors as well as their family members.</p> <p>Provide falls prevention education for health care workers &amp; other individuals who work with seniors.</p> <p>Liaise with U. of S., U. of R., and colleges to ensure students receive current, common information.</p> <p>Provide the resources &amp; funding for presentations to groups and individuals utilizing common education material developed from existing programs.</p>	<p>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.</p> <p>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.</p> <p>Provincial Falls Coordinator will assist with modification of existing programs as the evidence evolves.</p>	<p>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.</p> <p>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.</p> <p>Financially support existing programs and new initiatives including seniors exercise groups, community fitness facilitates, <i>Forever in Motion</i> etc.</p>	<p>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.</p> <p>Assess individual situations and make specific recommendations regarding equipment needs and home modification ie: home safety checklists.</p> <p>Develop and support mechanisms, in collaboration with community agencies, etc to identify, report, and modify home hazards.</p> <p>Collaborate with designers, architects, builders, municipalities and planners re: safe building and dwelling designs.</p>	<p>Provide organizational structures to guide and sustain programs within communities.</p> <p>Empower community seniors by facilitating local ownership of community initiatives i.e. train the trainer, <i>Forever in Motion</i>, etc.</p> <p>Continue to receive support and leadership from existing structure of Safe Saskatchewan and the SFIPS.</p> <p>Identify non-traditional partners in falls prevention s/a firefighters, SaskPower, and SaskTel for home evaluation and initiatives.</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>

**Home Setting (continued)**

<b>Key Action Areas</b>				
<b>Education</b>	<b>Policy Development and Review</b>	<b>Program Design and Implementation</b>	<b>Creating Safe Environments</b>	<b>Developing a Framework of Support for Shared Roles and Responsibilities</b>
<b>Strategies</b>				
<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 multifactorial 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. 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

<b>Key Action Areas</b>				
<b>Education</b>	<b>Policy Development and Review</b>	<b>Program Design and Implementation</b>	<b>Creating Safe Environments</b>	<b>Developing a Framework of Support for Shared Roles and Responsibilities</b>
<b>Objectives</b>				
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.
<b>Strategies</b>				
<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 &amp; 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)**

<b>Key Action Areas</b>				
<b>Education</b>	<b>Policy Development and Review</b>	<b>Program Design and Implementation</b>	<b>Creating Safe Environments</b>	<b>Developing a Framework of Support for Shared Roles and Responsibilities</b>
<b>Strategies</b>				
		<ul style="list-style-type: none"> <li>• The number of staff completing education program verses the total number of care staff</li> <li>• The number of MDS assessments indicating the number of falls verses the number of fallers</li> <li>• The number of residents on psychotropic meds without diagnosis requiring psychotropic meds</li> <li>• The reduction of critical incidents resulting from falls with fractures</li> <li>• The number of hip protectors utilized</li> <li>• The reduction in the number of side rails utilized</li> <li>• The number of appropriate referrals made to other health professionals re: fall incidents</li> </ul> <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 and 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 (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
<b>Objectives</b>				
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.
<b>Strategies</b>				
<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 incorporates 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)**

<b>Key Action Areas</b>				
<b>Education</b>	<b>Policy Development and Review</b>	<b>Program Design and Implementation</b>	<b>Creating Safe Environments</b>	<b>Developing a Framework of Support for Shared Roles and Responsibilities</b>
<b>Strategies</b>				
<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 demonstrable 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 embedded 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 per cent 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 five years the province of British Columbia has recognized a \$25 million savings (13.7 per cent 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 health care 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.

This inventory has been updated from information obtained from the SFIPS Steering Committee members in December, 2009.

### **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 targets groups of well elderly who attend session in public facilities/seniors complexes, clients who attend home care wellness clinics and frail elderly who require home care assistance to continue living safely at home. 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, a home safety check and provide 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 clients to meet their goals. A multidisciplinary team is currently working to find the best ways to track outcomes and improve efficiency.

### ***Acute Care Falls Prevention***

Linked to the “Releasing Time to Care” project, this falls prevention initiative targets clients admitted to acute hospital beds. On admission, clients are screened for fall risk. Those most at risk are housed in rooms close to the nursing station and in beds with alarms. If appropriate, clients attend therapies falls prevention sessions. Clients may receive follow-up in their homes to further deal with safety issues and continue the programs initiated in the hospital.

### ***Outpatient Falls Prevention***

This program targets hospital and health centre occupational therapy and physiotherapy outpatients identified as a high risk of falling. These individuals attend a group or individual education session(s). As part of the therapy intervention exercise programs may be prescribed and safety equipment is recommended with follow-up home visits.

### ***Long Term Care Falls Prevention***

Programs in other regions are being reviewed to determine the program that will best meet the needs of the long term care residents in the region.

### **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, inclusive of seniors and intersectoral partners, these teams are working to implement sustainable quality improvement with an evidence-based approach to reduce fall-related injuries and hospitalizations. To reach the region's fall-related goals and objectives different activities have been implemented. Activities include; One Step Ahead hand-outs provided with power point presentations outlining the multifactorial approach to falls and teaching kits to showcase items that can prevent or cause a fall; exercise programs in one seniors housing unit; two cycles of testing to improve safety of porch steps and bathroom/bedroom environments of senior residences' homes in the community; and community walk-about

with municipal leaders identifying city hazards. The Health Region includes measureable goals for falls prevention and has trailed a falls registry with Senior Falls Risk Assessment and Referral Model in one rural community.

### **Heartland Health Region**

#### ***Seniors On the Move***

This injury prevention clinic, held in a health fair format, focuses on education, risk identification and minimization, and familiarizing seniors with available resources in their community.

#### ***Seniors On the Move – Stay Fit... Stay Safe***

This series of three education classes, facilitated by a therapist, is directed to seniors in the community to educate them on reducing their risks of falling.

#### ***Falls Risk Screening***

Falls prevention information and assessment booths are set up at flu clinics. Clients are provided with home safety checklists and “Tools for Living Well” brochures. Referrals are made when indicated by the assessment or when requested.

### **Keewatin Yatthe Regional Health Authority**

This region targets Home Care clients by performing the TUG test on all clients over the age of 65, annually. Clients with a TUG score less than 14 are referred to the Therapy Department where they receive an individualized fall prevention program with goals.

To target seniors living at home, a falls prevention booth is set up at various community senior events and wellness clinics. LPNs complete a falls assessment profile, a home safety checklist and a TUG test on all willing participants. Appropriate referrals are made from here.

A Long Term Care policy and procedure manual is currently being developed. Policies will include a physiotherapy assessment on all new admissions and a daily exercise program with ambulatory residents. A daily exercise program focusing on balance and lower extremity strengthening will be offered to all ambulatory residents.

### **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.

#### ***Regional Blitz of Falls Prevention Education***

Using the National Falls Curriculum, presentations are delivered to over 200 seniors who live in senior housing complexes.

### **Mamawetan Churchill River Health Region**

#### ***Long Term Care Unit Falls Program***

A fall risk assessment tool is completed by admitting nurses to determine a risk score of the client based on their age, medications and behaviours. This program is activated for all clients regardless of their score. Fall risk and interventions are noted on the Long Term Care Standard care plan including physiotherapy, dietary, exercise, medications and environmental assessments. All of these factors are reviewed annually with the client’s risk score so adjustments can be made.

#### ***Acute Care and Detox Services***

Both areas provide a brief summary of the service offered: fall risk assessment tool filed out on admissions, falls standard care plan which includes diet, physiotherapy, etc. Acute care clients who are at risk are identified with a falls logo above their bed and by wearing a green wrist band. All Detox clients are automatically considered at risk of falling.

#### ***Mental Health Services***

Staff identifies the population in this area who are at risk of falling. Later on, staff examine specific areas such as evaluating whether there is a safe environment i.e. grab bars in public washrooms, ensuring hallways and offices are well lit and clutter free, and ensuring floors are kept dry, etc. Staff regularly evaluates the client’s vision, posture, stability, medication and home (if they feel it is necessary). Referrals to OT or family doctor are provided if necessary.

### **Home Care**

All clients have a falls evaluation completed on admission. The program encompasses home safety check lists, TLR mobility assessments and TUGS tests. Physiotherapy/exercise programs are available for Day Programming clients. In certain areas of the region, packages have been made up for clients containing multiple fliers and pamphlets to help educate seniors about falls prevention.

### **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.

### **PAPHR Steering Committee**

Recognizing the four distinct areas within health care that need to be concerned with the prevention of falls in seniors, four falls prevention working groups have been formed; Acute Care; Long Term Care; Home Care; and Community. A falls prevention program is being developed within each area that will include policy/procedure, education tools for staff and seniors, assessment tools, interventions and evaluations.

### **Regina Qu'Appelle Health Region**

#### ***Population and Public Health Maintaining Independence: Wellness and Fall Prevention Clinic***

This pilot project is aimed at increasing awareness, knowledge and behaviour related to fall and injury prevention in urban community dwelling older adults. The urban clinic is composed of a multidisciplinary services delivery team including: Nursing, occupational Therapy, Physical Therapy, Social Work, Home Care, Community Assessors, Vision, Podiatry, Pharmacy, Nutritionist and Active Living.

### **Seniors' Healthy Living Program**

Regular educational in-services on fall prevention are provided by the Seniors' Healthy Living Public Health Nurses to older adult groups.

### **Regina and Region Falls Prevention Committee**

A steering committee consisting of multi-sectoral community stakeholders is chaired by the Health Promotion Coordinator of Population and Public Health.

### **Regina Qu'Appelle Health Region Education Services**

In-services that provide an overview of the cause and impact of older adult falls and the regional implications are provided by the Injury Prevention Health Promotion Coordinator.

### **Primary Care Portfolio**

The focus of this program is on preventing/reducing falls involving patients in acute care. An assessment for risk tool is used along with a detailed falls history completed. Fall prevention/reduction strategies will be implemented as part of the care plan.

### **Saskatchewan South Acquired Brain Injury Outreach Team – Education & Prevention**

### **Canadian Falls Prevention Curriculum Workshops**

This is a two-day workshop that provides basic-level national curriculum training to registered participants. The course builds on participants' previous training and experience and strives to increase knowledge/ understanding of how to design, implement and evaluate an evidenced-based multi-sectoral falls prevention program tailored to the needs of the individual seniors or communities of older persons

### **Home Safety: Adults/Falls Prevention Resource Kit**

This resource kit provides educators with safety equipment, props, posters, DVDs and other related demon-

stration material re: falls prevention. A resource manual with activities, fact sheets, articles and community resources accompanies each kit. All items provide a framework to assist the user in providing practical and theoretical knowledge on home safety and falls prevention.

### ***Provincial and Regional Falls Prevention Committee Involvement***

Coordinators are involved in local, regional and provincial falls prevention and other related committees throughout Saskatchewan.

There are currently four facilitators in Saskatchewan trained to provide the national curriculum training. The South Saskatchewan resource kit is nearing completion and will be available shortly. Saskatchewan Central kit is complete and being trialed in the community.

### ***Home Care (Rural)***

Home care has information pamphlets regarding falls to pass out to clients. Wellness clinics (for blood pressure and foot care assessments) are done by homecare where clients discuss fall prevention if needed. Clients are not interested in speaker presentations. The falls information forms are from Phillips Lifeline.

### ***Saskatoon Health Region Canadian Fall Curriculum Education***

#### ***College of Nursing in collaboration***

Collaboration between the NEPS program, Community practicum, College of Nursing, University of Saskatchewan, Saskatoon Health Region Community Therapies, Older Adult Wellness, Recreation Therapists, Forever... in motion, Nutritionist, ABI Education and Prevention Coordinator and senior's congregate housing.

For one three-week period, NEPS runs a community-based practicum with a senior's housing facility. This includes a presentation by the Meri Misfits, in-home falls risk assessment, individualized

ized falls risk reduction plan, referrals made to appropriate resources, and group education to participants by a Physical Therapist, Occupational Therapist, Nutritionist, Health Fair and letter to physician.

### ***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 one evaluation 39 per cent 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.

### ***Geriatric Services***

The Geriatric Day Program admits patients with a history of falls and high risk of falls. Within this program, contributing falls risk factors are identified and appropriate interventions are commenced.

Intervention as appropriate to ameliorate risk for falls in high-risk patients (multiple disciplines such as Physical Therapists and Medicine are available.)

Program will re-start beginning September 2009, and a proposal to incorporate a more complete Falls Prevention "stream" within the Day Hospital has been proposed. This would include more formalized education, goal-setting and individualized training as well as an interdisciplinary approach.

### ***Meri Misfits***

A senior acting group presents information on fall risks and fall injuries prevention in the form of skits, monologues and songs to community-dwelling seniors. Since injuries from falls are a serious problem for seniors, the group feels that seniors will learn and remember more when the messages they present are done in a humor-

ous and memorable way. The group creates much of their own material.

### ***Public Health Services, Older Adult Wellness***

Health Promotion presentations are given to the community dwelling older adults. The presentations include falls injury prevention, Osteoporosis and other health related topics. To get their message out the group also displays at health fairs, submits newspaper article submissions to local Sunday Sun newspaper, and participates in the Saskatoon Falls Consortium and the Saskatchewan Falls Injury Prevention Strategy.

### **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. Support for physicians in Saskatchewan is available through a written document called "Clinical Practice Guidelines".

A mall information resource office of the Saskatoon Chapter has opened in Market Mall in Saskatoon. The Saskatoon Chapter is currently involved in advocacy for prevention, early identification, management and follow-up with the Government and other provincial agencies.

### **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.

### ***Staying On Your Feet***

Collaboration between Forever...in motion and Community Physical Therapy, this four-month balance class and education program is based on falls risk factors for community dwelling older adults living in congregate housing.

### ***School of Physical Therapy, University of Saskatchewan***

#### ***Research***

Conducts research on fall risk, exercise intervention, and older adult wellness, especially among vulnerable populations such as osteoporosis and arthritis. Also looks 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.

Currently funded research projects include: the relationship of muscle strength and power to performance on the 30-second chair stand in older adults and the effect of core stability training on fall risk factors in older adults. Research interests include assessing outcome measures, effect of intervention programs and factors affecting fall risk.

### ***SAFE: Senior Aquatic Fitness Education***

This aquatic exercise program is designed to improve mobility, strength and balance related to fall risk. The program is delivered through Saskatoon Leisure Services and includes four educational sessions.

### **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 health care professional.

### ***Long Term Care Fall Prevention Initiative***

Initial assessments such as TUGS test, wheelchair mobility assessments, the SCPOMA, the Berg Balance Test etc. are performed on clients. From here strategies include: fall logo use to mark frequent fallers, post fall

analysis form is initiated after a severe fall or several falls, form is used for recording falls, a resident and family pamphlet explains the Fall Prevention Program to family members upon admission, and exercise classes.

### ***Home Care Falls Prevention Program***

The purpose of this program is to identify seniors at risk for falling and provide falls prevention intervention and strategies. The target group is the Home Support Home Care clients that trigger the Falls CAP on their MDS assessment. Home Care, along with its SCHR partners are committed to collecting data on the Home Care Procura charting program to use for future falls prevention programming.

### **Sunrise Health Region**

#### ***Acute Care Falls Prevention***

A pilot program will be developed in one of the smaller acute care sites to identify people who come to emergency because of a fall, with a referral to an appropriate health provider implemented. An audit of assessment of transfers in acute care has been implemented.

#### ***Community-Based Fall Prevention Program***

Fall prevention exercise programs have been established in smaller Community Senior Centres with input from Home Care and Therapies.

The Community-based program has focused on environmental changes in collaboration with the City of Yorkton. These include the physical environment and infrastructure of communities including streets, and sidewalks, commercial property, leisure and transport facilities, community based health, social organizations for seniors and senior groups.

#### ***Falls Prevention Working Group***

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

#### ***Home Care Falls Prevention***

The home based Falls Prevention program adopted by the Sun Country Health Region has been implemented in Sunrise. There is good identification taking place by

the Assessor Coordinators for all new clients or clients at risk with referrals forwarded to Therapies for intervention. Home based exercise programs have been reviewed and revamped on an ongoing basis. The program is Region-wide, but the uptake varies according to the areas within the Region.

### ***Long Term Care Falls Prevention***

Policies are in place to support best practice. Hip protectors have been trialed on key residents. Activity programs have been established in two long term care sites. Residents who are mobile are assessed by the physical therapist and an exercise program is reviewed. This program is then continued while supervised by activities. Follow-up assessment will determine any change in outcomes measures such as TUGS or Berg Balance.



## Appendix B - Sources

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SENIORS' FALLS INJURY PREVENTION STRATEGY  
A FIVE-YEAR STRATEGIC FRAMEWORK (2010-2015)

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