

Ontario Fall Prevention Collaborative – An Ontario System-Based Approach to Fall Prevention Among Older Adults

AFHTO Webinar June 23, 2022

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AGENDA

- ① The issue of falls among older adults and background of Ontario Fall Prevention Collaborative
- ② Work to date: Harmonizing falls indicators and alignment of screening and assessment approaches in Ontario
- ③ Future priorities for action and role of FHTs

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The Issue: Falls among older adults



The issue...

Falls are the
No.1 cause of injuries
in seniors

Seniors' falls injuries
cost the health-care system
\$5.6 billion a year
and
\$15.3 million a day

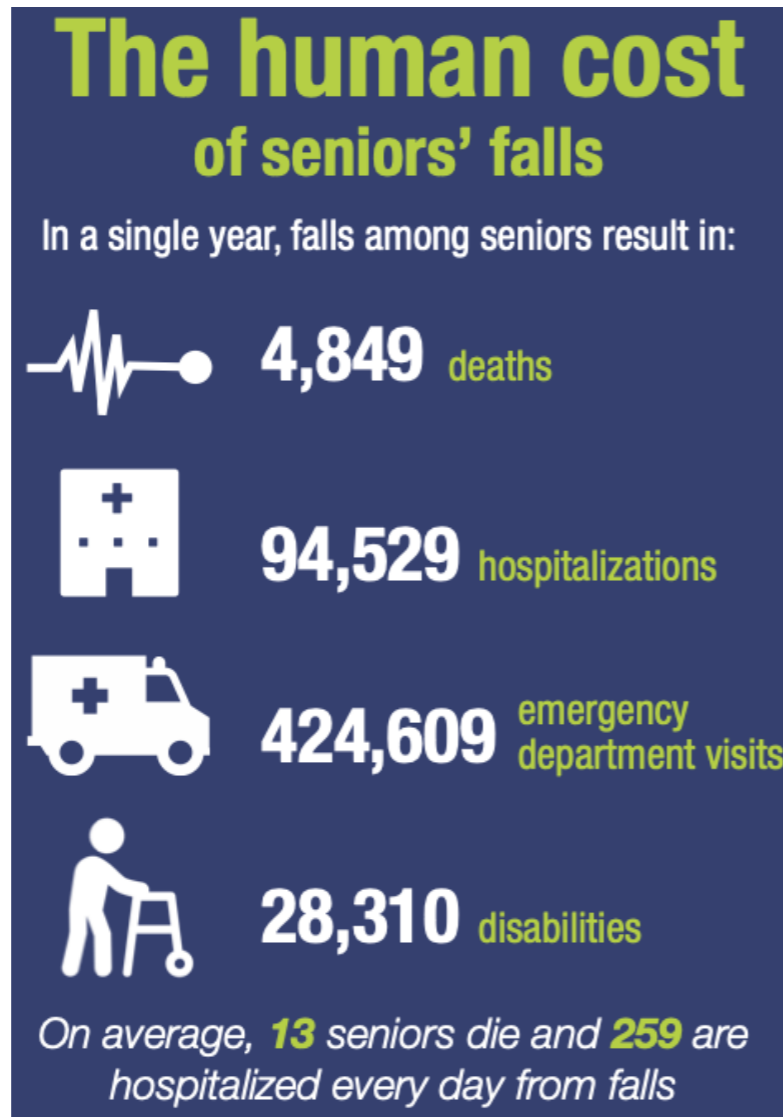
Costs of injuries among seniors, by cause:

Falls **\$5.6 billion**

All other injuries **\$1.9 billion**



The issue...



Top types of falls

that lead to serious injury and death

 **Falls on the same level**
(slipping, tripping or stumbling)

 **Falls involving furniture**

 **Falls on stairs**



Ontario Fall Prevention Collaborative

The beginning:

- ❖ 2010 - Fall prevention among older adults as key provincial priority
- ❖ 2011 – Integrated Falls Prevention Framework and Toolkit
- ❖ Regional implementation (3 LHINs)
- ❖ 2016 Fall prevention conference: meeting of the minds
- ❖ 2017 webinar - Inter-LHIN Collaboration in Fall Prevention Planning
- ❖ 2018 Think Tank – Collaborative is formalized and priorities are identified
- ❖ 2019 to today – working on identified priorities



Ontario Fall Prevention Collaborative Vision and Purpose

VISION:

- ❖ Adults and older adults in Ontario live independent and healthy lives through a coordinated, integrated and systems approach to preventing falls regardless of where they live.

PURPOSE:

- ❖ To convene broad expertise to identify and co-design strategies, processes and indicators to influence policy, practice, implementation and evaluation of fall prevention interventions and services for older adults in Ontario

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Ontario Fall Prevention Collaborative Suggested Priorities



BUILD CAPACITY IN THE
WORKFORCE AND
COMMUNITY



ADVANCE EXCELLENCE IN
FALL PREVENTION PRACTICE



INFLUENCE POLICY TO
PRIORITIZE FALL PREVENTION
AMONG OLDER ADULTS



Ontario Fall Prevention Collaborative Members

- ❖ CARP Ottawa Chapter
- ❖ Centre for Effective Practice
- ❖ Eastern Ontario Health Unit
- ❖ Grey Bruce Public Health Unit
- ❖ Home and Community Support Services Champlain
- ❖ North East Specialized Geriatric Centre
- ❖ Ontario Health Central Region
- ❖ Ontario Health North
- ❖ Ontario Health West Region
- ❖ Osteoporosis Canada
- ❖ Parachute
- ❖ Provincial Geriatrics Leadership Ontario
- ❖ Public Health Ontario
- ❖ Queensway Carleton Hospital
- ❖ Regional Geriatric Program of Eastern Ontario
- ❖ Registered Nurses' Association of Ontario
- ❖ Rehabilitative Care Alliance
- ❖ Simcoe Muskoka District Health Unit
- ❖ Sunnybrook Hospital
- ❖ The Ottawa Hospital
- ❖ The Regional Municipality of York, Public Health Branch
- ❖ Toronto Public Health
- ❖ Western University

Today's agenda's items

①

The issue and background of Ontario Fall Prevention Collaborative

②

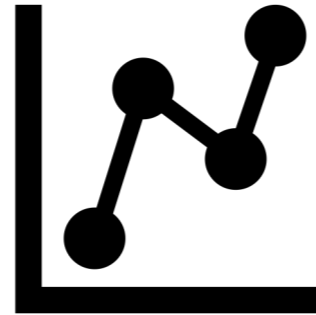
Work to date: Harmonizing falls indicators and alignment of screening and assessment approaches in Ontario

③

Future priorities for action and role of FHTs

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Work to date



Data and measurement

Harmonization of falls indicators across continuum of care



Fall risk screening and assessment

Alignment of fall risk screening assessment approaches and interventions in Ontario



Community exercise and fall prevention classes

System level discussions and solutions

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Data and Measurement

Achievements and ongoing work:

- ❖ Phase 1: Environmental scan of falls indicators (2020)
- ❖ Phase 2: Prioritization of falls indicators across sectors (led by PHO – 2021-2022)
- ❖ Phase 3: Harmonization of falls indicators in primary care settings (2022-2023)

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Prioritized list of falls indicators

- ❖ Rate of emergency department visits due to a fall
- ❖ Direct and indirect costs associated with fall-related injuries
- ❖ Proportion of dedicated fall prevention leads at a system level
- ❖ Rate of hospitalizations due to a fall
- ❖ Number of 911 calls transported vs non-transported
- ❖ Rate of mortality due to a fall
- ❖ Proportion of falls by place of occurrence

PHO, 2022, Prioritization of Older Adult Fall Prevention Indicators for Practice in Ontario

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Harmonization of falls indicators in primary care settings - Goals

- ❖ To develop an prioritized list of falls indicators in primary care settings and data sources for both population and programmatic level that can be referenced and used by all primary care practitioners and clinicians
- ❖ To provide methodological resources populating prioritized falls indicators using the data available
- ❖ To harmonize falls indicators in primary care settings and explore data gathering processes, sources and reporting
- ❖ To serve the purpose of improving falls related interventions and programming in primary care settings to reduce the burden on the health care system and inform local and provincial initiatives.

② Fall risk screening and assessment Definitions

- ❖ Screening – measures to identify individuals at risk of falling and determine the need for further evaluation
- ❖ Assessment – algorithms or protocols identifying fall-related risk factors that can be targeted for intervention

Registered Nurses' Association of Ontario Preventing Falls and Reducing Injury from Falls (Fourth Edition) 2017.

② Fall risk screening and assessment

Achievements and ongoing work:

- ❖ Phase 1: Environmental scan of screening and assessment tools (2020)
- ❖ Phase 2: Review of clinical practice guidelines and recommendations for action(2021-2022)
- ❖ Phase 3: Interviews with stakeholders to explore current fall risk screening and assessment practices, capacity and gaps

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Fall risk screening

Findings:

Two screening criteria for fall risk, **a prior history of falls** and **gait/balance abnormalities** applied either independently or sequentially in 19 out of 22 CPGs, including four Canadian CPGs, reviewed by Williams-Roberts and colleagues.*

*

Fall

Williams-Roberts H, Arnold C, Kemp D, Crizzle A, Johnson S. Scoping Review of Clinical Practice Guidelines for Risk Screening and Assessment in Older Adults across the Care Continuum. Can J Aging. 2021;40(2):206-223. doi:10.1017/S0714980820000112

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Fall risk assessment

CPGs generally address the following aspects of fall risk assessment:

Detailed fall history

Detailed evaluation of gait, balance and/or mobility

Medication review

Vision

Cognitive status

Postural hypotension

Environmental assessment for hazards

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Differences in fall risk assessment CPGs

- considerable variance among CPGs in the content/level of detail pertaining to fall-related risk factors and preventive interventions
- scope of CPGs ranges from simple decision tree algorithms to comprehensive descriptions of risk factors and intervention options (including critical appraisals of supporting evidence)
- differences regarding inclusion of identified fall risk factors (e.g, Vitamin D deprivation)
- differences regarding recommendations to address identified risk factors (e.g., medication side effects)
- differences in fall risk screening algorithms: some CPGs either incorporate or recommend standardized fall risk tests (e.g., Timed Up and Go (TUG) test, Berg Balance Scale, Tinetti Performance-Oriented Mobility Test)

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Implementation challenges associated with CPGs

- Lack of time for comprehensive screening and assessment
- Competing priorities
- High stress levels among recipients of assessment
- Lack of awareness about preventable nature of falls

② Community exercise and fall prevention classes

- ❖ Emerging topic of interest to raise visibility, access and consistency in providing fall prevention and exercise classes
- ❖ Goal: to maximize the opportunity for older adults to be active
- ❖ Reach consensus on instructors' competency, content, scope and focus on exercise classes, reach, tracking and evaluation

Today's agenda items

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Future priorities for action and role of FHTs

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Potential solutions

Stakeholder consultations in 2022-2023:

- ❖ ‘Normalizing’ fall risk screening and assessment as regular preventative health measure for older adults
- ❖ Leveraging Covid-19 pandemic in current policy climate to build support for screening and assessment
- ❖ Change HR policies to increase access to fall risk screening and assessment

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Future priorities for action

Stakeholder consultations in 2022-2023:

- ❖ To understand the need and use for falls indicators to inform practice in primary care settings – more standardized measures and indicators
- ❖ Align the work on screening and assessment for falls among older adults with needed falls indicators
- ❖ Build consensus for a more aligned, system-based approach to fall risk screening and assessment

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Recommendations to focus stakeholder consultations

1. Ensure that all Ontario organizations/practitioners undertaking fall risk screening incorporate three critical measures – **1. asking about fall history, 2. asking about gait/balance difficulties and 3. observations of balance gait** – into their screening/assessment protocols.
2. Ensure that current and emerging fall prevention indicators align with the fall risk screening and assessment CPGs utilized in Ontario, including related algorithms and pathways. This work could include the development of an implementation plan specifying how the indicators can support ongoing monitoring and inform intervention planning and evaluation.
3. Undertake a structured review of a recent CPG, such as the BC Ministry of Health's *Fall Prevention: Risk Assessment and Management for Community-Dwelling Older Adults*, to identify areas of consensus as well as potential areas of disagreement around content domains, priority audiences, frequency of assessment and other implementation issues.

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Future priorities for action

Emerging issues

- ❖ Explore issues related to fall prevention and exercise classes and find system level solutions
- ❖ What else should be considered moving forward as it relates to fall prevention , screening and assessments for older adults?
- ❖ Role of FHTs- see NE example

Falls Risk Screening in Northeast Ontario 2016 - present

So here's what we've done!



Partnered

with 6 family health teams, 5 public health units, Stay On Your Feet, and the North East LHIN.



Adapted

a best-practice falls risk assessment algorithm into the TELUS EMR. Over 500 patients screened during pilot.



Integrated

a 3-minute patient self-risk screen questionnaire. Over 30% of older adults screened as high-risk. Assessment and intervention followed.



Offered

free exercise classes in the community, including "From Soup to Tomatoes."



Linked

patients to community resources and interventions to prevent falls, and stay on their feet.

Family Health Teams say it's easy, fast, comprehensive, and promotes teamwork.

North East OFHT - Standardized Performance Measures 2019

Geriatric Care

% of patient's aged 65 and older who received a falls prevention screen

% of patients aged 65 and older that are identified as high risk for falls, who received a multi-factorial risk assessment

Building Nutrition into a Falls Risk Screening Program for Older Adults in Family Health Teams in North Eastern Ontario, April 2020

- [Canadian journal on aging = La revue canadienne du vieillissement](#) 40(1): 97 - 113

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How FHTs can be involved?

- ❖ Join the Ontario Fall Prevention Collaborative – next meeting on September 13, 2022 at 2:30pm
- ❖ Participate in the stakeholder consultations
- ❖ Provide input to the falls indicators in primary care settings work – focus groups and surveys
- ❖ Other?

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QUESTIONS?

Join Loop!

www.fallsloop.com



Fall Prevention Community of Practice



Thank you!

For more information or
to join the **Collaborative**:

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