Be Proactive, Not Reactive

A Collaborative Approach to Fall Risk Identification, Prevention and Post-Fall Care for Older Adults in Saskatchewan

FACTS

Fall injury hospitalizations account for 77% of all injury hospitalizations in Saskatchewan. Reducing the number of fall-related injuries will reduce emergency department visits and support seniors to age in place in their home communities.

THE PROJECT

Our provincial team of health decision-makers, patient/family advisors, clinicians and researchers first conducted an environmental scan of international and provincial practices for fall risk screening and assessment, and second gathered stories from older adults and health care providers of lived experience of fall risk screening and subsequent care across the province. We now want to engage with stakeholders to share knowledge, build consensus, and bring a post-pandemic "new look" to older adult health and wellness, aging in place, and fall prevention practices across the continuum of care.

University of Saskatchewan | SHRF Saskatchewan Health Research Foundation | SCPOR Saskatchewan Centre for Patient-Oriented Research

WHAT DID WE FIND OUT?

Lived Experience

- Twenty-nine older adults and/or family caregivers and twelve health care providers participated
- Fall experiences included tragic resulting in death or serious injuries and lengthy hospital stays to more minor incidents.
- The figure below depicts the three main themes and eight sub-themes that emerged.

International Best Practice

- 22 clinical practice guidelines for fall risk identification published from 2008-2018
- Components included in screening and assessment varied across settings, common to all was history of falls and reported and/or demonstrated gait, balance, and/or mobility impairment.
- Lack of recommendations for ideal timing and frequency for screening, assessment and follow-up.
- More work needs to support implementation and sustainability of guidelines and identify the factors influencing health care providers' ability to incorporate best practices in their care setting.

Williams-Roberts, H.; Arnold, C.; Kemp, A.; Crizzle, A.; Johnson, S. (2021). Scoping Review of Clinical Practice Guidelines for Fall risk Screening and Assessment in Older Adults across the Care Continuum. Canadian Journal on Aging. 40(2): 206-23

Survey of Health Care Providers

- 323 health care providers responded, one-third from rural communities
- Majority (69%) identified as nurses, with equal representation across acute, community and long-term care.
- 94% agreed there is strong evidence to support the need for fall risk screening and assessment across all levels of care.
- Nurses more likely to report confidence in conducting assessments with higher and levels of support from colleagues and organizations than other clinician groups.
- Respondents in community and acute settings less likely to do fall risk screening and assessment as compared to long-term care.
- Training and education were significantly associated with higher confidence levels in conducting fall risk screening and assessment BUT there was a broad-based lack of familiarity with published evidence based guidelines across all professions and in both rural and urban settings.
- Time constraints, challenges to documentation, and limited resource support were identified challenges for conducting best practice approaches.
- *The results of this survey indicate the need for education, training and access to resources across the continuum of care.*

WHAT DO WE WANT TO SHARE?

EIGHT KEY MESSAGES

Evidence-Based

Evidence-based guidelines for fall risk identification, prevention and treatment exist across care continuums, *but many health care providers in Saskatchewan are not aware and are not using these guidelines in practice*. Challenges to address and support evidence-based practice include *early and consistent education, time and access to resources.*

Training

The *more training* one has, the *more confidence* and more likely they are to conduct important practices to reduce falls.

Rural Needs

Rural Saskatchewan has different issues than urban Saskatchewan including *limited local access to resources and care, challenging environments affecting mobility, need for family and friends to travel and provide home support*. Some of these overlap in urban centers as well, but also other urban-centered issues arose such as *need for cultural sensitivity in acute care, and community focus.*

Education

Four fall prevention coordinators within the Saskatchewan Health Authority are recognized as important mentors but can only provide formal education to half the province at best. With recent deployments to other pandemic related priorities, there may be challenges to restore those champions. Results reinforced areas we need to work on *province wide*.

Confidence

Nurses and long-term care settings represent providers with the highest confidence, engagement in fall risk assessment and access to champions and protocols. There appear to be more gaps in confidence and support in community settings.

Transitions

Transitions are important – a consistent message heard from older adults, family caregivers and health care providers; emphasizing importance in finding ways to improve the *communication and care gaps* that occur between acute-community and long-term care.

Community

Getting resources and support to community is challenging, we need *creative ways to connect and collaborate with community organizations*.

Inter-disciplinary

The importance of professions working together was a key message heard. Short and long-term recommendations should emphasize an *inter-disciplinary approach*.

“It’s pretty important to consider proactively trying to prevent a fall versus dealing with the effects after”

Recommendations for Health Care Decision-Makers and Providers Based on the Eight Key Messages

At a minimum, every older adult in acute, long-term care or community settings should be screened for fall risk via questioning of fall history and functional mobility at first point of contact. Other setting specific standardized tools and assessment methods should be used to determine a more complete fall risk profile for those at risk.

A concerted effort should focus on training of health care providers, students within health care training programs, as well as general information to the public and community organizations on best practice guidelines and pathways. For the community setting, collaboration with community organizations, private practices and professional organizations is essential.

All entry level health professionals in training programs and anyone new to fall prevention should receive education on fall risk screening and assessment and fall prevention content in their curriculum. Development of a consistent on-line module of content across professions should be explored. Further research could explore reasons why nurses reported higher confidence and support in fall risk assessment, in order to build and inform broader health professional training.

All new health professional staff hired in acute, long-term care and community health facilities should receive fall prevention training. Participation in continuing education on fall prevention should be supported by providing time and resources for staff to attend. Attendance in established courses such as the Canadian Fall Prevention Curriculum are encouraged.

Maintain or increase dedicated positions for provincial fall prevention coordinators with a directive to mentor local champions, establish lines of communication, and improve access to resources via websites and community building connections.

Messaging should focus on awareness of risk which respects older adults' independence and decision-making. We recommend efforts to include fall prevention awareness events, education on ageism, and inclusion of family and the patient in the planning of care. Supporting and training community fall prevention "champions" could help to provide local support to extend the reach of leadership beyond SHA fall prevention coordinators.

Establishing a common provincial pathway should involve an inter-disciplinary approach across the continuum of care. Work already done within acute and long-term care can help to inform community.

Transitions are times of higher risk where effort needs to be focused on effective communication with other health care providers, the family and the community. Transitions can be traumatic for family as well as the older adult who has fallen. Transitions away from a familiar setting result in exposure to new environmental risks and may trigger previous trauma experiences, anxiety and confusion. Deliberately addressing these transitional risks should be on the forefront of attention. Development of information, a toolkit and other resources may help to support families during these challenging times.

Resources available in rural, remote and Indigenous communities require further investigation and efforts to bridge gaps.

Processes established in long-term care could serve as templates for developing similar support networks, documentation, team communication and training in acute and community care.

Community implementation should include collaboration with SHA, community support networks and organizations across the province in order to share resources and knowledge.