

Integrated Provincial Falls Prevention Project

Communiqué #3

April 12, 2011

INTRODUCTION

This communiqué is the third in a series of communiqués that will be distributed to health system partners including the Local Health Integration Networks (LHINs), Community Care Access Centres (CCACs), Hospitals, Long Term Care (LTC), Mental Health & Addictions (MH&A), Community Health Centres (CHCs), Community Support Services (CSS), Public Health Units (PHUs), Ministry of Health Promotion and Sport (MOHPS), Ontario Agency of Health Promotion and Protection (OAHPP), Ministry of Health and Long-Term Care (MOHLTC), Ontario Medical Association (OMA), Ontario College of Family Physicians (OCFP), Neurotrauma Foundation, Regional Geriatric Programs (RGP) of Ontario, Ontario Hospital Association (OHA), Registered Nurses' Association of Ontario (RNAO), Health Quality Ontario (HQO) and the Alzheimer Society of Ontario regarding progress and outcomes of the Integrated Provincial Falls Prevention Mobilization Committee.

PROGRESS UPDATE

As planned, committee members were interviewed to obtain their perspectives on the role and responsibility of their respective sector/organization within the overall Integrated Falls Prevention Framework. Since Public Health is a key partner in this initiative, all 36 Medical Officers of Health were also surveyed to better understand their current as well as their potential role within an Integrated Falls Prevention Framework.

Integrated Provincial Falls Prevention Project Overview

The Integrated Provincial Falls Prevention Project was initiated in November 2010 as a LHIN priority project. This project is led by the LHINs in partnership with public health and brings health system partners together to improve the quality of life and wellbeing of seniors through prevention of falls and fall-related injuries. This partnership between LHINs and public health is the first of its kind at this level and thus will serve as a template for future provincewide collaboration between the two sectors. The Integrated Provincial Falls Prevention Project aligns with the MOHLTC and LHIN focus on improving access to care by addressing the high rates of ALC and ED visits through reducing falls within the elderly population.

As part of this project, the Integrated Provincial Falls Prevention Mobilization Committee was established to bring together the LHINs, their HSPs, PHUs and primary care to formulate an "Integrated Falls Prevention Framework and Toolkit" that will assist all parties in implementing effective falls prevention initiatives across the province. As many successful projects are already underway, the aim is to leverage existing services to optimize resources and avoid duplication. As such, the Integrated Falls Prevention Framework and Toolkit will not be one-size-fits-all; rather it will be a collection of a wide range of successful falls prevention practices from across Ontario and other jurisdictions. Phase I of this project will end with the release of the toolkit in the summer of 2011. Phase II of the project will be on the implementation of the toolkit and includes formulating an implementation plan to support the LHINs and Public Health Units in implementing the toolkit, monitoring implementation progress and evaluating falls prevention interventions post implementation.

MOBILIZATION COMMITTEE

The Mobilization Committee met for the third time on Tuesday April 12, 2011. During this meeting, the Committee discussed in depth the remaining two elements of the draft Integrated Falls Prevention Framework: Integration/Collaboration and Roles & Responsibilities (See Figure 1 below). Feedback on the proposed recommendations and the suggested framework were provided. Additional considerations to be included in the current framework were also discussed. The framework depicted below is a work in progress and will be continually discussed and modified by the Mobilization Committee as necessary.



Figure 1 – Draft Suggested Integrated Falls Prevention Framework for an Effective LHIN-Wide, Multi-Sector Falls Prevention Program

EVALUATION SUB-COMMITTEE

Volunteers from the Mobilization Committee were solicited for the Evaluation Sub-Committee. It was decided to also solicit additional membership from the HQO and the MOHLTC to be part of this sub-committee. This sub-committee will meet over the month of May to develop a set of core provincial falls prevention indicators for the project. The Evaluation Sub-Committee will align its work with the Health System Indicator Initiative (HSII) that is also currently supported by the LHIN Collaborative. The final list of indicators will then be presented at the next Mobilization Committee meeting in May.

NEXT STEPS

The Integrated Falls Prevention Framework and Toolkit report based on the work of the last three Mobilization Committee meetings will be drafted over the next few weeks. This report will be circulated to Mobilization Committee members in May in an effort to solicit their feedback ahead of the next Committee meeting. The next Mobilization Committee meeting will be held on May 31, 2011. At this meeting, the feedback provided by Committee members will be thoroughly discussed in an effort to finalize the report. This will mark the completion of Phase I of the Integrated Provincial Falls Prevention Project.

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LHIN Collaborative (LHINC)

The LHIN Collaborative (LHINC) is an advisory structure formed to work at a provincial level to strengthen relationships among health service providers (HSPs), their Associations and the LHINs collectively, and support system alignment. LHINC provides a system structure to engage HSPs on system-wide health issues. LHINC is led by a Council and supported by a Secretariat.