Quick Reference

Rehabilitative Care Alliance

Post-Fall Pathways for Older Adults: Emergency Department & Primary Care

The individual and systemic effects of a fall or recurrent falls among older adults with frailty are both significant and detrimental.

To reduce functional decline and improve patient outcomes, it is essential to integrate rehabilitative care services into secondary fall prevention pathways for older adults with frailty who present to the emergency department (ED) or primary care with a fall.

The Rehab Care Alliance post-fall pathways...

...address the need for secondary prevention of falls leading to functional decline in older adults. Falls are the number one reason for injury-related death, hospitalization and emergency department visits for older adults in Canada. Four out of five hospitalizations for injuries in older adults are due to a fall, and falls among older adults account for nearly 20 per cent of the total cost of injury in Canada. Rehabilitative care reduces the risk of falls and functional decline in older adults.[1][2][3][4]

...were developed based on a comprehensive literature review and extensive input from subject matter experts and stakeholders across Ontario, Canada and the United States. These stakeholders included patients, caregivers, geriatricians, geriatric emergency physicians, care of the elderly physicians, primary care physicians, physiotherapists, occupational therapists, social workers, dietitians, nurses and nurse practitioners.

...were piloted in three regions across Ontario: Hamilton, Sudbury and Thunder Bay. Implementation and tracking tools, patient/clinician education materials and quality improvement processes were developed and tested based on data analysis, patient journeys and clinical learnings.

Post-fall pathways

- Emergency department post-fall pathway
- Primary care post-fall pathway

Implementation in your OHT/region: How can the RCA help?

1

Provide a pathways implementation tool kit

Includes data collection surveys, clinician and patient information and tracking tools

2

Provide project management support for the first year of implementation

Includes facilitating adaptation of the pathways to include local referral pathways, supporting clinician orientation, conducting quarterly reviews of data, helping sites to develop quality improvement plans and providing ongoing implementation support

3

Conduct pre- and post-implementation data analysis and reporting

Includes collating and analyzing data collected; facilitating quality improvement process based on data analysis, patient journeys and clinical learnings

For additional background please see *Pathways to rehabilitative care for frail older adults in the community presenting to primary care or ED post-fall: Pilot Report*.

For more information please contact: info@rehabcarealliance.ca

References

1 American Geriatrics Society, & British Geriatrics Society (AGS/BGS). (2010). AGS/BGS clinical practice guideline: prevention of falls in older persons. Summary of Recommendations. New York, NY: American Geriatrics Society. Accessed: https://sbgg.org.br/wp-content/uploads/2014/10/2010-AGSBGS-Clinical.pdf

2 Parachute. (2021). Falls in seniors. Accessed: https://www.parachutecanada.org/en/injury-topic/fall-prevention-for-seniors/

3 CIHI (2019) Injuries among seniors. Accessed: https://www.cihi.ca/en/injuries-among-seniors

4 Gillespie, L. D., Robertson, M. C., Gillespie, W. J., Sherrington, C., Gates, S., Clemson, L. M., & Lamb, S. E. (2012). Interventions for preventing falls in older people living in the community. Cochrane Database of Systematic Reviews.