
CONFERENCE ABSTRACT

Integrating Falls Screening into a Mobile Flu Clinic for Seniors

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Background and Objectives

Globally, falls among seniors represent a significant public health issue; 28-35% of seniors around the world experience at least 1 fall each year (1). In Canada, falls account for 85 percent of injury related hospitalizations for seniors and cost two billion dollars in direct health care funding a year (2). Occupational therapists (OTs) can assess for fall risk and make recommendations to prevent falls. Many homebound, marginalized seniors are unable to access the services of an OT. This project set out to determine if adding OTs to a flu clinic for seniors could help to address this critical issue. This project took place in an east end neighbourhood in Toronto.

Approach

This project evolved from a new model for healthcare delivery in Ontario known as “Ontario Health Teams” that integrate hospitals, home and community care services. This project involved collaboration between the local hospital, the paramedics, the Toronto public housing provider, and 2 homecare agencies. OTs participated in 10 mobile community clinics during the 2019/ 2020 flu season which were organized to reduce emergency department admissions. Outreach occurred in the lobby of apartment buildings with senior residents. The clinics were advertised to residents in advance. During the clinics, nurses and OTs worked together. Nurses administered the flu vaccine and OTs completed a falls risk assessment. The OT used the assessment results to refer seniors to ongoing community health services, environmental modifications, or adaptive aids to address falls risk.

Results

76 OT fall risk assessments were completed. A screening document was developed based on the Regional Geriatric Program Senior Friendly 7 Framework (3). Access to phone translation was available. More seniors participated in buildings where PSWs worked, as PSWs encouraged seniors to attend. These assessments resulted in 48 home care referrals for ongoing rehab services through the Local Health Integration Network. In addition, 17 community service referrals were completed for community supports like Meals on Wheels and 6 referrals for family doctor linking were made. In two cases, the OT was able to purchase urgently needed equipment on the spot.

Conclusion

Falls are a complex public health issue. Flu clinics offer an opportunity for seniors to access fall risk assessments. This project demonstrates that collaboration across community agencies can support health promotion, including fall prevention. These strategies help reduce falls, which can reduce injury-related hospitalization and support the broader healthcare system. This program

could be easily replicated and provided in other jurisdictions where there is an interest to address fall prevention. In jurisdictions where mobile flu clinics are being offered this program is a cost-effective way of addressing fall prevention among seniors.

References

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