Title:
The Comparative Effects and Expense of a Proactive, Nurse-Led, Multifactorial and Interdisciplinary Team Approach to Falls Prevention for Older At-Risk Home Care Clients

Principal Investigator:
Dr. Maureen Markle-Reid, RN, MScN, Ph.D., Assistant Professor, School of Nursing, McMaster University, Telephone: 905-525-9140, ext. 22306, Email: mreid@mcmaster.ca.

Research Team:

Community Partners:
Hamilton Niagara Halldimand Brant CCAC, Mississauga Halton CCAC, Community Rehab, Halton Regional Health Department, Brant Arts Pharmacy.

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Abstract:
Objectives: To describe the prevalence, determinants and costs of falls among frail, older adults requiring home care services; and to evaluate the effects and costs of a proactive, multifactorial and interdisciplinary team approach to falls prevention among frail older home care clients.

Importance to Decision-Makers: Falls and fall injuries are common-potentially preventable-causes of mortality, morbidity, functional decline, and increased health-care use and cost among frail, older adults over 75 years of age living at home in the community. With an aging population, and a corresponding increase in the number of falls and fall injuries, there is a need to examine how health care services, such as home care, can best prevent falls among older people using available resources. Extensive reform initiatives have given rise to a shift in home care services from health promotion and prevention to meet the need for post-acute care. The impact of that on health outcomes and costs for frail, older people has not been well tested in Canada. Decision makers face the challenge of having the appropriate people provide the correct services in the proper amount and at the right time. This study will help decision-makers to set priorities on appropriate allocation of homecare services for falls prevention among frail older adults.

Description: The main goal of this study is to lower the number of frail older adults in acute care hospitals or other institutions by preventing falls. The study will also look at fall-related risk factors such as quality of life and function, level of depression, level of confidence, gait and balance, and use of other health and social services by frail older home care clients. The study will help to identify which frail older home care clients will benefit from a multifactorial and interdisciplinary team approach to falls prevention.