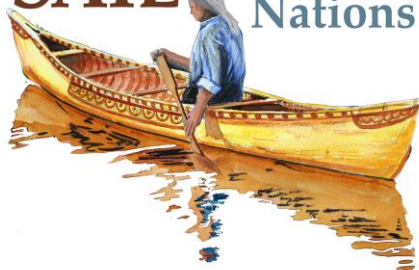


SAIL for First Nations



FALL & INJURY PREVENTION PROJECT

Dr. Vicky Scott, SAIL Project Lead

SAIL for First Nations



Strategies and Actions for Independent Living

Acknowledgements

Thank you to the home support staff, elders, families and other First Nations community members who shared their time, experience and wisdom to help adapt the SAIL program in British Columbia.



First Nations Health Authority
Health through wellness



Prepared March 2018, by Vicky Scott, RN, PhD, SAIL Fall Prevention Lead

Photographs by Vicky Scott unless otherwise indicated. Not for reproduction outside of SAIL for First Nations materials.

2018-04-06

2



WELCOME

AGENDA

- ◆ Background
- ◆ SAIL for First Nations Products
- ◆ Evaluation
- ◆ Implementation
- ◆ Next Steps

BACKGROUND



SAIL for First Nations



Strategies and Actions for Independent Living

Project Goal

To adapt the SAIL program for cultural relevance and local application in First Nations communities across BC



5

SAIL for First Nations



Strategies and Actions for Independent Living

Year 1
April 2014-March 2015

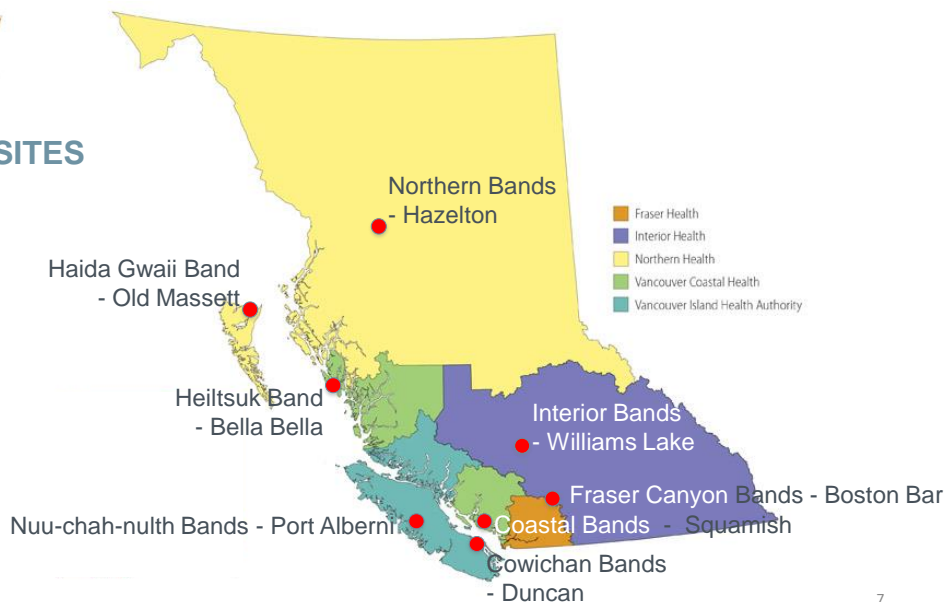


6



Strategies and Actions for Independent Living

TRAINING SITES



7



Strategies and Actions for Independent Living

Scope of the Problem

- Leading cause of injury hospitalizations for seniors, exceeding MVC
- Fall injury rates almost **twice** those of non-Aboriginal population, including for hip fractures due to a fall



Photograph by Vicky Scott. Not for reproduction.



Strategies and Actions for Independent Living

Hospital separations for injuries due to unintentional falls, British Columbia, 1991–2010

	P-years [3]	Obs [4]	Exp [5]	Rate [6]	95% CI for Rate			SRR [7]	95% CI for SRR		
BC, total population	78,256,306	262,819	262,818	33.6	33.5	-	33.7	1	[reference]		
BC, Aboriginal	2,541,060	12,683	6,710	49.9	49.1	-	50.8	1.89	1.85	-	1.94
BC, Aboriginal, off-reserve	1,403,813	5,810	3,277	41.4	40.3	-	42.5	1.77	1.71	-	1.83
BC, Aboriginal, on-reserve	1,131,862	6,839	3,421	60.4	59.0	-	61.9	2.00	1.93	-	2.07

Notes:

1. "Injury due to unintentional fall" defined as hospital separation with Most Responsible Diagnosis in the range ICD9:800–999 or ICD10:S00-T98, and supplemental diagnosis in the range ICD9:E880-E888 or ICD10:W00-W19.
2. Injuries occurring during the observation period 1991-Apr-01 to 2010-Mar-31.
3. Person-years is the sum of the annual population counts times the fraction of each year included in the observation period.
4. Observed number of injuries.
5. Expected number, indirectly standardized, based on age, gender and HSDA-specific rates in the total population of BC.
6. Crude Rate per 10,000 person-years.
7. Standardized Relative Risk (compared to the total population of BC) = Observed/Expected.

Jin A, Lalonde CE, Brussoni M, McCormick R, George MA (2015) Injury Hospitalizations Due to Unintentional Falls among the Aboriginal Population of British Columbia, Canada: Incidence, Changes over Time, and Ecological Analysis of Risk Markers, 1991-2010. PLoS ONE 10(3): e0121694. doi:10.1371/journal.pone.0121694
<http://127.0.0.1:8081/plosone/article?id=info:doi/10.1371/journal.pone.0121694>



Strategies and Actions for Independent Living

Consequences of Falls for Elders

- Inability to diagnose or treat injuries in some communities
- Separation from family and community
- Lack of culturally safe services away from community
- Fear of dying away from home
- Lack of resources and support to function independently at home
- Lack of rehabilitation and occupational services
- Reduced mobility due to fear of future falls and injury



Strategies and Actions for Independent Living Challenges

- How to adopt a coordinated and innovative approach to fall prevention for older adults in Indigenous communities that maintains social and cultural connections to the land.
- How to engage older Indigenous adults and senior community members as key stakeholders and role models to champion culturally appropriate choices and approaches to fall prevention.
- How to build local capacity for well-equipped and well-informed Indigenous health and community service providers for fall prevention.
- How to build the capacity of external health and community service providers to be sensitive to the needs and cultural safety of older Indigenous people.

2018-04-06



Strategies and Actions for Independent Living



Strengths that exist within First Nations communities that contribute to fall and fire prevention.

- Respect for elders
- Close family ties
- Strength from strong spiritual beliefs
- Community belief in an obligation to provide support to elders
- Low turn over among home care assistants
- Home care assistants typically live within the community and know their clients

12



Strategies and Actions for Independent Living

Findings from the SAIL Research

- 82% of falls occurred inside client's home
- 37% of falls occurred in the morning
- Most falls were unobserved
- Home Care Assistants and Health Professionals trained in fall prevention were able to reduce their clients' falls by 44% over 6 months

Scott, Votova & Gallagher, 2006



Photograph by Vicky Scott. Not for reproduction.

13



Strategies and Actions for Independent Living

The SAIL-FN Philosophy

The most important part of a fall and fire prevention program is respect for our elders through a shared learning of their risk and supporting their choices for risk reduction



14

SAIL for First Nations



Strategies and Actions for Independent Living



ACCREDITATION CANADA
AGRÉMENT CANADA

Driving Quality Health Services
Force motrice de la qualité des services de santé

SAIL-FN is consistent with: Tests for compliance with Fall Prevention ROP:

- ✓ The team has implemented a fall prevention strategy.
- ✓ The strategy identifies the population(s) at risk for falls.
- ✓ The strategy addresses the specific needs of the populations at risk for falls.
- ✓ The team evaluates the fall prevention strategy on an ongoing basis to identify trends, causes and degree of injury.
- ✓ The team uses the evaluation information to make improvements to its fall prevention strategy.

15

SAIL for First Nations



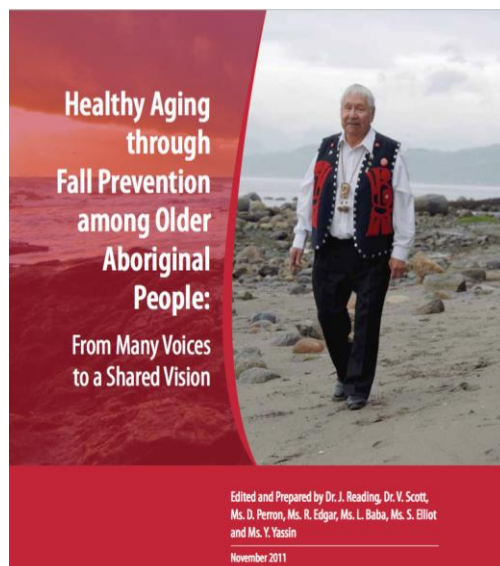
Strategies and Actions for Independent Living

Background Reading

Healthy Aging through Fall Prevention among Older Aboriginal People: From Many Voices to a Shared Vision

Centre for Aboriginal Health Research, University of Victoria - Publications

<http://www.uvic.ca:8080/research/centres/cahr/knowledge/publications/healthyaging.pdf>



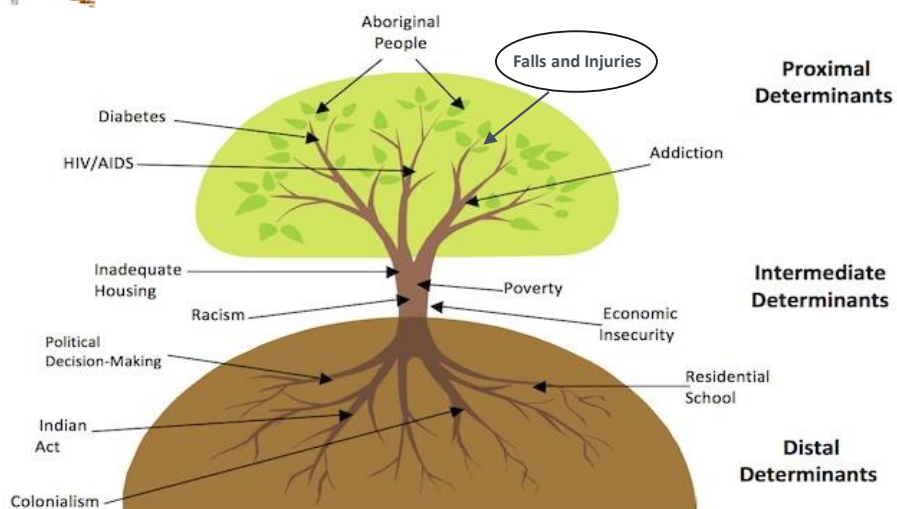
Edited and Prepared by Dr. J. Reading, Dr. V. Scott,
Ms. D. Perron, Ms. R. Edgar, Ms. L. Baba, Ms. S. Elliot
and Ms. Y. Yassin

November 2011



Strategies and Actions for Independent Living

Context of Falls for Aboriginal Elders



Adapted from: PHSA Indigenous Cultural Competency Training: C. Redding, Provincial Health Services Authority in BC, 2010

17

SAIL-FN
PRODUCTS





SAIL for First Nations

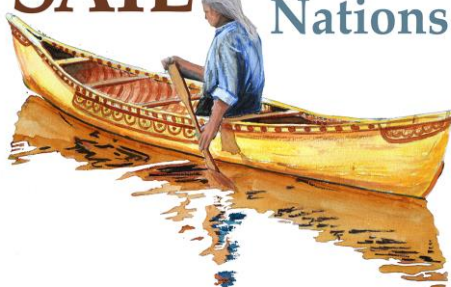
Strategies and Actions for Independent Living

SAIL-FN CORE PRODUCTS

- Staff Training
- Calendar
- Fall Report & Database
- Fall & Fire Prevention Checklist
- Tips for Elders' Fall and Fire Prevention

19

SAIL for First Nations



STAFF TRAINING

Training for Home Health Assistants
on Fall and Fire Prevention for
First Nations Elders

SAIL for First Nations



Strategies and Actions for Independent Living

Staff Training

1. Canadian Falls Prevention Curriculum (CFPC)
An online course on how to design, implement and evaluate a fall prevention program - recommended for Fall Prevention Leaders
www.continuingstudies.uvic.ca/CFPC or
www.canadianfallprevention.ca
1. In B.C.: Strategies and Actions for Independent Living for First Nations (SAIL-FN)
Workshop training and resources for home health assistants and home health professionals who work with elders in First Nations communities. Primarily for elders who receive home support and live on reserves but some resources are applicable for all elders.

21

SAIL for First Nations



Strategies and Actions for Independent Living



SAIL-FN Calendar



22



Strategies and Actions for Independent Living

Fall Report & Database

Fall Report[©]

August 2012

Entered in data base _____ (dd/mm/yy)

Home Support site: ☐ Client/Family Home ☐ Assisted Living ☐ Other _____

A fall is defined as **unintentionally** coming to rest on the ground, floor or other lower level, **whether or not the faller is injured**. Complete a separate form for each fall.

1. Name of staff completing form: _____ Date completed (dd/mm/yy): _____

2. Fall Witnessed/Observed: ☐ No ☐ Yes, by _____ Date of fall (dd/mm/yy): _____

3. Time of Fall: Exact time if known (24-hour clock hh:mm): _____ OR Time range: ☐ 00:00-03:59
☐ 04:00-07:59 ☐ 08:00-11:59 ☐ 12:00-15:59 ☐ 16:00-19:59 ☐ 20:00-23:59 ☐ Unknown

4. Location of Fall (check **one** only)

- | | | |
|---|--|--|
| <input type="checkbox"/> Bedroom | <input type="checkbox"/> Stairs | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Bathroom | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Yard or surrounding outdoor area |
| <input type="checkbox"/> Hallway | <input type="checkbox"/> Laundry/utility area | <input type="checkbox"/> Public outdoor area e.g. sidewalk |
| <input type="checkbox"/> Dining/living area | <input type="checkbox"/> Transition area, e.g. doorway | <input type="checkbox"/> Public building, e.g. store, clinic |
| | | <input type="checkbox"/> Other: _____ |

5. Activity at Time of Fall (check **most relevant one** only)

- | | | | |
|---|--|---|---------------------------------------|
| <input type="checkbox"/> Bathing/showering | <input type="checkbox"/> Walking unassisted | <input type="checkbox"/> Getting in/out of bed | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Walking with assistance | <input type="checkbox"/> Using toilet/commode | <input type="checkbox"/> Standing up/sitting down | |
| <input type="checkbox"/> Dropped while held/carried | <input type="checkbox"/> Dressing/undressing | <input type="checkbox"/> Climbing on stool/ladder/chair | |
| | <input type="checkbox"/> Carrying/lifting object | | |

6a. What happened? Enter facts and relevant information. Avoid opinion, blame and speculation. Use roles (e.g., community health worker, home health professional, nurse, client) not names. _____

7b. Location and Type of Injuries: Using the letter codes A – G (see below), mark the exact location of **all** suspected or confirmed injuries



- A. Pain
- B. Cut/Scrape/Abrasion
- C. Bruise
- D. Bump/Redness/Swelling
- E. Sprain/Strain/Dislocation
- F. Fractured bone
- G. Concussion

Indicate if following injuries were confirmed:
☐ Sprain/Strain/Dislocation
☐ Fractured bone

23

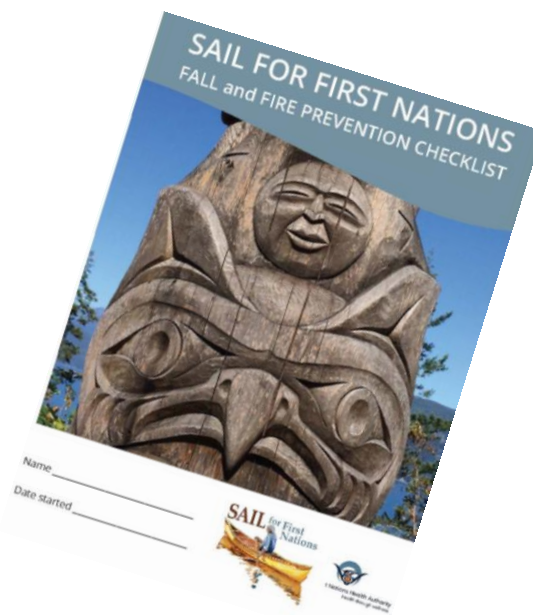


Strategies and Actions for Independent Living

SAIL-FN Fall and Fire Prevention Checklist

Purpose:

- To assess risk
- To monitor change



24

SAIL for First Nations

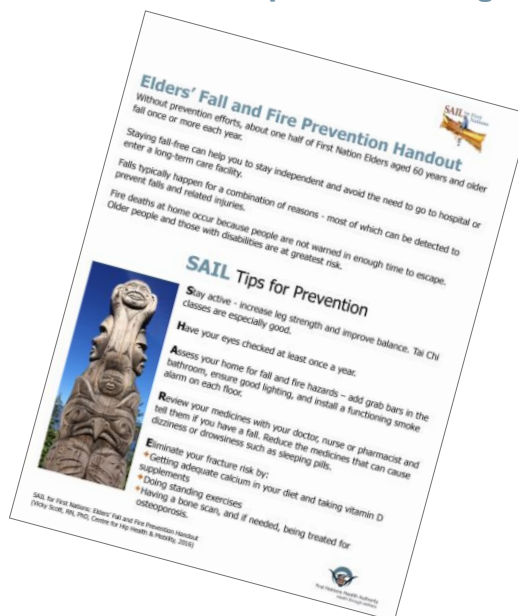


Strategies and Actions for Independent Living

SAIL-FN Tips for Elders' Fall and Fire Prevention

Purpose:

- Awareness raising as handout or poster



25

SAIL for First Nations



Strategies and Actions for Independent Living

SAIL-FN ENHANCEMENT PRODUCTS

- Fall Risk Screen
- Mobility Assessments
- Home Activity Program
- Tai Chi for Elders
- Fall Prevention Bingo
- Local Events

26

SAIL for First Nations



Strategies and Actions for Independent Living

Fall Risk Screen

Purpose:

- Determine risk
- Initiate further assessment and prevention

To help you stay independent and prevent falls:

Your health care provider may ask about:

- Previous falls
- If you feel unsteady when you stand or walk
- How you manage your daily activities
- If you are worried about falling

Your health care provider may assess you:

- Medications
- Calcium and vitamin D intake
- Blood pressure and heart rate
- Muscle strength
- Feet and footwear
- Incontinence
- Vision
- Mobility and balance

Check Your Risk for Falling

Please Circle "Yes" or "No" for each statement below

Check Your Risk for Falling	Actions for Reducing Fall Risk
Yes (2) No I have fallen in the last 6 months.	Learn more to reduce your fall risk, as people who have fallen are more likely to fall again.
Yes (1) No I have been advised to use a cane or walker to get around safely.	Talk with a physiotherapist about the most appropriate walking aid for your needs.
Yes (1) No Sometimes, I feel unsteady when I am walking.	Exercise to build strength and improve balance is shown to reduce the risk for falls.
Yes (1) No I steady myself by holding onto furniture when walking at home.	Exercise to improve balance and reduce home hazards for trips or slips.
Yes (1) No I am worried about falling.	Knowing how to prevent falls can reduce fear and promote active living.
Yes (1) No I have some trouble stepping up onto a curb.	Daily exercise and the right mobility aid can help improve your safe mobility.
Yes (1) No I often have to rush to the toilet.	Talk with your health care provider or incontinence specialist about solutions.
Yes (1) No I have lost some feeling in my feet.	Talk with your health care provider or podiatrist, as numbness in the feet can cause falls.
Yes (1) No I take medicine that sometimes makes me feel light-headed or more tired than usual.	Talk with your health care provider or pharmacist about medication side effects that may increase your risk of falls.
Yes (1) No I take medicine to help me sleep or improve my mood.	Talk with your health care provider or pharmacist about safer alternatives for a good night's sleep.
Yes (1) No I often feel sad or depressed.	Talk with your health care provider about symptoms of depression to help find positive solutions.

Total _____

Total the number of points for each "yes". If you scored 4 or more points, you may be at increased risk for falling. Discuss your responses with your health care provider to find ways to reduce your risk, even if you score less than 4 points.

This checklist was developed by the Canadian Low Back Pain Research Education Clinical Centre and affiliates and is a validated fall risk self-assessment tool. (Vivanti, Robinson, Martin, Josephson & Kozak, 2011). Reproduced here with permission of the authors.

27

SAIL for First Nations



Strategies and Actions for Independent Living

Mobility Assessments

Purpose:

- Determine nature of risk to better tailor prevention

SAIL PROGRAM

Timed-Up-And-Go (TUG)

Client Name: _____ Date: (dd/mm/yyyy) _____

Time (in seconds): _____

Notes on client's postural stability, gait, stride length, and sway: _____

Notes on other type: _____

Notes on type of chair: _____

Stand Test

1. Stand

2. Sit

3. Stand

4. Sit

5. Stand

6. Sit

7. Stand

8. Sit

9. Stand

10. Sit

11. Stand

12. Sit

13. Stand

14. Sit

15. Stand

16. Sit

17. Stand

18. Sit

19. Stand

20. Sit

21. Stand

22. Sit

23. Stand

24. Sit

25. Stand

26. Sit

27. Stand

28. Sit

29. Stand

30. Sit

31. Stand

32. Sit

33. Stand

34. Sit

35. Stand

36. Sit

37. Stand

38. Sit

39. Stand

40. Sit

41. Stand

42. Sit

43. Stand

44. Sit

45. Stand

46. Sit

47. Stand

48. Sit

49. Stand

50. Sit

51. Stand

52. Sit

53. Stand

54. Sit

55. Stand

56. Sit

57. Stand

58. Sit

59. Stand

60. Sit

61. Stand

62. Sit

63. Stand

64. Sit

65. Stand

66. Sit

67. Stand

68. Sit

69. Stand

70. Sit

71. Stand

72. Sit

73. Stand

74. Sit

75. Stand

76. Sit

77. Stand

78. Sit

79. Stand

80. Sit

81. Stand

82. Sit

83. Stand

84. Sit

85. Stand

86. Sit

87. Stand

88. Sit

89. Stand

90. Sit

91. Stand

92. Sit

93. Stand

94. Sit

95. Stand

96. Sit

97. Stand

98. Sit

99. Stand

100. Sit

For use with the SAIL Program (<http://sailforfirstnations.ca>) - Prepared by Dr. Vicki Smith, SAIL Program Lead

28



Strategies and Actions for Independent Living

Tandem Stance



29



Strategies and Actions for Independent Living

30-Second Chair Stand

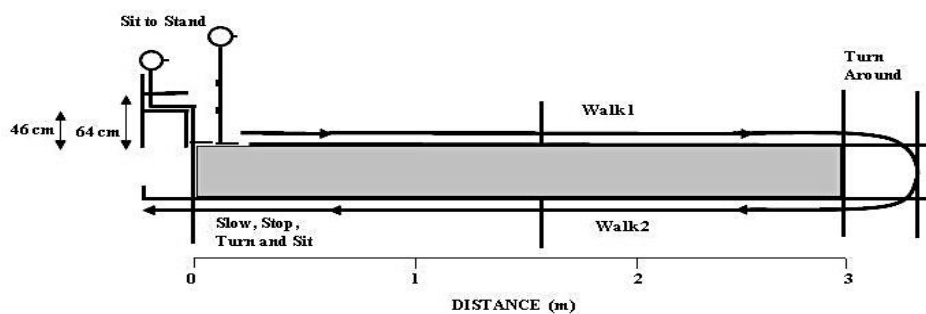


30



Strategies and Actions for Independent Living

Timed Up and Go (TUG)



31



Strategies and Actions for Independent Living

The Home Activity Program (HAP)

- Level 1 – Sitting
- Level 2 – Standing
- Level 3 - Moving



32

SAIL for First Nations



Strategies and Actions for Independent Living

Tai Chi Group Exercise for Elders

An ancient Chinese exercise system consisting of slow, relaxed movements that combines physical exercise with meditation components

Elders Motivational Tai Chi Video:

<https://vimeo.com/163344978>



Photograph by Eric Scott Photography

33

SAIL for First Nations

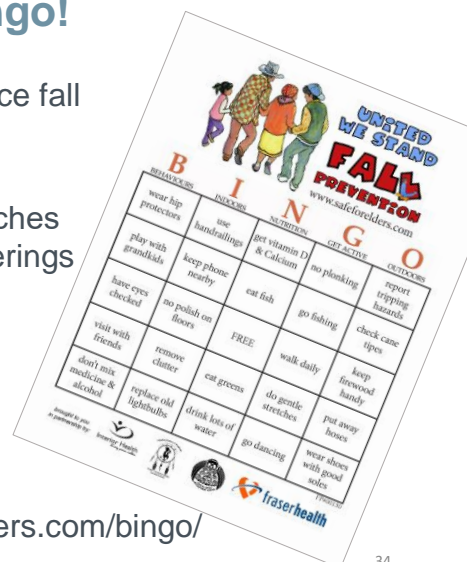


Strategies and Actions for Independent Living

Fall Prevention Bingo!



- A fun way to introduce fall prevention
- Can be played with elders at elders' lunches or other social gatherings



<http://www.safeforelders.com/bingo/>

34

EVALUATION



Strategies and Actions for Independent Living

Five Evaluation Goals

To determine:

1. Success in adapting SAIL for cultural appropriateness and local application
2. Reach of the training workshops among bands
3. Effectiveness of the workshops at developing knowledge, skill and confidence to deliver the program
4. Implementation of resources in participating communities
5. Spread of training to others

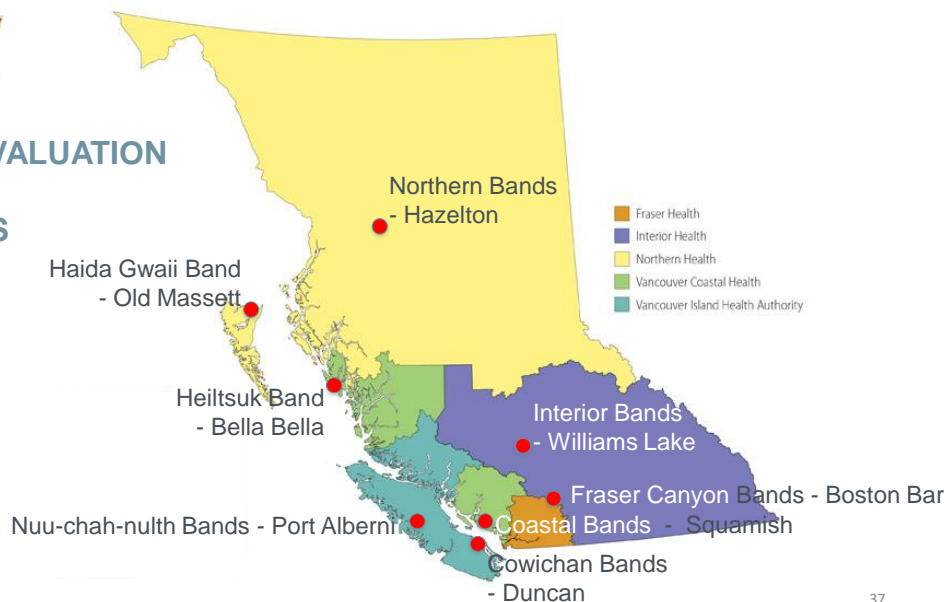
SAIL for First Nations



Strategies and Actions for Independent Living

ITERATIVE EVALUATION

- TRAINING
- SITE VISITS



37

SAIL for First Nations



Strategies and Actions for Independent Living

71 Bands Served

All Ages	41808
Aged 65+	6390
Male Aged 65+	3380
Female, Aged 65+	3550

Workshop Trainees	
Total trained (1 male)	89
Age categories	
20-29	6
30-39	14
40-49	25
50-59	23
60+	9
Years in job	
<1 year	10
1-4 years	34
5-9 years	11
10-14 years	9
15+ years	13

38



Strategies and Actions for Independent Living

EVALUATION FINDINGS



Strategies and Actions for Independent Living

EVALUATION FINDINGS

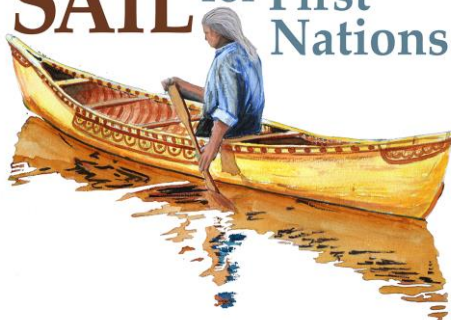
Modifications were made from feedback on questionnaires, interviews and focus groups with:

- Clients and their families
- Support staff and managers
- Advisory Committee

SAIL Resource	Modification Status
Staff Training	Modified
Fall & Fire Prevention Checklist	Modified
Calendar	Modified
Fall Report and Database	No change
Home Activity Program (HAP)	No change
Mobility Assessments	Edited for clarity
Fall & Fire Prevention Handout	New
Fall Risk Screen	New
Tai Chi Program	New
Bingo Game	New

IMPLEMENTATION

SAIL for First Nations NIT



Strategies and Actions for Independent Living

Implementation




 SAIL for First Nations

Strategies and Actions for Independent Living

A step-by-step guide on how to implement the SAIL-FN program. Intended for the local SAIL-FL Program Lead.

SAIL for First Nations: Program Leader Guide

SAIL for First Nations: Program Leader Guide

The Strategies and Actions for Independent Living for First Nations (SAIL-FN) program was designed in partnership with the First Nations Health Authority (FNHA) and in collaboration with multiple First Nations communities across British Columbia (BC). SAIL-FN is an adapted version of the original SAIL program that is being used across BC by Home and Community Services operated by BC Health Authorities. The adaptation was conducted over three years through the Centre for Hip Health and Mobility under the leadership of Dr. Vicky Scott and Pat Bell from FNHA. The adaptation project consisted of four steps:

1. Feedback from First Nations home support staff and managers during seven training sessions that were held in all regions of BC
2. Evaluation findings from nine site visits conducted 6-12 months after the training sessions to interview, managers, staff, elders and family members
3. Feedback from SAIL-FN Advisory committee members who gave input on the evaluation process, draft resources and implementation plans
4. Feedback from key stakeholders from the evaluation sites, advisory committee members, First Nations home service managers and home health workers, and representatives from the BC Injury Prevention and Research Unit and the Centre for Hip Health and Mobility at the SAIL-FN Summit held close to the end of the project.

Final products are available in BC on the First Nations Health Authority website for FNHA Staff only

BC Final Products

Next step:

Adapt SAIL-FN for all
Indigenous communities
and post on:

www.sailfallprevention.ca



[SAIL Client Resources \(Home Activity Program\)](#)

[More Fall Prevention Resources](#)

[Home](#)

[Register for SAIL Training](#)

[SAIL Training Modules & Resources](#)

[Login/Logout](#)

[Contact Us](#)



Welcome to SAIL

Thank you for your interest in the Strategies and Actions for Independent Living (SAIL) Program.

The Strategies and Actions for Independent Living (SAIL) fall prevention program is an evidence-based fall prevention program designed for community health workers (CHWs) and home health professionals (HHPs) who provide support to clients who receive home support services.

The goals of the SAIL program are:

1. To promote the independence and quality of life for home support service clients by reducing their risk of falling and sustaining an injury; and
2. To integrate a comprehensive approach to fall prevention into regular practice.



SAIL Training for private organizations, or Health Authorities outside British Columbia

If you are looking for SAIL training for staff of a private organization, or a Health Authority outside of British Columbia, then you are in the right place.

SAIL Training within Health Authorities in British Columbia

If you are trying to access SAIL training and are working with one of the Health Authorities in BC, please access the SAIL training and resources specific to your Health Authority. If you're not sure where to find those, contact the Fall Prevention Lead in your Health Authority and they can direct you. [Click here for contact information.](#)

Get access to SAIL Training



REGISTER

[Click here for more information or to register your organization for training.](#)

Already signed up?



LOG IN

[Click here to access SAIL training & resources including the Home Activity](#)

Fall Prevention Resources



LEARN MORE

[Click here to learn more about free fall prevention resources for everyone.](#)

Thank You!