



## **2020-2025 Strategic Plan**

Approved by the Trauma NB Advisory Committee  
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## Introduction

Trauma NB was created in 2010 to provide leadership and coordination of clinical care, education, research and injury prevention related to serious and critical injuries, wherever in the province they occur. A true collaboration between the Department of Health, Ambulance New Brunswick, and both Horizon and Vitalité Health Networks, Trauma NB brings healthcare professionals and community stakeholders together to help reduce the burden of injury in New Brunswick.

This burden is significant. Based on the most recently published data, injury is the #1 cause of death among those aged 1-44 and accounts for over 6,000 hospitalizations in NB every year (Parachute, 2015). Although the biggest cost is clearly borne by the injured and their families, the financial burden of injury in the province is major – over \$400 Million in direct healthcare costs alone, in NB, every year. The challenge of managing this burden in a largely rural province is significant, since individual hospitals and healthcare professionals see relatively few major trauma patient presentations per year, making the retention of confidence and skill in trauma care more difficult. Our widely dispersed population also poses challenges in injury prevention and our aging population has special needs in both injury prevention and care.

The province also reasonably expects all programs, across all sectors, to reduce duplication and demonstrate value for taxpayers. Since 2010, Trauma NB has been steadily enhancing the clinical care offered to trauma patients across the province through trauma education for clinicians. In addition, we have made significant and sustained improvements in access to trauma services, regardless of where or when major injury occurs. We have worked hard to capitalize on our structure to reduce or eliminate duplication within the province – administering the program as a single, unified one, regardless of location or regional health authority boundaries.

Now is our time to set our sights higher, to fully reach our mission of excellence in trauma care, injury prevention, education and research and – most fundamentally – to help save more lives every year. Now is our time to continue to use our resources wisely, to make New Brunswickers proud of the system we have established, and to remain focused on areas that will make the most difference in the lives of New Brunswickers.

This plan defines our strategic priorities for the 2020-2025 planning period. It was developed after considering our accomplishments and challenges from 2015-2020 and after listening to opportunities raised by clinical teams across the province. Following a short delay caused by our shared response to the COVID-19 pandemic, proposed concepts were validated by the Trauma NB Advisory Committee in June 2020. A resulting draft was then shared with our Clinical Standards and Education, Research, Prevention and Communications Subcommittees, where subject matter experts from all our partners, as well as key community stakeholders in injury prevention, were invited to comment. The final draft was brought to the Trauma NB Advisory Committee for review and approval in September of 2020, resulting in the final copy being shared with the CEOs of Horizon, Vitalité, EM-ANB and the Deputy Minister of Health.

## **Our Structure**

Unlike most other clinical programs within the NB health system, Trauma NB is a formalized partnership of both Regional Health Authorities, Ambulance New Brunswick and the NB Department of Health. Together with our deliberate inclusion of all hospitals with emergency department coverage and our scope that includes not only clinical care but also education, research and injury prevention, our program is unique. The inclusive nature of our system design eliminates duplication, allows a provincial approach to optimize services across the continuum of care, and recognizes that acute care, emergency services and our funder/regulator all deserve to be at the table for strategic decisions. We are confident in our structure, as the international literature in trauma system performance demonstrates that inclusive systems like ours perform better at our primary goal – reducing mortality among those with serious and critical injuries.

Central to our structure is the Trauma NB Advisory Committee, where the Administrative and Medical Directors bring forward issues of strategic importance and areas for consultation and decision. Recommendations from program subcommittees are also brought forward to this committee. Where governance level support is required, the Trauma NB Governance Committee is available to the program. On the operational side, we look to our relationship with local Trauma Advisory Committees and Medical Advisory Committees, with support from our Trauma Nurses and Coordinators in Level I, II and III Trauma Centres, to support implementation of new initiatives and monitoring of existing processes across all designated trauma centres in the province.

## **Our Mission, Vision and Values**

Throughout this process, the program has been mindful of the mission, vision and values of the program, which remain unchanged for the 2020-2025 planning period. First approved by our governance structure in 2012, we feel confident that the existing mission, vision and values of the program continue to reflect an accurate “compass” for the program, knowing that we need to continue to refer to them in all of our work – including the creation of this plan.

### **Our Mission**

**Excellence in Trauma Care, Injury Prevention, Education and Research**

### **Our Vision**

**National leadership in trauma system performance**

## **Our Values**

### **Excellence**

We support the highest quality of care for injured patients and work to diminish the burden of injury.

### **Collaboration**

We work together with physicians, nurses, paramedics, other members of the health-care team and our communities.

### **Integrity**

We align our work with the Provincial Health Plan. We make decisions based on evidence and we act on our decisions.

### **Innovation**

We apply and promote research and innovation.

### **Responsibility**

We are responsible and accountable for our work and actions.

### **Bilingualism**

We offer competent services in both official languages.

**Strategic Priority #1: We will apply data from the Trauma NB Registry and other sources to focus our work in injury prevention, care, education and research.**

**Rationale**

We have a shared obligation to use our resources wisely – making sure that what we do has the greatest positive impact on the lives of New Brunswickers. Trauma is broad in its presentation and complex in its management – we need to be sure that what we do has the greatest possible impact. We feel a deep level of commitment to New Brunswickers and to the resources we are entrusted with to serve them well. This commitment means that we need to always and rigorously use data to guide our decisions and priorities, to evaluate our performance and to share our results with the broader community.

**What have we done so far?**

Since our inception, we have successfully built and implemented the provincial trauma registry. This key data repository, implemented in 2014, collects data from all Level I, II and III designated centres in accordance with current privacy legislation. The registry collects epidemiological information, as well as data surrounding the care offered to injured patients. The registry also includes ANB data for patients who arrive at a Trauma NB centre by ambulance, as well as coroner's data for those patients who, sadly, die at the scene of their injury and have no contact with the acute healthcare system.

The inclusion criteria for the registry is much broader than other trauma registries in Canada. Instead of collecting data for only the most severely injured patients, the Trauma NB Registry collects data on both moderately and severely injured patients who require admission at a Level I, II or III designated centre.

This commitment came with some significant challenges – most notably the volume of data that our trauma nurses are charged with reviewing and entering into the Registry. Despite a significant data backlog during our 2015-2020 planning period, we have worked hard to ensure that data is current for all facilities, and we're almost there!

We have used registry data to confirm two priority populations. These populations will serve as to focus our actions for the entire planning period. They are:

- Older adults who fall, resulting in injury, hospitalization and – all too often – a marked and permanent loss of independence. This patient population presents by far the greatest overall volume of injury-related hospital admissions in New Brunswick – the key driver of injury-related *volumes* in the province
- Adults who are involved in a motorized vehicle crash, including those involving all-terrain and other recreational vehicles. This group of patients represent the greatest number of serious and critical injuries in the province – the key driver of injury-related *acuity* in the province

With these priority populations identified, the stage is set for us to focus all our activities in the upcoming planning period.

**What will this look like?**

- Our primary focus will be on seniors who fall and adults who are involved in motorized vehicle collisions
- Data sources available to us are integrated within an application that enhances visual display and reporting options
- We review the current allocation for health coders and make recommendations for enhanced coding (including Level III) sites where required – including consideration of bringing these staff under the Trauma NB structure.
- We enhance our reporting capacity through engagement of an epidemiologist where required, allowing trauma centres receive regular, meaningful reports of key performance indicator data, helping them to guide local enhancements in trauma care
- Members of the public receive timely, relevant injury information, focused on priority populations
- Our Research Subcommittee provides ongoing, strategic level guidance to the program, focused on the epidemiology of trauma and particularly as it relates to priority populations
- We continue as investigators in trauma research in priority populations, trauma epidemiology and system performance, and as collaborators to other trauma research activity
- We will apply research results to recommend and guide changes in practice and policy

**Strategic Priority #2: We will serve as the provincial lead agency for injury prevention (IP), with a focus on priority patient populations****Rationale**

Perhaps our single largest opportunity lies in the area of Injury Prevention. Current projections for falls-based injury hospitalizations are daunting, and the rate at which New Brunswickers are injured or killed in motorized vehicle crashes is equally alarming. The most recent Cost of Injury in Canada report confirms that New Brunswick has one of the highest rates of injury in the country. Despite laudable efforts by many individual organizations to offer sound, risk-specific advice to help reduce the risk of injury, the impact of this advice is debatable. There remain important opportunities to “set the stage” by helping raise awareness of injury as a major contributor to the healthcare burden in New Brunswick – and on the impact it has on individuals and their colleagues, friends and families.

There are also important opportunities to better coordinate injury prevention activity – helping to ensure a single, collective voice for areas where the evidence is clear that we need to effect tangible, sustained improvements. Part of this work includes the need for clear identification of the Trauma NB as the lead agency for injury prevention in New Brunswick – a recommendation first made in the 2010 Final Report but not yet fully implemented.

**What have we done so far?**

Notwithstanding the above, we have made significant inroads in several areas. First, we have engaged a full time Injury Prevention Specialist within the program’s structure. We have developed credible, evidence-based resources for the public and for healthcare professionals on a variety of injury-specific topics, including concussion and the prevention of falls among seniors. These resources are fully translated and are available online at no charge.

We have also developed strong partnerships with others in the injury prevention community. We are active members of the Canadian Collaborating Centres on Injury Prevention, are recognized by Parachute (Canada’s national injury prevention organization) as their primary contact in New Brunswick and we both fund and hold Board positions at the Atlantic Collaborative on Injury Prevention. Within NB, we maintain the only interdisciplinary forum on injury prevention, through the Injury Prevention Subcommittee to Trauma NB – a body that provides ongoing strategic advice to the program. We also have been active participants in the provincial Safe Sport and Recreation Task Force, where our work on concussion has been recognized and promoted.

**What will this look like?**

The importance of clear provincial level leadership and coordination cannot be overemphasized. It is critical that we make the best use of available resources to help make tangible improvements in the rate of serious injury in New Brunswick, particularly among the priority populations that provincial data is confirming. Doing that requires us to:

- Acknowledge the role of Trauma NB as the province's lead agency for injury prevention, through service as the first and preferred source of injury prevention expertise provincially
- Consolidate IP-dedicated human and financial resources that currently exist within our program partners within the trauma program structure
- Enhance our existing capacity in knowledge translation and communications through engagement of communications support firms as required, and within approved budget allocations.
- Develop, implement and evaluate a strategic approach to public injury awareness activity that:
  - Highlights injury as a significant influence on the health of individuals and the population
  - Identifies specific strategies to help adopt safe behaviors, particularly for priority patient populations
  - Builds awareness and trust in Trauma NB messaging and resources
  - Engages other stakeholders to broaden the distribution of messaging (eg. QuadNB, New Brunswick Federation of Snowmobile Clubs, etc.)
- Develop, implement and evaluate a similar approach for healthcare professionals, aimed at:
  - Establishing Trauma NB as their first and preferred source of knowledge for injury-specific information
  - Ensuring adoption of Trauma NB resources in their daily practice
- Review, identify and, in collaboration with others, implement and evaluate best practices to reduce injury rates for both priority patient populations. Specifically:
  - Implement and evaluate the Strategy for Reduction of Falls among Seniors (Appendix A)
  - Develop, implement and evaluate the Strategy for Road and Trail Safety
  - Advocate for legislative/policy changes to further support priority patient populations
- Develop and implement a reinvestment strategy that would allocate a proportion of cost avoidance from reductions in injury among priority populations to Trauma NB for additional injury prevention activity



**Strategic Priority #3: We will further enhance the emergency care of seriously and critically injured patients****Rationale**

Although a strategic, coordinated approach to injury prevention is expected to reduce injury rates in the province, New Brunswickers will still experience serious and critical injuries and require care. We maintain the position that our inclusive system design is appropriate – in that we believe that all hospitals with emergency departments have a formalized role to play in the care of those with serious and critical injuries. For example, the smallest hospitals in the province should and can be expected to deliver quality emergency resuscitation, coupled with early contact with Trauma NB to arrange transfer of the seriously or critically injured patient. Conversely, Level I and II designated trauma centres are critically important for the delivery of tertiary level surgical services, as well as comprehensive support services for the major trauma patient.

**What have we done so far?**

A major area of initial focus for the program, we have made significant inroads in helping to ensure quality, consistent care in the province's emergency departments, through equipment standardization, consistent referral pathways, standardized clinical documentation and clinical education. Field Trauma Triage tools are applied over 1700 times annually to help guide initial transport of injured patients to the most appropriate facility, and our rigorous quality improvement processes help identify and implement enhancements to emergency care in Level I, II and III designated centres. We have also developed and supported the implementation of several provincial consensus statements and checklists, addressing areas of clinical vulnerability and/or complexity.

We have not, however, been able to support Level V trauma centres with local quality improvement activity, nor are we able to collect data for patients who receive care only in Level V designated sites. Both are important vulnerabilities to our understanding of the true burden of injury in the province as well as our ability to support strong care in all designated centres.

In addition, we have been challenged to provide physicians and other healthcare professionals with bedside access to the tools and resources we create. Although we are confident in the quality of our resources, they are not likely to alter the care of the major trauma patient if they are not reliably and consistently accessed by clinical teams at the time of care.

Finally – but not insignificantly – Level I, II and several Level III designated centres have been challenged in establishing formalized trauma teams. Best practice in trauma care consistently advocates for a planned, organized approach to the arrival and early resuscitation of major trauma patients, and some Level III centres (most notably the DECRH in Fredericton and ERH in Edmundston) have an impressive history of formalized team definition and activation. Although a trial of a supernumerary Emergency Physician lead to serve as the Trauma Team Leader was completed at the Level I trauma centre in Saint John, there remains opportunity to support optimization of existing resources in all Level I, II and III designated centres.

**What will this look like?**

- Continue the development, release and support of provincial clinical consensus statements, focused on priority patient populations
- Continue to lead the review of trauma cases, developing and sharing recommendations for improvement with Regional Health Authorities and/or EM-ANB
- Continue monitoring, evaluating and optimizing the effectiveness of both Field Trauma Triage and the Toll Free Trauma Referral System as critical points of entry into the trauma system.
- Further enhance safety and efficiency of the interhospital transfer process for trauma patients who require urgent services at another hospital, including educational support for transfer personnel if required
- Develop and implement a strategic human resource plan for the program that considers the resource requirements to implement objectives at all Level I, II, III and V designated trauma centres. Include the addition of up to 2.0 FTE of Trauma Nursing resources to better support local quality improvement activity among all 12 Level V designated trauma centres provincially
- Develop, implement and maintain a free, readily available mobile application to help guide preferred trauma care practices in NB for physicians and other healthcare professionals
- Support the implementation and evaluation of trauma teams in Level I, II and III designated centres, through optimization of existing resources

**Strategic Priority #4: We will further enhance the inpatient care experience for our priority patient populations and their families****Rationale**

Although a focus on the emergency phase of care is both appropriate and important to ensure that major trauma patients survive to reach later parts of the system, the total time spent in the emergency phase is eclipsed by the time that major trauma patients spend in ICU and other inpatient care environments. It is our intention to enhance the inpatient care experience, in collaboration with Regional Health Authorities, patients and their families.

**What have we done so far?**

Our provincial consensus statements have begun to offer guidance that includes some components of inpatient care. We have also consulted with trauma centres on the relative importance of formalized transfer and repatriation processes as a means of offering quality, timely and patient-centred care. Finally, quality reviews undertaken by the program have begun to shift away from the emergency phase of care and into areas of inpatient care, ranging from matters of physician coverage to OR access for major trauma patients to discharge instructions for those with concussion.

Overall, we have developed strong system level knowledge of both capabilities and vulnerabilities in inpatient care for major trauma patients and are well positioned to lead important enhancements.

**What will this look like?**

- Clarify the role of Level III trauma centres for ICU care of major trauma patients, through consideration of a new trauma centre designation that better defines the care available at Level III centres in NB. This designation would not alter funding, staffing or ANB destination decisions but would help determine which patients can safely stay in a local ICU, versus requiring transfer to the Level I or II designated centre
- Collaborate with Horizon Clinical Networks to determine a preferred model, trial and evaluate inpatient cohorting of polytrauma patients in Level I and II designated centres
- Work with Horizon Clinical Networks to optimize access to surgical services for trauma patients in Level I and II centres while minimizing disruption of other surgical cases
- Develop, implement and evaluate a formalized process for the safe repatriation of trauma patients to hospitals closer to home who are able to provide required services.
- Establish and maintain formalized pathways with RHAs to ensure optimal physician coverage for major trauma patients, including areas of physician recruitment and provincial call systems
- Research the effectiveness of patient navigators for trauma inpatients and, if supported in research, define, trial and evaluate the effectiveness of a trauma patient navigator in each of the Level I and II designated trauma centres (total 2.0 FTE)
- Establish a working group that includes patients and family members to guide recommended enhancements to the inpatient experience for major trauma patients
- Continue to enhance psychological support resources and mechanisms for major trauma patients

**Strategic Priority #5: We will lead Canada in a provincial program of trauma education for healthcare professionals****Rationale**

Rural trauma systems have important challenges in developing and maintaining trauma resuscitation skills. This is true across providers – physicians, nurses, respiratory therapists and other healthcare professionals all require additional support to ensure competence and confidence when they see very few major trauma patients per year. Even in our larger trauma centres, the volume of major cases per year is low, when considered at the “per provider” level.

Trauma resuscitation is a complex, urgent undertaking at the best of times – working in a smaller centre compounds the challenge significantly. If Regional Health Authorities in NB maintain both regional and small, rural emergency departments, there is a parallel obligation to ensure both access to and participation in clinical education.

Our work here picks up on the remaining objectives from our 2015-2020 strategic plan, and recognizes that the program is well positioned to ensure equitable, provincial access to quality trauma education.

**What have we done so far?**

Providing clinical education to nurses and physicians – particularly those working in emergency and critical care settings – has been a hallmark of program activity. In the 2015-2020 planning period, we provided Advanced Trauma Life Support (ATLS®) education to 178 physicians, residents and physicians’ assistants. We encouraged both Regional Health Authorities to adopt current certification in ATLS® as required, foundational learning for physicians working in any New Brunswick Emergency Department – and we applaud their decision to make and keep this commitment. In turn, we have maintained access to ATLS® in French and English and completed faculty upgrading to the 10<sup>th</sup> edition of ATLS®, released in 2018.

In nursing, both Regional Health Authorities have established certification requirements for completion of the Trauma Nursing Core Course (TNCC™). We have transitioned all faculty to the newest edition of TNCC™ and have trained 648 nurses over the 2015-2020 planning period. We have also offered 211 interdisciplinary participants the Rural Trauma Team Development Course (RTTDC®). Finally, we have continued to grow the Mobile Trauma Simulation program, in recognition of the evidence that clearly demonstrates the effectiveness of well-designed simulation experiences in helping support strong clinical and team performance. With the exception of TNCC™, where a translated version of the program is neither available nor permitted to be completed inhouse, all of our educational programs are offered in both French and English.

We also continue to deliver Trauma Rounds on a regular basis, inviting speakers from within NB and beyond to offer education in topics that are salient to the care of major trauma patients.

**What will this look like?**

We recognize the importance of offering efficient and effective education in order to help ensure strong clinical practice. The vulnerability rests mainly with the requirement to ensure sufficient exposure to educational offerings to optimize performance. As a result, we will:

- Continue to direct and support the Advanced Trauma Life Support and the Trauma Nursing Core Course as foundational trauma educational programs
- Implement online registration capabilities to reduce the administrative burden associated with course management
- Enhance use of the Trauma NB Learning Management System to facilitate completion of required pre-learning and to optimize offsite/online learning
- Complete the review of the Rural Trauma Team Development Course, making recommendations to retain, adjust or replace it as the preferred educational program for Level V designated centres
- Continue growth of the Mobile Simulation program to ensure delivery in all Level III designated centres
- Trial an advanced surgical care course for definitive surgical management of major trauma cases
- Plan and deliver an Atlantic Trauma and Emergency Medicine conference for healthcare professionals from across Atlantic Canada and beyond
- Develop and implement formal recognition for healthcare professionals who demonstrate commitment to their continuing education in trauma care

## Keys to Success

### 1. Engagement

In order for us to succeed, we need genuine engagement from the organizations and healthcare professionals that are looking to us for solutions. This means active participation in the development of plans and concepts, questioning us where appropriate and lending solid organizational support when we need it. As an organization that leads largely through influence versus formal authority, we need to know that our partners are with us, every step of the way.

### 2. Collaboration

Although many organizations claim to “collaborate”, the degree of partnership and the amount of shared effort to reduce duplication and maximize effectiveness varies. In our view, collaboration means proactive identification of those with knowledge and interest, developing shared goals and objectives and developing solutions that are achievable, meaningful, measurable and sustainable. We see our role as one of leadership and coordination – lending our expertise where appropriate and bringing stakeholders together to reach agreement on areas where we will benefit from this additional depth, including the depth achieved by collaborating with patients and their families in specific areas articulated within our plan.

### 3. Communications

Central to our efforts is our need to communicate our work in a way that builds public and stakeholder credibility. In short, New Brunswickers and New Brunswick healthcare professionals deserve to know what they are getting for their investment in Trauma NB. They also deserve the opportunity to contribute their opinions and expertise and to receive reliable, credible information that is timely and delivered in the way that is most likely to support their practice. This is particularly true in two areas: Injury prevention efforts, particularly for priority populations identified in this plan, and in communication of new initiatives or clinical practices in trauma care for clinicians across the province. As a provincial program, and consistent with our values, we are committed to making sure that both members of the public and of our healthcare community are able to access information and services in both official languages.

We will continue to invest in the development of tools and methods to ensure that the public and the healthcare community know and trust Trauma NB as their first and preferred source of knowledge related to serious and critical injuries.

## Conclusion

Building on our work of the first ten years as a provincial program, we look forward to the 2020-2025 planning period to use evidence to guide further enhancements in trauma care, injury prevention, education and research. Guided by our mission, vision and values, we will fulfill the objectives within this plan and will report our progress against them. We will also use this document to guide the development, implementation and monitoring of annual operating plans.

## APPENDIX A

# **Fall Prevention for Older Adults Living in a Community Setting**



**September 2020**

## Introduction

New Brunswick has the highest proportion of older adults over the age of 65 years than any other province across Canada. Fall-related injuries among individuals in that age group are a leading cause of hospitalization with approximately 30% of older adults experiencing one or more falls each year. Research also suggests that falls are the direct cause of 95% of all hip fractures. Each year in NB, this type of injury results in over 500 hospitalizations with an average length of stay of 22.5 days – accounting for over 11,000 bed days every year. In addition, many older adults who fall will never regain their independence. It has been estimated that 40% of the elderly who are injured in a fall will require nursing home placement.

Following an examination of provincial hospitalization data estimates, Trauma NB has identified a significant upward trend in falls-related injury in older adults over the next 20 years. This trend requires considerable effort and resources from all stakeholders to address this issue comprehensively.

This document outlines our recommendations to address this important – and growing – burden on older adults, their families and the acute healthcare system.

## Summary

Following a series of consultations with stakeholders and an extensive review of scientific literature, a Falls Prevention Strategic Plan for Community Dwelling Seniors was developed to help guide select provincial activities. This strategic plan outlines five principal action items:

- 1. Ensuring that primary care providers identify community-dwelling older adults most at risk of significant injury due to a fall.**
- 2. Developing, trialing and evaluating a comprehensive falls prevention program with participation from Community Health Centres in both Horizon and Vitalité to reduce the risk of falls among more vulnerable older adults.**
- 3. Developing and implementing a validated, evidence-based endorsement process for new and existing exercise-based fall prevention programs for older adults at higher risk of falls.**
- 4. Helping older adults who live in a community setting to identify and manage hazards at home.**
- 5. Developing and promoting the availability of evidence-based fall prevention information and resources in a central online location for all New Brunswickers.**



**Action Item #1**

**We will ensure that primary care providers identify community-dwelling older adults most at risk of significant injury due to a fall.**

**Rationale**

According to the American Geriatrics Society and British Geriatrics Society, the best clinical practice for fall prevention in older adults who live in a community setting include annual fall risk screening, assessments and personalized management of identified fall risk factors. However, the College of Family Physicians of Canada does not currently recognize best clinical practice for fall risk screening and assessment. In addition, Regional Health Authorities in the province also do not recognize those best practices. This contributes to the limited awareness and implementation of best clinical practice by primary care providers in the province.

Primary care providers deserve reliable, consistent and evidence-based guidelines on the management of community-dwelling older adults at risk for falls. To support this effort, best clinical practices need to be recognized by national and provincial professional regulatory bodies and Regional Health Networks. Primary care providers also deserve some additional support to reach out to community-dwelling older adults to promote the importance of speaking up about their fall concerns and annual fall risk screening and assessment.

**What have we done so far?**

We have reviewed the evidence and consulted with provincial stakeholders to identify best clinical practice.

Consulted with Parachute to help reach out to the Canadian Task Force on Preventive Health Care to help with the recognition of best practices at the national level.

Consulted with Horizon Health Network to help revise current Fall Prevention Guidelines and Fall Prevention Policy and Procedures to help with the recognition of best practices at the provincial level.

Consulted with the NB Medical Society to confirm their interest in collaborating to help reach out to their members for the promotion of the need to follow best clinical practice for fall risk screening, assessment and interventions.

**What will this look like?**

With best clinical practice for the screening, assessment and interventions for fall risk factors confirmed, we will shift our focus to ensuring that best practices are observed regularly by primary care providers.

Specifically, we will:

- Develop and promote the availability of fall risk self-screening tools to help identify community-based older adults most at risk for a first serious fall (See action item #5).

- Collaborate with the NB Medical Society to ensure that primary care physicians understand the importance of following best practices.
- Collaborate with both Horizon and Vitalité to ensure the adoption of falls risk screening and follow up care coordination with primary care providers upon discharge from any hospital as a recommended practice for all patients over the age of 65.
- Finally, we will continue to collaborate with national stakeholders to ensure that the College of Family Physicians of Canada adopt annual falls risk screening as a recommended clinical practice for all patients over the age of 65.

## **Action Item #2**

**We will develop, trial and evaluate a comprehensive falls prevention program with participation from Community Health Centres in both Horizon and Vitalité to reduce the risk of falls among more vulnerable older adults.**

### **Rationale**

While ensuring that primary care providers, older adults and their caregivers' access and use our resources is important, even greater benefit can likely be gained through a comprehensive falls prevention program – one that assesses and helps to address a number of risk factors associated with falls. Current evidence and case experience in both British Columbia and Ontario communities confirms that such programs, when carefully designed and implemented, may be more effective in reaching older adults who are socially isolated, who live in rural and remote locations or who may lack transportation for appointments with their primary care provider.

### **What have we done so far?**

We have reviewed the evidence and consulted with national and provincial stakeholders to outline the required components and process to implement a comprehensive falls prevention program proof of concept. This has led to our identification of existing resources within Community Health Centres in New Brunswick as a potential vehicle for proof of concept program delivery.

As a result, and in collaboration with both Horizon and Vitalité Health Networks, we have identified the Queens North Community Health Centre in Minto as our first of two proof of concept sites.

### **What will this look like?**

- Community Health Centres will be recognized by primary care providers as regional hubs of expertise around fall risk assessments for older community-dwelling adults.
- Trauma NB will lead efforts to implement a Mobile Fall Prevention Clinic Proof of Concept to confirm the effectiveness of providing additional support to primary care providers for the assessment and management of fall risks in community dwelling seniors.

**Action Item #3**

**We will develop and implement a validated, evidence-based endorsement process for new and existing exercise-based fall prevention programs for older adults at higher risk of falls.**

**Rationale**

Older adults are at an increased risk for falls due to diminished strength, balance or mobility, which are known to impact postural stability and gait. There is a large body of evidence to support the recommendation that exercise, in the form of resistance (strength) training and balance, gait, and coordination training, is effective in reducing fall.

Exercise-based fall prevention programs provide safer exercise sessions which are tailored to the specific needs of older participants at higher risk for falls. However, few physical activity programs in the province currently meet that criteria. New Brunswick has had several exercise-based falls prevention programs with varying degrees of participation and only marginally understood impacts. Moreover, critical evaluation of the features required to maximize both participation and effect has been lacking.

Physical activity programs who desire to be recognized as an exercise-based fall prevention program, deserve an opportunity to obtain the needed support to help meet minimum standards. In addition, primary care providers deserve to know which available physical activity program in their community are effective in helping to reduce their older patients' risk of falls while meeting important safety standards.

**What have we done so far?**

We have completed an inventory of exercise-based falls prevention programs in New Brunswick and have noted significant variability in the way such programs are accessed, in the pre-screening of participants, in the specific interventions completed, and in the rigour of both quantitative and qualitative evaluations. We have also developed a collaborative relationship with Horizon's Network for Healthy Aging, where expertise in geriatric assessment and care is very helpful. What is needed now is to develop and implement a more formal assessment of exercise-based falls prevention programs, allowing us to endorse and promote those programs most likely to have a significant positive impact on falls risk.

**What will this look like?**

We will:

- Collaborate with Horizon's Network for Healthy Aging and other stakeholders to develop evidence-based criteria for the critical evaluation of exercise-based falls prevention programs.
- Incorporate criteria that evaluate financial and physical access, participant safety and satisfaction, data collection and potential for follow-up.
- Apply criteria to new and existing exercise-based falls prevention programs

- Collaborate with provincial stakeholders to develop effective educational materials and other important resources to help new and existing exercise-based falls prevention programs meet minimum standards.
- Publicly endorse and support expansion of those programs that meet or exceed performance criteria.

#### **Action Item #4**

##### **We will help older adults who live in a community setting to identify and manage hazards at home**

##### **Rationale**

Home hazard reduction efforts have been proven to be effective at reducing seniors' risk of falls and should be considered as part of a multifactorial approach in falls prevention for older community-dwelling adults. Even when conducted as a single intervention, environmental review and home hazard modification are effective for reducing falls in high-risk older adults.

Older adults at low to moderate risk of falling deserve an opportunity to obtain an effective tool to help them identify and manage the most common safety hazards in and around their home. However, those who are at higher risk of falling should be assessed by an occupational therapist for specific environmental or equipment needs and training to maximize safety.

Currently, the NB Department of Social Development oversees the Seniors Health, Well-Being and Home Safety Review which offers a voluntary home visit with a "trained individual" to help inform older adults about hazards in their home and programs in their community that can help them in their daily lives. In addition, the Extra-Mural Program and several private groups offer home support services for older adults through an interdisciplinary team of professionals. However, the public's level of awareness of the availability of such programs aimed at helping community-dwelling older adults stay safe at home is limited.

##### **What have we done so far?**

We have completed a search for resources which supports older adults with their efforts to identify and manage common home safety hazards. We have noted a lack of available resources in both official languages that provides enough information for older adults to complete a more comprehensive home safety assessment. We have consulted with provincial stakeholders to develop a Home Safety Checklist with an accompanying Personal Action Plan sheet.

##### **What will this look like?**

We will:

- Collaborate with provincial stakeholders to ensure ongoing public promotion of the availability of the Home Safety Checklist for seniors.

- Collaborate with the NB Medical Society and other provincial stakeholders to ensure that primary care providers discuss the availability of the Home Safety Checklist with their older patients following the completion of an annual fall risk assessment.
- Collaborate with the Department of Social Development and other provincial stakeholders to help promote the continued availability of funding for home safety repairs for older adults who live in a community setting.

### **Action Item #5**

**We will develop and promote the availability of evidence-based fall prevention information and resources in a central online location for all New Brunswickers.**

#### **Rationale**

- Enhanced falls prevention awareness efforts are important to help individuals identify fall risks and the various community programs that are available to address them.
- New Brunswickers need to have access to evidence-based falls prevention information for older adults in both official languages through a central repository of resources as it was stated in the *Blueprint for Action: Working Together to Develop a Falls Prevention Strategy for New Brunswick Seniors*.
- An effective way to help promote the availability of fall prevention resources is by encouraging ongoing safety conversations amongst older adults.
- Another effective way to raise awareness about the availability of fall prevention resources is by encouraging an intergenerational approach from concerned family members

#### **What have we done so far?**

We have developed a wide range of falls prevention resources for older adults and for healthcare professionals. We have partnered with national stakeholders for support for the development of the Finding Balance NB website. We have made efforts to raise community awareness of the availability of fall prevention resources through in-person presentations and expanded community participation in the Virtual Trek Around NB. Efforts were also made to develop resources to encourage an intergenerational approach to fall prevention through a limited safe winter walking campaign.

#### **What will this look like?**

We will:

- Continue to develop and update fall prevention resources and fall risk self-screening tools for community-based older adults, their family, caregivers and primary care providers.
- Collaborate with provincial stakeholders to update the Finding Balance NB website to house new and existing fall prevention resources.

- Collaborate with public health nurses with both Horizon and Vitalité Health Networks and/or other provincial stakeholders to enhance the delivery of fall prevention presentations.
- Collaborate with community developers and other provincial stakeholders to expand and promote the Virtual Trek Around NB
- Collaborate with the Department of Education and other provincial stakeholders to raise awareness about fall prevention for children and youth and encouraging an ongoing conversation with their parents and grand-parents.

## References

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3. Fall Prevention Strategy – Horizon Health Network
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