

QUALITY STANDARDS

Falls

A guide for people
who are at risk
of falls

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Ontario Health is committed to improving the quality of health care in the province in partnership with patients, clinicians, and other organizations.

To do that, Ontario Health develops quality standards. These are documents that outline what high-quality care looks like for conditions or processes where there are large differences in how care is delivered, or where there are gaps between the care provided in Ontario and the care patients should receive. These quality standards set out important steps to improve care. They are based on current evidence and input from an expert committee that includes patients, care partners, clinicians, and researchers.

This guide is for people at risk of falls and their active and participating care partners, if available. It accompanies the quality standard on [falls in adults](#). It outlines the top 5 areas where health care teams can take steps to improve care for people who have had a fall or are at risk of falling. The patient guide also includes suggestions on what to discuss with your health care team, as well as links to helpful resources.

DID YOU KNOW?

Clinicians are health care professionals who provide care to patients, including behavioural support clinicians, doctors, geriatric specialists, kinesiologists, nurses, nurse practitioners, occupational therapists, pharmacists, physiotherapists, psychologists, registered dietitians and nutritionists, and social workers.

A **health care team** is a group of clinicians, as well as people in unregulated professions, such as administrative staff, behavioural support workers, community care case managers, patient transport staff, personal support workers, recreational staff, spiritual care staff, and volunteers.

Top 5 areas to improve care for people who have had a fall or are at risk of falling



Quality Statement 1: Identification of Individual Fall Risk

What the standard says

People at risk of falls have their individual fall risk identified at regular intervals during health care encounters.

What this means for you

Your clinician or a member of your health care team should check regularly during your health care visits to see if you have a risk of falling. They might ask whether you have had a fall before and if you are afraid of falling. They might also watch how you walk to see if you have any problems with balance or movement.

If they think that you might be at risk of falling, they will do a more thorough exam, or they might refer you to another clinician for an exam. If you are at risk of falling, your clinician should share this information with you and with all other members of your health care team. This will help everyone involved in your care understand your needs and give you the right care and support.

DID YOU KNOW?

If you have had a fall before, or if you are afraid of falling, it is important to tell your clinician or health care team. Just one fall can be a warning sign of falling again, and repeated falls increase the risk of serious injury. Letting your clinician or health care team know that you have had a fall – or that you are worried about falling – can help them make a plan to keep you safe.



Quality Statement 2: Comprehensive Assessment

What the standard says

People at high risk of falls, including all hospitalized older adults, are offered a comprehensive multifactorial assessment. The assessment is completed by an interprofessional care team and informs the development of an individualized care plan.

What this means for you

If you have a high risk of falling, or if you are admitted to hospital, your clinician or health care team should examine you thoroughly. This is called a comprehensive assessment, and it should include things like:

- Asking about your most recent fall to understand what happened (if you have had a fall before)
- Checking your strength, balance, and mobility (your ability to move around)
- Asking about your medications to see if any of them might be increasing your risk of falling
- Asking about any other health concerns you might have
- Talking with you about anything that might increase your risk of falling at home, such as cluttered areas, poor lighting, or a lack of handrails in bathrooms and stairways
- Explaining what you can do to keep your home safe
- Giving you information about things you can do to reduce your risk of falling, such as getting exercise, eating well, getting enough protein in your diet, and taking vitamin D
- Telling you about community support services that are available to you



Quality Statement 3: Comprehensive Interventions to Prevent Falls

What the standard says

People at risk of falls are supported with tailored, multicomponent interventions. An individualized care plan is developed collaboratively and shared with the person, their care partners, and their interprofessional care team. The plan addresses the fall risk identified in the comprehensive assessment. It also includes education about falls prevention, interventions to prevent injuries and fractures, and referrals to the appropriate levels of rehabilitative supports as needed.

What this means for you

If you are at risk of falling, your clinician or health care team should work with you and your care partners to create a plan for your care. This plan should fit your needs, preferences, and the goals you have for your care. Your care plan should be shared with all members of your health care team so that everyone has the information they need to give you the best care.

Your care plan might include information about:

- How to stay active, build muscle strength, and improve your balance
- How to prevent falls or reduce the risk of being injured if you fall
- How to manage pain
- How to manage other health conditions you might have
- Your medications and how to take them
- How to make your home safer
- Using mobility aids, like walkers, and assistive devices, like hearing aids
- Healthy eating
- Any other supportive care or services you might need



Quality Statement 4: Multicomponent Falls Prevention Exercise Program

What the standard says

People at risk of falls are supported to participate in an individualized, multicomponent falls prevention exercise program. The frequency of the exercise program is determined collaboratively with the person and their care partners. Exercises are progressive and guided by the person's individual fall risk, goals of care, capabilities, and functioning.

What this means for you

If you are at risk of falling, or if you are afraid of falling, your clinician or health care team should help you participate in an exercise program to build your strength and balance. They should work with you and your care partners to decide on a schedule for your exercise sessions that works for you. Your exercise program should be led by a trained professional – this might be an exercise physiologist, a physiotherapist, a kinesiologist, or an occupational therapist.

Your exercise program should be safe, and it should be designed to meet your needs, preferences, and goals. Your exercises should start at a level that feels comfortable for you and gradually get more challenging as you gain strength over time.

DID YOU KNOW?

Many people at risk of falling benefit from exercising 2 to 3 times a week.

An exercise program will help you:

- Build muscle strength and function
- Improve balance and coordination

If you are at risk of frailty or living with frailty, exercises may also help you:

- Maintain mobility (your ability to move around)
- Improve your endurance for daily activities (your ability to stay active for longer periods of time)



Quality Statement 5: Structured Medication Review

What the standard says

People at risk of falls receive a structured medication review to identify polypharmacy and the use of fall risk-increasing drugs. The benefits and risks of each medication are evaluated and discussed with the person and their care partners. A shared decision is made to gradually reduce, change, or discontinue medications as appropriate.

What this means for you

Your clinician or pharmacist should talk with you about the medications you take to make sure they are working correctly and to see if any of them might increase your risk of falling. They should also explain the benefits and risks of each of your medications. If you are taking a medication that could increase your risk of falling, they should work with you to see if it is safe to lower the dose or stop taking it.

You should be involved in all decisions about lowering the dose of a medication or stopping a medication.

DID YOU KNOW?

Some types of medications can increase your risk of falling, including ones for:

- Depression and anxiety
- Heart and blood pressure conditions
- Seizures
- Sleep

Strong pain medications – like opioids – can also increase your risk of falling.

If you take medications like these, or if you are concerned about any of your medications, it is important to talk with your clinician.

Suggestions on what to discuss with your health care team

Ask your health care team:

- Should I be assessed for my risk of falling?
- Who will be involved in my assessment, and what will they do?
- How can I reduce my risk of falling?
- Could any of my medications be increasing my risk of falling?
- What exercises or activities can I do to improve my balance and strength?
- Should I have my vision, hearing, or footwear checked?
- What changes can I make at home or in my daily routine to reduce my risk of falling?
- What should I do if I fall or start feeling unsteady?

Share with your health care team:

- If you have had a fall or almost had a fall, or if you are afraid of falling
- If you have ever felt dizzy or unsteady
- If you have felt dizzy or unsteady after changing a medication or starting a new medication
- If you are feeling more tired or have less energy than usual
- Any changes in your muscle strength, balance, walking, or mobility (your ability to move around)
- Any other changes in your health
- Any changes in your medications

If you are a care partner

You might have your own questions. It can help to identify yourself as the patient's care partner to their health care team. This will make sure they know and respect your questions and concerns.

- Let them know what your role will be in helping the patient manage their risk of falling
- Let them know if you need help
- Let them know if you need community support or resources to help you as a care partner

Learn more

The [Falls Prevention and Bone Heal Program](#), from Trillium Health Partners, provides assessment, an exercise program, and education for older adults at risk of falls.

[Avoiding Falls](#), a brochure from the [Canadian Frailty Network](#), provides information and resources on how to avoid falls.

[Falls in Seniors](#), from [Parachute](#), provides information and resources for older adults on fall risk and prevention.

[York Region Public Health](#) provides consultations, workshops, displays, and resources on preventing falls, reducing the frequency of falls, and reducing the severity and impact of fall-related injuries.

The [Falls Prevention Program](#) offered by [Toronto Rehab](#) helps people prevent falls by providing assessment, consultation, and education. Eligible patients may be enrolled in an 8- to 9-week program of group education and exercise sessions, with individual counselling available if needed.

The [Falls Prevention Program](#) offered by [Sunnybrook Health Sciences Centre](#) provides consultation to assess people over the age of 65 who are having falls or are at risk of falling and a 6-week group exercise program.

[Step Ahead to Fall Prevention in Older Adults](#), from the City of Toronto, is a free e-learning module about age-related changes that contribute to falls and how to reduce fall risk.

The [Caregivers' Guide to Fall Prevention](#), from Parachute, provides simple and practical information to help care partners understand, prevent, and manage falls.

[March of Dimes Canada](#) provides resources on how to make homes safer and more accessible through low-cost or no-cost modifications.

Ontario Health has developed other quality standards and patient guides on conditions related to falls that may be useful, including:

- [Behavioural Symptoms of Dementia](#)
- [Chronic Pain](#)
- [Delirium](#)
- [Dementia: Care for People Living in the Community](#)
- [Frailty](#)
- [Hip Fracture](#)
- [Medication Safety](#)
- [Palliative Care](#)
- [Transitions Between Hospital and Home](#)

DID YOU KNOW?

You can make a complaint if you have experienced racism or discrimination when getting health care. Making a complaint can be difficult, but you do not have to do it alone. Ask someone you trust to help you.

- **Start with the health care organization:** The first step is to file a complaint with the health care organization where the experience happened. Use their complaint process to let them know what happened. This helps them understand the problem and gives them a chance to make it better.
- **Contact the Patient Ombudsman:** The Patient Ombudsman is an independent office created by the Ontario government to help resolve complaints about health care experiences. If you are not happy with how the health care organization responds to your complaint, or you do not feel that the issue has been resolved, the Patient Ombudsman may be able to help. They can also help if you do not feel comfortable reporting your experience to the health care organization. For more information, you can contact the Patient Ombudsman by phone at 1-888-321-0339, or you can visit the [Patient Ombudsman's website](#).

Need more information?

If you have any questions or feedback about this guide, please contact us at QualityStandards@OntarioHealth.ca or 1-877-280-8538 (TTY: 1-800-855-0511).

Need this information in an accessible format? 1-877-280-8538, TTY 1-800-855-0511, info@OntarioHealth.ca

Document disponible en français en contactant info@OntarioHealth.ca

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