

FALLS RISK SCREENING AND ACTION PLAN TOOL GUIDELINES

Working together to prevent falls

This tool is a guide for health practitioners and home and community care workers to identify falls risk in seniors living independently in their own home. It includes a falls risk screening and action plan. The attached guidelines outline the objectives of the tool, the role of the health care provider and instructions for completing the form.

The Falls Risk Screening and Action Plan Tool, developed by the Yarra Foothold on Safety Working Group is a variation of the screening tool developed by Banyule/Nilumbik Falls Prevention Project - Banyule Community Health Service



Falls risk screening and action plan tool

Objectives of the tool:

- To provide a screening guide for health professionals to identify falls risks in older adults.
- To provide a brief falls risk factor screening as part of the overall professional assessment of the client.
- To provide an individually tailored action plan.
- To involve the client in formulating an action plan and inform the client of the outcome of referral processes.
- To encourage a multidisciplinary management approach of older adults who are at risk of falling.
- To link in with referral pathways within the region.

Who can use the tool:

This is a subjective screening tool, which may be used by various primary care providers such as general practitioners, district nurses, HACC coordinators/assessment officers and allied health professionals.

Target group:

The target group is people living in their own home aged 65 and over.

About the tool:

This tool is intended for screening and action planning and is not a comprehensive falls risk assessment tool. The tool is an adjunct to generic and/or discipline specific assessments.

Therefore it is assumed that the following data have been collected in the generic and/or discipline specific assessment:

- Demographic data: age, gender, date, and setting of assessment and source of referral.
- Social history: living arrangement, presence of carer(s), home access and level of social connectedness.

On completion of the screening tool please refer to the directory of local agencies who can provide suitable falls prevention services.

Role of the health care provider after completing the tool:

The professional conducting the screening is responsible for:

- Referring the client to the relevant services as indicated by the action plan.
- Ensuring the client receives appropriate follow-up.
- Providing the client with appropriate level of feedback.

Instructions for assessor

General Instructions:

A **yes** response indicates that action is required for this particular risk factor. Use the comment section for additional information or any variations in the screening process.

1. History of falls & fear of falling:

Comment on details of most recent fall: Was it due to a trip? Loss of balance? Leg giving way? Etc.

Please comment on:

- Frequency of falls - circumstances and where fall/s occurred.
- Severity of the fall/s.
- Injuries caused by previous fall/s.
- Consider if the client was able to get up off the floor, any functional limitations due to fear of falling.

Actions to consider:

- Refer to general practitioner/physiotherapist/occupational therapist as appropriate.
- Refer to physiotherapist or falls and balance clinic for hip protectors
- Refer to RDNS or occupational therapist for personal alarm assessment for government funded personal alarm service or refer to Darebin Falls Prevention Services Directory for private providers.
- Where there is a complex interaction of risk factors, or diagnosis causing falls remains unclear, or falls continue despite local actions, consider referral to a specialist falls and balance assessment service.

2. Medical:

Consider the following conditions/issues:

- The presence of one of the following chronic conditions or acute illness:
 - Neurological e.g. Parkinson's disease or had a cerebral vascular accident (stroke)
 - History of loss of consciousness, dizziness
 - Musculoskeletal e.g. Osteoarthritis
 - Cardiovascular disease, Diabetes

- Respiratory
- Has there been a medical review in last 12 months?

Actions to consider:

Refer to general practitioner for review if appropriate and to physiotherapist in presence of musculoskeletal or neurological conditions.

3. Medications:

The following can contribute to increased risk of falling:

- Polypharmacy (4 or more medications).
- Medications which may influence the central nervous system e.g. sleeping tablets, and cardiovascular function.
- Can the client manage his/her medications safely?
- Has the client had a medication review and/or Home Medication Review in the last 12 months?

Actions to consider:

- Refer to general practitioner, if appropriate to consider Home Medication Review.
- Refer to local pharmacist for management of medications.

4. Mobility and balance:

If in doubt refer for physiotherapy assessment.

5. Mental/cognitive status:

- Is the client orientated to time, place and person?
- Does client appear to be confused?

Action to consider:

- Refer to nearest GP, ACAS service or memory clinic.

6. Vision:

- Has the client's vision been assessed in the last 12 months? Is the client using bifocals?
- Does the client wear his/her glasses?
- It is recommended that people over the age of 65 should have their vision checked annually.

Actions to consider:

- Refer to general practitioner/optometrist.

7. Home environment:

65% of falls happen inside the home. Check for cluttered home environment, and presence of environmental risk factors such as rugs, cord on the floor, and pets.

Actions to consider:

- Refer to occupational therapist for a home assessment.
- If appropriate, provide client with a home safety checklist available in some community languages.

8. Foot pain:

Presence of foot pain which may be due to bunions, corns or calluses. The use of inappropriate footwear (high heels, slippers, slippery soles and tight fitting shoes) can cause walking problems and affect balance.

Actions to consider:

- Refer to podiatrist and/or general practitioner.

9. Nutrition:

Nutritional deficiencies can impact on the person's strength, balance and gait.

Actions to consider:

- Refer to general practitioner and/or dietician.

10. Continence:

Continence problems are a falls risk factor, such as:

- Nocturia is a need to pass urine at least twice during the night.
- Stress incontinence occurs with a cough, sneeze or other increase in intra-abdominal pressure and
- Urge incontinence which occurs when there is a strong urgent need to go to the toilet.

Combining a) and c) can increase the falls risk.

Actions to consider:

- Refer to general practitioner or nearest continence clinic.
- Refer to Royal District Nursing Service continence nurse adviser.
- Refer to occupational therapist for commode use /other functional aids.

Action Plan

- 1) Please check all risk factors are ticked off in the screening tool and complete the appropriate action plan for each identified risk.
- 2) Refer to local falls prevention services directory.
- 3) Provide client with falls prevention information kit. The information kit should contain the following:
 - Darebin Older Persons Exercise Directory
 - Falls Risk Checklist available in community languages
 - Darebin Falls Prevention Services Directory
 - Relevant falls prevention literature

USEFUL WEBSITES

www.commcarelink.health.gov.au A Carelink centre can provide you with information on the range of care services available in your local area. Free call 1800 052 222

www.agedcareaustralia.gov.au This resource website provides information on aged care services including a 'community care service finder' which allows people to locate local providers.

www.carersvic.org.au Commonwealth Carer Resource Centres provides information, support and referral to services in your area. Free call 1800 242 636

www.dva.gov.au Department of Veteran Affairs General Enquiries 133 254

The Veterans' Home Maintenance Helpline is a telephone advisory service that provides assistance with property maintenance issues and referrals to local trades people. Free call 1800 80 1945

The following documents are available from the North Central Metro Primary Care Partnerships website at: www.ncmpcp.org.au-

- The Darebin Falls Prevention Services Directory
- The Darebin Older Persons Exercise Directory
- Falls Risk Screening and Action Plan Tool
- Falls Risk Screening and Action Plan Tool Guidelines
- Falls Risk Checklist translated in community languages.

Bibliography

Falls Prevention Best Practice Guidelines, Quality Improvement and Enhancement Program, Queensland Health, Version 3, 2003.

Screening Assessment for Falls Evaluation, Peninsula Health, Foothold on Safety Project 1999.