Queensland Health

Clinical Task Instruction

Skill Shared Task

S-MT08: Assess and manage falls risk and risk reduction strategies for older persons in community settings using the FROP-Com

VERSION CONTROL

Version:	2.0		
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The CTI reflects best practice and agreed process for conduct of the task at the time of approval and should not be altered. Feedback, including proposed amendments to this published document, should be directed to AHPOQ at: allied_health_advisory@health.qld.gov.au.

This CTI must be used under a skill sharing framework implemented at the work unit level. The framework is available at: https://www.health.qld.gov.au/ahwac/html/calderdale-framework.asp

Please check https://www.health.qld.gov.au/ahwac/html/clintaskinstructions.asp for the latest version of this CTI.

Scope and objectives of clinical task

This CTI will enable the health professional to:

- examine the client's risk factors for falling using a systematic approach of subjective information gathering, objective measuring tools, including use of the Falls Risk for Older People Community setting (FROP-Com).
- develop and implement a plan to address any identified risks for falling including providing education to clients and caregivers to increase awareness of hazards, potential mitigation strategies and referral to other health professionals for assessment/review of modifiable client risk factors.
- review and evaluate risk reduction strategies including their implementation and the need for any further review or intervention.

Requisite training, knowledge, skills and experience

Training

- Mandatory training requirements relevant to Queensland Health/Hospital and Health Service (HHS) clinical roles are assumed knowledge for this CTI.
- If not part of mandatory requirements, complete patient manual handling techniques, including the use of walk belts and sit to stand transfers.
- Completion of the following CTIs or equivalent professional competence:
  - CTI S-MT05: Assess standing balance.

Clinical knowledge

- To deliver this clinical task a health professional is required to possess the following theoretical knowledge:
  - the risk factors associated with falling for community dwelling older people.
  - understand and identify, from medical records and client observation, common conditions that potentially increase the risk of falls.
  - the standardised processes/tools to assess falls risk for older people living in the community, indications for their use and interpretation of outputs/scores including the FROP-Com and any other tools used by the local service, such as Timed Up and Go Test (TUG), Berg balance scale or functional reach test. Additional tools, including training and competency assessment, should be noted in the Performance Criteria Checklist.
  - the common observations and descriptors for balance and walking problems.
  - the common interventions to reduce the risk of falling in the community, including the rationale, limitations and risks associated with each intervention.
  - evaluation processes to determine the effectiveness of strategies implemented to reduce falls risk in the community.
  - local falls mitigation strategies, including available programs, referral pathways and/or processes.

- The knowledge requirements will be met by the following activities:
  - review of the Learning Resource.
  - receive instruction from the lead health professional in the training phase.
  - read and discuss the following references/resources with the lead health professional at the commencement of the training phase:
    - local recording forms/templates for assessing falls risk in the community, including the FROP-Com.
    - local policies, procedures and processes for undertaking work in a community setting.

Skills or experience

- The following skills or experience are not specifically identified in the task procedure but support the safe and effective performance of the task or the efficiency of the training process and are:
  - **required** by a health professional in order to deliver this task:
    - experience or ability to acquire skills in undertaking a walking aid basic maintenance/ safety check according to the manufacturer's guidelines. This may include inspection of rubber stoppers (present with tread), hand grips (present and stable), wheels and brakes (in working order).
  - **relevant but not mandatory** for a health professional to possess in order to deliver this task:
    - experience in the screening and/or assessment of cognitive impairment and/or mood e.g. S-CP01: Screen for cognitive impairment using a standardised tool and provide basic/bridging intervention.
    - experience working with older people in the community setting, particularly in their homes.
    - experience in assessment of functional walking and/or the prescription, training and review of walking aids e.g. S-MT01: Assess functional walking, S-MT02: Prescribe, train and review of walking aids.
    - experience in environmental assessment and prescription of equipment to maximise independence.
    - experience undertaking falls risk assessment in the hospital setting including completion of a relevant training program e.g. local recommended e-Learning module or workshop attendance.

Indications and limitations for use of a skill shared task

The skill share-trained health professional shall use their independent clinical judgement to determine the situations in which he/she delivers this clinical task. The following recommended indications and limitations are provided as a guide to the use of the CTI but the health professional is responsible for applying clinical reasoning and understanding of the potential risks and benefits of providing the task in each clinical situation.

Indications

The FROP-Com was developed and validated for use in older people living dwelling in the community (NARI, 2005). The FROP-Com is used to identify the risk factors for falling and direct the tailoring of falls prevention interventions (Russell, Hill, Blackberry et al 2008).

- A community dwelling client presents with recent history of fall/s or near-fall. This may be identified through direct observation, the medical record, client/carer report, observation of trauma consistent with previous falls e.g. bruising/laceration and confirmed on further questioning. This may also include an expressed concern of falling without actual incident.
- The client is reported or observed to have gait and balance problems. This may include observation of unsteady walking, shuffling, lurching, freezing, uncontrolled movement patterns, reaching for furniture or through formal assessment/screening results e.g. Berg Balance score, TUG.
- The client is reported or observed to behave or interact with their environment in way that places them at risk of falling, such as limited insight regarding hazards or climbing on furniture to access items in cupboards.
- The client requests assessment for falls risk, is referred for falls risk assessment or meets criteria to participate in a local service screening program. For example, the client is elderly (>65 years old), living in the community and is not acutely unwell/has not experienced recent trauma.
- The client's home environment is observed to contain environmental hazards that would increase the risk of falls such as uneven floor surfaces, loose floor coverings (loose lino/tiles, mats/rugs), an outside toilet or poor lighting at transition points/door thresholds.
- The client requires carer support for walking, activities of daily living or to access the community and the carer expresses a concern regarding falls or near-fall occurrences. Where the client's carer/family makes a referral, the client must consent to being assessed.
- The client has been previously identified at risk of falls and is due for periodic review or has had a change in circumstances, such as a new/worsening health condition, moved residences or has not been reviewed for >12 months.

Limitations

- The client, at a minimum, should be able to transfer or walk with standby assistance. If the client requires more assistance, has weight bearing restrictions, uses a wheelchair for mobility and/or a hoist for transfers, complete the subjective components of the FROP-Com. Respond to any risks and refer to a health professional with expertise in mobility and transfers for further assessment as part of the management plan.
- The client has a significant visual impairment i.e. legally blind and uses a cane, unable to see the ground when in standing with/without glasses, or difficulties with depth perception. Complete the subjective components of the FROP-Com, respond to any risks and refer to a health professional with expertise in falls risk assessment and/or visuospatial perceptual problems as part of the management plan.
- The client has a cognitive impairment including disorientation, confusion and forgetfulness. The client must, at a minimum, be able to follow single-step instructions for safety. If cognitive problems pose a safety concern, including for the health professional, or cognitive problems are likely to result in inaccurate and/or unreliable information, consider if information can be collected from a key informant such as a carer and complete the FROP-Com, noting information

source and incomplete items e.g. carer unsure, non-compliance for observation activities. If there is no carer, develop a plan for falls assessment e.g. contact the client's medical practitioners with observations, conduct the review at a more appropriate time i.e. when the usual carer is available.

- The client refuses or is unable to participate in a direct observation of balance or walking due to pain, poor timing with a medication regime (analgesia, Parkinson's, asthma) or missing/broken equipment (prosthesis, walking aid, glasses). If the client consents complete the history taking and subjective examination and make recommendations for hazard reductions, noting the limitation to assessment and reason for non-completion. If appropriate, schedule the observation assessment to coincide with medication regimen, or when equipment is available.
- The FROP-Com has demonstrated relatively low predictive accuracy for a future injurious fall when administered to older adults admitted to an emergency department following a fall (Mascarenhas, Hill, Barker, Burton 2019). Clients who present to an emergency department following a fall should be referred for comprehensive falls risk assessment using usual processes and pathways.

Safety and quality

Client

- The skill share-trained health professional shall identify and monitor the following risks and precautions that are specifically relevant to this clinical task:
  - as this task is being used to assess a client's risk of falling, standby assistance of the client is required during standing and/or walking activities.

Equipment, aids and appliances

- The client should be assessed using their usual walking aid and any other required devices e.g. ankle foot orthoses (AFO), knee brace. The equipment should be checked for maintenance and safety using the manufacturer's guidelines. The skill share-trained health professional should also confirm the equipment was prescribed, reviewed and fitted by a health professional with expertise in the area e.g. SMT02: prescribe, review and train in walking aids.

Environment

- As this task assesses risk of falls in a community setting, it is important to ensure the safety of self and the client. This will include:
  - adherence to local policies, procedures and processes for client manual handling and undertaking work in a community setting.
  - scanning the environment for any obstacles or hazards that need to be mitigated before undertaking the observational assessment including trips (changes in floor surfaces, clothes on floor, cords), slips (loose floor coverings/mats) or obstacles (static and dynamic e.g. pets). As this task assesses the client's functional capacity in a relevant setting, including risk taking behaviour, observation may be necessary to demonstrate the client's capacity, awareness and management of risk. However the task should be ceased if the risk of harm is beyond minor.

Performance of clinical task

1. Preparation

- Use information collected from the medical chart (if available) to assist in determining the client's risk of falling and guide subjective assessment. This may include age, usual living arrangements, number of previous hospital admissions for falls and injuries sustained, co-morbidities, medications, previous falls assessments/interventions undertaken etc.

2. Introduce task and seek consent

- The health professional checks three forms of client identification: full name, date of birth, **plus one** of the following: hospital unit record (UR) number, Medicare number, or address.
- The health professional introduces the task and seeks informed consent according to the Queensland Health Guide to Informed Decision-making in Health Care, 2nd edition (2017).

3. Positioning

- The client's position during the task should be:
  - sitting comfortably in a supportive chair during subjective assessment and standing/walking during the objective assessment.
- If a carer is present during the task, they should be:
  - sitting comfortably beside the client in a supportive chair or positioned so that they are able to provide support to the client during the task.
- The health professional's position during the task should be:
  - sitting opposite or beside the client during subjective history taking, standing beside the client close enough to provide assistance during observational tasks as required.

4. Task procedure

- The task comprises the following steps:
  1. Determine the client's suitability to undertake an assessment for falls risk using the information from the subjective history, observation, local falls screening protocol and Indications and Limitations section.
  2. Administer the FROP-Com as per the guidelines and any additional falls screening that the local service has identified as in scope of this skill share task.
  3. Determine the risk of falls using the FROP-Com rating system of mild, moderate or high.
  4. Implement actions to mitigate identified risks including actions recommended by FROP-Com, e.g. health promotion behaviours to minimise future ongoing risks and/or referral to health professionals with expertise in falls management, referral for further assessment including any additional observations/objective measurements required by the local service and that the health professional is competent to deliver e.g. Berg balance scale, timed up and go test, etc.

5. Monitoring performance and tolerance during the task

- Common errors and compensation strategies to be monitored and corrected during the task include:
  - Client/carer reports no issues/problems, but observation reveals significant risk. Check understanding of the task i.e. to assess and manage falls risk, provide examples to the client of simple risk management strategies that could be easily implemented e.g. commode chair beside bed to reduce night-time falls in the toilet, removal of rugs/mats to reduce trip hazards, replacement of dull or not working light bulbs. Seek additional information from alternative sources to assist in determining risk and developing management strategies e.g. other family members, client's general practitioner, neighbours. NB: client consent and confidentially processes must be adhered to.
  - Carer compensates or anticipates risk during the assessment. Determine if the carer is always available to perform this function. If yes, note the strategies/support provided as part of the assessment, including appropriateness. If not, assess the client without carer support to determine risk level and plan management strategies.
- Monitor for adverse reactions and implement appropriate mitigation strategies as outlined in the Safety and quality section above.

6. Progression

- Task progression strategies include:
  - Further assessment being undertaken through implementing skill share CTIs or referring to a relevant health professional/s:
    - walking including need for walking aid/s (CTI S-MT01: Assess functional, SMT02: Prescribe, train and review of mobility aids, CTI S-MT03: Timed Up and Go Test)
    - walking in outdoor environments (CTI S-MT06: Assess outdoor walking) or using stairs (CTI S-MT04: Assess stair walking)
    - activities of daily living (CTI S-AD01: Prescribe, train and review of bathroom grab rails, CTI S-AD08: Assess meal preparation and provide basic/bridging intervention)
    - foot care (CTI S-FC01: Assess the risk of foot complications)
    - cognition (CTI S-CP01: Screen for cognitive impairment using a standardised tool and provide basic/bridging intervention)
    - perception (CTI SP01: Conduct a basic assessment for perceptual problems and provide of basic/bridging intervention mood)
    - medication review.

Note: Due to the significant training investment services will prioritise complementary skill share CTIs based on the local context by considering the needs of the client cohort, referral pathways including access to telehealth services and the ability for the skill share-trained health professional to maintain competence. This CTI does not support or advocate that the skill share-trained health professional would perform all tasks but demonstrates that a variety of task configurations could be used to support appropriate and timely access to care.

7. Document

- Document the outcomes of the task as part of the skill share-trained health professional's entry in the relevant clinical record, consistent with relevant documentation standards and local procedures. This should include reference to:
  - level of risk of falls i.e. mild, moderate or high
  - types of risks
  - mitigation strategies implemented including recommendations, changes made, type and purpose of any referrals.
  - process and timeframe for review.
- The skill shared task should be identified in the documentation as "delivered by skill shared-trained (insert profession) implementing CTI: S-MT08: Assess and mange falls risk and risk reduction strategies for older persons in community settings using the FROP-Com" (or similar wording).

References and supporting documents

- Centres for Disease Control and Prevention (2015). Check for safety. A home fall prevention checklist for older adults. Available at: https://www.cdc.gov/steadi/pdf/check_for_safety_brochure-a.pdf
- Lamb SE, Jorstad-Stein EC, Hauer K et al. (2005). Development of a common outcome data set for fall injury prevention trials: The prevention of falls network. Europe consensus. Journal of the American Geriatric Society: 53:1618–1622.
- Mascarenhas M, Hill KD, Barker A, Burton E (2019). Validity of the Falls Risk for Older People in the Community (FROP-Com) tool to predict falls and fall injuries for older people presenting to the emergency department after falling. European Journal of Ageing. DOI: 10.1007/s10433-018-0496-x
- NARI (2005). National Ageing Research Institute. Falls Risk for Older People in the Community: FROP-Com. Available at: https://www.nari.net.au/frop-com
- Russell, MA, Hill, KD, Blackberry I, Day LM, Dharmage SC (2008). The reliability and predictive accuracy of the falls risk for older people in the community assessment (FROP-Com) tool. Age and Ageing. DOI: 10.1093/ageing/afn129
- Todd C, Skelton D (2004). What are the main risk factors for falls among older people and what are the most effective interventions to prevent falls? Copenhagen, WHO Regional Officer for Europe (Health Evidence Network report. Available at: http://www.euro.who.int/__data/assets/pdf_file/0018/74700/E82552.pdf
- Queensland Health (2017). Guide to Informed Decision-making in Health Care (2nd edition). Available at: https://www.health.qld.gov.au/__data/assets/pdf_file/0019/143074/ic-guide.pdf

Assessment: performance criteria checklist

S-MT08: Assess and manage falls risk and risk reduction strategies for older persons in community settings using the FROP-Com

Name: **Position:** **Work Unit:**

Performance criteria	Knowledge acquired	Supervised task practice	Competency assessment
	Date and initials of supervising AHP	*Date and initials of supervising AHP*	*Date and initials of supervising AHP*
Demonstrates knowledge of fundamental concepts required to undertake the task through observed performance and the clinical reasoning record.			
Identifies indications and safety considerations for the task and makes appropriate decisions to implement the task, including any risk mitigation strategies, in accordance with the clinical reasoning record.			
Completes preparation for task including determining the need for a falls risk assessment, checking any walking aids planned for use.			
Describes the task and seeks informed consent.			
Prepares the environment and positions self and client appropriately to ensure safety and effectiveness of the task, including reflecting on risks and improvements in the clinical reasoning record where relevant.			
Delivers the task effectively and safely as per the CTI procedure in accordance with the Learning Resource. a) Clearly explains and demonstrates the task, checking the client's understanding. b) Determines the client's suitability to undertake an assessment for falls risk. c) Appropriately administers the FROP-Com. d) Determines the risk of falls using a rating system. e) Implements actions to mitigate for identified risks including any additional local service assessment requirements. f) During task, maintains a safe clinical environment and manages risks appropriately.			
Monitors for performance errors and provides appropriate correction, feedback and/or adapts the task to improve effectiveness, in accordance with the clinical reasoning record.			

Documents in the clinical notes including a reference to the task being delivered by the skill share-trained health professional and the CTI used.			
If relevant, incorporates outcomes from the task into an intervention plan e.g. plan for task progression, interprets findings in relation to care planning, in accordance with the clinical reasoning record.			
Demonstrates appropriate clinical reasoning throughout the task, in accordance with the Learning Resource.			

Comments on the local service model:

For example a list of CTIs or procedural documents including referral pathways that support the skill-share trained health professional to deliver this task.

☐ _____

☐ _____

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Comments:

Record of assessment competence:		
Assessor name:	Assessor position:	Competence achieved: / /
Scheduled review:		
Review date: / /		

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Clinical reasoning record

- The clinical reasoning record can be used:
  - as a training resource, to be completed after each application of the skill shared task (or potential use of the task) in the training period and discussed in the supervision meeting.
  - after training is completed for the purposes of periodic audit of competence.
  - after training is completed in the event of an adverse or sub-optimal outcome from the delivery of the clinical task, to aid reflection and performance review by the lead practitioner.
- The clinical reasoning record should be retained with the clinician's records of training and not be included in the client's clinical documentation.

Date skill shared task delivered: _____

1. Setting and context

- insert concise point/s outlining the setting and situation in which the task was performed, and their impact on the task

2. Client

Presenting condition and history relevant to task

- insert concise point/s on the client's presentation in relation to the task e.g. presenting condition, relevant past history, relevant assessment findings

General care plan

- insert concise point/s on the client's general and profession-specific/allied health care plan e.g. acute inpatient, discharge planned in 2/7

Functional considerations

- insert concise point/s of relevance to the task e.g. current functional status, functional needs in home environment or functional goals. If not relevant to task - omit.

Environmental considerations

- insert concise point/s of relevance to the task e.g. environment set-up/preparation for task, equipment available at home and home environment. If not relevant to task - omit.

Social considerations

- insert concise point/s of relevance to the task e.g. carer considerations, other supports, client's role within family, transport or financial issues impacting care plan. If not relevant to task - omit.

Other considerations

- insert concise point/s of relevance to the task not previously covered. If none - omit.

3. Task indications and precautions considered

Indications and precautions considered

- insert concise point/s on the indications present for the task, and any risks or precautions, and the decision taken to implement/not implement the task including risk management strategies.

4. Outcomes of task

- insert concise point/s on the outcomes of the task including difficulties encountered, unanticipated responses

5. Plan

- insert concise point/s on the plan for further use of the task with this client including progression plan (if relevant)

6. Overall reflection

- insert concise point/s on learnings from the use of the task including indications for further learning or discussion with the lead practitioner

Skill share-trained health professional	**Lead health professional (trainer)**
Name:	Name:
Position:	Position:
Date this case was discussed in supervision:	**/ /**
Outcome of supervision discussion:	e.g. further training, progress to final competency assessment

Assess and manage falls risk and risk reduction strategies for older persons in community settings using the FROP-Com: Learning resource

General information

A fall is defined as an unexpected event in which the participants come to rest on the ground, floor or other lower level (Lamb, Jorstad-Stein, Hauer, 2005). As people grow older, they are more at risk of falling and consequent injuries. Falls have a range of contributing factors. Intrinsic factors identified in the literature include a history of falls, age, living alone, medication use, certain medical conditions, functional decline, fear of falling, nutritional deficiencies, impaired vision and/or cognition. Extrinsic factors include environmental hazards, footwear and clothing, inappropriate walking aids or assistive devices (Todd and Skelton, 2004). For this reason, a comprehensive assessment that considers a range of risk factors for falls is required in most clinical circumstances.

Required viewing

- Freda's Fall. ALIGN - Allied Health Professions Innovative Learning Network for Falls Management.
  - Part 1. Available at: www.ldnh.academy/courses/fredas-fall/

  Note: some services may request that all parts are completed.

Required reading

Falls risk and risk factors

- Eng J J, Pei FT (2007). Gait training strategies to optimize walking ability in people with stroke: a synthesis of the evidence. Expert Review of Neurotherapeutics 7(10): 14147-1436.
  - Figure 1. Use of the International Classification of Functioning Model to guide identification of primary factors resulting in particular gait problem, the selection of appropriate walking ability-related outcome measures that are reliable, valid and sensitive to changes, and the identification of potential environmental or personal factors that facilitate or impede an individual's goal to improve walking ability. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3196659/
- Queensland Government: Queensland Health (1996-2020). Queensland Stay on Your Feet®. Falls professional resources. Available at: https://www.health.qld.gov.au/stayonyourfeet
  - Facts on falls
  - Model for falls prevention in older people across the health continuum
  - Community good practice guidelines.

- Special article: Summary of the updated American geriatrics society/British geriatrics society clinical practice guidelines for prevention of falls in older persons (2001). Journal of American Geriatrics Society 59 (1):148–157. Available at: http://onlinelibrary.wiley.com/doi/10.1111/j.1532-5415.2010.03234.x/epdf
- Local policies, procedures and processes for undertaking work in a community setting, including local services available and referral pathways e.g. podiatrist, optometrist, physiotherapist, occupational therapist, falls and balance class, dietitian, continence services, pharmacist etc.
- Local falls risk screening tools, mitigation strategies, programs and processes.

FROP-Com

- National Ageing Research Institute (NARI) (2020). Available at: http://www.nari.net.au/resources/health-professionals/falls-and-balance
  - Falls Risk for Older People – Community setting (FROP-Com): Tool and Guidelines. Interventions that work.
- Russell MA, Hill KD, Blackberry I, Day LM, Dharmage SC (2008). The reliability and predictive accuracy of the falls risk of older people in the community assessment (FROP-Com) tool. Age and Ageing 37(6): 634-639. DOI: https://doi.org/10.1093/ageing/afn129

Example local recording form (Queensland Health only)

- Falls risk for older people – Community setting (FROP-Com). MR 168. Cairns and Hinterland Hospital and Health Service. Available at: http://qheps.health.qld.gov.au/cairns/docs/form/mr168.pdf

Risk reduction strategies

- The assessment of falls risk will likely identify a range of contributing factors needing a number of risk reduction strategies. Recommended risk reduction strategies include:
  - environmental adaptation
  - balance, transfer, strength and gait training
  - reduction in medications
  - management of visual deficits, postural hypotension, cardiovascular and medical problems including nutritional deficits, and footwear assessment.
- Assessments should be conducted by health professionals with expertise in the relevant area.

Environmental risk reduction strategies

- Falls at home are often due to hazards that are overlooked but easy to fix (Centres for Disease Control and Prevention, 2015). Health professionals should provide education on environmental hazards as part of a multi-faceted approach to falls risk reduction. Home hazard reduction environmental checklists are available to assist with identifying hazards and reducing risks. The health professional should assess the client's home for hazards as part of the risk reduction strategies. The local service will determine which tools are appropriate for use.

Example home environment checklists

- Queensland Government: Department of Health (2014). How to Stay On Your Feet®: Checklist. Available at: https://www.health.qld.gov.au/__data/assets/pdf_file/0028/429814/33381_full.pdf
- Rebuilding together - Safe at home checklist. Available at: https://www.aota.org/~/media/Corporate/Files/Practice/Aging/rebuilding-together/RT-Aging-in-Place-Safe-at-Home-Checklist.pdf

Optional reading

- Hopewell S, Adedire O, Copsey BJ, Boniface GJ, Sherrington C, Clemson L, Close JCT, Lamb SE (2018). Multifactorial and multiple component interventions for preventing falls in older people living in the community. Cochrane Systematic Review. Available at: https://doi.org/10.1002/14651858.CD012221.pub2
- Pighills A, Ballinger C, Pickering R, & Chari S (2015). A critical review of the effectiveness of environmental assessment and modification in the prevention of falls amongst community dwelling older people. British Journal of Occupational Therapy. doi:10.1177/0308022615600181. Available in Research Gate.
- Sherrington C, Fairhall NJ, Wallbank GK, Tiedemann A, Michaleff ZA, Howard K, Clemson L, Hopewell S, Lamb SE (2019). Exercise for preventing falls in older people living in the community. Cochrane Systematic Review. Available at: https://doi.org/10.1002/14651858.CD012424.pub2