

Falls Prevention: Information for the Healthcare Provider

Falls and Injury Prevention Team

We acknowledge that Fraser Health provides services within the traditional, ancestral and unceded territories of the Coast Salish and Nlaka'pamux Nations, and is home to six Métis Chartered Communities.

- | | | | |
|---|------------------------|----|-------------------------------|
| 1 | Soowiltz | 7 | Skwakaile |
| 2 | Leq'á'mel First Nation | 8 | Kwaw-kwaw-a-pilt First Nation |
| 3 | Skwah | 9 | Yakweakwoose |
| 4 | Shxw'háy Village | 10 | Tzeachten |
| 5 | Sqúiala First Nation | 11 | Soowahlie |
| 6 | Althelitz | | |

Métis Chartered Communities representation in the Lower Mainland

| | | | |
|--|--|--|---------------------------------|
| | North Fraser Métis Association | | Fraser Valley Métis Association |
| | Surrey-Delta Métis Chartered Community | | Waceya Métis Society |
| | Golden Ears Métis Society* | | Chilliwack Métis Association |

*Golden Ears Métis Society do not currently have an office



First Nation Communities in the Fraser Salish region

World Falls Prevention Guidelines: 3 Screening Questions

1. **Have you fallen** in the past year?
2. **Do you feel unsteady** when standing or walking?
3. **Do you worry** about falling?

Answer **yes to 1** question

→ considered **low risk**

→ good candidate for our **presentation**.

Answer **yes to 2 or more** questions

→ considered **intermediate/high risk**

→ good candidate for our **mobile clinic**.

Referral Form

Falls Prevention
Pulse Page
Fall and injury
reduction

Falls prevention
mobile clinic (Mobile
Clinic)



FALLS PREVENTION MOBILE AND VIRTUAL CLINIC REFERRAL



Form ID: MSXX104720D

Rev: December 13, 2022

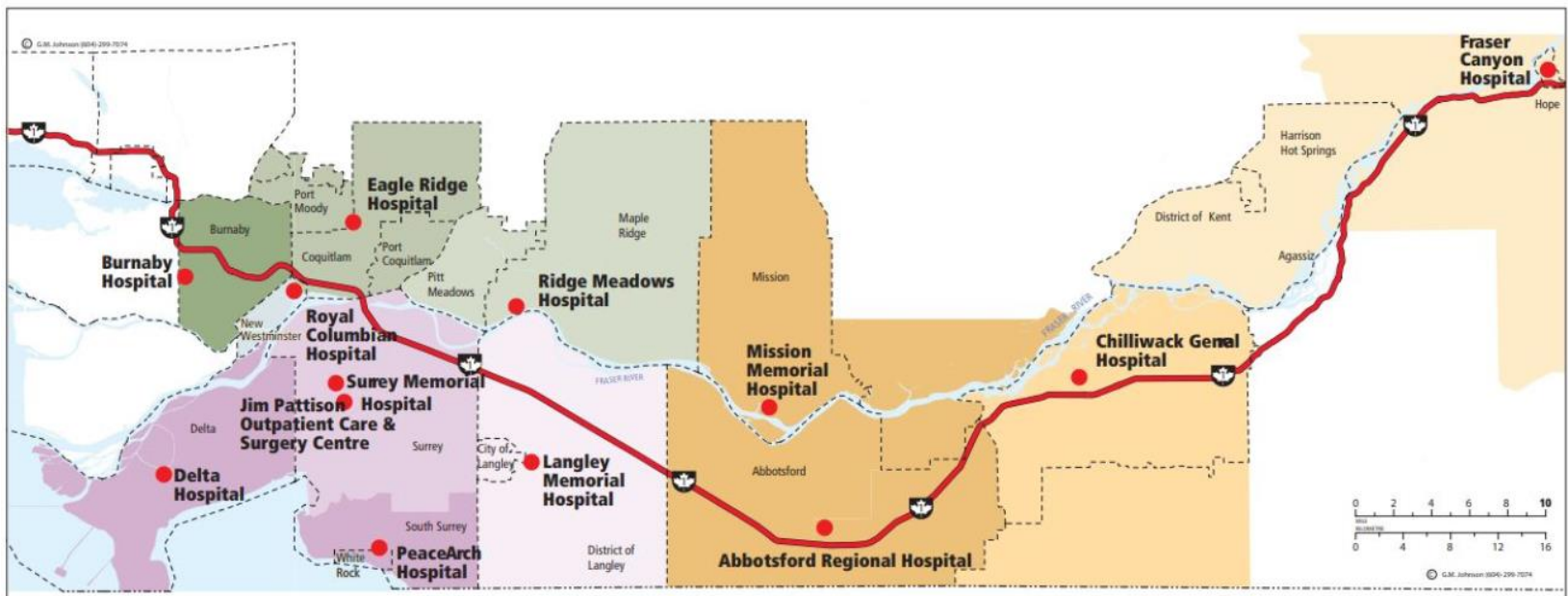
Page: 1 of 2

| | | | | | |
|---|---|--|--|---|--|
| Falls Prevention Mobile Clinic and Virtual Clinic Telephone: 604-587-7866 and Fax Number: 604-520-2154 For a fillable version please see Pulse site: https://pulse/clinical/quality-patient-safety/Pages/Falls-prevention-mobile-clinic.aspx | | | | | |
| Note the following Exclusion Criteria for the Falls Prevention Mobile and Virtual Clinic: <input type="checkbox"/> Non-Ambulatory <input type="checkbox"/> Living in long-term care <input type="checkbox"/> Moderate to advanced cognitive impairment (MMSE score must be greater than 24 and/or MoCA score greater than 19) <input type="checkbox"/> Unable or unwilling to follow directions, consider recommendations or direct their own care. If clients meet any of the above, DO NOT PROCEED WITH REFERRAL | | | | | |
| Date of Referral (DD-MM-YYYY): | | | | | |
| Referee Name: | Designation (Select one) | <input type="checkbox"/> Self | <input type="checkbox"/> RN | <input type="checkbox"/> PT/OT | |
| | | <input type="checkbox"/> Doctor/NP | <input type="checkbox"/> SW | <input type="checkbox"/> Other: | |
| Phone #: | Site Type: (Select one) | <input type="checkbox"/> Family Practice | <input type="checkbox"/> Kidney Care | <input type="checkbox"/> Home Health | |
| Fax #: | | <input type="checkbox"/> Emergency Department | <input type="checkbox"/> Specialized Seniors Clinic | <input type="checkbox"/> Other: | |
| Patient Information (or label) | | | Full Address REQUIRED : | | |
| First Name: | (Full Address, must include city) | | | | |
| Last Name: | | | | | |
| PHN: | | | | | |
| Birthdate (dd-mm-yyyy): | | | Preferred Language: | | |
| Pronouns: | <input type="checkbox"/> He/Him | <input type="checkbox"/> She/Her | <input type="checkbox"/> They/Them | Translator Required? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Phone Number(s): | | | Email: | | |
| Family Doctor <input type="checkbox"/> Same as Referee listed above, OR: | | Family Doctor Name and City: | | | |
| Alternative Contact <input type="checkbox"/> Arrange appointment with the contact listed below: | | | | | |
| Name & Relationship: | | | Phone Number: | | |
| <input type="checkbox"/> MEDICATION LIST ATTACHED (IF AVAILABLE). | | | | | |
| Relevant Medical History: | | | Number of Falls in the Previous 12 months: | | |
| <input type="checkbox"/> COPD/ Asthma | <input type="checkbox"/> Vertigo | <input type="checkbox"/> Chronic Pain | <input type="checkbox"/> Low Bone Mass | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Arthritis* |
| <input type="checkbox"/> Spinal Stenosis | <input type="checkbox"/> Cancer | <input type="checkbox"/> Pacemaker | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Neuropathy | <input type="checkbox"/> Other * |
| <input type="checkbox"/> Stroke/ Brain Injury | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Heart Disease/ Hypertension | <input type="checkbox"/> Parkinson's Disease | <input type="checkbox"/> Anxiety/ Depression | (*specify) |
| Cognitive Impairments: Note: MMSE score must be >24 or MoCA score >19. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | | | If cognitive impairments exist, complete the following if known or available: MoCA: _____ (score) MMSE: _____ (score) | | |
| Functional Cognition: Select the box that best describes client's ability to perform IADLs/ADLs: | | | <input type="checkbox"/> No difficulty <input type="checkbox"/> Moderate (difficulty with basic ADLs) | | |
| | | | <input type="checkbox"/> Mild (difficulty with IADLs) <input type="checkbox"/> Severe (dependent with ADLs) | | |
| Clinical Frailty Score- Please check one: (See reverse for details) | | <input type="checkbox"/> 1- Very Fit | <input type="checkbox"/> 4- Very Mild Frailty | <input type="checkbox"/> 7- Severe Frailty | |
| | | <input type="checkbox"/> 2- Fit | <input type="checkbox"/> 5- Mild Frailty | <input type="checkbox"/> 8- Very Severe Frailty | |
| | | <input type="checkbox"/> 3- Managing Well | <input type="checkbox"/> 6- Moderate Frailty | <input type="checkbox"/> 9- Terminally Ill | |
| Current Services Involved: | | <input type="checkbox"/> Home Health | <input type="checkbox"/> Specialized Seniors Clinic | <input type="checkbox"/> Mental Health | |

Print Shop # 256795

Referral is Received

- Healthcare professionals (GP, SSC, ED, Healthy Bones, KCC, etc), self
- Serving the entire Fraser Health region
- Long waitlists



Screening... Who should attend the clinic?

- A few things to consider:
 - Cognitive Impairments
 - Compliance
 - Mobility
 - Community Access
 - Falls History
 - Limit Duplication of Service

Falls Prevention Clinic Assessment

Clinic Flow

1.

Intake & Assessment

- A Falls Risk Assessment which may include measures of strength, balance, vision, body awareness and reaction time
- Postural Blood Pressure
- Pain Assessment
- Falls History

2.

Pharmacist Station

- Bone health discussion including a Calcium and Vitamin D assessment
- Medication review with a focus on medications that may increase the risk for falls

3.

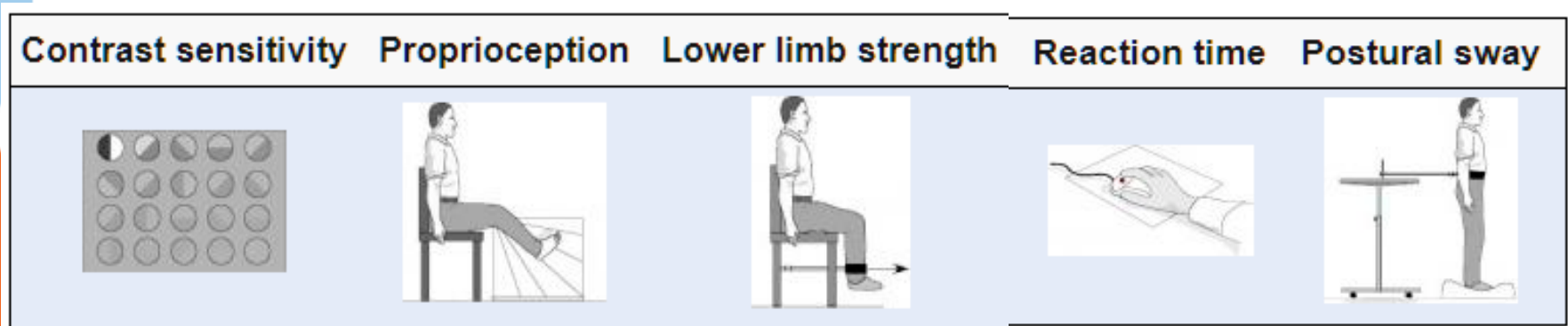
Physiotherapist Station

- The results from the Falls Risk Assessment will be provided and explained
- A personalized activity program (based on the results from the Falls Risk Assessment) will be developed

Clinic Day Station 1: PPA Testing

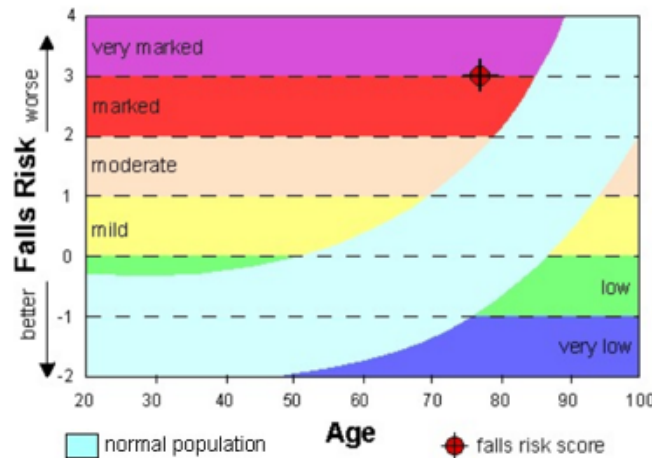
Physiological Profile Assessment Short Form (PPA)

- NeuRA FallScreen®
- Evidence-based fall risk tool
- vision, sensation, strength, coordination and balance
- can accurately identify older people at risk of falls



PPA Results

Falls Prevention Assessment Report



Sample Graph

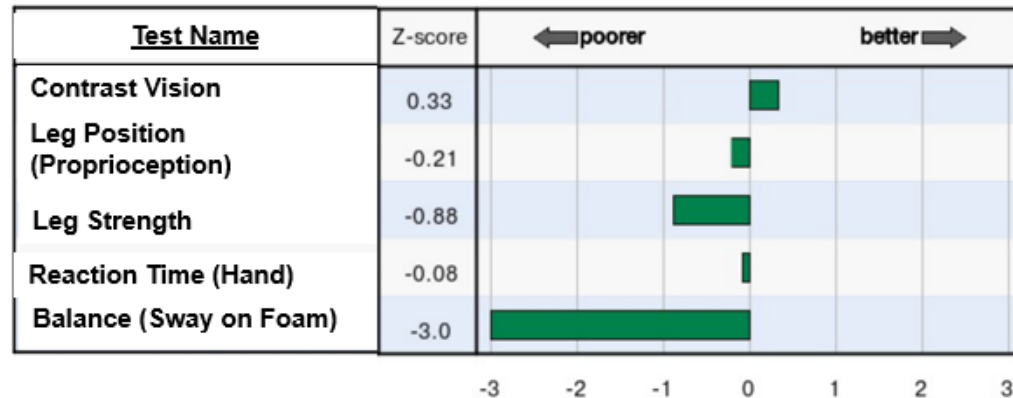
The Falls Risk Score is indicated by the cross. The lower the score the better. The light curved band shows the normal range across age-groups.

Your score of 3.02 indicates a Very Marked risk of falling.

| Test | Your Score (#) | Age Matched Target (Women Aged 74-79) | Score Rating |
|--------------------------------------|----------------|---------------------------------------|---------------|
| Contrast Vision (Edge Test) | 21.0 | (18 - 23) | Average |
| Leg Position (Proprioception) | 2.2 | (0.6 - 3.0) | Average |
| * Knee Extension Strength (Left leg) | 15.5** | (16 - 31) | Below Average |
| Reaction time (Hand) | 264.4 | (206 - 284) | Average |
| * Balance (Sway on Foam) | 714.0**u | (77 - 216) | Unable |

Note: most common deficits are **strength** and **balance**.

The green bars below show performance in each test in relation to norms for persons aged 65 years and over. Scores above zero show above average performances and scores below zero show below average performances. Scores below -1 indicate significant impairments.



Station 2: Pharmacy

- Identify High Risk Medications
- Medication Compliance
- Bone Health (Calcium, FRAX Score)
- Pain Management
- Vitamin D
- Sleep
- Bladder/Bowel Health

Station 3: Physiotherapy

- Understand PPA Short Test Results
- Equipment Recommendations and Demo's
- Home Exercise Program
- Community Classes/Programs
- Outsourced Program Referrals (MEPP, First Link, Parkinson's B.C., and Home Health)

Post Clinic:

- Clinic follow-up (completion of external referrals, etc.)
- Action Plans sent to patient
- Doctor Reports to referees/GPs (available in PARIS, UCI, ?CareConnect)
- 3 months later: follow up calls

Thank you! Questions?