

## Falls Prevention & Screening in Medical Respite Care Programs

2023

Falls are a significant risk factor for health, with over 30% of the general population over age 65 experiencing at least one fall each year. In people experiencing homelessness, the risk for falls is higher, influenced by an increased prevalence of chronic health conditions, substance and alcohol use, cognitive impairment, and existing in inaccessible or unsafe environments<sup>1</sup>. Further, older adults experiencing homelessness have an even higher risk, due to the long-term impact of health conditions and a higher likelihood of decreased function, their ability to complete activities of daily living (ADL), and mobility<sup>2</sup>. People experiencing homelessness are less likely and able to access preventative and supportive services that may decrease risk of falls, such as mobility aids, supportive footwear, and control over their environment. Those who have been hospitalized for health conditions are also at a greater risk for experiencing a fall, regardless of age<sup>3</sup>. These risk factors indicate a need for medical respite programs to screen for risk of falls in individuals who come into their program, support access to services to address fall risks, and modify their environment to reduce risks while in the program.

**This resource provides an example of a fall risk screening that can be implemented within a medical respite program.** This tool can be utilized by a variety of program staff and requires a review of a person's recent medical history and conversation with the client. Completing a falls screening can reduce risk of falls while the person is in the medical respite care program and identifies strategies to increase safety and mobility.

This resource includes:

- 1) How to use this screening tool
- 2) Related resources
- 3) Falls Screening Tool
- 4) Fall Risk Plan

*This publication is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$1,967,147 with 0 percent financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official view of, nor an endorsement by, HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.*

<sup>1</sup> Abbs, E., Brown, R., Guzman, D., Kaplan, L., & Kushel, M. (2020). Risk factors for falls in older adults experiencing homelessness: Results from the HOPE HOME Cohort Study. *Journal of General Internal Medicine*, 35(6), 1813–1820. <https://doi.org/10.1007/s11606-020-05637-0>

<sup>2</sup> Brown, R. T., Hemati, K., Riley, E. D., Lee, C. T., Ponath, C., Tieu, L., Guzman, D., & Kushel, M. B. (2017). Geriatric conditions in a population-based sample of older homeless adults. *The Gerontologist*, 57(4), 757-766. <https://www.doi.org/10.1093/geront/gnw011>

<sup>3</sup> Kiernan, S., Ní Cheallaigh, C., Murphy, N., Dowds, J., & Broderick, J. (2021). Markedly poor physical functioning status of people experiencing homelessness admitted to an acute hospital setting. *Scientific Reports*, 11(1), 9911. <https://doi.org/10.1038/s41598-021-88590-0>

## How to Use the Fall Screening Tool

### Administering the Fall Risk Screening:

- 1) Complete a review of available medical history to answer screening questions. Helpful medical records to review may include:
  - Hospital records
  - Physical therapy and occupational therapy evaluation and treatment notes
  - Active and recent prescriptions/medication lists
  - Most recent primary care provider visit (if available)
- 2) Talk with the client to answer identify information not in medical records. Regardless of the amount of information in the records, it is important to have a conversation with the client to gather their perception of fall risk, and any concerns they may have about falling.

### Interpreting and Care Planning Based on Screening Results:

- 3) Add up the number of low, moderate, and high risk factors for each section.
- 4) Clients who have a high number of moderate and/or high risk factors should be referred for a medical evaluation, or this should be communicated with the primary care provider for further assessment and care planning.
- 5) Medical respite program providers can utilize the Fall Risk Plan to identify next steps and strategies to support the person and reduce risk of falls.

*Note: There may be additional and individualized interventions or strategies beyond this list. These may be identified by the client, their primary care provider, other specialists, or rehabilitation providers.*
- 6) The Screen can be re-completed (answers marked under Follow-Up) to re-assess for changes.

### Additional Resources

The Fall Screening Tool is specific to identifying and addressing risk factors of the person. However, reducing falls within a medical respite program also requires increasing accessibility of spaces and minimizing environmental risk factors.

To learn more about creating trauma-informed and accessible medical respite please view the following:



[Trauma Informed Environment in Medical Respite Webinar](#)



[Trauma-Informed Environment Checklist](#)

To learn more about addressing the fall risk factors of ADL and incontinence, please view the following:



[Addressing Activities of Daily Living Webinar](#)



[Clinical Guidelines for Medical Respite Care: Activities of Daily Living](#)



[Addressing Incontinence in Medical Respite Care Webinar](#)



[Clinical Guidelines in Medical Respite Care: Incontinence](#)

# Medical Respite Fall Risk Screening

Client Name:  
Bed Number:

Diagnoses:

Key: Low Risk Moderate Risk High Risk

Primary Care Team Member:  
Completed by:

		CATEGORY	CHARACTERISTIC	Initial	Follow-up	Evaluation and Plan
Mental Status	Awareness		Is alert and able to name day/time (time of day)			# Low Risk: _____
			Is aware of their own fall risk (e.g. mobility)			# Moderate Risk: _____
			Is unable to identify personal fall risks			# High Risk: _____
			Has some difficulty with remembering or following new instructions			
			Has periods of being disoriented or totally unable to recall information			
Mobility:	Ambulatory Aid		Ambulatory without assistance			# Low Risk: _____
			Wheelchair use with proper technique/no assistance needed			# Moderate Risk: _____
			Crutches, cane, or walker needed			# High Risk: _____
			Furniture or walls used for support			
			Wheelchair ambulation assistance needed			# Low Risk: _____
	Gait		Normal walking/striding without hesitation			# Moderate Risk: _____
			Weak walking and short, shuffled steps, lightly touching furniture for support			# High Risk: _____
			Impaired walking with difficulty rising from chair, head down, grasps furniture			
	Balance		Is able to stand/walk, maintain body alignment			# Low Risk: _____
			Has difficulty with balance while standing			# Moderate Risk: _____
			Has difficulty with balance while walking, stooped shoulders, able to lift head			# High Risk: _____
			Difficulty with balance while walking, stooped shoulders, unable to lift head			
			Has instability while turning			
	External Applications		No external devices present			# Low Risk: _____
			Feeding tube is present			# Moderate Risk: _____
		Casts/braces are present			# High Risk: _____	
		Client uses a foley catheter				

		CATEGORY	CHARACTERISTIC	Initial	Follow-up	Evaluation and Plan	
		Medical Status/ History		Fall History	No falls in past 3 months		
1-2 falls in past 3 months, or was considered a fall risk in the hospital						# Moderate Risk: _____	
3 or more falls in past 3 months						# High Risk: _____	
Medications	Respond below based on these medications: <i>anesthetics, antihistamines, narcotics, antihypertensives, antiseizures, benzodiazepines, cathartics, diuretics, hypoglycemic, psychotropics, sedatives/hypnotics</i>						# Low Risk: _____
	Currently takes none of these medications						# Moderate Risk: _____
	Currently takes 1-2 of these medications						# High Risk: _____
	Currently takes 3 or more of these medications						
	A change in medication and/or dosages in the past 5 days						
Continence Status	Is ambulatory/continent						# Low Risk: _____
	Wheelchair or ambulatory aid/continent						# Moderate Risk: _____
	Is ambulatory/incontinent						# High Risk: _____
	Uses wheelchair or ambulatory aid/incontinent						
Vision/Hearing	Adequate (with or without glasses/hearing aid)						# Low Risk: _____
	Poor (with or without glasses/hearing aid)						# Moderate Risk: _____
	Legally blind or very hard of hearing/deaf						# High Risk: _____
Predisposing Diseases/ Conditions	Respond below based on these conditions: <i>Hypotension, vertigo, CVA, loss of limb(s), seizures, arthritis, osteoporosis, fractures, dementia, delirium, anemia, active substance use, movement disorder</i>						# Low Risk: _____
	None present						# Moderate Risk: _____
	1-2 present						# High Risk: _____
	3 or more present						
Endurance	Able to walk in the community without difficulty						# Low Risk: _____
	Requires occasional rest breaks while walking in the community				# Moderate Risk: _____		
	Requires occasional rest breaks while walking on the unit/floor				# High Risk: _____		
	Displays heavy breathing or increased heart rate after short walks or routine tasks						
	Reports dizziness after walking short distances				See page 5 to develop plan of care.		

# Fall Risk Plan of Care

Client Name: \_\_\_\_\_

Bed Number: \_\_\_\_\_

Primary Care Team Member: \_\_\_\_\_

Completed by: \_\_\_\_\_

Problem Area	If moderate – high risk:
Level of Consciousness	<input type="checkbox"/> Provide visual cues for safety awareness <input type="checkbox"/> Provide frequent reminders regarding safety information <input type="checkbox"/> Provide verbal cues to reorient the client to needed information
Ambulatory/Mobility Aid	<input type="checkbox"/> Order ambulatory/mobility aid if appropriate <input type="checkbox"/> Request physical therapy referral/evaluation <input type="checkbox"/> Provide verbal reminders to use ambulatory aid <input type="checkbox"/> Ensure area around bed is clear of clutter/items
Gait	<input type="checkbox"/> Order ambulatory/mobility aid if appropriate <input type="checkbox"/> Request physical therapy referral/evaluation <input type="checkbox"/> Ensure client has appropriate footwear (correct size/fit, rubber bottom shoes (slip-on included), laces tied)
Balance	<input type="checkbox"/> Order ambulatory/mobility aid if needed <input type="checkbox"/> Ensure area around bed is clear of clutter/items <input type="checkbox"/> Monitor client's time in shower/bathroom <input type="checkbox"/> Encourage client to use shower chair <input type="checkbox"/> Encourage seated dressing <input type="checkbox"/> Remind client to move slowly from sit to stand
External Applications	<input type="checkbox"/> Assess client's independence in caring for applications <input type="checkbox"/> Ensure casts/braces are securely fitted to client (no loose straps, torn material) <input type="checkbox"/> If possible, provide clothing that allows easy access to applications
Fall History	<input type="checkbox"/> Request physical therapy referral/evaluation <input type="checkbox"/> Minimize or clear clutter around client's bed space <input type="checkbox"/> Encourage client to move slowly on unit <input type="checkbox"/> Encourage use of shower chair for bathing <input type="checkbox"/> Monitor for other risk factors
Medications	<input type="checkbox"/> Assess if any medications can be changed or adjusted <input type="checkbox"/> Monitor for effects of medication changes and impact on gait, balance, and movement; drowsiness or dizziness <input type="checkbox"/> Assess if medications with above side effects can be taken at night
Continence status	<input type="checkbox"/> Move client to a bed located near a bathroom <input type="checkbox"/> Ensure client has and uses incontinence supplies (e.g. Depends at night, bedside urinal) <input type="checkbox"/> Ensure client has enough lighting or visual ability to make way to bathroom at night time <input type="checkbox"/> Use toileting schedule to prevent urgency/risk of accidents <input type="checkbox"/> Provide non-slip socks to wear at night
Vision/Hearing	<input type="checkbox"/> If needed, refer for vision assessment/glasses <input type="checkbox"/> Assist client in acquiring needed visual or hearing aids <input type="checkbox"/> Provide contrast at doorways/floor level changes <input type="checkbox"/> Mark items with bold lettering/bright colors <input type="checkbox"/> Provide written instructions for difficulty with hearing; ensure client can hear safety announcements/alarms, and understands safety procedures
Predisposing conditions	<input type="checkbox"/> Order ambulatory aid as needed <input type="checkbox"/> Follow general precautions re: seizure, risk of seizure <input type="checkbox"/> Monitor for changes in balance and/or tremors

Precautions communicated with client: Y / N \_\_\_\_\_

Client education provided: Y / N \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_