GUIDE

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[1]. 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[2]. 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[3]. 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.

[1] 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

[2] 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

[3] 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.

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

Resident Name:
Bed Number:

Diagnoses:

Key: Low Risk | Moderate Risk | High Risk

Primary Care Team Member:
Completed by:

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

Key: Low Risk | Moderate Risk | High Risk

	CATEGORY	CHARACTERISTIC	Date	Date	Evaluation and Plan
Medical Status/ History	Fall History	No falls in past 3 months			# Low Risk: _____ # Moderate Risk: _____ # High Risk: _____
		1-2 falls in past 3 months, or was considered a fall risk in the hospital			
		3 or more falls in past 3 months			
	Medications	Respond below based on these medications: *anesthetics, antihistamines, narcotics, antihypertensives, antiseizures, benzodiazepines, cathartics, diueretics, hypoglycemic, psychotropics, sedatives/hypnotics*			# Low Risk: _____ # Moderate Risk: _____ # High Risk: _____
		Currently takes none of these medications			
		Currently takes 1-2 of these medications			
		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: _____ # Moderate Risk: _____ # High Risk: _____
		Wheelchair or ambulatory aid/continent			
		Is ambulatory/incontinent			
		Uses wheelchair or ambulatory aid/incontinent			
	Vision/Hearing	Adequate (with or without glasses/hearing aid)			# Low Risk: _____ # Moderate Risk: _____ # High Risk: _____
		Poor (with or without glasses/hearing aid)			
		Legally blind or very hard of hearing/deaf			
	Predisposing Diseases/ Conditions	Respond below based on these conditions: *Hypotension, vertigo, CVA, loss of limb(s), seizures, arthritis, osteoporosis, fractures, dementia, delirium, anemia, active substance use, movement disorder*			# Low Risk: _____ # Moderate Risk: _____ # High Risk: _____
		None present			
		1-2 present			
		3 or more present			
	Endurance	Able to walk in the community without difficulty			# Low Risk: _____ # Moderate Risk: _____ # High Risk: _____
		Requires occasional rest breaks while walking in the community			
		Requires occasional rest breaks while walking on the unit/floor			
		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	☐ Provide visual cues for safety awareness ☐ Provide frequent reminders regarding safety information ☐ Provide verbal cues to reorient the client to needed information
Ambulatory/ Mobility Aid	☐ Order ambulatory/mobility aid if appropriate ☐ Request physical therapy referral/evaluation ☐ Provide verbal reminders to use ambulatory aid ☐ Ensure area around bed is clear of clutter/items
Gait	☐ Order ambulatory/mobility aid if appropriate ☐ Request physical therapy referral/evaluation ☐ Ensure client has appropriate footwear (correct size/fit, rubber bottom shoes (slip-on included), laces tied)
Balance	☐ Order ambulatory/mobility aid if needed ☐ Ensure area around bed is clear of clutter/items ☐ Monitor client's time in shower/bathroom ☐ Encourage client to use shower chair ☐ Encourage seated dressing ☐ Remind client to move slowly from sit to stand
External Applications	☐ Assess client's independence in caring for applications ☐ Ensure casts/braces are securely fitted to client (no loose straps, torn material) ☐ If possible, provide clothing that allows easy access to applications
Fall History	☐ Request physical therapy referral/evaluation ☐ Minimize or clear clutter around client's bed space ☐ Encourage client to move slowly on unit ☐ Encourage use of shower chair for bathing ☐ Monitor for other risk factors
Medications	☐ Assess if any medications can be changed or adjusted ☐ Monitor for effects of medication changes and impact on gait, balance, and movement; drowsiness or dizziness ☐ Assess if medications with above side effects can be taken at night
Continence status	☐ Move client to a bed located near a bathroom ☐ Ensure client has and uses incontinence supplies (e.g. Depends at night, bedside urinal) ☐ Ensure client has enough lighting or visual ability to make way to bathroom at night time ☐ Use toileting schedule to prevent urgency/risk of accidents ☐ Provide non-slip socks to wear at night
Vision/Hearing	☐ If needed, refer for vision assessment/glasses ☐ Assist client in acquiring needed visual or hearing aids ☐ Provide contrast at doorways/floor level changes ☐ Mark items with bold lettering/bright colors ☐ Provide written instructions for difficulty with hearing; ensure client can hear safety announcements/alarms, and understands safety procedures
Predisposing conditions	☐ Order ambulatory aid as needed ☐ Follow general precautions re: seizure, risk of seizure ☐ Monitor for changes in balance and/or tremors

Precautions communicated with client: Y / N _____ Client education provided: Y / N _____

Signed:_____ Date:_____