Regional Geriatric Program of Eastern Ontario
Programme gériatrique régional de l'Est de l'Ontario

Champlain Falls Prevention Strategy

Falls Assessment and Streamlined Treatment Clinic

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Goal:

To conduct a 6 month trial which will evaluate the feasibility of offering a

Falls Assessment and Streamlined Treatment Clinic

at TOH Geriatric Medicine Ambulatory Services & Day Hospital

to high risk seniors with restorative potential

with the ability to transfer the model to other

geographic locations with the Champlain LHIN

** Direct alignment with Champlain Falls Prevention Strategy*

Pathway

Goal:
To conduct a 6 month trial which will evaluate the feasibility of offering a **Falls Assessment and Streamlined Treatment Clinic** at TOH Geriatric Medicine Ambulatory Services & Day Hospital to high risk seniors with restorative potential with the ability to transfer the model to other geographic locations with the Champlain LHIN

Referral Source

- GAOT (Primary Care Geriatric Clinic)
- GEM (Civic Campus)

Referral Criteria

Inclusion Criteria*:
- Age ≥65 yrs
- Risk of Falls (actual falls , near falls and/or identified balance concerns)
- Staying Independent Checklist Score of ≥4

Exclusion Criteria:
- Long Term Care residents

Falls Assessment and Streamlined Treatment Clinic

Resources:
- 0.5 Days/Week (Monday pm)
- 3 new pts. /clinic
- 3 rooms incl. physio
- Staff: Geriatrician, PT , APN
- 3 x 0.75 hours staggered assessments
- Pharmacist: patient dependent

Identification of Cause(s)

- **P**ain, Gait, Balance, Mobility and Muscle Strength, and/or Balance Related (not related to medications or postural hypotension)
- **P**ostural Hypotension
- **P**harmacy (Other falls related medications not causing postural hypotension)
- Day Hospital Program for patients identified as having concerns beyond falls that require additional assessment

Interventions and Follow-Up

- Prescribing of medications &/or non-pharmacologic management for pain
- Non-Pharmacologic Management and Education
- Pharmacologic Intervention --Initiate Deprescribing or Prescribing of Medications
- Patient Tailored Falls Prevention or Exercise Program Follow-Up
- Falls Assessment and Streamlined Treatment Clinic
  Follow-Up Visit(s) for following reasons:
  - Pharmacist medication review
  - Extensive deprescribing
  - Patient reassessment with prescription of medications potentially causing hemodynamic side effects

- Pinecrest Queensway CHC – Integrated Falls Clinic
- Community Falls Prevention Program Ie. BSBB
- Community Exercise Program
- Home Exercise Program -additional physio appt for review
- CCAC– Home OT &/or PT

Primary Care Practitioner

*People who are highly suspected of having a cognitive disorder (yet to be diagnosed) will be instead referred to the Day Hospital Program as they will require more resources

Final - 2015/10/14

Referral Source

Initially:

- GAOT – Primary Care Geriatric Clinic
- GEM – Civic Campus

Referral Criteria

- Inclusion Criteria
  - Age ≥ 65 years
  - Risk of falls (actual falls, near falls &/or identifies balance concerns)
  - Staying Independent Checklist Score of ≥ 4
- Exclusion Criteria
  - Long Term Care residents

STAYING INDEPENDENT

Falls are the main reason why older people lose their independence.

Are you at risk?

For more information on exercise and falls prevention programs contact Champlain CCAC at 613 310-2222 or Champlainhealthline.ca

This initiative is sponsored by the Champlain Local Health Integration Network and the 4 regional health units.

Ontario

EOHU Eastern Ontario Health Unit | BSEO Bureau de santé de l'Est de l'Ontario | Leeds, Grenville & Lanark District HEALTH UNIT

Ottawa Public Health / Santé publique | Renfrew County and District Health Unit

Check Your Risk for Falling

Please circle "Yes" or "No" for each statement below.			Why it matters
Yes (2)	No (0)	I have fallen in the last 6 months.	People who have fallen once are likely to fall again.
Yes (2)	No (0)	I use or have been advised to use a cane or walker to get around safely.	People who have been advised to use a cane or walker may already be more likely to fall.
Yes (1)	No (0)	Sometimes I feel unsteady when I am walking.	Unsteadiness or needing support while walking are signs of poor balance.
Yes (1)	No (0)	I steady myself by holding onto furniture when walking at home.	This is also a sign of poor balance.
Yes (1)	No (0)	I am worried about falling.	People who are worried about falling are more likely to fall.
Yes (1)	No (0)	I need to push with my hands to stand up from a chair.	This is a sign of weak leg muscles, a major reason for falling.
Yes (1)	No (0)	I have some trouble stepping up onto a curb.	This is also a sign of weak leg muscles.
Yes (1)	No (0)	I often have to rush to the toilet.	Rushing to the bathroom, especially at night, increases your chance of falling.
Yes (1)	No (0)	I have lost some feeling in my feet.	Numbness in your feet can cause stumbles and lead to falls.
Yes (1)	No (0)	I take medicine that sometimes makes me feel light-headed or more tired than usual.	Side effects from medicine can sometimes increase your chance of falling.
Yes (1)	No (0)	I take medicine to help me sleep or improve my mood.	These medicines can sometimes increase your chance of falling.
Yes (1)	No (0)	I often feel sad or depressed.	Symptoms of depression, such as not feeling well or feeling slowed down, are linked to falls.
TOTAL _____		Add up the number of points for each "yes" answer. If you scored 4 points or more, you may be at risk for falling. Discuss this brochure with your doctor or health care practitioner.	

This checklist was developed by the Greater Los Angeles VA Geriatric Research Education Clinical Center and affiliates and is a validated fall risk self-assessment tool (Rubenstein et al. *J Safety Res: vol. 42. n°6. 2011. p. 493-499*). *Adapted with permission of the authors.*

NOTES

Primary Care Providers: For more information about the Champlain Falls Prevention Strategy, the Staying Independent Checklist, and the clinical algorithm go to: stopfalls.ca

* People who are highly suspected of having a cognitive disorder (yet to be diagnosed) will be instead referred to the Day Hospital Program

Falls Assessment and Streamlined Treatment Clinic - Operations

- 0.5 days/week (Monday afternoons)
- 3 pts per clinic
- 3 x 0.75 hour staggered assessments
- Geriatrician, PT, APN
- Pharmacist – patient dependent

Falls Assessment and Streamlined Treatment Clinic - Scheduling Template – Monday Afternoons

Time	APN – Room 2	Physiotherapist – Physio Room	Geriatrician – Room 3
1130	Patient 1		
1215	Huddle & Patient Transition		
1230	Patient 2	Patient 1	
1315	Huddle & Patient Transition		
1330	Patient 3	Patient 2	Patient 1
1415	Huddle & Patient Transition		
1430	Recommendations for Patient 1	Patient 3	Patient 2
1515	Huddle & Patient Transition		
1530	Recommendations for Patient 2		Patient 3
1615	Huddle & Patient Transition		
1630	Recommendations for Patient 3		
1700	Wrap Up		

Identification of Cause(s) – 3 Ps

Postural Hypotension

Pain, Gait, Balance, Mobility & Muscle Strength, and/or Balance related

Pharmacy (other falls-related medications not causing postural hypotension

Interventions Include:

- Pain Management
  - Medications &/or non-pharmacologic management
- Postural Hypotension Management
  - Non-Pharmacologic Management & Education
  - Deprescribing or prescribing of medications
- Pharmacologic Interventions
  - Deprescribing of others falls related medications not causing postural hypotension

**Some patients may be referred to the Day Hospital Program when identified as having concerns beyond falls that require additional assessment*

Potential Return Visits

- Pharmacist
  - Medication review
- Geriatrician follow-up
  - Extensive deprescribing
  - Initiation of meds with hemodynamic side effects
- Physiotherapist
  - Home exercise program review (select patients)

Patient Tailored Falls Prevention or Exercise Program Follow-Up

- *Pinecrest Queensway CHC – Integrated Falls Clinic*
- Community Falls Prevention Programs
  i.e. Better Strength Better Balance
- Community Exercise Programs
  i.e. CCAC run programs
- Home Exercise Programs
  *additional physio appointment to set up
- *CCAC – Home OT &/or PT*

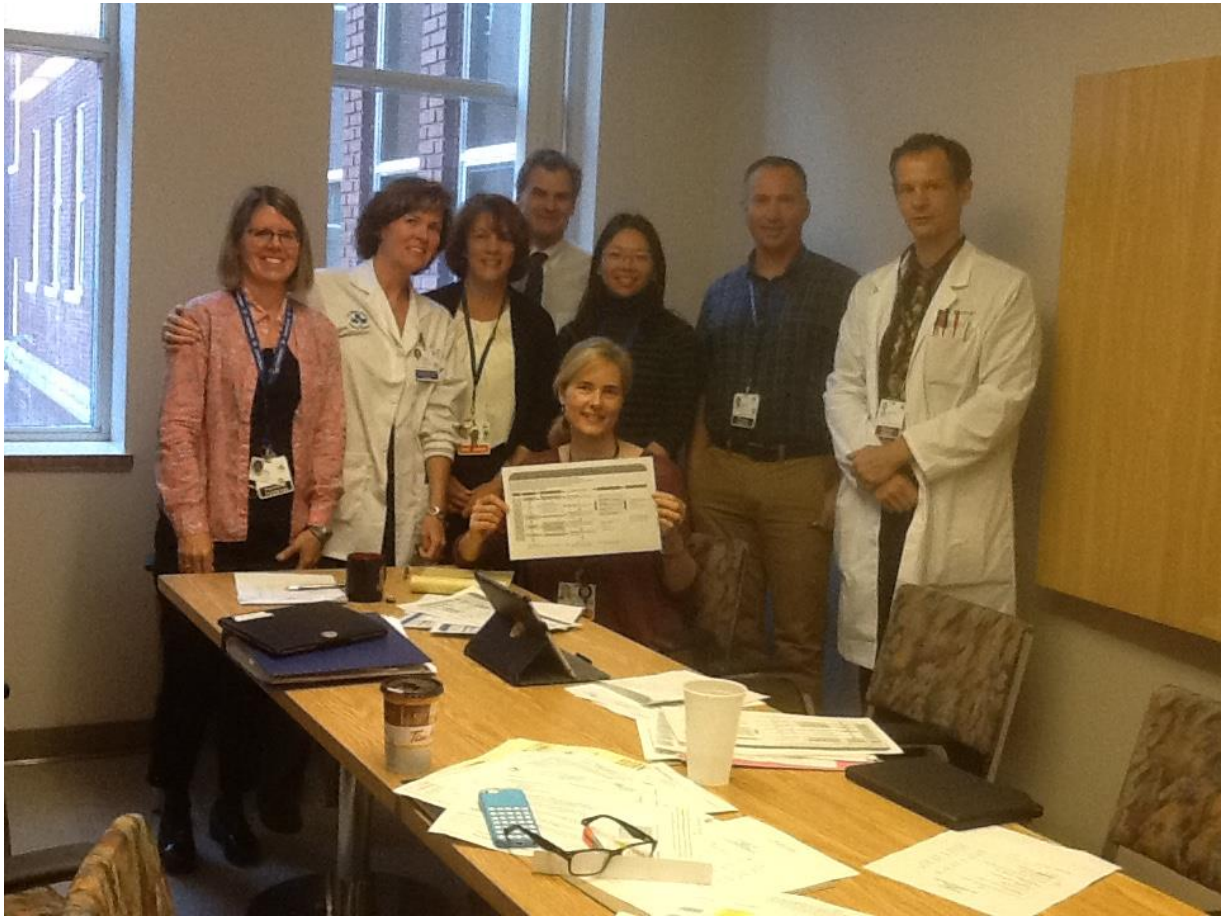
In addition:

Follow up with Primary Care Practitioner

Evaluation

- Focus on:
  - Clinic operations and utilization
  - Patient and staff satisfaction
  - Appropriateness/challenges of recommendations and referrals
  - Sustainability and transferability of model
- Evaluation Tools:
  - Data collection tools, surveys, post-discharge phone calls

Falls Assessment and Streamlined Treatment – Planning Team



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