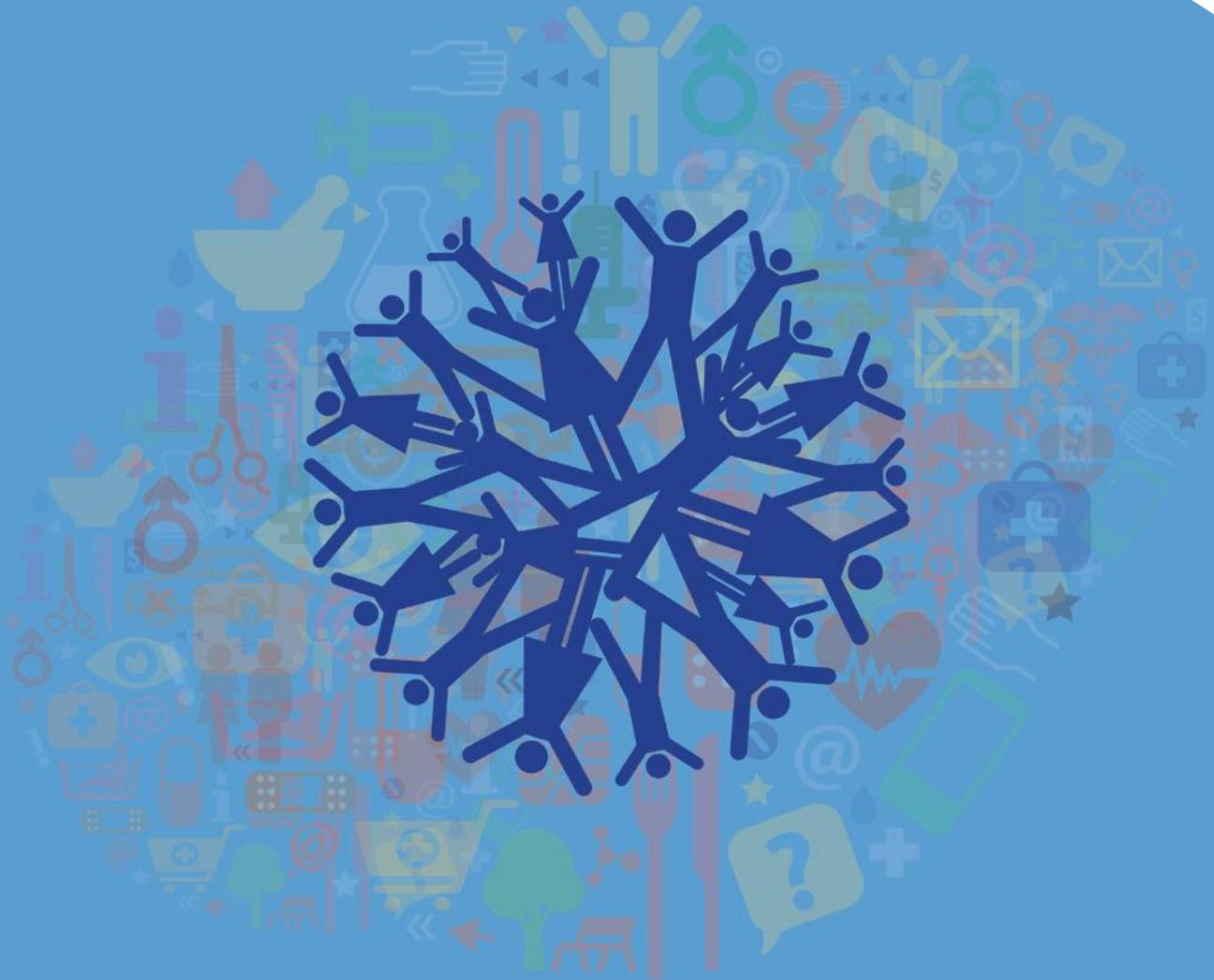


CHCAGE002

Implement falls prevention strategies

Release 1



Learner guide

CHCAGE002

Implement falls prevention strategies

Release 1

Learner guide

Aspire version 1.3



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Version control and modification history

Version	Release date	Modification
Release 1, version 1.1	April 2017	First release
Release 1, version 1.2	February 2019	Minor updates as part of our continuous improvement program. Updated broken URL links.
Release 1, version 1.3	July 2019	Updated to reflect the new Aged Care Quality Standards

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Before you begin

This learner guide is based on the unit of competency *CHCAGE002 Implement falls prevention strategies*, Release 1. Your trainer or training organisation must give you information about this unit of competency as part of your training program. You can access the unit of competency and assessment requirements at: www.training.gov.au.

How to work through this learner guide

This learner guide contains a number of features that will assist you in your learning. Your trainer will advise which parts of the learner guide you need to read, and which practice tasks and learning checkpoints you need to complete. The features of this learner guide are detailed in the following table.

Feature of the learner guide	How you can use each feature
Learning content	<ul style="list-style-type: none"> ▶ Read each topic in this learner guide. If you come across content that is confusing, make a note and discuss it with your trainer. Your trainer is in the best position to offer assistance. It is very important that you take on some of the responsibility for the learning you will undertake.
Examples and case studies	<ul style="list-style-type: none"> ▶ Examples of completed documents that may be used in a workplace are included in this learner guide. You can use these examples as models to help you complete practice tasks and learning checkpoints. ▶ Case studies highlight learning points and provide realistic examples of workplace situations.
Practice tasks	<ul style="list-style-type: none"> ▶ Practice tasks give you the opportunity to put your skills and knowledge into action. Your trainer will tell you which practice tasks to complete.
Video clips	<ul style="list-style-type: none"> ▶ Where QR codes appear, learners can use smartphones and other devices to access video clips relating to the content. For information about how to download a QR reader app or accessing video on your device, please visit our website: www.aspirelr.com.au/help 
Summary	<ul style="list-style-type: none"> ▶ Key learning points are provided at the end of each topic.
Learning checkpoints	<ul style="list-style-type: none"> ▶ There is a learning checkpoint at the end of each topic. Your trainer will tell you which learning checkpoints to complete. These checkpoints give you an opportunity to check your progress and apply the skills and knowledge you have learnt.

Foundation skills

As you complete learning using this guide, you will be developing the foundation skills relevant for this unit. Foundation skills are the language, literacy and numeracy (LLN) skills and the employability skills required for participation in modern workplaces and contemporary life.

The following table outlines specific foundation skills noted for your learning in this learner guide.

Foundation skill area	Foundation skill description
Learning	<ul style="list-style-type: none"> ▶ Understanding your job role, organisational procedures and legal responsibilities ▶ Managing your work and seeing how well you are going and making goals for yourself at work ▶ Seeking professional development opportunities for continuous improvement
Reading	<ul style="list-style-type: none"> ▶ Understanding how documents are presented and being able to navigate through documents ▶ Understanding industry- and job-specific terminology ▶ Interpreting key information in relevant documents ▶ Understanding routine workplace checklists and documentation
Writing	<ul style="list-style-type: none"> ▶ Planning, drafting and writing reports and documents ▶ Communicating through written letters, email and online ▶ Recording progress; reporting incidents
Oral communication	<ul style="list-style-type: none"> ▶ Clarifying instructions ▶ Providing information ▶ Supporting others through encouragement, negotiation and conflict resolution ▶ Using body language to model desired behaviour and responding to others' body language
Numeracy	<ul style="list-style-type: none"> ▶ Calculating costs, weights, measurements of height and distance ▶ Interpreting measurements
Teamwork	<ul style="list-style-type: none"> ▶ Working well with other people by cooperating, collaborating, encouraging and building rapport
Planning and organising	<ul style="list-style-type: none"> ▶ Planning your workload and commitments ▶ Implementing tasks ▶ Completing work on time ▶ Knowing how to deal with hazards and risks
Making decisions	<ul style="list-style-type: none"> ▶ Understanding and applying decision-making processes ▶ Reviewing the impact of your decisions
Problem-solving	<ul style="list-style-type: none"> ▶ Identifying problems ▶ Working out how to fix a problem using problem-solving processes and reviewing the outcome
Innovation and creation	<ul style="list-style-type: none"> ▶ Recognising opportunities to develop and apply new ideas ▶ Generating ideas by thinking of new ways to do something ▶ Making suggestions to improve work

Foundation skill area	Foundation skill description
Technology and digital literacy	<ul style="list-style-type: none"> ▶ Efficiently using digitally based technologies and systems correctly and safely ▶ Accessing, organising and presenting information ▶ Using equipment correctly and safely

What do you already know?

Use the following table to identify what you may already know. This may assist you to work out what to focus on in your learning.

Topic	Key outcomes	Rate your confidence in each section
Topic 1 Prepare to implement falls prevention strategies	1A Determine identified strategies which can be implemented within role and responsibilities and discuss with supervisor or relevant health professional	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1B Interpret assessment findings and explain relevant information to the older person and their carer, clarifying any requirements	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1C Seek the older person's permission, cooperation and commitment by communicating in a supportive, encouraging and respectful manner	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident

Topic	Key outcomes	Rate your confidence in each section
Topic 2 Identify potential risk of falls	2A Discuss the older person's concerns about falling and how they have coped with previous falls	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2B Discuss the support of carers where appropriate	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2C Identify and explore lifestyle, health and mobility factors with the older person	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2D Determine the older person's physical indicators of risk of falls using appropriate tools and methodologies	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2E Determine the older person's risk factors based on findings in collaboration with supervisor and/or relevant health professional	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2F Identify the older person's needs, issues and concerns outside scope of practice and refer to appropriate person	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 3 Implement falls prevention strategies	3A Identify and explain options to minimise the risk of falls	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3B Work with the older person and their carer to identify and implement strategies	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3C Implement strategies in a safe and effective manner that minimises the older person's discomfort	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3D Decide how strategies can be tested and how success will be measured and communicated	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident

Topic	Key outcomes	Rate your confidence in each section
Topic 4 Monitor falls prevention strategies	4A Work with the older person and their carer to review and measure the outcomes of falls prevention strategies	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	4B Share and celebrate positive results with the older person, carer, supervisor or health professional	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	4C Identify when and why strategies are not having the desired result and indicators of increased risk	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	4D Determine future strategies and actions	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	4E Complete, maintain and store all relevant documentation and reports according to organisation policy and protocols	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident



Topic 1

In this topic you will learn how to:

- 1A Determine identified strategies which can be implemented within role and responsibilities and discuss with supervisor or relevant health professional**

- 1B Interpret assessment findings and explain relevant information to the older person and their carer, clarifying any requirements**

- 1C Seek the older person's permission, cooperation and commitment by communicating in a supportive, encouraging and respectful manner**

Prepare to implement falls prevention strategies

A fall can potentially harm older people physically and psychologically. You can identify the risk of falls by using processes and tools that have been trialled and tested and form part of standard aged care assessment protocols. When you have assessed the risk, you are more equipped to implement prevention strategies to minimise the risk of falls occurring.

1A Determine identified strategies which can be implemented within role and responsibilities and discuss with supervisor or relevant health professional

A range of strategies can be used to assess an older person's risk of falling, and the associated consequences. You need to carry out strategies within your role and responsibilities. Consult your supervisor and relevant health professionals to determine which strategies to use.

Here are some questions you may ask yourself, the older person, your supervisor, people you work with and relevant health professionals.

When is a falls assessment required?

- ▶ Falls assessments can be carried out:
 - during triage
 - in response to changes in the older person's medical condition
 - when the older person moves from one residence to another
 - after the older person has been injured as a result of a fall
 - after the older person has experienced a near miss
 - as an initial assessment.

Who is responsible for carrying out the assessment?

- ▶ The person responsible for conducting the assessment will vary depending on the type of assessment and your organisation's policies and procedures. Assessments may be carried out by health professionals, aged care workers, coordinators, the older person's family members or the older person.

Where is the assessment carried out?

- ▶ The location of the assessment also depends on who is carrying out the assessment as well as the particular type of assessment. Some assessments, particularly those conducted by health professionals such as physiotherapists and doctors, will be carried out in their office. Other health professionals such as district nurses may carry out the assessment in the older person's home.
- ▶ If the older person has high-level care needs, assessments are often carried out in their home or residential setting to prevent them from having to travel.
- ▶ If the assessment involves an environmental audit, it must be completed where the older person lives.

How is the assessment carried out?

- ▶ There are a variety of methods that can be used to assess the older person's risk of falling. These include:
 - discussion
 - observation
 - demonstration
 - completion of forms, questionnaires and checklists.
- ▶ Health professionals generally use a combination of these methods.

Assessment tools

There are a number of tools that can be used to assess and document whether or not the older person is at risk of falling. Confirm with your supervisor or the relevant health professional about which ones will be used and which ones you can be involved in.

There are seven main assessment tools, as seen below.

Assessment tools:

- ▶ Medical history
- ▶ Medication charts
- ▶ Blood pressure charts
- ▶ Balance and gait assessment
- ▶ Mental status evaluations
- ▶ Tinetti Falls Efficacy Scale
- ▶ Falls prevention checklist

Assessment forms

There are multiple possible causes of falls and thus multiple types of assessment forms. For example, a risk assessment form focuses on the environment. It identifies potential hazards that contribute to the risk of falls and covers areas such as floors, lighting, space, noise, furniture and fittings.

To cover multiple issues, you need to use a multifactorial falls assessment form, which covers a number of contributing factors and possible causes of falls. These forms can differ slightly in their layout but typically gather information about the older person's physical and mental health, as well as their environment.

Understand limits

You have a duty of care to your employer and the people you support to work safely and ensure that your work does not harm anyone. Make sure you understand the limitations of your role and your level of authority. If you conduct assessments that you do not have the skills, knowledge, qualifications and authorisation to conduct you are in breach of your duty of care. This could potentially lead to someone getting hurt or issues failing to be identified during the course of the assessment.

Aged care coordinators and support workers are often involved in initial assessments during intake. These assessments are designed to uncover the need for further assessment. For example, it is appropriate for a coordinator to ask an older person whether they have problems with their vision. If



the older person's answer indicates there is a problem, it is not appropriate for the coordinator to undertake further assessment. They do not have the training or the authority to undertake a sight test. Instead they should refer the older person to their general practitioner or an optometrist.

You can find out about the limitations of your job role by:

- ▶ reading your position description
- ▶ reading your organisation's policies and procedures
- ▶ asking your immediate supervisor or more experienced co-workers.

Understand your role

You can find out more about your role by accessing your position description. A position description explains who you are responsible to and what you are responsible for. It also outlines your key duties.

Your role in preventing falls includes:

- ▶ assessing the likelihood of falls
- ▶ developing a plan to minimise the risk of falls
- ▶ making sure the older person has access to and uses appropriate services to reduce the risk of falling.

Your organisation will also have policies and procedures that outline your role in falls prevention. These documents may be stored on a computer or made available in print form. If you are unclear about any aspect of your job role you should speak to your supervisor.

Communicate with the older person

Older people use aged care services to help deal with some of the changes that ageing brings. They may be distressed by the process, which can make it harder for them to understand your role.

When communicating with older people and their family members, allow plenty of time for discussion. Explain in plain language what you can and can't do when implementing falls prevention strategies. Consider writing notes for the older person about your role and the role of others. This can help remind them of your role and the process of falls prevention implementation.



Discuss strategies with supervisors and health professionals

Consult your supervisor to ensure you have the resources to assess and implement falls prevention strategies, or to confirm the scope of your role.

If the falls assessment or prevention strategy is outside your scope of practice, you will need to consult a health professional.

The roles of relevant health professionals you may discuss strategies with are outlined here.

Diversional therapists

Diversional therapists assess functional skills (such as cognitive, social, communication, behaviour and motor ability) related to leisure activities, and plan and implement programs accordingly.

Occupational therapists

Occupational therapists assess, inform and maximise a person's ability to take part in activities and live comfortably. Occupational therapists use a range of strategies, including specialist aids and equipment. They may make physical and psychological assessments to determine a person's safety, and review how to improve the person's living environment.

Physiotherapists

Physiotherapists provide expert information about activities to build and maintain muscle strength, as well as advising on safe exercise and physical activity for individuals and groups. Exercises and muscle strength can help prevent falls, and can also help repair an injury if a fall occurs.

Allied health professionals

Specialist allied health professionals include audiologists, speech therapists, dietitians and social workers.

They address specific and complex problems that can present barriers to participation through advice, intervention and modifying activities to prevent falls.

Support services

There are many specialist support services, such as Alzheimer's Australia and Autism Spectrum Australia (ASPECT). They provide information, resources and support to help programs meet the physical, social and intellectual needs of people with specific disabilities and limitations, which may relate to falls prevention.

Doctors and nurses

These include general practitioners, medical specialist and nurses.

They advise on health and medical requirements to ensure a person's safety. A doctor or nurse can provide information about a person's risk of falling, such as how the person's age or weight enhances risk.

Gerontologists

Gerontologists are qualified doctors who specialise in the care of the elderly.

They may be able to assess the older person's medical condition.

Psychologists

Psychologists help people with mood disorders.

They can assess depression, anxiety and mental status, and the emotional impacts related to falling.

Pharmacists

Pharmacists manufacture, dispense and supply medication.

Pharmacists may be able to assess drug interactions and risks associated with taking medication.

Example

Determine hazards

The following example is from Workplace Health and Safety Queensland's *Guide to preventing slips, trips and falls*.

Hazard checklist

Checklist for the prevention of slips, trips and falls on the same level.

If any of these hazards are ticked, action needs to be taken.

Floors

- Can water be walked onto smooth floors on rainy days?
- Are there any hard, smooth floors in wet or oily areas?
- Are there any leaks of fluids onto the floor from processes or machines?
- Is poor drainage causing pooling of fluids?
- Are there any floor surface transitions not easily noticed (any ridge that is as high as a footwear sole or higher)?
- Is there any ice or water on cold room floors?
- Is the floor slippery when wet?
- Are any anti-slip paint, coating profiles or tapes worn smooth or damaged?
- Are there any isolated low steps (commonly at doorways)?
- Are there any trip hazards due to equipment and other objects left on the floor?
- Are there any raised carpet edges or holes worn in carpets?
- Are there any tiles becoming unstuck or curling at the edges?
- Are there any holes or unevenness in the floor surface?

Practice task 1

1. Name three assessment tools you can use when assessing falls.

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2. Name three ways to check that the strategies you use are within your role and responsibilities.

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3. Locate a position description or your organisation's policies and procedures. Practice reading about your role and responsibilities in regards to assessment strategies. Outline what your role and responsibilities entail.

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Click to complete Practice task 1

1B Interpret assessment findings and explain relevant information to the older person and their carer, clarifying any requirements

A range of assessments should be conducted to gain a holistic picture of the older person's risk of falling. For example, if you are doing a falls prevention checklist, the information should be concrete, specific and objective, and the questions should be relevant to the environment the older person lives in.

Information should also be current. If the assessment information is out-of-date, arrange for a new assessment to be conducted.

Once you are confident the information gathered is relevant and holistic, and represents the older person's situation adequately, you need to interpret the findings. You may need to clarify the findings with the older person, your supervisor, the older person's carer and relevant health professionals.

Questions to ask when interpreting the findings are below.

When interpreting assessment information, ask:

- ▶ What is the older person's risk of falling?
- ▶ How imminent is this risk?
- ▶ What can be done to prevent this risk?
- ▶ How can the older person be involved in prevention strategies?
- ▶ How can the carer and others be involved?
- ▶ What are the steps that should be taken when implementing a falls prevention strategy?

Clarify assessment information

People who have worked in health care become accustomed to the assessment processes. It is easy to forget that older people may find it bewildering and even frightening. They may be reluctant to ask for further information for fear of appearing stupid.

All aged care workers should be person-focused. This means you need to consider the older person's thoughts and feelings when providing health care. One of the best ways to alleviate concern about the assessment process is to provide information.

You should clarify the following information with the older person.

Important information to clarify:

- ▶ Your role, including what you can and cannot do
- ▶ The purpose of assessment or what you hope to achieve
- ▶ The approximate duration of the assessment (which helps the older person understand how much time they need to allow)

- ▶ The type of information needed to allow the older person to prepare for the assessment
- ▶ Any specific assessment tools that will be used (use plain language and refer to tools as checklists or questionnaires)
- ▶ The role of others in the assessment process, such as health professionals
- ▶ What will happen after assessment, including referrals to other services
- ▶ The role of the older person's GP

Provide information to older people

Your organisation will have policies and procedures that explain how the assessment process is conducted. In addition, other services and agencies involved in carrying out assessments have resources, such as brochures and fact sheets, that provide information for older people and other service providers. It is worthwhile to develop a portfolio of these sorts of resources so you can readily access and provide information about other service providers to older people when required.

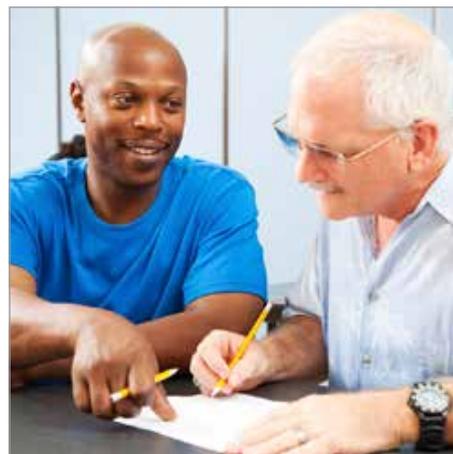
Your organisation should also have information on its privacy policies and procedures for older people to access. You must make sure you have this information when discussing assessments with older people to assure them the information they provide will be kept confidential.

Provide assessment information to others

It is generally accepted in residential care settings, and by community services providers, that no one service provider or health professional can meet all of an older person's needs. Because of this, you will often have to provide assessment information to others.

There are two key points when providing assessment information to others:

- ▶ The choice of health professional must be appropriate to the older person's needs.
- ▶ The older person must be given a choice about who they are referred to.



Always ask for the older person's consent before sharing their personal information with others. Use appropriate forms and templates, and be professional in all correspondence with the older person and others involved in the assessment. Maintain all relevant documentation in the older person's file.

Clarify who should have access to information

Your organisation will have policies and procedures for sharing information with other service providers. It is important to clarify who has access to the information before releasing it.

Here is a list of some people and organisations that assessment results can be shared with, and the questions you need to ask.

Who can access information:

- ▶ The older person's GP
- ▶ Allied health professionals involved in the care of the older person
- ▶ The older person's legal guardian
- ▶ Paid carers directly involved in the care of the older person
- ▶ Unpaid carers and family members

Questions to ask:

- ▶ Who needs to know the information?
- ▶ Why do these people need to know the information?
- ▶ Has the older person or their advocate consented in writing to release the information?

Methods for providing information

When clarifying and interpreting assessment results, you may need to provide information to people both inside and outside of your organisation.

Always make a record in the older person's notes about what information was communicated, when it was communicated and how it was communicated. This can be used to check that the correct process was followed. Originals should also be retained in the older person's file.

Information can be provided by the following means.

Communicate by letter

Take care to address the letter to the correct person to prevent the information being sent to the wrong person or being lost.

Ensure copies of relevant assessment results are included.

Communicate by email

Ensure that the email address is correct, and only relevant addresses are copied into the email. Never send a group email without checking each address.

Emails are easily circulated, so be aware of personal information included in the email.

Attach necessary documentation, such as assessment results. Check the attachment isn't too large before sending.

Communicate by fax

Make sure that the fax number you use goes directly to the intended person to prevent others from reading the assessment results. If you are sending a fax in a public area in your workplace, stay at the fax machine until the document has been transmitted.

Communicate by telephone or face-to-face

All information provided verbally should be communicated where others can't hear. Follow up verbal information with written reports.

Example

Interpret and clarify assessment findings

The following example allows an older person to clarify how confident they are that that they will not fall when climbing steps.

How confident are you that you will not fall when climbing steps?									
Least confident					Most confident				
1	2	3	4	5	6	7	8	9	10

In this example a rating of 1 or 2 would suggest an older person is quite fearful they will fall when climbing stairs, whereas a rating of 9 or 10 would suggest the older person has little or no concerns they may fall when climbing stairs.

To clarify this information is correct, you should look at other assessment information, and discuss the findings with the older person, your supervisor and relevant health professionals, such as the older person’s GP.

Practice task 2

1. What things should be considered when interpreting a falls prevention checklist?

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2. Who should you clarify assessment results with?

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3. What should you consider when discussing the assessment results with another person?

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Click to complete Practice task 2

1C Seek the older person's permission, cooperation and commitment by communicating in a supportive, encouraging and respectful manner

The older person should be involved in the planning and implementation of a falls prevention strategy for it to be most effective. Once an assessment has been conducted, discuss the results with the older person and outline the possible strategies to prevent falls.

The older person should make a commitment to the strategy. Take into consideration the older person and their carer's level of understanding, cultural background, needs and rights by using supportive, encouraging and respectful language when discussing the falls prevention strategy and assessment results.



Establish the older person's involvement

In the past assessments were done with little input from the older person. Health professionals were seen as the experts and the person being supported was expected to comply with their assessments and follow their instructions without question. Now assessments and other interventions are done in consultation with the older person.

There are many good reasons for this, as seen below.

Reasons for consulting the older person:

- ▶ Older people are a good source of information about their thoughts, feelings, changes to their health, and their ability to move about.
- ▶ Older people who are involved in assessment are more likely to take responsibility for implementing treatments.
- ▶ Older people who understand the reason for and the steps involved in assessment are less likely to find the process worrying.
- ▶ A sense of control is vital to good mental health.
- ▶ Person-centred care is now the preferred model of health care.
- ▶ The regulations and standards that apply in the aged care sector dictate that, where possible, older people should be actively involved in all aspects of their care.

Obtain informed consent to an assessment

All service providers, including aged care services, are required to comply with the federal privacy law, the *Privacy Act 1988* (Cth). This law regulates how information is collected, stored and used. According to the Australian Privacy Principles, information can only be collected from older people if they are aware of why the information is

gathered and how the information will be used. This information can only be shared with others with the consent of the older person or the older person's carer or advocate.

The Aged Care Quality Standards also make it clear that older people have the right to choose the activities they do and do not participate in. They also have the right to privacy.

For these reasons it is important to gain consent before carrying out an assessment, or a falls prevention strategy.

Informed consent

Informed consent has four parts:

1. The person must understand what they are consenting to.
2. The person's consent must be freely given.
3. The person's consent is specific to the activity or action.
4. The person's consent is given in writing prior to the assessment or the falls prevention strategy.

If the older person cannot give informed consent due to their condition, consent must be given by their carer or advocate.

Communicate information

Use these strategies when communicating information with the older person.

Communication strategies:

- ▶ Prepare a sheet for yourself with notes about all aspects of the assessment process
- ▶ Clarify the role of others prior to the meeting
- ▶ Allow sufficient time to talk
- ▶ Arrange a quiet, comfortable meeting point.
- ▶ Arrange the furniture so you can sit at a 90 degree angle to the older person
- ▶ Remove any barriers such as desks
- ▶ Make sure you are sitting at the same height as the older person
- ▶ Check the furniture is safe and comfortable
- ▶ Greet the older person and their family members in a genuinely friendly manner
- ▶ Offer the older person and their family members a cup of tea or coffee
- ▶ Explain information using plain language
- ▶ Use brochures and fact sheets to back up the information you provide verbally
- ▶ Ask open questions to clarify understanding
- ▶ Make notes so the older person has something to refer to later

Confidentiality and privacy

When sharing information with the older person and seeking their permission, cooperation and commitment, be aware of their right to privacy and confidentiality according to The *Privacy Act 1988* (Cth) and your organisational policies and procedures.

Consult older people in a quiet and private space, such as an office or meeting room. If a family member or advocate is present at the meeting, ensure the older person has given permission for their personal information to be shared.

Visit the Office of the Australian Information Commissioner to read more about Australian Privacy Principles at: <http://aspirelr.link/aus-privacy-principles>

Communicate information in a supportive and encouraging way

In the past, one-way communication was the dominant model of communication used in aged care and health services. Medical staff, health professionals and support workers were seen as the experts. They expected that they would speak and the older person would listen and follow their instructions.

Now, there is increasing recognition that not only are older people experts who can provide valuable information about their health and wellbeing, but also that older people have a right to actively participate in their own care.



Two-way communication, which involves both parties listening and being listened to, can help older people and carers feel supported and encouraged. It also helps you demonstrate your respect for the older person, which can help enhance their feelings of self-worth.

Demonstrate respect

Make sure you demonstrate respect through all aspects of your communication. Communication involves language (the words we use) and paralanguage, which refers to:

- ▶ the volume of our voice
- ▶ our rate of speech
- ▶ our tone of voice
- ▶ the gestures we use as we speak
- ▶ our facial expressions
- ▶ the personal space between us and the other person.

Respect and acknowledge cultural differences

Be aware that people from different cultures may have different communication practices. What is respectful in one culture may be seen as impolite and offensive in other cultures, as described below. Be aware of these cultural differences when communicating with the older person about their assessment results or seeking permission for a falls prevention strategy.

Cultural differences



Eye contact

Eye contact is seen as a sign of respect in some cultures, while in other cultures, eye contact is seen as a sign of aggression and dominance.



Nodding

Nodding can mean 'yes' in some cultures and 'no' in others.



Pointing

It is rude to use the index finger to point in some cultures.



Personal space

In some cultures, people value personal space and maintaining a physical distance between others, while in other cultures people are comfortable with little personal space and standing quite close to one another.



Gender issues

In some cultures, the male is always head of the household and must be consulted, whereas in other cultures, decisions are made by everyone.



Language

Respect the person's language needs and provide an interpreter when required. For example, a person and their carer may speak English poorly, or an older person with dementia may revert to their native language, and so interpretation is required.



Greeting

Address the person in the way they prefer. For example, use the correct formal title such as Mr or Mrs, and ask them if they would like you to call them by their given name.

Make sure you learn how to pronounce their name correctly.

Duty of care

Duty of care refers to your responsibility to take reasonable care of the safety and wellbeing of yourself, your colleagues, the people you provide services to, volunteers and visitors under the *Work Health and Safety Act 2011* (Cth). This means acting in a way that protects yourself and others from foreseeable harm, and working within the scope of your role at all times. For example, it is your duty of care to take appropriate steps if you notice that a piece of equipment is broken or otherwise unsafe, such as by removing the equipment from use and reporting the issue to a supervisor.

Your duty of care can be breached if you fail to act on assessment requirements, regardless of whether they fall under your role and responsibilities. Your responsibility to the older person does not end when you have identified assessment requirements that fall outside of the scope of your role. You have a responsibility to report, record and act on additional assessment requirements.

Human rights

The Universal Declaration of Human Rights (UDHR) describes the rights that should be attributed to all humans. The Australian Human Rights Commission (initially called the Human Rights and Equal Opportunity Commission) was established in 1986 to deal with breaches of anti-discrimination laws and to promote human rights education. The commission covers actions or policies of the Commonwealth.

Here are some relevant rights set out in the Universal Declaration of Human Rights, which you should think about when consulting the older person and other workers about falls prevention strategies.

Relevant rights in the Universal Declaration of Human Rights:

- ▶ All people are equal.
- ▶ No-one should have their privacy, family, home or mail interfered with.
- ▶ No-one should experience attacks on their honour or reputation.
- ▶ Everyone has the right to freedom of thought, conscience and religion.
- ▶ Everyone has the right to freedom of opinion and expression.

Example

Seek the older person’s permission, cooperation and commitment

Jarrold works in residential aged care. He is conducting a falls prevention strategy for a new resident, Valerie. Jarrold first explains the assessment process and outlines the types of assessments he usually conducts. Jarrold asks Valerie which options she would be comfortable participating in. Valerie is happy to be involved in completing a hazard checklist, and doing a Tinetti Falls Efficacy Scale. She also is happy to talk about her medical history with Jarrold.



The assessment finds that Valerie is least confident climbing stairs, and most confident when she uses her walker. Her medical history reveals that Valerie has had a recent hip replacement, which makes her unstable. She has also had a minor stroke, which affects her balance when she becomes stressed or disorientated.

Jarrold talks to Valerie about possible strategies, such as removing all obstacles in her room and in the walkway, ensuring her walker is always available, and arranging extra physiotherapy appointments to help her strengthen her hip and leg muscles.

Valerie says she has a good relationship with her physiotherapist, who works two suburbs away. Jarrold talks to his supervisor, then calls the physiotherapist to see if they would be happy to travel. The physiotherapist is happy to visit Valerie’s residence once a fortnight, so this appointment is arranged.

Valerie is happy with these strategies.

Practice task 3

1. Explain how seeking the older person’s permission, cooperation and commitment for a falls prevention strategy is your duty of care.

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2. What human rights do you need to consider when seeking the older person’s permission, cooperation and commitment for a falls prevention strategy?

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3. How can you maintain confidentiality and privacy when seeking the older person's permission, cooperation and commitment for a falls prevention strategy?

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Click to complete Practice task 3

Summary

1. Falls assessments can be carried out:
 - during triage
 - in response to changes in a person's medical condition
 - when a person moves from one residence to another
 - after a person has been injured as a result of a fall
 - after a person has experienced a near miss
 - as an initial assessment.
2. Workers can conduct initial assessments, but health providers must be involved in complex assessments.
3. Person-centred care means that older people should be involved in assessments. They can provide information about their thoughts, feelings, changes to their health and their ability to move about in their environment and the wider community.
4. Involving the older person in their assessment can ease their worry, give them a sense of control and help them take responsibility for implementing treatments.
5. You must provide older people with information about your role and responsibilities.
6. Older people have a right to understand what will happen during the assessment process.
7. You must respect the older person's right to privacy.
8. You must obtain the older person's consent to the assessment process.
9. With the older person's permission, the assessment results should be forwarded to other people involved in the care of the older person.

Learning checkpoint 1

Prepare to implement falls prevention strategies

This learning checkpoint allows you to review your skills and knowledge in preparing to implement falls prevention strategies.

Part A

1. How can you determine strategies that are under the scope of your role when preparing to implement a falls prevention strategy?

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2. Why are organisational policies and procedures important for preparing and carrying out falls prevention strategies?

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3. How can you ensure duty of care when preparing to implement falls prevention strategies?

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4. What relevant human rights should you consider when consulting the older person and other workers about falls prevention strategies?

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5. How can you ensure you respect a person’s privacy and confidentiality when preparing to implement falls prevention strategies?

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Part B

Read the case study, then answer the questions that follow.

Case study

Fiona supports older people in the community. She is preparing a falls prevention strategy for Roger, who is 90 and lives independently. Roger’s daughter, Zoe, rang Fiona to advise her that Roger fell twice in the last week. The second time, he was unable to get up on his own, but luckily could reach a phone to call Zoe for help. Zoe is rightfully concerned about her father.

1. Who could Fiona consult to determine the assessment strategies that should be used in this situation?

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2. How could Fiona explain relevant information to Roger and Zoe, and clarify any requirements?

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3. What are three questions Fiona could ask when interpreting the findings of the assessment?

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4. Why should Fiona seek Roger’s permission, cooperation and commitment in the assessment process?

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5. Describe how Fiona can communicate with Roger in a way that is supportive, encouraging and respectful to Roger’s understanding, cultural background, needs and rights.

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Topic 2

In this topic you will learn how to:

- 2A Discuss the older person's concerns about falling and how they have coped with previous falls**

- 2B Discuss the support of carers where appropriate**

- 2C Identify and explore lifestyle, health and mobility factors with the older person**

- 2D Determine the older person's physical indicators of risk of falls using appropriate tools and methodologies**

- 2E Determine the older person's risk factors based on findings in collaboration with supervisor and/or relevant health professional**

- 2F Identify the older person's needs, issues and concerns outside scope of practice and refer to appropriate person**

Identify potential risk of falls

Older people are more likely to fall and injure themselves than younger people. Recovery can be a long process and, in some cases, the older person may never fully recover. It is far better to take steps to remove or reduce the risk of falling. Learn how to identify these risks, including understanding how the older person has coped with previous falls, identifying support available, exploring lifestyle factors and physical risks, and learning how to collaborate with the older person to identify their needs, issues and concerns.

2A Discuss the older person's concerns about falling and how they have coped with previous falls

As people age, their concerns about falling can increase. If the older person has fallen in the past, they may feel even more vulnerable or worried about falls.

It is important to identify and address the physical and psychological consequences of falls, and how they contribute to the older person's concerns.

Possible consequences of both are outlined below.

Physical consequences

The physical consequences of falling can seriously impact the older person's quality of life. People may be concerned that if they fall they will:

- ▶ hurt themselves
- ▶ not be able to get up
- ▶ lose their independence.

Psychological consequences

The psychological consequences of falling can also impact an older person's quality of life. People may:

- ▶ become depressed
- ▶ stop going places
- ▶ stop participating in social activities
- ▶ stop exercising
- ▶ experience embarrassment or loss of dignity.

These consequences can further impact the older person's wellbeing and physical and mental health.

Discuss concerns

It is important to discuss the older person's concerns about falling. Addressing concerns with the older person validates their feelings, and assists in developing a falls prevention strategy.

Consider the following when discussing the older person's concerns with them.

Be clear

Be clear about what a fall is:

- ▶ A trip, slip, stumble or any action resulting in the older person involuntarily coming into contact with the floor is considered to be a fall.
- ▶ A trip, slip or stumble where the older person does not come into contact with the floor is known as a near fall.

Be comfortable

Be comfortable using different tools and assessment techniques to find answers to the following questions:

- ▶ Is the older person afraid or concerned they may fall?
- ▶ In what circumstances is the older person concerned about falling?

It is likely your organisation has processes you are expected to follow when assessing the older person's concerns about falling.

Tools and techniques to assess concerns about falling

It is best to assess concerns about falling using more than one assessment technique. This helps build a comprehensive understanding of the older person's concerns about falling. For example, the older person may not want to appear old and frail so may pretend they are confident. Your observations may tell you otherwise.

You should actively involve the older person in all aspects of their care, including falls assessments and falls prevention strategies. An aged care coordinator will clarify and add to your assessments, and act on the results.

Here are some tools and techniques that are commonly used for assessing concerns about falling.

Tinetti Falls Efficacy Scale

- ▶ The Tinetti Falls Efficacy Scale is used to assess how confident the older person is with their balance and stability while performing every day activities. Items are rated from 1 (not at all concerned) to 10 (very concerned), allowing the older person to select a graded response.

Observation

- ▶ You can use observation to assess whether or not the older person is concerned they may fall. Facial expressions, posture, actions during movement and behaviour can indicate the older person is worried they may fall.

Asking questions

- ▶ Asking questions can also help you identify the older person's concerns about falling. You may have to ask their carer or an interpreter if the older person is unable to tell you themselves.

Find out how the older person has responded to previous falls

The older person may respond in a variety of ways after a fall, including avoiding the place where the fall took place, making changes and getting help, or making no changes at all. These responses depend on several factors, which are outlined below.

Type of fall

- ▶ Falls can be intentional or unintentional. Intentional falls occur because the older person wishes to harm themselves. This could be a cry for help and a sign the older person is suicidal. Unintentional falls can be caused by any number of factors, such as lifestyle changes or medical conditions.

Cause of fall

Falls can be caused by:

- ▶ intrinsic factors such as the older person's behaviour, lifestyle and medical conditions
- ▶ extrinsic factors such as the environment and the older person's choice of footwear.

Impact of fall

- ▶ Falling can affect the older person physically and emotionally. Falls can damage the older person's soft tissue, muscles and ligature, internal organs and bones. Falls or near falls can make a person anxious, withdrawn, worried, distressed or depressed.

Ways of coping with falls

Older people cope with falling in a variety of ways. Some methods lead to better outcomes, while other methods can actually increase the older person's risk of falling again. The older person's response to falling also varies depending on their personality.

Here are four ways the older person may cope with falling, and their potential consequences.

No changes

This means there is still the same level of risk of falling again as there was prior to the fall. The consequences of falling again could also be higher if the older person was injured as a result of the fall.

Avoidance

Avoidance can include the older person avoiding the environment where the fall took place, avoiding the activities they performed prior to the fall, or avoiding moving in general. Reduced participation in the community can impact the older person's psychological health by limiting their enjoyment of life and the size of their support network. A sedentary lifestyle means the older person's muscles weaken and bone mass decreases, which places them at greater risk of harm from falling.

Getting help

Older people may ask their spouse, family, friend, neighbours or paid carers to help them.

Making changes

This might include tidying up the environment, arranging the installation of adaptive equipment such as handrails, and changing footwear.

Assess coping style after a fall

The older person is the best source of information about their coping style. Ask whether they have noticed any changes in their feelings or behaviour after a fall. Significant others, family members and paid carers can also report how the older person has coped after a fall.

Here are some guidelines to debrief the older person to help them cope with a fall.

During the session

During the debriefing session let the older person know that it is common for people to experience stress as a result of falling. Ask them to tell you about:

- ▶ any symptoms such as dizziness at the time of the fall
- ▶ what they were doing at the time of the fall
- ▶ where they were at the time of the fall
- ▶ when the fall occurred.

Sharing the information

- ▶ Sharing information helps you and the older person identify the factors that caused the fall. Once it's understood why the fall occurred, you and the older person are better placed to take steps to see whether or not further intervention is required.
- ▶ This can help empower the older person to make changes that will help maintain their independence and physical and mental wellbeing.

Encouraging the older person

- ▶ Encourage the older people to discuss how the fall made them feel. Expressing emotions and being heard can help people feel better.

Respect the older person's privacy, dignity, wishes and beliefs

Falls assessments can be intrusive and invasive if they are not conducted appropriately. A poorly conducted assessment can make the older person feel uncomfortable, or as though they have no control over their own lives. For this reason it is important to make sure the older person's privacy, dignity, wishes and beliefs are respected whenever you conduct falls assessments or implement prevention strategies.

Privacy, dignity, wishes and beliefs

Aged care workers and coordinators can sometimes focus on getting a job done quickly. If the older person's needs aren't taken into consideration, the focus on speed can sometimes occur at the expense of the older person. Falls assessments and prevention strategies must always be conducted in a manner that respects the older person's privacy, dignity, wishes and beliefs.

Here is more information about each of these concepts.

Privacy

This means:

- ▶ keeping the older person's personal information private
- ▶ keeping the older person's body private.

What you can do:

- ▶ You can cover the older person to protect their modesty.
- ▶ You can make sure the assessment is carried out away from the view and hearing of others.
- ▶ You can file the results of the assessment according to organisational requirements.
- ▶ You can ensure you don't leave personal information where unauthorised personnel and others can access it.
- ▶ You can file information securely according to organisational policies and procedures.

Dignity

Dignity is related to privacy and respect; a person is said to have dignity when they are treated with respect and held in high esteem. All people have a right to be treated with dignity.

What you can do:

- ▶ You can introduce yourself by name.
- ▶ You can ask what the older person would like to be called. Some older people prefer being called by their first name, while others may prefer to be called by their title and last name.
- ▶ You can communicate with the older person throughout the stages of assessment.
- ▶ You can ensure you don't speak as if the older person is silly or incompetent.
- ▶ You can listen to what the older person says.

Wishes

This means preferences about:

- ▶ who conducts the assessment
- ▶ who is present during the assessment
- ▶ how the older person is prepared for the assessment.

What you can do:

- ▶ You can ask the older person about their preferences.
- ▶ You can listen to the older person.
- ▶ You can communicate with others throughout the stages of assessment to make sure the process is in accordance with the older person's wishes.
- ▶ You can offer the opportunity to have a carer or advocate with the older person during the assessment process.

Beliefs

Belief systems vary between cultures and individuals. You may meet older people who have different beliefs regarding:

- ▶ interactions with members of the opposite sex
- ▶ communication with younger and older people
- ▶ the use of personal space and touch.

What you can do:

- ▶ You can check the older person's files to find out about any religious or cultural beliefs they may have.
- ▶ You can ask if the older person would prefer to be assessed by a male or female staff member.
- ▶ You can pay attention to the older person's body language and facial expressions. Nonverbal communication often reveals more about a person's beliefs than their verbal communication.

Example

Discuss concerns about falling

Zoe works in an aged care residence. She has to conduct a falls assessment for Mary, who is 89 years old.

Zoe wants to learn how Mary is coping after two previous falls. She uses the Tinetti Falls Efficacy Scale to gauge Mary's confidence.



Tinetti Falls Efficacy Scale									
How confident are you climbing stairs?									
Not at all concerned					Very concerned				
1	2	3	4	5	6	7	8	9	10
			✓						
How confident are you on flat surfaces?									
Not at all concerned					Very concerned				
1	2	3	4	5	6	7	8	9	10
							✓		
How confident are you walking on grass?									
Not at all concerned					Very concerned				
1	2	3	4	5	6	7	8	9	10
					✓				
How confident are you walking on carpet?									
Not at all concerned					Very concerned				
1	2	3	4	5	6	7	8	9	10
				✓					

Zoe also interviews Mary about her previous falls. She asks her to describe what happened, and discuss how she felt physically and psychologically after the falls.

With this information, Zoe is able to start preparing a falls prevention strategy with Mary.

Practice task 4

1. What do you need to consider when discussing the older person's concerns about falling and how they coped with previous falls?

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2. Describe three physical consequences falls may have on the older person.

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3. Describe three psychological consequences falls may have on the older person.

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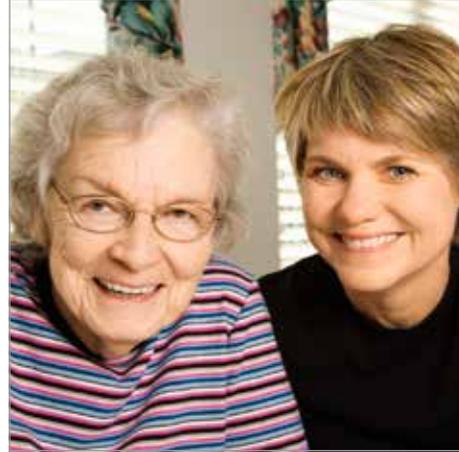
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Click to complete Practice task 4

2B Discuss the support of carers where appropriate

The older person is a valuable source of information about their health needs. In addition, unpaid carers such as the older person's spouse, family members, friends and neighbours may be able to tell you about aspects of the older person's health that the older person has overlooked, forgotten or does not think is significant. Paid carers who are with the older person for most of the day are also in a good position to monitor the older person's condition and know how they are feeling.



Benefits of involving carers

There are many benefits to involving carers in the older person's falls assessments and prevention strategies. When determining an older person's risk of falling, carers can:

- ▶ provide you with information about the older person's living environment, falls history, health and behaviour the older person may have forgotten or may not think is significant
- ▶ make the older person feel comfortable during the assessment process
- ▶ explain the assessment process to the older person in language they understand.

Encourage carers to participate

Carers play a vital role in caring for older people. You have a responsibility to ensure that carers know their contribution is valued and appreciated, and should encourage them to participate in falls assessments and prevention strategies. However, it is important to note that the older person has the right to choose who is involved in their assessments, and carers should only be involved with the older person's consent.

Below are some strategies to encourage carers to participate if the older person has consented to their involvement.

Encouraging carers to participate

Introduce yourself to the carer and ask them how they prefer to be addressed.

Invite carers to meetings and ensure they are organised for a time and place that is convenient for the carer so they can attend.

Provide a chair for the carer as well as the older person. All chairs should be of the same height and size so no-one feels at a psychological disadvantage

Include carers in conversations about the assessment process. Tell them what will happen and how they can help. Encourage them to ask questions.

Support carers

Caring for an older person can be challenging, and both unpaid and paid carers need support in their role.

Here are some ways you can help support an older person's carer.

Ways to support carers



Listen

The carer may not have an objective, interested person with whom they can discuss their concerns about the older person to, so it is important you listen to what they have to say and make sure they feel heard.



Provide information

Find out how much the carer knows and understands about falling and fall minimisation strategies. Help the carer by providing information to fill in any gaps in their knowledge or to correct their understanding.



Help the carer gain skills

If relevant, help the carer gain the required skills to participate in a falls prevention strategy. You may need to show them how to complete tasks, such as helping the older person fill in a falls diary. Alternatively it may be appropriate to arrange training for the carer.



Provide encouragement

Let the carer know they are doing a good job. When making suggestions for improvement, focus on the behaviour rather than the person. Suggestions should be sandwiched between positive comments about the care they provide.



Refer

Carers may not have the required resources to participate in a falls prevention strategy. Referrals to community welfare agencies and other service providers may help the carer access the required resources needed to participate.

Talk to the older person about how their carer can help

The older person may feel most comfortable being assessed in the company of their carer. However it is important to consult the older person about their preference before the assessment takes place.

When preparing a falls prevention strategy, ask the older person how their carer can help. For instance, the older person may identify they need assistance in the shower.

When sharing personal information with the carer, remember to follow privacy principles. Information should only be shared with the carer if the older person has given consent.

Example

Support carers

Maeve is an aged care worker. Recently she has noticed that Susan, one of the older people she supports, is very unstable when she showers. Maeve talks to Susan's carer Jackie about her concerns. The women conduct a meeting with Susan and Susan's GP. Together they discuss Susan's vulnerabilities. Susan says she feels confident showering alone, and doesn't want assistance. Jackie adds that Susan sometimes showers when she is out of the house running errands.

Maeve asks Susan if she would give permission to be observed. Susan agrees, and an observation assessment is conducted. Susan is encouraged by Maeve and her GP to shower independently only when Jackie is in the house, just in case she falls. Handrails are installed in the bathroom and a non-slip mat is placed in the shower to help minimise Susan's risk of falling.



Practice task 5

1. Why is it important to consult carers when obtaining assessment information?

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2. How can you encourage carers to participate in a falls assessment?

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3. What should you be aware of before involving a carer?

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Click to complete Practice task 5

2C Identify and explore lifestyle, health and mobility factors with the older person

Falling is multifactorial, which means there are typically a number of factors that increase the older person's risk of falling.

Factors can include things like environmental hazards, lifestyle choices and medical conditions. Other factors are part of the usual changes associated with ageing.

Here are some common issues that can occur with age.

Changes and issues associated with ageing

- ▶ Muscle weakness
- ▶ Low bone density
- ▶ Low blood pressure
- ▶ Poor posture
- ▶ Irregular gait
- ▶ Poor balance

Environmental hazards

Environmental hazards in the older person's home and in public can increase the older person's risk of falling.

Here is a list of common environmental hazards. You will need to identify and report any of these issues.

Lighting

- ▶ Older people may not have sufficient lighting. Some older people may be trying to reduce their power bills, some may be unable to change light bulbs, and others may neglect to turn lights on when needed due to cognitive impairments. Older people whose homes have inadequate lighting are more likely to fall because they cannot identify hazards such as uneven flooring, steps or obstacles.

Floor obstacles

- ▶ Poorly maintained floor surfaces can increase the risk of falls. Uneven surfaces such as floorboards, rugs, brickwork and paving can place the older person at risk of tripping. Slippery surfaces in showers, baths and on tiles can place the older person at greater risk of slipping.

Steps and curbs

- ▶ Steps that are steep, damaged or uneven place the older person at greater risk of falling. Even steps in good condition can be hazardous for older people. They may misjudge depth due to cognitive or sensory impairment or may not have the muscle strength to support their body weight as they move up and down the steps.

Handrails

- ▶ Friends and family members may install handrails in an attempt to help the older person move through their home and use facilities independently and safely. If handrails are not placed at the correct height for the older person they are ineffective as a fall prevention measure and may even contribute to falls.

Physical activity

Many falls are preventable. One factor that is within the older person's control is physical activity.

By the time people have reached old age they may spend very little time exercising. They may not exercise because they don't have the energy. They may be worried about falling or they believe exercising places them at increased risk of falling. Sometimes family members and others discourage older people from participating in sporting activities and everyday recreation in a misguided attempt to protect them from harm.



Many older people enjoy a range of exercises. Exercising, whether it is as informal as gardening or walking, or an organised activity such as bowling, helps older people maintain their muscle strength and reduce the loss of bone mass. Older people who don't exercise are likely to have lower bone mass and less muscle strength than those who do. A strong musculoskeletal system reduces an older person's risk of falling in two ways: firstly, they are less likely to fall as their body can support its own weight when moving and transferring, and secondly, if they do fall, they are less likely to suffer a break or a fracture.

Diet

Good diet helps build up bone mass and reduce the consequences of falling. Calcium and vitamin D play an essential role in maintaining healthy bones and muscles.

Calcium can be found in dairy products such as milk, yoghurt and cheese, as well as green leafy vegetables, Brazil nuts, shellfish, salmon and sardines.

Vitamin D helps the body use calcium. Vitamin D can be found in oily fish such as salmon, sardines and fresh tuna.

The best source of vitamin D is sunlight. People with physical impairments or who live in residential settings may not spend sufficient time outdoors to meet their vitamin D needs.



Alcohol consumption

Alcohol consumed moderately can have a positive effect on a person's health. However, as people age, their body's ability to break down alcohol is reduced. They may also lose weight, which reduces their tolerance for alcohol, making their judgment when drinking more quickly impaired than that of a younger person.



The effect of medication is often compounded by alcohol. Likewise, medication taken at the same time as alcohol can have unpredictable and undesirable effects. Older women who consume more than three standard drinks and older men who consume more than five standard drinks within a 24-hour period are at greater risk of losing their balance and falling.

Older people who are taking medication should talk to their pharmacist or general practitioner before consuming alcohol.

Clothing

Older people's clothing choices can increase their risk of falling. Shoes that are poorly maintained, have little grip or have insufficient support can place the older person at greater risk of falling, and may even contribute to falls.

Failing to wear glasses or contact lenses may also put an older person at greater risk of falling as their ability to see obstacles is impaired.



Health

An older person's health may impact their vulnerability and risk of falling.

Health factors that impact vulnerability:

- ▶ Being overweight
- ▶ Poor bone density
- ▶ Visual impairment
- ▶ Impaired cognition
- ▶ Degenerative joint disease, such as arthritis
- ▶ Mobility issues, such as those brought on by a stroke
- ▶ Incontinence
- ▶ Low blood pressure

Mobility

As a person ages, their mobility changes. Stiffening joints, changes in muscle density and injuries such as breaks and fractures can all impact mobility. Changes in mobility can impact the older person's stability and balance.

Mobility needs to be assessed when determining the older person's risk of falling. For example, you may need to identify how safe the older person is to move around their bathroom. If mobility is restricted for any reason, a strategy needs to be implemented. Handrails may need to be carefully installed to assist with mobility and minimise the risk of falls.



Example

Identify and explore lifestyle, health and mobility factors

Keila is an aged care worker who regularly visits Mr and Mrs Millar in their home. One day when Keila visits she notices the blinds are lowered and the curtains are closed. Mrs Millar is wearing a plaster cast on one arm as a result from a recent fall.



Keila asks Mrs Millar how her arm is feeling. Mrs Millar says, 'I'm feeling much better, but I'm starting to go a little stir crazy. I wish I could join my walking group again'. Mr Millar approaches his wife and says, 'Sorry, my love, but I'm not letting you do anything that might make you fall again'. He turns to Keila and adds, 'let me show you the handrails I've installed'.

Through this interaction Keila identifies several factors that may increase Mrs Millar's risk of falling again. Mrs Millar may have insufficient vitamin D from staying indoors with the blinds lowered; she is also not participating in any physical activity to help maintain bone mass and muscle strength; and the handrails Mr Millar has installed were done so without advice from a professional.

Now she has identified these factors, Keila can discuss them with the Millar's and assist them to implement an appropriate falls prevention strategy.

Practice task 6

1. Identify three lifestyle factors that may put an older person at risk of falling.

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2. Identify three health factors that may put an older person at risk of falling.

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3. Discuss how mobility may put an older person at risk of falling.

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Click to complete Practice task 6

2D Determine the older person's physical indicators of risk of falls using appropriate tools and methodologies

Changes due to ageing, disease, illness and decline can place an older person at greater risk of falling. The physical indicators that suggest an older person is at an increased risk of falling are outlined below.

Weight

People with low body weight, or a low body mass index, are more likely to have osteoporosis. This condition causes reduced bone density, which means their bones are more brittle and fragile than other people.

Observation is not the ideal way to assess weight, as it is subjective. Perceptions about weight vary between cultures and individuals. A good measure of weight is body mass index (BMI).

Bone density

Low bone mass or bone density places a person at greater risk of falling. Bone density is measured through an X-ray or an ultrasound. Technicians compare the older person's bone density with a younger adult's, as well as people in the same age group. The report forwarded to their doctor and service providers will include a T-score. If the T-score is -2.5 or less, it indicates that the older person has osteoporosis.

Strength

People with weak ankle muscles are more likely to fall and less likely to be able to right themselves if they slip or trip. One quick test of ankle strength is to get the older person to stand on their heels and then their toes. If they have difficulty completing these actions, it suggests their ankles are weak. Health professionals, such as physiotherapists, should carry out an assessment of muscle strength.

Posture

Poor posture can increase the older person's risk of falling. This indicator can be affected by the normal ageing process as well as injury, pain or fatigue, and neurological disorders such as Parkinson's disease.

A person who has good posture stands upright with their shoulders back and a natural curve in their back. Often as people age their shoulders begin to hunch over and they develop what is known as a dowager's hump.

Gait

The older person's gait can increase their risk of falling. Gait refers to the pattern of movement during walking. The older person's gait is 'normal' if their:

- ▶ feet spend about sixty per cent of the walking cycle on the ground
- ▶ steps are wide and they walk in a relatively straight line
- ▶ feet strike the ground with the heel and step off with the toe
- ▶ posture is upright and their trunk erect
- ▶ arms and shoulders swing freely.

Balance

The older person's balance is also important. A number of tests are used to assess balance:

- ▶ Romberg's Test: the older person stands with their feet close together and their eyes shut. If they cannot stay upright, they have a greater risk of falling.
- ▶ The Sternal Push Test: the older person is pushed to gauge whether or not they can regain balance if they slip or trip.
- ▶ The Fukuda Stepping Test: the older person is asked to march on the spot with their eyes shut. If they turn to the left or the right during this test, there may be a problem with their vestibular system.

Understand the body's systems and identify medical causes of falls

The body's systems work together to help a person walk safely and stay upright. Problems with any one of the body's systems can impact other systems and increase the older person's risk of falling. It is important to be familiar with the body's systems and any medical issues that could contribute to falls.

If you suspect that a fall is caused by a medical issue, it is your duty of care to seek medical attention as soon as possible. Make sure you understand what the risk factors associated with different medical issues are. Ask your supervisor or other members of your team if you need support in this area.

Here are some medical issues that can increase the older person's risk of falling.

Cardiovascular

Ageing reduces the elasticity of a person's tissues, making the arteries less effective. Heart disease can also lead to low blood pressure (known as hypotension), which can cause dizziness and fainting. Heart disease can also lead to reduced muscle mass.

Blood pressure

Blood pressure is the measurement of pressure in the arteries. Healthy blood pressure is lower than 120/80 mm Hg, and low blood pressure is 90/60 mmHg. A sudden fall in blood pressure can cause dizziness and falls. High blood pressure (known as hypertension) can cause stroke.

Low blood pressure may be caused by endocrine issues, dehydration, heart problems or poor diet. High blood pressure can be caused by diet, alcohol, medication, illness, fever or drug use.

Musculoskeletal

Muscular dystrophy: this condition causes a person's muscles to waste away (known as atrophy).

Osteoporosis: this condition causes the bones to become brittle and fragile, which means the older person is more likely to suffer a break or fracture.

Osteoarthritis: this condition affects cartilage, breaking it down and causing pain, swelling and problems with joint movement.

Nervous system

Parkinson's disease: this disease causes tremors and muscular rigidity. It can lead to low blood pressure and dizziness, and can make it harder for a person to walk and maintain postural balance.

Dementia and brain damage: this causes memory disorders, changes in personality and impaired reasoning. Dementia and brain damage can impair a person's ability to judge depth and distance, meaning they are more likely to stumble or fall.

Stroke: this is caused by an interruption of blood flow to the brain, and can affect a person's balance and consciousness. Symptoms of a stroke include:

- ▶ weakness or numbness
- ▶ difficulty speaking
- ▶ dizziness
- ▶ loss of vision
- ▶ headache
- ▶ difficulty swallowing.

If you recognise symptoms of a stroke, contact emergency services immediately.

Epilepsy: there is no clear cause of epilepsy, but some common causes include head injuries, brain tumours and stroke. Epilepsy causes seizures, which can be generalised or partial. Seizures can be caused by different triggers, including flashing lights, low blood sugar, certain medications or fevers. People with epilepsy should have a seizure plan, which outlines the type of seizure that occurs; what happens; how long it lasts for; what the trigger was or is likely to be; and the correct medication to manage seizures. If caring for an older person with epilepsy, you need to consult a health professional when developing their seizure plan and falls prevention strategies.

Sensory

Hearing: the inner ear helps a person maintain their balance. Any condition that damages the inner ear, such as Meniere's disease or Usher syndrome, will cause unsteadiness.

Vision: people who have impaired vision may not see hazards or may have trouble judging depth and distance. Any condition that causes vision impairment, such as cataracts or diabetes, puts a person at greater risk of falling.

Respiratory

Sleep apnoea occurs when people stop breathing momentarily during sleep. A person with sleep apnoea may wake several times during the night. This can lead to fatigue, which can contribute to falls.

Urinary

Damage to the kidneys: this can prevent the heart from functioning effectively and can lead to low blood pressure and dizziness.

Incontinence: people with incontinence may have to rush to the toilet to avoid wetting themselves and trip in haste. They may experience interrupted sleep because they wake several times to go to the toilet (putting them at risk of fatigue, which can contribute to falls). They may also slip on floor surfaces if they have wet themselves, and incontinence medication can cause hypotension, which can also contribute to falls.

Cognitive

Depression: symptoms of depression include lowered emotion, confusion, memory problems, difficulty sleeping and concentrating, and a general dissatisfaction with life. Depression can increase a person's risk of falling, as the person may fall because they are too preoccupied to notice hazards. Mental health medications, such as antidepressants, may also interfere with a person's balance.

Acquired brain injury (ABI): ABIs can be caused by nervous system conditions such as Parkinson's disease, stroke or epilepsy, as well as accidents, trauma and substance misuse. An ABI can affect a person's cognitive abilities, including their spatial awareness and balance. They can cause seizures, chronic pain and paralysis. People with an ABI are more likely to require assistance with mobility, self-care and other tasks of daily living. To determine if an ABI has caused a fall, a physical and psychological assessment will need to be conducted.

Medications

Older people are more likely to take medication to treat illness and counteract disorders than younger people. They are also likely to take a number of medications over a period of time.

Many medications have side effects. For example, antidepressants can cause:

- ▶ postural hypotension, which can lead to dizziness
- ▶ confusion, which can prevent the older person being aware of hazards
- ▶ falls as a result of sedative effects.



It is important to know if the older person is on medication and what side effects they may cause that could contribute to falls.

Use appropriate tools and methodologies within scope of role

Check with your supervisor and your position description to clarify the scope of your role. When you have clarified you have the ability to assess the older person's physical indicators that put them at risk of falls, follow organisational policies and procedures for conducting assessments.

Here is a description of tools and methodologies you may use.

Medical history

All aged care services document a person's medical history, including:

- ▶ information about past illnesses, current illnesses, treatments and medications
- ▶ letters of referral from other health professionals
- ▶ medical reports and X-rays.

The older person's GP or other health professional will assess whether or not any medical conditions may increase the older person's risk of falling.

Finding out the older person's age is also important. As people age their risk of falling increases. In particular, the risk rises as people move from middle age (45 to 59) to elderly (60 to 74), and then increases dramatically as they become aged (75 to 90) and very old (90 plus).

Consult the older person's medical history to help determine their risk of falling. Ensure that you have permission to consult medical records.

Medication charts

Certain types of medication and medication side effects can place the older person at an increased risk of falling. You will need to check the older person's medication chart to see what medication the older person should be taking, the dosage (amount and frequency) and route. You can also find information about prescribed and nurse-initiated medication in the older person's care plan. Older people who take more than one medication (known as polypharmacy) are at an increased risk of falling.

Ensure the older person is taking the correct medication. If the medication appears to be causing issues, consult the older person's health professional.

Blood pressure charts

Blood pressure charts are used to monitor blood pressure. Blood pressure is calculated on the basis of the amount of blood pressure at mid heartbeat (systolic) and while the heart is at rest (diastolic).

Aged care workers and coordinators can take blood pressure if they have completed specialist training. This responsibility is usually carried out by a nurse.

Balance and gait assessment

There are many forms of balance and gait assessments. Examples of these include Romberg's Test and the Timed Up and Go test.

In the Timed Up and Go Test the older person is encouraged to walk three metres, and if they take more than 12 seconds they are deemed at risk of falling.

Mental status evaluation

Mental status evaluations test the older person's orientation (their awareness of who they are, the time period and where they are) as well as memory and thought processes. If the older person is not able to judge distance, depth and the location of objects they are at an increased risk of falling. Such problems with cognitive function and impaired spatial awareness can also indicate dementia.

Understand measurements

Many of the conditions and changes discussed occur as part of the ageing process. It can be helpful to understand and use measurements to determine who is and is not at risk of falling. For example, an older person with blood pressure of 90/60 mmHg has low blood pressure, and an older person with a bone mass density T-score of -2.5 or less has osteoporosis. Both of these measurements indicate a greater risk of falling or injury from falls.

Measurements can be difficult to interpret without specialist knowledge. It is useful to keep a list of the types of health professionals who can help you interpret the results of assessments and identify conditions that may increase the older person's risk of falling.

Example

Determine the older person's risk of falls

Jessica is an aged care worker. She conducts a Timed Up and Go Test on Margaret, an older person she cares for, in order to determine Margaret's risk of falls. Jessica tells Margaret that she must move as quickly as she can from one spot to another. Margaret complies with the request, but falls and fractures her hip during the test.

In this example, Jessica has conducted an assessment that has resulted in an older person suffering physical and possibly emotional harm. Had this assessment been conducted by someone with greater understanding of Margaret's medical history and conditions, Margaret's injury may have been avoided.



Practice task 7

1. Why should posture, balance and gait be assessed?

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2. How can posture, balance and gait be assessed?

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3. Identify two factors associated with ageing that may increase the risk of falls.

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4. Identify two medical causes of falls, and how to identify causes.

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Click to complete Practice task 7

2E Determine the older person's risk factors based on findings in collaboration with supervisor and/or relevant health professional

As well as conducting assessments, observing the older person, and discussing risk factors with the older person, you should collaborate with your supervisor and relevant health professional to build a holistic picture of the older person's risk of falling.

Your supervisor will have an understanding of organisational policies and procedures, which you should follow when developing a falls prevention strategy. For instance, your supervisor can ensure your proposed strategy complies with aged care standards.

Health professionals can give you further information about falls prevention strategies and risk factors associated with falling.

Here is a list of reasons to collaborate with health professionals when developing a falls prevention strategy.

Collaborate with health professionals

Collaborate with GP

A GP may be able to provide information about the older person's risk factors, such as details about their blood pressure or any other medical concerns.

Collaborate with pharmacist

A pharmacist can provide information about medication, including side effects and when medication needs to be taken.

Collaborate with physiotherapist

A physiotherapist can recommend strengthening exercises.

Collaborate with psychologist

A psychologist can provide information about the older person's mental status, and how this affects their vulnerability to falls.

Collaborate with gerontologist

A gerontologist has an understanding of the ageing process, and can provide information about post-stroke behaviour and safety.

Example

Collaborate to determine the older person’s risk factors

Tony is an older person. According to his health records he weighs 100 kilograms and is 1.79 metres tall. Bevan, Tony’s aged care worker, checks these records by weighing Tony and measuring his height. The records are correct. Bevan then calculates Tony’s BMI.

BMI	BMI = Body weight (kg) ÷ Height (m), then answer ÷ height (m)
Weight ÷ height	100 ÷ 1.79 = 55.86
Answer ÷ height	55.86 ÷ 1.79 = 31.21
BMI	31.21

Tony’s BMI indicates that he is obese, and his weight may put him at greater risk of falling. With Tony’s permission, Bevan talks to his supervisor about his concerns, who recommends Tony is referred to a dietician for advice about healthy eating to help reduce the risk of falling caused by his weight.

Practice task 8

1. Identify three health professionals you could collaborate with when determining the older person’s risk of falling.

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2. Why is collaboration with a supervisor important when developing a falls prevention strategy?

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Click to complete Practice task 8

2F Identify the older person's needs, issues and concerns outside scope of practice and refer to appropriate person

The older person you support may have a medical or other health issue caused by a fall, or that puts them at risk of falling. You need to understand the scope of your role, and where the limits of your role end. Many health issues, particularly medical issues, need to be referred to a specialist health provider.

All issues should first be reported to your supervisor. If your supervisor recommends that the issue is referred to a health professional, ensure you follow organisational requirements for making the referral.



Identify the older person's needs, issues and concerns outside your scope of practice

Your scope of practice will be outlined in your position description, and can be clarified by your supervisor. Always check with your supervisor before proceeding with a task involving medical or health assistance, as it may fall outside of your role and responsibilities.

Be aware of changes in health status when working with older people. Changes may be associated with ageing, but could also indicate a health or medical issue. For instance, you may observe that an older person is disorientated and cannot speak properly. This is not a normal change associated with ageing, and may indicate the older person has had a stroke and needs urgent medical assistance.

Follow first-aid procedures and call emergency services if a medical issue arises. Contact your supervisor or relevant health professional if you need to clarify the issue.

Here is a list of needs, issues and concerns outside your scope of practice.

Medical emergencies, such as a stroke

- ▶ If the older person experiences weakness, numbness, difficulty speaking or loss of balance, they may be having a stroke. In the case of medical emergencies such as this, call emergency services immediately. Ensure the older person is safe and dangerous objects are removed, and practice first-aid until the ambulance arrives.

Lifestyle changes, such as weight gain or loss

- ▶ Weight gain or loss may be gradual, and may or may not relate to a medical issue. If you notice changes in the older person's weight, review the older person's lifestyle. If there are no obvious lifestyle changes known to cause the change in weight, ensure the older person speaks to their GP. The older person may also be referred to a dietician.

Cognitive changes, such as loss of memory

- ▶ Like lifestyle changes, cognitive changes can happen slowly over time. Be alert to changes and how they are affecting the older person. Memory loss, disorientation and confusion may be age-related, or may be a sign of dementia or an ABI. Encourage the older person to speak to their GP, or arrange for an assessment if you are concerned.

Mobility changes

- ▶ Mobility changes may be age-related, or may be caused by a medical condition. If the older person has difficulty walking, standing or moving in any way, seek advice from the older person’s GP.

Elder abuse

- ▶ Elder abuse is the neglect or harm of an older person. Older people may be more vulnerable to abuse because of their age and physical condition. If you notice that the older person has lost weight, is dishevelled in appearance, is unwashed or has unexplained bruising or other injuries, ensure you report your concerns to your supervisor and your state or territory protective agency.

Report and refer assessment information to others

If you determine that external support is required when developing a falls prevention strategy, you must follow the correct process for reporting and referring assessment information to the relevant health professional. Failure to follow procedures can result in the older person suffering an injury or can cause a delay in the provision of appropriate assessment and treatment.

These steps explain the process of referring assessment information to health professionals.

Referring assessment information

- 1 Assessment**
 Conduct a preliminary assessment.
- 2 Speak to supervisor**
 Speak to your supervisor about the older person’s needs.
- 3 Check**
 Check on other available services.
- 4 Provide information**
 Provide information to the older person about other services, including the cost, commitment and outcomes.
- 5 Gain consent**
 Gain informed written consent to share information with a health professional. Keep a copy of this document on file. This helps you and your organisation comply with the requirements of privacy legislation. If the older person is unable to give their consent, speak to their carer or advocate.

6

Write a referral

Write a referral letter to the health professional or service provider, or fill out a referral form. When writing a referral letter, focus only on the facts. Include the older person's date of birth as it makes it easier to identify the older person. Clearly explain the reason for your referral as well as what you hope the other service can do for the older person.

7

Keep copy

Keep a copy of the referral letter and form in the older person's file.

8

Transmit

Transmit the letter and the form to the health professional by their preferred method. This may be by mail, fax or the older person bringing the letter on their first visit.

9

Appointment

Help the older person make the appointment.

Example**Identify the older person's needs, issues and concerns and refer appropriately**

Tamara is an aged car worker. She supports Roderick, an 80-year-old man who lives independently. Recently Tamara has noticed changes in Roderick's behaviour. Roderick has been forgetting to turn off the bathroom taps, and has been leaving the stove on. One morning, a neighbour tells Tamara that Roderick left his house at night in his pyjamas and wandered up the street. The neighbour brought Roderick home.

Tamara talks to her supervisor, then refers Roderick for an aged care assessment. The team find that Roderick has dementia, which means his in-home support needs to be increased if he is to continue to live independently.



Practice task 9

1. Identify three issues that are outside your scope of practice.

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2. Choose one of the issues above, and identify who you could refer the issue to for additional support.

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3. What is the process for making a referral?

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Click to complete Practice task 9

Summary

1. If an older person has fallen in the past, it is important to discuss their concerns and feelings related to the fall, as their previous experience may make them more vulnerable to future falls.
2. Carers play an instrumental role when supporting older people to live safely. With the older person's permission, they should be involved in discussions when developing falls prevention strategies.
3. There are many lifestyle, health and mobility factors that may increase an older person's risk of falling, including low blood pressure, weight, physical exercise and diet.
4. It is important to use the most appropriate tools and methodologies for assessing the older person's risk of falls, such as reviewing medical charts and records.
5. You need to use appropriate tests to assess the older person's posture, gait and balance, such as Romberg's Test and the Up and Go Test.
6. If the older person presents physical or medical issues outside the scope of your role, follow organisational requirements to conduct a referral.

Learning checkpoint 2

Identify potential risk of falls

This learning checkpoint allows you to review your skills and knowledge in identifying potential risk of falls.

Part A

1. Identify the physical and psychological consequences falls can have on older people.

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2. Identify five ways the ageing process can increase the risk of falls.

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3. Identify three physical indicators of risk of falls, and the appropriate tools or methodology used to assess them.

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4. Identify three medical causes of falls and how to recognise signs of those causes.

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5. How can you recognise deviations from normal posture, gait and balance?

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6. Identify two health professionals that could give you further information about falls prevention strategies, and reasons why collaboration with them is important.

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Part B

Read the case study, then answer the questions that follow.

Case study

Jaya is an older woman who lives with her son Fal and his wife Inas. Jaya does not like exercise, and spends most of her time indoors. She is overweight and has a BMI of 29. She likes foods which are rich in saturated fats, and drinks alcohol most nights.

Fal calls Jaya's aged care worker Samuel after he finds Jaya on the bathroom floor one evening. Fal tells Samuel he is concerned about his mother's safety. He also tells Samuel that Jaya's doctor has said she has low blood pressure.

1. What lifestyle, health and mobility factors increase Jaya’s risk of falling?

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2. Samuel wants to support Fal’s position as a carer as much as possible. How could Samuel do this?

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3. How might Samuel identify needs and concerns beyond his scope of practice and make an appropriate referral?

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Topic 3

In this topic you will learn how to:

- 3A Identify and explain options to minimise the risk of falls**

- 3B Work with the older person and their carer to identify and implement strategies**

- 3C Implement strategies in a safe and effective manner that minimises the older person's discomfort**

- 3D Decide how strategies can be tested and how success will be measured and communicated**

Implement falls prevention strategies

You have a duty of care to follow up the results of fall assessments. It is your role to help identify and implement appropriate activities to reduce the risk of falling. You should also encourage and support the older person to participate in falls prevention strategies. As the risk factors for falls vary between people, each older person should have a falls prevention strategy that best meets their specific needs.

3A Identify and explain options to minimise the risk of falls

Older people have the right to make informed decisions about all aspects of their care. Older people who are not cognitively impaired have the right to determine which falls prevention strategy is used and whether or not they will participate in or follow the strategy. If a person has dementia, their carer or advocate will be involved in the decision.

What the older person or carer needs to know:

- ▶ Available options
- ▶ Expected commitment
- ▶ Possible outcomes
- ▶ Associated costs
- ▶ Potential drawbacks and benefits

Identify options

There are various options for minimising the risk of falls. These can be divided into the following five broad categories.

Diagnostic

- ▶ Diagnostic strategies focus on finding out why a person has been falling or is at risk of falling. Diagnostic strategies are more commonly called 'assessments'.

Therapeutic

- ▶ Sometimes medical conditions such as depression, dementia and hypotension place a person at greater risk of falling. Strategies that involve treating these underlying conditions are known as therapeutic strategies. For example, changing a person's diet or lifestyle.

Preventative

- ▶ The best form of healthcare is preventive care. Preventative options are far more cost effective and provide the older person with a better opportunity of maintaining good health. Any options that minimise the risk of falling are preventative options. Assessment and risk minimisation strategies fall into the category of preventative options. For example, making the environment risk-free.

Rehabilitative

- ▶ People who have fallen in the past are more likely to fall in the future. Rehabilitative strategies with a physiotherapist focus on building the older person's physical strength and confidence to minimise the impact of a fall, and help reduce the likelihood the older person will fall in the future.

Social support

- ▶ Falling and fear of falling can be quite isolating, and older people may avoid social activities. This reduces their opportunity to maintain muscle and increases their likelihood of depression. Social support can help older people participate in social and recreational activities.

Improve your awareness about options

Here are a number of ways you can increase your awareness of the options available for minimising the risk of falls.

Improve your awareness



Ask other aged care workers

Asking other aged care workers is a valid strategy for identifying options for minimising the risk of falls. Experienced workers may be able to share strategies and ideas for helping older people. They may also suggest innovative ways of removing or reducing the risks of falls. Care should be taken not to disclose confidential information.



Attend networking events

Networking events provide an excellent opportunity to interact with and learn from others in other similar organisations. Networking provides an effective means to share information, and is useful for discussing options and learning more about strategies.



Use specialist information

Specialists can provide information about options that are tailored to the older person. Specialists are often busy. When calling or visiting tell them you are developing a list of options to help overcome an older person's risk of falling. Ask them when the best time to discuss options would be and what form of communication they most prefer (face-to-face, telephone or email).



Find out about current research

You can find out about current research into falls prevention by visiting a university library to access medical or nursing journals. Many medical and nursing journals can now also be accessed online. Academic journals can be sometimes be difficult to interpret, although the information in the journals is likely to be more accurate than information posted on many general websites.

Explain options to the older person

When explaining options for minimising the risk of falls to the older person, there are four main steps to observe. Each of these is explained below.

Steps to observe when explaining options

1. Explain

Before explaining the options to the older person, briefly revise their condition and the risk of falling they present. Explain the consequences that may arise if action is not taken to remove or reduce the risk of falling. This helps the older person understand why a falls prevention strategy must be implemented.

2. Discuss

Discuss the options with the older person and provide them with written information about possible options. They can use the information after your meeting to explain the options to their family members. The written information can also be used to help explain the benefits of various options.

3. Confirm

Make sure the older person and/or their carer understands the information provided in the options. Language and literacy can act as barriers to understanding. Some pamphlets are available in a number of community languages. Many pamphlets also have photos that can help a person with low literacy understand the information even if they can't read the words.

4. Make sense

There are many potential causes of falls, and many possible solutions. Older people may be overwhelmed with the number of options. It is not your role to tell the older person which option they should select. It is your responsibility to help the older person make sense of the options. You can help an older person identify the strengths and weaknesses of various options by drawing up a table listing the pros and cons of various options.

Provide opportunities for the older person and carer to contribute

The success of a falls prevention strategy will rely largely on the older person's commitment and involvement. If the older person has intrinsic motivation to follow through with the strategy, they are more likely to succeed. This is why the older person should be involved in the decision-making process as much as possible.

It is also important to involve the older person's carer, as the carer will have first-hand knowledge of how the older person lives and how risks affect them. They are also in the most appropriate position to involve in decisions if the older person is unable to be involved in decision-making themselves.

Provide opportunities for involvement:

- ▶ Ask the older person or their carer open-ended questions like, ‘How do you feel about this?’
- ▶ Ask the older person or their carer to identify risks
- ▶ Ask the older person or their carer to identify a range of possible solutions
- ▶ Present possible options, and ask the older person and their carer how they feel about the options
- ▶ Ask the older person and their carer to choose options, and nominate goals and a realistic timeline
- ▶ Ask the older person or their carer for feedback about the range of options

Example

Identify and explain options

Craig is an aged care coordinator. He works with Angelo, an older person with no living friends or family members. Angelo has fallen over a number of times at home. He is now faced with two options.

Craig: ‘Angelo, I am worried about the fact that you have fallen over a number of times and have been hospitalised. We have looked at your home and it is not safe for you or for your workers. One option is to remodel the inside of your home to make it safe. The other option is for you to move into an aged care facility.’

Angelo: ‘I really don’t know what to do. I don’t want to fall again. What do you think I should do?’

Craig: ‘I don’t want to tell you what to do. I don’t have to live with the consequences of your decision, but you do. Let’s draw up a table, then we can look at the good and bad points of each option.’

Craig draws up a table and writes two headings: ‘Renovation’ and ‘Moving to an aged care facility’. He then writes up the pros and cons of each option. A con of renovation is the cost, but a pro is staying at home; a con of moving is the big change it will bring, but a pro is that it will be cheaper than renovating. Craig and Angelo continue to brainstorm until they have exhausted all possible strengths and weaknesses for each option.

Practice task 10

1. Why is it important to present a range of options when discussing a falls prevention strategy with an older person?

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2. What steps must you observe when explaining options to the older person?

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3. Identify three ways you could provide the older person or their carer with opportunities for involvement.

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[Click to complete Practice task 10](#)

3B Work with the older person and their carer to identify and implement strategies

The falls prevention strategy selected for the older person must be safe and address their individual needs. Before implementation, all strategies should be discussed with both the older person and their carer. Ensure that the strategy addresses the older person's specific needs, priorities and preferences. The carer may be able to provide further insight into whether the strategy is appropriate.



Identify falls prevention strategies

There are three main categories for falls prevention strategies: Person, Behaviour and Environment. Each is outlined below.

Person

Falls prevention strategies that address the person include:

- ▶ using medication to correct illnesses and disorders that increase the older person's risk of falling
- ▶ undertaking rehabilitative therapy with a physiotherapist.

Behaviour

Falls prevention strategies that address behaviour include:

- ▶ encouraging the older person to sit and stand slowly
- ▶ eating a healthy range of food, including those high in calcium
- ▶ taking vitamin supplements
- ▶ spending time outside
- ▶ exercising
- ▶ walking more slowly
- ▶ drinking alcohol in moderation or not at all
- ▶ using continence aids.

Environment

Falls prevention strategies that address environment include:

- ▶ clearing obstacles from walkways
- ▶ making sure all floor surfaces are even
- ▶ applying high-visibility paint to indicate sudden changes in height
- ▶ applying non-slip surfaces to all walkways
- ▶ providing a bath mat for the bath
- ▶ providing a shower chair for the shower
- ▶ installing handrails
- ▶ repairing broken or uneven steps.

Prioritise the older person's safety

Older people have a right to maintain their independence and safety, and participate in all aspects of community life. A falls prevention strategy can help reduce the risk of an older person falling without being overly restrictive.

You must prioritise the older person's safety when implementing a falls prevention strategy, and make sure it does not overextend the older person or require them to do something they are not physically capable of doing. Consult your organisation's WHS procedures, and discuss the strategy with your supervisor.



Match the strategy to the older person's needs

The falls prevention strategy selected must be appropriate to the older person's needs. Identify what needs are a priority to the older person and any other specific requirements they may have. For example, does the older person want an activity they can do themselves easily and without any fuss, or do they prefer to visit a specific centre to undertake an activity in a controlled environment?

Find out the older person's needs:

- ▶ Access medical history
- ▶ Check incident and accident reports
- ▶ Read progress notes
- ▶ Identify which areas are priorities in discussion with the older person or their carer

Maintain a falls diary

To find out more about the older person's needs, you can encourage them to maintain a falls diary. This can be used to find out the cause of falls, and to help select options that will reduce the risk of further falls.

Important information the older person should include in their falls diary

- ▶ When the fall occurred
- ▶ Where the fall occurred
- ▶ What happened prior to the fall
- ▶ What they were doing at the time of the fall
- ▶ Whether any injuries occurred
- ▶ Their response to the fall
- ▶ Other consequences of the fall

Example**Identify and implement strategies**

In this example an older person named Mario maintains a falls diary to help identify and implement strategies that are consistent with his safety needs, priorities, preferences and specific requirements.

Maintain a falls diary

Mario decides to keep a falls diary. In it he includes when and where the fall took place, what happened prior to the fall, what he was doing when the fall occurred, if any injuries were sustained as a result, and his response to the fall. Mario notices that each of his falls occurred during his morning shower straight after getting out of bed.

Identify strategies needed

Mario shows the diary to his aged care worker, Shauna, who asks him to tell her a little more about the circumstances leading up to the falls. Together they discover that each fall occurred on the day Mario and his wife do their weekly shopping.

Mario tells Shauna he is often in a rush on these days. This suggests that Mario's blood pressure may be affected by sudden movement.

Implement strategies

Mario and Shauna develop a strategy to minimise Mario's risk of falling, which includes:

- ▶ changing the environment by installing handrails in the bathroom and placing a shower chair in the shower
- ▶ changing Mario's behaviour by having Mario and his wife shop a little later to prevent the rush, and having Mario stand and sit more slowly
- ▶ speaking to Mario's GP about assessing his blood pressure.

Practice task 11

1. Marion is 80 and has Parkinson's disease, which causes involuntary muscle movement. Marion lives alone and wants to continue to live independently. Marion is frightened about falling, as has fallen before in the shower and in her bedroom at night time, and was not able to get up unassisted.

Marion enjoys two whiskeys before bed every night. Her GP has recommended that she reduce her alcohol intake, as it may be contributing to her risk of falling.

Identify two possible falls prevention strategies that meet Marion's safety needs, priorities, preferences and specific requirements.

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2. Nigel is 92 and lives in an aged care facility. Nigel enjoys physical activity, such as lawn bowls and cricket, but has found that his hip replacement has made it difficult for him to stand for long periods without feeling weak and unsteady.

Identify two possible falls prevention strategies that meet Nigel's safety needs, priorities, preferences and specific requirements.

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Click to complete Practice task 11

3C Implement strategies in a safe and effective manner that minimises the older person's discomfort

All employees have obligations under state and federal work health and safety legislation to maintain a safe workplace for all people.

Carrying out a risk assessment prior to developing and implementing a falls prevention strategy can help you and others to implement the strategy safely and effectively.

Here are some examples of when strategies designed to improve an older person's safety actually cause them to come to harm.

When falls prevention strategies cause harm



Example 1: Handrails

An aged care worker arranges for handrails to be installed. However, the handrails are not installed within the older person's usual range of reach, and the older person slips and falls.



Example 2: Depression

An older person stops taking their antidepressants as they are worried the medication may increase their risk of falling. However, stopping cold turkey badly affects their mental health and physical condition, which causes them to fall.



Example 3: Exercise

An older person exercises in an attempt to build up muscle, but they push themselves too hard and have a heart attack.

Maintain safe work practices

Currency of safe work practices is vital for maintaining safety in the workplace.

You can maintain currency by accessing the most up-to-date version of WHS documentation, such as Acts, standards and regulations online. If you are working from a hard copy, remember to go online and compare your version with the most current.



Risk assessment and minimisation

You need to determine what risks exist, the likelihood of a risk occurring, and the degree of a risk. When you have assessed all risks, you need to take steps to minimise or remove them.

Risk assessment is a three-part process, as outlined below.

Assess what could go wrong

- ▶ You can identify things that may go wrong by brainstorming worst-case outcomes with your colleagues, other health professionals, the older person and their family members.

Assess the likelihood something could go wrong

- ▶ You should assess the older person's medical condition, cognitive capacity and environment to work out the likelihood of a risk occurring. Likelihood is rated as follows:
 - Almost certain – expected in normal circumstances
 - Likely – will probably occur in most circumstances
 - Possible – might occur at some time
 - Unlikely – could occur at a future time
 - Rare – only in exceptional circumstances

Assess the degree of risk

- ▶ The degree of risk can be:
 - minor – causing a little inconvenience
 - medium – causing moderate inconvenience and discomfort
 - high – causing high levels of inconvenience, discomfort and distress
 - extremely high – leading to permanent incapacitation or even death.

Minimise discomfort

Ensure that the selected falls prevention strategy not only keeps the older person safe, but also minimises discomfort.

Discomfort may relate to a person's physical, mental, emotional and social wellbeing. For instance, a person may feel discomfort about being supervised when having a shower, or may feel uncomfortable having to use a walker.

Talk to the older person and their carer about the strategies suggested, and ensure that the older person is made to feel comfortable and secure.

Below is a list of ways to minimise discomfort.

Alcohol cessation

What may happen: some older people may experience physical withdrawals. Others may miss the rituals associated with drinking.

You can: develop strategies the older person can use to delay drinking and help them to consider alternative social activities.

Behaviour changes

What may happen: older people may feel self-conscious about changes in behaviour.

You can: reassure the older person.

Diet changes

What may happen: changes to diet may make older people feel uncomfortable.

You can: introduce changes slowly to allow the older person time to adjust, and seek the support and advice of a dietician.

Medication changes

What may happen: medications can cause an older person to suffer from shakiness, dry mouth, dizziness and fatigue.

You can: follow the instructions of the older person's pharmacist and general practitioner, and seek immediate help if the older person suffers any adverse effects.

Continence management

What may happen: older people may be embarrassed about incontinence.

You can: reassure them that many people experience incontinence as they age, and seek the support of a continence nurse.

Environmental modification

What may happen: older people may feel uncomfortable about a stranger coming into their home environment. They may be fearful or they may find the presence of another person intrusive.

You can: arrange for the modifications to occur at a time most convenient to the older person; let the older person know when the modifications will be made; and involve the older person in deciding on the types of modification.

Exercise

What may happen: the older person may experience physical discomfort or pain. Some older people feel self-conscious when exercising.

You can: ease the older person into an exercise program slowly, and incorporate low-impact activities such as walking and water activities.

Treating depression

What may happen: older people may believe having depression means that they are 'crazy'. Medication used to treat depression may also have adverse effects.

You can: reassure the older person that many people experience depression and that it is treatable, and seek immediate help if the older person experiences adverse effects.

Implement strategies

You must take all reasonable steps to implement strategies safely and effectively within your scope of practice. Some activities such as changing medication, providing clearance to participate in an exercise and installing adaptive equipment should only be carried out by people with the appropriate qualification, experience and authority.

Here are some basic knowledge, skills and duty of care requirements needed to implement strategies, and ways to ensure they are met.

Knowledge

- ▶ Awareness of the falls prevention strategy, as well as knowledge and understanding of roles and scope of practice are required to implement strategies safely and effectively.
- ▶ To ensure requirements are met, you can:
 - call a meeting to inform all people of their role and responsibilities
 - ask open-ended questions to check the level of understanding.

Skills

- ▶ Reading and comprehension skills to understand the falls prevention strategy and carry out roles and responsibilities safely and effectively are required for all strategies.
- ▶ To ensure requirements are met, you can:
 - assess skills through observation and feedback from others
 - arrange skills training
 - provide support.

Duty of care

- ▶ A willingness to carry out responsibilities and ensure the older person is comfortable are vital duty of care requirements when implementing strategies.
- ▶ To ensure requirements are met, you can:
 - communicate the importance of the falls prevention strategy
 - involve stakeholders in developing strategies to encourage them to take ownership and personal responsibility for a strategy's success.

Example

Implement strategies in a safe and effective manner

In this example, strategies are identified and implemented for Jason, an older person who has had a knee reconstruction.

The situation

Jason is an older person who recently had a knee reconstruction. Although he has been participating in physiotherapy, his leg muscles have wasted. This places him at an increased risk of falling.

Exercise can be used to help him rebuild Jason’s muscles. Jason’s aged care worker, physiotherapist and GP consider the potential undesirable outcomes of exercise, including:

- ▶ heart failure
- ▶ respiratory distress
- ▶ joint and muscle damage.

They then review Jason’s medical and personal records and find no mention of cardiovascular or respiratory disorders, problems or diseases. Jason’s GP assesses Jason and finds that he has above average heart and lung function. This lowers his risk of heart failure and respiratory distress considerably, but joint and muscle damage is highly likely.

The assessment

The following table summarises the risks Jason may face as well as their likelihood and potential consequences.

Risk	Likelihood	Consequence
Heart attack or failure	Low	Extremely high
Respiratory distress or failure	Low	Extremely high
Injury	Extremely high	High

The consequences of injury are far lower than those of heart and respiratory complications. However, injury is far more likely to occur. For this reason, Jason’s aged care worker should develop ways of removing or reducing the risk of injury.

The consequence

If Jason does not exercise he is at risk of falling. If he does exercise he is at risk of injury. Jason’s aged care worker discusses this dilemma with a diversional therapist as well as a fitness instructor. They both recommend water aerobics. This will give Jason a chance to rebuild his muscle strength in the relative safety of the water, which will cushion and protect his joints.

Once a strategy has been developed, Jason’s aged care worker documents the following details in the form of a care plan:

- ▶ The desired outcomes
- ▶ Who is involved in implementing the falls prevention strategy
- ▶ The resources needed
- ▶ The activities that should be part of the strategy

Practice task 12

1. What are the three parts of the risk assessment process?

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2. How can you ensure all workers have the skills to implement a falls prevention strategy safely?

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3. How can you minimise an older person's discomfort when modifying their environment?

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Click to complete Practice task 12

3D Decide how strategies can be tested and how success will be measured and communicated

Once falls prevention strategies have been implemented, they need to be reviewed and tested for effectiveness. You need to find out whether the strategy is safe, meets the older person's needs and preferences, and keeps within organisational requirements.

You should involve the older person and their carer in all discussions regarding the success of strategies.



Discuss strategies and how to measure success

Testing and measuring the success of strategies is both a formal and informal process, and methods should be reviewed continually for effectiveness. Talk to the older person about the types of success measurements they feel most comfortable with.

Formal and informal ways to measure success are listed below.

Formal measurement

- ▶ Review incident and accident reports
- ▶ Review progress reports
- ▶ Interview the older person
- ▶ Interview the carer
- ▶ Interview other workers
- ▶ Review falls diary

Informal measurement

- ▶ Observe the older person and their lifestyle
- ▶ Observe the environment
- ▶ Discuss comfort levels with the older person

Communicate results within the support team

The support team is crucial to the success of falls prevention strategies. The carer needs to be informed about which strategies work and which need to be changed. The supervisor needs to ensure strategies keep the older person safe, and are in line with organisational and legal requirements. The older person's health professionals need to be informed about the success of strategies they suggest, and will need to be involved if strategies need to be changed.

Communicate with the team in person, over the phone, via letter, email or fax. Always ensure that the older person's confidentiality is maintained, and details shared are accurate, objective and specific.

Work as a team

You will work with a range of people to develop falls prevention strategies. Your role is to coordinate any meetings, document the proceedings and follow up the action that is decided.

The way a group operates depends on the personalities and communication styles of individual members within the group. Any issues with group dynamics should be communicated to your supervisor.

Here are some of the factors that help people work well together.

Processes

- ▶ Follow standard meeting protocol. This includes preparing and using an agenda. Allow people sufficient time to discuss issues and document and distribute results of the discussions carried out during the meeting in the form of meeting minutes.

Clear roles

- ▶ Often people come into negative conflict when they are unsure about the limits of their authority and the authority of others. Clearly define the roles of everyone in the group. Uncertainties about roles and responsibilities can be clarified by turning to documentation such as position descriptions, organisational charts and policies and procedures.

Goodwill and mutual respect

- ▶ People don't need to agree with one another to have productive conversations, but they do need to respect one another. You can help to foster respect by raising awareness of the roles of the people in the group, modelling respectful behaviour, setting ground rules and encouraging others to consider the value of others in the group.

Conflict

- ▶ When managed properly, conflict can be good. In fact, differing points of view can help all group members think about the positives and negatives of possible solutions and select a strategy that is most effective in reducing the older person's likelihood of falling.

Example

Decide how strategies can be tested

Raj supports older people in the community. He has recently helped implement a falls prevention strategy for Victoria, an older person who has an intellectual disability and reduced physical mobility.

Victoria is using handrails in her bathroom, toilet and bedroom. She also has nonslip mats on all surfaces that aren't carpeted. Victoria's medication has recently been changed to reduce her risk of having seizures.

Raj talks to Victoria about keeping a falls diary and informing her carer about all incidents that occur, even if they are just minor slips. Victoria is happy to do this. Raj asks Victoria how she thinks she can monitor the strategies. Victoria tells Raj she will tell her carer if she slips on the mats, or if she feels dizzy because of the medication. She promises to maintain her falls diary.

Raj documents his conversation with Victoria, and sends a summary to Victoria's support team to ensure everyone is informed. He also organises a team meeting so the falls prevention strategy can be discussed.



Practice task 13

1. What are three ways to measure the success of a falls prevention strategy?

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2. What aspects of a falls prevention strategy may be reviewed for effectiveness?

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3. Which team members may you communicate with about the success of a strategy, and how?

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Click to complete Practice task 13

Summary

1. You need to be aware of the various options for a falls prevention strategy.
2. You should develop a list of strategies to minimise the risk of falling before speaking with the older person.
3. You should draw on the skills and knowledge of your extended team when working out how to select a falls prevention strategy that prioritises the safety of the older person.
4. All options carry risks. Identify the degree of risk and the consequences to help you and others develop and implement a falls prevention strategy safely and effectively.
5. It is not enough to keep the older person safe. You must take all reasonable steps to ensure strategies are consistent with the older person's needs, priorities, preferences and specific requirements.
6. Communicate with the older person and the support team about how the implemented strategies will be monitored for success.

Learning checkpoint 3

Implement falls prevention strategies

This learning checkpoint allows you to review your skills and knowledge in implementing falls prevention strategies.

Part A

1. Describe the three parts of the risk assessment process.

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2. Why is it important to identify and implement strategies that are consistent with the older person's needs, priorities, preferences and specific requirements?

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3. What are three things can you do to minimise the older person's discomfort when implementing strategies?

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4. Identify four possible options for minimising falls, and explain how you could encourage the older person and their carer to participate in making changes.

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Part B

Read the case study, then answer the questions that follow.

Case study

Richard supports older people in an aged care facility, like 70-year-old new resident Tom. As Tom is a new resident, Richard reviews his medical history, medication charts and blood pressure charts, and interviews Tom about his health and psychological status. Richard learns that Tom is a Vietnam War veteran who experiences post-traumatic stress. The PTSD is linked to depression and anxiety, and Tom has episodes when he is unsteady on his feet.

1. Suggest three falls prevention strategies Richard could implement for Tom.

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2. How can strategies be implemented, tested and monitored for success in collaboration with Tom and other workers?

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Topic 4

In this topic you will learn how to:

- 4A Work with the older person and their carer to review and measure the outcomes of falls prevention strategies**
- 4B Share and celebrate positive results with the older person, carer, supervisor or health professional**
- 4C Identify when and why strategies are not having the desired result and indicators of increased risk**
- 4D Determine future strategies and actions**
- 4E Complete, maintain and store all relevant documentation and reports according to organisation policy and protocols**

Monitor falls prevention strategies

You have an obligation to follow up on falls prevention strategies and report on their effectiveness. In many cases, the occurrence of falls is reduced and the older person becomes more confident. Sometimes, however, strategies are ineffective or have negative effects. Establishing why a strategy is not working helps you develop a more effective approach. Any changes must ensure the safety and comfort of the older person, be discussed with all people involved, then documented and reviewed.

4A Work with the older person and their carer to review and measure the outcomes of falls prevention strategies

There are many different ways to review and measure the outcomes of falls prevention strategies. It is important to involve the older person and their carer as much as possible, and communicate evaluation results to the support team.

How to review and measure outcomes:

- ▶ Review incident and accident reports
- ▶ Review progress notes
- ▶ Ask the older person, their carer and other workers
- ▶ Review falls diaries

Monitor strategies

Sometimes the older person will not provide feedback on a falls prevention strategy unless you actively seek this information. This may be because they do not feel they have the same level of authority or understanding of the strategy as you do.

The older person may not be aware there is a problem, and family members, service providers and other health professionals may forget or not have time to provide feedback on a strategy. This is why it is crucial that you use a variety of monitoring methods to make sure that current falls prevention strategies are effective.

Incident and accident reports

Incident and accident reports are used to identify when an older person has fallen or has nearly fallen.

Incident and accident reports should contain information about:

- ▶ what happened prior to the fall or near fall
- ▶ what the older person was doing at the time of the fall or near fall
- ▶ where the fall occurred
- ▶ the time of day the fall occurred
- ▶ witnesses
- ▶ injuries
- ▶ follow-up action.

Report incidents and hazards

Reporting incidents and hazards is extremely important. An incident is where an event has occurred, like an older person slipping or falling. A hazard is where there is the potential for an event (like a fall) to occur. Incidents and hazards must be reported and documented in order to manage and reduce the risks involved.



Review progress notes

It is important to review progress notes in order to understand or confirm any issues the older person, their carer or other workers may have with a falls prevention strategy.

Information needed to review and update progress notes:

- ▶ Whether or not the strategy is meeting the older person’s needs
- ▶ Whether or not the older person complied with the falls prevention strategy
- ▶ Any problems with implementing the falls prevention strategy
- ▶ Falls or near falls that have taken place after the strategy was implemented
- ▶ Follow-up action taken

Communicate with the older person, carers and workers

The value of verbal communication cannot be overlooked, and discussing falls prevention strategies directly with the older person, carers and other workers is an effective means of measuring success. Inviting the older person to identify problems encourages them to take responsibility for the outcomes and success of a strategy. Team meetings also provide workers with the opportunity to explain and discuss the older person’s progress or any concerns they have.

Falls diary

A falls diary is another method that can be used to monitor the effectiveness of a falls prevention strategy. Older people may sometimes not remember how often they fall or when, so a falls diary is a useful way to accurately document information about falling.

Falls diaries are an invaluable source of information. They can help you understand what is causing the older person to fall and identify the environments where the older person is most at risk. When monitoring the success of a falls prevention strategy, it is useful to compare diary entries before and after the strategy was introduced and implemented.

Example

Review and measure the outcomes of falls prevention strategies

There are a variety of monitoring methods to review and measure the outcomes of strategies, including team meetings, discussions with the older person and their carer, maintaining up-to-date progress notes, documenting incidents and reviewing falls diaries.

Here is an example of some falls diary entries.

Date	Time	What happened before the fall	Activity	Location	Fall	Near fall
24/3/2012	9.00 am	Took medication	Showering	Bathroom	✓	
25/3/2012	3.00 am	Rushing to the toilet	Walking	Hallway		✓
25/3/2012	10.00 am	Feelings of dizziness	Gardening	Outside		✓

Practice task 14

1. What details should be included in an incident or accident report?

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2. What details should be considered when reviewing progress notes?

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3. Why is a falls diary an effective way to measure the outcomes of a falls prevention strategy?

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Click to complete Practice task 14

4B Share and celebrate positive results with the older person, carer, supervisor or health professional

The purpose of monitoring a falls prevention strategy is to detect problems or concerns; but also to identify what is working. If the falls prevention strategy (or parts of the strategy) is effective, it is important to celebrate these achievements with the older person, their carer and their support team. Focus on what made the strategy successful, and be concrete and specific in your feedback.

Celebrate and share positive results by:

- ▶ informing the older person and their carer about the success of the strategy
- ▶ asking the older person to show you their falls diary so you can view successes together
- ▶ asking the older person how they feel about the success
- ▶ informing your supervisor about the success
- ▶ contacting the health professionals involved to advise them of the success

Example

Share and celebrate positive results

Don is an aged care worker who recently implemented a falls prevention strategy for Jane, an older person living independently. Part of the strategy included installing handrails by the bed and reducing alcohol intake.

Don visits Jane and asks to see her falls diary. Jane proudly explains that she hasn't made any entries because she hasn't fallen.

Don asks Jane why she thinks the strategy has been successful, and Jane says having handrails in her bedroom helps her feel more confident getting in and out of bed. She is also proud of the fact that she now has tea before bed instead of a scotch.

Don congratulates Jane on reducing her alcohol intake. He asks Jane if he can let the team know the strategy has been successful. Jane gives her permission.

Don informs his supervisor, Jane's carer and her physiotherapist of the success of the strategy.



Practice task 15

1. What are three benefits of sharing and celebrating the success of a falls prevention strategy with the older person?

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2. What methods could you use to share and celebrate the success of the strategy with the older person?

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Click to complete Practice task 15

4C Identify when and why strategies are not having the desired result and indicators of increased risk

Monitoring strategies is important for identifying when and why they are not having the desired result. The strategy may not be successful for a variety of reasons. For example, the older person's health status or lifestyle may have changed.

Some health conditions and behaviours can put the older person at an increased risk of falling. It is important to identify any risks in order to effectively monitor a strategy.



Identify indicators of risk

There are a number of things that indicate a person is at increased risk of falling, as seen below.

Adverse reactions

- ▶ An adverse reaction is an undesirable consequence of an intervention that places the older person at an increased risk of falling. Adverse reactions can be physical, cognitive or psychological. Physical reactions include muscle weakness and poor muscle control. Cognitive reactions include altered judgment and impaired spatial awareness. Psychological reactions include depression and anxiety.

Contra-indicators

- ▶ A contra-indicator is a condition that makes a particular method inadvisable or stops certain treatments from being carried out. An allergy to aspirin, for example, would stop a doctor recommending it to an older person at risk of stroke.

Withdrawal of consent

- ▶ An older person withdrawing their consent signals that they no longer wish to participate in the falls prevention strategy. You should encourage them to consider alternative ways of reducing their risk of falling, and try to find out the reasons why they have withdrawn consent.

Non-compliance

- ▶ Sometimes older people may neglect to carry out their responsibilities as listed in the falls prevention strategy, especially if they are not encouraged to do so by their carer or are not monitored sufficiently by health professionals. In some cases the cost of the strategy may be too much, or the venue and timing of the strategy may be unsuitable, making it difficult to comply.

Ways to identify risk

There are many ways to identify increased risk, including incident and accident reports, progress notes, feedback from the older person and falls diary entries.

Below are some important points about identifying increased risk.

A collaborative approach

- ▶ Identifying increased risk requires a collaborative approach. This is particularly true in regards to medication, which can have unpredictable effects depending on a person's age, other medications taken and any other health conditions. Feedback from medical professionals, such as GP's, pharmacists and gerontologists, is essential to help identify any contra-indicators.

Assess non-compliance

- ▶ Observation is a good method for assessing non-compliance. Observe the older person to see whether they are following:
 - behavioural instructions, such as standing and sitting more slowly
 - clothing guidelines, such as wearing appropriate footwear
 - environmental instructions, such as clearing walkways.

Document risk

- ▶ Documentation is important. Once you are aware that a person is at increased risk you should document:
 - what has placed the older person at increased risk
 - where you found the information
 - the actions that should be taken.

Communication

- ▶ Communication is essential, especially as more than one person is likely to be involved in the older person's care. It is important to communicate the indicators of increased risk as soon as possible.

Identify when strategies are not working

You have a responsibility to take timely and appropriate action when strategies are not working, so it is important you are able to identify any issues that indicate a strategy is ineffective.

Signs that a strategy isn't working:

- ▶ No change to the incidences of falls and near falls
- ▶ Increased falls and near falls
- ▶ Complaints by the older person and others
- ▶ Negative feedback from carers, workers and others

Identify why strategies are not working

Here are four common reasons why a falls prevention strategy may not be successful.

It does not match the needs of the older person

- ▶ Sometimes an older person's condition changes between the time the strategy is developed and when it is implemented, or strategies may be developed without undertaking a comprehensive assessment of the older person's needs, conditions and risk factors. Strategies need to consider the older person's needs and preferences in order to be effective.

People don't understand what they are required to do

- ▶ The strategy must be communicated to everyone involved in its implementation. This should be done verbally and in writing. The aged care coordinator should check that all people involved in the strategy understand what they are required to do.

People don't want to carry out their responsibilities

- ▶ Coordinators and workers can increase stakeholders' willingness to carry out tasks in the falls prevention strategy by actively involving them in its development.

The required resources are unavailable and inaccessible

- ▶ No strategy can succeed if the necessary resources are not available or in place.

Run a productive meeting

Run a meeting to provide stakeholders with the opportunity to share ideas and information that will help you and others assess problems with a strategy. Prior to the meeting you should develop a clear understanding of what you hope to achieve from the meeting. Inform all stakeholders of the purpose of the meeting and invite them to contribute to the agenda.

Tips for running a productive meeting:

- ▶ Select a room with appropriate heating or cooling, sufficient space and enough chairs
- ▶ Acknowledge all contributions
- ▶ Don't allow anyone to be verbally aggressive or to blame others
- ▶ Focus on the behaviours that prevented the strategy from working, rather than on the person
- ▶ Organise someone to take notes during the meeting
- ▶ Focus on facilitating discussion and keeping people focused on the goal of the meeting
- ▶ Sum up the discussion at the end of the meeting
- ▶ Let people know what will happen next
- ▶ Thank people for their participation

Example

Identify when and why strategies are not having the desired result

Wendy lives in the nursing home. A falls prevention strategy has been implemented for her and she has not fallen in some time. However, she has recently been diagnosed with depression, which puts her at an increased risk of falling. Wendy's GP writes to the director of Wendy's nursing home to inform her of her diagnosis. The director discusses the diagnosis with Robert, the worker who implemented Wendy's falls prevention strategy.



The director updates Wendy's records to reflect the change in her condition, and holds a care plan meeting with Robert and other workers involved in Wendy's care. Robert identifies that Wendy's diagnosis is an adverse reaction to her falls prevention strategy.

Robert and the director arrange a meeting with Wendy to discuss possible reasons why the current strategy may be adversely affecting her psychological health.

Practice task 16

1. What are signs that a strategy isn't working?

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2. Identify four reasons a strategy might not be working.

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3. What are three possible means for identifying why a strategy isn't working?

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Click to complete Practice task 16

4D Determine future strategies and actions

Once issues have been identified, you need to re-assess the situation and determine strategies that will work. The original strategy may be modified or replaced with a more appropriate strategy.

The following steps may be repeated once or may be repeated a number of times depending on the older person and their situation.



Re-assessment is essential

It is possible that the original falls prevention strategy is inappropriate (or is no longer appropriate) or was not followed correctly. Re-assessment of strategies is essential as the older person ages and their condition changes.

Re-assessment should focus on:

- ▶ the factors placing a person at risk
- ▶ the strategy or strategies developed
- ▶ whether people are fulfilling their responsibilities as listed in the falls prevention strategy
- ▶ other barriers preventing the falls prevention strategy from working.

Your role

It is your role to ensure each person receives the best care possible. Be vigilant, observant and encourage communication between workers, health professionals, the older person and their carer so you can promptly report when a strategy is not working.

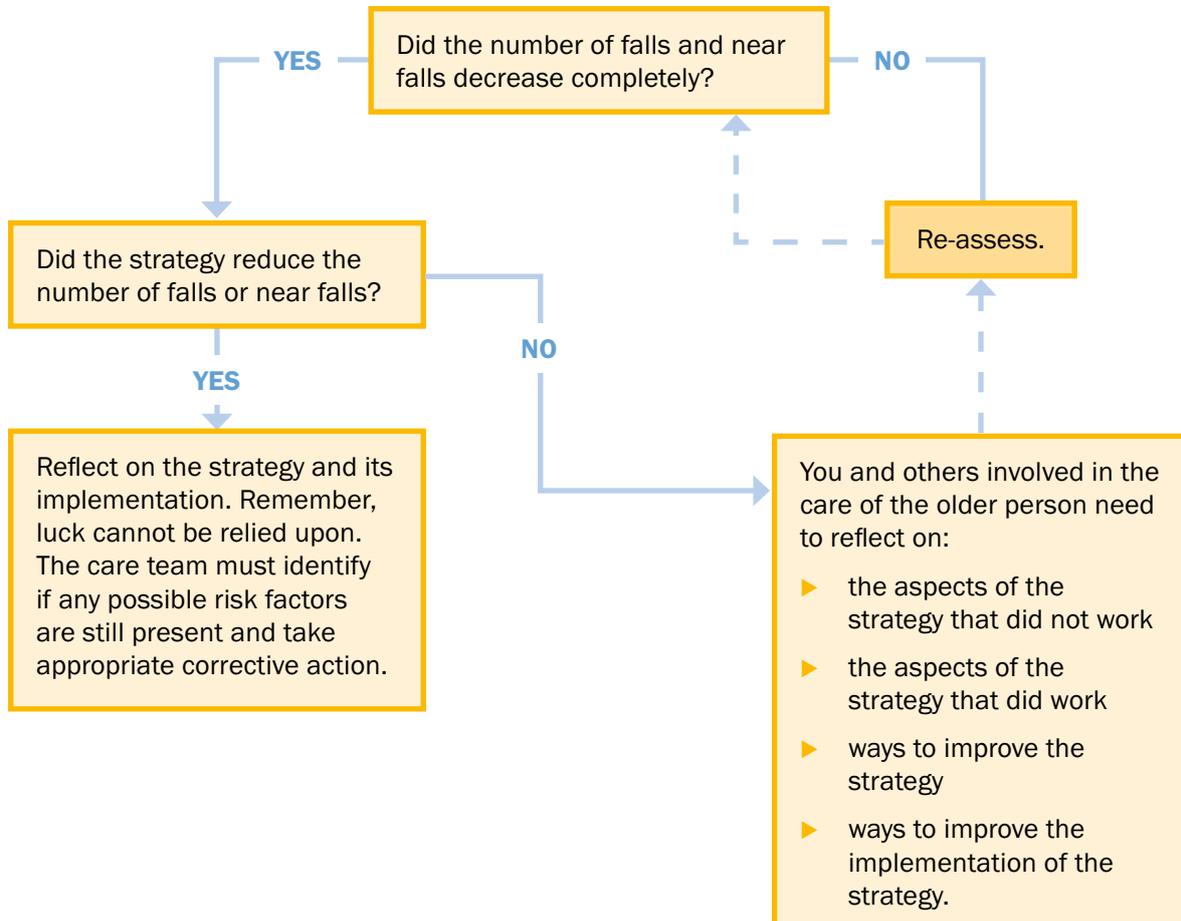


You may not be qualified to suggest different strategies. Your role is to explain the situation clearly to others who will decide what is most appropriate for the older person in order to reduce their risk of falling. However, the more you understand about different strategies and how they work to minimise falling, the better equipped you are to make relevant suggestions. By working closely with the older person and their carer you will also know what the older person prefers and what strategies are more likely to succeed.

Assess outcomes

Falls prevention strategies are designed to reduce the likelihood of an older person falling. It is important to assess the outcomes of these strategies. Sometimes the strategy is responsible for the reduction in the number of falls and near falls; other times sheer luck has prevented an older person from falling. Luck cannot be relied upon. Always assess and re-assess the outcomes of any strategy before judging its success.

Consider the following process.



Collaborate with the older person and the team to develop new solutions

If the assessment and re-assessment finds that all or part of the falls prevention strategy is not successful, you need to collaborate with the older person and their carer, health professionals and any other members of the support team to develop new solutions.

Collaborate with the older person and others:

- ▶ Listen attentively to all angles.
- ▶ Ask open-ended questions, such as, 'Why do you think this aspect of the program was unsuccessful?'
- ▶ Summarise and paraphrase.
- ▶ Brainstorm options in a group meeting.
- ▶ Document possible options.
- ▶ Identify drawbacks and benefits of each option.
- ▶ Encourage the older person to be involved in deciding how the plan will be amended.
- ▶ Document amendments.
- ▶ Communicate amendments to all team members.

Conduct a referral if required

The falls prevention strategy may not be working because the older person's needs may have changed, or they require resources beyond the scope of your role.

If the assessment and re-assessment finds that further support is required, conduct a referral to the appropriate person. Follow organisational requirements for conducting a referral: this includes obtaining the older person's consent to contact another service and share details, and using dedicated forms and templates. Always maintain confidentiality. Collaborate with your supervisor and other workers to ensure referral procedures are followed correctly.

As much as possible, encourage the older person to be involved in the referral process. For instance, encourage the older person to contact the other service themselves to make an appointment. The older person should also be involved in deciding which health professional they will be referred to. Some older people may have private health cover, for instance, and this may affect their choice.

Reasons you may be required to refer the older person are described below.

A fall has caused a significant injury

- ▶ The older person may need to be referred to a physiotherapist, gerontologist, neurologist or GP for advice about the injury. They may require medical attention, such as cognitive or physical rehabilitation. Ensure that all relevant details of the fall and the injury are included in the referral letter, and a follow up is made if the other service recommends amendments to the strategy.

A fall has caused psychological trauma and undermined confidence

- ▶ Falls may have undermined the older person's ability to cope. They may feel nervous about future falls, and may feel less confident about living independently. Refer the older person to a physiotherapist, occupational therapist, psychologist or GP for support. The older person may also require the aged care assessment team to conduct an assessment.

The older person requires a mobility aid

- ▶ If the assessment reveals the older person requires an aid, such as a walking frame or wheelchair, you need to refer the older person to the service or agency your organisation uses for supplying aids. Ensure the agency has all the relevant details it requires, and the older person is informed about the cost of the aid or equipment.

Example

Determine future strategies

Carl is 78 years old and lives at home. A paid carer cooks his meals, cleans the house and does his washing. Carl had a hip operation six months ago. He wants to retain his independence and dignity so tries to walk unaided. He is slow but careful. However, he has already fallen twice. His GP has also recently prescribed him medication for his blood pressure.

The care team think Carl's environment is the main hazard so they clear obstacles from walkways, repair broken steps, make sure all floor surfaces are even and non-slip, and provide Carl with a shower chair and bath mat for the floor.

A month later they re-assess the strategy and discover that Carl has fallen again.

At a case conference, the team decide to concentrate on Carl's physical skills, and suggest some exercises for him to do and arrange for the carer to go out for a walk with him each day. Carl's GP reduces the blood pressure medication as Carl reports that he becomes dizzy for half an hour after taking it.



Practice task 17

1. Identify reasons why collaboration is important when determining future actions.

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2. What methods could you use to collaborate with others to develop new solutions?

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3. Why is re-assessment important when determining future actions?

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Click to complete Practice task 17

4E Complete, maintain and store all relevant documentation and reports according to organisation policy and protocols

Completing documentation and reports is an essential task. Accurate and up-to-date record keeping underpins quality service provision and helps ensure the safety and independence of older people. It also increases accountability and duty of care. Most organisations have policies and procedures to ensure that documentation and reports are accurate and up-to-date. There may also be organisational or legal requirements about who completes documentation and reports, when they are to be completed and how and where they are stored.



Comply with requirements

Reporting and documentation requirements in aged care are extensive. This is particularly true when implementing falls prevention strategies or any other activities that have a safety focus. Accurate record keeping is essential for two main reasons: communication and accountability. Read more about each of these below.

Communication

Records and documentation identify risk factors for falls. They act as a reference point for planned action and effective falls prevention strategies. If the information is not current or accurate, incorrect care or disjointed services may result. Indicators of increased risk, such as adverse effects, contra-indicators and non-compliance may also be overlooked.

Written records provide evidence of due care and compliance with industry standards. They must include any changes in the older person, incident reports and handover records detailing compliance or non-compliance with strategies.

There is a common expression in community services that says, 'If it is not written down, then it did not happen'.

Accountability

Records and documentation demonstrate accountability to older people, funding bodies, government and other stakeholders. Service providers receiving government funding must complete and maintain records that demonstrate compliance with department expectations and benchmarks. Inaccurate or ineffective reporting and documentation may have a significant impact on an organisation's professional reputation.

Organisational policies

Your current or future workplace will have organisational policies that dictate:

- ▶ how information is gathered
- ▶ who receives information about an older person's progress
- ▶ how the information is stored
- ▶ who may access the information.

Legislative requirements

Policies are designed to help organisations meet their requirements under different legislation, regulations or industry standards, including:

- ▶ privacy laws
- ▶ freedom of information legislation
- ▶ regulations and codes of practice
- ▶ aged care, community care and disability services standards and principles.

Collecting information

Here are some examples of common ways information is collected.

Workplace documentation



Personal information forms

A personal information form is completed the first time an older person uses a service. Basic information about the older person may include:

- ▶ first name, middle name and last name
- ▶ address, telephone number and emergency contact details
- ▶ date of birth
- ▶ Medicare number
- ▶ referral and assessment information
- ▶ details of medical conditions, allergies and medication.

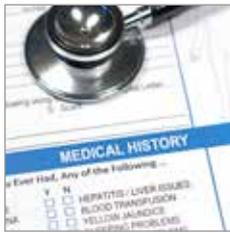
Personal details (such as personal plans and goals, and health, social and cultural information) may also be recorded in various documents and reports.



Health assessments

Initial health assessments (including falls assessments) are used to identify physical, psychological, emotional and cultural needs. Health assessments may include:

- ▶ health questionnaires and tools to assess functions
- ▶ cognitive function questionnaires
- ▶ intake interviews.



Case documentation

Case documentation may include:

- ▶ medical records, test results and progress notes
- ▶ completed questionnaires and assessment tools
- ▶ service delivery plans
- ▶ records of feedback
- ▶ consent to disclose information forms.



Incident reports

All workers have work health and safety responsibilities. Communicating with others about risks is part of these responsibilities. Completing incident reports is essential for making improvements to safety and minimising hazards or risks.



Service data

Service data records hours spent on each activity with each person, in each program area, and is usually entered directly into an electronic database. Service data is completed as required by the funding body, government department or organisation's board. It is often collected daily and submitted quarterly.



Organisational reports

Examples of organisational reports include annual reports, project or program reports and strategic plans. Organisational reports are usually completed annually.



Human resources reports

Examples of human resources reports include:

- ▶ time sheets
- ▶ performance appraisals
- ▶ professional development reports
- ▶ recruitment, induction and exit procedures.

Complete documentation

Many of the documents and reports completed by workers are considered a legal record of the support provided to older people and the ways in which an organisation manages matters such as work health and safety. Most government funded organisations undergo regular audit evaluations to ensure work is being carried out to the appropriate standard.

Common protocols

Here are some common protocols to follow when documenting or recording information in the workplace.

Common protocols for recording information



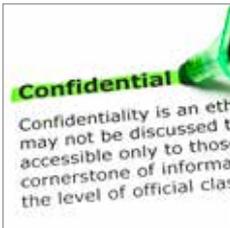
Objective and factual

Professional standards require that reports and documents use objective language based on fact and observation. Objective language describes what has been observed or heard, while subjective language may be based on feelings, emotions or opinions. Objectivity is important for accuracy and accountability, ensuring that individuals are described in ways that are not affected by judgments, stereotypes, assumptions or opinion.



Timely

There may be serious consequences if documents are not completed in a timely manner or within designated timeframes. Reports such as funding submissions to government have externally set time frames. Internal documentation is dictated by urgency, organisational policy and the end use of the information. For example, case notes should be completed regularly so the most current information is always available.



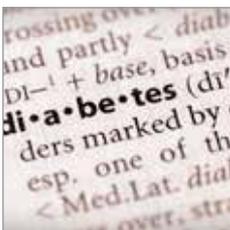
Confidential

Often case notes, program or project reports and incident reports include interactions that involve other people or private information. Confidentiality must be maintained when recording documents or reports.



Language

Each part of the community services sector often has its own language and jargon. To ensure clarity and accuracy use complete words rather than abbreviations or acronyms, and plain English instead of jargon. Ensure the language matches the needs of the intended audience.



Spelling

Spelling is another critical aspect of recording information. Spelling a person's name incorrectly may have a number of unintended consequences. Their data may be confused with another person's data leading to serious privacy breaches, confusion or duplication of records. Incorrect spelling of medical terms can cause confusion; for example, the treatments for and effects of hyperthyroidism and hypothyroidism are quite different.

Other considerations

When completing workplace documents you must also consider the following.

Considerations when completing workplace documents

Legibility

- ▶ Documents must always be legible and comprehensible.

Completed documents should not be changed

- ▶ If change is unavoidable, clearly state the reason why: do not use correcting fluid. Computer-based records may not allow changes to saved information.

Use the appropriate form

- ▶ This helps other workers identify required information. Fill out all of the sections and make sure that the entries make sense.

Accuracy

- ▶ Information must be accurate. Always read details back to the person to confirm. Initially this may take more time, but will prevent time-consuming errors later on.

Records should be signed and dated

- ▶ Always sign and date documentation. Computer-based records may require a log-in that shows you as the author.

Report writing tips

Report writing in aged care services must always be appropriate and professional.

Tips to help with report writing:

- ▶ Use the correct format and check if there is a template.
- ▶ Use the organisation's letterhead when appropriate, following protocols about using organisational stationery.
- ▶ Use terminology that is appropriate for the intended audience.
- ▶ Ensure all reports are objective, accurate and easy to read.
- ▶ Make sure your reports are sending the message you want to deliver as a professional, using appropriate language, presentation, grammar and spelling.
- ▶ Show drafts to another person for feedback; some organisations have a requirement that any outgoing reports are signed off by a manager.

Maintain documentation

Recording and documenting work is an ongoing task. Many actions that are recorded happen repeatedly, but must be recorded each time. Documentation should not be allowed to get out of date. It is essential to record events as they happen to prevent errors or omissions.

Information may also be required at any time by other workers, your supervisor, government agencies or for legal proceedings.

Your workplace will have procedures and guidelines about maintaining documentation. Here are some general guidelines.

Forms

Standard operating procedures provide information on the types of forms that must be filled out. The forms you require may be stored electronically or available in hard copy. Regardless of whether your organisation uses paper-based or electronic forms, use the most current version. Using superseded forms may result in a failure to collect and record the information required for the older person's support.

Personal records

Personal details can change as people move or change other contact details. If you have not updated records to ensure currency of these details, you risk not being able to contact the older person or an appropriate person when you need to.

It is not only personal details that can change. The older person's conditions can improve or worsen or their circumstances or preferences may change. Unless records are updated regularly decisions may be made based on out-of-date data.

Update operational reports

A number of operational reports need to be maintained to ensure they are current. It may be your job to keep these up-to-date.

If you forget to complete paperwork, there may be significant consequences later on in terms of accountability and reliability, particularly if financial documents are involved or there are external reporting requirements to be met.

Operational reports may include:

- ▶ funding reports
- ▶ reports regarding supplies and equipment
- ▶ annual reports
- ▶ business plans
- ▶ staff performance appraisals and complaints
- ▶ financial forms.

Update other documents

Other documents that are in constant need of updating include the following.

Time sheets

- ▶ A time sheet records the hours you have worked and, in some cases, the people you have seen and details such as kilometres driven. An accurate time sheet determines your pay and may also be used for invoicing people or funding bodies for hours of service provided.

Work health and safety checklists

- ▶ Work health and safety checklists are documents that record when safety inspections or environmental assessments have been carried out, and any actions required to improve or maintain safety. Documentation may be used to record the safety of a workplace, vehicle or home. You may be required to complete and document checklists as part of your role.

Funding and grant submissions

- ▶ Submissions for new or ongoing funding need to accurately reflect actual activities. They must include accurate information about the specific objectives of a program, together with an explanation of how the funding will assist to meet these objectives. The objectives detailed in the submission may be referred to later as part of an evaluation or report on the success of the program.

Policies and procedures manuals

- ▶ A policies and procedures manual is a living document that guides the daily activities of staff members. Policies and procedures manuals must be up-to-date and reflect current practices within the organisation, as they are a critical reference for all employees.

Store documentation and reports

Documentation and reports must be stored in the correct place so they can be easily located and referred to when required, particularly if information has to be located quickly in an emergency.

Here are some general guidelines.

General guidelines for storing documentation and reports



Records of past work

Generally, records of past work are stored even if they no longer appear relevant, or have been superseded by more recent information. These documents may be required to assess changes in an older person's needs over time, to demonstrate past support or to show a history of quality care.



The most recent information

In manual filing systems the most recent information is usually towards the front of the file or section with older information stored behind it. Computer-based records also show both current and past information.



Personal files

In personal files, each type of record or document is stored in the same location. For example, personal information may be stored at the front of a file, followed by progress notes, then assessments and payment records. This format will be repeated across all files.



Electronic files

In electronic files, information is also recorded in specific locations. Many organisations use electronic systems that allow users to input all personal details, referrals, assessments and case notes directly into a database. These systems can be password-protected, which limits access to authorised staff only.



Privacy laws

Privacy laws demand that an organisation has valid reasons for collecting, storing and sharing information. Privacy laws must always be followed when storing both paper and electronic documentation and reports.

Keep information secure

Information should always be kept in safe and secure areas. It is common to store hard-copy files in a lockable cabinet with files stored alphabetically by surname. Personal information should not be kept in an area accessible to workers not involved in the older person's care or members of the general public.

Electronic filing systems are common. In most cases software allows information to be retrieved by using one or many fields, such as a person's last name or file number. Electronic filing systems use a password to protect information. You should avoid logging on for another staff member and always log off when leaving the computer to maintain security.

Finally, you must always follow organisational procedures for filing information to ensure information is not lost and can be readily retrieved by authorised personnel.

Example

Complete, maintain and store all relevant documentation and reports

Incident reports are one of many documents needed to be completed, maintained and stored by aged care organisations.

Here is an example of a completed incident report form.

Incident report form					
1. Witness details					
Last name: Johnson			Given name: Lara		
Worker <input checked="" type="checkbox"/>	Visitor <input type="checkbox"/>	Individual <input type="checkbox"/>	Contractor <input type="checkbox"/>		
Phone number: 03 5411 1111					
2. Details of injured person					
Last name: Apora			Given name: Sarah		
Gender: M <input type="checkbox"/> F <input checked="" type="checkbox"/>					
Worker <input type="checkbox"/>	Visitor <input type="checkbox"/>	Individual <input checked="" type="checkbox"/>	Contractor <input type="checkbox"/>		
Was the person injured?		Yes <input checked="" type="checkbox"/> Go to section 3		No <input type="checkbox"/> Go to section 4	
3. Details of injury					
Date: 23/10/2012			Time: Approximately 8 am		
Location (on the person's body):		Bruising – left hip		Where did the injury occur?	
				Bathroom floor	
How did the injury occur?		The person reported that she tripped over.		Was the witness present at the time of the accident?	
				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Was medical help sought?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
If yes, provide details:			Name:		Jonathan Black, MD
Sarah's doctor was notified and attended at 10.00 am.			Contact details:		25 Kalinga St, Bendigo Phone 5422 2222
If no, explain why not:					
Witness's name: Lara Johnson					
Witness's signature: Lara Johnson					
4. Follow-up action					
What follow-up action will be taken?					
<ul style="list-style-type: none"> ▶ Sarah will have a falls assessment. ▶ She will also be given a Tinetti falls efficacy scale to assess her confidence. ▶ An environmental survey of Sarah's bathroom will be done. ▶ A case conference will be organised to identify appropriate strategies to be put in place to reduce her risk of falling. 					
Name: Lara Johnson			Role: Coordinator		
Date: 23/10/2012			Signature: Lara Johnson		

Practice task 18

1. Why is it important that records are accurate, objective and appropriately detailed?

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2. Identify two requirements that relate to how documents are maintained.

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3. Identify two requirements that relate to how documentation and records are stored.

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Click to complete Practice task 18

Summary

1. You should always work with the older person and their carer as much as possible when monitoring falls prevention strategies.
2. Increased indicators of risk can include:
 - adverse reactions
 - contra-indicators
 - withdrawal of consent
 - non-compliance.
3. Strategies to reduce the risk and likelihood of falling may not work because of a range of factors, such as:
 - the strategy is inappropriate
 - people involved in the implementation don't know about the strategy, don't know how to implement the strategy or don't want to implement the strategy
 - the older person's condition has changed.
4. Re-assessment is part of the process of implementing falls prevention strategies.
5. A reduction in the occurrence of falls or near falls is the key outcome that determines the success of a falls prevention strategy. However, a reduction in falls may be due to luck and not the strategy, so it is important to assess and re-assess outcomes.
6. You need to work with the older person and their carer, other workers and health professionals to assess the outcomes of falls prevention strategies.
7. Laws and legislation, such as privacy laws and freedom of information legislation, affect the collection, use, access and storage of information.
8. Protocols require that personal information contained in reports is objective and factual.
9. When completing documentation, workers and coordinators must check the content, accuracy and currency of the information.
10. Information must always be completed, maintained and stored according to organisational requirements.

Learning checkpoint 4

Monitor falls prevention strategies

This learning checkpoint allows you to review your skills and knowledge in monitoring falls prevention strategies.

Part A

1. How can you review and measure outcomes of falls prevention strategies in collaboration with the older person?
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2. How can you review and measure outcomes of falls prevention strategies in collaboration with carers?
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3. What are two ways of sharing and celebrating the success of a falls prevention strategy with the older person?
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4. Describe four indicators that suggest a falls prevention strategy is not having the desired effect and should be halted.
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5. Describe three common protocols to follow when documenting or recording information in the workplace.
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Part B

Read the case study, then answer the questions that follow.

Case study

Donna Williams is 73. Her date of birth is 6 May 1942. She has epilepsy and a mild intellectual disability. She lives in an aged care facility. Carol has been overseeing Donna's falls prevention strategy. An integral part of the strategy has been helping Donna manage her epilepsy through medication.

In recent weeks Donna's falls diary, incident reports and observations from workers has indicated that Donna has fallen twice and nearly fallen three times. Each incident occurred late at night, when Donna got up to go to the toilet.

One fall on 11 December 2015 at 1.50 am caused Donna to fracture her wrist. The ambulance was called when Donna rang the emergency buzzer in her bathroom. Donna spent one night at the hospital. She can't remember specifically what happened before she fell, and tells Donna that she has trouble seeing in the bathroom.

1. Explain how Carol can develop new solutions in collaboration with Donna, other workers and health professionals.

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2. How can Carol conduct a referral to other services in consultation with Donna and her supervisor?

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3. Practise completing an incident report to record details of Donna’s case.

Accident/incident report form				
1. Witness details				
Last name:		Given name:		
Worker <input type="checkbox"/>	Visitor <input type="checkbox"/>	Individual <input type="checkbox"/>	Contractor <input type="checkbox"/>	
Phone number:				
2. Details of injured person				
Last name:		Given name:		
Gender: M <input type="checkbox"/> F <input type="checkbox"/>				
Worker <input type="checkbox"/>	Visitor <input type="checkbox"/>	Individual <input type="checkbox"/>	Contractor <input type="checkbox"/>	
Was the person injured?	Yes <input type="checkbox"/> Go to section 3		No <input type="checkbox"/> Go to section 4	
3. Details of injury				
Date:		Time:		
Location (on the person’s body):		Where did the injury occur?		
How did the injury occur?		Was the witness present at the time of the accident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was medical help sought?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, provide details:		Name:		
		Contact details:		
If no, explain why not:				
Witness’s name:				
Witness’s signature:				
4. Follow-up action				
What follow-up action will be taken?				
Name:				
Role:				
Date:				
Signature:				

4. Explain how Carol should store and maintain Donna's documentation according to organisational procedures.

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