



***Foundation Education Resource  
For Health and Social Care Workers***

# Core Learning - Session Three

## Primary Care Setting

**Aim:**



**To provide Health Care professionals in the Primary Care Settings with the information and knowledge on the screening, assessment and intervention process for falls prevention and bone health**

# Primary Care Setting

- The Primary Care Draft Working Guidelines (2012) inform Health Professionals on how to screen and assess for falls at risk people ( $\geq 65$  years) and refer for appropriate interventions at primary care level.
- Primary Care Services mean all of the health or social care services in your community.
- Nine Community Healthcare Organisations are being established and they each will have 10 Primary Care networks. The Primary Care Network supports several Primary Care teams
- Primary Care Team consists of health professionals who work closely together to meet the needs of the people living in the community; they provide a single point of contact to the health system. (HSE, 2013)

# Primary Care Team

The Primary Care team consists of:

- General Practitioner & Practice Nurse
- Community Nursing Service – Public Health Nurse & Community Registered Nurse
- Occupational Therapist
- Physiotherapist
- Home Help/Support Staff
- The Primary Care Team also links in with other community-based disciplines to ensure all health and social needs are provided for

(HSE, 2013)

# Target Population for Guidelines

- Ideally are older people ( $\geq 65$  years)
- living in the community who are availing of services provided at primary care level.
- Priority may need to be given to the highest risk groups such as older people who attend Emergency Departments or out of hours GP services with a history of falls, frail elderly, or older people attending day centres
- Structured falls prevention programmes in primary care settings have been shown to achieve a reduction, of between 15% and 30%, in falls and potentially, could see a reduction nationally of up to 10,200 admissions per annum, which equates to a saving of €17.7m - Primary Care (Teams HSE Board Report 2011).

# Primary Care Working Guidelines

Screen older people for risk of falling

Encourage a multidisciplinary assessment and management approach of older adults who are at risk of falling

Provide an individually tailored action plan for clients identified as a falls risk.

Involve the client in formulating an action plan and inform the client of the outcome of referral processes

Link in local referral pathways within the various services



# Screening and Assessment

**Screening:** The Aim of screening for falls in older people is to identify those who are at risk of falls (**Appendix 2**)

*Older persons in contact with Health Care Professionals or their care givers should be asked the following at least once a year:*

- Have you fallen during the past years?
- If the older person has fallen, ask about the frequency and characteristics of their falls.
- Has the older person a fear of falling?
- Has the older person experienced difficulties in walking or with their balance?
- If the older person answers **no** to all of the screening questions give advice on health and wellbeing Tips on Healthy Aging Tips on Bone health
- If the person has had a Single Explained Fall, carry out Gait and Balance Test Get up and Go( **Appendix 7**)
- **Pass:** Give advice on health and wellbeing and bone health
- **Fail:** Perform a multi factorial risk assessment

# Screening and Assessment

- **Assessment: The Aim** of the multi factorial assessment is to identify the falls risks. A multi factorial fall risk assessment should be performed for older people who: (**Appendix 3**)
- Report recurrent (2 or more) falls in the past year.
- Report difficulties with gait and balance.
- Report fear of falling.
- Seek medical attention because of a fall.

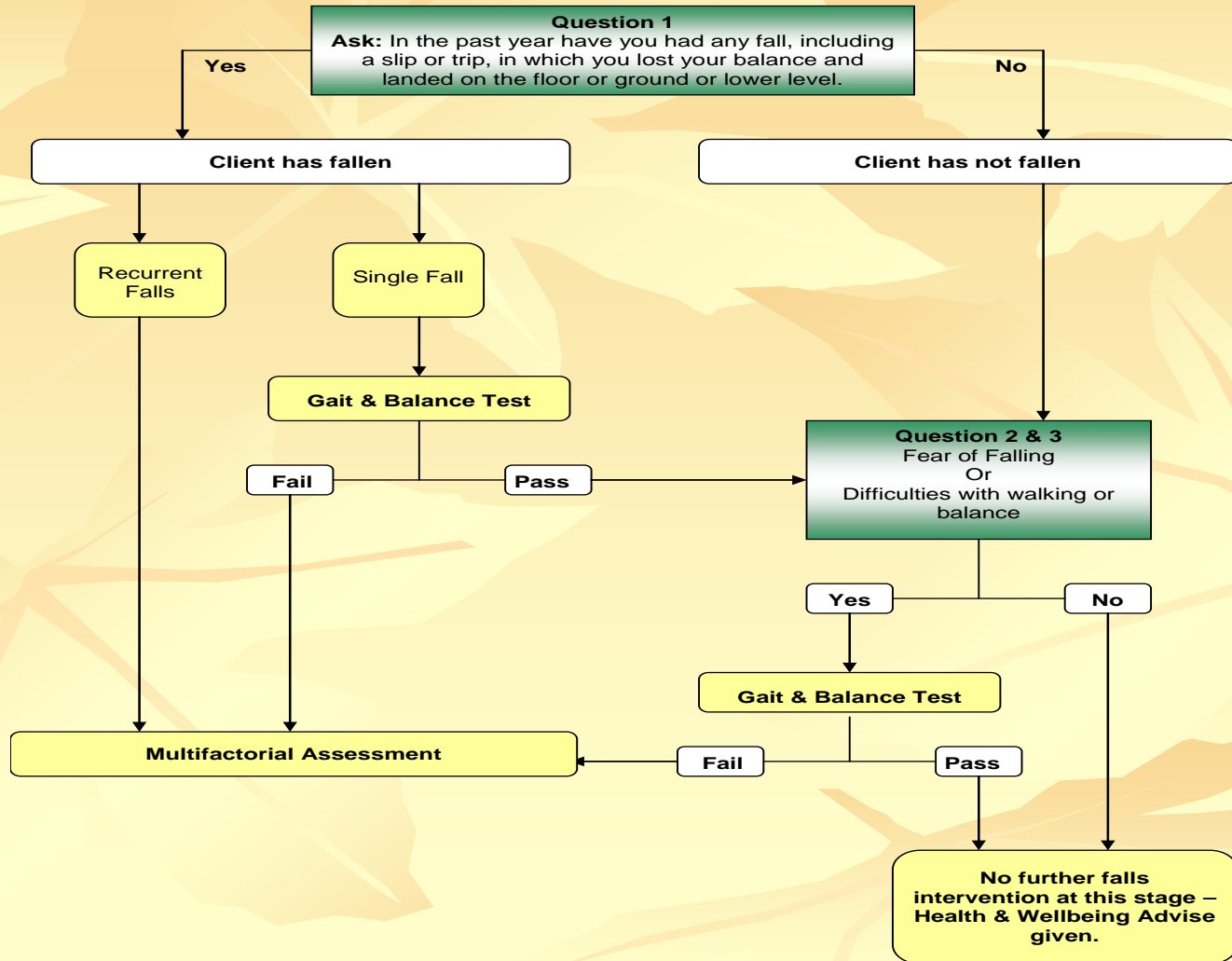
**The multi factorial risk assessment should be carried out and should incorporate the following: (Appendix 3)**

- History of falls
- Characteristics of fall – was it a slip, trip or fall, fear of falling, questioning in relation to any difficulties in walking or with their balance.
- Medications Environmental Issues Feet and Footwear Vision Impairment  
Related Medical History Social Factors
- Dietary intake including hydration

***Any team member can complete the Multi factorial Fall Risk assessment.***



# Screening and Assessment



# Interventions

- Medication review and withdrawal of psychotropic and other culprit medications, if appropriate.
- Home environment assessment and modification, carried out by a health care professional.
- Managing postural hypotension.
- Vision assessment and referral for intervention.
- Assessment of vitamin D deficiency and calcium insufficiency and treat if identified.
- Identification of foot problems and appropriate treatment.
- Behavioural modification and educational programmes should be considered. (Adapted from National Strategy HSE 2008)

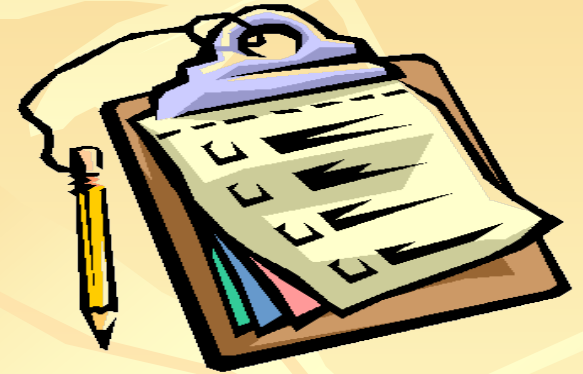
# **Reporting Falls**

**In keeping with the  
HSE Safety Incident Management Policy 2014  
and/or your local policy (for non HSE services),  
all falls witnessed/unwitnessed need to be reported to the National Incident  
Management System (NIMS), using a risk Management Occurrence Form  
(all clinical incidents including falls must  
be reported and reviewed)**

# Reporting Falls

In the situation of a fall /reported fall, a Clinic incident/Near Miss form should be completed. The following details should be included in the form:

- Location of fall
- Time of Day
- Activity at time of fall
- Immediate Management
- Trauma both physical and psychological
- Environmental Factors i.e. no hand rails, trailing leads, etc
- Service user factors i.e. no footwear, stocking feet, etc
- If the fall resulted in harm
- A no harm fall where no harm occurred
- Service user had a falls risk management completed on admission / transfer and or/within the last 3 months in line with older people Services Falls Metrics (Adapted from HSE, 2013)



# Tips for Home Help Service

## **Members of the Home Help Service should:**

- Observe for and notify manager of possible risk factors for falls
- Report witnessed, un-witnessed and near-falls to clinicians and managers
- Report home safety hazards such as poor lighting, throw rugs and trailing flexes
- Encourage patient and caregiver to use walkers or canes, if patient has a device
- Ensure proper use of adaptive equipment in bathrooms
- Check that the older person's glasses are clean
- Check if hearing aids are ok
- Remind the older person to exercise as regularly as possible
- Observe the older person has safe footwear





# **Primary Care Setting - Resources**

- **HSE, 2012. A Guide to Falls Screening and Multi-factorial Falls Risk Assessment *in* Primary Care. National Care of the Elderly and Primary Care Clinical Programmes.**
- **Eat Well for Bone Health Booklet (Paula Mee, 2014) – [www.paulamee.com](http://www.paulamee.com) (Pg: 189-190)**
- **Falls Awareness: Live Life Safely Booklet (Falls Multidisciplinary Committee, St Mary's Hospital Phoenix Park, 2010) [Phone Number 01 6250414]**
- **Osteoporosis Poster – [www.bonehealth.co](http://www.bonehealth.co)**

# Resources

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# List of Appendices with Sample Tools

- [Appendix 1: I had a fall poster](#)
- [Appendix 2: Level 1 Screen](#)
- [Appendix 3: Level 2: Multi-factorial Falls Risk Assessment](#)
- [Appendix 4: Falls Safety Cross](#)
- [Appendix 5: Quick Tips for Healthy Bones](#)
- [Appendix 6: Tips for Healthy Ageing](#)
- [Appendix 7: Get Up and Go Test](#)
- [Appendix 8: Multi factorial Assessment and Intervention](#)
- [Appendix 9: Sample Policy Acute setting](#)
- [Appendix 10: Intentional Rounding Chart](#)
- [Appendix 11: Safety Alert Form](#)
- [Appendix 12: Pathway for care of older person Post Fall](#)
- [Appendix 13: Post Falls assessment management pathway](#)
- [Appendix 14: Nursing Assessment prior to ringing the G.P](#)