

# 2013 Pilot site&nbsp;Audit of Organisation of Falls and Bone Health

## 1. Pilot Site/Early Adopter Audit - Organisation of Falls & Bone Health Servic...

Falls are the commonest cause of serious injury and hospital attendance in older persons, and are the commonest precipitating event for care home admission. The clinical and social care activity relating to falls and resultant injuries is widespread across health and social services, requiring a whole system approach to address effectively. The HSE and the State Claims Agency are collaborating on a Falls and Bone Health Implementation Project (AFFINITY) that promotes the development of an integrated approach to falls and bone health that is person centered, evidence informed, efficient and equitable. The integrated care pathway (ICP) needs to be able to respond to the needs of an older person with one or more co-morbidities who is living in their own home with/without a home care package or in a residential care setting who has fallen one or more times in the last 12 months with the final fall resulting in a hip fracture. The falls and bone health ICP will fit within the Specialist Geriatric Services Model Pathway, in fact serving to "test" the latter's workability while supporting its ongoing development.

With this in mind primary care teams, community services, residential care and hospitals/groupings are being invited to pilot an ICP model within their respective organisations and communities of care. To ensure key resources are in place to optimise the success of this pilot action learning project, pilot sites are being asked to audit the organisation of their respective falls and bone health services for older persons (persons 65 years and older) to help determine their state of readiness to participate in the pilot.

This survey is based on a national audit tool developed, implemented and evaluated by the Royal College of Physicians (RCP) in 2005 to measure the progress of falls and bone health services within the UK. The survey is designed to be completed by multiple professionals involved in the governance and delivery of falls and bone health services. The collection and submission of data is time consuming but will be greatly enhanced by the use of this web based survey tool. All data gathered will be treated as strictly confidential. Each MDT will have access to its own data. Anonymised aggregate data will be made available to the national project as a whole to support the learning.

Given the whole organisational and team based approach needed to successfully address falls and bone health issues, this survey is divided into 7 sections (A-G) with an average of 10-12 questions per section. Key MDT members are asked to complete different sections as appropriate. The findings will be important in informing an organisation(s) as to its(their) readiness to successfully implement an integrated falls and bone health pathway.

Section A Service Design of Falls & Bone Health Services is to be completed by the Organisations Management

Sections B & C & D & E are to be completed by Falls &/or Bone Health Professional/ Specialist

Section E Service Settings is to be completed by Clinical Managers / Quality & Risk / Falls & Bone Health Professionals / Specialists

Section F Rehabilitation Therapy & Preventative Education is to be completed by Allied Health Professionals, to include Health Promotion, Nutrition, Physiotherapy, Occupational Therapy, Radiography, Nurse Specialist(s) in Falls & Bone Health

Section G Training & Audit is to be completed by key personnel from Human Resources / Training & Development / Audit Services / Health Promotion

N.B. Remember that if you wish to save your completed responses before submitting, please use 'File' and 'Save As' method for each page i.e before clicking NEXT button.

Questions marked with an asterisk \* must be completed to progress to the NEXT page.

If you need any help with completing this survey please contact Irene O'Byrne-Maguire @ 087 6727705 or email: [iobyrnemaguire@ntma.ie](mailto:iobyrnemaguire@ntma.ie)

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## \*1. Select your HSE Administrative Area

- ☐ HSE North East
- ☐ HSE Mid Leinster
- ☐ HSE South
- ☐ HSE West

## \*2. Is your organisation/ service unit ?

- ☐ Hospital
- ☐ Primary Care
- ☐ Residential Care
- ☐ Other

## 2. Hospital care

The information below is critical

- 1) in enabling us to aggregate surveys completed by all relevant members of the multi-disciplinary team operating within your hospital and
- 2) to link you in with other settings/teams involved in your integrated care pathway (ICP).

## 3. Select your hospital group (6 groups) and the name of your hospital from drop down list

Dublin North East   Dublin Midlands   Dublin East   South/South West   West/North West   Midwest

Hospital Names/Group

## 4. Any other Comments?

## 3. Primary Care

The information below is critical

- 1) in enabling us to aggregate surveys completed by all relevant members of the multi-disciplinary team operating within your PCT and
- 2) to link you in with other settings/teams involved in your integrated care pathway (ICP).

## \*5. What is your Primary Care Team Official Name? i.e. Pearse Street PCT

## \*6. Select your PCT Network from the drop down list?

PCT Network i.e CK Net 1

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### \*7. Select your Local Health Office from the drop down list?

Local Health Office i.e.  
Carlow/Kilkenny

### \*8. Select your Integrated Service Area from the drop down list?

Integrated Service Area  
i.e. Carlow/Kilkenny/South  
Tipperary

### 9. Any other Comments?

## 4. Residential care

The information below is critical

- 1) in enabling us to aggregate surveys completed by all relevant members of the multi-disciplinary team operating within your unit and
- 2) to link you in with other settings/teams involved in your integrated care pathway (ICP).

### \*10. What is the Official Title of your Residential Care Home/Hospital/Community unit ?

### \*11. Select your Local Health Office from the drop down list?

Local Health Office i.e.  
Carlow/Kilkenny

### \*12. Select your Integrated Service Area from the drop down list?

Integrated Service Area  
i.e. Carlow/Kilkenny/South  
Tipperary

### 13. Any other Comments?

## 5. Other care

The information below is critical

- 1) in enabling us to aggregate surveys completed by all relevant members of the multi-disciplinary team operating within your unit and
- 2) to link you in with other settings/teams involved in your integrated care pathway (ICP).

### \*14. What is the Official Title of your Unit/Service?

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### \*15. Select your Local Health Office from the drop down list?

Local Health Office i.e.  
Carlow/Kilkenny

### \*16. Select your Integrated Service Area from the drop down list?

Integrated Service Area  
i.e. Carlow/Kilkenny/South  
Tipperary

### 17. Any other Comments?

## 6. Your primary/main role within your organisation?

Please answer YES to only one option outlined below, the one that best reflects your role for example, falls &/or bone health professional/specialist

### 18. Are you a member of your Organisation's Management Team?

☐ Yes

☐ No

Please specify

## 7.

### 19. Are you a Falls &/or Bone Health Professional/ Specialist?

☐ Yes

☐ No

Please specify

### 20. Are you an Allied Health Professional, to include Physiotherapy, Occupational Therapy, Orthoptist, Health Promotion, Dietetics & Nutrition, Radiography, Nurse Specialist in Falls & Bone Health?

☐ Yes

☐ No

Please specify

### 21. Are you a Clinical Manager or Quality & Risk Manager?

☐ Yes

☐ No

Please specify

### 22. Are you from Human Resources/ Training & Development/ Audit/ Health Promotion and have a knowledge of Training & Audit with respect to Falls & Bone Health within your organisation?

☐ Yes

☐ No

Please specify

## 8. SECTION A: SERVICE DESIGN OF FALLS & BONE HEALTH SERVICES

Section A is intended to be completed by your Organisation's Management to capture an overview of the governance and design of falls and bone health services for older persons within your organisation.

### \*23. Are you aware that there is a proposed National Strategy to Prevent Falls and Fractures in an Ageing Population being finalised by the HSE Population Health?

**For details see:**

**[http://www.hse.ie/eng/services/Publications/services/olderpeople/Strategy\\_to\\_Prevent\\_Fa](http://www.hse.ie/eng/services/Publications/services/olderpeople/Strategy_to_Prevent_Fa)**

☐ Yes

☐ No

Comment

**\*24. Does your organisation offer a clearly defined process to deliver an ‘integrated specialist falls and bone health service’ for older persons who are at risk of falls or who have fallen?**

**When the proposed National Strategy refers to “an integrated specialist falls and bone health service” it means a coordinated, integrated, multi-professional and multi-agency service. For the purpose of this audit a similar definition will be used.**

**Multi-agency: health, social services.**

**Multi-professional: e.g. medical, nursing, physiotherapy, occupational therapy, social work**

**Coordinated: working to agreed protocols and pathways, utilising agreed communication pathways**

**Integrated: using a regular mechanism of meeting to agree strategy and review progress towards objectives.**

☐ Yes

☐ No

☐ Partial

Comment

**\*25. Is there a designated person(s) within your organisation with specific corporate responsibility for falls and bone health services ?**

☐ Yes

☐ No

Comment

**\*26. Does this person(s) produce regular reports, at least annually, on the falls and bone health services?**

☐ Yes

☐ No

Comment

### 27. If Yes to Q.4, does this report include bone health (osteoporosis)?

☐ Yes

☐ No

☐ NA

Comment

### 28. If Yes to Q.4, does this report include fracture rates?

☐ Yes

☐ No

☐ NA

Comment

### 29. If Yes to Q.6, do the fracture rates include:

#### Hip fracture rates?

☐ Yes

☐ No

☐ NA

Comment

### 30. If Yes to Q.6, do the fracture rates include:

#### Other than hip fracture rates?

☐ Yes

☐ No

☐ NA

Comment

### 31. If reports are being written, name the person/directorate/committee that commissions these reports?

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**\*32. Does a representative of older persons/service users group sit on committee/grouping that commissions the falls and bone health services report?**

☐ Yes

☐ No

Comment

**\*33. Does your organisation ring-fence a budget for the falls and bone health service?**

☐ Yes

☐ No

Comment

**34. If Yes to Question 11,**

	Yes	No
is this a combined budget for falls and osteoporosis?	<input type="radio"/>	<input type="radio"/>
is this a specific budget for falls?	<input type="radio"/>	<input type="radio"/>
is this a specific budget for bone health?	<input type="radio"/>	<input type="radio"/>
is the budget recurring?	<input type="radio"/>	<input type="radio"/>
is the budget time limited/restricted?	<input type="radio"/>	<input type="radio"/>

Comment

## 9. What next?

If you are a member of your Organisation's Management Team you may now wish to Print out your survey responses before Exiting. Use the Print option under File, remembering that this will only print out the last Section you have completed. To print other Sections you will need to open these Sections one at a time to print, using the Prev button to access.

To Exit the Survey simply click Exit this Survey button located at the top right hand corner of this page.

Thank you for your participation.

## 10. SECTION B. CASE FINDING AND REFERRAL PROCESS

(For completion by Falls and Bone Health Professionals/Professionals/Specialists; Sections C & D & E are also to be completed by Falls &/or Bone Health Professional/ Specialists)



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The standardized Assessment Process/Tool may be implemented by one of many healthcare professionals, as part of basic and/or comprehensive assessment. This question seeks to determine whether this process/tool includes relevant question relating to falls and bone health and whether a positive answer leads to further assessment. It is recognised that implementation may be partial and it is therefore possible to answer "partial". The "clearly defined mechanism" should be a management pathway that has been agreed by all stakeholders involved.

### 35. Within your organisation is there a Standardised Assessment Process/ Tool (SAP/T) which is completed out by a healthcare professional on patients who are at risk of falls, or who have fallen?

☐ Yes ☐ No ☐ Partial

Please specify/comment

### 36. If Yes to Question 1,

	Yes	No
does the SAP/T include a question to identify those at risk of falls?	<input type="radio"/>	<input type="radio"/>
does it include a question to identify those who have fallen?	<input type="radio"/>	<input type="radio"/>
does it include a question to identify those at risk of osteoporosis?	<input type="radio"/>	<input type="radio"/>
does a positive response trigger action for further assessment?	<input type="radio"/>	<input type="radio"/>

Comment

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### 37. If Yes to Q. 1, which of the following health care professionals apply the SAP/T?

**There are many professional groups who are often the first contact point for older persons requiring services. Tick all those of relevance to your services to build understanding of the usual referral routes in your organisation.**

	Yes	No
nurses?	<input type="radio"/>	<input type="radio"/>
Specialist falls/ bone health nurses/professionals?	<input type="radio"/>	<input type="radio"/>
doctors?	<input type="radio"/>	<input type="radio"/>
Allied Health Professionals?	<input type="radio"/>	<input type="radio"/>
Social workers/care teams?	<input type="radio"/>	<input type="radio"/>
Pharmacists?	<input type="radio"/>	<input type="radio"/>
Mental health teams?	<input type="radio"/>	<input type="radio"/>

Comment

### 38. Is there a clearly defined mechanism / process for referring older persons who are at risk of falling, or who have fallen to the following services?

	Yes	No
Specialist falls and bone health services?	<input type="radio"/>	<input type="radio"/>
Hospital for treatment of specific injuries?	<input type="radio"/>	<input type="radio"/>
Intermediate care services for assessment and rehabilitation?	<input type="radio"/>	<input type="radio"/>

Comment

## 11. SECTION C. SPECIALIST FALLS AND BONE HEALTH SERVICE

(For completion by Falls and Bone Health Professionals/Specialists; Sections D & E are also to be completed by Falls &/or Bone Health Professional/ Specialists)

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For the audit a falls and bone health service is taken to mean a coordinated, integrated, multi-professional and multi-agency service.

Multi-agency: Health, social services.

Multi-professional: Medical, nursing, physiotherapy, occupational therapy, social work

Coordinated: Working to agreed protocols and pathways, utilizing agreed communication pathways

Integrated: Using a regular mechanism of meeting to agree strategy and review progress towards objectives.

Even if your falls service does not meet this definition you can still identify what parts of a specialist falls service that

you have in place in the subsequent sections.

**39. Does your organisation offer a co-ordinated multi-professional specialist falls and bone health service?**

☐ Yes

☐ No

☐ Partial

Comment

**40. The falls and bone health service may have its main operational base in an acute hospital, day hospital or intermediate care setting. It is recognised that the falls service in general follows the patient and there may be more than one operational base. The question seeks to determine the operational bases from which key members of the falls service work i.e. falls consultant, falls coordinator, falls specialist nurse.**

**Can the Falls and Bone Health Service be initiated in different areas of the organization depending on the patient's first point of contact?**

☐ Yes

☐ No

Comment

**41. If Yes to Question 24, tick all that apply:**

☐ Emergency Department?

☐ Outpatients Department?

☐ Day Care Service for Older Persons?

☐ Ward?

☐ Other?

If Other, please explain

**42. Is there an operational base for the specialist falls service?**

☐ Yes

☐ No

Comment

## 43. If Yes to Question 26, tick all that apply:

- ☐ An acute hospital?
- ☐ Day hospital?
- ☐ Intermediate care setting?
- ☐ In the community?

## 44. Are there medical consultant led/provided falls clinics?

- ☐ Yes ☐ No

Comment

## 45. If Yes to Q. 28:

what is the number of  
clinics per week?

what is the total number of  
new patients seen per  
week?

what is the median waiting  
time in weeks using most  
uptodate figures or  
otherwise? Please specify.

## 46. Non-medical consultant led/provided clinics, including those run by nurses, physiotherapists, occupational therapists, falls coordinators and non-consultant medical practitioners, play an increasingly important role in service provision.

## Are there non-medical consultant-led/provided falls clinics?

- ☐ Yes ☐ No

Comment

## 47. If Yes to Question 30,

how many clinics are held  
per week?

how many patients are  
seen per clinic?

are clinics consultant  
led/provided?

are clinics nurse  
led/provided?

are they a combination of  
both?

## 48. If No to Question 30, is falls management a feature of medical, geriatric or other outpatient clinics or services?

☐ Yes

☐ No

Please elaborate

## 49. Which of the following professionals have within their job description/job plan a commitment to the specialist falls service? If Yes, how many hours per week are included in each professionals job plan?

	Yes	No	NA
(a) Falls Co-ordinator?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Clinical Nurse Specialists?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Hospital based Nurses?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Community based Nurses?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) Nurses - Older People with Mental Health Needs/ Learning Difficulties?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) Physiotherapists?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) Occupational Therapists?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(h) Therapy Assistants?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(i) Social Workers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(j) Pharmacists?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(k) Chiropodists/podiatrists?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(l) General Practitioners?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify number of hours per professional/discipline, if known.

## 50. Does the specialist falls and bone health service have direct referral pathways to:

	Yes	No	NA
Dieticians?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Optometrists?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Orthotists?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ophthalmologists?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Audiologists?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assessments of bone mineral density using axial bone densinometry?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trained bi- or multi-lingual co-workers to reflect the needs of local population (as appropriate?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

## 51. Does the specialist falls service include assessment and management of older persons with cognitive impairment?

☐ Yes

☐ No

Comment

## 52. If No to Question 35, are exclusion criteria used?

☐ Yes

☐ No

Comment

## 53. If yes to Question 35, what exclusion criteria are applied?

	Yes	No
cut off using mental test score?	<input type="radio"/>	<input type="radio"/>
known diagnosis of dementia?	<input type="radio"/>	<input type="radio"/>
is there a clinically judged lack of ability to participate in active rehabilitation?	<input type="radio"/>	<input type="radio"/>
Other?	<input type="radio"/>	<input type="radio"/>

Explain please

## 54. Does the specialist falls and bone health service include assessment and management of older persons in extended care?

☐ Yes

☐ No

☐ NA

Comment

## 55. Does the specialist falls service have specific referral arrangements to:

Yes

No

NA

osteoporosis services?

☐

☐

☐

cardiology?

☐

☐

☐

Comment

## 56. Staff in A&E/ED, imaging and orthopaedics should work with the falls service to examine current practice and agree new procedures for the care and management of older persons with osteoporotic hip fractures or other serious injuries on admission

## Has the specialist falls and bone health service agreed protocols for the care of older persons with osteoporotic hip fractures within:

Yes

No

NA

A&E/ED Department(s)

☐

☐

☐

Imaging departments [radiology / nuclear medicine]?

☐

☐

☐

Orthopaedics

☐

☐

☐

Comment

**57. Standardised validated assessment tools may be used to assess each patients risk of falling.**

**Does the Falls service used standardized assessments for the specialist assessment of:**

	Yes	No
Gait and balance?	<input type="radio"/>	<input type="radio"/>
Vision?	<input type="radio"/>	<input type="radio"/>
Fear of falling?	<input type="radio"/>	<input type="radio"/>
Osteoporosis?	<input type="radio"/>	<input type="radio"/>
Cognitive function?	<input type="radio"/>	<input type="radio"/>

Comment



**58. Specialist assessment should be carried out by the falls service in collaboration with primary and social care professionals. This should build on the single assessment process. A falls specialist assessment should be a multi-factorial falls risk assessment performed by healthcare professionals with appropriate skill and experience normally in the setting of a specialist falls service. The question seeks to determine whether local documentation can demonstrate that the aspects of multi-factorial assessment and management identified below are routinely carried out in the specialist assessment of older persons who fall:**

**Does the documentation used for Specialist Falls Assessment demonstrate that the following aspects of assessment and management have been carried out:**

	Yes	No
Identify and diagnose patient specific risk factors for falls due to medical conditions?	<input type="radio"/>	<input type="radio"/>
Lead to investigation and management of postural hypotension?	<input type="radio"/>	<input type="radio"/>
Lead to investigation and management of cardiac dysrhythmia?	<input type="radio"/>	<input type="radio"/>
Lead to rationalisation of drug regimes?	<input type="radio"/>	<input type="radio"/>
Identify the patient's specific risk factors for falls relating to their environment?	<input type="radio"/>	<input type="radio"/>
Establish how an older person deals with being on the floor following a fall?	<input type="radio"/>	<input type="radio"/>
Identify any psychological consequences of a fall that might limit independence?	<input type="radio"/>	<input type="radio"/>
Lead to investigation and treatment for osteoporotic risk?	<input type="radio"/>	<input type="radio"/>
Lead to interventions agreed with the older person?	<input type="radio"/>	<input type="radio"/>
Does the assessment lead to multi-factorial intervention focusing on an individual's risk factors?	<input type="radio"/>	<input type="radio"/>
Does the specialist falls service have access to a service for syncope assessment?	<input type="radio"/>	<input type="radio"/>
Does it include beat to beat blood pressure monitoring?	<input type="radio"/>	<input type="radio"/>
Does it include loop recording of cardiac rhythm?	<input type="radio"/>	<input type="radio"/>
Does it include recordings of Tilt Table Testing?	<input type="radio"/>	<input type="radio"/>

Comment

## 59. If Tilt Table testing is included?

What is the waiting time in   
weeks for Tilt Table  
testing?

How many new patients are   
seen per month for Tilt  
Table testing?

## 12. SECTION D. FRAGILITY FRACTURES AND FALLS

(For completion by Falls & Bone Health Professionals/Specialists; Section E is also to be completed by Falls &/or Bone Health Professional/ Specialists)

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Older persons with a suspected hip fracture or other serious injury should be admitted to hospital as soon as possible after arrival in ED. Operations for fracture repair should be carried out within 24 hours of admission by experienced staff. Following surgery, older persons with hip fracture repairs should be mobilized within 48 hours where appropriate.

## 60. Are patients with hip/fragility fractures admitted to their core (orthopaedic) ward?

☐ Yes ☐ No ☐ NA

Comment

## 61. Is it local practice/hospital procedure to mobilise older persons following fracture repair within 48 hours?

☐ Yes ☐ No ☐ NA

Comment

## 62. Is there a fast track protocol in A& E/ED for older persons with a fractured hip?

☐ Yes ☐ No ☐ NA

Comment

**63. Are the hospital procedures designed to repair hip fractures within 24 hours?**

☐ Yes

☐ No

☐ NA

Comment

**64. Are the hospital procedures designed to mobilise patients following surgery for fractured hip within 48 hours?**

☐ Yes

☐ No

☐ NA

Comment

**65. For those older persons with complex problems, further management will require formal orthogeriatric collaboration. There are a variety of models, including hospital and intermediate care modes of delivery. The most appropriate models should be agreed locally between the falls service, the orthopaedics services, the hospital based specialist services for older persons and intermediate care services**

**Is there a formal agreement between the orthopaedic service, the hospital-based specialist service for older persons, and intermediate care services as to the local model of care for managing older persons who fall and fracture?**

☐ Yes

☐ No

☐ NA

Comment

**66. Is there at least one ward – or part of a ward - in the acute hospital in which orthopaedic services, hospital services for older persons, and the falls service have developed best practice for the care of older persons with fractured hips?**

☐ Yes

☐ No

☐ NA

Comment

**67. At least one general ward in the acute hospital should be developed as a centre of excellence for orthogeriatric practice. Best practice should include attention to: pre operative care, post operative care, rehabilitation, secondary prevention and discharge planning**

**Is there at least one general ward in the acute hospital developed as a centre of excellence for orthogeriatric practice?**

☐ Yes

☐ No

☐ NA

Comment

**68. If YES, does the service provide the following specialist orthogeriatric care:**

	Yes	No	NA
Pre and peri-operative medical care on an orthopaedic ward?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rehabilitation on an orthopaedic ward?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rehabilitation within the care of older persons services in the same hospital?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rehabilitation in intermediate care settings?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Falls prevention?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bone health?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discharge?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

**69. The specialist falls service will be responsible for co-ordinating the assessment and individual care plan for discharge and for ensuring that arrangements for support are in place prior to discharge**

**For older persons who fall and fracture are there mechanisms in place for discharge planning to be carried out by a specialist, multi-disciplinary team within the falls service?**

☐ Yes

☐ No

☐ NA

Comment

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**70. Preventing falls in older persons depends on identifying those most at risk of falling and coordinating appropriate preventative action. Older people who have had fragility fractures should, with their consent be referred to a specialist falls service**

**Are older persons who are seen in fracture clinic routinely screened for:**

	Yes	No	NA
Risk of falling?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History of falls?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Osteoporosis risk?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

**71. Are older persons who are admitted to hospital with a fracture, regardless of what ward or department, routinely screened for:**

	Yes	No	NA
Risk of falling?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History of falls?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Osteoporosis risk?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

**72. Is there a fracture liaison nurse or similar designated person who:**

	Yes	No	NA
Performs a falls and osteoporosis assessment on older persons that have a fragility fracture?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Refers older persons for a falls and osteoporosis assessment that have a fragility fracture?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

## 13. SECTION E. SERVICE SETTINGS

(For completion by Clinical Managers /Quality & Risk /Falls & Bone Health Professionals/ Specialists)

If you need help with completing this survey please contact Irene O'Byrne-Maguire @ 087 6727705 or email: [iobyrnemaguire@ntma.ie](mailto:iobyrnemaguire@ntma.ie)

In this Section use NA (not applicable) where your organisation does not offer the following services.

Questions 1-3 relate to (i) Extended Care/ Residential/ Nursing Home

Questions 4-6 relate to (ii) Inpatients

Questions 7-11 relate to (iii) Emergency Department (ED)

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Questions 12-14 relate to (iv) Outpatients/ Day Unit/ Community

### 73. (i) EXTENDED CARE / RESIDENTIAL / NURSING HOMES ETC:

**Falls in extended care /residential care/ nursing care homes should be recorded on registers such as the National Adverse Event Management System NAEMS (formerly STARSWeb). Critical incident analysis following a fall will develop an awareness and learning culture amongst staff and will ensure that action taken will help reduce future falls.**

**Is there a local mechanism in place to collect centrally, perhaps on a falls register, details of all falls in extended care settings as mentioned above?**

☐ Yes

☐ No

☐ NA

Comment

**74. Does information in falls registers prompt referrals of residents or provide information to the falls service to assist service development?**

☐ Yes

☐ No

☐ NA

Comment

**75. Are there mechanisms for critical incident analysis after a fall?**

☐ Yes

☐ No

☐ NA

Comment

## 76. (ii) INPATIENTS

**Falls in hospital should be recorded on registers such as the National Adverse Event Management System NAEMS (formerly STARSWeb). Critical incident analysis, following a fall will develop an awareness and learning culture amongst staff and will ensure that action taken will minimize future incidents. Preventing falls in older persons depends on identifying those most at risk of falling and coordinating appropriate preventative action. Older persons who fall in hospital should, with their consent, be referred to a specialist falls service.**

### Are there registers to record falls?

☐ Yes ☐ No ☐ NA

Comment

### 77. Are there mechanisms for critical incident analysis?

☐ Yes ☐ No ☐ NA

Comment

### 78. Are older persons who are admitted to hospital routinely screened with a recognized/standardised screening tool for:

	Yes	No	NA
Risk of falls?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History of falls?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Osteoporosis risk?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

## 79. (iii) EMERGENCY DEPARTMENT (ED) / A & E

**Preventing falls in older persons depends on identifying those most at risk of falling and co-ordinating appropriate preventative action. Older persons who attend ED/ A & E having fallen should, with their consent be referred to a specialist falls service**

**Are older persons who attend ED/ Accident and Emergency Departments routinely screened with a recognized/standardised screening tool for:**

	Yes	No	NA
Risk of falls?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History of falls?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Osteoporosis risk?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

**80. Are older persons who fall and attend ED/ A&E assessed by a member of the specialist falls service?**

☐ Yes ☐ No ☐ NA

Comment

**81. If yes to Q.8:**

	Yes	No	NA
Is this a 24 hour service?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are referrals made to appropriate services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

**82. If there is no falls specialist service in your organization, is there any mechanism for addressing this issue with service users whilst in the Emergency Department (ED)/ A&E?**

☐ Yes ☐ No ☐ NA

Comment



**83. For older persons returning home from the Emergency Department / A&E, this initial review can be undertaken either on-site in ED or subsequently on an out-patient, day hospital or domiciliary basis.**

**For those returning home, are there mechanisms for providing an assessment:**

	Yes	No	NA
On site in ED?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As an out patient day-patient?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On a domiciliary basis?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

## 84. (IV) OUTPATIENT / DAY HOSPITAL / COMMUNITY

**Comprehensive specialist assessment, if indicated, will need to take place in outpatient/ day-hospital/ community settings with access to full diagnostic and multidisciplinary facilities. A comprehensive assessment involves a multiprofessional assessment to identify the risk factors for falls and should lead to a multi-factorial intervention tailored to the individual's risk factors as indicated earlier.**

**Are there mechanisms to provide a comprehensive specialist assessment in:**

	Yes	No	NA
An Outpatient setting?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A day hospital setting?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A community setting?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

**85. Older persons attending hospital, exhibiting high risk for osteoporotic fracture but without injury to their bones, should be referred for assessment of bone mineral density. This does not need to be carried out in the Emergency Department/ A&E if the routine screening can be carried out as part of a protocol for subsequent falls and bone health assessment.**

	Yes	No	NA
Are older persons who attend hospital following a fall assessed for osteoporosis risk?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are older persons who attend hospital following a fall and identified as high risk for osteoporosis referred for assessment of bone mineral density?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comment	<input type="text"/>		

**86. If the older person does not need admission to hospital, or referral to intermediate care services, other options are available which offer more than discharge while awaiting review at home by a member of the specialist falls team.**

**Are the following supports available for older persons who have fallen who attend hospital but who do not require admission or intermediate care:**

	Yes	No	NA
Discharge home with a health care professional to assess home risks and provide immediate advice or plan equipment/adaptations?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discharge home accompanied by and with low key support from a voluntary agency or good neighbour scheme?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discharge home with care from statutory agencies?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discharge home with safety or mobility equipment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comment	<input type="text"/>		

## 14. SECTION F. REHABILITATION THERAPY & PREVENTATIVE EDUCATION

(For completion by Allied Health Professionals to include Health Promotion, Nutrition, Physiotherapy, Occupational Therapy, Radiography, Nurse Specialist in falls & bone health).

If you need help with completing this survey please contact Irene O'Byrne-Maguire @ 087 6727705 or email: iobyrnemaguire@ntma.ie

Many older persons will need rehabilitation after a fall whether they have been treated in hospital or remain at home. The aim is to maximize an older person's independence and enable them to carry out their normal activities of daily living and social participation. This should include physiotherapy to improve confidence in mobility. Individually tailored exercise programmes administered by a qualified trained professional can reduce the incidence of subsequent falls in fit older persons or as part of a multiple intervention approach to those at risk.

### 87. Do rehabilitation programs provided by health care professionals provide an individually tailored exercise programme prescribed by a qualified physiotherapist?

☐ Yes

☐ No

Comment

### 88. Do rehabilitation programs provided by health care professionals seek to increase stability during standing, transferring, walking and other functional activities by:

	Yes	No
Balance training?	<input type="radio"/>	<input type="radio"/>
Increasing flexibility?	<input type="radio"/>	<input type="radio"/>
Muscle strengthening?	<input type="radio"/>	<input type="radio"/>
Providing mobility and safety equipment?	<input type="radio"/>	<input type="radio"/>

Comment

### 89. Do rehabilitation programmes for older persons who fall respond in a timely manner within defined referral times for:

	Yes	No
Assessment?	<input type="radio"/>	<input type="radio"/>
Treatment?	<input type="radio"/>	<input type="radio"/>

Comment

## 90. Do the individualised rehabilitation programmes seek to enhance confidence in activities of daily living by:

	Yes	No
Identifying environmental hazards?	<input type="radio"/>	<input type="radio"/>
Assessing the safety of an older person at home?	<input type="radio"/>	<input type="radio"/>
Identifying difficulties with activities of daily living that place the older person at an increased risk of falls?	<input type="radio"/>	<input type="radio"/>
Improving safety of the environment where necessary with equipment, repairs and adaptations with older person's consent?	<input type="radio"/>	<input type="radio"/>
Teaching awareness of falls hazards?	<input type="radio"/>	<input type="radio"/>
Teaching methods of rising from the floor after a fall and summoning help?	<input type="radio"/>	<input type="radio"/>
Establishing a network of community support?	<input type="radio"/>	<input type="radio"/>
Social care support?	<input type="radio"/>	<input type="radio"/>

Comment

## 91. The use of community alarm systems [including pendant and phone-based systems] for persons who have fallen to summon help can increase the security and confidence of older people.

### Are there mechanisms for providing alarms and call systems in?

	Yes	No
Sheltered accommodation?	<input type="radio"/>	<input type="radio"/>
Individual's own homes?	<input type="radio"/>	<input type="radio"/>

Comment

## 92. Osteoporosis may be identified through DXA bone mineral scan and radiographic evidence of vertebral fracture and/or loss of height associated with vertebral fracture.

### Are there locally agreed criteria for the use of DXA scanning and radiology to assess osteoporosis risk in older persons?

☐ Yes ☐ No

Comment

## 2013 Pilot site&nbsp;Audit of Organisation of Falls and Bone Health

### 93. Are there criteria for assessing osteoporosis risk in older persons who have fallen by the use of radiology to identify vertebral fractures?

☐ Yes

☐ No

Comment

### 94. Do older persons at risk of osteoporosis within the specialist falls service or while in hospital receive life style advice for:

	Yes	No
Adequate nutrition especially with regard to calcium and vitamin D?	<input type="radio"/>	<input type="radio"/>
Regular weight bearing exercises?	<input type="radio"/>	<input type="radio"/>
Stopping smoking?	<input type="radio"/>	<input type="radio"/>
Avoiding alcohol or adopting "sensible drinking"?	<input type="radio"/>	<input type="radio"/>

Comment

### 95. Older persons who are frail or housebound or who have previous fragility fractures may benefit from supplements of calcium and vitamin D to help prevent hip fracture

#### Do the following groups of older persons receive Calcium and Vitamin D:

	Yes	No
Frail?	<input type="radio"/>	<input type="radio"/>
Housebound?	<input type="radio"/>	<input type="radio"/>
Those with previous fragility fractures?	<input type="radio"/>	<input type="radio"/>
Those in residential / nursing homes?	<input type="radio"/>	<input type="radio"/>

Comment

## 15. SECTION G. TRAINING AND AUDIT

(For completion by Human Resources/ Training & Development/ Audit Services/ Health Promotion)

If you need help with completing this survey please contact Irene O'Byrne-Maguire @ 087 6727705 or email: [iobyrnemaquire@ntma.ie](mailto:iobyrnemaquire@ntma.ie)

Staff in healthcare settings be they community health, primary or social care settings should be trained to recognise when older persons are at risk of falling and be able to refer them to the falls service for assessment. Assessments

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should identify the risk factors for falls and osteoporosis and offer appropriate interventions.

**96. Do staff in your organisation have training to recognize older persons at risk of falling?**

☐ Yes

☐ No

Comment

**97. Do staff in your organisation have training to appropriately refer older persons at risk of falling?**

☐ Yes

☐ No

Comment

**98. Do staff in your organisation have training to recognize older persons at risk of osteoporosis?**

☐ Yes

☐ No

Comment

**99. Do staff in your organisation have training to appropriately refer older people at risk of osteoporosis?**

☐ Yes

☐ No

Comment

**100. Is there a regular audit programme to assess some aspects of the falls service?**

☐ Yes

☐ No

Comment

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### 101. Patient feedback on service provision will help enhance service.

#### Is there a mechanism to record service users' views of the service:

	Yes	No
Using questionnaires?	<input type="radio"/>	<input type="radio"/>
Using interviews?	<input type="radio"/>	<input type="radio"/>
Comment	<div><div></div><div></div></div>	

### 102. Population Education:

#### Does your service / department engage in any activity to increase awareness of falls, fall prevention and/or osteoporosis risk? (Education programmes, public awareness) etc

☐ Yes ☐ No

Comment

## 16. What next?

Thank you for completing this survey.

You may now wish to Print out your survey responses. Use the Print option under File, remembering that this will only print out the last Section you have completed. To print other Sections you will need to open these Sections one at a time to print, using the Prev button to access.

To Exit the Survey simply click Exit this Survey button located at the top right hand corner of this page.