

## Intended Tool Use

The CEP falls prevention tool is designed to support primary care clinicians and other inter professional team members prevent and manage falls among people aged 65 and older living in the community. Our goal is to help standardize documentation and support primary care providers in integrating falls prevention into practice.

CEP FALLS PREVENTION EMR TOOL USER GUIDE V 1.0



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## Overview

The purpose of the CEP fall prevention tool is to identify contributing risk factors for patients who are at risk for falls and implement individualized multifactorial interventions tailored to each patient's risk factors.

## Setup

#### 1. Import the reminder

In the patient record select **Settings > Edit Reminders > Edit > Import Reminder.** Navigate to where the toolkit files have been downloaded and select the reminder file, click **choose.** 

Reminder criteria is patients 65 and older\*

\*There may be patients who do not meet these criteria who would still be appropriate. Other opportunities for screening include after a hospitalization, after a bone mineral density test, decrease in bone density or diagnosis of osteoporosis, after a significant change in health status (e.g. weight gain or loss, increased frailty, dementia), or after a relevant medication change or addition (CNS medications or hypotensives.) Please reference appendix A for Updating Reminders.

#### 2. Import the forms

In the patient record select **Settings > Edit Custom Forms > File > Import Form(s).** Navigate to where the toolkit files have been downloaded and select the custom form files, click **choose.** 

## **Toolkit Components**

### 1. TOOLBAR

The toolbar is a quick reference to the necessary components of the tool and helps to initiate a falls prevention workflow. It works in conjunction with the reminder to ensure that it is visible only for patients who meet a specific criterion. \*





#### A. Universal Screening Button

Inserts the Universal Screening into the patient chart.

#### B. Last Visit:

References the last time the universal screening was completed. This should be completed yearly. When the screening is overdue the button will change colours.

#### C. CEP Falls Form

Inserts The CEP falls risk factors and interventions form into the chart

D. CEP Falls Action Plan

Inserts the Falls action plan into the chart

\*See reminder criteria

### 2. CEP FALLS UNIVERSAL SCREENING - Custom Form

The universal screening is used to stratify patients based on their risk for falls (low/high) as well as highlights\* specific interventions that can be applied based on the identified risk category.

Universal Screening						
Has the patient experienced a fall in the last year? Does the patient demonstrate issues with gait, mobility or balance?	□Yes ☑No ☑Yes □No					
This can be: • Observed by the provider, supporting staff, family members or care	givers					
<ul> <li>Assessed by asking "Do you feel unsteady when walking, standing stairs? Or do you worry about falling?</li> </ul>	or climbing the					
• Measured using the Timed Up and Go (TUG) testime: never done La	ast done:					
Your patient is at high risk for falls Review the appropriate risk factors based on patient's level of fall risk						

The screening consists of two questions.

1. Has the patient experienced a fall in the last year?



2. Does the patient demonstrate issues with gait, mobility, or balance?

A **yes** to either question indicates that the patient is at high risk for falls. A **no** to both questions indicates that the patient is at low risk for falls.

An alternative clinical assessment (Timed Up and Go\*\*) can also be used to measure risk for falling.

\*Uses a 🏾 🛨 symbol to highlight risk factor categories.

\*\* See appendix B for Timed Up and Go Instructions

### 3. CEP FALLS RISK FACTORS AND INTERVENTIONS - Custom Form

At the core of this form is an **interactive tile index grid.** The grid allows clinicians to select relevant risk factors without subscribing to a specific chronological order. This is intended to support opportunistic use of the tool.



There are 12 sections in the grid with corresponding intervention

- Falls history\*
- Physical activity\*\*
- Nutrition and hydration\*\*
- Medications
- Home safety and accessibility



- Bone health
- Comorbidities
- Postural hypotension
- Mobility
- Visual impairment
- Feet and footwear

Each section can be opened/closed by clicking on the icon. There is also a close button located in the header of each section. Multiple sections can be opened at once. A gray background on the tiled grid will identify open sections. When opening multiple sections, you may have to scroll to see the corresponding "forms"

#### Filling out sections

Sections are comprised of both risk factors **and** interventions. Use the checkboxes to identify factors that pertain to individual patients. Based on selections made, specific interventions will become visible. Checkboxes can be used to indicate items that have been actioned. Blue text indicates a hyperlinked resource.

When selected, the interventions addressed will be associated with the falls action plan. For this reason, it is important to ensure that the checkboxes are used when appropriate.

Social support			Clos	se
Patients lives alone	🗸 Yes	No		
Patient recently experienced a loss (e.g. spouse, family m	iembei 🗌 Yes	V No		
Patient's living arrangement recently changed	🗸 Yes	No		
Patient is a caregiver for another individual	Yes	V No		
Patient faces barriers related to food or housing security	Yes	V No		
Patient reports/shows signs of elder abuse	V Yes	No		
<ul> <li>✓ Connect with a local Seniors Active Living Centre</li> <li>✓ Connect to Elder Abuse Prevention Ontario</li> <li>✓ Provide Senior Support Line (1-866-299-1011)</li> </ul>	e (minimal memb	ership fees)		

\* Only needs to be completed if the patient has had a fall in the past year

\*\* Recommended for patients who are at a low risk for falls



### 4. CEP FALLS ACTION PLAN - Custom Form

The falls action plan is a patient centric handout that details relevant fall prevention information from the patient visit, including: goals set by patient, referrals sent by provider and handouts/resources provided.

In addition to the information gathered from the CEP falls risk factors and intervention form, users have the option of selecting/deselecting resources for the action plan using a guide on the right-hand side of the form. This guide *will not* be included in the printout.

Each section of the action plan has a place for free text. These can be used to document information for the patient that may not be captured in the tool or to add detail and specifics.

Feb 15, 2022	CEP	falls action plan	KW		
Falls action pla	n for:	Kathleen Test	Today's Date: Feb 15, 2022		Clinician/User Instructions: Select the info you want to include in theheckboxes b
Falls are the leading The good news is the are going to work to It will be reviewed at	cause of injury a at most falls can gether to reduce : future appointm	nd death among people be prevented! This actior your risks for falling and ients.	aged 65 and older living in the commu n plan lists how you and your healthc maintain your health and independer	unity. are provi nce.	
I am going to work	on:				
<ul> <li>Gradually increasing m and walking), muscle-str review the Too Fit to Fall</li> </ul>	y physical activity engthening exerci or Fracture hando	, such as aerobic exercise ( se, balance exercise and po ut	(includes housekeeping, gardening, shopp osture awareness. For exercise examples,	oing ⊕	
<ul> <li>Addressing hazards an</li> </ul>	d accessibility issu	ies at my home using the H	ome Safety checklist.		
<ul> <li>Setting up falls alarms</li> </ul>	and/or a medical	alert device (\$25-\$70/mont	th).		
Seniors Active Liv	ng Centre (https:/	/link.cep.health/seniorsacti	veliving)		
My healthcare prov	ider is going to	o refer me to a:			
Home and community	care coordinator				
	141				
Other ways my nea	litincare provid	er is going to support	me:		
Provide a Home Cofet	w Checklist	JUUL			
<ul> <li>Provide a Home Safet</li> </ul>	y Checklist				

## **Contact Us**

We would love to hear any feedback or suggestions you may have on how we can improve this tool to better suit you or your patients' needs. For any feedback/technical support or questions about installing the tool, please contact <u>emrtools@ehealthce.ca</u>



## Appendix

APPENDIX A

### **Editing Reminders**

In the patient record select **Settings > Edit Reminders.** Navigate to the CEP Falls Reminder. Highlight the last line by clicking on it. Select the add line button. In the search criterion select **Demographics > Patient Number > = ,** in the dropdown, write the corresponding patient number.\*

IMPORTANT: Highlight the "and" operator and hit the and <-> or button to change the word to or.

\*The patient number can be found in the upper right-hand corner of the patient record.

Edit				
<pre>P<enter search="" text=""></enter></pre>		Reminder Name: CEP Fall Toolbar Remin	nder	0
Reminders		Age >= 65		
CEP Falls Toolbar	^	or		
CEP Fall Toolbar Reminder		Patient Number = 552		
Chronic Non Cancer Pain CNC.				
Cond_BMD-Osteoporosis Oste				
Cond_BW-Bariatric Surgery M.				
Cond_BW-fatty liver				
Cond_SPEP-Osteoporosis Ost.				
Coumadin Truants				
COVID_19_3rd_dose_Patients				
COVID 19 3rd dose Allergies				
COVID 19 3rd dose antiCD20 .	••			
COVID 19 3rd dose Hematolog				
COVID 19 3rd dose Patients w				
COVID 19 3rd dose Patients w				
COVID 19 at Risk - Age reminde	er			
COVID 19 At Risk - Asthma re	•			
COVID 19 At Risk - Asthma re	•			
COVID 19 at Risk - CAD remind	er			
COVID 19 at Risk - Cancer remi		Delete Line	<b>↑ ↓</b>	Add Line
COVID 19 at Risk - CHF reminde	er			
COVID 19 at Risk - COPD remin		Indent Line ->	and <-> or	<- Outdent Line
COVID 19 at Risk - Diabetes re.				
COVID 19 at Risk - Heal ( Disea	··· v	Comments:		
Show Intervention as Remind	er:	Screen for Pails CEP Pails Prevention		
Show Custom Form or Stamp:		N/A	$\sim$	
Priority: O High (sca	n daily	/)   Medium (reminder repo	ort) O Low (next visit)	◯ Ignore (do not evaluate)
Delete Reminder		Nev	w Reminder	Done



### APPENDIX B

### **Timed Up and Go Instructions**

Purpose: To assess mobility

Equipment: A stopwatch

**Directions:** Patients wear their regular footwear and can use a walking aid if needed. Begin by having the patient sit back in a standard armchair and identify a line 3 meters or 10 feet away on the floor.

#### Instructions to the patient:

When I say "Go," I want you to:

- 1. Stand up from the chair
- 2. Walk to the line on the floor at your normal pace
- 3. Turn
- 4. Walk back to the chair at your normal pace
- 5. Sit down again

On the word "Go" begin timing. Stop timing after patient has sat back down and record. Time in seconds.

An older adult who takes ≥12 seconds to complete the TUG is at high risk for falling.