**RCOT Implementation Toolkit – Audit Form**

**Occupational therapy in the prevention and management of falls in adults – 2nd edition**

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|  | **Audit Form**  This audit tool is to be used in conjunction with the evidence-based practice guideline *Occupational therapy in the prevention and management of falls in adults – second edition* (RCOT 2020).    These evidence-based recommendations are not intended to be taken in isolation and must be considered in conjunction with the contextual information provided in the full guideline, together with the details on the strength and quality of the recommendations.  The recommendations are intended to be used alongside clinical expertise and, as such, the occupational therapist is ultimately responsible for the interpretation of the evidence-based guideline in the context of their specific circumstances and service users.    The full practice guideline together with implementation resources can be found on the Royal College of Occupational Therapists **website: www.rcot.co.uk**    **Reference**  Royal College of Occupational Therapists (2020) *Occupational therapy in the prevention and management of falls in adults: practice guideline. 2nd ed.* London: RCOT. |

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**Recommendations:**

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|  | **Keeping safe at home: reducing risk of falls** | **What is your current practice?**  **How do you evidence this?** | **Comments**  **Action to be taken/by whom and when** |
| 1. | Occupational therapists should carry out with people who have fallen or are at risk of falls an occupational therapist-led home hazard assessment, including intervention and follow-up, to optimise functional activity and safety. |  |  |
| 2. | Occupational therapists should carry out home safety assessment and modification for older people with a visual impairment. |  |  |
| 3. | Occupational therapists should carry out a pre-discharge home assessment to prevent readmission to hospital. |  |  |

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|  | **Keeping safe at home: reducing risk of falls (cont’d)** | **What is your current practice?**  **How do you evidence this?** | **Comments**  **Action to be taken/by whom and when** |
| 4. | Occupational therapists should carry out a post-discharge home assessment to reduce the risk of falls following discharge from an inpatient rehabilitation facility, taking into account the person’s falls risk, functional ability and diagnosis. |  |  |
| 5. | Occupational therapists should offer service users who are living in the community advice, instruction and information on assistive devices as part of a home hazard assessment. |  |  |

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|  | **Keeping active: reducing fear of falling** | **What is your current practice?**  **How do you evidence this?** | **Comments**  **Action to be taken/by whom and when** |
| 6. | Occupational therapists should explore with the person whether fear of falling may be restricting activity, both in and outside the home, and include the promotion of occupational activity within individualised intervention plans. |  |  |

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|  | **Keeping active: reducing fear of falling (cont’d)** | **What is your current practice?**  **How do you evidence this?** | **Comments**  **Action to be taken/by whom and when** |
| 7. | Occupational therapists should listen to an individual’s subjective views about their falls risk, alongside using objective functionally based outcomes, to determine the influence of fear of falling on the person’s daily life. |  |  |
| 8. | Occupational therapists should seek ways of enabling service users to minimise the risk of falling when performing chosen activities, wherever possible, as this may improve confidence and enable realistic risk taking. |  |  |
| 9. | Occupational therapists should facilitate caregivers, family and friends to adopt a positive approach to risk. |  |  |

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|  | **Falls management: making it meaningful** | **What is your current practice?**  **How do you evidence this?** | **Comments**  **Action to be taken/by whom and when** |
| 10. | Occupational therapists should share knowledge and understanding of falls prevention and management strategies with the person. This should provide personally relevant information and take account of the person’s individual fall risk factors, lifestyle and preferences. |  |  |
| 11. | Occupational therapists should take into account the person’s perceptions and beliefs regarding their ability, and personal motivation, which may influence participation in falls intervention. |  |  |
| 12. | Occupational therapists should maximise the extent to which the person feels in control of the falls intervention. |  |  |

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|  | **Falls management: making it meaningful (cont’d)** | **What is your current practice?**  **How do you evidence this?** | **Comments**  **Action to be taken/by whom and when** |
| 13. | Occupational therapists should support the engagement of the person in identifying the positive benefits of falls intervention. |  |  |
| 14. | Occupational therapists should ensure falls prevention and management information are available in different formats and languages to empower and engage all populations (e.g. web-based support, written information leaflets). |  |  |
| 15. | Occupational therapists should encourage and support physical and social activity, as a means of reducing the person’s risk of falls and their adverse consequences, through the use of activities meaningful to the individual. |  |  |

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|  | **Falls management: making it meaningful (cont’d)** | **What is your current practice?**  **How do you evidence this?** | **Comments**  **Action to be taken/by whom and when** |
| 16. | Occupational therapists should deliver targeted strength and balance training that is incorporated into daily activities and occupations that are meaningful to the person, to improve and encourage longer-term participation in falls prevention interventions. |  |  |

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|  | **Occupational therapy intervention: impact and cost-effectiveness** | **What is your current practice?**  **How do you evidence this?** | **Comments**  **Action to be taken/by whom and when** |
| 17. | Occupational therapists should use interventions that have been shown to be cost-effective and have impact. |  |  |