Rehabilitative Care Alliance

FINAL
August 2021

Pathway to rehabilitative care for frail older adults in the community presenting to Emergency Department post-fall and not requiring acute hospitalization

Emergency Department

Older Adult 65+ years

Older adult reports fall(s) or presents immediately following a fall

Definition: A fall is defined as an event which results in a person coming to rest inadvertently on the ground or floor or other lower level.
World Health Organization

Older adults who experience a fall are likely to have multiple conditions and complex health needs. Preventing functional decline and further falls among high risk older adults requires an integrated, coordinated approach to care.

Preliminary Evaluation

2 or more falls in the last year?

N → Difficulties with walking and/or balance?

N → **Community Intervention** (See Below)

Y → Suggest secondary prompt. Example: Have you had a "Near Fall"?

Y → High Risk for Functional Decline

Immediately following a fall:
- ❑ Assess severity of injury
- ❑ Rule out acute medical conditions
- ❑ Injuries may be occult or present atypically

Multifactorial Evaluation

- ❑ Determine risk factors for secondary fall
- ❑ Assess level of frailty: eg. Clinical Frailty Scale (CFS)*
- ❑ Use interdisciplinary team approach. Refer to GEM Nurse, PT, OT, SW, RD as appropriate

Multiple fall risk factors, including:

- ❑ Alcohol Intake
- ❑ Cognition
- ❑ Feet/Foot Wear
- ❑ Hearing
- ❑ Home Hazards
- ❑ Inactivity/sedentary
- ❑ Incontinence
- ❑ Medical History
- ❑ Mobility/Balance
- ❑ Mood
- ❑ Nutrition & Hydration
- ❑ Orthostatic Hypotension
- ❑ Polypharmacy
- ❑ Vestibular Conditions
- ❑ Vision

~All domains are assessed together to inform a comprehensive plan of care

Assessment and Intervention

- Not frail
- eg. CFS 1-3
- Few fall risk factors
- Not medically complex

→ **Community Intervention**

Referrals for rehab services to address risk factors identified

Redirect to Primary Care Practitioner
Consider referral to:
Home & Community Care

Publicly funded rehabilitative care service listing:
www.rehabcareontario.ca

Consider privately funded rehabilitation options

- Mild to moderate frailty, eg. CFS 4-6
- Multiple fall risk factors
- Reasonably mobile
- May be medically/ psychosocially complex

→ **Outpatient Ambulatory/ In Home Care/ Specialized Geriatric Services**

Referrals for rehab services to address risk factors identified

Redirect to Primary Care Practitioner
Consider referrals to:
Home & Community Care
Outpatient Ambulatory Rehabilitative Care Services
Specialized Geriatric Services, if available

Publicly funded rehabilitative care service listing:
www.rehabcareontario.ca

Consider privately funded rehabilitation options

- Mild to moderate frailty, eg. CFS 4-6
- Multiple fall risk factors and/or medically complex
- Requires nursing care and support over and above what can be provided in the local community setting, i.e., no other reasonable means of rehabilitative care

→ **Explore Direct Access to Inpatient Rehabilitative Care**

Explore direct referral to inpatient rehabilitative care services, where available
(wait at home for admission, if safe to do so)

Publicly funded rehabilitative care service listing:
www.rehabcareontario.ca

* 1. Canadian Study on Health & Aging, Revised 2008.
2. K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489-495.

MONITORING & FOLLOW-UP IN PRIMARY CARE: Communicate results of preliminary evaluation and referral pathway to primary care provider.