

## Instructions for completing the fall prevention clinical audit sheets

1. Identify 6 older patients (65 years or over) who may be at **increased risk of falling**, using the iSOLVE decision tool. You may wish to initiate the fall risk screening during one of your consultations with your patient, or provide the *Stay Independent* brochure (patient checklist) for patients to complete and request for the patient to make a separate appointment to discuss fall prevention.
2. Review your patient's answers in the *Stay Independent* brochure and conduct further risk assessment using the iSOLVE GP fall risk assessment. This should be documented on the accompanying audit sheet as initial data.
3. Using the iSOLVE decision tool, develop a tailored fall prevention management plan with your patient and refer to relevant fall prevention service providers in the community. This should be documented on the accompanying audit sheet as initial data. If the patient has a chronic disease, this may be done as part of a GP Management Plan. If the patient was currently undertaking the recommended intervention(s), assess for other fall risk factors that were not addressed and discussed any barriers to reinforce uptake of the recommended intervention(s).
4. Review patient's fall risk, progress and uptake of fall prevention recommendation and barriers for uptake in 3-6 months. This should be documented (as patient outcome) on the accompanying audit sheet. You may wish to update their management plan, and/or re-assess patient's fall risk using the *Stay Independent* brochure and/or GP fall risk assessment if required.
5. Submit the following audit sheets (6 required – one per patient audited) and reflect on your practice after completing the activity by completing the RACGP clinical audit self-report form. Please refer to the following suggested prompts when reflecting:
  - a. What were the key features during the consultation(s) with your patients where fall prevention was discussed?
    - i. What were you thinking or feeling?
    - ii. How did your patient feel about it?
    - iii. What were you trying to achieve in the consultation(s)?
  - b. What aspects of the consultation(s) do you feel you did well and why?
  - c. What aspects of the consultation(s) could/would you do differently and why?
  - d. How did your knowledge and experience in fall prevention help in the context of the consultation(s)? Was your current knowledge and experience in fall prevention used to the full – why or why not?
  - e. How can you use what you have learnt from these reflections in your future practice?