



Western Australian Post Fall Guidelines

Allied Health

Interprofessional Model of Practice Guideline

Preamble: This guideline has been heavily adapted from Fiona Stanley Hospital Transprofessional Model of Practice Service Guidelines to suit as many hospital areas as possible. It is highly recommended that discussion with the developers of this model takes place when considering adopting this practice and the guidelines approved by local governing committee for falls management.

A detailed learning and assessment plan is in [Appendix A](#).

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Any use of this guideline please ensure Fiona Stanley Hospital, South Metropolitan Health Service, Perth, WA is fully acknowledged.

1. Introduction

The Interprofessional Model of Practice is based on the following principles:

- Provision of interprofessional team-based care to deliver an efficient, coordinated service to patients.
- Promotion of an efficient, safe, and effective service that is informed by evidence-based research and best practice principles.
- Provision of assessment and intervention for patients to ensure safe and timely discharge from the hospital and prevention of clinical deterioration prior to admission.

2. Governance/ responsibilities

- Allied Health professionals are managed by their relevant professional department.
- Departments will work collaboratively together to provide staff with the relevant training to work competently in an Interprofessional Model of Practice.
- Professional departments are responsible for ensuring this training for staff.

3. Service Delivery

3.1. Scope of the Interprofessional Model of Practice

- Occupational Therapists and Physiotherapists may use the Interprofessional Model of Practice (IMP).



3.1.1 Clinical skills

- The IMP model extends the clinical competency of Occupational Therapists and Physiotherapists to integrate core clinical tasks traditionally practiced by each other's professions.
- Staff working interprofessionally will be able to independently perform all these tasks to streamline the patient journey and provide timely definitive care.
- Patients requiring assessment or intervention beyond this list should be referred to the relevant profession as is usual care.

Skills
Perform mobility screen (including balance assessment).
Issue appropriate mobility equipment.
Perform Delirium screening basic cognitive screening including 4AT, orientation and immediate and delayed recall.
Complete a functional screen and issue appropriate home equipment <ul style="list-style-type: none"> • Shower chair, shower stools, toilet seat raisers, over toilet frames, high back chairs, utility chairs.
Demonstrate understanding of medical stability required for mobilisation (including observations and basic investigations).
Complete an interprofessional practice post fall review (se ISOBAR).
Apply prefabricated splints and braces for upper and lower limbs.
Apply prescribed spinal braces and provide appropriate patient information and training.

3.1.2 Clinical presentations

Different clinical presentations are better suited to an IMP, and others will require the specialist input from each profession. Decision making should be based on clinical reasoning and experience. If patients are not appropriate to be only seen in a IMP, staff should refer to the relevant profession as indicated/ usual practice.

Patients with the following clinical presentations would not be considered appropriate to be only seen in an IMP
<ul style="list-style-type: none"> • Patients < 65 years old



- Any patients requiring rehabilitation, including ICU acquired-weakness, post-stroke
- Head Injury
- Stroke/ TIA/ Brain Mets
- Pressure injuries
- Respiratory conditions (e.g., pneumonia, exacerbation of COPD, O2 requirement over 2L/min unless is baseline for patient)
- Vestibular impairment
- Presenting complaint as new cognitive impairment or delirium
- Eating Disorder patients.

3.1.3 Screening and Allocation of patients

Patients should be allocated to the most appropriate discipline where possible, for example a mobile patient with delirium would be more appropriate to be allocated to an Occupational Therapist, whereas a patient on oxygen would be more appropriate to be allocated to a Physiotherapist.

The below table is for use to guide screening and patient allocation.

Diagnosis	PT	OT	Either
Fall			✓
Fall with head-strike		✓	
Presenting complaint as a change in cognition/ delirium		✓	
Encephalitis / TGA		✓	
O2 > 2L	✓		✓
Weaning NP O2	✓		
Stroke/TIA /neuro deficits	✓	✓	
Pressure injuries		✓	
Back pain	✓		
Post-PPM (education)	✓		
Upper Limb fractures		✓	
Wheelchair prescription		✓	
Vestibular assessment	✓		
New brain metastases	✓	✓	
Patients from Residential Care			
• Fall			✓
• Stroke	✓	✓	
• Pneumonia	Monitor		



4. Education and Training

Education and training must be available to support upskilling to the above skills. This may be delivered by:

- Online learning.
- Practical sessions with competency-based assessments, completed as a once-off only.
- Online modules must be completed prior to attending a practical session.

4.1. Maintenance of skills

- Online modules should be completed annually as a refresher by all staff.
- Staff may request to reattend the next practical session as a refresher as required.

5. Compliance/Performance Monitoring

Completion of orientation/ training and performance will be monitored by usual professional governance processes (e.g., clinical supervision, performance reviews).

- Completed competencies should be kept by the education team for record keeping.

6. Documentation

- Staff completing interprofessional assessments must ensure discipline specific goals are documented in the 'review' section of ISOBARs, /or medical record.

7. Related Standards

- Comprehensive Care: Action 5.4 Designing Systems to deliver comprehensive care
- Comprehensive Care: Action 5.11: Clinicians comprehensively assess the conditions and risks identified through the screening process.



Appendix A: Learning and Assessment Plan

Competency	Learning Outcomes	Learning Activities and Resources	Assessment Method
<p>Perform mobility screen (including balance assessment)</p> <p>Occupational Therapists to complete</p>	<p>Undertake a safe and effective mobility review</p> <p>Accurately interpret the outcome of a mobility review</p> <p>Identify musculoskeletal considerations</p> <p>Identify when it is appropriate to perform a balance screen</p> <p>Demonstrate a safe and effective balance screen</p> <p>Accurately interpret a balance screen</p>	<p>Local specific education</p> <p>Practical session</p>	<p>Knowledge tested via locally developed quiz (annual completion)</p> <p>Practical application of knowledge and skills assessed via observation by Senior Physiotherapist (once off or on request as required)</p>
<p>Issue appropriate mobility equipment</p> <p>Occupational Therapists to complete</p>	<p>Identify appropriate walking aids for patients' needs</p> <p>Correctly measure the height of walking aids</p> <p>Assess whether a walking aid is safe for use</p> <p>Instruct a patient in the safe use of their walking aid</p> <p>Effectively teach a patient to mobilise with their walking aid, including moving from sitting to standing; walking; and going up and down stairs.</p>	<p>Local specific education</p> <p>Practical session</p>	<p>Knowledge tested via locally developed quiz (annual completion)</p> <p>Practical application of knowledge and skills assessed via observation by Senior Physiotherapist (once off or on request as required)</p>
<p>Perform delirium screening test (4AT)</p> <p>Physiotherapists to complete</p>	<p>Identify when a patient requires a cognitive screen</p> <p>Complete a basic cognitive screen with a patient including orientation, immediate and short-term recall and 4AT</p> <p>Identify potential delirium and cognitive impairment</p> <p>Identify when to refer the patient to Occupational Therapy</p>	<p>Local specific education</p>	<p>Knowledge tested via locally developed quiz (annual completion)</p> <p>Practical application of knowledge and skills assessed via observation by Senior Occupational Therapist (once off or on request as required)</p>



Competency	Learning Outcomes	Learning Activities and Resources	Assessment Method
<p>Complete a functional screen and issue appropriate home equipment</p> <p>Physiotherapists to complete</p>	<p>Complete a basic functional assessment</p> <p>Identify indications for home equipment that can be prescribed as part of IMP</p> <p>Safely prescribe correct equipment to meet a patient's needs</p> <p>Identify when to refer to OT colleagues for further assessment</p>	<p>Local specific education</p> <p>Practical session</p>	<p>Knowledge tested via locally developed quiz (annual completion)</p>
<p>Demonstrate understanding of medical stability required for mobilisation (including observations and basic investigations)</p> <p>Occupational Therapists to complete</p>	<p>Identify the normal range for routine patient observations</p> <p>Understand the implications of standard blood tests for mobilising patients</p> <p>Compare different modes of oxygen delivery</p> <p>Use a pulse oximeter to monitor oxygen saturations</p>	<p>Local specific education</p> <p>Practical session</p>	<p>Knowledge tested via locally developed quiz (annual completion)</p> <p>Practical application of knowledge and skills assessed via observation by Senior Physiotherapist (once off or on request as required)</p>
<p>Complete an interprofessional post fall review</p> <p>Both Occupational Therapists & Physiotherapists</p>	<p>Perform an interprofessional assessment for a patient post-fall</p> <p>Identify appropriate interventions</p> <p>Effectively document the outcomes of your assessment</p>	<p>Local specific education</p> <p>Practical session</p> <p>IMP documentation lanyard</p>	<p>Knowledge tested via locally developed quiz (annual completion)</p>



Competency	Learning Outcomes	Learning Activities and Resources	Assessment Method
<p>Apply prescribed spinal braces and provide appropriate patient information and training</p> <p>Occupational Therapists & Physiotherapists to complete</p>	<p>Describe methods of donning and doffing commonly used spinal braces including:</p> <ul style="list-style-type: none"> - Philadelphia collar - short Aspen collar - long Aspen collar - short Miami J - long Miami J - Jewett brace <p>Provide effective education to patients about how to don and doff the brace and complete activity of daily living.</p>	<p>Local specific education</p> <p>Practical session</p>	<p>Knowledge tested via locally developed quiz (annual completion)</p> <p>Practical session run by Occupational Therapists & Physiotherapists (once off or on request as required)</p>
<p>Apply basic prefabricated splints and slings</p> <p>All Occupational Therapists & Physiotherapists to complete</p>	<p>Identify indications and precautions for issuing pre-fab splints and supports including:</p> <ul style="list-style-type: none"> - Wrist gauntlet - Thumb spica - Collar and cuff - Broad arm sling - Darco shoe - Cam-boot - Richard's splint <p>Determine when to refer on to colleagues for further assessment.</p>	<p>Local specific education</p> <p>Practical Session</p>	<p>Knowledge tested via locally developed quiz (annual completion)</p>