OTIS WeHSA Documentation Checklist

Date of Documentation Review:	Day Month Year
Reviewer:	NameComp
WeHSA Assessor (OT):	Assessor
Participant Number:	ParticipantID
Geographic Location:	Location

Environmental Assessment and Modification Documentation Checklist based on best practice and the person / environment / occupation conceptual framework for occupational therapy practice.

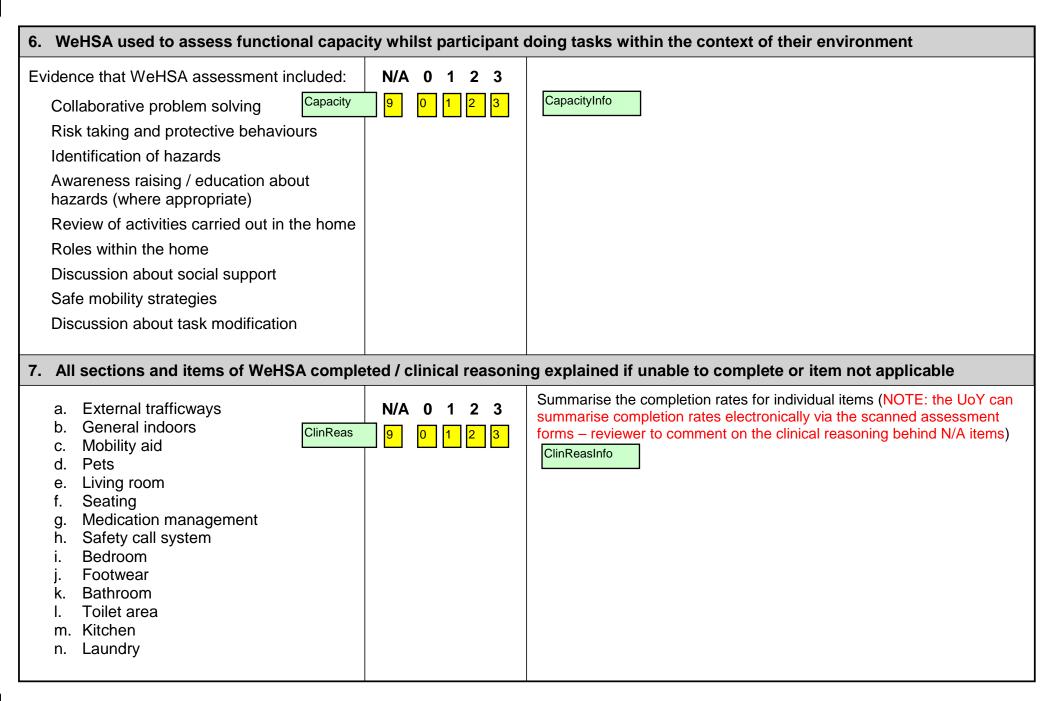
The assessment must meet the following criteria to be deemed comprehensive:

- 1. Comprehensive process of hazard identification and priority setting taken place, taking into account personal risk and environmental audit
- 2. An assessment tool used, which has been validated for the broad range of potential fall hazards
- 3. Involve a formal, observational evaluation of functional capacity (e.g. physical capacity, behaviour, functional vision, habits) of the person within the context of their environment
- 4. Adequate follow-up planned by the health professional and support identified for adaptations and modifications
- 5. Include active involvement of the older person in the assessment and priority setting

OTIS Documentation Checklist

KEY: N/A= Not Applicable; 0=Not documented; 1=Documented-some elements included; 2=Documented-most elements included; 3=Documented-all elements included

KEY ELEMENT	RATING	COMMENTS		
1. Discussed history and risk of falls with participant, if possible, otherwise with family / carer				
Evidence that history of falls / falls risk were discussed: Nature of falls sustained Participant's perception of cause Fear of falling Lifestyle / risk taking behaviour Activities participant engages in Patterns of usage of the home Existing strategies to reduce risk Participant's perception of risk	N/A 0 1 2 3 9 0 1 2 3	HistoryInfo		
2. Assessed functional vision				
Functional vision assessment completed Vision	N/A 0 1 2 3 9 0 1 2 3	VisionInfo		
3. Assessed functional cognition				
Evidence that functional cognition assessed 4. Assessed functional balance	N/A 0 1 2 3	CognitInfo		
Functional balance assessment completed Balance 5. Assessed functional mobility (TUG)	N/A 0 1 2 3	BalanceInfo		
TUG completed and score recorded	N/A 0 1 2 3	TUGInfo		



8. Participant engaged in identifying hazard	s			
Evidence that the OT engaged the participant in identifying hazards and falls risks Hazards	N/A 0 1 2 3 9 0 1 2 3	HazardsInfo		
9. Participant engaged in devising possible	solutions to minimise	e identified hazards		
Evidence that the OT engaged the participant in problem solving and deriving solutio Solutions Evidence that barriers to change were identified and discussed, if relevant	N/A 0 1 2 3 9 0 1 2 3	SolutionsInfo		
10. List of mutually agreed recommendations prioritised by participant				
Were the recommendations made based on the information gathered? Is there evidence that the OT engaged the participant in prioritising the recommendations? Were the recommendations in line with what would be expected in view of the risks and hazards identified?	N/A 0 1 2 3 9 0 1 2 3	Recomminfo		
11. Action plan left with participant				
Was an action plan completed? Was a copy of the action plan given to ActPlan participant, or was a plan made to do so?	N/A 0 1 2 3 9 0 1 2 3	ActPlanInfo		
12. Adequate follow-up planned and support identified for adaptations and modifications				
Was a follow-up plan made? Was there evidence that support for FUp adaptations and modifications was discussed, if applicable?	N/A 0 1 2 3 9 0 1 2 3	FUpInfo		

Overall score calculate the mean (add the scores together for each completed element - i.e., all for which N/A is not recorded - and divide by number of completed items): TotalScore
Reviewer's comments:
What did the assessor do well?
ObsComments1
What, if anything, could have been done better?
ObsComments2
Other comments
OthComments