

# OTIS WeHSA Observational Checklist

Form completed by:  NameComp

Date of Observation:  /  /  DateComp  
*Day Month Year*

Observer:  Observer

WeHSA Assessor (OT):  Assessor

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 Observational Checklist

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

KEY ELEMENT	RATING	COMMENTS
<b>1. Discussed history and risk of falls with participant, if possible, otherwise with family / carer</b>		
History of falls/ falls risk:	<b>N/A 0 1 2 3</b>	
Nature of falls sustained	<div style="display: flex; justify-content: space-around; align-items: center;"> <span style="border: 1px solid black; padding: 2px;">9</span> <span style="border: 1px solid black; padding: 2px;">0</span> <span style="border: 1px solid black; padding: 2px;">1</span> <span style="border: 1px solid black; padding: 2px;">2</span> <span style="border: 1px solid black; padding: 2px;">3</span> </div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">HistoryInfo</div>
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		
<b>2. Assessed functional vision</b>		
Functional vision assessment completed	<b>N/A 0 1 2 3</b>	
	<div style="display: flex; justify-content: space-around; align-items: center;"> <span style="border: 1px solid black; padding: 2px;">9</span> <span style="border: 1px solid black; padding: 2px;">0</span> <span style="border: 1px solid black; padding: 2px;">1</span> <span style="border: 1px solid black; padding: 2px;">2</span> <span style="border: 1px solid black; padding: 2px;">3</span> </div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">VisionInfo</div>
<b>3. Assessed functional cognition</b>		
Functional cognition assessed (ascertained via discussion with OT post assessment)	<b>N/A 0 1 2 3</b>	
	<div style="display: flex; justify-content: space-around; align-items: center;"> <span style="border: 1px solid black; padding: 2px;">9</span> <span style="border: 1px solid black; padding: 2px;">0</span> <span style="border: 1px solid black; padding: 2px;">1</span> <span style="border: 1px solid black; padding: 2px;">2</span> <span style="border: 1px solid black; padding: 2px;">3</span> </div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">CognitInfo</div>
<b>4. Assessed functional balance</b>		
Functional balance assessment completed	<b>N/A 0 1 2 3</b>	
	<div style="display: flex; justify-content: space-around; align-items: center;"> <span style="border: 1px solid black; padding: 2px;">9</span> <span style="border: 1px solid black; padding: 2px;">0</span> <span style="border: 1px solid black; padding: 2px;">1</span> <span style="border: 1px solid black; padding: 2px;">2</span> <span style="border: 1px solid black; padding: 2px;">3</span> </div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">BalanceInfo</div>
<b>5. Assessed functional mobility (TUG)</b>		
TUG completed and score recorded	<b>N/A 0 1 2 3</b>	
	<div style="display: flex; justify-content: space-around; align-items: center;"> <span style="border: 1px solid black; padding: 2px;">9</span> <span style="border: 1px solid black; padding: 2px;">0</span> <span style="border: 1px solid black; padding: 2px;">1</span> <span style="border: 1px solid black; padding: 2px;">2</span> <span style="border: 1px solid black; padding: 2px;">3</span> </div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">TUGInfo</div>

**6. WeHSA used to assess functional capacity whilst participant doing tasks within the context of their environment**

WeHSA assessment included:	N/A	0	1	2	3		
Collaborative problem solving	Capacity	9	0	1	2	3	CapacityInfo
Risk taking and protective behaviours							
Identification of hazards							
Awareness raising / education about hazards (where appropriate)							
Review of activities carried out in the home							
Roles within the home							
Discussion about social support							
Safe mobility strategies							
Discussion about task modification							

**7. All sections and items of WeHSA completed / clinical reasoning explained if unable to complete or item not applicable**

	N/A	0	1	2	3		
a. External trafficways	ClinReas	9	0	1	2	3	ClinReasInfo
b. General indoors							
c. Mobility aid							
d. Pets							
e. Living room							
f. Seating							
g. Medication management							
h. Safety call system							
i. Bedroom							
j. Footwear							
k. Bathroom							
l. Toilet area							
m. Kitchen							
n. Laundry							

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

**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

- At the end of the assessment ask the assessor in private "were there any elements of the assessment process or tool that you chose to exclude? And, if so, what was your clinical reasoning behind excluding these items?" (use response to determine whether to mark excluded elements as "N/A" if the clinical reasoning was justified or "omitted" if you believe that the element should have been included in the assessment or was not considered).

List the elements excluded and the underpinning clinical reasoning for each:

ElementsInfo

- Observer's comments:

What did the assessor do well?

ObsComments1

What, if anything, could have been done better?

ObsComments2

Other comments ...

OthComments