

Welcome to the

AgILE PROGRAMME

Aging for Independent Living in East Berkshire

East Berkshire Integrated Falls Pathway Briefing Pack

Jan 2007

www.bhps.org.uk/falls





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Foreword

A joint introduction by the Locality Falls Leads for the AgILE Programme

Dear Colleague,

AgILE aims to reduce the incidence and severity of falls and falling by establishing an integrated falls care pathway in East Berkshire.

AgILE will run from June 06 to June 08.

A fall is a serious event for an older person. Falls can mean loss of treasured independence, mobility and autonomy and premature death. We have the knowledge to reduce the incidence and severity of falling.

Together we can make things better.

Use this information pack in day to day activities with older people and you will see improvements.

We shall continue to support you through the AgILE programme by:

- Organising local study days and conferences
- Supplying updates and advice
- Reporting results of monitoring and evaluation exercises

If you have questions or concerns, contact us via telephone or email:

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Core Contents List

1. General information about the falls service - Core

- The Agile Programme
- Aging for Independent Living in East Berks
- National Guidelines for falls prevention
- The East Berkshire Integrated Falls Service Model
- Useful Contact Telephone Numbers List

2. Referral forms - Core

- Bracknell Forest Falls Clinic/ ICT Referral Form
- Slough Falls Clinic/ ICT Referral form
- Windsor, Ascot and Maidenhead Falls clinic/ ICT Referral Form

3. Patient/ service user information - Core

- “I have had a Fall” - How to get up
- Leaflet “Healthy Bones”
- Leaflet “Staying Steady”

4. Assessment tools – Depending on setting – Not core

- Basic Falls Risk Assessment Tool (FRAT Tool)
- Adapted Black Fracture index
- The Falls Care Pathway for Primary Care

The "AGILE" Programme

(Ageing for Independent Living in East Berkshire)
to implement

An Integrated Falls Service for East Berkshire

Aims of the Integrated Falls Service:

1. Reduce the numbers of falls, fractures and other injuries
2. Promote effective treatment and rehabilitation for those who have fallen
3. Reduce the number of admissions to hospital and long term residential care
4. Maintain well-being and independence among older people in East Berkshire
5. Maintain and extend mobility into later life

What is it?

The service provided by health, social services, the voluntary and independent sector for older people who experience falls and/ or fragility fractures

Underlying Principles of the Service:

1. The service must focus on keeping people well, maximising their independence and skills
2. Early identification and pro-active support of those at risk is important as many falls and fractures are preventable!
3. Falls and fractures are everybody's business: we all have a role to play in identifying and assessing a person at risk and reducing that risk. Do what you can within your setting and professional capabilities before referring on to eg a Falls Clinic or Intermediate Care Team.
4. The promotion of evidence based practice.

List of Members

Berkshire East PCT
Slough Borough Council
Bracknell Borough Council,
Windsor, Ascot and Maidenhead Borough Council
Age Concern,
The Care Homes Association

What is the East Berkshire Integrated Falls Service?

"A co-ordinated, whole system approach to the care and treatment provision, including public engagement, focusing on the incidence and risk reduction, of and from, Falls. It is characterised by common purpose and uses common assessments, language and resources incorporating the following partners: Heatherwood and Wexham Park Hospitals, Berkshire East (NHS) PCT , the voluntary and commercial care sectors, and Bracknell, Slough, and Windsor and Maidenhead Local Authorities "

Our Goals

To maintain the independence and autonomy of older people by the prevention of Falls and the minimization of injury from Falls

National Guidelines for Falls Prevention

National Service Framework for Older People Standard Six: Falls

- The NHS, working in partnership with councils, takes action to prevent falls and reduce resultant fractures or other injuries in their populations of older people
- Older people who have fallen receive effective treatment and rehabilitation and, with their carers, receive advice on prevention through a specialised falls service.
- Prevention, Diagnosis, Management., Rehabilitation and longer term support

NICE Guidelines 2004 Falls: the assessment and prevention of falls in older people

Case/risk identification

- Older people in contact with healthcare professionals should be asked routinely whether they have fallen in the past year and asked about the frequency, context and characteristics of the fall.
- Older people reporting a fall or considered at risk of falling should be observed for balance and gait deficits and considered for their ability to benefit from interventions to improve strength and balance.

Multifactorial falls risk assessment

Older people who present for medical attention because of a fall, or report recurrent falls in the past year, or demonstrate abnormalities of gait and/or balance should be offered a multifactorial falls risk assessment.

Multifactorial interventions.

- strength and balance training
- home hazard assessment and intervention
- vision assessment and referral
- medication review with modification/withdrawal

Encouraging the participation of older people in falls prevention programmes including education and information giving

- Individuals at risk of falling, and their carers, should be offered information orally and in writing about what measures they can take to prevent further falls.

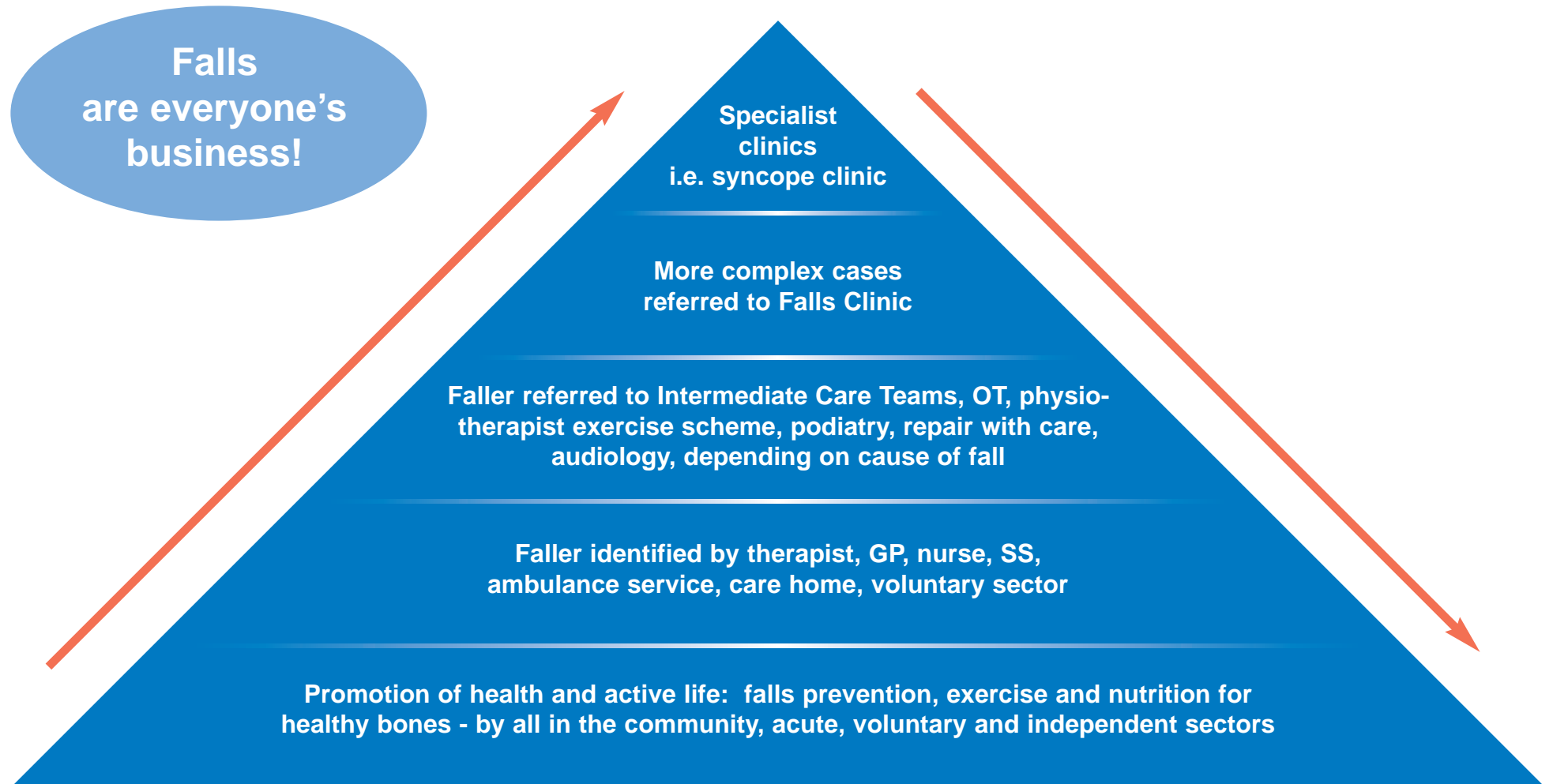
Professional education

- All healthcare professionals dealing with patients known to be at risk of falling should develop and maintain basic professional competence in falls assessment and prevention.

A New Ambition for Old Age: Next Steps in Implementing the NSF Older People 2006

- Extend council, PCT and voluntary sector initiatives to improve exercise, balance, medicines management, environment and footwear
- Improve emergency response to falls with a key role for emergency care practitioners
- Every economy to have access to a falls assessment service
- To increase capacity in osteoporosis services in DXA scanning for bone density
- To improve rehabilitation services for people who have lost functional ability or confidence after a fall.

East Berkshire Integrated Falls Service Model



Some Useful Telephone Numbers

Contact	Telephone	Service provided
Falls Clinic Bracknell Forest Great Hollands Health Centre	01344-351450	Multi-factorial assessment and rehabilitation
Falls Clinic Slough Upton Day hospital Slough	01753-635354	Multi-factorial assessment and rehabilitation
Falls Clinic WAM St Mark's Day Hospital	01753-638530	Multi-factorial assessment and rehabilitation
Intermediate Care Team Bracknell	01344-351450	Assessment and rehabilitation (when falls due to environmental and/ or mobility problems only)
Intermediate Care Team Slough	01753-527252	Assessment and rehabilitation (when falls due to environmental and/ or mobility problems only)
Intermediate Care Team WAM	01628-683573	Assessment and rehabilitation (when falls due to environmental and/ or mobility problems only)
Falls Co-ordinator	01753-636500	Information about falls and fracture prevention services in East Berks
Repair with Care RBWM	01628-545000	Repairs and small adaptations in the home
Bracknell Age Concern Handyman Scheme	0118-9594242	Repairs and small adaptations in the home
Slough Age Concern Handyperson Service	01753-822890	Repairs and small adaptations in the home
ExerciseBracknell		
Exercise Slough		
Exercise for over 50's, 60's, 70's, 80's WAM (SMILE)	01753-842194	Exercise at different levels of ability, also home programme
Berkshire Health Promotion Service		

Assessment of falls risk in older people (Side 1)

(Falls Risk Assessment Tool-FRAT)

Multi - professional guidance for use
by the primary health care team, hospital staff, care home staff and social care workers

This guidance has been derived from longitudinal studies of factors predicting falls in older people and randomised controlled trials that have shown a reduction in the risk of falling. (adapted for local use but originally designed by Queen Mary College, University of London)

By falling we mean '**a sudden unintentional change in position causing one to land on a lower level.**'

Notes for users:

- 1) Complete assessment form below. The more positive factors, the higher the risk for falling.
- 2) If there is a **positive response to three or more of the questions on the form, then please see over** for guidance for further assessment, referral options and interventions for certain risk factors.
- 3) Some users of the guidance may feel able to undertake further assessment and appropriate interventions at the time of the assessment.
- 4) Consider which referral would be most appropriate given the patient's needs and local resources.

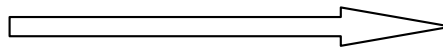
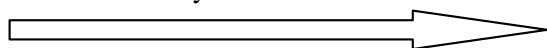
Name _____

Date of Birth _____

		YES	NO
1	Is there a history of any fall in the previous year? How assessed? Ask the person.		
2	Is the patient / client on four or more medications per day? How assessed? Identify number of prescribed medications.		
3	Does the patient / client have a diagnosis of stroke or Parkinson's Disease? How assessed? Ask the person.		
4	Does the patient / client report any problems with his/her balance? How assessed? Ask the person.		
5	Is the patient/client unable to rise from a chair of knee height? How assessed? Ask the person to stand up from a chair of knee height without using their arms.		

Suggestions for further assessment, referral options and interventions

Assessment by nurse or doctor



Risk factor present	Further assessment	Referral Options	Interventions
1) History of falling in the previous year	<ul style="list-style-type: none"> ◆ Review incident(s), identifying precipitating factors. 	<ul style="list-style-type: none"> ◆ Occupational Therapy ◆ Physiotherapy ◆ Falls Clinic/ICT (1) 	<ul style="list-style-type: none"> ◆ Discuss fear of falling and realistic preventative measures.
2) Four or more medications per day	<ul style="list-style-type: none"> ◆ Identify types of medication prescribed. ◆ Ask about symptoms of dizziness. 	<ul style="list-style-type: none"> ◆ General Practitioner ◆ Falls Clinic 	<ul style="list-style-type: none"> ◆ Review medications, particularly sleeping tablets (see www.bhps.org.uk/falls for more information on medication and falls) ◆ Discuss changes in sleep patterns normal with ageing, and sleep promoting behavioural techniques.
3) Balance and gait problems	<ul style="list-style-type: none"> ◆ Can they talk while walking? (2) ◆ Do they sway significantly on standing?(3) ◆ Can they stand on one leg?² ◆ Do basic balance test as in falls service information pack 	<ul style="list-style-type: none"> ◆ Occupational Therapy ◆ Physiotherapy ◆ Falls Clinic/ICT 	<ul style="list-style-type: none"> ◆ Teach about risk. And how to manoeuvre safely, effectively and efficiently. ◆ Physiotherapy evaluation for range of movement, strength, balance and/or gait exercises. ◆ Transfer exercises. ◆ Evaluate for assistive devices. ◆ Consider environmental modifications (a) to compensate for disability and to maximise safety, (b) so that daily activities do not require stooping or reaching overhead.
4) Postural hypotension (low blood pressure)	<p>Two readings taken</p> <ol style="list-style-type: none"> 1. After rest five minutes supine 2. 1 minutes later standing <p>Drop in systolic BP \geq 20mmHg and or drop in diastolic \geq 10mmHg or more</p>	<ul style="list-style-type: none"> ◆ District Nurse ◆ Practice nurse ◆ General Practitioner ◆ Falls Clinic 	<ul style="list-style-type: none"> ◆ Consider raising head of bed if severe. ◆ Review medications. ◆ Teach to stabilise self after changing position and before walking.

1. Consider Falls Clinic/ Intermediate Care Referral Form
2. While the patient is walking ask them a question but keep walking while you do so. If the patient stops walking either immediately or as soon as they start to answer, they are at higher risk of falling.
3. The patient stands between the assessor and the examination couch (or something they can safely hold on to). First assess if the person sways significantly (raises arms or compensates foot placement) while standing freely. Then ask the person to take their weight on to one leg and try to lift the other foot off the floor by about an inch (allow a few practice attempts).

Adapted “Black Fracture Index”

(to be used for men and women as a more suitable tool is as yet not available)

		Point Value
1	What is your current age? Less than 65 65-69 70-74 75-79 80-84 85 or older	0 1 2 3 4 5
2	Have you broken any bones after age 50? Yes No	1 0
3	Has your mother had a hip fracture after age 50? Yes No	1 0
4	Do you weigh 125 pounds or less? Yes No	1 0
5	Are you currently a smoker? Yes No	1 0
6	Do you usually need to use your arms to assist yourself in standing up from a chair? Yes No	2 0
Total		

Score:

Low Risk = 0-3

Medium Risk = 4-6

High Risk = 7 and above

(from “An Assessment Tool for Predicting Fracture Risk in Postmenopausal Women by Black DM, Steinbuch M, Palermo I, Dargent-Molina P, Lindsay R, Hoseyni MS and Johnell O. *Osteoporosis International* 2001 12:519-528)

BRACKNELL FOREST INTEGRATED INTERMEDIATE CARE SERVICES

Tel: 01344 351450

Fax: 01344 351441

REFERRAL FORM

Name: DoB:

Address:

..... Postcode..... Tel No:

Ethnicity: Religion.....

Language / Communication needs:

Next of Kin: Relationship:..... Tel No:

G.P.: Surgery:

Surgery Tel No: DN:

Consultant:

Hospital: Ward: Tel No:

Social Situation: Lives Alone? Yes No

Any Care Support prior to this referral? Yes No

Details:

PURPOSE OF REFERRAL (Please tick all that apply):

To Prevent Hospital Admission? To Maximise Independence? To Facilitate Discharge?

To Prevent Increased Care?

REASON FOR REFERRAL (Please give background and specify what input is requested from Intermediate Care Services i.e. rehab, end of life support, prevent hospital admission etc):

Is client aware of this referral? Yes No Are they in agreement? Yes No

Name: DoB:

MEDICAL INFORMATION

Current Condition:
.....
.....
.....

Past / relevant Medical History:
.....
.....

Recent Fall: Yes No

Date of Admission / onset: ___/___/___ Date of Surgery, where appropriate: ___/___/___

Medication:
.....
.....
.....

* If referred person cannot self medicate, what is the proposed method of administration?
.....
.....

Referred by: Tel. No:

Designation: Date:

Name:

DoB:

NURSING REPORT Include psychological needs, family and social support, and ADL assessment.

Maintaining a Safe Environment:

Breathing/Cardiac Function:

Eating & Drinking:

Mobilising:

Eliminating:

Working & playing:

Communicating:

Maintaining body temperature:

Maintaining sexuality:

Personal cleansing & dressing:

Dying:

Sleep & rest:

Other referrals made, eg District Nursing

Name Designation

Contact Tel No. Date

PHYSIOTHERAPY & OCCUPATIONAL THERAPY REPORTS

Please attach Physiotherapy and Occupational Therapy Reports in hospital's own format.

EQUIPMENT REQUIRED FOR DISCHARGE Please list essential equipment required (include optimal height for client, if appropriate) :

**Referral Form for Falls Assessment Clinic or
Intermediate Care Teams Slough**

<u>Client details</u> Name: _____ DOB: _____ Address: _____ Telephone no: _____	<u>Other contact:</u> Name: _____ Telephone no: _____
<u>GP details:</u> Name: _____ Address: _____ Telephone No: _____	<u>Medical History:</u> Patient agreed to referral? Yes/ No Falls clinic explained to patient? Yes/ No
<u>Social History:</u> Any other services? _____	<u>English first language:</u> Yes/ No Any safety considerations? _____

Referral Routine/ Soon/ Urgent (please circle)

Brief description of Falls (eg indoors/ outdoors, possible cause etc)
Referrer details: Name/ Position: Telephone no: Signature: _____ Date _____

PTO

To decide whether a client should be referred to either the Falls Clinic or the intermediate care team, please complete this questionnaire.

Falls Clinic referral:

If 'yes' is answered to any of questions 1-5, a referral to the medically led, multi-disciplinary Falls Clinic would be appropriate, providing all criteria in 6-9 are met.

	Please tick as appropriate	YES	NO
1.	Injured faller-following treatment at medical facility		
2.	Multiple faller (more than 1 in last year)		
3.	Single faller with established gait and / or balance problem (eg by Get Up and Go Test)		
4.	Fell due to loss of consciousness		
5.	Unexplained fall with apparent complex medical cause(s)		
	Criteria For Falls Clinic (must meet all 4)		
6.	Aged over 65		
7.	No serious memory problem		
8.	Able to mobilise with frame or stick(s)		
9.	Willing to attend		

Please discuss with the unit anyone who needs referral but does not meet the criteria (eg a person with dementia)

Please send to: Upton Falls Clinic, Upton Day Hospital, Albert Street, Slough SL1 2BJ. Tel 01753-635354. Fax 01753-635447

Intermediate Care Team referral:

If you believe that the falls are caused by mobility and/ or environmental hazards only and not medical reasons, or if a referral to the Falls Clinic is inappropriate please consider referring to the intermediate care team. This referral form should then be sent to: Slough Intermediate Care Team, Dorchester Unit, Newbeech House, Long Readings Lane, Britwell, Slough, SL2 1QP.

Tel 01753- 476590 Fax 01753- 476595

**Referral Form for Falls Assessment Clinic or
Intermediate Care Teams Windsor Ascot &
Maidenhead**

<u>Client details</u> Name: _____ DOB: _____ Address: _____ Telephone no: _____	<u>Other contact:</u> Name: _____ Telephone no: _____
<u>GP details:</u> Name: _____ Address: _____ Telephone No: _____	<u>Medical History:</u> Reason for Hospital admission: _____
<u>Social History:</u> Any other services? _____	<u>English first language:</u> Yes/ No _____ Any safety considerations? _____

Referral Routine/ Soon/ Urgent (please circle)

Brief description of Falls (eg indoors/ outdoors, possible cause etc)
Referrer details: Name/ Position: Telephone no: Signature: _____ Date _____

To decide whether a client should be referred to either the Falls Clinic or the intermediate care team, please complete this questionnaire.

Falls Clinic referral:

If 'yes' is answered to any of questions 1-5, a referral to the medically led, multi-disciplinary Falls Clinic would be appropriate, providing all criteria in 6-9 are met.

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7.	No serious memory problem		
8.	Able to mobilise with frame or stick(s)		
9.	Willing to attend		

Please discuss with the unit anyone who needs referral but does not meet the criteria (eg someone with dementia)

Please send to: St Mark's Day Hospital, St Mark's Hospital, St Mark's Road, Maidenhead SL6 6DU.
Tel 01753-638530 Fax 01753-638526

Intermediate Care Team referral:

If you believe that the falls are caused by mobility and/ or environmental hazards only, or if a referral to the Falls Clinic is inappropriate please consider referring to the intermediate care team. This referral form should then be sent to:

Jayne Rigg or Jo Hackwood
The Royal Borough of Windsor & Maidenhead
Rapid Response & Rehabilitation Team
York House
Sheet Street
Windsor SL4 1DD
FAX - 01628 683573 (Mon - Fri 8.45 – 5.15 only)
E mail – intermediate.care@rbwm.gov.uk

