

# Optimising falls risk assessment in memory services: sharing best practice across geriatric and psychiatric services in England

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## Background



Dementia and falls are major health issues for older people and healthcare providers.



Community falls prevention services are evidence-based, cost-effective and prevent hospital admission.<sup>1,2</sup>



National Institute for Health and Care Excellence (NICE) guidance (CG161) recommends older people in contact with healthcare professionals should be asked routinely about falls in the past year.<sup>3</sup>



Obtaining an accurate history about falls from people with memory problems can be difficult and reliable measures need to be used to identify those at risk.

## Aim

To understand how optimal falls risk assessment can be implemented in memory services in London.

## Methods

Comparative case study design - 4 memory services in London

Mixed methods: Both observational and interventional methods

Interviews with staff members from memory services, falls prevention services and service commissioners. Audio-recorded, transcribed and analysed using thematic analysis and NVivo software.



1. Protocol informed by Patient and Public stakeholder engagement



2. Document analysis of local falls policies



3. Observation in the clinic (time=17.5 hours)



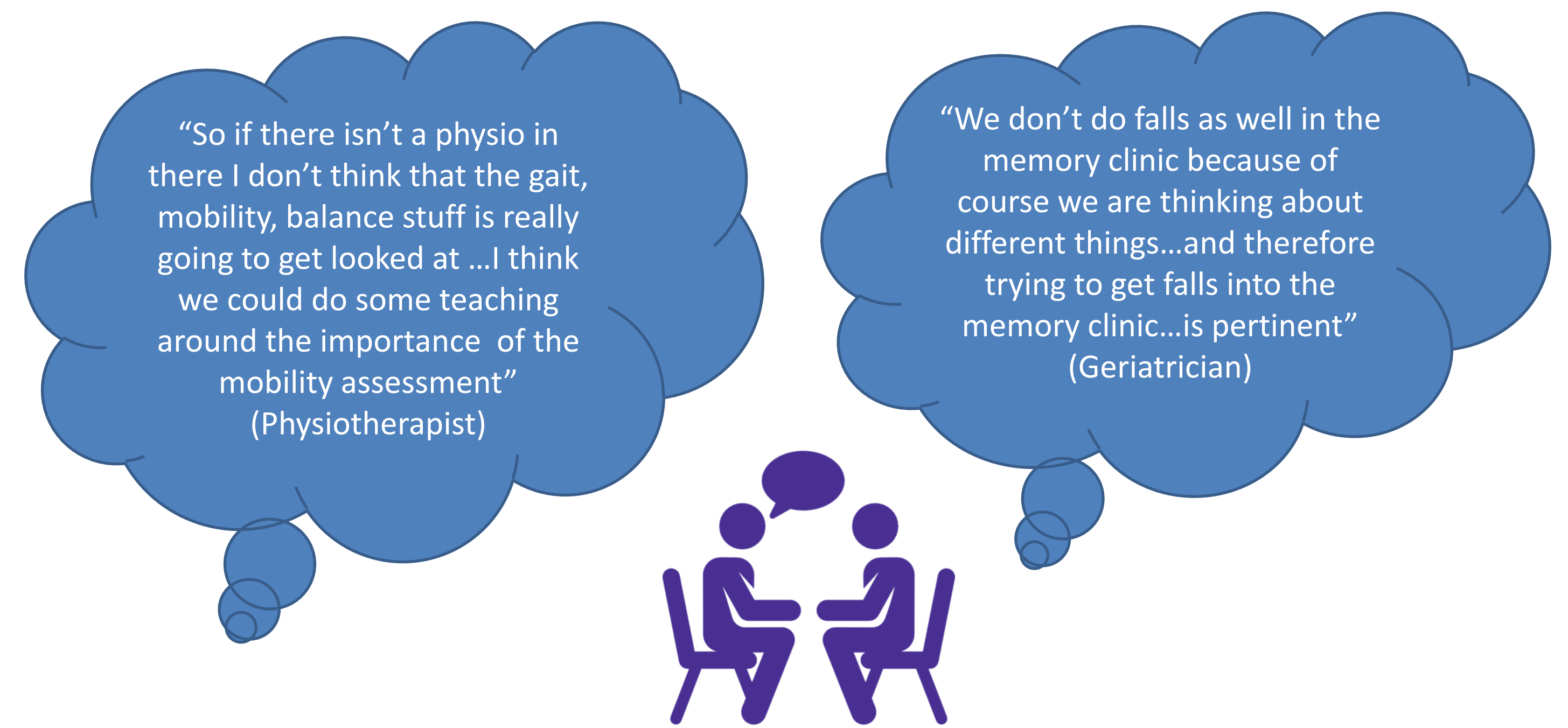
4. Qualitative interviews with staff (n=30)

## Results

Three key themes emerged:

1. Identifying people at risk of falling is regarded as a high priority among memory services
2. Memory service providers varied in confidence and knowledge in performing falls risk assessment
3. Standardised assessments and electronic prompts for assessment and referral to falls prevention services are underutilised.

Interviewees	Total n=30
Nurse/Nurse Practitioner/Registered mental health nurse	8
Occupational Therapist	5
Commissioner (payer)	5
Physiotherapist	4
Psychiatrist	4
Social worker/ community practitioner	2
Geriatrician	2



## Interventions tested

1. Individually targeted patient and carer self-referral leaflets to falls prevention services in memory service consultations.
2. Changes to electronic referral pathways to improve referral efficiency.
3. Timed Up and Go Test<sup>4</sup> in memory services to help identify those at risk of falling.

## Conclusion

Improving case finding of people at risk of falling in memory services requires embedded standardised assessments and simplified care pathways.

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### References

1. Gillespie LD et al. (2012) Interventions for preventing falls in older people living in the community. *Cochrane Database of Systematic Reviews*. CD007146. doi: 10.1002/14651858.CD007146.pub3.
2. Burton et al. (2015) Effectiveness of exercise programs to reduce falls in older people with dementia living in the community: a systematic review and meta-analysis. *Clinical Interventions in Aging*, vol. 10: 421-434.
3. National Institute for Health and Care Excellence, 2013. Falls: Assessment and prevention of falls in older people. Available from: <https://www.nice.org.uk/guidance/cg161>
4. Podsiadlo D & Richardson S (1991). The time "up & go": a test of basic functional mobility for frail elderly persons. *Journal of the American Geriatric Society*, vol. 39(2):142-148.

