Optimising falls risk assessment in memory services

A summary designed for memory service providers

Overview | Background | Methods | Results | Practical Tips | Resources | Acknowledgements

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Health Innovation Network South London

Overview

Health Innovation Network (HIN) is the Academic Health Science Network (AHSN) for south London, one of the 15 AHSNs across England. HIN is a membership organisation connecting academics, NHS commissioners and providers, local authorities, patients and industry in order to accelerate the spread and adoption of evidence based innovations and best practice. HIN has a number of clinical priorities, including Patient Safety and Healthy Ageing.

To help address the national agenda to improve support for people with dementia we undertook a study to improve access to falls prevention services for people with dementia. Memory services or memory clinics provide specialist assessment for diagnosing, treating and supporting people with dementia. People attending a memory clinic are offered an assessment to confirm – or rule out - the diagnosis of dementia. This can include memory tests, brain scans, blood tests and physical tests.

Clinical guidelines recommend older people in contact with healthcare professionals should be routinely asked about whether they have experienced a fall in the past year. Effective treatments and interventions are available to help prevent falls, such as strength and balancing training, and timely referral to falls prevention services is important. This project focused on making sure that falls risk assessments in memory services are optimal. As people with dementia fall more often compared to others the same age without this condition, improving access for people with dementia to falls prevention services means that they will receive the best care available.

We engaged with a wide variety of people and stakeholders to help shape this work. Our stakeholder engagement events included people with dementia, carers, doctors, nurses, allied health professionals, commissioning managers and representatives from organisations such as Healthwatch.

We worked closely with four memory services in south London and conducted in-depth interviews with 30 people from different organisations to better understand how a falls risk assessment is conducted in memory services and how people will access falls prevention services.

We found falls risk assessment methods varied between service providers. We implemented some changes in the memory service to help improve people's experience. This included embedding recommended mobility assessments, such as the Timed Up and Go Test, into assessment. We simplified electronic referral pathways to falls prevention services to help people receive more timely care. We encouraged people with dementia and their carers to refer themselves to falls prevention services by providing patient information leaflets on local services in the memory clinics. Finally, we provided training sessions to staff about falls risk assessment in memory services and offered local solutions to help improve care.

In this summary we provide further details about this work and some practical tips on how to improve falls risk assessment and clinical pathways in memory services.

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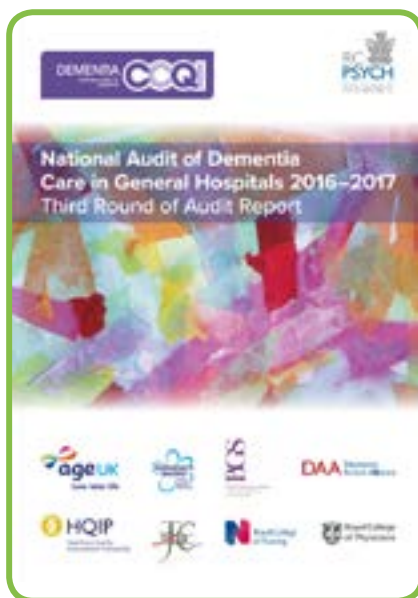
Background

Why are we focussing on falls prevention for those attending memory services?

» Falls prevention services are evidence-based, cost-effective and prevent hospital admission.

» Walking and balance issues can occur in the early stages of dementia.

» **People with dementia have many more falls than others.**

» The National Audit of Dementia in England and Wales found that falls are a major cause of hospital admission for people with dementia.

National Audit of Dementia Care in General Hospitals 2016–2017 Third Round of Audit Report

Click here to see the report.

The National Institute for Health and Care Excellence (NICE) recommends older people in contact with healthcare professionals should be asked routinely about falls in the past year.

NICE guidance states that older people who present for medical attention because of a fall, or report recurrent falls in the past year, or demonstrate abnormalities of walking and/or balance should be offered a **multifactorial falls risk assessment**. This assessment should be performed by a healthcare professional with appropriate skills and experience, normally in the setting of a specialist falls service. This assessment should be part of an individualised, **multifactorial intervention**.

Multifactorial assessment may include:

» identification of falls history

» assessment of gait, balance and mobility, and muscle weakness

» assessment of osteoporosis risk

» assessment of the older person's perceived functional ability and fear relating to falling

» assessment of visual impairment

» assessment of cognitive impairment and neurological examination

» assessment of urinary symptoms including incontinence

» assessment of home hazards

» cardiovascular examination and medication review.

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Methods

Aim: To understand and optimise falls risk assessments in memory clinics in south London

Design: Comparative case study design in 4 memory clinics in south London

» Patient and stakeholder events helped shape this project.

» We analysed local memory service policies and procedures to better understand how falls risk assessment is conducted.

» We observed processes in the memory clinics.

» We undertook semi-structured interviews with staff. These interviews were audio-recorded, transcribed and analysed using thematic analysis and NVivo software.

» We then met with memory services providers to discuss potential ways to improve falls risk assessment and links to their local falls service providers.

Results

We attended clinics with doctors and nurses on six occasions and observed how the falls risk assessment was performed and recorded. We interviewed 30 people including nurses, occupational therapists, commissioners, physiotherapists, psychiatrists, social workers and geriatricians.

We found that a falls risk assessment was conducted by all memory services, but assessment methods varied. Most services asked recommended questions about the frequency of falls in the previous 12 months, problems with mobility, walking and balance and some services asked about fear of falling. Brief observation of walking was performed, but other measures of balance and walking (e.g. Timed Up and Go test or Turn 180° test) were not routinely performed.

There were challenges for service providers with electronic health records systems and accessing reliable information about patients' previous attendance at falls clinics in some areas. Although many service providers routinely used screening questions in clinic and home-based assessments, they requested more training on assessing falls risk and interventions to minimise the risk of falling.

From the observations and interviews three initial key themes were identified. These included:

» falls risk assessment is regarded as a high priority by those providing and commissioning memory services

» memory service providers varied in confidence in performing falls risk assessment

» standardised assessments and electronic prompts for assessment and referral to falls prevention services are underutilised.

"We don't do falls as well in the memory clinic because, of course, we are thinking about different things ... and therefore trying to get falls into the memory clinic ... is pertinent."
- *Geriatrician*

"So if there isn't a physio in there, I don't think that the gait, mobility, balance stuff is really going get looked at... I think we could do some teaching around the importance of the mobility assessment."
- *Physiotherapist*

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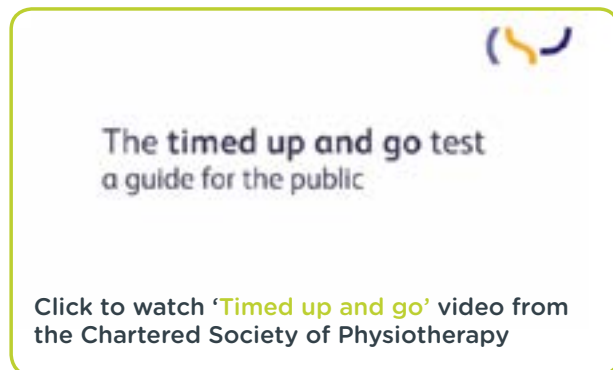# Practical tips for memory service providers

1. Embed standardised falls risk assessments

To improve identification of people at risk of falling, memory service providers should ask recommended questions to patients and carers, for example:

» Have you had a fall in the past 12 months?

» Do you have any problems with your walking or balance?

» Are you worried or afraid of falling?

Ensure questions about falls are included in electronic health records.

Observe how people walk and use NICE recommended mobility measures such as The Timed Up and Go Test. This quick and simple test requires no specific training and can be implemented easily into routine practice. The test measures the time taken in seconds to stand up from an armchair, walk three metres, turn around, walk back to the chair and sit down.

The timed up and go test
a guide for the public

Click to watch 'Timed up and go' video from the Chartered Society of Physiotherapy

2. Simplifying care pathways

If someone reports recurrent falls in the past year, or demonstrates abnormalities with their walking or balance they should be offered a multifactorial falls risk assessment. This should be conducted by a healthcare professional with appropriate skills and experience, normally in the setting of a specialist falls service.

Many falls prevention services offer self-referral. Contact your local falls service and ask for their written leaflets about how people can self-refer to their service. Give this information to patients and carers when they attend the memory service so they can contact the falls prevention service themselves.

Simplify local referral arrangements by getting memory services and falls providers together to agree easy referral procedures. Promote electronic referral. With patients' consent, share clinic letter summaries electronically, rather than duplicating information with additional referral forms.

3. Training memory service staff to identify falls risk

In this work, many staff identified that they would like more training in identifying falls risk and better knowledge about local availability of services, such as strength and balance exercises. Ensure falls risk identification is part of staff training. Many older people dislike the word 'falls', preferring concepts such as 'staying steady' or 'remaining active', so ensure that staff are trained to use the right language when discussing and assessing falls risk.

Establish relationships with your local falls service provider to share knowledge about local services and staff training opportunities.

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Resources

Our study outputs so far

In addition to our local partners in south London this work has been presented to a variety of national and international audiences to help spread how to optimise falls risk assessment in memory services. This has included:

The NHS Improvement National Patient Safety Collaborative Learning Event, 23 May 2017, London, UK.

Alzheimer's Association International Conference®. 16-20 July 2017, London, UK.

The British Geriatric Society 18th International Conference on Falls and Postural Stability. 15 September 2017, Birmingham, UK.

13th International Congress of the European Union Geriatric Medicine Society. 20 - 22 September 2017, Nice, France.

Associated publications so far:

1. Buttery AK, Hopper A, Ballard C, Kinirons M, Sauer J, Lawrence RM, Saiz AB, Martin FC, 2017. Optimising falls risk assessment in memory services: investigating system-wide integration of falls prevention evidence into practice. *Journal of Alzheimer's and Dementia* - vol 13, supplement November (pending).

2. Buttery AK, Hopper A, Ballard C, Kinirons M, Sauer J, Lawrence RM, Saiz AB, Martin FC, 2017. Optimising falls risk assessment in memory services: sharing best practice across geriatric and psychiatric services in England. *European Geriatric Medicine* vol 8, supp 1, p. S52.

3. Royal College of Psychiatrists, 2016. A day in the life of a Physiotherapist. The Royal College of Psychiatrists Memory Services National Accreditation Programme (MSNAP) December newsletter, Issue 15.

4. Hall J, Battarbee G, Rossouw C, Hanley E, Buttery A, Hopper A, Ingram C. Self-referral to a falls prevention service in London, England – does it work? *Physiotherapy* vol 102, supp 1, p. e168–e169.

Useful links on targeted case finding

The NHS RightCare Pathway: Falls and Fragility Fractures provides further information and guidancce on targeted case finding for older people at risk of falling.

NICE Quality Standard 86 provides further details on identifying people at risk of falling.

NICE also provide a Clinical Knowledge Summary on Falls Risk Assessment.

Useful links on preventing falls

For more information on falls prevention and exercises to help with building strength and balance, please see the Chartered Society of Physiotherapy and NHS website.

Age UK has useful resources on preventing falls, and The Alzheimer's Society has produced a factsheet about the benefits of exercise for people with dementia.

Useful link on commissioning

Falls and fracture consensus statement: Supporting commissioning for prevention.

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Acknowledgements

We would like to thank the many people that contributed to this work including:

This summary was written by Amanda Buttery, Adrian Hopper and Finbarr Martin and can be cited:

Buttery AK, Hopper A, Martin FC (2017). Optimising falls risk assessment in memory services: A summary designed for memory service providers. London, Health Innovation Network. Available: http://www.healthinnovationnetwork.com