

# Drake Day Hospital Protocol

## AIMS

*The Falls Prevention Programme aims to reduce risk of falls and fractures amongst a specific group of identified patients referred to the Drake Day Hospital.*

This will be achieved by:

- a multidisciplinary approach to assessment, rehabilitation and goal setting
- full assessment and treatment of medical problems which contribute to falls risks
- improving balance and physical ability so as to reduce falls risks
- in the event of a fall, to have in place plans to cope with the consequences of the fall (prevention of the long lie)
- to educate patients into home safety and falls risks
- monitor cognitive problems and liaise with appropriate services when necessary
- provide patients with safest environment possible according to individual needs
- offer longer term monitoring and support to patients at risk of falls

## THE TEAM

The falls prevention programme in Drake Day Hospital is a multidisciplinary scheme aimed at treatment of older people at risk of falls. The team comprises:

### DOCTORS

A team of senior doctors provide cover on a sessional basis to the Day Hospital. Patients are allocated a named doctor on their first attendance. It is the aim that they remain under the care of the same doctor during the entire episode of care.

### PHYSIOTHERAPISTS

A Senior I Physiotherapist is based in the Drake Day Hospital. She is supported by a team of assistants and junior staff who also provide a service to the Misbourne Ward.

### OCCUPATIONAL THERAPISTS

A Senior I Occupational Therapist is based in the Drake Day Hospital. She is supported by a team of assistants, a Senior II and a Basic Grade who also provide a service to the Misbourne Ward and the inpatients at Chesham Community Hospital.

## **NURSING STAFF**

There is a Senior Staff Nurse in the Drake Day Hospital. There are a further two nurses and one HCA. Ann Da Costa is the Day Hospital Manager. All patients are allocated a named nurse on their first visit.

## **REHABILITATION ASSISTANT FOR FALLS PREVENTION PROGRAMME**

A Technical Instructor Level II Assistant does the bulk of the patient contact work within the falls prevention programme. She has physiotherapy and occupational therapy aspects to her role.

## **ADMINISTRATION**

The Day Hospital Secretary provides support for the falls programme in terms of appointment letters, managing the waiting list, organising case conference meetings and filing medical notes amongst her range of duties.

## **THE PATIENTS**

Patients are referred to us from a variety of sources. At the present time, we are asking that all patients are referred by a doctor. The referral may come direct from the general practitioner, or via outpatient clinics, inpatient stays or domiciliary visits. Some referrals received are specifically for falls prevention work, but most referrals are to the Day Hospital for general multidisciplinary intervention.

The patient is offered an appointment for a one day assessment. There is a waiting list of between two and six weeks for this first appointment. Transport is provided where necessary, and patients are expected to arrive at around 9.30am and stay until 3 pm. During this first day, there will be an assessment by the Doctor, the Nurse, and either the Physiotherapist or the Occupational Therapist (or occasionally both). The assessment comprises:

- Personal Details
- Presenting Condition
- Social History
- Past Medical History
- Drugs
- Functional Ability
- Balance and Strength
- Falls History and Risk of Future Falls
- Nutritional Assessment
- Handling Assessment
- Cognitive Screening
- Depression Screening
- Fear of falls and confidence scoring
- Identification of Patient's problems / goals
- Baseline tests and scores (EMS, TUSS, 180 degree turns, CDI, MTS, BP, Pulse, Weight, Urine, Wound care, Blood sugars, Waterlow, etc)

At the end of the assessment process which may extend over more than one attendance the team hopes to be able to determine the needs of that patient. In particular

- Pertinent problems requiring attention
- Team goals set in conjunction with the patient
- Rehabilitation needs - OT/PT specific
- Need for provision of equipment including walking aids
- Task orientated functional work to build confidence
- Relaxation techniques and confidence management, individual and group sessions
- Need for medical investigation
- Need for alteration in medication
- Need for referral to other services (eg. podiatry, dietetics, speech therapy)
- Suitability for falls programme

The patient, when deemed medically fit and is felt to be suitable for this type of therapeutic intervention, can then be enrolled onto the falls prevention programme.

## **THE PROGRAMME**

The programme caters for older people who have fallen or who are at risk of falling because of poor mobility, muscle weakness, lack of confidence or balance problems.

### **Hours and Availability:**

- The technical Instructor works Monday, Wednesday and Thursday between 9am and 2.30pm.
- Experience has shown us that a maximum of six patients can be effectively treated on any one day. This allows adequate time for home visits, administration, reviews etc.
- Due to the individual needs of the Falls Programme patients, it is felt within the unit that one to one treatment is preferred to group work. Where possible, patients are treated in pairs but space is a factor.

### **Suitability:**

Not all patients at risk of falls are included in the falls prevention programme. The particular type of exercise and educational structure of the programme means that not all patients will be suitable.

- Any patients deemed not suitable by the multidisciplinary team are offered individual therapy as part of the service provided by the day hospital.
- Patients must be mobile with aids and minimal assistance
- Patients must not have an untreated medical cause for the fall
- Patients must be able to understand instructions and learn new skills, as well as showing ability to problem solve. Generally patients with a Mental Test Score of less than eight out of ten would be excluded.
- Patients must not demonstrate significant neurological deficit. Patients with early Parkinson's disease or who have made good recovery after mild CVAs can be included.
- Patients must agree to the programme and be motivated to receive advice and follow a home exercise programme.

**Process:**

Once the patient has been identified, the technical instructor will carry out the formal falls programme:

- Assessment and initial interview in a standardised format.
- Patient is asked to attend either once or twice weekly for a supervised exercise session in the Day Hospital.
- Patients generally attend for a total of twelve sessions, although this can vary significantly according to individual needs.
- During these sessions, the patient will also receive individually tailored advice on falls prevention issues, and are invited to attend group education sessions
- Patients are routinely given the “Falls Programme - A Guide” information booklet and the DTI leaflets “Avoiding Slips, Trips and Broken Hips” and “Step up to Safety”, as well as additional written information pertinent to their individual needs, for example footwear.
- Patients will be visited at home to assess environmental issues which may be contributing to falls risk and recommendations made / equipment provided as necessary.
- Patients are offered hip protectors where this is appropriate, following the local guidelines.

**Education Sessions:**

A total of nine education sessions are run at regular intervals in the Day Hospital. Unfortunately, due to the availability of clinicians to run the sessions, not all falls programme patients will attend every session. All patients in attendance at the Day Hospital on the day of the education session will be included, unless they express a wish not to do so, or have some condition which makes it inappropriate for them to attend, for example severe confusion. The sessions are held in the day room during the afternoon and generally last 45 minutes. They are informal talks which encourage participation from the patients, along with slide shows and videos.

The sessions are:

<b>SUBJECT</b>	<b>SPEAKER</b>
Benefits of Exercise	Senior Physiotherapist
Environmental Issues	Senior Occupational Therapist
Dental Health	Oral Health Department
Home Security	Thames Valley Police
Handivan Service	Help The Aged
Healthy Eating	Dietician
Foot Care and Shoes	Podiatrist
Doorstep Callers	Trading Standards
Hearing	Audiology

## ASSESSMENT, REVIEWS AND FOLLOW UP

Falls programme patients are monitored for a year from the start of the programme.

<b>Assessment Type</b>	<b>Timing</b>	<b>Location</b>
Initial Assessment	Start of Programme	Drake Day Hospital
Home Visit / Environment Assessment	Within first three weeks	Patient's Home
First Review	End of Supervised Exercise Course	Drake Day Hospital
Second Review (6 week follow up)	Six Weeks after First Review	Drake Day Hospital
Third Review (6 month check)	Three Months after Second Review	Patient's Home
Fourth Review (1 year check)	Six Months after Third Review.	Patients Home

Patients are also reviewed by their named doctor if ongoing medical intervention is necessary, as well as by the physiotherapist and occupational therapist if the falls technician identifies further specific problems. Patients who are given hip protectors also receive one year monitoring according to local guidelines.

## SUMMARY

All patients referred to Drake Day Hospital are fully assessed by the multidisciplinary team and offered an individual rehabilitation programme. For those patients who are at risk of falls in the absence of medical causes, neurological problems, or cognitive impairment, the falls programme offers a biomechanical approach to treatment alongside education and advice. For those patients who do not meet these tight criteria, other rehabilitation approaches are used to address function, mobility and safety.