

Falls Prevention: Community Exercise Volunteers Service Delivery Manual

1. PURPOSE

This Delivery Manual is to be used by you as part of the Falls Prevention: Community Exercise Volunteers Service when delivering intervention via the telephone and in person within the patient's home. It outlines the procedure to be completed prior to visiting a patient, procedure to follow on the day and the escalation process when a risk is identified before, during and after a visit or telephone call.

2. RESPONSIBILITIES

It is the responsibility of the individuals delivering the sessions to read and follow the delivery manual.

3. WHO ARE THE COMMUNITY EXERCISE SESSIONS AIMED AT?

Inclusion criteria

- Patients 65 and over that live within Kingston borough
- Patients that are housebound or due to covid-19 not able to access exercise groups.
- To be identified by physiotherapist:
 - At risk of falling
 - Had a fall in the last 12 months
 - Fear of falling (0-10 scale)
- Physical Outcomes to be measured by Volunteer:
 - TUAG in under 40 secs, independently or with walking aid
 - 180 Turn – must be 10 step or less
 - STS in 60 secs- no minimum criteria for this test

Exclusion criteria:

- Patients with serious pathologies or who are not medically stable
- Patients who need manual assistance walking
- Patient admitted with covid
- Patients who have significant cognitive impairment and are unable to engage in assessment or follow instructions.

4. BREAKDOWN OF SESSION DELIVERY

Month 1 - Two sessions per week

x1 face-to-face home visit - 1st session will include measuring physical outcomes and Pre-EQ5D-5L¹

x1 via zoom or telephone (reminder to do exercise, provide information about local

¹ This is a questionnaire which assesses a patient's current mobility, self-care, independence, pain and anxiety. You will implement this questionnaire at the start and end of your time with each patient.

activities that will meet people's needs such as the Get Active exercise on referral programme, better bones or community exercise activities or healthy walks)

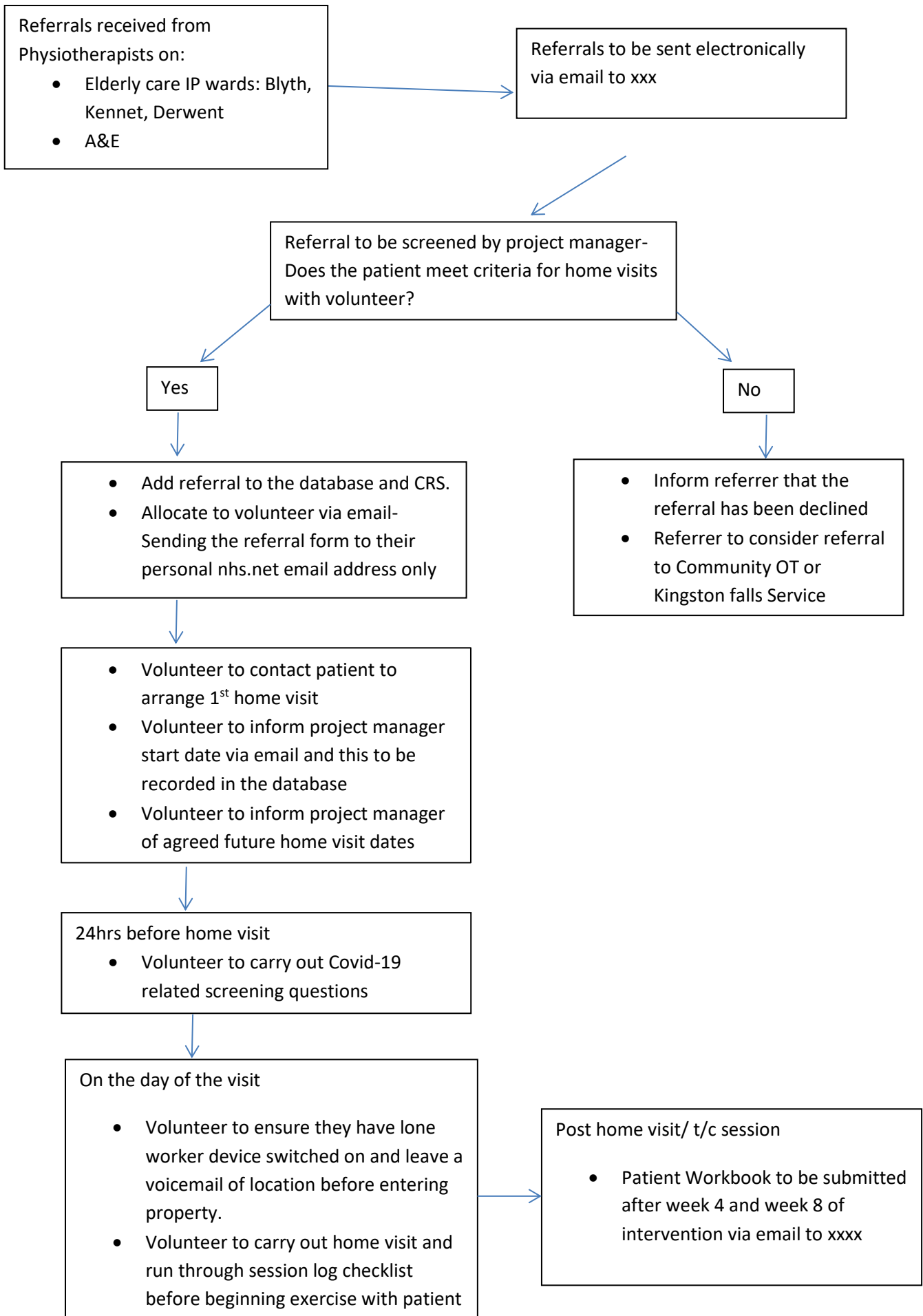
Month 2- One session per week

X 1 face-to-face visit- 8th session (last session- measure physical outcomes and Post- EQ5D-5L)

Therefore, a maximum number of sessions a participant should receive is 12.

Please note that we can only provide 8 face-to-face visits (and 4 telephone calls). Should a weekly face-to-face appointment be missed (due to either patient or volunteer availability) we can only re-schedule 2 appointments (extending the service to a maximum of 10 weeks).

5. THE REFERRAL PATHWAY FOR COMMUNITY EXERCISE VOLUNTEERS



6. PROCEDURES

a. Things to do prior to calling or visiting patients

- Set up your nhs.net email address. This must be completed before you can commence patient visits. Volunteers will receive instructions on setting up their nhs.net email address once all recruitment and training requirements are complete.
- Receive your Delivery Manual, Exercise booklets, Confidentiality Agreement and Database of Kingston Based Resources. You will be asked to sign to confirm that you have read and understood your responsibilities as a volunteer.
- Book your volunteering sessions via My Impact so that we know when you will be volunteering.
- Log your time in My Impact App by activating 'Start Clock' and 'Stop Clock' when you start and finish your session.

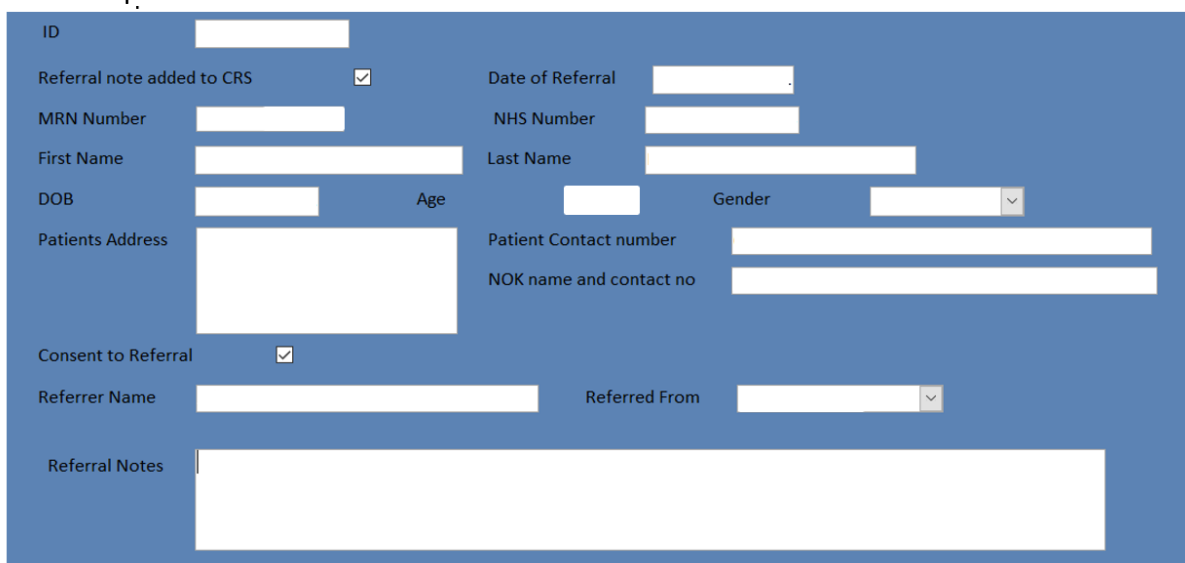
b. Things to do prior to calling or visiting patients before every session/phone call

- Log onto a computer and check nhs.net email for new referrals and updates on current patient caseload.
- Ensure that you have enabled 141 to protect your telephone number before making any calls.

c. Arranging your first home visit (instructions on how to do this)

Please contact the patient upon receipt of the referral to your nhs.net email address in order to iterate the purpose of the service – to support the patient to follow the exercise programme that was given to them at the Hospital with guidance, support and encouragement. Dial 141 before you dial the patient's number to protect your confidentiality.

Below is an example of the type of data you will receive at the top of your Patient Workbook for a new patient:



The screenshot shows a blue-themed form with the following fields and controls:

- ID: [Text input]
- Referral note added to CRS:
- Date of Referral: [Text input]
- MRN Number: [Text input]
- NHS Number: [Text input]
- First Name: [Text input]
- Last Name: [Text input]
- DOB: [Text input]
- Age: [Text input]
- Gender: [Dropdown menu]
- Patients Address: [Text input]
- Patient Contact number: [Text input]
- NOK name and contact no: [Text input]
- Consent to Referral:
- Referrer Name: [Text input]
- Referred From: [Dropdown menu]
- Referral Notes: [Large text area]

You will also get some very basic information about why they have been referred to the service, and anything you should be aware of, such as pets in the house.

Use the referral data to ask any questions that have been raised, such as if they have a pet, what arrangements can be made to ensure the pet is in a safe space for the duration of your visit and establish who else might be in the home at the same time as your visit.

You may also like to discuss what kind of space the patient has available to exercise and establish where in the home is most suitable for the exercise sessions to take place. A kitchen or living room with a firm support surface, such as a hard backed chair, or kitchen counter is ideal. The floor surface is not particularly important, so long as it is even and step free.

Please then progress to book in your first visit at a time mutually convenient to you both.

Calling Patients

You will be emailed a telephone assessment form (TAF) word document for each patient that is allocated to you. It will be saved with their initials and MRN number and TAF e.g. TEST123456 TAF.doc

All telephone support sessions and face-to-face sessions are to be documented in the patients' Workbook.

Please ensure you follow the Confidential Data Agreement when saving this Workbook to your personal pc or laptop.

Telephone support sessions are a maximum of once per week for the first 4 weeks, but can be less frequently if patient prefers. Where possible these should not go beyond the 8 weeks offered by the service. Each telephone call should be no longer than 30 minutes and each home visit no longer than 1 hour.

Community Exercise Service Telephone Script and Guidance

Hello my name is I am calling from the Volunteering Service at Kingston Hospital. Following your recent admission you have been referred by Kingston Hospital to our Falls Prevention: Community Exercise Service. We support patients that have been discharged from hospital with an exercise booklet to practice their exercises regularly through weekly home visits for up to 8 weeks. This could help you to build up your strength and get back to normal daily activities such as getting out and about with confidence. Would you still like to receive this service?

At this point they will then either say Yes or No.

If they say yes, then please tick the consent box in their Workbook and document this in their notes. You can then progress and set a date for your first home visit.

If No, then please leave them with the office contact number 020 xxx should they wish to re-refer. If you are unable to contact patient or patients NOK, please contact the volunteering office and speak to the Community and Outreach Manager or Head of Volunteering, alternatively you can email xxx

If the patient is unable to talk, try to find out when a better time to call would be, if it is on a different day that you are not able to commit to, then please refer patient back to Project Manager, so that the patient can be allocated to another volunteer.

All calls should not be more than 30 minutes, most calls will be much shorter than this but if you've been on the phone for 30 minutes do start to bring the conversation to a close, with a plan for follow up.

If no answer, leave a message if possible. If unsure leave a short message saying something like "Hello, my name is XXXX one of the Community Exercise Volunteers from Kingston Hospital. I will try calling another time but if you want to call me back the office number is 020 xxx, please feel free to leave me a message".

d. Boundaries when exercising with patients at home:

- Do not use physical touch to demonstrate the exercises. If you need to demonstrate, do so at a distance and talk through instructions for movement as they are written in the Exercise Booklet.
- Please do not recommend alternative exercises to those shown and prescribed in the Exercise Booklet.
- Please do not give out your personal telephone number, address, personal email address or mobile number. If a patient needs to cancel a session at short notice or communicate something to you outside of sessions, they can either:
 - Call the Volunteering Service Community Exercise line on 020 xxx
 - Or
 - Email you via your nhs.net email address.

e. Session log / updating Patient Workbook

Each time you visit or call the patient, you will complete a session log which is recorded in the Patient's Workbook. It is important that this workbook is kept updated and is accurate as you will be sending it to the Volunteering Service (via the email xxx) on week 4 and week 8 of your time with the patient. Please remember that these notes will eventually be stored on the patient's medical record.

PATIENT WORKBOOK

Patients Name:

MRN number:

Responsible Volunteer:

Patient user ID:

Does the patient consent to the service? Yes No

HOME VISITS

Session Log - Checklist	Week 1- Home Visit Date:	Week 2- Home Visit Date:	Week 3- Home Visit Date:	Week 4- Home Visit Date:
Pre- session screening complete - 24hrs before session – Refer to Screening & Escalation Process	Yes / No	Yes / No	Yes / No	Yes / No
Screening at the start of each session complete - Refer to Screening & Escalation Process	Yes / No	Yes / No	Yes / No	Yes / No
How many falls has the patient had in the last week or since the last session? <i>If more than 0, please contact volunteering team, please specify nature of fall</i>	No. of falls:	No. of falls:	No. of falls:	No. of falls:
How many falls required a visit to A&E?	Falls requiring A&E visit:	Falls requiring A&E visit:	Falls requiring A&E visit:	Falls requiring A&E visit:
Has the patient eaten today? (Y/N) If no, seek advice from volunteering team	Yes / No	Yes / No	Yes / No	Yes / No
Has the patient taken their medication (if applicable)? (Y/N)	Yes / No	Yes / No	Yes / No	Yes / No
Is the session safe to proceed (Y/N) if no, please specify:	Yes / No	Yes / No	Yes / No	Yes / No
Feedback from session / additional notes (E.g. how often the patient has practised the exercises beyond these sessions etc)				
Outcomes	Please complete outcomes page			

Session Log - Checklist	Week 5- Home Visit Date:	Week 6- Home Visit Date:	Week 7- Home Visit Date:	Week 8- FINAL Home Visit Date:
Pre- session screening complete - 24hrs before session – Refer to Screening & Escalation Process	Yes / No	Yes / No	Yes / No	Yes / No
Screening at the start of each session complete - Refer to Screening & Escalation Process	Yes / No	Yes / No	Yes / No	Yes / No
How many falls has the patient had in the last week or since the last session? <i>If more than 0, please contact volunteering team, please specify nature of fall</i>	No. of falls:	No. of falls:	No. of falls:	No. of falls:
How many falls required a visit to A&E?	Falls requiring A&E visit:	Falls requiring A&E visit:	Falls requiring A&E visit:	Falls requiring A&E visit:
Has the patient eaten today? (Y/N) If no, seek advice from volunteering team	Yes / No	Yes / No	Yes / No	Yes / No
Has the patient taken their required medication (if applicable)? (Y/N)	Yes / No	Yes / No	Yes / No	Yes / No
Is the session safe to proceed (Y/N) if no, please specify:	Yes / No	Yes / No	Yes / No	Yes / No
Feedback from session / additional notes (E.g. how often the patient has practised the exercises beyond these sessions etc)				
Outcomes				Please complete outcomes page

Outcomes	Week 1: Home Visit	Week 8: FINAL Home Visit
<p>EQ5D <i>You will need to fill this paper questionnaire in with the patient and subsequently submit this data online here (as soon as possible after your visit): insert form link</i></p> <p>Fear of Falling Score 0 (nil)-10 (high)</p> <p>180 Turn (number of steps)</p> <p>STS- 60 sec test (number of STS)</p> <p>TUAG (time taken in seconds)</p> <p>Number (approx.) of community services patient in contact with? E.g Age Concern</p> <p>How confident are you that you will be able to cope at home? 0 (not at all) - 10 (completely)</p>	<p>First EQ5D <input type="checkbox"/></p> <p>FOF:</p> <p>180 Turn:</p> <p>STS Test:</p> <p>TUAG:</p> <p>No. of Community Services:</p> <p>Confidence to cope at home:</p>	<p>Final EQ5D <input type="checkbox"/></p> <p>FOF:</p> <p>180 Turn:</p> <p>STS Test:</p> <p>TUAG:</p> <p>No. of Community Services:</p> <p>Confidence to cope at home:</p>

TELEPHONE CALLS

Session Log - Checklist	Week 1- phone call Date:	Week 2- phone call Date:	Week 3- phone call Date:	Week 4- final phone call Date:
Brief telephone notes (include action points / reminders)				
Did you signpost to any additional services? Refer to Local database of services in Kingston Borough (Y/N) if yes, please specify:				

Please update your Patient Workbook electronically after each session and store safely and securely on a personal laptop or PC in accordance with the Confidentiality Agreement for this service.

If you click 'Save' each time you save your document, your computer will ask you if you want to overwrite the existing document. If you click 'yes' this will ensure that you are only storing the most current version of your Patient Workbook. Please keep the original title of the Patient Workbook as it is sent to you, so that we can identify the patient when you return your notes.

Please email your Patient Workbook to the Volunteering Service via the email xxx on week 4 and week 8 of your time with the patient.

f. Screening & Escalation Process

Pre-session screening questions - to be asked 24hrs before each home visit via telephone:

- Q1. Do you or anyone in your household have a high temperature or isolating?
- Q2. Do you or anyone in your household have a new, continuous cough or isolating?
- Q3. Have you or anyone in your household lost their sense of smell and (or) taste?
- Q4. Are there any other reasons why you think you should not take part in an activity session?

If they answer yes to any of the questions, this will **exclude** them from the exercise session and follow the COVID specific guidelines below

COVID-19 Specific Guidelines

- If confirmed or suspicion of COVID-19- no exercise, patient will be excluded from programme and referred back to GP
- If the family member is unwell, no exercise until the family member is proven COVID-19 negative or asymptomatic for 14 days

Screening at the start of each session- before any exercise is carried out

Has the patient been experiencing any of the following in the last week?

Contacted GP

Visited A&E

Low Risk- If yes contact the Volunteering team before delivering the session

Has the patient been experiencing any of the following in the last 24hrs/week?

Fever or infection

Nausea, vomiting or diarrhoea

Recent dizziness or fainting

Recent/new bone, joint back or neck pain (this may require referral back to GP/healthcare professional)

Intermediate Risk- If yes, no exercise- contact Volunteering Team

Has the patient been experiencing any of the following in the last week?

- Bleeding from any source
- Irregular heartbeat
- New persistent headaches
- Unusual sudden muscular weakness e.g. only one arm or leg
- Symptoms of blood clots i.e unexplained pains in limbs/shortness of breath/bruising/redness or swelling
- Been Admitted to Hospital
- Had a fall

High Risk- If yes, no exercise- alert Volunteering team who will seek GP clearance before patient can resume exercise sessions

- Patient safety is our highest priority, so if you need to escalate during or after your session as figure below. Please report any action taken or concerns to the Volunteering Team on 020 xxx or 07xxx



- Defined as a scenario where the visit was completed but requires further advice after the call
- Call Project Lead on 020 xxx or 07xxx or email xxx



- Defined as a scenario where the volunteer is unsure whether to proceed with the visit and requires further advice during the visit. These scenarios may or may not require further action.
- Call Project Lead on 020 xxx or 07xxx



- Defined as anything that the volunteer feels is an emergency.
- Ring 999 or refer patient to 999/111 if able.
- Please alert the Project Lead on 020 xxx or 07xxx
- AND email xxx

If you contact the volunteering team please document this in your Patient Workbook.

7. LONE WORKING

All volunteers will be issued with a lone worker device, it is essential that you carry this with you at all times for your own protection. If you feel like you are in danger you can activate this and it will call through to the call centre and contact both the police and project manager of the incident.

Always remember to leave a voicemail of your exact location on the device before entering a property. Full training on Lone Working is provided on Day 2 of volunteer training.

8. GATHERING DATA

We want to ensure that the service can demonstrate the progress that each patient has made as a result of receiving your support and participating in their 8 week exercise programme.

You will therefore be conducting a series of physical tests and an EQ-5D form on **Week 1 and Week 8**. Full training will be provided for you to conduct these tests and record outcomes.

These are:

1. **EQ5D** – a paper questionnaire which assesses a patient’s current mobility, self-care, independence, pain and anxiety. You will need to fill this in with the patient and subsequently submit this data online here (as soon as possible after your visit): insert form link
2. **Fear of Falling** - Score 0 (nil) -10 (high) – you will ask the patient to self-score themselves on a scale of 0 – 10. You can explain that fear of falling is connected to their feelings of safety, balance, strength and stability whilst moving around.
3. **180 Turn** – you will count how many steps it takes for the patient to complete a 180 turn.
4. **Sit to Stand (STS- 60 sec test)** (number of STS) - This is a Sit to Stand exercise which volunteers are taught on their training. You will ask the patient to perform the exercise as many times as they can safely within 60 seconds. You will record the number of repetitions of the exercise completed within this time-frame.
5. **Timed Up And Go** (time taken in seconds) - patients are asked to rise from a chair, walk to a marker 3m away, turn, walk back, and sit down again. This is timed in seconds.
6. **Number (approx.) of community services patient in contact with** (e.g Age Concern = 1) - This score should always be a number. You are counting the number of community and voluntary sector services that the patient is already in contact with them at the start (week 1) and then again at the end (week 8) of your time together.
7. **Confidence in coping** – Please ask the patient the question ‘How confident are you that you will be able to cope at home?’ 0 (not at all) - 10 (completely).

Volunteer Survey - At the start of your volunteering, and again after 6 months, you will also be asked to fill in a very short survey containing five questions about your health, wellbeing and satisfaction with volunteering. This really helps the Volunteering Service at Kingston Hospital evaluate the benefits of volunteering on the people who get involved.

Why Gather Data?

The Falls Prevention community exercise volunteers is a brand new service with limited evidence of its impact. With volunteers collecting the vital data outlined in your session logs, we are able to measure the impact of the service on the areas outlined below. Where impact is proven or disproven, we can subsequently expand and extend the service to new places /more patients or look to improve and adapt it.

Reducing patient deconditioning:

- Improved balance, strength, mobility and coordination
- Improved confidence and fear of falling
- Improved self-care (e.g. washing and dressing). Improvement in usual activities and improved general wellbeing.
- Decrease in pain perception
- Patients report a reduced number of falls

Impact for the hospital:

- Reduced attendances and admissions related to falls
- Confidence that patients are aware of and accessing services that are right for them and benefit their health and wellbeing outside of the hospital setting
- The organisation has confidence that it utilises volunteers in an optimal way

Improving wellbeing:

- Patients see an increased positive mood and decreased feelings of anxiety, depression, loneliness and social isolation
- Volunteer wellbeing is improved as a result of undertaking a meaningful role
- Volunteers develop a new and unique skills set that supports their personal and professional development.

9. GUIDANCE ON NOTE WRITING

- Keep sentences short and concise, document who you have spoken to and all actions that were agreed. If a patient wishes to be referred onto another service please ensure you document this in the notes. Eg Patient consented to Falls referral
- Keep sentences factual- objective not subjective eg Patient did not want to talk on the phone as they said it was not convenient, NOT patient was really unhelpful and wouldn't speak to me on the phone and this was very frustrating.
- Stick to facts - do not make assumptions about people - just state as above that they didn't want to speak-not why you think they didn't. It is perfectly ok to ask if it would be ok to ring at another time.

- If the individual discloses sensitive information relating to themselves- if unsure discuss with project lead. Particularly if you are uncomfortable with the subject matter.
- Remember to document both sides of the dialogue if the situation becomes more sensitive (e.g. the individual asks to confide in the volunteer at which point the volunteer tells the individual that they cannot guarantee that they will not share with their manager as they may be able to provide appropriate support.
- A reminder to that all notes are updated to CRS and added to the patients' medical record, a patient can ask to see any notes written about themselves.

10. GUIDANCE ON MAKING ONWARDS REFERRALS

- Making onwards referrals is part of introducing patients to the local voluntary and community organisations available. Where possible and with consent please refer patients to services. Examples include arts activities, physical activities such as Walk Kingston, gardening, befriending, cookery, healthy eating advice and a range of social activities.
- Our aim is to support individuals to take greater control of their own health, including people with mild or long-term mental health problems, vulnerable groups, people who are socially isolated, and those who frequently attend either primary or secondary health care.
- You will have received all the demographic detail of the patient to do this, please ensure that you have the consent of the patient to make the referral, this is documented in the notes and advised them when the referral has been made.
- **Please note:** Referrals can be emailed from nhs.net to nhs.net emails. If the organisation has a different email address then these referrals will need to be made by telephone.

11. DISCHARGING PATIENTS FROM THE SERVICE

It is important that all patients understand the boundaries of the service, which is an 8 week service delivery model. Please relate this to the patients that you work with. If a patient misses a weekly session of exercise or phone call, please note that these can only be 'rolled' over to the following or subsequent week on two occasions (i.e. the maximum length of the service is 10 weeks with a maximum of 12 interactions: 8 home visits and 4 telephone calls).

Once you reach Week 8 of the service, the patient should ideally have received a maximum of 12 interactions with you. This is a huge achievement and it is important that we collect data about the impact of the support you have given.

To discharge a patient:

- Conduct the Week 8 physical assessment tests and EQ5D and document their results in the Patient Workbook
(once you are home, please remember to submit the EQ5D data using this link: inset form link).

- Conduct your final exercise session.
- Encourage the patient to continue to exercise and make referrals to services e.g. Better Bones, which may enable this.
- Confirm any actions or referrals you have made/will be making on their behalf.

Please then email your completed Patient Workbook to xxx with the subject Week 8 Discharge. We will then proceed to upload your notes to the patient’s electronic record, and discharge the patient from our service.

12. TRAINING

All Community Exercise Volunteers will have attended a two-part training for their role. Day 1 focuses on the Delivery Manual and what exactly the volunteer will be doing both by telephone and in the home. It also covers essential policies, including the Escalation Process and Safeguarding training. Day 2 focuses on the exercises themselves and practical skills including the receipt of Lone Working devices.

a. Training days

Day 1 (Monday – online via MS Teams)

Time	Agenda item	Delivery by
12pm	Introductions	Project lead
12.20pm	About Community Exercise Volunteering – what you’ll be doing. Outcomes and what we’re measuring Boundaries and scenarios Services available in the community (end of service referrals)	Project lead
1pm	Screening for safety – questions you’ll be asking before and during the programme Escalation procedure – how and when to get help Escalation scenarios	Project lead
1.45pm	BREAK	
2pm – 3.30pm	Safeguarding – for volunteers	Safeguarding Lead Nurses

Day 2 (Tuesday - Education Centre, 5th Floor Kingston Surgical Centre, Kingston Hospital)

12pm	Check in and questions	Project lead
12.10pm	Workbook – structure of programme, note making and when to send	Project lead
12.30pm	Lone Worker training	Lone working lead
1pm	BREAK	
1.15pm – 2pm	Basic Life Support Training	Resuscitation Team
2pm – 4pm	Exercise training	Physio lead

b. Other commitment: What’s expected of volunteers

Falls Prevention: Community Exercise Volunteers will be invited to attend monthly support and learning sessions with the project lead and guest speakers from the field of exercise, physiotherapy and community services. Dates for these will be set out well in advance to enable as many people as possible to attend.

13. DECLARATION

Once you have read through this delivery manual please sign and send back this one sheet to xxx

I can confirm I am aware of my responsibilities and have completed the mandatory role specific training and understand the tasks that will be delegated to me

DATE:	
NAME (PRINTED):	
SIGNATURE:	

14. KEY CONTACT DETAILS

Project lead: Insert name

Insert number

Insert email

Project Oversight: Insert name

Insert number

Insert email

Project inbox:

Insert email

Project direct line:

Insert number

MAKE A NOTE

Your NHS.net email address is: _____

Summary Volunteer Checklist

Pre visit preparation



- Arrange patient visit and inform manager
- Record visit in My Impact
- Check lone worker device is charged
- Check 'My Impact' App is ready to use on your phone
- Complete a lateral flow test for Covid
- Pack a mask to wear during the visit

Arrival outside patient home



- Switch on lone worker device and record your memo (stating your name and current location)
- Start the clock in 'My Impact' app

In the home



- Put your covid mask on and sanitise your hands
- Carry out home visit adhering to the exercise plan and session log
- Record any information outlined in your weekly session log

Leaving the patient home



- Stop the clock in 'My Impact' app & complete 'My Impact' feedback
- Switch off lone worker device

Post visit



- Check your session log notes are accurate
- If applicable inform the project manager about any concerns
- Share your sessions logs with
Xxx email
(week 4 and 8 only)