

FALLS PREVENTION COMMUNITY EXERCISE VOLUNTEERS SERVICE: PROCESSES AND PROCEDURES

Referrals to the service

The Project Lead will send an email update to all referrers with service capacity details and when it is possible to make referrals.

We currently receive paper referrals or forms are emailed directly to the Project Lead or to the Exercise Volunteers inbox.

- **Paper referrals**

There are currently two pink folders with referral forms and physiotherapy booklets. One is located in the Emergency Department (in red CDU / Am wrap) and the other on Derwent ward (located in the MDT room). These should be checked twice a week for completed forms but usually the referrer will contact us by telephone or email to inform of a new referral.

- **Email referrals**

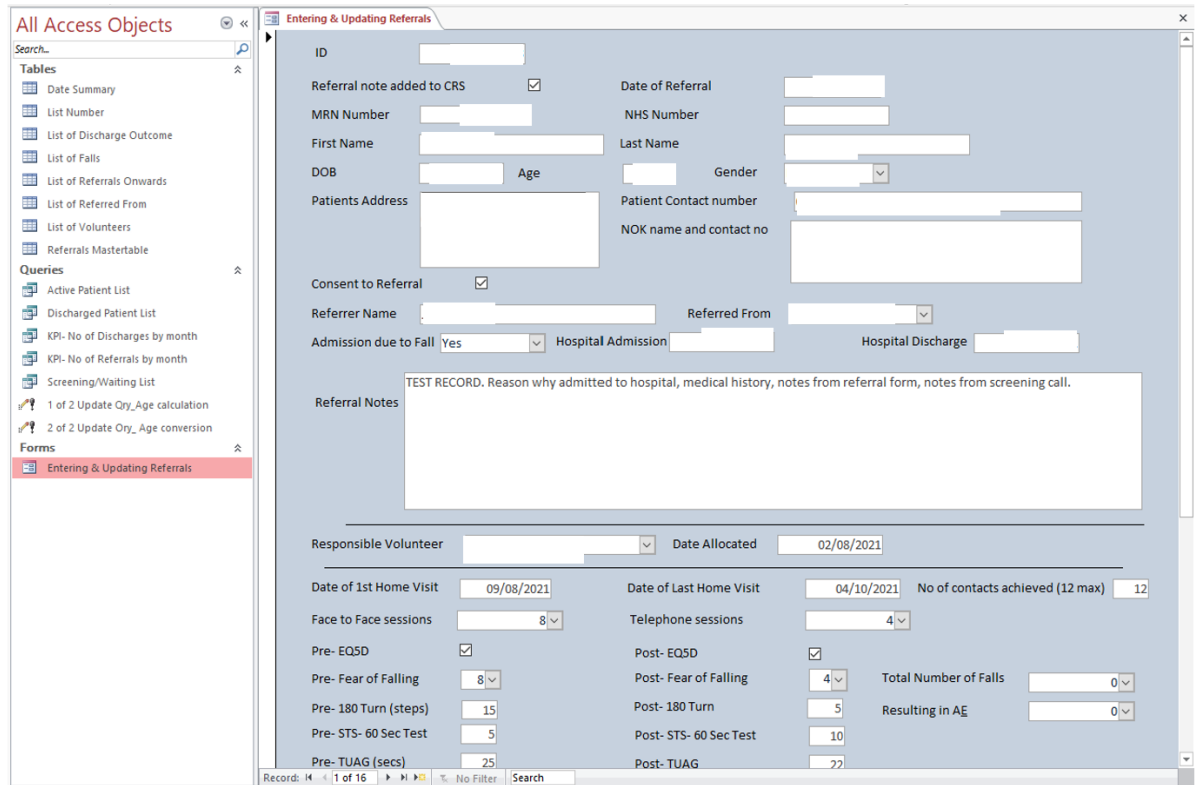
These are sent directly to the Project Lead or to the Exercise Volunteers inbox. Please check the Exercise Volunteers inbox (*insert email*) and process any new referrals. Once the referral has been administered, the email can be moved into the 'Processed Referrals' folder. Any other emails that have been responded to can be moved to the 'Archive' folder.

Processing New Referrals

Once a new referral has been received, please check that the patient meets the eligibility criteria of the service. If there are any queries, go back to the referrer for further information. Once eligibility has been confirmed, please follow the procedure below:

1. Check whether the patient has been discharged on CRS by searching patient record with MRN number/NHS number, once patient is found check documentation section on the left-hand side.
2. If the patient has already been discharged or is due to be discharged in the next couple of days, we can proceed with their referral and will need to complete their MS ACCESS entry record.
3. The program ACCESS can be found in the Gentle Movement Volunteers - Community folder: W:\Permanent Folder\Volunteer Service\Projects\Gentle Movement Volunteers - Community\Resources need for the service to run.
4. The name of the ACCESS database is **CEV Referrals- FINAL** and this is where you will save all patient data. You will use this database to enter new patients who have been referred and check on previous patients, and to record all the outcome measurements.

The database looks like this:



5. Double click 'Entering & Updating referrals', this will open up to an existing patient. If you click on the arrow with the line at the bottom of the page it will take you to the last report. Please then click the single arrow which will then show you a brand new page to fill out.
6. Add patient details to the record. By looking at the D2A form, OT/Physio forms and GP Discharge letter. These should hold most information to successfully fill out the ACCESS record. Also, the referral form itself should have most of the required information.
7. In the Referral Notes section please add relevant information that will be useful for the volunteer (reason for hospital admission, medical or social history, safety alerts etc) and also add any exclusions to the exercise programme that the physiotherapist may have highlighted. **Please note that if you click back with the arrow at the bottom of the screen, the details will be saved.**
8. Once the patient details have been added to ACCESS, make a screening call to the patient to see if they are still interested in the service and to give some further information. If they agree, add this (and any relevant comments from the phone call) to the Referral Notes section on the database.

You can use the following screening call script:

Hello, my name is.....

I am calling from Kingston Hospital. You have been referred to the Falls Prevention Community Exercise Volunteer Service.

We can offer 8 weekly home visits once you have been discharged from hospital and can support you with your prescribed physiotherapy exercises at home. We can also offer telephone calls to see how you are managing at home and to offer you links with your local community.

I just wanted to check that you are still interested in taking part in the programme?

If yes, clarify and confirm the following:

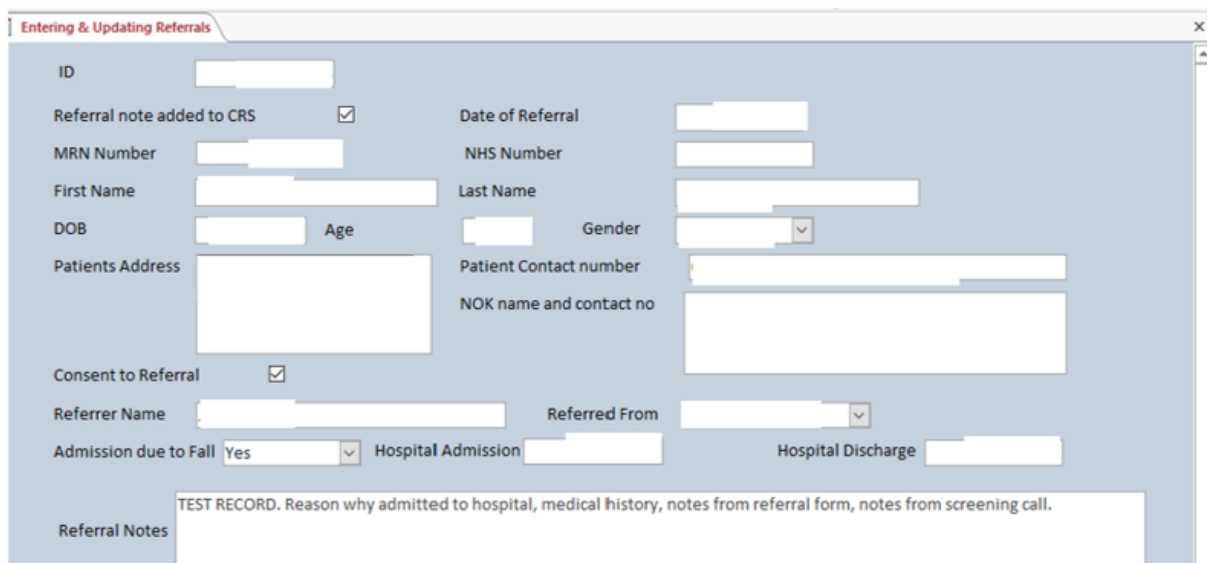
- that the patient consents to the referral and home visits;
- that the service will run for 8 weeks (commitment to this);
- any issues that the volunteer will need to be aware of (e.g. pets/living arrangements etc);
- that initially volunteers will be calling from a private / unknown number so not to be alarmed if they receive a call from an unknown number;
- that our volunteers have received both Covid vaccinations and have been given lateral flow tests;
- that this is a free service.

If no, please contact the referrer to inform them that the referral has been declined, stating reasons why.

9. If the patient is due to be discharged in the next couple of days, please try and visit the patient on the ward if possible, to complete the screening call/questions (and to handover an exercise booklet and leaflet if they haven't already received one). It is valuable to do this face to face so the patient can learn more about the service. Again, add any relevant comments from the conversation to the Referral Notes section.

Allocating new referrals to volunteers

10. It is helpful to call the volunteer first to confirm that they are ready to take on the patient referral, that they are happy with the travel distance to the patient, and to give any required background information.
11. You will now need to create a workbook for the patient. A template patient workbook can be found using the following pathway - W:\Permanent Folder\Volunteer Service\Projects\Gentle Movement Volunteers - Community\FORMS.
A screenshot of the patient entry form on ACCESS will be pasted at the beginning of the patient workbook (and cut to just show first section, as below) so that the volunteer has all the required information:



12. You will need to amend the header of the workbook to complete the patient's name, MRN number, responsible volunteer and the patient user ID (which is their ID number on the ACCESS database record).
13. The patient workbook will be saved as the patient's initials followed by their MRN number and TAF. For example, Fred Blogs with an MRN number of 1234567 will be saved as FB1234567 TAF.
Please remember to move the patient workbook to 'Patient Correspondence' and file under the allocated volunteer.
14. You will now need to copy the patient workbook and attach it to an email to the allocated volunteer. Always check that you are sending the patient referral to the volunteer's NHS email address!
15. On the patient's record on the ACCESS database, please remember to enter the name of the responsible volunteer and date the referral was allocated.
16. You will now need to log onto the patient's record on CRS to make a note of the referral. Please log onto CRS, find the patient using their MRN number and add Documentation. Under Title enter: "Referral to Falls Prevention: Community Exercise Volunteers Service" Then add the following Free Text Power note:

Referral made by Name and Job Title.

Patient allocated to First Name & Surname, Community Exercise Volunteer.

Patient enrolled into 8 weeks Falls Prevention Programme (8 face to face visits, 4 telephone calls).

Providing Ongoing Volunteer Support

It is important to ensure that all volunteers feel supported and are comfortable fulfilling this new role. Regular phone calls to check in with volunteers and to see how they are finding the programme can provide essential feedback. It is crucial to keep regular contact with those volunteers who are waiting for a patient referral (which can sometimes take time) to keep them engaged and committed with the programme.

Volunteers are invited to attend monthly CEV Team Meetings which will give them the opportunity to meet with their peers, the Project Lead and a lead physiotherapist. These monthly support and learning sessions will include guest speakers from the field of exercise, physiotherapy and community services. The Project Lead will ensure that each month a different guest speaker will attend the team meetings.

Saving Patient Workbooks

Volunteers should be emailing their updated patient workbooks on a weekly basis. It is important to check these each week to see how the volunteer is getting on and whether any further support is required (for example, help with making referrals to other services, obtaining advice from physiotherapists etc).

Once the first outcome measurements have been completed, these need to be recorded on the patients record on ACCESS database. If there are any important notes that need to be recorded (for example when you may have had to ask a physiotherapist for advice on a specific exercise for a patient) it is helpful to make a note of this under the 'Comments' section on the record.

Please ensure that all fields of the ACCESS database are completed when you receive your final patient workbook. Also ensure the workbook has full notes on onward referrals – speak with the volunteer if you feel there may be information missing. Once the final workbook has been submitted, remind the volunteer that all patient documentation should now be deleted etc.

Discharging patients from the service

When the volunteer has completed their final visit with the patient, they will email you their final patient workbook. Please follow the procedure below to discharge the patient from the CEV service:

1. Once you have received the final patient workbook it is important to ensure that all fields of the patient record on the ACCESS database (CEV Referrals- FINAL) are accurately and fully completed. Please ensure that all data is captured for the outcome measurements, and that any onward referrals made, or signposting, are noted under ‘Comments’.
If a patient has refused to complete one of the outcome tests, this will be recorded as -1 on the database (if the field is left blank it highlights that this data was missing).
 Be sure to add a discharge date (last home visit date) and the discharge outcome – and tick the box stating ‘discharged from CRS’.

2. You will now have to discharge the patient on CRS. Open up CRS and find the patient using their MRN number.
 Add documentation, Title: “d/c from Community Exercise Volunteers Service”
 Then add the Free Text Power note:

Notes added retrospectively. Notes written by First Name & Surname, Community Exercise Volunteer.

Patient took part in the Falls Prevention: Community Exercise Volunteers Service and received X home visits and X telephone support sessions.

You will then need to copy and past the outcomes table from the patient workbook:

Outcomes	Week 1: Home Visit	Week 8: FINAL Home Visit
EQSD 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):	First EQSD <input type="checkbox"/>	Final EQSD <input type="checkbox"/>
Fear of Falling Score 0 (nil)-10 (high)	FOF:	FOF:
180 Turn (number of steps)	180 Turn:	180 Turn:
STS- 60 sec test (number of STS)	STS Test:	STS Test:
TUAG (time taken in seconds)	TUAG:	TUAG:
Number (approx.) of community services patient in contact with? <small>E.g. Age Concern</small>	No. of Community Services:	No. of Community Services:
How confident are you that you will be able to cope at home? 0 (not at all) - 10 (completely)	Confidence to cope at home:	Confidence to cope at home:

Please also add any notes that may be useful to keep a record of. For example, the patients' engagement with the programme, last exercises prescribed/completed and referrals and signposting to other community services or support.

3. Remember to move the patient workbook from the volunteer's file and move to "2022 Discharged Patients".