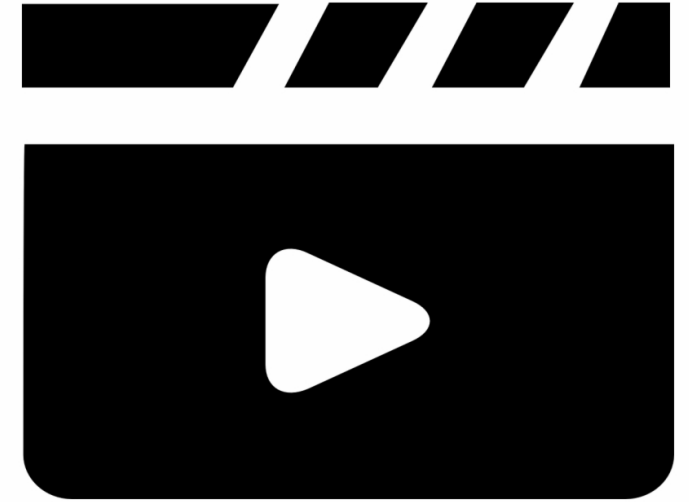


# How Falls Prevention volunteers help reduce patient deterioration and improve quality of life for older people

Kingston Hospital NHS Foundation Trust  
Back to Health partner



# Introduction



# Introduction & Speakers



**Maeve Hully**

Director of Volunteering, Helpforce



**Melissa Griffith**

Programme Manager, Helpforce



**Laura Greene**

Head of Volunteering, Kingston Hospital NHS Foundation Trust.  
Volunteering Lead, Hounslow & Richmond Community Healthcare NHS Trust



**Ursula Lehuray**

Falls prevention volunteer,  
Kingston hospital

# Agenda

1. The falls prevention role and aims
2. Emerging findings
3. Volunteer story
4. Challenges & learning
5. Achievements & ambitions
6. Q&A

# The Volunteer role



Deliver one face-to-face visit in patient home per week (duration 8 weeks) demonstrating & facilitating physiotherapy prescribed exercises



Deliver one telephone call per week in addition to home visit for the first four weeks to encourage engagement with programme and support patients



Sign post to local community services and activities, and provide healthy living messaging



Undertake functional fitness assessments and record impact related data in patient workbooks

# Ultimate aims



Help **restore patients' physical health and independence** and prevent **deconditioning**



**Enhance patients emotional wellbeing** at a time where they are **feeling anxious and isolated**

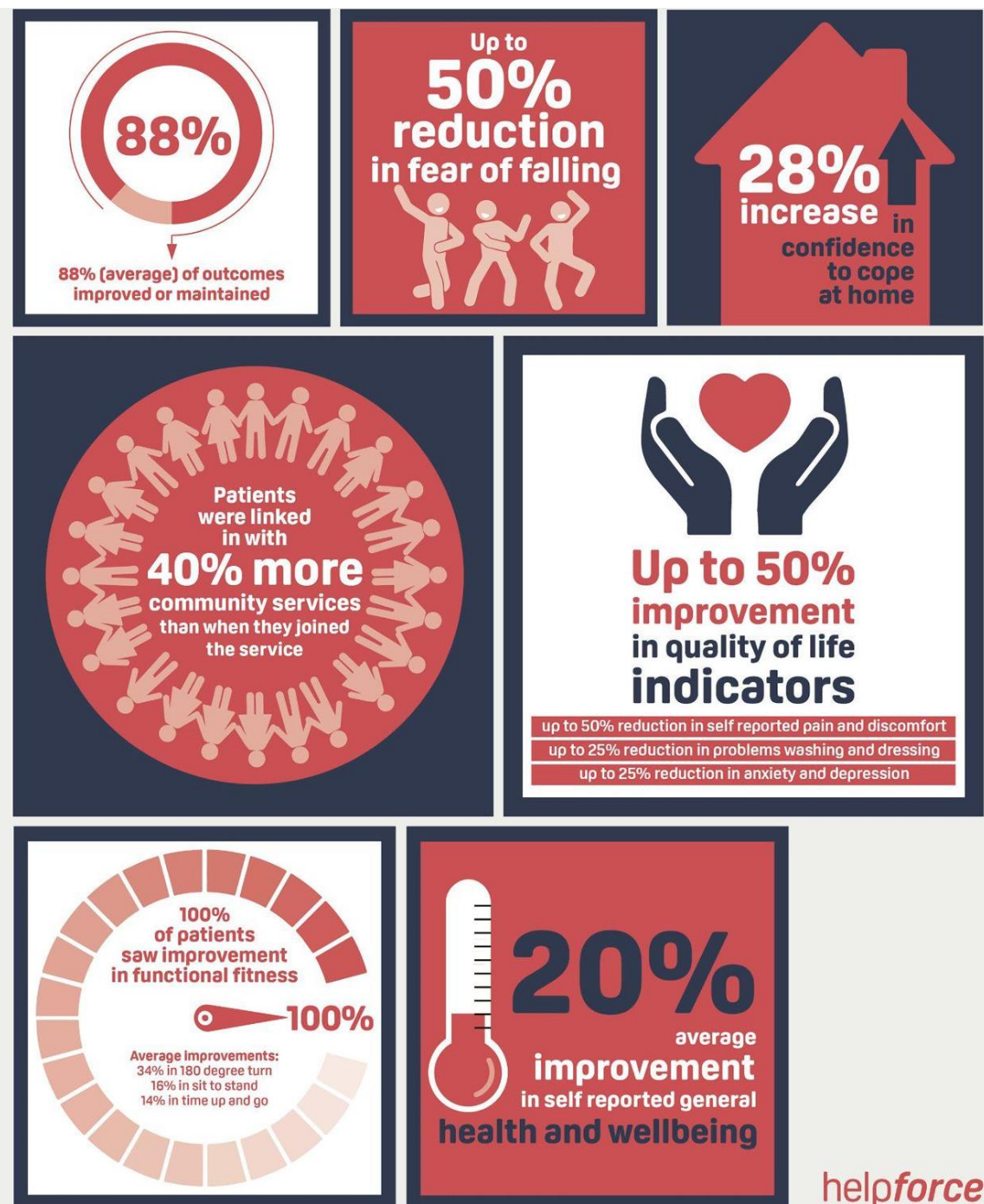


**Support patients at risk of falls** within the community to **remain at home**

# Emerging findings

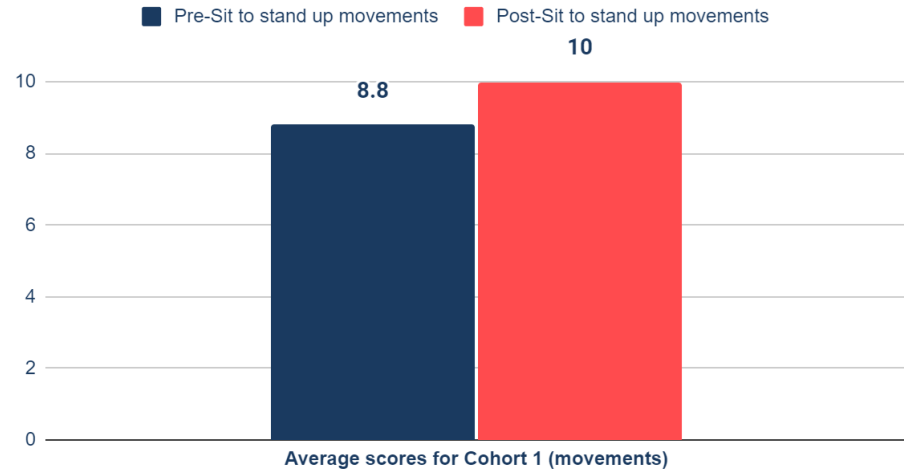
Our [Insight & Impact service](#) is supporting ongoing data collection and analysis. As more patients receive falls prevention support, we will be able to analyse correlations, compare data with patients who do not receive support and look at the longer term impact on admissions and A&E attendances for falls.

- Patient self assessed scale 0-10
- Patient self assessed EQ5D Quality of Life survey
- Functional fitness tests assessed and recorded by volunteer
- Volunteer recording signposting and / or onward referrals made

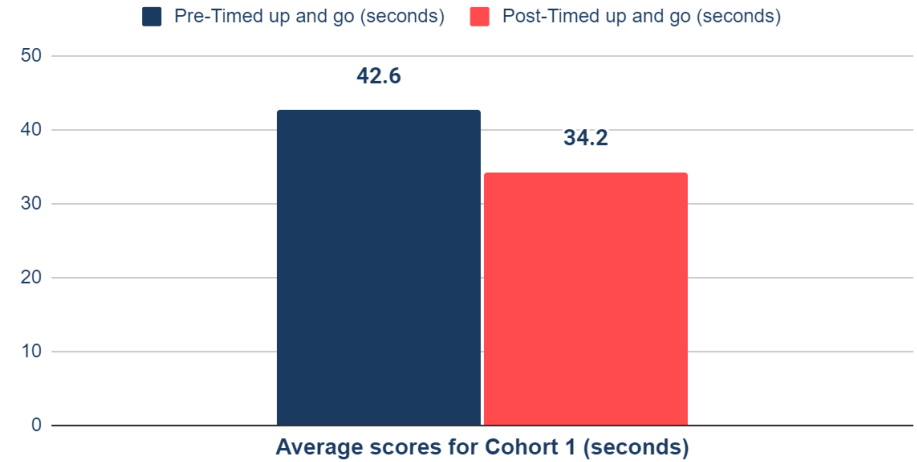


# Functional fitness

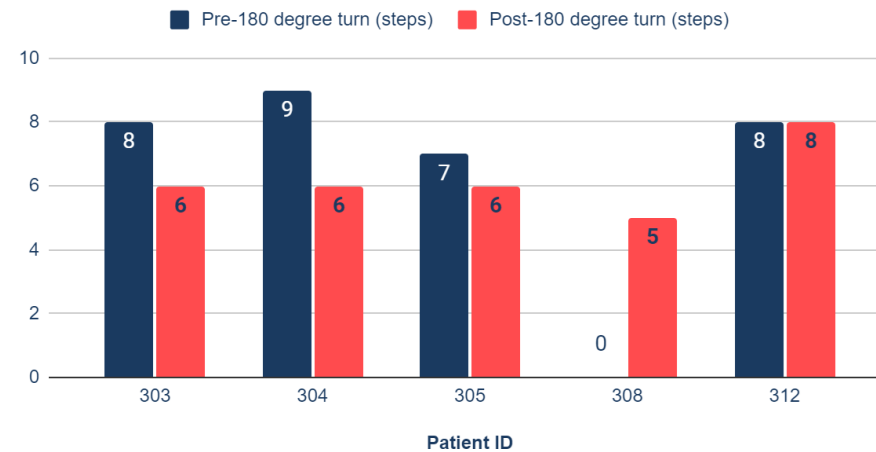
## Sit to stand up movements comparison after the programme - Cohort 1



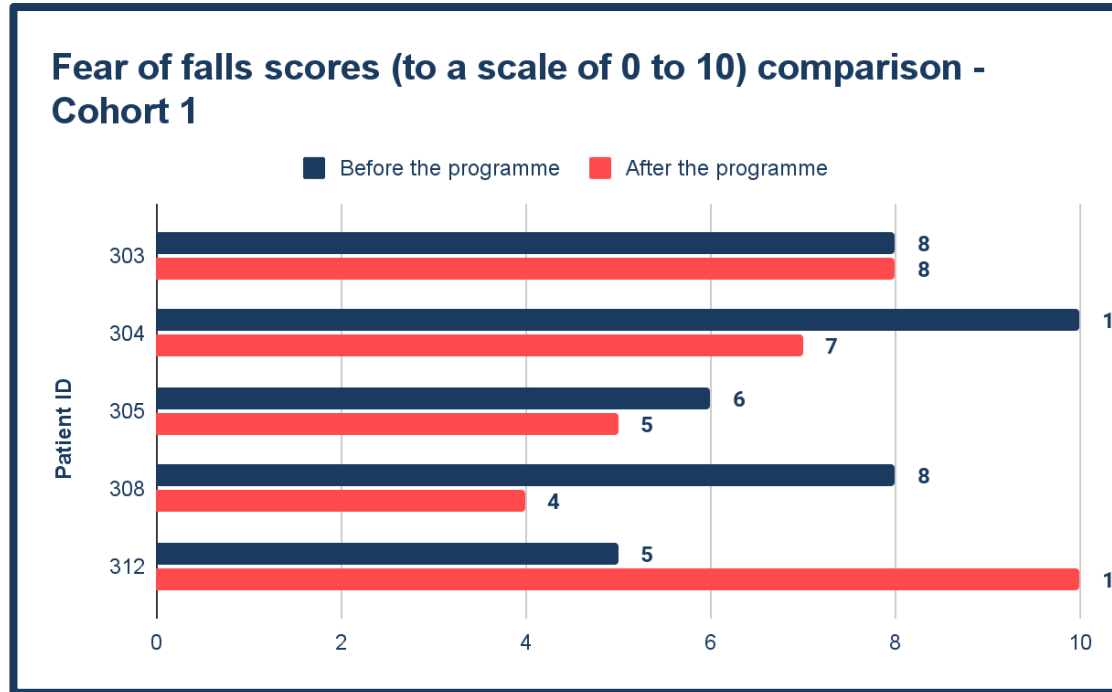
## Timed up and go (seconds) comparison after the programme - Cohort 1



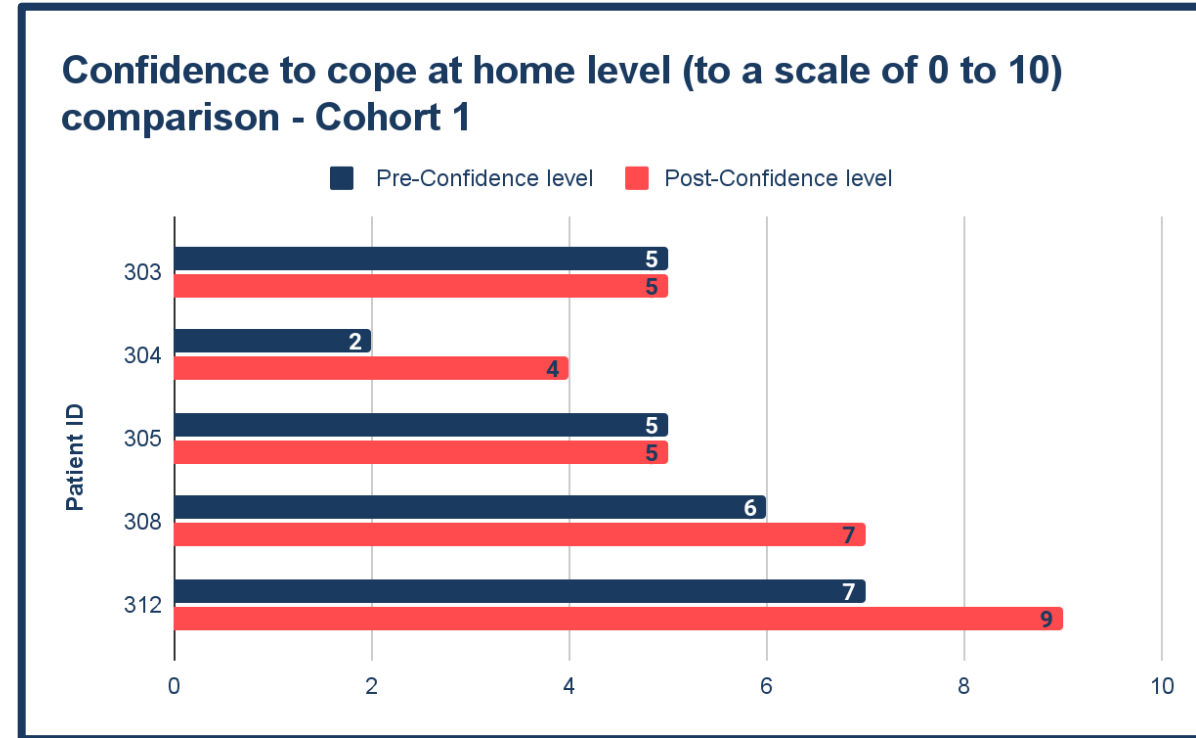
## 180 degree turn (steps) comparison after the programme - Cohort 1



# Patients self assessed fear and confidence



0 represents no fear, 10 extremely fearful

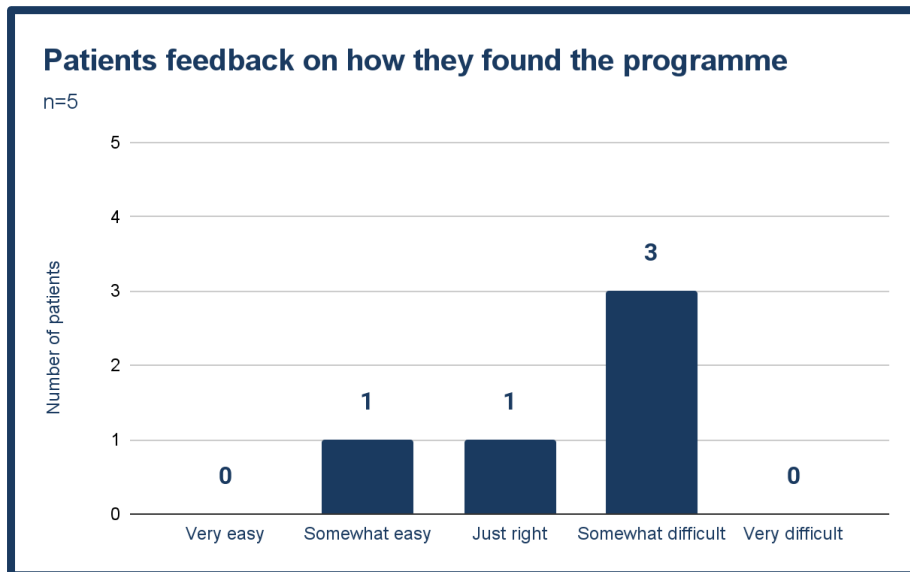


0 represents no confidence, 10 complete confidence



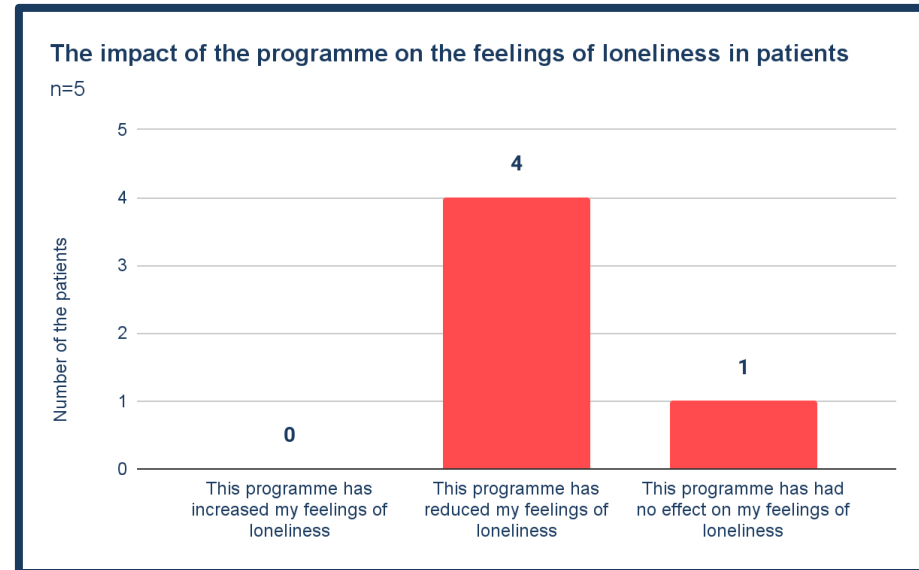
# Patient follow up

- Volunteers suggested a 1 month follow up visit
- Record functional fitness - awaiting results
- Complete end of programme feedback survey



*"This program has given me confidence and independence in my daily needs such as when I make coffee or when I make lunch"*

Patient

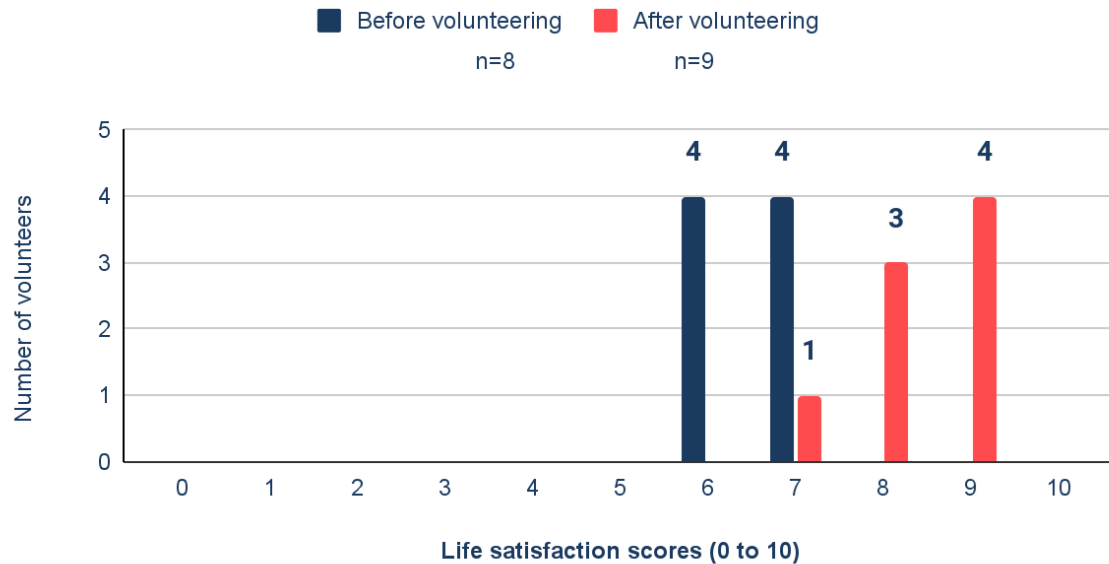


*"It encourages you to use parts of the body and muscles which you normally don't use. I feel much more mobile and I was more stiff before. I feel I can get up and move from a chair more easily and quickly"*

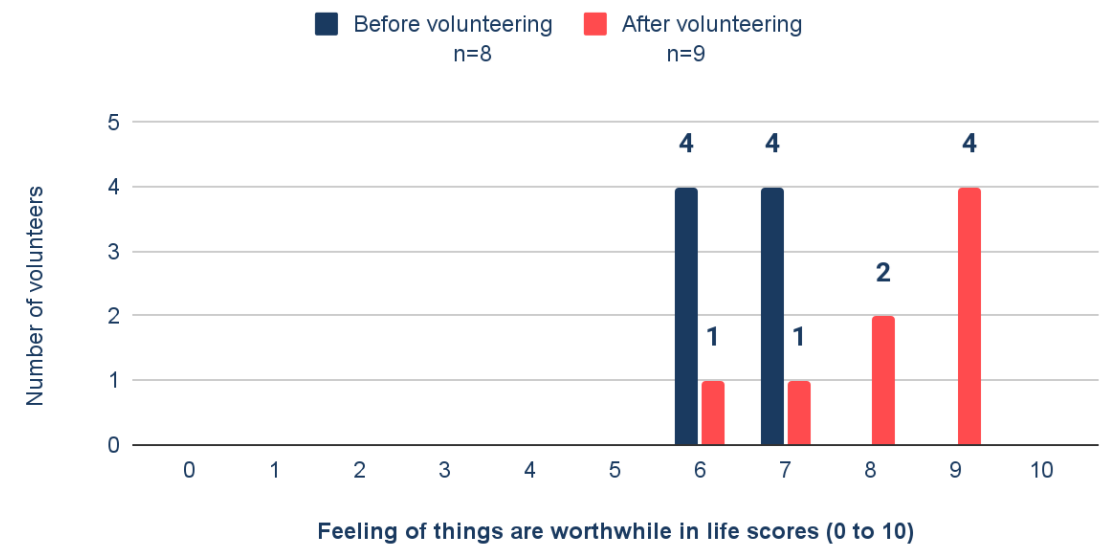
Patient

# Impact on volunteers

Volunteer life satisfaction scores - comparison after the programme (on a scale from 0 to 10)



Volunteer sense of purpose in life scores - comparison after the programme (on a scale from 0 to 10)



# Ursula's volunteering experience



Interest in this role

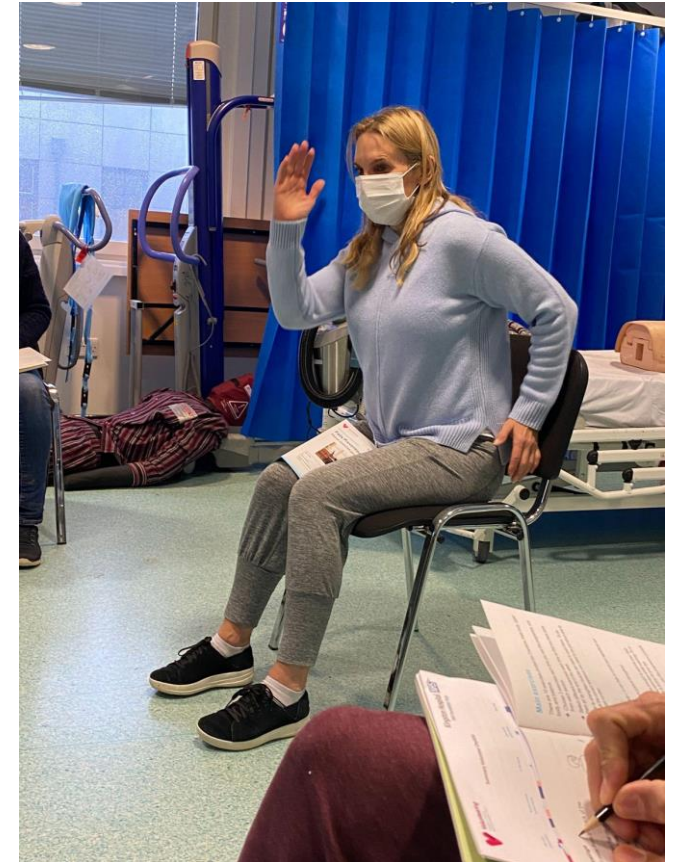
- Gentle Movement programme
- ageing population

Most enjoyable aspects

- steering group
- training and support
- patients' confidence
- my confidence and satisfaction
- bringing other benefits

Challenges

- continuity, multiple health issues



# Challenges & Learning

## Reflecting on our top three challenges:

1. Acuity of patient cohort
2. Geographic limitations
3. 8 weeks versus 8 sessions

## Key learning

- A. Waiting Well versus Recovering Well
- B. Policies which carefully control scope of the service e.g. Hospital Re-admission Policy
- C. Closure

## Anything you would have done differently / recommend others do differently

- i) Ensure base-line level of fitness (Functional Fitness Tests, clinical engagement in referral process)
- ii) Prevent dependency and sustain fitness outcomes beyond scope of the programme
- iii) Reducing deconditioning is too broad – think specifically about who will benefit clinically from your programme

# Achievements & Ambitions



“The exercises were enjoyable and there was a good variety. I liked being able to choose and tailor the programme to suit my needs. It was nice to be able to see the volunteer... it really boosted my mood and confidence.”  
Richard, 83

- Internally submitted programme and early results to Patient Safety competition
- Research poster exhibited at the British Geriatric Society Frailty in Urgent Care conference, July 2022
- Part of business case for enhanced Physiotherapy Service Pre Operative Care (Acute Trust)
- Partnership with Hounslow and Richmond Community Trust to adapt to community occupational therapy and neuro rehab patients (Community Trust)
- Proactive & Anticipatory Care model is being explored (Primary Care)

# Falls Prevention Partners

We are keen to support three partner organisations to adopt and adapt (A&A) falls prevention volunteers within their organisation.

Using our A&A service we will work with you to design and implement a falls prevention service over a four month period and will support ongoing service development and evaluation.

**We'd like to work with you**

Contact [mg@helpforce.community](mailto:mg@helpforce.community)





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Thank you

[www.helpforce.community](http://www.helpforce.community)