KEEPING TRACK OF ELDERLY PATIENTS

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The "Elderly at Risk" Register

JUNE, 1980

King's Fund Centre,
126 Albert Street,
London NW1 7NF

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PREFACE

During the period 1975 - 1979, a project "Care of the Elderly" was undertaken with support from the King's Fund, by members of Devon's Social Services Department, Exeter Health Care District and the Institute of Biometry and Community Medicine University of Exeter. The overall purpose of the project was to promote the integrated care of the elderly in the community. The mechanism devised as a first step towards the achievement of this objective was the "Elderly at Risk Register" and this Project Paper describes the setting up and use of the register and gives examples of the record cards used.

A full account of the project can be found in the report "Care of the Elderly in Devon" available from The Director of Social Services, Devon County Council, County Hall, Exeter EX2 4QD.

INTRODUCTION

Interest in the care of the elderly in the community has increased in recent years. A number of papers which discuss methods of monitoring the elderly have been published.

Many such screening methods are unsuited to long-term use because they require large expenditures of time, money and effort. The "Elderly at Risk" register described enables the primary health care team to monitor all elderly patients at least once a year and to assess their health and welfare needs in an economical and effective manner.

THE "ELDERLY AT RISK" REGISTER

The Register consists of record cards - one for each elderly patient - on which assessments and other information are entered to form a continuing ready reference system for the primary health care team. A copy of the card is reproduced in this booklet as Appendix II.

You will note that minimal personal information about the patient is required to prepare the card for use.

The left hand columns allow year and age, and date of assessment tobe recorded.

The assessment is of risk to, or dependency of, the patient. The scales on the rear of the card list simple functional definitions of a patient's mental, physical and social health. After reference to the scales, 'risk' is entered as 0, 1, or 2 in the column headed 'category of risk'.

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The adjacent column is headed 'other risk factors'. Items appropriate to this heading are also listed on the rear of the card. The housing codes apply to the right hand column on the front of the card.

Entering the assessment of risk, other items, and a few explanatory notes on the back of the card as appropriate, give an adequate, if brief, picture of the patient's overall condition.

Information about requests for, provision of domiciliary services may be useful for reference purposes. The major services used by the elderly are printed as column heads in the centre section of the card. The patient's receipt of a service is easily recorded as the specimen card shows.

The following paragraphs describe how to set up and maintain the register. As all members of the surgery team are involved in its maintenance, some preliminary discussion to work out a suitable method of operation is, of course, necessary.

PREPARING THE REGISTER

Inclusion on the Register should, at least in the first instance, be limited to patients over 75 years of age. A register of manageable size, which will include the majority of persons seriously at risk in the communit should then result.

An "Elderly At Risk" card is made out for each patient over 75 years in the practice. A complete age-sex register will supply the basic data required. An alternative source is index cards arranged in age groups and held at F.P.C. offices.

The prepared cards are inserted into patients' medical record wallets

at the beginning of the time period chosen for assessment - generally one year.

The cards are designed to be slightly prominent in their medical wallets. This, and their bright colour, makes their identification and extraction a simple task.

THE ASSESSMENT

Those of the unseen patients who are unknown to any member of the practice team are visited in their homes.

The unseen group is likely to be 10-15% of the practices total list of over 75s. (see appendix).

THE FOLLOW-UP VISITS

A brief meeting of members of the primary health care team and the social workers who cover the practice's area may identify some patients in the unseen group whose health and social situation is already known to be satisfactory. This will save needless visits.

How, when, and by whom follow-up visits are made will depend on the preferences of individual doctors and practice conditions. The general practitioner may choose to do them all himself; he may delegate them to this health visitor and district nurse; he may parcel the visits out between himself, nursing colleagues and social worker.

A notable advantage of this method is that a medically-trained worker is not invariably required to make follow-up visits. The information required from the patients for an assessment to be made is neither so complicated nor so confidential that the doctor might hesitate to involve non-medical colleagues.

Cont/

TO BEGIN AGAIN

When all elderly aptients have been seen and assessed, the cards are dated for the coming year and filed again into their medical wallets.

Cards for those becoming 75 during the year, identified from the practice's age-sex register, may be prepared and filed at the same time.

This is all that is involved in operating a "Elderly at Risk" Register.

CO-OPERATION

The Register can be efficiently operated by the surgery team. However, a combined effort by the primary health care team and social services can keep the Register more effective and up-to-date.

For example:

(1) As well as up-dating cards for patients, the health visitors, district nurses and social workers can complete assessments for patients they see during the year, removing cards from wallets to the separate file after completion.

(11) The "Elderly at Risk" card could form the basis of regular case conferences in the surgery. The card can act as an "aide memoire" in meetings and as a means of communication outside them.

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EXPENDITURE IN EFFORT AND TIME.

Setting up the Register takes about 8-10 hours, again for a 3-doctor practice with about 300 over 75s.

Enquiries relating to use of the "Elderly at Risk" Register should be addressed to:

The Assistant Director (Research and Training)
Devon County Council,
Social Services Department,
County Hall,
Exeter EX2 4QR

The "Elderly at Risk" card was supplied and printed by:

Imprint (Print and Design) Ltd.,
Saint Anne's Well,
Lower North Street,
Exeter EX4 3ET Tel. 31481

who will quote for required quantities on request.

APPENDIX I

The Register commenced use in four 3-partner general practices in Devon in 1976.

The table shows the number of elderly patients who had not seen their doctor in the previous year in two of the practices.

Practice	Total patients (all ages) (a)	Total over 75 years (b)	(b) as % of (a)	Not seen in last year (1977)	
				No.	% of (b)
City Centre	5626	228(1)	4.1	20	8.8
Rural Village	4789	225(1)	4.7	39	17.3
National Average	7500	300	4.0	-	-

(1) - excludes deaths and moves away in 1977
- excludes those becoming 75 in 1977 i.e. 32 incity practice
40 in rural practice

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NOTES

Some degree of need was discovered in about 25% of the unseen patients, all of whom were unknown to health visitors and social services.

Neither practice experienced a flood of additional work as a result.

'ELDERLY AT RISK' REGISTER

NAME	Date of Birth	Social Worker	G.P.
	Special Disability	Telephone	H.V.
ADDRESS	Address 2	Address 3 (or next of kin)	

YEAR & AGE	ASSESSMENT DATE	CATE-GORY OF RISK	OTHER RISK FACTORS	ASSESSMENT/SERVICES: Requested (R) Provided (V)											MARITAL STATE (M., S., W., D., Sep.)	HOUSING
				G.P.	Health Visitor	District Nurse	Chiro-pody	Day Care	Social Worker or O.T.	Home Help	Meals on Wheels	Warden Scheme	Resi-dential Home	OTHER		
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CATEGORY OF RISK

Codes for use overleaf

Minimal or No Risk (0)	(V)	Some Risk (1)	(V)	Severe Risk (2)	(V)
Adequate Mobility		Mobility restricted/Housebound		Movement restricted to 1 or 2 rooms	
Can shop, clean & cook unaided		Unable to shop		Unable to cook	
Cheerful mental state		Mental deterioration present, but coping (a) Mood		Severe mental deterioration with danger to (a) Self	
		(b) Memory		(b) Others	
No incapacitating illness		Risk of physical illness		Debilitating illness	

OTHER RISK FACTORS

V – Inadequate housing
W – Inadequate heating
X – Social Isolation
Y – Financial need
Z – Family under strain
ZZ – Family cannot cope

HOUSING

A – Lives with spouse
B – Lives alone
C – With friends/relatives
H – Own Home
J – Rented Accommodation
K – Sheltered Accommodation
L – Lodgings

DATE	NOTES

NAME

Date of Birth

Special Disability

Social Worker

Telephone

G.P.

H.V.

ADDRESS

Address 2

Address 3 (or next of kin)

'ELDERLY AT RISK' REGISTER

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				G.P.	Health Visitor	District Nurse	Chiropody	Day Care	Social Worker or O.T.	Home Help	Meals on Wheels	Warden Scheme	Residential Home	OTHER		

Codes for use overleaf

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Minimal or No Risk (0)	(V)	Some Risk (1)	(V)	Severe Risk (2)	(V)
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