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# KEEPING TRACK OF ELDERLY PATIENTS



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# KEEPING TRACK OF ELDERLY PATIENTS

The "Elderly at Risk" Register

JUNE, 1980

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

## KEEPING TRACK OF ELDERLY PATIENTS

#### 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

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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.

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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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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.

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## PREPARING THE REGISTER

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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 community 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.

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.

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

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#### 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.

## TO BEGIN AGAIN

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.

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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.

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

<sup>(1) -</sup> excludes deaths and moves away in 1977

<sup>-</sup> excludes those becoming 75 in 1977 i.e. 32 incity practice 40 in rural practice

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

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